



School of Culture, Communication and Society

**BSc Hons
Speech and Language Therapy**

2009/10

Year Two

Clinical Placement Handbook

Placement period: 5th January – 31st March 2010 (13 weeks)

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Student:

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Placement Progression

Year 1

Pre-course assignment

Before commencing the course, students are asked to carry out an observational assignment.

Formative experience:

- Connect
- Nursery placement.
- Elder visiting scheme
- Additional experience provided through clinical tutorials.

Summative placement:

CP1 (3 week clinical block placement)

- Engage in conversation with people who have had a stroke
- Students carry out an observation task in a local nursery setting (links with Child Development module)
- Students carry out a reflective piece of work during care home visits
- CP1: First placement in a speech and language therapy setting.

Year 2

Summative placement:

CP2 (13 week, 2 days/week). Concurrent weekly clinical tutorials provide on-going guidance, support and opportunity to discuss experiences while on placement, as well as allowing students to access College resources. Tutorials will help students consolidate knowledge, and link theory with practice.

Assessment and management of less-complex communication disorders: students gain experience of the appraisal process, and in carrying out therapy tasks under supervision. Links with adult and paediatric communication disorder modules. (See handbook)

Year 3

Formative experience:

10 week (1 day/week) inter-professional placement + concurrent weekly clinical tutorials. (See handbook)

Summative placement:

CP3 (7 week clinical block placement)
Opportunities to manage cases; identify aims, plan and implement assessment and intervention techniques based upon clear rationale.

Additional dysphagia component attached to block placement.

Student takes on responsibility for all aspects of case management. Links with adult and paediatric communication disorder modules.

The Clinical Experience

The process of clinical education:

Throughout the three years of the course, placement based learning plays a central role in the preparation of students for professional practice. Experiential learning opportunities will be included in college-based parts of the course and become central during placements. This ensures an integrated approach to theory, practice and professional development. Varied opportunities, for students to practice and develop practitioner skills, are central throughout the duration of the BSc SLT degree course at Marjon.

Clinical placements and their associated objectives are developed in an upwardly spiralling fashion, gradually requiring the student to learn about and develop competence in more complex aspects of the clinical process. In order to do this, the student needs to be provided with opportunities to draw on the range of subjects studied in a number of different modules, and to synthesise this knowledge, using it to respond to clinical problems.

By the end of the course students will be expected to deal with all aspects of the clinical process and to manage complex cases, enabling them to be recognised as competent to enter practice. The Royal College of Speech and Language Therapists and HPC identify criteria for qualification. These provide the basis for the objectives of each stage of the student's placement based learning.

Quality of Practice based learning:

The RCSLT has identified that all partners involved in the process of practice-based learning, including students, individual CEs, the placement provider and university college will meet the needs of the profession through *National Standards for Practice-based Learning* (SPLs) (Page 173, Communicating Quality 3). A self audit tool is available to support this process, and is available through the RCSLT website (www.rcslt.org).

The professional and clinical elements are spread throughout the three years of the course and are linked with the content of the college-based modules through ongoing clinical tutorials. Integration of theory and practice is enhanced through the clinical placements strand. Knowledge bases developed in College inform practice, enabling a deeper understanding of complex concepts.

The clinical elements enable a gradual building of competence, containing the three strands of knowledge, skills and attitudes.

Clinical placements aim to:

1. Provide a cognitive framework for future learning
2. Give support to and extend college-based learning
3. Develop interpersonal skills within the work context
4. Enable the application of knowledge and the development of skills relevant to clinical practice
5. Explore issues as they relate to professional practice
6. Foster the development of an evidence based, evaluative and reflective approach to professional skills and continuing professional development.

Organisation of the Placement

The placement will be arranged between the College and appropriate Health Trusts through the Placement Co-ordinator and Placement Development Team. Once acceptance of a placement has been agreed, students will contact the supervising therapist to thank them and send their personal profile which provides relevant personal, professional and experiential information.

BSc Speech and Language Therapy Year 2 Curriculum

The BSc SLT programme at Marjon was revised in 2006-7 and re-accredited by the HPC and RCSLT. There has been a significant move away from the previous teaching of assessment in year 2 and intervention in year 3. Assessment and intervention are now taught in both years 2 and 3 and it is the complexity of the disorder that spirals through the two years.

Modules studied in Year 2:

Professional Knowledge and Skills 2 including *Clinical Placement*

Paediatric Communication Disorders 1

Adult Communication Disorders 1

Advanced Communication and Counselling

Clinical Linguistics and Phonology

Psycholinguistics

Cognitive Psychology

Evidence Based Practice

Dysphagia Workshop - development of normal swallowing and dysphagia in adult and paediatric populations, assessment and management
Oro motor and swallow assessment workshop and exam

In **paediatric communication** disorders we use the description of 'less-complex' and 'complex' to describe the disorders studied, *whilst acknowledging that no client is 'non-complex'*.

The tables below show where topics are covered.

Year 2	Year 3
<ul style="list-style-type: none"> • Paediatric Assessment – principles and frameworks • Initial hypothesis forming – nature and cause of paediatric communication disorders • The MDT around the child • Approaches to management of less-complex communication impairments 	<ul style="list-style-type: none"> • Assessment and management of complex communication impairments • Devise management plan from data analysis • Synthesise information • Research clinical areas and convey knowledge
<ul style="list-style-type: none"> • Principles of assessment and management • Language Delay • SLI (intro) • Articulation/Phonological delay/disorder • Disorders of fluency in pre-school children • Hearing impairment (Intro and assessment) • Intro to Autistic Spectrum Disorders – assessment and differential diagnosis • Developmental disabilities • AAC 	<ul style="list-style-type: none"> • Principles of assessment and management • Phonological disorders • DVD • SLI and education • Pragmatic language impairment • Auditory processing disorder • Cleft palate • Acquired disorders • Outcome measures • Working with groups • Working with assistants • Multi-cultural context

	<ul style="list-style-type: none"> • Excluded communities • Visual Impairment • Management of hearing impairment
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Adult communication disorders

Year 2	Year 3
<ul style="list-style-type: none"> • Adult assessment frameworks and processes • Dysarthria - assessment and management, including application of motor learning principles • Neurological conditions, with a focus on stroke • Parkinson's Disease and Motor Neuron Disease • Introduction to Dysphagia • Introduction to Voice Disorders • Aphasia: Cognitive Neuropsychological approach to single word processing, functional and pragmatic approaches • Working with assistants 	<p>Advanced studies in the assessment and management of complex adult acquired neurogenic communication and swallowing disorders, including:</p> <ul style="list-style-type: none"> • themes relating to acquired aphasia; social approaches, sentence level deficits, acquired reading and writing disorders; apraxia of speech; dysphagia; cognitive communication disorders.
	<p>Cognitive neuropsychology, covering methodologies in cognitive science, memory and amnesia, perception and attention, the agnosias, executive functions and working memory, the apraxias. Cognitive communication disorders: right hemisphere disorders, TBI.</p>

The following new modules are included in the **3rd year**:

- **Advanced management of disorders of voice and fluency:** voice disorders (including paediatric voice disorders); maxillo-facial and laryngeal cancer, laryngectomy, transgender voice; disorders of fluency across the age ranges. Neurogenic stuttering and cluttering.
- **Mental health and learning disabilities:** depression, anxiety and psychosis, learning disability across the ages, autistic spectrum disorders, personality disorders and addictions

Teaching and Learning on Placement

A range of teaching and learning methods can be employed which are effective in experiential placement based learning. There is an emphasis on guided observation, hands on experience and reflection. Regular feedback and goal setting are seen as essential components in the student's learning experience in placement.

Students will need time to plan clinical sessions, prepare material, write case notes and reports. *Regular opportunities should be provided for the student to discuss case management and receive feedback on progress in an appropriate way.*

Confidentiality

Students must respect and maintain confidentiality at ALL times. Names, D.O.B., addresses etc must be erased from any reports, notes or data that the student copies and removes from the placement setting. Students must not remove case notes from the placement setting.

