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**BSc (Hons) Speech & Language Therapy (Pre-registration)**

**Year 3 Term 3 Transition to Autonomous Practice**

**Practice Placement Assessment**

**University of Essex**

|  |  |  |
| --- | --- | --- |
| Student Name |  | |
| Registration Number |  | |
| Personal Tutor |  | |
| Dates of Placement |  | |
| Practice Educator |  | |
| Placement Site |  | |
| Speciality |  | |
| Retrieval Placement | Yes/No | |
| Visiting Lecturer |  | Date of Visit(s) |

**If you have any concerns/issues regarding this student please phone 01206 874557**

**as soon as possible**

|  |  |  |
| --- | --- | --- |
| Part 1 Health and Safety, Non-discriminatory practice and Professionalism | Pass/Fail | Signature of Practice Educator  Date |
| Part 2 Learning Outcomes | Pass/Fail |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Total Scores:** | **Pass/Excellent** |  | **Pass/Competent** |  | **Fail** |  | | | |
| Part 3 Reflections | Pass/Fail | **Signature of University Lecturer**  **Date** |

If this booklet is misplaced please send to the address below, or email [hhsplace@essex.ac.uk](mailto:hhsplace@essex.ac.uk)

Placement Administrator

School of Health & Social Care

University of Essex

Wivenhoe Park

Colchester

Essex

CO4 3SQ

**Practice Education Placement Student Induction Record**

**Health & Safety**

Duties of Placement Providers

‘Under the Health and Safety (training for employment) Regulations 1990, students participating in work experience are regarded as the placement providers’ employees for the purpose of health and safety. Providers must therefore ensure, so far as it is reasonably practicable, the health, safety and welfare at work of all their employees’.

*Please note: for any incident affecting the student’s health or safety, please attach a copy of the incident form completed.*

**On day 1 of the placement the student has been given information relating to:**

**Date** **Educator Student**

**Completed Initials** **Initials**

* The named person to go to in the event of difficulties
* Information about the bleep system (where appropriate)

and relevant emergency telephone numbers

* Emergency procedures, including Cardiac Resuscitation

Procedures, Fire and Security

* Also during their induction period, the following policies and procedures have been made available to the student:

**Date Educator Student**

**Completed Initials Initials**

* Incident Reporting
* Health & Safety including COSHH
* Manual Handling, Infection Control & Fire
* Harassment and Bullying
* Equal Opportunities

**NB. This should not replace but be in addition to, the student information pack**

**Record of contact with University**

|  |  |  |  |
| --- | --- | --- | --- |
| **Initiated by:** | **Person Contacted:** | **Date and Method:** | **Response received:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If you have any concerns/issues regarding this student please phone 01206 874557**

**as soon as possible.**

Part of induction is the **learning contract** completed by the Student and the Practice Educator and is included below. This is intended to assist both students and clinical staff in identifying individual needs and in planning the progression of the placement. Please be aware that students with specific learning needs should be assessed as to whether they can achieve the learning outcomes only once appropriate support strategies have been implemented.

**Student expectations discussed 🞏 Practice Educator expectations discussed 🞏**

|  |  |  |
| --- | --- | --- |
| **Personal Placement Needs and Aims** | | **Identified Specific Learning Needs** |
| Needs identified before placement starts or following previous placement **(to be completed by student prior to placement)** | | Ihave disclosed a disability or specific learning need to my educator. **Yes/No**  **Date:**  **Sign by educator:**  **Sign by student:**  If yes, the ways in which this may impact upon my learning experience have been identified and discussed.  Strategies to be implemented include: |
| **Current Placement Needs and Aims**  (Agreed in discussion with Practice Educator) | | **Identified Support and Resources** (Identified by discussion with practice educator) |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

**Reflection on Achievement of Learning Contract**

|  |  |  |
| --- | --- | --- |
| **Interim**  (to be completed by student) | | **Final**  (to be completed by student) |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| Please attach additional sheets if you require more spare for your reflections. | | |

# Part 1

**Failure of any objective in Part 1 will override Part 2 and 3 of the assessment and cause the student to fail the placement**. If there are concerns relating to the Student’s performance in Part 1, please contact the University immediately on **01206 874557**.

