Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

B.Sc Clinical Speech & Language Studies

Practice Education Handbook 2025 - 2026

Roinn an Staidéir Chliniciúil ar Urlabhra agus Teanga,

Scoil na nEolaíochtaí Teangeolaíochta, Urlabhra agus Cumarsaí

Introduction: What is Practice Education?

Practice education is a core component of the B.Sc undergraduate programme in Clinical Speech and Language Studies. It provides students with opportunities to integrate knowledge, theory, clinical decision-making, and professional behaviour within clinical practice across a range of health, community and educational settings. It equips students with the knowledge, skills, and attitudes required to graduate as competent entrants to the speech and language therapy profession, meeting the standards of proficiency as specified by CORU.

The practice education programme has been developed by the Dept. of Clinical Speech and Language Studies and the practice education team, in association with the profession. It combines college-based activities, tutorials, workshops, self-directed learning, reflective practice, and practice education placements in a range of clinical settings. The practice education programme integrates with all other strands of the course.

This Practice Education Handbook provides a useful guide and reference for:

- Students and Staff Members of Clinical Speech and Language Studies
- Practice Tutors/Regional Placement Facilitators/Speech and Language Therapy Managers
- All Practice Educators involved in the provision of practice education placements for students studying Clinical Speech and Language Studies, Trinity College Dublin

Important Note:
The information contained in this document is correct at the time of publication but may be subject to review from time to time. Students are reminded that they should refer to the University Calendar for further details of General Regulations, and that the General Regulations have primacy over departmental handbooks. This Practice Education Handbook should be read in conjunction with other relevant module handbooks.

Katie Burke and Sinéad Kelly

Practice Education Coordinators

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1. CORU Standards of Proficiency

The following are the standards of proficiency for the profession as set out by CORU (2018). These are the standards required of graduates for the safe and effective practice of Speech and Language Therapy and are integral to the practice education programme. The standards of proficiency are grouped under five domains:

Domain 1: Professional Autonomy and Accountability
Domain 2: Communication, Collaborative Practice and Teamworking
Domain 3: Safety & Quality
Domain 4: Professional Development
Domain 5: Professional Knowledge and Skills

1.1 Domain 1: Professional Autonomy and Accountability

Graduates will:

1. Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession
2. Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional
3. Be able to always act in the best interest of service users with due regard to their will and preference
4. Be aware of current guidelines and legislation relating to candour and disclosure
5. Respect and uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process
6. Be able to exercise a professional duty of care
7. Understand what is required of them by the Registration Board and be familiar with the provisions of the current Code of Professional Conduct and Ethics for the profession issued by the Registration Board
8. Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups
9. Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers
10. Understand and respect the confidentiality of service users and use information only for the purpose for which it was given
11. Understand confidentiality in the context of the team setting
12. Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse
13. Be aware of current data protection, freedom of information and other legislation relevant to the profession and be able to access new and emerging legislation

14. Be able to recognise and manage the potential conflict that can arise between confidentiality and whistleblowing
15. Be able to gain informed consent to carry out assessments or provide treatment/interventions and document evidence that consent has been obtained
16. Be aware of current legislation and guidelines related to informed consent for individuals with lack of capacity
17. Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made
18. Be able to take responsibility for managing one's own workload as appropriate
19. Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources
20. Be aware of and be able to take responsibility for managing one's own health and wellbeing.

1.2 Domain 2: Communication, Collaborative Practice and Teamworking

Graduates will:

1. Be able to communicate diagnosis/assessment and/or treatment/management options in a way that can be understood by the service user
2. Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs
3. Recognise service users as active participants in their health and social care and be able to support service users in communicating their health and/or social care needs, choices and concerns
4. Understand the need to empower service users to manage their well-being where possible and recognise the need to provide advice to the service user on self-treatment, where appropriate
5. Be able to recognise when the services of a professional translator are required
6. Be able to produce clear, concise, accurate and objective documentation
7. Be able to apply digital literacy skills and communication technologies appropriate to the profession
8. Be able to use and maintain efficient information management systems
9. Be aware of and comply with local/national documentation standards including, for example, terminology, signature requirements
10. Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality

11. Understand and be able to recognise the impact of effective leadership and management on practice
12. Understand and be able to discuss the principles of effective conflict management
13. Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users
14. Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
15. Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team setting
16. Understand the role of relationships with professional colleagues and other workers in service delivery and the need to create professional relationships based on mutual respect and trust

1.3 Domain 3: Safety and Quality

Graduates will:

1. Be able to gather all appropriate background information relevant to the service user's health and social care needs
2. Be able to justify the selection of and implement appropriate assessment techniques and be able to undertake and record a thorough, sensitive and detailed assessment
3. Be able to determine the appropriate tests/assessments required and undertake/arrange these tests
4. Be able to analyse and critically evaluate the information collected in the assessment process
5. Be able to demonstrate sound logical reasoning and problem-solving skills to determine appropriate problem lists, action plans and goals
6. Be able to demonstrate an evidence-informed approach to professional decision-making, adapting practice to the needs of the service user and draw on appropriate knowledge and skills to make professional judgments
7. Be able to prioritise and maintain the safety of both service users and those involved in their care
8. Be able to evaluate intervention plans using appropriate tools and recognised performance/ outcome measures along with service user responses to the interventions. Revise the plans as necessary and where appropriate, in conjunction with the service user

9. Understand the need to monitor, evaluate and/or the quality of practice and be able to critically evaluate one's own practice against evidence-based standards and implement improvements based on the findings of these audits and reviews
10. Be able to recognise important risk factors and implement risk management strategies; be able to make reasoned decisions and/or provide guidance to others to initiate, continue, modify or cease interventions, techniques or courses of action and record decisions and concerns
11. Understand the principles of quality assurance and quality improvement
12. Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines
13. Be able to comply with relevant and current health and safety legislation and guidelines
14. Be able to establish safe environments for practice which minimises risks to service users, those treating them and others, including the use of infection prevention and control strategies.

1.4 Domain 4: Professional Development

Graduates will:

1. Be able to engage in and take responsibility for professional development
2. Understand the need to demonstrate evidence of ongoing continuing professional development and education, be aware of professional regulation requirements and understand the benefits of continuing professional development to professional practice
3. Be able to evaluate and reflect critically on own professional practice to identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice
4. Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately
5. Understand the importance of and be able to seek professional development, supervision, feedback and peer review opportunities to continuously improve practice
6. Understand the importance of participation in performance management activities for effective service delivery

1.5 Domain 5: Professional Knowledge and Skills

Graduates will:

1. Know, understand and apply the key concepts of the domains of knowledge which are relevant to the profession
2. Demonstrate a critical understanding of relevant biological, biomedical and medical sciences, human development, social and behavioural sciences and other related sciences, together with a knowledge of health and wellbeing, disease, disorder and dysfunction
3. Demonstrate an understanding of developmental and acquired disorders as relevant to the development and maintenance of speech, language, communication and swallowing
4. Know and understand the principles and applications of scientific enquiry, including the evaluation of treatment/intervention efficacy, the research process and evidence-informed practice
5. Demonstrate skills in evidence-informed practice, including translation of theory, concepts and methods to clinical/professional practice
6. Be able to identify and understand the impact of organisational, community and societal structures, systems and culture on health and social care provision
7. Be able to identify and understand the impact of organisational, community and societal structures, systems and culture on the practice of SLT including its application to educational, health and workplace settings and within multi-cultural societies
8. Demonstrate safe and effective implementation of practical, technical and clinical skills
9. Demonstrate ability to participate in or lead clinical, academic or practice-based research
10. Know the basic principles of effective teaching and learning, mentoring and supervision
11. Demonstrate an understanding of therapeutic contexts, models and processes, relevant to the practice of SLT
12. Demonstrate an understanding of the critical importance of effective communication skills for all aspects of participation in society and for an individual's quality of life
13. Demonstrate an understanding of and be able to evaluate the potential impact of communication impairment on self-fulfilment and autonomy for a service user
14. Demonstrate an understanding of the fundamental role eating, drinking, and swallowing can play in social participation and the potential impact experiencing these impairments may have on health, quality of life and wellbeing
15. Demonstrate an understanding of linguistics, including phonetics, language acquisition, sociolinguistics and all levels of normal speech and language processing and be able to apply this to practice
16. Demonstrate an understanding of relevant domains of psychology, as relevant to lifespan development, normal and impaired communication, psychological and social wellbeing

17. Demonstrate an understanding of educational philosophy and practice and the relationship between language and literacy and be able to apply this to practice
18. Demonstrate an understanding of the current issues and trends in Irish education, social, health and international public policy developments that influence SLT practice in Ireland
19. Be able to advocate on behalf of persons with speech, language, communication and swallowing impairments to maximise participation in all aspects of society
20. Be able to assess and manage paediatric and adult service users experiencing difficulties with speech, language, communication and/or swallowing
21. Be able to communicate in English to the standard equivalent to level 8.0 of the International English Language Testing System, with no element below 7.5.

2. Practice Education Team

Students are supported by many professionals within the practice education programme. The Practice Education Team consists of the Practice Education Coordinator, Practice Tutors, Regional Placement Facilitators and Practice Educators (Figure 1.1).

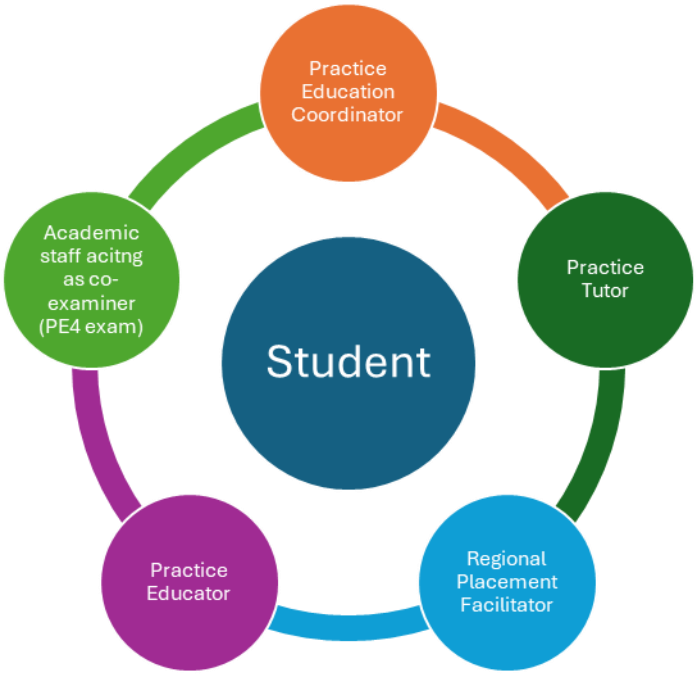


Figure 2.1: Practice Education Team

2.1 Practice Education Coordinator (PEC)

Sinéad Kelly and Katie Burke are the Practice Education Coordinator within the department of Clinical Speech and Language Studies. (This post is funded by the HSE and based in the university. The PEC is responsible for the overall co-ordination and strategic management of practice education within the undergraduate programme. This includes:

- Coordinating all practice education modules, including teaching, assessing, and reviewing the content and format of clinical tutorials
- Coordinating and providing professional development for practice educators, practice tutors, regional placement facilitators and managers
- Sourcing, allocating, and managing practice education placements
- Teaching, assessing, and supporting students on placement
- Supporting students, practice educators, and practice tutors in placement sites when issues arise
- Facilitating quality assurance mechanisms and the promotion of evidence-based practice within the practice education programme
- Supporting the integration of the practice education programme within the academic curriculum
- Engaging in research and evaluation within the practice education programme and across the department and with other universities

2.2 Regional Placement Facilitators (RPFs)

These part-time posts are funded by the HSE and may be based either in the HSE services or in the University. The posts are at senior grade level with responsibility for supporting practice educators across service locations, as well as teaching, assessment, review, and quality assurance of the practice education curriculum. RPFs actively seek and develop practice education placement opportunities, in liaison with key stakeholders, in a wide range of clinical sites, in addition to educating, supervising and assessing students while on placement.

The following Regional Placement Facilitators are affiliated with TCD:

- Sarah Scott (SL019436) Senior SLT. North County Dublin Primary Care
- Aoife Mhic Mhathúna (SL017800) Senior SLT. South East Dublin Primary Care

2.3 Practice Tutors (PTs)

These posts are funded by the HSE and based in health service agencies. Practice Tutors support the organisation and coordination of placements in collaboration with the PEC, and contribute to the teaching, assessment, review, and quality assurance of the practice education curriculum. The posts are at senior grade level and include responsibilities for the provision of education, supervision, and assessment of students, along with the provision of support to therapists in their role as practice educators. The posts associated with Trinity College are all part-time.

The following Practice Tutors are affiliated with TCD:

- Marie Cox , National Rehabilitation Hospital
- Hannah Sweeny, St James' Hospital
- Suzanne Byrne, Beaumont Hospital
- Mater Hospital (currently vacant)

- Central Remedial Clinic Clontarf (currently vacant)
- Enable Ireland (currently vacant)
- Connolly Hospital (currently vacant)

2.4 Practice Educators (PEs)

Practice Educators are CORU-registered speech and language therapists, with a minimum of two years' clinical experience, who facilitate student placements. They are responsible for educating, supervising, mentoring, creating learning opportunities, providing feedback, and completing formative and summative assessment of student's professional conduct and clinical competence in their workplace setting. The practice educator is supported in this role in a number of ways by other members of the practice education team. Of note, all Practice Educators must have completed formal training in supporting students on placement, and the department provides such training biannually.