If confidentiality is breached in any assignment then 10% will be deducted from the mark.

NB: Consent should be obtained from clients before gathering data for all assignments. The client **must** sign a consent form agreeing to you collecting the data for any assignment (appendix D). If you do not submit the consent form to the Placement Administrator by the submission date then the work cannot be marked and you will be awarded a mark of 0.

Quality of Practice based learning

RCSLT has identified that all partners involved in the process of practice-based learning, including students, individual Clinical Educators, the placement provider and university will meet the needs of the profession through *National Standards for Practice-based Learning (SPLs)* (Page 173, Communicating Quality 3, 2006). A self audit tool is available to support this process is available through the RCSLT website (www.rcslt.org).

Feedback on Placement Experience

Following the end of the placement, students and clinical educators will be given the opportunity to feedback on placement learning opportunities and experiences. This is an essential part of the clinical education process, organised and monitored by the Clinical Placement Team at Marjon. Relevant information will be responded to by the Clinical Placements Team at Marjon to ensure ongoing quality and consistency. Students are not expected to provide feedback directly to CEs unless explicitly requested to do so.

All feedback must be constructive, supporting the ongoing development of the student, placement and associated working relationships. Any concerns must be directed to the Professional Tutors and Director of Healthcare Education to enable appropriate follow up.

Professional Learning Log (PLL)

During all clinical placements students are required to complete a Professional Learning Log, based upon the developmental 'Learning Quadrant' (see Appendix C). The Professional Learning Log (PLL) is an *experiential learning file*, demonstrating student's personal, professional, theoretical and clinical development and integration of these skills. A diary section should objectively record the content of the placement, and will be used for recording the amount and nature of the clinical experience for the student. The student should show their PLL to the Clinical Educator (CE) at the start of the placement and then on request.

Placement Details

- **The CP2 placement is an assessed placement; clinical educators should complete the appropriate assessment form - see Appendix A (also supplied separately by student at start of placement).**
- Students will typically be required to complete a concurrent placement of 13 weeks, with two days per week on placement (52 sessions). This would normally comprise one day with a paediatric client group and one day with an adult client group.
- The placement provides an opportunity for the student to extend their clinical experience; enabling opportunities to apply relevant theory, clinical skills and demonstrate a holistic and professional approach.
- Placement and personal learning objectives are an important way to regularly monitor the student's progress. They also provide an excellent focus for regular feedback. Students should ensure feedback is recorded and contributes to their Personal Learning Log appropriately, in order to support the reflection process.
- **If concerns arise, the student must discuss these with a Clinical Educator, and through discussion, devise an action plan. If this process is unsatisfactory and the issue is not resolved, contact the Year 2 Professional Tutor, Julia Stewart, as soon as possible.** If appropriate, a monitoring visit will be organised. This will provide a three-way discussion, involving the student, CE and College Tutor, to explore any concerns and identify suitable action and opportunities.

Monitoring visits

Students are usually observed in clinic by a college tutor or the external moderator between weeks three and ten of the placement. This is a **formative** visit (not an assessment point), to guide the student's progress and provide focus for further placement based learning opportunities.

Additional visits may be requested by CEs or students at any time and may be indicated as appropriate follow-up following the initial visit.

Aims of the monitoring visit:

- To help the students to achieve their learning objectives by identifying and removing any factors that might impede this process
- To support the student in his/her placement
- To support the CE
- To enhance the process of clinical education by ensuring that the College is liaising directly with CEs.

The format of the visit will typically be:

Part 1: Observation of a student working with a client/carer (can be a video in exceptional circumstances)

Part 2: A discussion with the student about progress within the placement and progress towards learning objectives.

Part 3: A general discussion of any issues which need to be addressed, involving the CE, the student, and the College Tutor.

Part 4: A final discussion with all parties to summarise the agreed outcomes of the visit.

The information obtained from the visit will be used to support and enhance the student's future learning.

Students should prepare for an observation visit by providing the visiting staff member with the following information: (this will apply to both students on a peer placement):

1. Overview of the client, containing (maximum two sides of A4):

- Relevant biographical details
- Relevant medical information
- A brief history of SLT involvement
- A summary of current information relating to communication e.g. test results, information from carers, pertinent informal observations
- Nature of involvement of other professionals and key findings of any of their reports
- A summary of the student's diagnosis.

2. A session plan containing:

- Overall aims of intervention
- Objectives for the session
- Tasks planned to address the objectives
- Explicit links to theory must be evident.

This information should be presented to the College Tutor prior to the session.

Students must ensure that they do not use the same client for the tutor visit and clinical exam.

Placement Assessment

The placement is evaluated on the basis of a satisfactory/unsatisfactory level of clinical competence. The student's level of experience and knowledge will be considered in relation to their stage of development ie. 2nd year student. An 'unsatisfactory' report will normally mean that a student will be expected to undertake a further period of supervised clinical experience.

CEs and students should use the student assessment form (appendix A) as a basis for explicitly guiding the student's learning experiences, reflection and to support identification of areas for future development.

The clinical educator's report:

The report form (appendix A) is designed to be completed twice; as a formative report halfway through the placement (after week 5), and at the end of the placement as a satisfactory/unsatisfactory final report. Sufficient time should be allowed for the student to improve in any identified areas of weakness.

Satisfactory:

All 14 clinical competencies in Section 2 must be passed at a satisfactory level. All areas in *Section 3 relating to Professional Skills must also be passed at a satisfactory level.*

The placement report informs the process of clinical education, and forms a major part of the clinical assessment procedure for second year students. Clinical educators are asked to complete the form as fully as possible and to add comments which provide relevant evidence in relation to competencies, wherever possible. The report makes explicit the clinical competencies that are deemed necessary for students in order to achieve clinical competence. These competencies link with the HPC Standards of Proficiency (as shown on the form).

There are three sections to complete:-

Section 1: Reflective learning

Please comment on the student's approach to learning on the placement as specified.

Section 2: Clinical Competencies

This section includes 14 clinical competencies, each listing four statements describing a level of performance. The clinical educator is asked to select the statement that most accurately describes the student's attainment in that competency, in relation to their stage of development. The lower statement describes an unsatisfactory level of performance, and the remaining statements describe a satisfactory, able, and an excellent student. The student must achieve a satisfactory level in all of the competencies, in order to proceed.

The CP2 clinical competencies describe the student's ability to:

1. Receive a case history and gather appropriate material for a case file
2. Select and carry out appropriate appraisal procedures
3. Gather, record and analyse data appropriately
4. Reach an appropriate clinical decision about an individual following appraisal
5. Discuss differential diagnosis following appraisal, with reference to relevant theoretical frameworks
6. Devise a session plan
7. Interact competently with clients and carers
8. Communicate knowledge about assessment and therapy tasks
9. Devise a management plan for less-complex cases
10. Carry out therapy tasks with less-complex cases
11. Work collaboratively with other professionals
12. Prepare appropriate reports to referring and other agencies
13. Manage clinical records
14. Demonstrate an understanding of complex cases encountered on the placement

Section 3 Professional Skills

Please comment on the student's performance in a range of professional skills (these link to the Regulations for Fitness for Professional Practice (appendix F)).

Halfway Assessment

At the start of the placement clinical educators must identify a date after week 5 of the placement to complete the halfway assessment with the student. The student is asked to complete the form as a self-evaluation before meeting with the clinical educator to discuss it in detail. The CE then moderates the student's self-evaluation. Transfer this information to the Halfway monitoring form (appendix B) **The student must return the halfway monitoring form to the Placement Administrator within one week.**

It is essential that CEs notify the student(s) and the Professional Tutor (at Marjon) as soon as any concerns are noted, enabling sufficient time for an appropriate action plan to be implemented. This may involve an extra visit from a college tutor or the external examiner and additional tutorial time in college.

Final assessment:

Please complete one form for each part (Tues/Wed) of the placement ie: one for each client group; this should mean there are no more than 2 forms.