Record of warnings must be completed in situations where there are concerns relating to safety or professional behaviour and must be signed by both Student and Practice Educator.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 1** | **Fail** | | | | |
| **1. Integrates health and safety legislation into speech and language therapy practice taking account of local policy and procedures.** | Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling, hazard control and risk management).   * Persistently fails to protect self or use protective equipment correctly. * Is unaware of or disregards the contraindications of treatment. * Persistently applies treatment techniques and handling skills in a way which puts patient and/or self at risk. * Is unreliable in reporting and often fails to tell the educator about adverse findings and/or patient complaints. * Persists in unsafe practice despite verbal instruction and/or warnings. | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the clinical educator. | | | | | |
| **Part 1: Learning Outcome 1**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

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| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 2** | **Fail** | | | | |
| **2 Demonstrates non-discriminatory practice.** | May exploit the mutual trust and respect inherent within a therapeutic relationship. Persistently fails to uphold, the rights, dignity and autonomy of patient’s, including their role in the diagnostic and therapeutic process | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the Practice Educator. | | | | | |
| **Part 1: Learning Outcome 2**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

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| --- | --- | --- | --- | --- | --- |
| **Learning Outcome 3** | **Fail** | | | | |
| **3) Fulfil all responsibilities related to legal ethical and local considerations of professional practice including clinical information (HPC, 2003).** | Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Persistently demonstrates poor record keeping. Does not respect patient confidentiality. Poor / or inappropriate standards of dress and/or hygiene. Persists in unprofessional behaviour despite verbal instructions and/or warnings. | | | | |
| **Record of warnings given:**  Any entries should be dated and signed by both the student and the Practice Educator. | | | | | |
| **Part 1: Learning Outcome 3**  **Signed / dated: ……………………………** | | **Pass** |  | **Fail** |  |

**References:**.

Health Professions Council – HPC (2008) Standards of Conduct, Performance and Ethics. The Health Professions Council, London.

Health Professions Council – HPC (2010) Guidance on Ethics and Conduct for Students The Health Professions Council, London.

Royal College of Speech and Language Therapists RCSLT (2006) National Standards for Practice Based Learning RCSLT London.

**We encourage Practice Educators and Students to actively use this section throughout the placement.** A reminder:If there are concerns relating to the Student’s performance in Part 1, please contact the University immediately on 01206 874557.

**Please ensure you have ticked either pass or fail and signed and dated all three learning outcomes in this section. If not completed, you will be contacted by the University to clarify the students pass or fail status for this section.**

For any objective failed, please outline the reasons why in the box below:

|  |
| --- |
| Reason for Failure  Signatures of:  Practice Educator:……………………… Date................  Student:…………………………............ Date................ |

**Part 2 Learning Outcomes:**

This part contains three areas of practice taken from to HCPC Standards of Proficiency on which the student is assessed.

* **Professional Autonomy & Accountability**
* **Professional Relationships**
* **Knowledge and Skills Understanding and Application**

Learning outcomes have been identified and listed for each area. The learning outcomes indicate what the student should achieve by the ***end*** of the placement. Students are expected to progress in their learning and achievement across the course of the placement; they may achieve progress at different rates.

The interim assessment should take the form of a collaborative discussion with your group members. The interim assessment is an opportunity for formative feedback (informing the Student as to the progress that they are each making). Students should collaboratively mark their achievement against learning outcomes as:

|  |  |
| --- | --- |
| **Descriptor** | **Action** |
| ‘exceeding’ expected level | Student and Practice Educator reflect on student’s strengths at this stage of the placement and consider extension activities. |
| ‘meeting’ expected level | Student and Practice Educator reflect on continued development needs |
| ‘working towards’ expected level | Student and Practice Educator devise action plan to support achievement |
| ‘at risk of failure’ | Student, Practice Educator and University Lecturer convene meeting to address concern; a Danger of Failure process must be triggered. |
| N/A to placement setting | Reflective discussion held as to why N/A within placement setting. Learning outcome should be carried forward to next placement. |

Students are encouraged to support each other’s development throughout the placement; recognising each others’ personal strengths and points for development. A space is provided for additional comments at both interim and at final assessment. Those concerned about their progress should contact the supervising SLT or the Placement Co-ordinator immediately.

The final assessment is the summative assessment of the student’s performance and should take the form of collaborative discussion between the student and their Supervising SLT; if a particular learning outcome is not applicable within that placement, then it can be noted as such and signed by the Practice Educator in the Additional Comments Box.

By the end of the placement the student should be able to demonstrate the achievement of all the following Learning Outcomes.

