# A4P 20mm Logo with Boarder.jpg

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

**Year 2 Term 2/3 SLT Continuing Development in Clinical 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 |
| Part 3 Skills Checklist | Pass/Fail |

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| --- | --- | --- | --- | --- | --- | --- |
| **Total Scores:** | **Pass/Excellent** |  | **Pass/Competent** |  | **Fail** |  |

|  |  |  |
| --- | --- | --- |
| **University use only:** | | |
| **Part 4 Reflective Component** | 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:** |
|  |  |  |  |
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**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 Strategies 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** |  |  |

# Part 1

**Failure of any objective in Part 1 will override Part 2, 3 and 4 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.

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| **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.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **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 clinical educator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **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 clinical educator.  NB. A warning in this section would usually trigger a Danger of Failure procedure. | | | | | |
| **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 (2005) 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 relevant University to clarify the students pass or fail status for this section.**

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

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

**Part 2 Learning Outcomes:**

This part contains three areas of practice (sections) on which the student is assessed.

* Interpersonal Skills
* Professional Knowledge
* Professional Skills

Learning outcomes have been identified and listed for each section. The learning outcomes indicate what the student should have achieved 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 and the final assessments should take the form of collaborative discussion between the student and their Practice Educator; space is provided for additional comments at both interim and at final assessment. 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.

The interim assessment is an opportunity for formative feedback (informing the Student and Practice Educator as to the progress the Student is making). Practice Educators record a student’s achievement against learning outcomes as

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| **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. |

**If it is identified at interim assessment or at any other time that the student has learning needs which may give rise to a Risk of Failure then the Practice Educator should contact the University Speech and Language Therapy Team immediately to arrange a three way meeting and the implementation the Risk of Failure Process**

Final Assessment is the summative assessment of the student’s performance (evaluating the student’s skills).

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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| **Interpersonal Skills** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 1. Modify personal communication appropriately according to the client’s needs. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 2.Build an effective therapeutic relationship with the client or where appropriate their significant others that demonstrates an understanding of;   * how the therapeutic relationship is built and maintained * the importance of client choice |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 3.Explore a range of strategies to improve client engagement and cooperation in clinical activity. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 4. Effectively communicate with, and involve the client’s significant others in the development of their care plan. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Interpersonal Skills** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 5. Effectively communicate with, and contribute to the work of, the inter-professional / inter-agency team; providing fellow professionals with information and feedback where appropriate. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |
| Additional Comments if applicable  (e.g. 3 – no opportunity to talk with parents directly have organised telephone meeting) | | | | | | | | |

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| **Professional Knowledge** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 1. Integrate and apply current knowledge to understand observations of more complex speech, language and eating difficulties drawing inferences regarding;   * the client’s communication profile * the nature of their difficulties |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 2.Understand the nature and function of appropriate instrumental analysis techniques used within SLT, and associated professionals, relevant to the client. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 3. Integrate and apply current knowledge from the evidence base to understand the rationale for SLT case management (from referral to discharge) targeting speech, language and eating difficulties. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 4.Understand the nature of, and seek to exercise a professional ‘duty of care. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Professional Knowledge** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 5.Understand the role of review and audit in the management of service delivery, including quality assurance, quality control and the use of appropriate outcome measures. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 6. Understand the way in which the SLT, wider health, social and voluntary sector services work together in client care and be aware of the application of the relevant ethical / legal issues and policy / legislation. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |
| Additional Comments if applicable  (e.g. 6 – insightful use of integrated background knowledge in understanding client’s needs) | | | | | | | | |

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| **Professional Skills** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 1.Contribute assessment and diagnosis information to client care plans. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 2.Under guidance, select and administer appropriate methods of SLT assessment, recording and analysing results gained. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 3.Accurately record and analyse language samples of clients including those with more complex speech and language impairments. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 4.Apply knowledgeof data collection and type (e.g. quantitative, qualitative), accurately collate and record information appropriate to case from available sources, maintain appropriate clinical departmental and multi-disciplinary notes where appropriate. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 5.Understand and use appropriate SLT terminology regarding speech, language, communication and eating difficulties. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Professional Skills** | **Interim** | | | | **Final** | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 6. Maintain confidentiality at all times and ensure that informed consent is established. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 7.Apply understanding of how ongoing assessment, review and audit is used to monitor client progress |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 8.Recognise and reflect on the strengths, limitations and development of your personal and professional knowledge and practice; and be able and willing to   * request advice and second opinion where appropriate. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 9.Understand the role of other professionals involved in the care of the client and be aware of the need, and contribute to onward referrals to other services where appropriate. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Professional Skills** | **Interim Progress** | | | | **Final**  Achieved | | | **N/A** |
|  | Exceeding | Meeting | Working Towards | Risk of failure | Pass – excellent | Pass – competent | Fail | Reflective discussion held |
| 10.Apply understanding of the importance of adopting an holistic approach to client management considering;   * the impact of the speech, language and eating difficulty on the individual client and their significant others * the client’s quality of life |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| 11. Manage own time efficiently demonstrating good time keeping and attendance and meeting work deadlines. |  |  |  |  |  |  |  |  |
| Evidence: | | | | | | | | |
| **Totals to complete** |  |  |  |  |  |  |  |  |
| Additional Comments if applicable  (e.g. 3 – at times under-estimates abilities, this is likely to improve as confidence grows) | | | | | | | | |

**Part 3: Skills Checklist**

To pass this component the student must have actively sought and engaged in relevant activities relating to the skills below. The student must have carried out the skills safely and effectively with appropriate clinical reasoning, as relates to the nature of the placement. (N.B. The practice educator will have assessed the student’s ability with practicing these in Part 2 of the placement assessment. The University Lecturer will assess the student’s written log and reflective commentary.) Where a skill cannot be reasonably achieved at the placement setting a reflective discussion will be held between the practice educator and the student and the skill highlighted for the student’s next placement. This checklist should be cross referenced with the student’s placement log and reflective commentary.

|  |  |  |
| --- | --- | --- |
|  | **Skill experienced/**  **Carried out**  **If X, reflective discussion as to why N/A within current placement setting**  **✓ / X** | **Cross reference to written skills log and reflective commentary (marked by University Lecturer)** |
|  |  |  |
| **Initial Client Interview & Review** | | |
| 3.1 Initial Client Interview |  |  |
| 3.2 Follow Up Client Interview |  |  |
| **Assessment** | | |
| 3.3 Subjective and non-standardised assessment |  |  |
| 3.4 Objective and standardised assessment |  |  |
| **Skills related to treatment planning** | | |
| 4.1 Treatment planning |  |  |
| 4.2 Therapy resources |  |  |
| **Skills related to treatment implementation** | | |
| 5.1 Treatment sessions |  |  |
| 5.2 Indirect treatment |  |  |
| 5.3Total communication |  |  |
| **Skills related to the working environment** | | |
| * 1. Multi-disciplinary working |  |  |
| * 1. Record keeping |  |  |

**Practice Educator Signature: Date:**

**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.**

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

**Practice Educator’s Summing Up comments**

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

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

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

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

**Additional Educator’s Summing Up comments**

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

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

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

**Part 5 – 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.

Including study times, this placement equates to 16 sessions (where a session is 3.5 hours), 8 days or 56 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** |
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|  |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
|  |  | Total: | Total: |
| **Absences and Reasons** | | | |

**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 Signature:** |  |
| **Date:** |  |