2.5 Academic Co-Examiners

Members of the academic staff undertake the role of co-examiner for the final year (PE4) Clinical Exam.

2.6 Students

The practice education programme places importance on self-directed learning, where students identify their learning needs in line with CORU's standards of proficiency and the national professional and clinical competencies, and work in partnership with the Practice Education Coordinator, Practice Educators, Regional Placement Facilitators, and/or Practice Tutors to develop their confidence and competence as student clinicians.

3. Roles and Responsibilities of Practice Educators and College

Guidelines for Good Practice in Practice Education (Therapy Project Office, 2008) provide a useful guide for the roles and responsibilities of practice educators and the practice education coordinator in College before, during, and after placement. See Table 3.1 below:

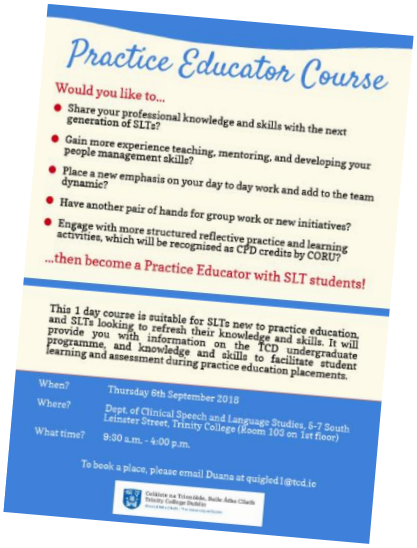
Table 3.1: Roles and responsibilities of the Practice Educator and the Practice Education Coordinator

	Practice Educator	Practice Education Coordinator (PEC)
Before placement	• Read the practice education handbook • Attend PE training course or refresh knowledge and skills from previous course • Become familiar with the timings, structure, and assessment components of the placement, including expected level of **competency** for student's stage • Read the student's pre-placement profile, including their identified learning goals for the placement • Prepare and deliver the student's induction day, agreeing a learning contract and sign the agreement • Assign necessary pre-reading or preparation needed to the student	• Source and allocate students to placement site based on learning needs and gaps in experience • Provide written information to the practice educator such as student name, year, timings, structure, assessment components, and other relevant information about the placement • Provide necessary documentation • Prepare the student for the placement, including information on responsibilities, timings, structure and assessment components of the placement • Ensure necessary pre-placement requirements are completed (e.g., Garda Vetting, vaccinations, insurance)
During placement	• Orient the student to the placement site, including introductions to staff, resources, IT etc (see induction day checklist in appendix A) • Create a quality clinical learning environment with a broad range of experiences • Establish regular supervision and feedback processes, aligned with the learning contract and student's learning goals • Contact the Practice Tutor/PEC to notify of concerns if relevant	• Be available to answer any questions or provide clarification on any issue related to the placement • Support the student and practice educator to manage any concerns identified • Co-examine clinical exams where appropriate • Integrate feedback from practice educators into the clinical tutorials
Mid-way of placement	• Complete the mid-way placement review using the national student clinical competency evaluation form • Support the student to develop a learning plan for specific learning objectives identified • Review the learning contract	• Be available to answer any questions or provide clarification on any issue related to the placement • Support the student and practice educator to manage any concerns identified
End of placement	• Complete the end of placement review using the national student clinical competency evaluation form	• Collate feedback from practice educators as part of quality assurance mechanisms

	• Support the student to develop a learning plan for specific learning objectives identified • Return all assessment forms, including the last page that provides feedback to College	• Assign exact grade to student's evaluation form based on a rubric approved by the external examiner • Provide guidance and arrange supplemental placements where necessary

4. Professional Development for Practice Educators

The Dept. of Clinical Speech & Language Studies supports the continuing professional development of those who are involved in the practice education programme by the provision of regular workshops and training courses. Details of these are shared with practice educators and updated regularly on our webpage http://www.tcd.ie/slscs/clinical-speech-language/ .



4.1 Introduction to Practice Education Course

This course is for speech and language therapists new to the role of Practice Educator or for those who would like to refresh their knowledge and skills. It is only open to SLTs who have a **minimum of two years post qualification experience**. It aims to provide information on the TCD undergraduate programme and develop Practice Educators' knowledge and skills to facilitate student learning and assessment during placement.

Key themes covered include:

- Content and structure of the undergraduate programme including timing and focus of placements
- Progression of student learning objectives across their stage in the programme
- Ways to address placement practicalities

- How to facilitate optimal student clinical learning environments
- Implementing theories, models, and principles of effective feedback
- National student professional conduct and clinical competency evaluation framework and its application to formative and summative evaluation of students' performance
- Facilitating students who have additional accommodations implemented for clinical placements (with support from the TCD Disability Service)

Typically this is offered twice annually: once before the academic year commences (in preparation for PE2 which commences in September) and once mid-academic year (in preparation for PE1; PE3; PE4 which take place across Hilary Term and over the summer period).

4.2 Workshop for Practice Educators facilitating 4th year final block placement

This workshop is for Practice Educators involved in fostering and examining the development of professional conduct and clinical competencies of 4th year students in their final block placement. The workshop focuses on practice educators' role as gatekeepers to the profession, student learning objectives, continuous assessment procedures, and clinical examination structure and format. It also provides opportunities for discussion on any specific placement related queries, including supporting the struggling student, providing reasonable accommodations for students with additional needs, grading students appropriately, etc.

4.3 Bespoke / Other Trainings

On request, the Practice Education Co-ordinator provides inputs at local SLT staff meetings. These workshop will be tailored to the learning needs of the team, but frequently include a focus on placement structures and timings, the national student professional conduct and clinical competency evaluation framework, and ways to facilitate optimal clinical learning environments within the services delivered by the SLT team. Please contact the Practice Education Coordinator if you would like to arrange a workshop for your team.

The Dept. CSLS also facilitates trainings in response to specific feedback or requests. For example, 'Responding to Students in Distress' is a multidisciplinary workshop led by the TCD Student Counselling Service for Practice Educators.

4.4 Drop-in Sessions for Practice Educators

The Practice Education Co-Ordinator organises 'drop-in' sessions for Practice Educators supporting all student placements where PEs can join an online meeting to discuss their current student placement. Common themes from these 'drop-in' sessions include supporting the struggling student, in addition to appropriate marking procedures for students on placement.

4.5 Additional resources:

There are several additional resources that can support speech and language therapists in their role as practice educators:

- **Additional Reading**
  - Therapy Project Office Guidelines for Good Practice, Practice Educator Competencies and Practice Education Models available via www.lenus.ie
- **Online CPD**
  - We designed a toolkit to support technology enabled practice education: https://hub.teachingandlearning.ie/tepeproject/index.html
  - E-learning module on 'Feedback in the Clinical Setting. Available from https://hub.teachingandlearning.ie/resource/teaching-and-learning-for-clinical-teachers-tlct/
  - The Health & Social Care Professions Education & Development unit of the HSE has supported the development of online resources for practice educators. To access the modules go to www.hseland.ie
  - E-learning, Support and Self-Review Modules https://www.lpmde.ac.uk/e-learning-support-and-self-review-modules
- **Further information/resources**
  - Comprehensive written information about each placement is provided at the time of placement allocation
  - Session planning template document (see appendix)
  - Visit the Dept. of Clinical Speech and Language Studies webpage on practice education. Available at: https://www.tcd.ie/slscs/clinical-speech-language/practice-education/index.php

5. Practice Education Programme Overview

The practice education programme combines college-based activities, tutorials, workshops, self-directed learning, reflective practice, and practice education placements in a range of clinical settings. The practice education programme integrates with all other strands of the course, ensuring that students graduate meeting the standards of proficiency as specified by CORU. See table 5.1 below for a list of the Practice Education modules (in red). **Full details of all Practice Education modules can also be found in the *Module Handbook*.**

Table 5.1: List of modules of the undergraduate programme, including practice education modules

Module Code	List of Modules of the undergraduate programme
Year 1 (Junior Fresh)	
SLU11001	Foundation Clinical Studies
SLU11002	Speech, Hearing and Swallowing
SLU11003	Social Psychology and Lifespan Development
SLU11004	Phonetics 1
SLU11005	Phonetics 2
LIU11008	Introduction to Linguistics 1
LIU11009	Syntax 1
LIU11013	First Language Acquisition
AMU1104	Anatomy
PGU11007	Physiology Allied Health
Year 2 (Senior Fresh)	
SLU22001	Phonetics and Phonology
SLU22002	Cognitive and Neuropsychology
SLU22003	Nature of Disorders of Speech, Voice, Fluency and Swallowing
SLU22004	Assessment of Disorders of Speech, Voice, Fluency and Swallowing
LIU22007	Sociolinguistics
SLU22006	Nature of Disorders of Language and Communication
SLU22007	Assessment of Disorders of Language and Communication
SLU22008	**Practice Education 1 (includes weekly placement)**
SLU22009	Ethics and Professional Studies
Year 3 (Junior Sophister)	
LIU33005	Discourse Analysis
SLU33002	Dynamics of Discourse
SLU33003	Evidence Based Practice
SLU33004	Intervention for Disorders of Speech, Voice, Fluency and Swallowing
SLU33005	Intervention for Disorders of Language and Communication
SLU33006	Research Methods and Statistics
SLU33007	Research Design
SLU33008	Neurology and Psychiatry
SLU33009	**Practice Education 2 (includes weekly placement)**
Year 4 (Senior Sophister)	
SLU44001	Advanced Studies in Communication and Swallowing

SLU44002	Advanced Studies in Communication, Disability and Society
SLU44003	Research Project
SLU44004	Reflective Studies
SLU44005	Counselling Principles and Practice
SLU44006	**Practice Education 3 (includes block placement – takes place summer after 3rd year)**
SLU44007	**Practice Education 4 (includes block placement)**

The sections below will describe four key components of the practice education programme:

- 5.1: College-based activities, tutorials, lectures and workshops
- 5.2: Self-directed learning
- 5.3: Practice education placements
- 5.4: Professional development log (PDL)- see Appendix O

5.1 College-based activities, tutorials, lectures and workshops

The practice education programme provides students with opportunities to integrate professional knowledge and clinical competencies through a wide range of activities, tutorials, lectures and workshops designed to develop reflective practice, critical thinking, clinical decision-making, and the practical skills necessary to develop the professional conduct and clinical competencies expected.

Examples of topics for 2nd and 3rd year students and how they align with the national professional conduct and clinical competencies are outlined below in Table 5.2 and Table 5.3 overleaf.

Table 5.2: Example of SF (2nd year) Clinical Tutorials for Semester 1 (Michaelmas Term)

Date	Professional/Clinical Competency Taught	Topic/ Practical Component	Facilitators
Week 1	Introduction to CORU's standards of proficiency and all national professional conduct competencies and clinical competencies	Clinical Briefing: Student Roles and Responsibilities; PDL requirements before placement; Assessment methods	Practice Education Coordinator
Week 2	No.1: Collects and collates relevant client-related information systematically from case history, interviews, and health records. No.7: Demonstrates understanding of the indicators and procedures for onward referral. No.13: Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No. 18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues.	Meeting the Child and Family or Adult Client. Practical workshop: Case History Taking	Regional Placement Facilitator and Senior SLT in Paediatric Primary care
Week 3	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including:	Principles and Processes in Informal Assessment. Practical workshop: Informal assessment with children	Practice Tutor and Senior SLT in Paediatric Primary Care

	o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.		
Week 4	No. 6: Makes appropriate recommendations for management based on a holistic client profile. No. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans	Developing session plans/SMART goals/Step-up and step-down activities including practical workshop	Practice Education Coordinator
Week 5	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information No.8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members. No.10: Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues.	Using standardised language assessments: children	Regional Placement Facilitator and Senior SLT in Paediatric Primary Care

	No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.		
Week 6	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information No.8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members. No.10: Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Using standardised assessments: Adults	Practice Tutor and Senior SLT National Rehabilitation Hospital
Week 7: Reading Week Week 8: Bank Holiday			

Week 9	No. 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical No. 6: Makes appropriate recommendations for management based on a holistic client profile No. 7: Demonstrates understanding of the indicators and procedures for onward referral. No. 8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members.	Using standardised speech assessments, including practical workshop	Practice Tutor and Senior SLT National Rehabilitation Hospital
Week 10	No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No. 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge. No. 9: Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients. No. 15: maintains precise and concise therapy records, carries out administrative tasks and maintains service records	Oro-Facial Examinations, including practical workshop. Record keeping (SOAP), including practical workshop	Practice Tutor and Senior SLT in Paediatric Primary Care
Week 11	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax.	Principles and Processes in Informal Assessment. Practical workshop: Informal assessments with adults	Practice Tutor and Senior SLT in Acute Dublin Hospital

	o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.		
Week 12	No. 9: Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients	Report Writing	Practice Tutor and Senior SLT in Paediatric Primary Care

Table 5.3: Example of JS (3rd year) Clinical Tutorials for Semester 1 (Michaelmas Term)

Date	Professional/Clinical Competency Taught	Topic	Facilitator
Week 1	No. 7: Demonstrates understanding of the indicators and procedures for onward referral. No. 8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members. No. 13: Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans. No. 19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Interprofessional Practice	Practice Tutor and Senior SLT NRH
Week 2	No. 1: Collects and collates relevant client-related information systematically from case history, interviews and health records. No. 10: Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision making and informed consent. No. 11: Demonstrates the ability to consult and collaborate with clients / carers when developing management plans. No. 12: Determines care pathway for clients based on client needs, service resources and the professional evidence base.	Telehealth Delivery	Practice Education Coordinator and Practice Tutor/Senior SLT Paediatric Primary Care (supported by IASLT webinars and HSEland)