**If you have personal concerns, or the Supervising SLT has concerns, which may give rise to a Danger of Failure then please contact the University Speech and Language Therapy Team immediately to arrange a meeting that includes the implementation of the Risk of Failure Process**

By the end of the placement the student should be able to demonstrate the achievement of all the following Learning Outcomes:

|  |  |
| --- | --- |
| **Level** | **Description** |
| Pass-competent | Student has completely passed the learning outcome for their current stage of training. |
| Pass – excellent | Student has demonstrated excellent ability for their current stage of training (area of relative strength) |
| Fail | Learning outcome not achieved – initiate retrieval placement process. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Professional Autonomy & Accountability** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 1. Acknowledges personal responsibility for client care and is able to justify decision making. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 2. Be able to practice in an autonomous manner, demonstrating the ability to initiate the resolution of problems by exercising personal initiative while understanding and reflecting on the limits of your practice and seekingrequired knowledge or experience as appropriate (referring to another professional where necessary). |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 3. Understand and maintain a safe practice environment, following appropriate legislation and policy. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 4.Maintain accurate, legible records and / or provide reports that adhere to relevant legislation and policy. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 5. Understand and adhere to the relevant guidance surrounding confidentiality. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 6. Understand and adhere to the relevant guidance surrounding consent (including additional consent required for audio and visual recording). |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Professional Autonomy & Accountability** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 7.Practice in a non-discriminatory manner respecting the rights, dignity, values and autonomy of the client. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 8. Effectively manage workload and resources. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |
| Additional Comments if applicable | | | | | | | | |

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| **Professional Relationships** | **Interim Progress** | | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 1.Reflecting on prior learning andexperiences, adopt effective means and style of personal communication to meet the needs of a range of clients. |  |  | |  |  |  |  |  |  |
| Evidence: | | | | | | | | | |
| 2.Successfully work in partnership with clients. |  |  |  | |  |  |  |  |  |
| Evidence: | | | | | | | | | |
| 3.Successfully work in partnership with client’s parents / carers / significant others using appropriate means and style of communication. |  |  |  | |  |  |  |  |  |
| Evidence: | | | | | | | | | |
| 4.Successfully work in partnership with the inter-professional / inter-agency team using the appropriate means and style of communication. |  |  |  | |  |  |  |  |  |
| Evidence: | | | | | | | | | |
| **Professional Relationships** | **Interim** | | | | | **Final** | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 5. Actively seek to enhance awareness and understanding of the SLT profession and the needs of our clients. |  |  |  | |  |  |  |  |  |
| Evidence: | | | | | | | | | |
| **Totals to complete** |  |  |  | |  |  |  |  |  |
| Additional Comments if applicable | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Knowledge and Skills Understanding and Application** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 1. Use evidence based practice relevant to SLT to understand and draw inferences regarding the nature and presentation of clients’ speech, language, communication and eating needs. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 2. Within the scope of your professional knowledge and skills ensure the boundaries of the designated SLT role are maintained. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 3. Be able to independently and accurately collect, record and analyse client information and clinical data appropriate to client management and service delivery. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 4.Understand and use appropriate SLT terminology. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 5.Successfully monitor and review the ongoing effectiveness of planned activities and modify them accordingly. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Knowledge and Skills Understanding and Application** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 6.Use evidence based practice relevant to the remit of the placement to support decision making. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 7.Practice in a holistic manner that aims to reduce the impact of speech, language and eating difficulties on the client and their significant others and increase quality of life. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |
| Additional Comments if applicable | | | | | | | | |

**Part 3 Reflections**

The student will write two pieces of reflective writing regarding critical learning events during the placement.

An activities account is NOT required for this placement although students may find it useful to keep a diary of the experiences they have each day for later reference.

The reflections will be assessed by University staff.

**Recommendations/Action plan for future Learning/Practice Placements/Clinical Practice**

This section should be completed collaboratively by the Student and Practice Educator with the aim of facilitating the student’s continuing development (CPD). This should include **strengths and areas for development** which the Student can take forward into their next practice placement experience.

**All written comments must be discussed by the Student and Practice Educator before the document is signed.**

|  |
| --- |
|  |

**Please photocopy this page before final hand-in to direct your future learning**

**Practice Educator’s Summing Up comments**

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Placement Setting:** |  |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Name of Practice Educator:** |  |
| **Signature of Practice Educator:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Student Signature:** |  |
| **Date:** |  |

**Part 4 – Record of Clinical Hours Completed**

The university is required to ensure that all students have the opportunity to complete a total 150 sessions / 575 hours of placement experience. The Student completes this record but **the Practice Educator shouldmonitor and sign** that the record is accurate.

This placement equates to 30 sessions (where a session is 3.5 hours), 15 days or 105 hours in total.

**If not completed, you will be contacted by the Student or relevant University to clarify the Student’s clinical sessions and hours.**

|  |  |  |  |
| --- | --- | --- | --- |
| Day | **Date** | **Sessions** | **Hours** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Total: | Total: |
| **Absences and Reasons:** | | | |

**I**

**I confirm that this is an accurate record of the hours completed by the student.**

|  |  |
| --- | --- |
| **Name of Practice Educator:** |  |
| **Signature of Practice Educator:** |  |
| **Date:** |  |
|  | |
| **Student Name** |  |
| **Signature** |  |
| **Date** |  |

**Please ensure you have also signed the front page of this assessment document.**