The clinician should discuss the outcome of the placement with the student and give specific feedback in relation to each clinical competency.

All results are provisional until confirmed by the College Exam Board.

Where there are concerns about the level of a student's performance a joint decision can be made by the clinical educator and a college tutor or the external moderator. Please contact College to discuss this as necessary.

If 'Unsatisfactory' at the FINAL assessment stage:

The outcome of the placement is satisfactory/unsatisfactory and forms a part of the module assessment. Failure to demonstrate a satisfactory level of ability in any one of the clinical competencies will normally result in the need to complete a retrieval placement.

- The student will normally be permitted to undertake one further period of clinical practice with the same clinical competencies as for CP2 placement
- The student's specific personal learning objectives for the retrieval clinical placement will reflect closely the concerns expressed in the reports
- The placement will normally be close to the College to facilitate monitoring
- The student will be informed in writing that the Unsatisfactory performance on the retrieval placement will normally prevent him/her from progressing into year three of the BSc SLT
- Completion of a retrieval placement will normally occur during the following academic year. The student will be unable to progress into year three until they have achieved a satisfactory outcome for the CP2 placement

Placement Requirements

Responsibilities of the student

Prior to placement

- Contact clinical educator by letter and send your Personal Profile form
- Find out location of placement
- Agree arrival time
- Reflect on placement specific learning objectives; update as necessary
- Ensure PLL is up to date
- Obtain ID badge, complete any necessary paperwork (see AC)

1st day/week

- Read any induction material given
- Exchange mobile phone numbers with CE in case of emergency
- Complete college induction list and return to AC
- Establish general management of clinic (case files, resources, procedures, duties etc)
- Establish responsibilities for a) clients, b) carers, c) other professionals
- Show PLL to CE and discuss personal learning objectives
- Ensure CE has access to a placement handbook (contact AC if necessary)
- Discuss supervisory process eg regular discussion times, feedback, CE availability
- Establish ground rules for work to be completed for CE
- Discuss case file requirements/video needs

Ongoing throughout placement

- Take responsibility for your own learning – actively engage in your clinical education
- Prepare session plans in advance for all sessions and give to CE as requested
- Complete all work requested by CE on time
- Review learning objectives
- Be punctual, reliable and respect dress codes
- Take an active interest and ask appropriate questions
- Discuss and concerns with CE
- Contact college Professional Tutor if any concerns/issues arise
- Prepare for SALD01 tutorials

Midway through placement

- Complete mid-placement assessment using appropriate form with CE
- Return halfway monitoring form to AC immediately (appendix B)
- Review learning objectives in light of assessment

End of placement

- Meet with CE to discuss final assessment
- Write letter of thanks to CE

Other

- Be positive
- Be helpful
- SMILE

Marjon staff will ensure:

1. CEs involved in the provision of concurrent placements have sufficient information about the objectives of the placement prior to the start of the placement
2. Placement start/end dates are agreed and assessment requirements clarified
3. Relevant assessment paperwork is provided via Placement Coordinators in Trusts
4. College Tutor observation visits date(s) are agreed as soon as possible.

Clinical Educators should:

1. Ensure they are aware of the student's specific learning requirements and general placement objectives prior to the start of the placement
2. Pass on any relevant feedback in a timely way to the student (and Professional/College Tutor as required)
3. Provide consistent learning opportunities for the student wherever possible – i.e. an opportunity to work with one client for several sessions
4. Facilitate observation opportunities for the Professional/College Tutor when required
5. Notify the Professional Tutor and student of any concerns immediately.
6. Complete placement feedback forms and return these to Julia Stewart

Student Induction Checklist:

The following checklist must be used to ensure that the student is properly introduced to the placement, and prepared for the weeks ahead. Please ensure that a checklist is completed for each setting and a signed copy returned to UCP Marjon, SLT Student Placement Administrator ASAP.

Setting:	Placement type:	
Signed (CE):	Signed (student):	
Clinical Educator:	Student name:	
Induction Checklist		Date Completed
Introductions and orientation to the building and location, tea and coffee making facilities, WC, etc. for all practice areas		
Discuss health and safety issues and record on appropriate Trust documentation		
Discuss equal opportunities and anti-discriminatory approaches relevant to placement in accordance with Trust policy		
Conduct Risk Assessment		
Discuss contingency arrangements in the event of Clinical Educator/student sickness		
If relevant, student to disclose any special needs in order for there to be adequate support put in place		
Discuss arrival and departure times and arrangements for lunchtime. Discuss dress code, ID badge, professionalism.		
Describe the protocol for answering the telephone and the student's role in this		
Discuss the student's specific placement learning goals (PDP). How can they be supported, and what evidence will prove that they have achieved the goals. Relate these to the competencies specified in the Student Clinical Report		
Review the student's reflective pieces in their Professional Learning Log (on final day too if possible) Would also be great to share own CPD pieces for RCSLT.		
Compare learning styles. What does this mean? How will the student facilitate their own learning? For example, do they learn best by hands-on activities, or are they better at watching and		

reflecting?	
Agree dates/times for review the student's progress towards the specific placement learning objectives (midway + final)	
Introduce the student to specific characteristics of client groups involved, and suggest specific reading materials if appropriate	
Negotiate dates for annual leave, meetings, or any deviation from the timetable	
Discuss preferred methods for giving and receiving feedback - written pro-forma/verbal only.	
Please note: all curriculum handbooks are on the UCP Marjon Placement Platform	

Please add any other items you typically discuss during the induction session.

Module Assessment

Coursework relating to the placement will be evaluated according to the usual college criteria.

The External Moderator will review a sample of the clinical assessment reports, clinical exams and case files portfolios in order to moderate the standard of professional work of the students. The External Moderator may also visit a random sample of students and observe them working during their placements.

NB You must use a different client group for the case file and the clinical exam
eg: a paediatric client for the case file and an adult with aphasia for the clinical exam.

1. Client-based case study – see appendix C for details of this assignment.

2. Paediatric SpeechScreening Tool – see appendix C for details of this assignment

3. Clinical Exam:

Students are required to collect **ONE** twenty minute video providing an example of their work with a client during their CP2 placement. This will form a central component of their clinical exam. The following information is provided to support the student's preparation for and completion of the SALD01 clinical exam associated with the placement.

If a student is required to retrieve a clinical exam they will normally be expected to do so using their original video.

Video Preparation Guidance

- Video more than one session and client wherever possible ensuring that client confidentially is respected, for example copies of tapes are kept only on placement or college sites.
- Start planning the sessions to be filmed at the start of the placement.
- Select clients who are regular attendees if at all possible, and preferably clients who are unlikely to be disturbed by the filming process. Please find clients who are qualitatively different from the client chosen for the case file assignment.
- Ensure that the client is fully prepared to be filmed and has signed the appropriate consent form (appendix D). *The client should be given an information sheet, detailing the video procedure, to consider before the filming so that they can give fully informed consent.*
- Either book out a College video camera or where possible use one from the placement setting. Media services will provide the video tapes/DVDs.
- Ensure you know how to work the video in advance of the session - and check that it is in working order on the day (with plenty of battery capacity if needed).

- Film the entire session including the welcome at the beginning and the session closure at the end. The video must not be edited.
- The video should show interaction with a client and may include informal assessment and/or therapy tasks. Please do not film more than 5 minutes of a formal assessment procedure.
- We do not expect to see 'the perfect flawless session'. This is a live assessment and should be a 'typical' session. If you need to consult with the clinician during the session this is fine!
- The session must last for at least 20 minutes and no more than 35 minutes. If the session format is usually shorter than 20 minutes then it will be necessary to film 2 sessions with the same client for exam submission.
- Take the original tape to Media Services who will copy it onto a DVD for the exam. The tapes and DVDs remain the property of the college and will be destroyed after the clinical exams. We can return original tapes to any Trust who so request it.
- Submit the video tape with appropriate paperwork, ensuring that you have adhered to the SLT video protocol (see module folder on Emily). Ensure that the consent form is submitted to Hannah Connelly separately from your work, maintaining confidentiality. Failure to submit the form separately may result in a 10% penalty for the assignment.
- **You must not use the same client for the tutor visit and clinical exam.**
- Retrieval – if necessary, a retrieval clinical exam will involve the same video, however the student will be required to choose a different 15 minute section to show the examiners.