Week 3	No. 12: Determines care pathway for clients based on client needs, service resources and the professional evidence base. No. 16: Implements therapy using theoretically grounded, evidence based techniques and resources.	Lámh Workshop	Senior SLT, Children's Health Ireland/Lámh Tutor
Week 4	No. 1: Collects and collates relevant client-related information systematically from case history, interviews and health records. No 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No. 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge. No. 6: Makes appropriate recommendations for management based on a holistic client profile. No. 7: Demonstrates understanding of the indicators and procedures for onward referral. No. 9: Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients. No. 12: Determines care pathway for clients based on client needs, service resources and the professional evidence base. No. 13 : Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans. No. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans.	Preparing for Simulated Case Based Exercise	Practice Education Co-Ordinator
Week 5	No. 12: Determines care pathway for clients based on client needs, service resources and the professional evidence base. No. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans. No. 16: Implements therapy using theoretically grounded, evidence based techniques and resources.	Stuttering Workshop	Speech and Language Therapy Manager in Older People and CAMHS

Week 6	No. 1: Collects and collates relevant client-related information systematically from case history, interviews and health records. No. 6: Makes appropriate recommendations for management based on a holistic client profile. No. 18: Demonstrates appropriate communication and therapeutic skills during all interactions including: • Observes, listens and responds to client/carer. • Uses appropriate vocabulary and syntax. • Uses appropriate intonation, volume and rate. • Uses appropriate modelling, expansions and recasting. Uses appropriate and varied prompts and cues.	Making Every Contact Count Workshop	Practice Education Coordinator (supported by HSELand)
Week 7: Reading Week			
Week 8	No. 1: Collects and collates relevant client-related information systematically from case history, interviews and health records. No. 2: Applies theory to practice in the selection of formal & informal assessment procedures & tools appropriate to clients' needs, abilities & cultural background. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No. 6: Makes appropriate recommendations for management based on a holistic client profile. No. 12: Determines care pathway for clients based on client needs, service resources and the professional evidence base. No. 16: Implements therapy using theoretically grounded, evidence based techniques and resources.	Working in a CAMHS setting	Senior SLTs, CAMHS
Week 9	No. 1: Collects and collates relevant client-related information systematically from case history, interviews and health records.	Infant Mental Health	Senior SLT, CAMHS

	No. 2: Applies theory to practice in the selection of formal & informal assessment procedures & tools appropriate to clients' needs, abilities & cultural background. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No. 6: Makes appropriate recommendations for management based on a holistic client profile. No. 12: Determines care pathway for clients based on client needs, service resources and the professional evidence base. No. 16: Implements therapy using theoretically grounded, evidence based techniques and resources.		
Week 10: Good Friday			
Week 11	No. 12: Determines care pathway for clients based on client needs, service resources and the professional evidence base. No. 13: Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans. No. 16: Implements therapy using theoretically grounded, evidence based techniques and resources. No. 19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Home Programmes and Advice Leaflets	Practice Education Coordinator
Week 12	All professional conduct competencies	Clinical Briefing- Summer Block	Practice Education Coordinator

5.2 Self-directed learning for students

Students are expected to take responsibility for their own learning and prepare for practice education placements during all stages of the practice education programme. This includes a number of responsibilities before, during, and after placement.

5.2.1 Before placement:

- ✓ Complete Health Screening Process
- ✓ Complete Garda Vetting Process
- ✓ Attend mandatory practice education tutorials, lectures and workshops
- ✓ Complete and obtain certificate in relevant HSELand modules as per Professional Development Log checklists
- ✓ Become familiar with relevant practice education documentation and evaluation framework, including CORU Code of Professional Conduct and Ethics (CORU, 2019)
- ✓ Consider own areas of strength and areas of growth/weakness in relation to pre-placement information provided and background knowledge of placement context.
- ✓ Email Pre-Placement Profile and Personal Learning Plan to practice educator detailing relevant past placement, work experience and/or voluntary experience
- ✓ Comply with all site-specific requirements that may be identified (including additional Garda Clearance certification, vaccination screening information, specific reading, or developing competency in advance with recommended assessments or therapy programmes etc.)
- ✓ Read recommended chapters, lecture notes, or research papers relevant to placement. Acquire an adequate knowledge base for the placement.
- ✓ If applicable, consider registering with the Trinity Disability Service and engage in the Disability Service procedures to disclose a disability on placement to avail of reasonable accommodations on placement.
- ✓ Attend induction day, and prepare accordingly for items listed on induction day checklist

5.2.2 Induction Day

The induction day provides dedicated time to ensure students have access to the information they need before placement begins and helps students to prepare fully for the placement ahead. The induction day checklist provides a structure and guidelines for informing students of all relevant policies and procedures that they should be aware of for the specific placement site. The induction day checklist has been informed by the CORU's 'Criteria and Standards of Proficiency for Education and Training', QQI's Statutory Quality Assurance Guidelines and HSE's 'Induction Guidelines and Checklists'. See Appendix A for a copy of the induction checklist.

- ✓ Confirms in writing that you have understood the information, policies and procedures and agree to abide by them.

- ✓ Present and discuss placement learning objectives with practice educator when discussing the learning contract
- ✓ Reviews and update learning contract in line with learning opportunities on placement

5.2.3 During placement

- ✓ Actively participate in all aspects of placement
- ✓ Adhere to CORU's Code of Professional Conduct and Ethics and all Professional Conduct Competencies as outlined in the national student clinical competency evaluation framework
- ✓ Comply with all health and safety regulations and relevant policies and procedures discussed during the induction day or during placement
- ✓ Be sensitive to your practice educator's workload and other commitments
- ✓ Monitor achievement of pre-placement learning objectives and act accordingly to develop identified gaps; respond to mid- and end-of-placement feedback constructively
- ✓ Demonstrate initiative with seeking out opportunities and self directed learning on placement. Pro-actively seek support if you are struggling with an aspect on placement
- ✓ Discuss queries, concerns, difficulties or misunderstandings as soon as possible with relevant staff
- ✓ Observe the proper uniform and identification procedures for each placement site
- ✓ Adhere to the protocol of informing the Practice Educator/Practice Education Coordinator if any absence is required
- ✓ Complete reflective practice assignments as itemised on the PDL checklist

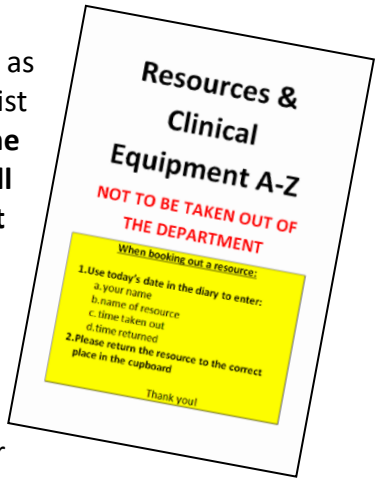
5.2.4 After placement

- ✓ Reflect on learning experiences and identify learning goals based on end-of-placement feedback and self-evaluation
- ✓ Return all keys, intellectual property, and placement equipment to the practice educator.
- ✓ Submit certified hours forms to College within one week of completing placement
- ✓ Submit placement evaluation form to College within one week of completing placement
- ✓ Submit PDL as per module descriptor

5.2.5 Self-directed learning with resources available in the Department

There is a large and diverse range of clinical tests, assessments, resources, and equipment available for use on-site in the student preparation room. **These clinical resources cannot be removed from the department under any circumstances.** They must be booked out in the diary provided: stating your name, the name of the test/resource, the time taken out, and the time returned.

Please treat all tests and clinical equipment with the utmost care as they are *extremely expensive* to replace, given their specialist nature. **All tests and clinical equipment must be returned to the correct location immediately after use. Please ensure all components of the test are returned in the folder (e.g. test manual, booklet, sample test form etc.).** Incomplete resources should be returned to the executive officer in reception with a note indicating missing component(s).



Students are also provided with a list of additional recommended reading to support their self-directed learning. For example:

- Reading lists available on Blackboard
- Reading lists provided by practice educators/practice tutors/regional placement facilitators
- Additional reading associated with HSEland modules

5.3 Practice Education Placements

All student speech and language therapists are required to complete **450 hours of clinical practice** in order to be eligible to graduate and register with CORU to practise as a Speech and Language Therapist (CORU 2019). To that end, students will be assigned to four practice education placements in diverse service settings across the undergraduate programme. This will ensure students will experience assessing, diagnosing, planning, and providing intervention for clients with a range of developmental and acquired speech, language, communication and swallowing disorders, that reflects the scope of the professional practice.

The timings of placements align closely with Trinity College's academic year structure:

- Semester 1 (Michaelmas Term): September – December
- Semester 2 (Hilary Term): January – April

Practice Educators are provided with the exact dates, structure, and requirements of each placement on the placement request form. See overview below in figure 5.1 and full details in Appendix C.

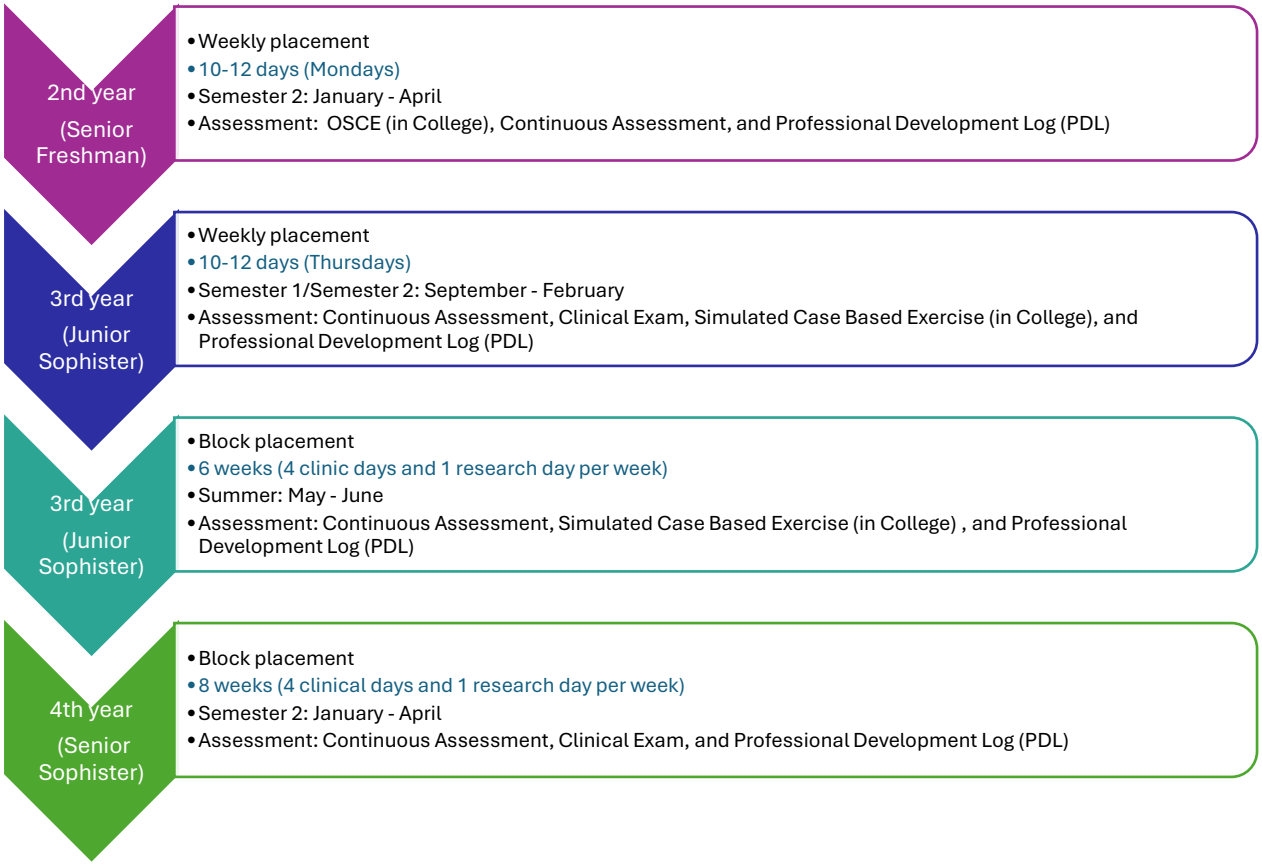


Figure 5.1: Overview of practice education placements

All placements are allocated by the Practice Education Coordinator. **Students may not, under any circumstances, make independent arrangements**. This is due to insurance implications.

Placements are allocated primarily based on learning needs and gaps in experience to ensure students gain varied opportunities in a multitude of settings and with diverse client groups, facilitating the integration of theory and practice. **Placements cannot be allocated based on personal preferences or convenience of location**. Every effort will be made to match students with suitable placements to maximise learning opportunities and the development of clinical competencies across developmental and acquired speech, language and communication disorders the reflects the scope of professional practice. This may involve travelling to clinical settings outside of the Dublin region. Table 5.4 overleaf provides an example of the range of students' placement experiences across the undergraduate programme for a class cohort from 2nd year (SF) to 4th year (SS).