The clinical exam will form 40% of the total marks for the module

NB There is a separate document detailing the requirements for the clinical exam – this can be found on emily.

The Role of the External Moderator/Examiner:

The External Moderator/Examiner is responsible for overseeing the clinical placement assessment process. This includes ensuring that the assessment of the student is fair, and that the student has had an adequate opportunity to meet the clinical competencies for the placement. In order to make this assessment they may engage in the following activities:

- Random visits to a small proportion of the second and third year placements, involving an observation visit of the students on placement. This will normally include time discussing the student with the educator, as well as discussion with the student. Feedback will be given to the student regarding their competency development.
- Response to concerns raised by the CE, or a College Tutor, by carrying out an observation visit on request.
- Provide a final decision of the clinical competence of the student informed by observation visit outcome; presenting a report on the student at the Professional Board. This Board has the authority to decide on students' suitability to practise as a speech and language therapist.
- Oversee the clinical examination process by observing a proportion of the clinical (video) examinations.

The External Moderator/Examiner presents a report on the process to the Professional Board, and makes a judgement on the quality of the clinical education offered and the standard of the student performance. They will also make a statement on the quality of the organisation and support provided by The College, and will make recommendations for change.

Appendix A



BSc Speech and Language Therapy

Student Clinical Report

Year 2 Placement 2009-10

Student:.....

Trust Clinical Co-ordinator:.....

Lead Clinical Educator:

Location:.....

Trust:.....

Client group:

Other Clinical Educators involved:.....

.....

Number of sessions attended.....

Please return the final assessment report to the Professional Tutor, Julia Stewart, immediately following the end of the placement.

Notes for clinical educators

This report informs the process of clinical education, and forms a major part of the clinical assessment procedure for second year students. Clinical educators are asked to complete the form as fully as possible and to add comments which provide relevant evidence in relation to competencies, wherever possible. The report makes explicit the clinical competencies that are deemed necessary for students in order to achieve clinical competence. It has three sections:-

Section 1: Reflective learning

Please comment on the student's approach to learning on the placement as specified.

Section 2: Clinical Competencies

This section includes 14 clinical competencies, each listing four statements describing a level of performance. The clinical educator is asked to select the statement that most accurately describes the student's attainment in that competency, in relation to their stage of development (**as a 2nd year student**). The lower statement describes an unsatisfactory level of performance, and the remaining statements describe a satisfactory, able, and an excellent student. The student must achieve a satisfactory level in all of the competencies, in order to proceed.

Please mark in the boxes provided.

There are two assessment points:

Half-way assessment:

This takes place after the first five weeks of the placement, and is completed by each clinical educator.

Firstly, the student is asked to reflect on their own development and to mark a circle in the first column. Clinical educators are asked to discuss and moderate the student's perception of their attainment, and to mark their own selection with a cross, also in the first column.

For example:

Halfway	Final
O X	

Please transfer this information to the halfway monitoring form and return this to college immediately.

The external moderator or a college tutor will normally visit any student who does not attain a satisfactory level of performance on all competencies at this halfway stage.

This will support both student and clinical educator in the identification of specific learning goals for the remainder of the placement. Please ensure you contact Julia Stewart at the earliest opportunity to discuss any concerns.

Final assessment:

Please complete one form for each part (Tues/Wed) of the placement ie: one for each client group; this should mean there are no more than 2 forms.

The clinician should discuss the outcome of the placement with the student and give specific feedback in relation to each clinical competency.

All results are provisional until confirmed by the College Exam Board.

Where there are concerns about the level of a student's performance a joint decision can be made by the clinical educator and the external moderator. Please contact College to discuss this as necessary.

Section 3: Professional Skills:

The section on professional skills requires the clinical educator to consider a range of professional skills, indicating whether the student has met these. The student must normally achieve a satisfactory rating in all areas in order to progress. Clinical educators should also refer to the “**REGULATION FOR THE CONSIDERATION OF QUESTIONS OF FITNESS FOR PROFESSIONAL PRACTICE**” document included in the placement handbook.

Please notify the Professional Tutor of any concerns that arise as soon as possible.

While on clinical placement the clinical educator is taking responsibility for the overall learning experience. As partners in this process we will endeavour to support you fully in this.

Student’s Specific Placement Learning Objectives

The student should bring their ‘Professional Learning Log’ to the placement; this includes details of previous experience and current individual learning goals.

The student has been asked to identify a number of specific placement learning objectives that need to be addressed in this placement. These specific objectives might have been identified during a previous placement as areas to work on, or they might represent particular gaps in the student’s clinical experience.

It would be very helpful if the clinical educator could be mindful of these specific objectives when designing the placement experience for the student.

Please ask the student to show you their specific placement learning objectives in their Personal Learning Log.

Section 1: Reflective Learning

The critical evaluation of the impact of, or response to, the student's actions

Please refer to this regularly in your feedback to the student and complete at both the halfway and final stage of the placement

S = Satisfactory

U = Unsatisfactory

HPC Standards of Proficiency 1a6, 1a7, 1a8, 2c2	Halfway Ax		Final Ax	
	S	U	S	U
Engages positively in the learning experience and is responsive to suggestions from others.				
Evaluates own performance, providing a balanced assessment of strengths and learning needs.				
Able to suggest future learning goals for self				
Shows initiative				
Recognises limitations of own knowledge and knows when to ask for help				
Regularly completes Professional Learning Log				
Demonstrates responsibility for own learning				
Evidence				

Section 2: Clinical competencies

Professional Autonomy and accountability

The student is working towards being able to act with increasing autonomy, with minimal direction or supervision, within defined guidelines, as described for each objective below.

Please select a comment that most appropriately describes these clinical competencies.

Students should demonstrate reference to the relevant theoretical frameworks to support their discussions/practice i.e. linguistic, psycholinguistic, educational, medical, developmental, cognitive neuropsychology

A. Identification and assessment of health and social care needs

Competency 1: Receiving a case history and gathering other appropriate material for case file (e.g. medical/educational information)		
HPC Standards of Proficiency 2a1, 2a4		
	Halfway	Final
The student can independently and competently collect information from a variety of sources, and can integrate the information to produce a clear profile that informs management.		
The student can competently collect information from a variety of sources, and demonstrates understanding of its significance.		
The student can collect basic background information, including receiving a case history with some supervision.		
The student is not yet able to receive a case history competently, or interpret the significance of information collected		
EVIDENCE:		

Competency 2: Selecting and carrying out appropriate appraisal procedures

HPC Standards of Proficiency 2a2, 2a3, 3a2

	Halfway	Final
The student can independently and competently select and administer a wide range of appraisal procedures. The student demonstrates a sound theoretical understanding of assessment frameworks.		
The student is able to select appropriate appraisal procedures and administer them competently, demonstrating an awareness of the theoretical basis. Occasional guidance may be sought.		
The student is able to select appropriate appraisal procedures with supervision, and administer them with a degree of basic competence.		
The student is not yet able to select appropriate appraisal procedures, and requires a high level of supervision to administer them.		

EVIDENCE:

Competency 3: Gathering, recording and analysing data

HPC Standards of Proficiency 2a4

	Halfway	Final
The student independently gathers and records a range of data accurately, across a number of different conditions. Student demonstrates accuracy in transcription, analysis and evaluation.		
The student is able to gather and record a range of data accurately. Student demonstrates accuracy in transcription and is able to analyse and evaluate the data with supervision.		
The student is able to gather a range of basic data with supervision, and is developing skills in recording and analysing data accurately.		
The student is not yet able to gather and record a range of data competently. Student requires a high level of supervision to transcribe, analyse and evaluate data.		