Table 5.4: Example of Allocation of placements for a class cohort from 2nd year (SF) to 4th year (SS)

	SF weekly placement	JS weekly placement	JS block placement	SS weekly placement	SS block placement
1	Primary Care Service (paeds)	Early Intervention Team	Rehabilitation Setting	Primary Care Service (paeds)	Acute General Hospital
2	Intellectual Disability Service	Primary Care Service (paeds)	Acute General Hospital	Physical & Sensory Disability Service	Acute General Hospital
3	Primary Care Service (paeds)	Rehabilitation Setting	Physical & Sensory Disability Service	Acute General Hospital	Acute General Hospital
4	Primary Care Service (paeds)	Primary Care Service (adults)	Acute General Hospital	Intellectual Disability Service	Primary Care Service (paeds)
5	Primary Care Service (paeds)	CAMHS	Acute General Hospital	Acute General Hospital	Physical & Sensory Disability Service
6	Primary Care Service (paeds)	Rehabilitation Setting	Early Intervention Team	Rehabilitation Setting	Physical & Sensory Disability Service
7	Primary Care Service (paeds)	Acute General Hospital	Primary Care Service (paeds)	Intellectual Disability Service	Rehabilitation Setting
8	Primary Care Service (paeds)	Physical & Sensory Disability Service	Acute General Hospital	Primary Care Service (adults)	Early Intervention Team
9	Language class	Early Intervention Team	Acute General Hospital	Acute General Hospital	Rehabilitation Setting
10	Primary Care Service (paeds)	CAMHS	Acute General Hospital	Acute General Hospital	Physical & Sensory Disability Service
11	Acute General Hospital	Primary Care Service (paeds)	Rehabilitation Setting	Physical & Sensory Disability Service	CAMHS
12	Primary Care Service (paeds)	Primary Care Service (adults)	Physical & Sensory Disability Service	Acute General Hospital	CAMHS
13	Intellectual Disability Service	Acute General Hospital	Primary Care Service (paeds)	Early Intervention Team	Acute General Hospital
14	Primary Care Service (paeds)	Rehabilitation Setting	Primary Care Service (paeds)	Physical & Sensory Disability Service	Acute General Hospital
15	Primary Care Service (adults)	Rehabilitation Setting	Primary Care Service (paeds)	Physical & Sensory Disability Service	Acute General Hospital
16	Primary Care Service (paeds)	Physical & Sensory Disability Service	Acute General Hospital	Primary Care Service (paeds)	Rehabilitation Setting
17	Language class	Early Intervention Team	Rehabilitation Setting	Primary Care Service (paeds)	Acute General Hospital
18	Primary Care Service (paeds)	Intellectual Disability Service	Acute General Hospital	Acute General Hospital	Acute General Hospital
19	Primary Care Service (paeds)	Acute General Hospital	ASD Service	Language class	Intellectual Disability Service
20	Primary Care Service (paeds)	Acute General Hospital	CAMHS	Acute General Hospital	Physical & Sensory Disability Service
21	Primary Care Service (paeds)	Rehabilitation Setting	CAMHS	Physical & Sensory Disability Service	Acute General Hospital
22	Primary Care Service (adults)	CAMHS	Acute General Hospital	Primary Care Service (paeds)	Intellectual Disability Service
23	Primary Care Service (paeds)	Acute General Hospital	CAMHS	Primary Care Service (adults)	Physical & Sensory Disability Service
24	Primary Care Service (adults)	Early Intervention Team	Acute General Hospital	Primary Care Service (paeds)	CAMHS
25	Primary Care Service (adults)	Primary Care Service (paeds)	Acute General Hospital	ASD Service	Acute General Hospital
26	Primary Care Service (paeds)	Intellectual Disability Service	Acute General Hospital	Acute General Hospital	CAMHS
27	Primary Care Service (paeds)	Intellectual Disability Service	Rehabilitation Setting	Primary Care Service (paeds)	Acute General Hospital
28	Primary Care Service (paeds)	Acute General Hospital	Early Intervention Team	Primary Care Service (adults)	Acute General Hospital
29	Acute General Hospital	Physical & Sensory Disability Service	Primary Care Service (paeds)	Primary Care Service (adults)	Acute General Hospital
30	Primary Care Service (adults)	CAMHS	Acute General Hospital	Primary Care Service (paeds)	Rehabilitation Setting
31	Language class	Early Intervention Team	Acute General Hospital	Primary Care Service (paeds)	Primary Care Service (adults)

6. Assessment and Examination of Practice Education Modules

Assessment and examination of Practice Education modules is carried out in a variety of ways and is described in detail in the pages that follow. A summary of the weighting of each component of the Practice Education Modules is outlined in table 6.1 overleaf. *Note:* The following institutional marking scale applies across College: **I** (70-100%); **II.1** (60-69%); **II.2 (**50-59%); **III (**40-49%); **F1 (**30-39%); **F2 (**0-29%)**.**

Table 6.1: Weighting of assessment components of Practice Education Modules

Senior Freshman (2nd years): Practice Education 1 SLU22008		
Method of assessment	**Timing**	**Weighting**
OSCEs	Friday MT Teaching Week 11	100%
Placement: Continuous assessment based on NSCCE (Novice Level)	Final day of placement	Pass / fail
Professional Development Log	Friday 12 pm MT Teaching week 12	Pass / fail

Junior Sophister (3rd years): Practice Education 2 SLU33009		
Method of assessment	**Timing**	**Weighting**
Placement: Continuous assessment based on NSCCE (Transition Level)	Final day of placement	Pass / fail
Clinical Exam ('seen')	2nd Half of placement	50%
Simulated Case Based Exercise	HT	50%
Professional Development Log	Friday 12 pm HT Teaching week 12	Pass / fail

Senior Sophister (4th years): Practice Education 3 SLU44006		
Method of assessment	**Timing**	**Weighting**
Placement: Continuous assessment based on NSCCE (Transition Level)	Final day of placement	60%
Simulated Case Based Exercise	Friday MT Week 4	40%
Professional Development Log	*As part of SLU44007*	P/F

Note – The PE3 placement will move to pass / fail in 2026/2027

Senior Sophister (4th years): Practice Education 4 SLU44007		
Method of assessment	**Timing**	**Weighting**
Placement: Continuous assessment based on NSCCE (Entry Level)	Final day of placement	Pass / fail
Clinical Exam ('unseen')	Day 16+ on placement	50%
Single Station OSCE	Week 12 Hilary Term	50%
Professional Development Log	12 pm Friday of TW 12, HT	Pass/Fail

6.1 Practice Education Assessment on Placement

Students' professional conduct and clinical competencies are assessed in two key ways:

(i) **Continuous assessment** (evaluated on the placement site by the Practice Educator/Practice Tutor/Regional Placement Facilitator facilitating the placement)
(ii) **Clinical exam** (evaluated on the placement site by the Practice Educator/Practice Tutor/Regional Placement Facilitator facilitating the placement and a colleague/member of Dept. staff)

Both assessments are graded based on the National Student Professional Conduct and Clinical Competency Evaluation Framework described in the next section.

6.1.1 Grading/Marking (National Student Professional Conduct and Clinical Competency Evaluation Framework):

The national student professional conduct and clinical competency evaluation framework was developed in partnership with practising SLT, SLT managers, members of the Irish Association of SLT (IASLT), practice educators, practice tutors, regional placement facilitators, practice education coordinators, and students. It is used to assess the (a) professional conduct and (b) clinical competencies of students pursing a qualification in SLT in all Higher Education Institutions in Ireland (i.e., Trinity College Dublin, National University of Ireland Galway, University College Cork, and University of Limerick). It is also used to grade and evaluate student's clinical exam. **It aligns closely with all of CORU's standards of proficiency**, outlined at the beginning of this handbook.

6.1.2 Professional Conduct Competencies

It is expected that students are aware of and act in accordance with the Code of Professional Conduct and Ethics (CORU, 2019) and the IASLT Code of Professional Conduct and Ethics (IASLT, 2022). Students are also expected to take responsibility for their behaviour, by complying with relevant legal and professional guidelines. The professional conduct competencies students are evaluated on are outlined in table 6.2 below.

Table 6.2: Professional Conduct Competencies

Professional Conduct Competencies	
1	Behaves with honesty and integrity before, during and after practice placements in all placement-related matters.
2	Demonstrates respect for the rights and dignity of all through professional communication with clients, families and relevant professions.
3	Carries out duties in a professional and ethical manner complying with professional codes of conduct and ethics.
4	Manages health and well-being to ensure both performance and judgement are appropriate for practice.
5	Demonstrates respect for the supervisory process by seeking and responding to feedback.
6	Engages in reflection and reflective practice; critically self-appraising and working to develop own professional competencies.
7	Demonstrates effective time management i.e. meeting deadlines and punctuality
8	Adheres to all legislation related to data protection, confidentiality and informed consent

9	Adheres to placement provider's policies, procedures, protocols and guidelines in areas such as health and safety, infection control, record keeping, risk management, etc.
10	Presents an appropriate personal appearance conforming and adhering to all practice placement policies regarding dress code, jewellery and cosmetics.

Assessment and evaluation of professional conduct:

This is reviewed informally throughout the placement with formative feedback provided as needed. Any behaviours causing concern are discussed with the student as soon as possible and noted on the professional conduct form**. Specific behaviour changes needed should be agreed between the student and practice educator, noted on the action plan by the student, and signed by both.**

Professional conduct is formally reviewed at the mid- and end- of placement evaluation meetings. Practice Educators are encouraged to discuss any concerns regarding professional conduct with the Practice Tutor, Regional Placement Facilitator or Practice Education Coordinator to ensure sufficient support for both the educator and student. Persistent breach of professional conduct requires prompt consultation with the university and may result in placement termination and a fail grade. Where appropriate, the dept may enact the Fitness to Practise Policy (see Appendix N).

6.1.3 Clinical Competencies

There are twenty clinical competencies that students will be evaluated on while on placement. The clinical competencies relate to clinical assessment, planning, and providing intervention for communication and swallowing disorders. They are itemised in table 6.3 below.

Table 6.3: Clinical Competencies

Clinical Competencies: clinical assessment and planning for communication and swallowing disorders	
1	Collects and collates relevant client-related information systematically from case history, interviews, and health records.
2	Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background.
3	Administers, records and scores a range of assessments accurately.
4	Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.
5	Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.
6	Makes appropriate recommendations for management based on a holistic client profile.
7	Demonstrates understanding of the indicators and procedures for onward referral.
8	Reports assessment findings orally in an appropriate professional manner to client / carer and team members.

9	Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.
10	Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision making and informed consent.
Clinical Competencies: intervention for communication and swallowing disorders	
11	Demonstrates the ability to consult and collaborate with clients / carers when developing management plans.
12	Determines care pathway for clients based on client needs, service resources and the professional evidence base.
13	Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans.
14	Writes holistic management plans incorporating short- and long-term goals in session, episode and discharge plans.
15	Maintains precise and concise therapy records, carries out administrative tasks and maintains service records.
16	Implements therapy using theoretically grounded, evidence-based techniques and resources.
17	Introduces, presents and closes all clinical sessions clearly in a client-centred manner.
18	Demonstrates appropriate communication and therapeutic skills during all interactions including: Observes, listens and responds to client/carer. Uses appropriate vocabulary and syntax. Uses appropriate intonation, volume and rate. Uses appropriate modelling, expansions and recasting. Uses appropriate and varied prompts and cues.
19	Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.
20	Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required.

Assessment and evaluation of clinical competencies:

Students' clinical competency is expected to develop across three key stages:

- **Novice level (2nd year)** – Students require specific direction and specific feedback in all aspects of clinical work
- **Transition level (both 3rd year placements)** – Students require guidance and feedback in all aspects of clinical work
- **Entry level (4th year)** – Students require active consultation and collaboration in all aspects of clinical work

Performance indicators help Practice Educators to evaluate a student's progress towards target levels of competency for the student's stage in the programme. See Appendix D for the national student clinical competency performance indicators.

Students clinical competencies are formally evaluated at the mid- and end-of placement evaluation meetings. This provides developmental feedback for students, **supporting them to set learning objectives for their action plan** and complete future learning plans. Grading

information is provided on each year's student clinical competency evaluation form. See Appendix E for the assessment forms for 2nd year (SF), 3rd year (JS) and 4th year (SS) students.

As of September 2025, all clinical placements in the Practice Education Modules will be graded as Pass / Fail.

6.1.4 'Seen' Clinical exam: 3rd year (JS)

Students are examined with a client with whom they are familiar or who is from a client group they have worked with during the placement (i.e., 'seen' exam). A colleague can act as a co-examiner and a member of the wider Practice Education Team (PEC, Practice tutor, RPF) assists with grading. The clinical examination takes place in the second half of the placement. See Appendix F for the clinical exam form.

6.1.5 'Unseen' Clinical exam: 4th year (SS)

The clinical examination in the 4th year final block placement can take place after the student has completed 16 clinic days. Students complete one 'trial' clinical exam at least one week in advance. The examination is conducted by the practice educator and a practice tutor/practice education coordinator or academic staff member. The external examiner may act as moderator. Please see Appendix G for the 'Unseen' Clinical Examination Form in full.

6.2 Practice Education Assessment Within College

Students' developing professional conduct and clinical competencies are also assessed in several ways outside of placement in the Dept. of Clinical Speech and Language Studies:

- **Objective Structured Clinical Examinations (OSCEs)**
  - 2nd year (SF) students complete an OSCE prior to their first placement on core clinical competencies including assessment, diagnosis, record keeping, and session planning.
  - 4th year (SS) students complete an OSCE related to assessment, intervention, and management of swallowing disorders in Semester 1.
  - 4th year (SS) students complete a Single Station OSCE relating to therapy implementation in semester 2.
  - OSCEs are evaluated in college by members of the Dept. staff and the Practice Education Team

- **Simulated Case Based Exercises**
  - 3rd year and 4th year students complete simulated case-based exercises following the completion of the 3rd year weekly placement and the 3rd year summer block placement.
  - Case based exercises are evaluated in college by members of the Dept staff (moderated by the external examiner for 3rd/4th year students). See rubric Appendix H.