EVIDENCE:

Competency 4: Reaching an appropriate clinical decision about an individual following appraisal

HPC Standards of Proficiency 2a2, 2a4, 2b1, 2b2

	Halfway	Final
The student independently reaches an appropriate clinical decision following appraisal, explaining the significance of information collected in discussion.		
The student is able to reach an appropriate clinical decision following appraisal and some guidance may be sought. Student is able to evaluate significance of information collected within discussions.		
The student is able to reach an appropriate clinical decision with prompting from the clinical educator. Student needs support to explain significance of information collected.		
The student is not yet able to reach an appropriate clinical decision following appraisal, or understand the relevance of information collected.		

EVIDENCE:

B. Knowledge, understanding and skills

Competency 5: Discussing differential diagnosis following appraisal (with reference to relevant frameworks ie linguistic, psycholinguistic, educational, medical, developmental)

HPC Standards of Proficiency 3a1, 3a2

	Halfway	Final
Following appraisal, the student independently and consistently identifies and describes a range of communication disorders, making reference to relevant theoretical frameworks.		
Following appraisal, the student is able to identify and describe communication disorders, making some reference to relevant theoretical frameworks with occasional prompting.		
Following appraisal, the student is able to identify and describe communication disorders at a basic level and with prompting. Able to make basic reference to theoretical frameworks.		
Following appraisal, the student is not yet able to identify or describe communication disorders competently, and shows a limited awareness of relevant frameworks.		

EVIDENCE:

C. Professional Relationships/Formulation and delivery of plans and strategies for meeting health and social care needs

Competency 6: Devising a session plan		
HPC Standards of Proficiency 2b3, 2c1		
	Halfway	Final
The student is able to independently devise an appropriate session plan. Student is able to independently apply appropriate theoretical frameworks to underpin their rationale.		
The student is able to devise an appropriate session plan, modifying as appropriate with some support. Student is able to apply appropriate theoretical frameworks to underpin their rationale, with some discussion.		
The student is able to devise a basic session plan with supervision. Student is able to make basic reference to appropriate theoretical frameworks.		
The student is not yet able to devise an appropriate session plan and requires a high level of supervision. Student is not yet able to apply relevant theoretical frameworks in this task.		
EVIDENCE:		

Competency 8: Communicating knowledge about assessment and therapy tasks.

HPC Standards of Proficiency 1b2, 1b4

Halfway

Final

The student is able to independently pass on knowledge to carers and other professionals in a variety of formats

The student is able to pass on knowledge using a variety of formats and requires some support

The student is able to pass on basic knowledge to carers and other professionals with prompting.

The student is not yet able to pass on knowledge to carers and other professionals and requires a high level of supervision

EVIDENCE:

D. Formulation and delivery of plans and strategies for meeting health and social care needs/ Knowledge, understanding and skills

Competency 9: Devising a management plan for <u>less-complex cases</u>		
HPC Standards of Proficiency 2b3, 2c1		
	Halfway	Final
Following appraisal, the student is able to independently devise an appropriate management plan. Student demonstrates understanding and application of the appropriate theoretical frameworks.		
Following appraisal, the student is able to devise an appropriate management plan with some support from the clinician. Student demonstrates understanding and application of the appropriate theoretical frameworks.		
The student often requires support from the clinician in order to devise an appropriate management plan. Student makes some reference to the appropriate theoretical frameworks.		
The student is unable to devise an appropriate management plan without constant support from the clinician. Student fails to use relevant theoretical frameworks in this task.		
EVIDENCE:		

Competency 10: Carrying out therapy tasks with less-complex cases

HPC Standards of Proficiency 1b4, 1b5, 2b4, 2c1, 3a1

Halfway**Final**

The student is able to independently and confidently carry out therapy tasks, increasing or decreasing the level of complexity to meet the client's needs.

The student is able to carry out planned therapy tasks, and with guidance can increase or decrease the level of complexity to meet the client's needs.

The student is able to carry out planned therapy tasks with supervision. The student needs guidance in responding to client's needs during the task.

The student is not yet able to carry out therapy tasks or respond to client's needs during the session without a high level of supervision.

EVIDENCE:

E. Professional Relationships

Competency 11: Inter-professional working practice		
HPC Standards of Proficiency 1b1, 1b2, 1b3		
	Halfway	Final
The student is able to independently identify opportunities for collaboration. Student demonstrates competent professional skills with colleagues from other professions.		
The student is able to identify opportunities for collaboration with occasional support and is developing professional skills with colleagues from other professions.		
The student demonstrates an awareness of the roles of other agencies and identifies the need for collaboration with prompting. Student is able to communicate at a basic level with colleagues from other professions.		
The student does not yet demonstrate awareness of the roles of other professionals or identify the need for collaboration without a high level of supervision. Student is not yet able to communicate competently with colleagues from other professions.		
EVIDENCE:		

Competency 12: Preparing appropriate reports to referring and other agencies.

(Please ask student to create hypothetical reports if necessary)

HPC Standards of Proficiency 1b4, 2b5		
	Halfway	Final
The student is able to independently write a professional report of an excellent standard.		
The student is able to write an appropriate professional report with minimal support.		
The student is able to write a basic report and is developing professional skills in this task.		
The student is not yet able to write an appropriate professional report without a high level of supervision. The report may contain grammatical/spelling errors and/or inaccuracies.		

EVIDENCE:

Competency 13: Managing clinical records.

HPC Standards of Proficiency 1b4, 2b5

Halfway**Final**

The student routinely records appropriately in the patient's records. Entries are accurate and written in a professional manner.

The student records information appropriately with some monitoring and is developing a professional style

The student shows ability to record appropriate client details, but needs to improve on style or succinctness.

The student is frequently unable to record appropriate client details.

EVIDENCE:

F. Knowledge, understanding and skills

Competency 14: Demonstrating an understanding of complex cases encountered on placement. Please describe:

HPC Standards of Proficiency 3a1, 3a2		
	Halfway	Final
The student demonstrates a good understanding of the specialist skills required. Student has made every attempt to acquire the relevant knowledge and skills, through reading and research.		
The student demonstrates an understanding of the specialist skills required and has provided evidence of background reading.		
The student demonstrates basic understanding of specialist applications, and has demonstrated limited background reading.		
The student fails to show an awareness of the role of specialist skills in the placement. Student has not read literature in order to develop understanding.		

EVIDENCE:

Section 3: Professional Skills- HPC Standards of Proficiency 1a1, 1a2, 1a3, 1a4, 1a5, 1a7

S = satisfactory

U = unsatisfactory

Responsibility toward placement	Comments	S	U
Punctuality and attendance at placement			
Reliability			
Maintaining records, notes, required admin			
Safeguarding placement confidentiality			
Responsibility toward clients			
Communicating with clients in a professional manner showing respect for their views and opinions			
Respecting legal, social and moral norms of client's social and cultural background			
Refraining from discrimination on basis of race, religion, gender, disability or other consideration			
Not entering into inappropriate or disruptive personal relationships with clients			
Responsibility toward professional colleagues and tutors			
Sharing information about issues which influence attendance or performance with supervisor/tutor			
Refraining from disparaging or unprofessional remarks about the competence/ character of colleagues and tutors			
Communicating with colleagues and tutors in a professional manner showing respect for their position, views and opinions			
Adhering to the ethical and professional policies of the College, profession and placement setting, eg: equal opportunities, confidentiality, professional communication			

Overall rating for Professional Skills (please ✓)

Satisfactory	Unsatisfactory

CE comments:

Student Comments:

Signed by: Clinical Educator

Date:

Thank you very much for taking the time to complete this process.