- **Professional Development Log (PDL)**
    - Described in detail in the next section

6.2.1 Professional Development Log (PDL)

PDLs are used by students to record and reflect on practice, learning goals, and learning opportunities throughout the practice education programme. Students submit a PDL in each year of the undergraduate programme. Students use the PDL to:

- Assume responsibility for documenting and interpreting their learning
- Identify their own learning needs relative to overall year goals
- Formulate SMART objectives to achieve goals
- Formulate learning plans and identify resources required to achieve objectives
- Collect material to support, reinforce and revise learning
- Reflect on learning experiences and learning processes
- Provide evidence that learning has taken place and goals have been achieved

PDLs facilitate reflective practice and regular reviews of student learning. They are evaluated for formative and summative purposes on an individual basis for evidence that the student:

- Is using the learning opportunities provided by the undergraduate programme
- Has carried out the specific learning assignments set and met the learning goals for each year
- Has recognised and personalised his/her own learning needs within the overall course goals through reflective practice
- Has linked identified learning needs to learning goals and specific objectives.
- Has identified appropriate learning resources to achieve these goals

The PDL requirements for each year are available on Blackboard. PDL requirements are updated each year in line with HSE guidelines. It is each individual student's responsibility to ensure they submit **all** required documentation. The PDL is a **hurdle** requirement and marked as pass / fail.

6.3 Prizes

There are two prizes awarded within practice education:

- **Nora Dawson Mariakis Prize**: This prize is awarded annually to a Junior Sophister student in relation to their performance in practice education programme. Please see College Calendar for details of this prize. The award consists of an inscribed plaque, and is funded by the class of 1972 195 Calendar 2024-25 (D.C.S.T.), in memory of the pioneering lecturer and clinician, Nora Dawson Mariakis.
- **The Otway Freeman Prize:** This prize is awarded annually to the Senior Sophister student who achieves the highest mark in the clinical practice assessment, speech and

language pathology on the first attempt at examination. Please see College Calendar for details of this prize.

7. Essential Information for Students about Practice Education Placements

7.1 Protection and promotion of the health, safety and well-being of service users

Practice education placements may be physically, intellectually, emotionally and ethically demanding. According to the College Calendar regulations: *'students who, for any reason, are unable to safely participate in clinical or other professional placements and, therefore,* ***could cause harm to themselves or to others in such situations are required to disclose*** *such reasons to the head of school or his/her nominee'.*

7.2 Health Screenings

Students must adhere to precautions against infectious diseases, which are governed by the Blood Borne Viruses (BBV) regulations. Students must complete the Trinity College Health Screening Process as described in detail here:
https://www.tcd.ie/students/orientation/undergraduates/health-screenings.php7

This process can take some time, so we encourage students to start the process as soon as they receive an offer for the course. Students must submit all requirements through the TCD Health Screening Portal, access via the same link.

All costs associated with tests for health screening and vaccination must be met by the student.

Anyone who is contemplating refusing vaccination must discuss the academic implications of this decision with their College Tutor, Director of Undergraduate Teaching and Learning, or Head of School as appropriate (e.g., deferral of clinical placement and/or off-books extensions, as appropriate or if practicable). Students who choose to refuse the vaccination (or subsequent doses, where it is required for a specific placement site) should complete a **Vaccine Declination Statement** and submit it to the Head of School, Director of Undergraduate Teaching and Learning (DUTL), or Head of Discipline as required. Students are advised that Clinical Sites may refuse to accommodate a student without full vaccination status, and as such this may delay their progression through the course.

7.3 Infection control

As per the National Immunisation Advisory Committee (NIAC) Immunisation Guidelines for Ireland, the following vaccinations are recommended :

- Seasonal influenza vaccines (annual)
- Pertussis (whooping cough) booster (Tdap booster) every 10 years for those who work with pregnant people, infants, and immunocompromised individuals
- A single dose of COVID-19 vaccine

The School has made it a mandatory req**uirement to get the flu vaccine** to prevent the spread of flu and save lives. TCD Health Service can provide students with the flu vaccine . It can also be obtained from your GP or Pharmacist. More information about flu and flu vaccination is available here: https://healthservice.hse.ie/staff/covid-19-staff-support/healthcare-worker-vaccines/

In the event of becoming aware of contracting any infectious disease (e.g., Hepatitis B, Hepatitis C, pulmonary tuberculosis, chickenpox, or measles etc.) the student should consult their medical advisor to confirm whether they are or are not contagious. If the disease is contagious, a medical certification confirming the diagnosis should be obtained and the student should refrain from client contact until cleared medically. **The student must also inform their practice education placement site so that patients who may have been exposed during an infective period can be identified**.

7.4 First Aid

All students are encouraged to take a course in First Aid, in their own time. The following agencies offer First Aid courses: St. John's Ambulance Brigade of Ireland, 29 Upper Leeson Street, Dublin 4, Telephone: 6688077 and Order of Malta – Ireland, St. John's House, 32 Clyde Road, Dublin 4, Telephone: 01 6140035.

7.5 Garda vetting (Garda clearance)

All students will come into contact with children from their first year of study and throughout the course. It is a **mandatory prerequisite to any paediatric practice education activity** that the student vetting application is processed and approved in accordance with the Student Vetting policy. Details of the Garda Vetting policy and process are here: https://www.tcd.ie/students/orientation/undergraduates/garda-vetting.php

A copy of your Vetting Disclosure will be emailed to you by Academic Registry. You must retain this as evidence for all practice education placements.

If, as a result of the outcome of these vetting procedures, a student is deemed unsuitable to attend clinical or other professional placements, he/she may be required to withdraw from his/her programme of study. Students are reminded at clinical briefings that they should inform the tutor/head of discipline if they have committed any acts which could jeopardise their status as vetted on entry.

When allocated to clinical sites for a clinical placement, students may be required by the site to furnish a copy of their Vetting Disclosure or to undergo renewed vetting. Please note that the Department of CSLS does not maintain copies of Vetting Disclosures and this is the students' responsibility.

Students must consult with the Head of Department should events occur during the education programme that may make me unsuitable for clinical or practice placements at any point during the programme and / or endanger their garda vetting status.

7.6 Attendance (including illness):

Attendance at all placements is **compulsory.** In the event of an emergency or illness that prevents a student from attending placement, the Practice Educator must be informed **before** the placement start time as per agreed process with Practice Educator in the Induction checklist. Additionally, the student must inform the Practice Education Coordinator before the placement start time. Where applicable (greater than 2 days absence), medical certificates covering the duration of absence from the placement should be submitted to the student's College Tutor and to Brendan McFadden, Executive Officer, mcfaddbr@tcd.ie. Protocol for any absences are summarised in figure 7.1. Applications for permission for extended absences must be made formally through the student's tutor and approved by the Senior Lecturer as per College regulations.

Students may be required to submit a second medical certificate which clearly states they are fit to return to clinical practice/placement. Students will be required to retrieve placement days lost through illness or other absences. Students must be **free of all infectious symptoms for 48 hours** before returning to clinical placement.

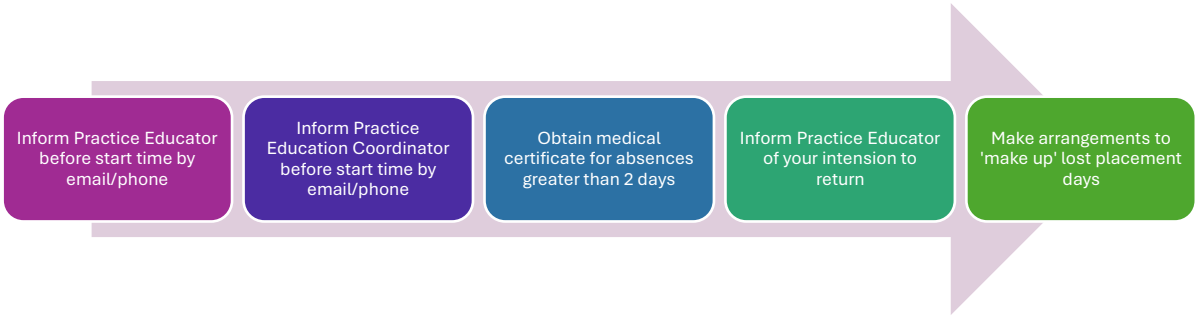


Figure 7.1: Protocol for absence from placement

Students are not permitted to miss placement days for other activities such as holidays or recreational activities. Non-attendance at placement in these circumstances will likely result in unsatisfactory professionalism competence demonstration on mid/end placement evaluations, which in turn would result in a fail grade for the placement.

7.7 Recording certified hours:

Students must complete at least 300 hours of supervised practice education experience as well as 150 hours of clinically related hours across the undergraduate programme. Every day

of placement, hours spent with each client age group and the clinical focus of the session are recorded by the student on the daily hours form (see appendix). Hours recorded may be for direct client management, client-related clinical activities, or other (e.g., observation, information leaflet development). It is the **student's responsibility to ensure the hours are recorded accurately on this form and certified by the Practice Educator**.

All certified daily hours forms and a certified summary of hours forms must be submitted as part of the PDL assignment **within one week of placement finishing** (see appendix J). Certified hours forms are marked as pass/fail.

When recording daily hours, students must specify the nature of the clinical caseload under 'Focus of Session' e.g. 'stuttering review assessment'. This is to ensure that when hours are tallied for the Summary Certified Hours form there is a record of what activities were undertaken.

Students must take responsibility for clinical hours records. Failure to adequately self-manage documentation related to clinical hours may result in unsatisfactory professionalism competence demonstration on mid/end placement evaluations. Additionally, Practice Educators are unable to sign off on summary hours forms without clear evidence from daily hours forms.

7.8 Dress Code/Uniform:

Students must always adhere to the dress code of the practice education placement. Students are required to wear:

- clean and ironed student speech and language therapist uniform top with TCD logo
- clean and ironed black/navy trousers
- black/navy socks
- black/navy shoes
- official name badge provided by the Dept

The uniform is to be **washed daily at 60 degrees after each wear** to reduce the risk of cross infection and must be replaced as necessary over the four years of the programme.

In addition, it is important to note:

1. Students must be 'Bare Below the Elbow', with the exception of plain wedding bands. Wrist watches or bracelets may not be worn on hospital placements in line with the HSE infection control policy. Long sleeves are not permitted.
2. Long hair must be tied back neatly so that it does not hang over face or over the patient.
3. Make-up, if worn, should be subtle. False tan should not be worn.
4. Finger nails should be kept short, smooth, clean and free of nail varnish and false nails.
5. Other than ears, body piercing or tattoos may have to be covered in particular placement settings.
6. Footwear should be suitable for moving and handling and must be in adherence to local policy. Additionally, footwear must be plain, non-slip soles, flat, closed toe, clean and in a good state of repair. Runners and cloth shoes are unacceptable.
7. Uniform should fit comfortably, allowing for movement and covering mid-drift.
8. Perfume or aftershave should not be worn as it can cause an allergic reaction with some clients, as well as for sensory processing related considerations for our neurodiverse client base.

7.9 Personal Hygiene

It is essential that personal hygiene is always kept meticulously to maintain professional standards and assist with infection control.

7.10 Confidentiality

In the course of practice education placements, students will have access to confidential material pertaining to clients, members of the public, or clinical staff. Student must observe the highest standards of ethics in their handling of such information. Students are required to **adhere to service providers' guidelines and policies** on confidentiality during their practice education placements in line with the General Data Protection Regulation (GDPR). See: https://www.dataprotection.ie/.

Confidentiality of clients is also a core element of the **national student professional conduct competencies** (table 5.5) and must be respected and protected at all times. Students must become familiar with their obligations. For example:

- Case notes and records are the property of the placement provider and must **never** be removed from the practice education placement setting. You are **not** permitted to photocopy case notes, even if redacted and deidentified.
- Students must maintain the boundaries of confidentiality outside their practice education placement in any discussions, presentations, or reflective practice assignments. Names of clients or healthcare settings should never be mentioned when discussing client cases with other students, in seminars, or any student assignment – instead use pseudonyms, refer to team members by their role rather than name, and describe the placement provider in general terms rather than by name of institution.
- Never discuss client cases where the conversation may be overheard by parents, relatives, or people not associated with the service.

Students must complete a module in Ethics and Professional Studies in Senior Freshman year (2nd year) where GDPR and Data Protection are covered in detail. Additionally, students must complete the Fundamentals of GDPR training via www.HSELanD.ie prior to commencing clinical placement.

7.11 Insurance

The College Insurance Policy is a Public Liability policy. A copy of this policy is available upon request. Please note that this does not include professional indemnity. Students on clinical placement must be included under the placement site's insurance policy. Details of insurance will be agreed upon in writing prior to placement commencing (i.e. via Memorandum of Understanding, Governance Document, or other similar written agreement).

7.12 Gaining experience outside of placement:

Students may not undertake speech and language assessments or provide therapy at any stage of the undergraduate education programme, except under the supervision of a qualified and CORU-registered Speech and Language Therapist as part of the practice education programme. In addition, students may not under any circumstances accept remuneration for any clinical work.