Please return immediately to:

Julia Stewart, Professional Tutor

Department of Speech and Language Therapy
University College Plymouth St Mark and St John
Derriford Road
Plymouth
PL6 8BH

For College use only

Clinical skills

1	2	3	4	5	6	7	8	9	10	11	12	13	14

U S A E

Professional Skills

Satisfactory / unsatisfactory.....Tutordate

Half-way Monitoring Form CP 2

Student's name

Clinical Educator's name

Date completed

Please place a ✓ in the appropriate boxes as soon as the half-way discussions have taken place. It is the student's responsibility to return this form to the Professional Tutor at the half-way point.

Objective No.	Unsatisfactory	Satisfactory	Able	Excellent
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
Professional skills	UNSATISFACTORY		SATISFACTORY	

Student's comment

.....

Clinical Educator's comment

.....

Appendix C Assignment Guidelines

1. Client based case study

Word Limit: 2000

Hand in: 23/04/10

Percentage of module: 35%

NB The client **must** sign a consent form agreeing to you collecting the data for this case file (appendix 1 and MLE). If you do not submit the casefile consent form to Alison Coleville by the submission date then this work cannot be marked and you will be awarded a mark of 0.

Case file of 'less-complex' client seen on clinical placement, to include;

- relevant client data and analysis
- hypothesis driven assessment
- differential diagnosis
- management plan
- supporting evidence base

Please use this phrase “For confidentiality purposes the client’s name has been changed”. Confidentiality must be maintained at all times, failure to maintain confidentiality will result in a 10% deduction of marks.

Guidance:

- The case file should demonstrate a clear, logical and objective evaluation of a client, from the clinical placement. This **must** include analysis of data. Relevant background information, assessment findings and analysis resulting in differential diagnosis should be included. An outline of present management plan including goals and discharge criteria must be included.
- Your client/carer/CE must sign the appropriate client consent form and this is then submitted **separately to the Placement Administrator**. CEs are not expected to mark or comment on the assignment
- Choose a client from a different group than the client used for the clinical exam video

Preparing for the case file report

- Select a suitable client as soon as you can when you start your placement.
- Try to select a client that you are likely to see a few times.
- Start collecting background information, and data, from all relevant sources.
- Ensure that your supervisor is aware of the information that you are collecting for your file.

- Read as widely as you can around the topic area, and keep details of the literature that you are reviewing. Your supervisor might be able to help you with focussed reading suggestions.
- Be familiar with all the assessments that have taken place, and have a clear rationale for any future data you might need to collect. Informal data should be collected and analysed.
- Your client/carer/CE must sign the appropriate client consent form and this is then submitted **separately to the Placement Administrator** – if you include it with the case file you will break confidentiality

Your case file should include the following:

Information gathering

A detailed systematic and evidence based overview of the client's communicative needs and abilities.

Background information including:-

- Biographical information
- Medical History
- Educational History
- Social profile

Hypothesis driven assessment

A detail of the rationale for assessment and explanation of specific techniques selected. Evaluation of findings based upon relevant data capture (include raw data capture and analysis in the appendix); differential diagnosis with supporting evidence.

Outline of present management plan

Evidence based discussion of current management plan. Reference to aims/goals/objectives and discharge criteria.

Case file procedure

The case file is a report of the current status of an individual with a communication disorder. In it you will be expected to demonstrate that you have a thorough understanding of the nature and manifestation of the client's communication difficulties. Reference to published literature should be made in order to set the case in a theoretical context. This does not mean arbitrarily fitting the case into a particular theoretical model but it does mean showing how information gained fits

e.g. developmental norms or other frameworks for analysing data.

You should cite references as appropriate throughout the assignment.

Remember that the case file is concerned with an individual and everything in it should have a bearing on the case described. Avoid spending time on general descriptions of medical conditions, particular diseases etc.

Do not lose sight of the fact that the subject of your report is an individual and maintain an holistic viewpoint.

Wherever a reference is made to data analysis, appropriate raw data and subsequent analysis is required to support interpretations and recommendations. Raw data and analyses should be placed in the appendices. If this is not provided, the task will not meet minimum requirements. **Regardless of the type of data, the main text must include a summary of the findings.**

Data can include:

- Transcriptions: spontaneous speech, single words; conversations including with carers etc
- Formal test results
- Phonological/linguistic/conversational/error analysis
- Behavioural observations

Suggested structure:

1. Background information (case history) including relevant medical/biographical/social/environmental information
2. Summary of any previous assessment findings where relevant
3. Rationale for your assessment and procedures chosen
4. Summary and evaluation of your findings with reference to supporting evidence
5. Differential diagnosis
6. Management plan

Appendices:

Raw data and analysis

Any assessment forms

Any relevant session plans

2. Screening Tool

Word Limit: 1200 (does not include tool itself)

Hand in: 30/04/10

Percentage of module: 25%

Devise and produce a **clinical screening tool** for paediatric speech. Use the screening tool with 2 children and evaluate its effectiveness.

In your written work give clear, *concise* guidelines for use of the tool and a critique of its application. Remember to include the data you gather in the appendix as you will need to refer to the data for the critique. You need to analyse this data in detail and discuss whether the tool achieved its aims in gathering appropriate data for analysis. However you do not need to give full background information on each client used for the screening tool (just age).

Remember to describe your:

Focus, rationale; links to theory; guidelines for use; evaluation.

Confidentiality must be maintained at all times, failure to maintain confidentiality will result in a 10% deduction of marks.

➤ **Paediatric – Phonological Development Screening Tool**

Guidance:

Devise a screening tool to allow you to form initial hypotheses on the nature of children's speech difficulties. You must include your data and a full analysis and summary in the appendices.

Aims:

- To obtain a representative sample of data
- To analyse data in sufficient detail
- To consider child's phonological development
- To use age appropriate materials
- To consider the process of obtaining data

Please talk to Julia immediately if you do not think you will be able to complete this assignment due to the type of paediatric client group you are working with.

Appendix D Consent Letter



I am a student of Speech and Language Therapy at University College Plymouth Marjon. As part of the course I have to complete an assignment based on someone I have seen during my placement. Any information I collect will be treated with the strictest confidence and **no** identifying details, i.e. name, date of birth, location, will be included in the work. If you give your consent for this please complete the form below.

Thank you

Speech and Language Therapy Student
.....

BSc Speech and Language Therapy Assignment Consent Form

- I consent to the student collecting information to use in an academic assignment
- I understand that any information collected is for use in the assessment of this student only
- All information will remain confidential and will only be used within University College Plymouth Marjon
- I understand that I may withdraw my consent at any time

Client/carer.....

Student.....

Supervising SLT.....

Date.....

A copy should be retained in the client's notes and a copy returned to college.



**VIDEO RECORDING CONSENT
FOR SPEECH AND LANGUAGE THERAPY STUDENTS**

To be completed by the client/parent/carer:

It has been explained to me by..... (speech and language therapy student) that video recordings will be made during my attendance at the speech and language therapy clinic.

I understand that the recordings will be used for undergraduate teaching and examination purposes and I consent to them being used for that purpose.

Signed

Date

Name (Please print)

Witness

Name (please Print).....

Consent may be withdrawn at any stage. All video material will be stored in locked cabinets on college premises. Parental consent for the videoing of children is valid until the child reaches the age of 16 years.

If you have any queries please contact the speech and language therapy tutors at Marjon on 01752 636700.

A copy should be retained in the client's notes and a copy returned to college.

Appendix F

1. PROMOTING EQUALITY

The Disability Discrimination Act (2005) states that “An individual is deemed disabled if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities”

This covers a wide range of diagnoses from dyslexia, mental health problems, learning difficulties to epilepsy and diabetes.

The DDA (2005) states that an organisation should make reasonable adjustments to ensure that an individual is not discriminated against.

This could mean: longer exam times, longer to write reports for your CE, introduction of breaks on placement, removal of extra furniture to allow free movement or the installation of ramps.

The HPC expects all its members to act in a professional and responsible manner, and therefore you are not just responsible for the welfare of your clients but also for your own welfare.

We need to ensure that both the College and your placement provider are able to make ‘reasonable adjustments’ to do this we need to know, so if you think you fall into the above definition please contact either Di Franklin or Hazel Bending and we can begin the process.