7.13 Academic Integrity

College principles of academic integrity apply to all aspects of learning and assessment in the course including placement submissions. The policy is available here: https://www.tcd.ie/academicpractice/resources/academic_integrity/

For example:

- referencing an assessment tool in written reports
- citing journal articles in session plans
- citing the website from which you obtained a therapy material
- Collusion in developing session plans when shared work has not be approved by the PE (on paired placements, it must be clear who has completed which element of the work).
- Citing exactly how GenAI was used in development of therapy materials

Plagiarism, collusion, and other breaches of academic integrity, even when unintentional, will trigger a formal Academic Misconduct process as per College policy. P;ease see https://libguides.tcd.ie/academic-integrity for additional resources.

7.14 Generative AI

*A*ligned with the College Statement on Artificial Intelligence and Generative AI in Teaching, Learning, Assessment & Research (2024), the use of GenAI is permitted unless otherwise stated. Where the output of GenAI is used to inform a student's document or work output, this usage should be acknowledged and appropriately cited, as per Library guidelines on acknowledging and referencing GenAI. From an academic integrity perspective, if a student generates content from a GenAI tool and submits it as his/her/their own work, it is considered plagiarism, which is defined as academic misconduct in accordance with College Academic Integrity Policy.

The Department of Clinical Speech and Language Studies uses a 'traffic light system' to help guide students on the acceptable use of GenAI for coursework:

- Red: No AI usage
- Orange: Some permitted AI usage
- Green: AI usage permitted throughout the task

Students **must not** input personal data about any person into a GenAI tool at any time. Doing so constitutes a breach of GDPR legislation and, in the case of clients or patients, a violation of professional and ethical standards. Such breaches may be subject to legal review and/or a Fitness to Practise process.

Specific to clinical placement, students some GenAI use is generally permitted for the following purposes, once discussed and agreed with the practice educator and fully referenced:

- Assisting with session plan development
- Selecting assessment and therapy appraoches
- Developing therapy materials and resources
- Developing patient information leaflets, handouts and other written documents
- Assiting with rewording and phrasing
- Assiting with translation and bilingual client materials

Students must not enter personal data or specific information regarding the nature of the placement site into GenAI.

8. Managing Concerns Related to Practice Education Placements

While concerns may be complex and sensitive and will be managed on a case-by-case basis, there are a number of key steps that can be taken to manage concerns related to practice education placements (figure 8.1):

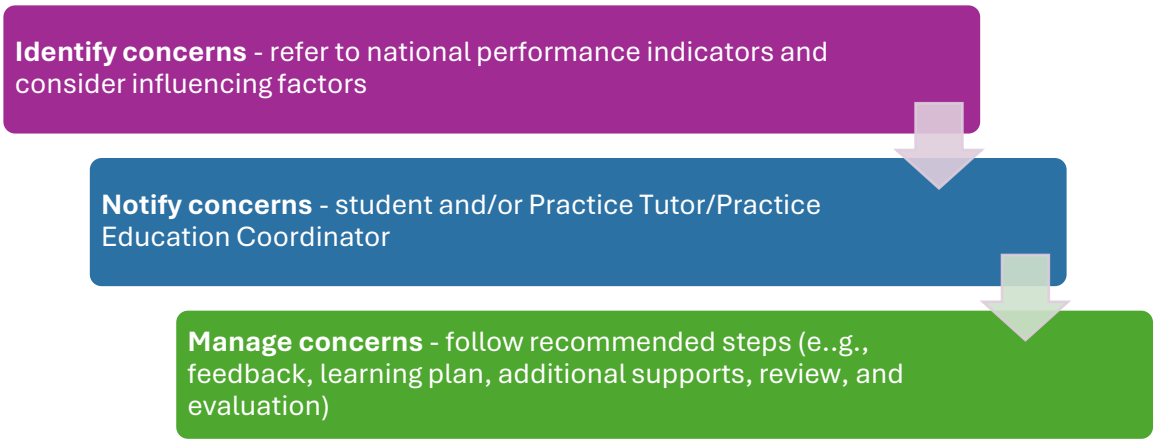


Figure 8.1: Managing concerns related to practice education placements

8.1 Identification of concerns

Students are expected to monitor their own professional conduct and clinical competency development and to seek support from the practice education team and/or members of academic staff as required.

Practice educators can refer to the national performance indicators (Appendix D) to help evaluate a student's progress for their stage in the undergraduate programme and to determine if there are gaps between student's performance and expected levels of competency in each area.

It is useful to identify all the factors that may be impacting on presenting concerns (e.g., internal factors, external factors, student factors, clinical learning environment factors, health factors etc.) to help tailor supports accordingly.

8.2 Notification of concerns

As part of the supervisory process and the regular feedback provided, students should be notified of concerns that have arisen within the practice education placement. The department asks that any concerns and feedback are documents in written format.

The department welcomes notification from practice educators who are concerned about those students who are not achieving the expected competencies by their mid-placement review and/or if they feel that resources other than those available in the practice placement site are required to address these difficulties.

Practice educators who do not have the support of a Practice Tutor can contact the Practice Education Coordinator about any concerns they may have by either phone (01 896 1336) or email (clinicalspeech_PEC@tcd.ie). This allows for timely provision of advice, strategies or additional supports for the student and/or the practice educator, as well as referral to other

college support services where indicated. If concerns persist despite supports, practice educators are asked to formally submit their concerns in writing to the Practice Education Coordinator where the PEC will become more closely involved, see 8.3 below.

8.3 Management of persistent concerns

There are a number of steps that can support the management of persistent concerns:

1. Student is provided with specific feedback on the identified concerns, with explicit links to the national professional conduct and clinical competency evaluation framework and examples from student's behaviour and performance
2. Student's understanding of the feedback is clarified.
3. A clear learning plan is developed that identifies the student's specific learning objectives, resources and activities that will support the learning objectives, ways for student to demonstrate the development of the specific competencies, and a timeframe for review and evaluation. The student is expected to be highly proactive in this stage.
4. Student actively engages in independent and self-directed practice, coupled with support from the Practice Educator (or Practice Tutor/Practice Education Coordinator) where relevant. This may involve a site visit if indicated. Regular communication between all parties is indicated at this stage.
5. Student can avail of additional supports in college if indicated (e.g., College Tutor, TCD Health Service, TCD Counselling Service, S2S peer support, TCD Student Learning and Development Service, TCD Disability Service)
6. Regular feedback is provided to the student that gives an indication of a performance against the learning objectives, and additional guidelines on how to improve if needed. Contemporary views of effective feedback indicate that it is interactive, dialogic, dynamic, and a two-way process (Krakov, 2011; Schartel, 2012).
7. Review and evaluate the learning objectives and develop further action plans if needed
8. If sufficient progress has not been made and the student is at high risk of failing the placement, this is communicated to the student and the Practice Education Coordinator. Persistent breach of professional conduct may result in early termination of placement and a fail grade (see 8.4 below)
9. At the end of the placement and with reference to the national student professional conduct and clinical competency evaluation framework, students are either deemed to be:
    i. Demonstrating target level of competencies for their stage in the undergraduate programme and **pass** the placement
    ii. Not demonstrating target level of competencies for their stage in the undergraduate programme and **fail** the placement. In this case, a supplemental placement will be required.
10. Informing the student of a 'fail' grade should be completed sensitively in a private environment.

Note: *A student may be required to defer placement, including any clinical examination, if the Head of Discipline, on the recommendation of the Practice Education Co-ordinator determines*

that such a deferral is necessary on professional grounds. For further information see: https://www.tcd.ie/undergraduate-studies/academic-progress/

***Note:** Please see section 8.7 regarding Fitness to Practice concerns.*

8.3.1 Early Termination of Placement

In rare and exceptional circumstances, a clinical placement may be terminated early following a joint decision by College and the placement site. This course of action may be undertaken when

1. there is clear evidence that a student's actions, lack of action, or decisions may adversely affect client care, or
2. a student's level of support encroaches upon the Practice Educator's ability to fulfill their clinical and professional duties within the workplace, or
3. Serious concerns arise regarding the student's professionalism whilst on placement

And

4. There is documented evidence that the student has not responded to feedback to date and significant improvement in student conduct and/or competency is not anticipated.

Clear written documentation of feedback provided to the student, the student's response to that feedback, as well as a formal notification from the placement site, is required before considering early termination. The decision to end the placement early will be made jointly by the Head of Discipline and placement site manager, with input from the Practice Education Coordinator, the placement site Practice Educator, and Practice Tutor/Regional Placement Facilitators, after carefully reviewing all relevant information relating to the concerns identified.

Early termination of placement on these grounds will result in a fail grade for that placement. The provision of this grade will be directly related to the student's actions, inactions and/or decision making which have warranted the placement termination. The student will receive competency ratings from the Practice Educator and/or Practice Education Coordinator as formative feedback.

Early Termination of placement may lead to the student case being referred to to School Fitness to Practise Committee by the Head of Discipline as per the CSLS Fitness to Practise Policy & Procedures (2020).

8.4 Failed placement procedures

When a student has failed to demonstrate required level of competency by the end of the pre-determined placement days a decision is made by the Practice Education Coordinator in conjunction with the Practice Educators about the most appropriate course of actions.

In line with college policy, **a supplemental placement** will be offered to students who have failed their first attempt at a clinical placement within a given Practice Education Module. As

placements extend for longer than the supplemental period (one week) in the Academic Year Calandar, the supplemental placement will take place outside of the usual placement calendar.

Students who are permitted to attend a supplemental placement must repeat the placement **in full** completing the total number of days indicated in the Module Handbook except in exceptional circumstances approved by the Head of Department**.** 'Evident' competencies in the failed placement are **not** 'carried over**'** to the supplemental placement.

Students may be required to engage in additional tutoring or clinical skills development in College prior to commencing a supplemental placement. The process for supplemental placement is outlined in table 8.1.

Table 8.1: Supplemental placement process

Action	Timing
Student informed of requirement for supplemental placement	When student notified of fail/ placement termination
Student meets with practice educator/ PEC for feedback on fail grade	Within 2 weeks of receiving fail result
Student re-evaluates own professional conduct and clinical competencies using the national performance indicators, with support from Practice Education team where relevant	As soon as possible, but may depend on student readiness
Learning goals identified by student to ensure readiness for supplementary placement set with support from the PEC	Before supplemental placement begins
Tutorial programme to support learning goals to be achieved pre and during placement agreed and documented. Additional supports called on as required	Before supplemental placement begins
Pre-placement learning objectives reviewed and student re-evaluates own professional conduct and clinical competencies using national performance indicators. Learning goals are added to pre-placement profile.	Before supplemental placement begins
Regular review and feedback on how learning goals are being achieved. Additional supports called on as required.	During supplemental placement
Initial review meeting of placement progression jointly with the student, PEC and the Practice Educator	After approximately 25% of placement days completed, or sooner if indicated

All students who have failed a placement, regardless of reason, will meet formally with the Practice Education Co-ordinator to:

- clarify concerns regarding the student's professional conduct or clinical competence and to identify additional supports if required
- establish clear learning objectives for the student's professional conduct or clinical competency development
- ensure that the student has presented current competencies and learning needs clearly in the pre-placement profile
- outline possible placement structure and time frames
- specify evaluation/ examination requirements

8.4.1 Progression in the course following Off Books or a failed placement

Where a student has failed a second attempt at a clinical placement, this results in a fail grade for that module overall.

The student can apply to repeat an academic year after having failed a practice education module via their College Tutor.

As per College Policy, students who are returning after a period of going "off books" may need to complete a period of professional re-orientation before advancing to the next year. If a student fails to complete this re-orientation satisfactorily, they will not be allowed to repeat it. In such cases, the student will be required to withdraw from their program. (see here https://www.tcd.ie/academicregistry/student-cases/off-books/ Students who are returning from a period of going "off books" are required to undergo Garda Vetting again (https://www.tcd.ie/academicregistry/student-registration/garda-vetting/)

If a student receives a "not competent" grade in two placements over the course of the degree programme, they will be excluded from further participation in the programme. The decision will be made at the discretion of the Court of Examiners following the student obtaining a second "not competent" grade. In the cases where students must withdraw from placement due to medical reasons or extenuating circumstances, this rule will not apply. Please see section 8.5 below for further information.

8.5 Deferring clinical placement

In line with College regulations, students may seek permission to defer a clinical placement due to illness or other ad mis grounds by applying to the Senior Lecturer through their tutor. If that deferral is granted, the student may undertake their first attempt in the reassessment period, pending successful recruitment of a suitable placement site. Students who fail their first attempt in the reassessment session (or indeed students who are granted permission to defer their first attempt in the reassessment session) may seek, through their tutor, permission from the Senior Lecturer to repeat the year or apply for Off Books Assessment (OBA) for the following academic year.

Students who are considering deferring a clinical placement must inform the Practice Education Coordinator and Tutor with as much notice as possible.

If a student is permitted to defer clinical placement, they may be required to present a Fitness to Study - Letter of Certification before being permitted to attend clinical placement in the reassessment session period. Medical certificates must be presented to the student's tutor, where they will be held in confidence.

Please see Academic Registry for further information: https://www.tcd.ie/academicregistry/student-cases/absence-from-exams-and-assessments/

8.6 Appeal mechanisms

For information on Trinity College's appeal mechanism, please consult the General Regulations: Undergraduate Appeals - Academic Affairs, Trinity Teaching and Learning | Trinity College Dublin.

8.7 Fitness to Practise

At all times, clients' and patients' interests and safety take precedence over students' education. Situations may arise where there are concerns regarding a student's fitness to participate in practice education placements. Such cases not falling within the remit of Garda vetting or College disciplinary procedures may be considered by a School's Fitness to Practise Committee. Where an alleged disciplinary offence comes before the Junior Dean, the Junior Dean may decide to refer the case to the Fitness to Practise Committee of the relevant school if the Junior Dean considers this to be a more appropriate way of dealing with the case. Where a fitness to practise issue arises in the context of an academic appeal, the relevant body hearing the appeal may decide to refer the case to the Fitness to Practise Committee of the relevant school, if it is considered to be a more appropriate way of dealing with the case.

The School Fitness to Practise Committee is convened as required, at the request of a Head of Discipline, to consider matters of concern in relation to professional practice. This committee is appointed by the School Executive Committee, with representation from two members from within the School and one member from a non-Faculty School. Students called to appear before the Fitness to Practise Committee are entitled to be represented by their tutor. For further information see: https://www.tcd.ie/about/policies/fitness-to-practice-policy.php

8.8 Dignity and Respect

Students must always behave in a courteous and respectful manner towards clients, carers, colleagues, and practice educators all at times, which extends to all interactions including e-mail or phone correspondence.

Trinity College strives to create an environment that is supportive and conducive to work and study. The Department of Clinical Speech and Language Studies promotes, and is committed to, supporting a collegial environment for its staff, students and other community members,

which is respectful and free from discrimination, bullying, harassment and sexual harassment. The Trinity College Dignity and Respect Policy has a strong preventative focus and highlights that staff and students have a duty to maintain an environment in which the dignity of everyone is respected. **This policy extends to practice education placement settings**.

The policy includes practical advice on tackling communication breakdowns or inter-personal disputes. The policy also sets out a framework for complaint resolution using informal and formal procedures and through the use of mediation. The policy contains useful information on support sources for all parties to a complaint. For further information see:
https://www.tcd.ie/hr/dignity-and-respect/
https://www.tcd.ie/about/policies/university-policies/complaints-procedure/

8.9 Protected Disclosure

Arrangements for dealing with protected disclosures, more commonly known as "whistleblowing", are in place under the provisions of the Protected Disclosures Act (Ammendment) 2022. Students may wish to make a protected disclosure in good faith where they have reasonable grounds for believing that the health or welfare of patients/clients or the public may be put at risk, or where there is waste of public funds or legal obligations are not being met, so that the matter can be investigated. Such legislation provides statutory protection for health service employees (and students on practice education placement) from penalisation as a result of making a disclosure in good faith and in accordance with recommended procedures. Further information is available here:
https://www.hse.ie/eng/staff/resources/hrppg/protected-disclosures-of-information-in-the-workplace-.html

1. Students can discuss their concerns with their Practice Educator in the first instance and seek support to follow the site-specific policy
2. If a student's concerns remain following this and/or a student does not feel that they can discuss their concerns with their Practice Educator for any reason, they should contact the Practice Education Coordinator
3. Failing this, they should contact another member of the Department to discuss their concerns.
4. If a formal disclosure is warranted, the student will need to put the details of their concern in writing and submit to the authorized authority or agency.

5.

9. Safeguards and Supports for Students

There are numerous student support services available in Trinity College and students are encouraged to access whatever service or help they need. The Student Services booklet provides a useful summary many of which are listed in figure 9.1 below. For more information see: *www.tcd.ie/studentservices*.

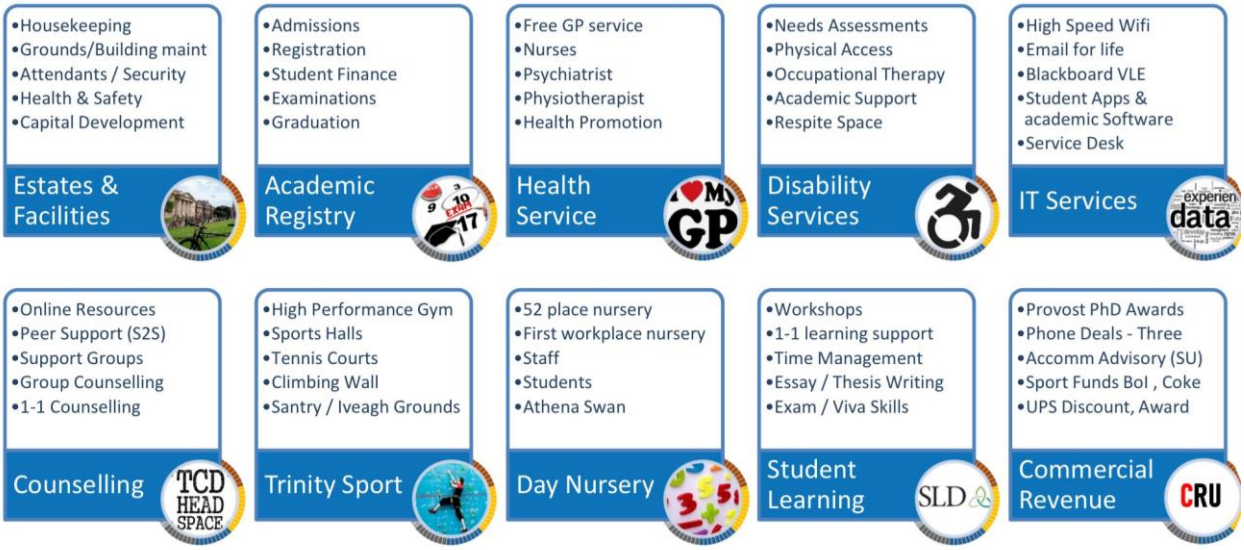


Figure 9.1: Student support services

Pertinent to the Practice Education Modules, Trinity's Equality Policy (2016) states that "Trinity will seek to accommodate the diversity of students, staff and service users from across the nine equality grounds and other under-represented groups by: [...]

- Providing reasonable accommodation for students, staff and service users with disabilities and providing integrated access to services where practicable.
- Exploring barriers to participation for students, staff and service users.
- Taking positive action measures to promote equality of opportunity for disadvantaged persons where necessary.
- Ensuring flexibility in the operation of systems and services.
- Embedding inclusiveness within all activities and academic practices."

https://www.tcd.ie/media/tcd/about/policies/pdfs/EqualityPolicyRevised2016.pdf)

The nine equality grounds are as follows:

1. Gender
2. Civil Status
3. Family Status
4. Sexual Orientation
5. Religion
6. Age

7. Disability
8. Race/Ethnicity
9. Membership of the Traveller Community

These grounds are protected under Irish law to ensure equality and prevent discrimination in various contexts, including education.

9.1 Students with a Disability

Many students may be able to self-manage their disability on practice education placement. However, students who require reasonable accommodations can gain support from Trinity College's Reasonable Accommodation Policy for Students with Disabilities: https://www.tcd.ie/disability/current/how-reasonable-accommodations-work-in-trinity/

Once a student discloses a disability, seeks disability support, and provides the appropriate evidence of disability, they will be invited to complete a Needs Assessment to identify their Reasonable Accommodations, which will be outlined in a Professional Learning Education Needs Summary (PLENS). Details about PLENS are here: https://www.tcd.ie/disability/support-and-resources/placementinternship-planning/

By engaging with the Disability Office and seeking a PLENS/ LENS, students undergo a process whereby they consent to their PLENS/LENS to be shared with Practice Educators. The PEC will share the PLENS/LENS with the Practice Educator (password protected) in advance of placement in line with GDPR.

Students must take responsibility in arranging a pre-placement meeting to disclose their disability. It is stressed that once reasonable accommodations are in place, students are then assessed using National Student Clinical Competency Evaluation Forms like any other student. Having a PLENS and associated reasonable accommodations does not change competency expectations. Resaonable accommodations cannot be applied retroactively. Reasonable accommodations will not be granted in the absence of involvement from the Disability Offive.

See figure 9.2 overleaf for an outline of the process.

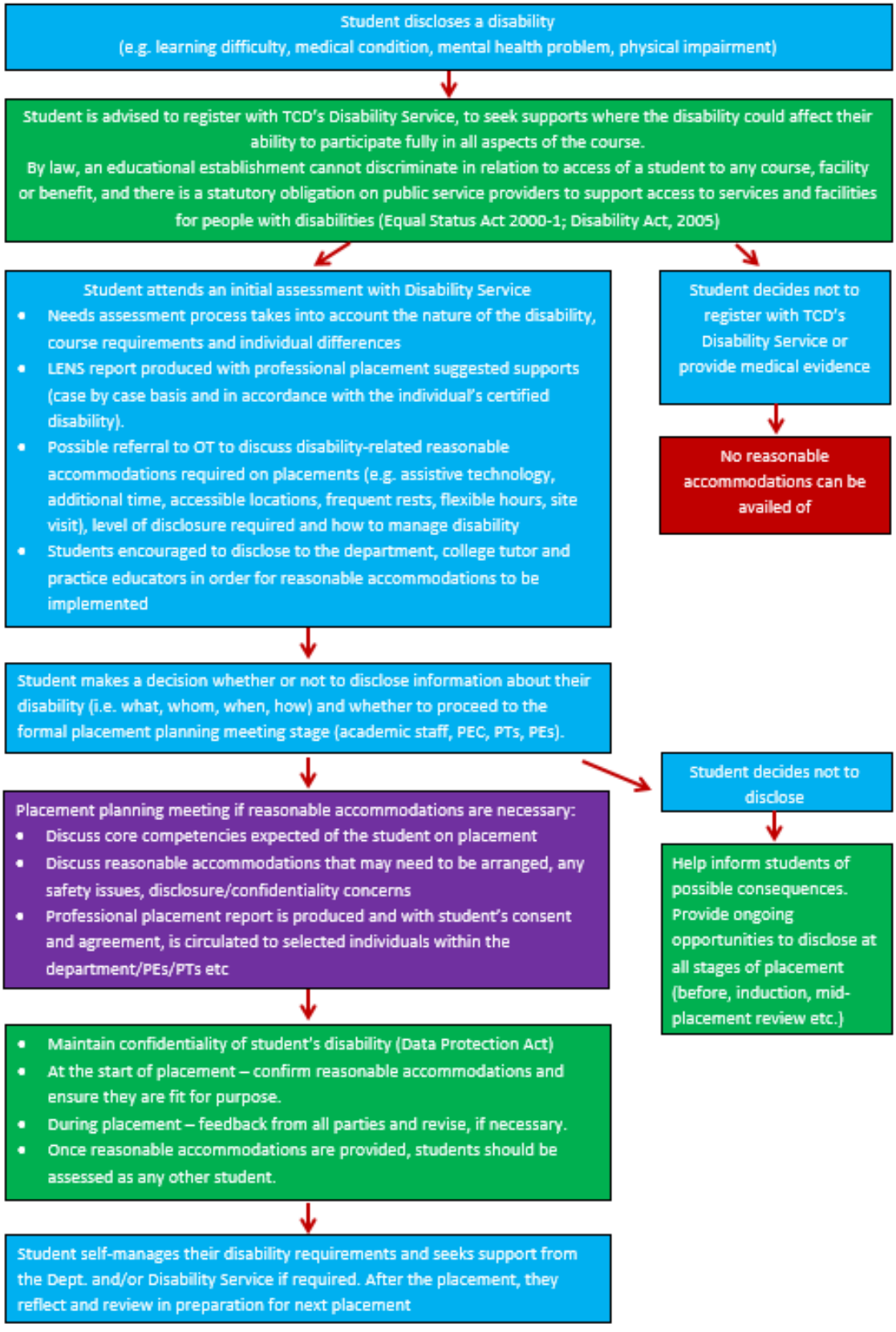


Figure 9.2: Supporting students registered with Trinity's Disability Service

9.2 Senior Tutor and Tutorial Service

Undergraduate students are assigned a College Tutor when they are admitted to College. A Tutor is a member of the academic staff who is appointed to look after the general welfare and development of the students in his/her care. Tutors are a first point of contact and a source of support. They provide confidential help and advice on personal as well as academic issues or on anything that has an impact on student life. They will also, if necessary, support and defend a student's point of view in relations with the College. For further information, please refer to: *https://www.tcd.ie/Senior_Tutor/your-tutor/*

9.3 Financial support

All CSLS students must undertake four clinical placements across a range of practice areas. Most placements are within Dublin or bordering counties. However, a minority of placements have always been and will continue to be outside of this area. All students can expect to be allocated to a regional or rural placement for one of their clinical placements across their four years.

Financial assistance for costs associate with clinical placements may be available through College via the following two channels:

1. TAP for students who are registered with TAP. Please liaise with TAP directly

Or

2. Senior Tutors Office including the SU Placement Grant (StudentUnionPlacementBursary.pdf (tcd.ie)

More information about financial assistance is available here:
https://www.tcd.ie/seniortutor/students/undergraduate/financial-assistance/

Eligibility criteria and application processes are available via TAP and Senior Tutors Office. Students should advise their College Tutor if they are seeking financial aid for these mandatory placements.

Please note that the Department of CSLS and the School of LSCS do not offer financial assistance directly.

10. Quality Assurance in the Practice Education Programme

There are a number of quality assurance mechanisms within the practice education programme which are summarised in figure 10.1 and described in more detail below.