2. HPC NATIONAL STANDARDS

All students should have downloaded this document

APPENDIX G

FITNESS FOR PROFESSIONAL PRACTICE

1. Introduction¹

1.1 The College of St Mark & St. John offers a number of programmes that incorporate a licence to practise a particular profession. These programmes are practice-centred and are directed towards the achievement of professional competence. In such programmes academic success alone may not meet all of the professional requirements which might include for example, physical health, mental health, moral or behaviour matters. Upon graduation students must be able to contribute effectively to the promotion and development of their chosen profession, and to operate as effective independent professionals. Programmes leading to professional registration must comply with the regulations and codes of professional conduct of the relevant bodies, specifically:

Graduate Teaching Council (GTC)
Health Professions Council (HPC)
National Youth Association (NYA)

1.2 The procedures contained in this document are designed to complement rather than duplicate other University procedures as set out in the Student Regulations Handbook, e.g. Code of Conduct for Students, Policy on the Conduct of Assessed Work, Regulations for Discipline etc.

2. Acceptance on Programmes

2.1 Before commencing a programme that includes a licence to practise, each student must undergo a Criminal Records Bureau (CRB) check. If a student would not fulfil the requirements of the relevant profession in this respect s/he would not be admitted to study for that profession or to practise it. The nature of a small number of less serious convictions is such that they would not debar a person from admission to the programme or from professional practice. The purpose of this CRB screening is to protect the public. The need to protect the public also applies to students throughout their programme and to professionals in practice.

3. Practice Placements

3.1 Practice in the care of clients / teaching of pupils is an essential part of professional training programmes. Involvement of students in such practice must be under the supervision of a named individual who holds effective and appropriate registration or other professional and academic qualifications and experience commensurate with the context of the relevant service delivery. The College must be constantly vigilant in ensuring that all students on professionally accredited programmes are fit for practice in the relevant professional area. This involves dealing promptly and appropriately with all cases where fitness to practise is in doubt.

4. Professional Misconduct

¹ As at 2007 the programmes that are accredited by professional bodies are: Speech & Language Therapy, Initial Teacher Training BEd degrees & PGCE programmes and the BA and MA in Youth & Community Work.

4.1 The GTC, HPC and NYA require all students to demonstrate developing professionalism so as to comply fully with their Professional Standards / Code of Conduct on completion of the programme. The relevant Codes / Standards are made available to students at the commencement of the programme. Professional misconduct includes criminal convictions, behaviour that would bring the profession into disrepute and behaviour that puts at risk the proper operation of clinical practice and/or client confidence. The procedure set out in section 6 of this document should be used to deal with cases where misconduct by students is alleged.

4.2 The following are examples of behaviour that would constitute professional misconduct:

- Criminal conviction(s) during the programme of a nature that would have prevented admission to the programme;
- Behaviour that would bring the profession into disrepute;
- Behaviour that would adversely affect the proper operation of clinical practice and/or client confidence, for example:
 - abuse (physical, sexual or emotional);
 - any action or omission that may place a client's / pupil's safety at risk;
 - aggressive or threatening behaviour;
 - alcohol or drug abuse;
 - breach of confidentiality (except under the provisions of the Public Interest Disclosure Act 1998);
 - behaviour that indicates a lack of honesty and trustworthiness, eg, misrepresentation of qualifications at the time of admission, forging of documents or signatures (excluding academic misconduct as this is covered by a separate policy);
 - acceptance of gifts, hospitality and other considerations, apart from small tokens of appreciation, or allowing any gift to influence the quality of care provided to the donor or to others;
 - malicious or wilful damage to practice placement premises;
 - unjustified refusal to carry out a lawful and reasonable instruction
 - failure to respect clients as individuals and/or failure to protect the interests and dignity of clients irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture or of any other irrelevant distinction.

4.3 Any misconduct within the scope of the Code of Conduct, the Policy on the Conduct of Assessed Work or Disciplinary procedures will be dealt with under the relevant procedure. Other forms of misconduct which fall within the scope of this policy will be dealt with under its provisions. This will help to ensure equitable treatment of all students whether on programmes covered by this policy or on other programmes. It will also avoid the danger of students receiving two punishments for the same offence.

5. **Professional Unsuitability**

5.1 Sometimes, even where professional misconduct is not involved and/or patient safety is not at risk, it may become apparent that a student is unsuitable for the profession for which s/he is studying. The student, his/her tutors or a placement provider may be the first to notice this. Any student who has doubts about his/her suitability for the profession for which s/he is training should discuss the situation informally with a tutor as soon as possible. Where a member of staff or placement provider feels that a

student may be unsuitable the matter should be reported to the relevant member of College staff responsible for supporting students during the placement period, who should discuss matters informally with the student. In some cases the issues of concern may be resolved by appropriate informal support and guidance. If the unsuitability is felt to be of a temporary nature, an interruption of study may be the most appropriate course of action. If the matter cannot be resolved informally or if client / pupil safety is at risk the formal procedure in section 6 will need to be used.

5.2 Professional unsuitability may be demonstrated in various ways; the following are common indicative examples:

- Persistent lack of motivation or interest and/or non-participation in learning activities (e.g. direct client care, engagement in small group/problem-based learning, portfolio development, practice placements, presentations, timetabled academic sessions, academic or pastoral tutorials, clinical skills sessions);
- Inconsistent, unreliable and inappropriate behaviour in the clinical, teaching or learning context;
- Emotional and/or inter-personal problems that impinge upon the clinical, teaching and/or learning context;
- Unsociable behaviour that adversely affects the proper operation of the clinical, teaching and/or learning context.
- Physical and/or mental health problems, which may put the student or others at risk.
- Competence issues which normally are focused upon a lack of capability in the student for safe and competent practice by the progression point in each year of the programme or on holistic assessment of the student's capability at the end of the programme.

6. **Procedure for Dealing with Professional Misconduct or Professional Unsuitability**

If misconduct is alleged that poses a risk to client / pupil care the matter should be referred to the relevant Dean and the Academic Registrar with a view to removing the student from placement, or suspending him/her from the University while the matter is investigated and the case heard

If the matter is not sufficiently serious to warrant immediate suspension from the placement or from the University, the following course of action should be followed:

- a) the placement supervisor/mentor will advise the student in writing of any concerns that they have about their conduct and supply him/her with relevant documents/reports that support these allegations (this would include any remaining concerns that were not resolved informally as described in section 5);
- b) a meeting will be arranged as soon as possible between the student, the placement supervisor/mentor and a member of the institutional staff designated to support students during the placement period;
- c) at the meeting the concerns and the student's progress towards achieving the learning outcomes of the placement will be discussed with a view to agreeing a formal tripartite action plan;
- i) the outcome of this meeting and of any subsequent meeting held to review progress and/or to provide additional support will be recorded and a copy sent to the student, the supervisor/mentor and the Programme Leader as soon as reasonably possible.

If the matter has not been resolved by the course of action under 6.2 or if the original allegation was sufficiently serious to warrant suspension from the placement or from the College or if further breaches of professional conduct have occurred the following course of action should be followed:

- a) The Programme Leader will initiate an investigative interview, to be held as soon as reasonably possible and normally within 10 working days of notification of the misconduct;
- b) The investigator will be a member of academic staff from the same School as the student who has had no involvement in the circumstances which led to the procedure being invoked;
- c) Following the investigatory interview with the student (at which the allegations and any evidence which supports them will be made clear to the student) the investigator shall have discretion to meet with others who might be able to elucidate the investigation, e.g. institutional placement staff, placement supervisor/mentor, witnesses to events and relevant professional practitioners;
- d) The purpose of the process of investigation shall be to examine the circumstances of the alleged misconduct/unsuitability, from the perspective of the student and of the other parties involved;
- e) When the investigation is complete the investigator will prepare a report which reaches one or more of the following recommendations:
 - i) that there is no substance to the allegations and that no further action will be taken;
 - ii) that there is a need to conduct further investigations;
 - iii) that there is a need to refer the student for a medical assessment;
 - iv) that the allegations appear to be substantiated in whole or in part.
- f) The report will be submitted to the relevant Dean, the relevant Programme Leader and the Academic Registrar.

Where the outcome of the investigation under 6.3 is that the allegations appear to be substantiated, in whole or in part, the matter will be considered at a Fitness for Practice Hearing. The procedure for the hearing will be:

- a) On receipt of the investigator's report the Academic Registrar shall convene a meeting of a panel (The Panel) constituted in accordance with the arrangements set out below;
- b) The role of the Panel shall be to consider the case and to determine an outcome;
- c) The Panel shall consist of an academic staff member of the Academic Board who teaches on a professionally accredited programme other than that on which the student who is alleged to be guilty of unprofessional conduct and who will act as Chair, one member of academic staff from the School in which the student is based, one member of the profession that the student wishes to join and a member of the Executive Committee of the Students' Union, normally the President or Deputy President.

The Academic Registrar shall act as Secretary to the Board and a Clerk, nominated by the Academic Registrar, shall also be present.

The Panel shall not meet unless all members and the secretary are present

- d) The date, time and place of the hearing shall be announced to the student in writing at least ten working days before the hearing; where this deadline is not met, the hearing will only proceed, at the stated date and time, with the student's consent. The student and the members of the panel will be provided with the investigator's report at that point, together with any other available papers of relevance; additional papers, supplied by either the College or the student, will be circulated if received no less than two working days before the hearing, or tabled at the hearing thereafter.
- e) The student shall have the right to attend the meeting of the Panel and to be accompanied by one person of his/her choosing or to be legally represented, provided that the student gives notice to the Academic Registrar not less than five working days before the hearing of such intention to be legally represented. The College shall then be empowered to be legally represented also. In such cases, neither party shall be able to recover its legal costs, regardless of the decision in the matter. If no, or shorter, notice is given, the Panel in its entire discretion shall be empowered to postpone the hearing. The student or the person accompanying him/her may speak on the student's behalf. They shall have the right to submit written evidence provided that a copy of such evidence is given to the Academic Registrar at least five working days before the hearing. They shall not have the right to call witnesses;
- f) The Panel may consider the case and determine an outcome if the student and/or the investigator is absent, and at its reasonable discretion may adjourn, continue or postpone a hearing;
- g) The investigator shall attend the meeting of the Panel and shall present his/her case to the Panel. S/he shall have the right to call witnesses;
- h) The Chair shall then invite the student or the person accompanying him/her, to make any statement he/she wishes. The Chair and other members of the Board may question the student on the statement and/or the documentary evidence.
- i) The Chair shall then invite any other witnesses, including the author of the incident report to attend before the panel. Members of the panel may question witnesses directly, and the student or his/her friend may question them through the Chair.
- j) At the conclusion of the hearing, the Chair shall offer the student the opportunity of making a closing statement (which shall not introduce new evidence) before the panel considers its decision in private. The resultant decision shall normally be communicated in writing to the student within two working days of the hearing.
- k) When it has considered the case the Panel shall reach one or more of the following conclusions:
- i) in cases of professional unsuitability:
- No further action;
 - A written warning, to be held on the student's file;
 - Deferred decision pending a medical report;
 - Suspension from the Programme for a period to be determined by the Panel;
 - Permanent removal from the Programme.
- ii) in cases of professional misconduct:
- No further action;
 - A written warning, to be held on the student's file;
 - Suspension from the Programme for a period to be determined by the Panel;

- Suspension from the University for a period to be determined by the Panel;
- Permanent removal from the Programme;
- Expulsion from the University.

6.6 a) The student shall be allowed seven working days from notification of the decision of the Panel in which to lodge notice of an appeal, in writing, to the Academic Registrar for a hearing by an Appeal Panel.

- b) The notice of appeal must include an indication of whether the appeal is on either or both of the following grounds:
- i) that there was a failure in the procedure adopted from the time of commencing the Procedure for Dealing With Professional Misconduct or Professional Unsuitability and that such failure had a material effect on the Panel's decision;
 - ii) that the report submitted to the Panel omitted relevant evidence, or that the Panel refused to consider relevant evidence.
- c) The student must also indicate in the notice of appeal all the information that s/he relies on in support of the grounds of appeal;
- d) The decision of the Panel shall take effect and remain in force until such time as it is changed by an Appeals Panel;
- e) The role of the Appeals Panel shall be to consider the appeal and to determine an outcome;
- f) The Appeals Panel shall consist of an academic staff member of the Academic Board who teaches on a professionally accredited programme other than that on which the student who is alleged to be guilty of unprofessional conduct and who will act as Chair, one member of academic staff from the School in which the student is based, one member of the profession that the student wishes to join and a member of the Executive Committee of the Students' Union, normally the President or Deputy President. [No member of the Appeals Panel may have served on the Panel];
- g) The Academic Registrar shall act as Secretary to the Board and a Clerk, nominated by the Academic Registrar, shall also be present;
- h) The Appeals Panel shall not meet unless all members and the secretary are present;
- i) The student shall have the right to attend the meeting of the Appeals Panel and to be accompanied by one person of his/her choosing or to be legally represented, provided that the student gives notice to the Academic Registrar not less than five working days before the hearing of such intention to be legally represented. The College shall then be empowered to be legally represented also. In such cases, neither party shall be able to recover its legal costs, regardless of the decision in the matter. If no, or shorter, notice is given, the Appeals Panel in its entire discretion shall be empowered to postpone the hearing, and the student or the person accompanying him/her may speak on the student's behalf. They shall have the right to submit written evidence provided that a copy of such evidence is given to the Academic Registrar five working days before the hearing. They shall not have the right to call witnesses. The student shall be the first party to present his/her case to the Appeals Panel;
- v) The Chair of the Panel shall have the right to attend the Appeals Panel and to speak on behalf of the Panel. S/he shall have the right to submit a written report on behalf of the Panel provided that a copy of such a report is given to the Academic Registrar five working days before the hearing. S/he shall not have the right to call witnesses;
- k) The Appeals Panel may consider the case and determine an outcome if the student and/or the Chair of the Panel is absent;

- l) The Appeals Panel shall have the power to confirm, set aside or impose a different penalty selected from the range of penalties set out in 6.5 (h), (i) and (ii);
- m) The decision of the Appeals Panel is final and not subject to further review within the University. For information on further external appeal visit the Office of the Independent Adjudicator for Higher Education website: www.oiahe.org.uk;
- n) The student shall be notified of the decision of the Appeals Panel by the Academic Registrar, normally within two working days of the hearing.

LEARNING QUADRANT
Year 2

**Academic and learning
perspective**

1. Data gathering
2. Learning styles
3. Learning objectives
4. Assessment frameworks
5. Differential diagnosis
6. Aims, goals and objectives
7. Session plans

**Personal and interpersonal
perspective**

1. Group dynamics
2. Feedback frameworks
3. Being a professional
4. Inter-professional perceptions

Clinical perspective

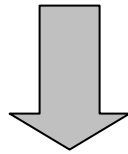
1. Observation schedule
2. Case history schedule
3. Assessment frameworks in clinical practice
4. Aims, goals and objectives in clinical practice
5. Session plans in clinical practice
6. Stepping up and stepping down activities/assessments

Technological perspective

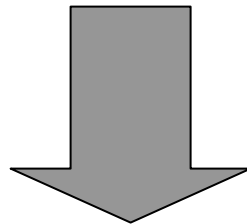
1. Emily – discussion board activity
- research activity
2. Video use

CLINICAL ASSESSMENT PROCESS:

Y1:
**3 week block placement -
Summative clinical assessment**



Y2:
**13 week concurrent placement – 2 days
a week
Case file portfolio assignments
Clinical exam (video)**



Y3:
**10 week formative concurrent placement
7 week assessed block placement

Case file portfolio assignments
Clinical exam (video)**