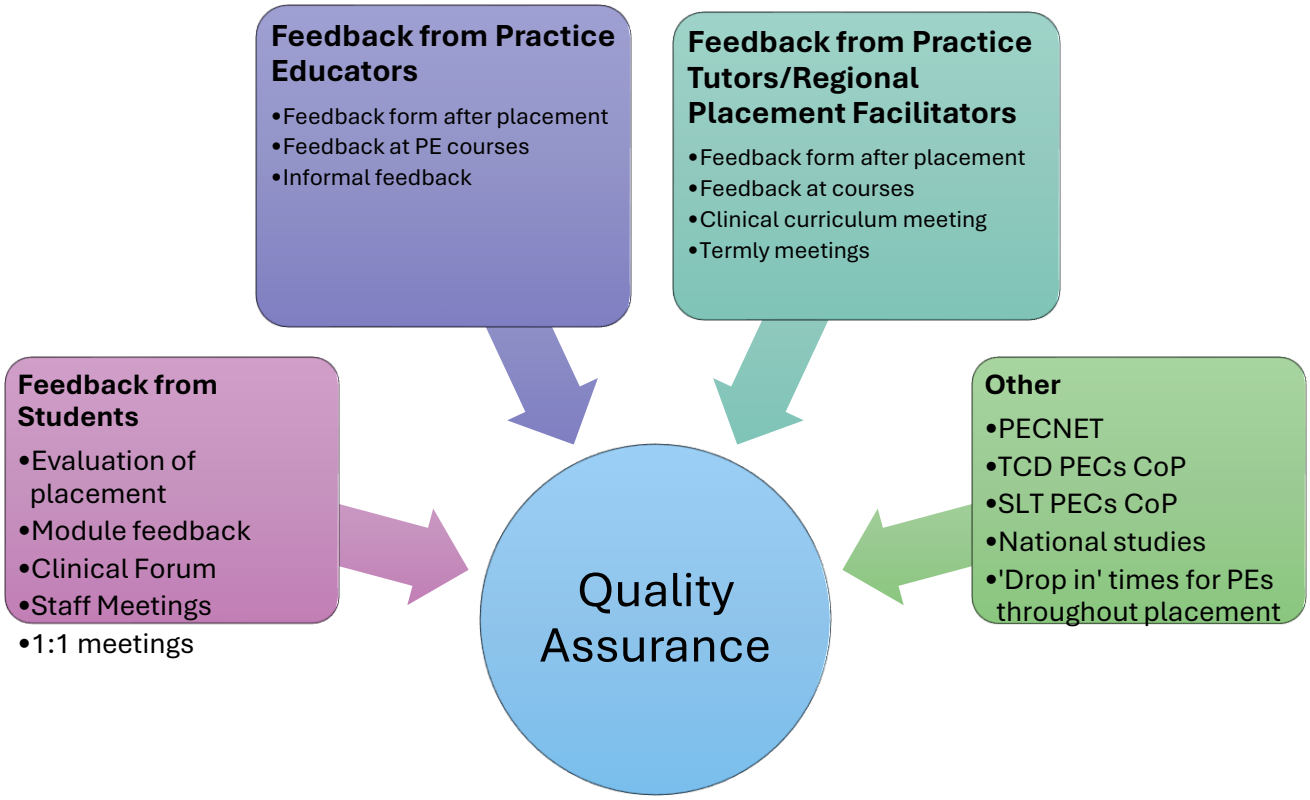


Figure 10.1: Quality assurance mechanisms within practice education

10.1 Feedback from students

Feedback from students to support quality assurance mechanisms within the practice education programme is collected in a number of ways:

1. **Student evaluation** of placement form after each placement (compulsory submission) (Appendix K)
2. **Module feedback** on all practice education modules (Practice Education 1, 2, 3, and 4)
3. **Clinical forum**: held each term to discuss any matters relating to the practice education programme that may arise during the academic year. Students are invited to nominate two representatives (who need not be the class representatives) to present their views at these meetings. One meeting is scheduled each term attended by two student representatives from each year and two staff members.

4. **Staff meetings**: two class representatives attend staff meetings that are held twice each term, where issues related to practice education can also be raised on behalf of the year group
5. **Individual meetings** with Practice Education Coordinator can be arranged via email.
6. Formal complaint via **TCD's student complaint procedure**: Complaints Procedure - Policies | Trinity College Dublin

10.2 Feedback from Practice Educators

1. Practice Educators are invited to feedback on placement using the HSCP National Interprofessional Placement Evaluation Tool (NIPPET – Practice Educator) (Hills & McMahon). This can be completed digitally via Microsoft Teams or in hard copy.
2. Feedback from practice educators is collected at all continuing professional development workshops.
3. Informal and ad-hoc feedback on any aspect of the practice education programme is welcomed
4. Online 'Drop In' sessions are held throughout the academic year where Practice Educators facilitating student placements are welcome to join both with queries as well as feedback to College.

10.3 Feedback from Practice Tutors and Regional Placement Facilitators

1. A feedback form is integrated into the national student professional conduct and clinical competency **form** (see Appendix E). This facilitates every practice tutor and regional placement facilitator to provide feedback to the Department.
2. Feedback from practice tutors/regional placement facilitators is collected at all continuing professional development workshops.
3. Feedback from practice tutors/regional placement facilitators is collected at the annual **clinical curriculum meeting**
4. Feedback from practice tutors/regional placement facilitators is collected at **term meetings of the practice education team**
5. **Debriefs** are facilitated with Practice Educators who have supported a student who has had additional needs or failed a placement.

10.4 Feedback from Service Users

Service users are invited by Practice Educators to submit anonymous feedback to College on their experience with student placements using the HSCP National Interprofessional Placement Evaluation Tool (NIPPET – Service User) (Hills & McMahon) either digitally or in hard copy. One Service User feedback is asked per student on each clinical placement.

10.5 Memorandums of Understanding (MoU) with clinical sites

In conjunction with the School of Medicine, the Department of Clinical Speech and Language Studies has been requiring all clinical partner sites to have a Memorandum of Understanding in situ relating to Practice Education since late 2023. A MoU is a signed record of two parties' intentions towards each other. MoUs detail requirements relating to insurance, security screening, intellectual property and data protection, amongst others. There is a template MoU available to review upon request. This is an ongoing project lead by School Quality Officers from both School of Medicine and School of Linguistic, Speech and Communication Sciences. MoUs are intended to be reviewed every 5 years.

It is noted that over the past number of years the HSE National HSCP has been working towards national governance for clinical placements which includes the development of a National MoU. This continues to be in draft format. Until this is completed and disseminated, TCD will continue to use the MoU developed in-house.

Where a MOU is pending, a local written agreement as to the roles and responsibilities of the placement will be in place for the duration of the student placement.

10.6 Other quality assurance mechanisms

- There are three Practice Education 'Drop in' times made available during each clinical placement. These are online sessions are facilitated by the Practice Education Coordinator (PEC). PEs are invited to join with queries or feedback. The date and link to join are disseminated via email prior to the placement commencing.

- When a new clinical site expresses interest in facilitating CSLS student placements, the PEC conducts a site visit to achieve the following objectives
    - Determine if the site is an appropriate clinical placement site for CSLS students
    - Ascertain nature of learning opportunities on the clinical placement
    - Determine level of support the site and PEs will require during a clinical placement
    - View the physical work environment
    - Negotiate mutual expectations during the clinical placement

  If a placement is considered suitable and in keeping with the learning outcomes and quality expectations, a MoU is put in place. The PEC and site PE will negotiate the most appropriate placement for the initial pilot, after which there is a review meeting to discuss learnings and future direction.

- Site visits are routinely carried out for existing placement sites through
    - Onsite co-examination of final year clinical exams
    - Onsite meetings before or during placements where a student has reasonable accommodations granted via College disAbility or where a student is at risk of failing a placement

- Onsite visits where a new Practice Education management team member starts in post including Practice Tutors, Regional Placement Facilitators or Practice Education Coordinator

- The Practice Education Coordinator is actively involved in collaborations that strive to improve the quality of practice education, share best practice, and promote quality assurance within all aspects of practice education. For example:
  - National Network of Practice Education Coordinators (PECNET)
  - SLT PECs Community of Practice (PECs from other Irish universities that deliver speech and language therapy programmes).

Appendices

Appendix A: Induction checklist

Student SLT Placement Induction Day and Checklist for Induction Day

Why do students need an induction day before placement begins?

The student's placement induction day is their first introduction to you, your colleagues, and your agency. The induction day provides dedicated time to ensure students and practice educators have access to the information they need before placement begins and helps students and practice educators to prepare fully for the placement ahead. It also allows time and space to welcome the student, develop their sense of belonging to your team and your agency, and help them to 'settle in' to their placement. Ideally the induction day takes place at least one week before placement begins.

The checklist below provides a guideline for including and addressing common themes at the induction day. It has been informed by the CORU's 'Criteria and Standards of Proficiency for Education and Training[1]', QQI's Statutory Quality Assurance Guidelines[2] and HSE's 'Induction Guidelines and Checklists'[3]. Importantly it outlines the **roles and responsibilities of both the student and the placement site, as well as the College.**

Preparing for the induction day:

- Decide on the date and time for the induction meeting that suits you and the student
- Book a room/space/platform for the induction meeting
- Contact the student to confirm the start time, to tell them where to report to, and to provide any other relevant information that may be required in advance of their arrival on site
- Read the student's pre-placement profile, including their past experiences and learning goals for the placement
- Print out this induction checklist
- Print out a copy of relevant policies, guidelines or protocols of your agency for the student, where appropriate
- Inform close colleagues and reception staff that the student will be arriving for the induction day, where appropriate

Checklist for Placement Induction Day

	Theme	Completed in College prior to placement	Information specific to the placement site	Student Declarations	Student Initials
	Garda Vetting / Child Protection	Students complete Garda Vetting prior to registration into the course. TCD Academic Registry provides a Garda Clearance Certificate to each student, which they can share with you. Students have completed the following HSELanD trainings and can furnish certificates upon request: • Children First	Does the agency require students to complete additional Garda Clearance?	I confirm I have complied with the Garda Vetting procedure prior to registration and have not endangered my status in the interim. I will report any concerns in relation to the protection and welfare of children to my practice educator(s) immediately.	
	Professional Conduct and Ethical Practice	Students complete a module on Ethics and Professional Studies that includes a specific focus on ethical decision-making, CORU Code of Professional Conduct and Ethics and IASLT Code of Ethics. Students must adhere to department policy on academic conduct and AI use. Students have completed the following HSELanD trainings and can furnish certificates upon request: • Open Disclosure Module 1 • Dignity at Work	Are there specific policies, guidelines, and/or procedures from your agency in relation to professional conduct or ethical decision-making that the student should be aware of? For which activities will students be permitted to use AI, if any? (e.g. session plan development, resource development, written English language proficiency).	I confirm I have read and understand the : • CORU Code of Professional Conduct & Ethics for Speech & Language Therapists (CORU, 2019; www.coru.ie) • IASLT Code of Professional Conduct & Ethics (IASLT; www.iaslt.com) • Section 7 of the Practice Education Handbook I will behave in accordance with these during all my practice education related work. I agree to show commitment to clients and to the host agency during this practice education placement.	

	Confidentiality, Data Protection, and Record Keeping	Students complete a module on Ethics and Professional Studies that includes a specific focus on data protection and legal and professional guidelines for record keeping. Students have completed the following online HSELanD trainings and can furnish certificates upon request: • Fundamentals of GDPR • Cyber Security	Are there specific policies, guidelines, and/or procedures from your agency in relation to confidentiality and record keeping that the student should be aware of?	I will conform to legal and professional guidelines and to the host agency procedures in record keeping and the maintenance of client files. I will not remove files or any other confidential material from the practice education setting. I will maintain client, service, practice educator and peer confidentiality at all times.	
	Health and Safety	Students return proof from their GP or TCD College Health that they are not currently infected with Hepatitis B or Hepatitis C and have been vaccinated for Pulmonary Tuberculosis (TB), Chickenpox, and Measles, Mumps and Rubella. Students have completed the following HSELanD trainings and can furnish certificates upon request: • AMRIC Basics of Infection Prevention & Control • AMRIC Hand Hygiene • Your Safety, Health and Welfare in Healthcare	Are there specific policies, guidelines, and/or procedures from your agency in relation to health and safety that the student should be aware of? Are there any specific local policies in relation to Infection Control that the student should be aware of? Are you satisfied with the student's hand hygiene competence following observation of their performance?	I will comply with the standard precautions and national guidelines for best practice in health and safety and prevention and control of healthcare associated infections. I will comply with the agency's specific health and safety procedures and other guidelines and procedures as explained to me by the practice educator(s). I will report any accident that occurs in the placement context or on its premises to my practice educator(s) immediately and follow the local accident reporting procedures.	
	Insurance	The College Insurance Policy is a Public Liability policy. A copy of this policy is available upon request. Please note	Are there specific policies, guidelines, and/or procedures from your agency	I will comply with relevant policies and procedures from the agency as explained to me by the practice educator(s).	

		that this does not include professional indemnity. Students on clinical placement must be included under the placement site's insurance policy. This is agreed in writing in advance of placement commencing.	in relation to insurance that the student should be aware of?		
	Attendance and absences	100% attendance on placement is required to fulfil CORU requirements as a CORU – approved course. Placement continues throughout reading weeks. Student will also inform PEC and Practice Educator ASAP if they are unexpectedly absent due to illness or some other event (**before** start time of placement). If student needs to take more than two days sick leave during placement they will need to submit a medical certificate to college tutor and TCD CSLS executive officer. Students can be required to submit a second certificate confirming they are well enough to resume placement, if required by the university or the placement. Days lost through illness and emergency are recouped at a time convenient to the Practice Educator. The PEC should be informed of any recouped days. Where	Are there specific policies, guidelines, and/or procedures from your agency in relation to absences that the student should be aware of? Is the student aware of who to contact, and by what means, in the event of an absence from placement? Has the student provided their next of kin details on their pre-placement profile?	I agree to follow the procedure set by College in the event of a medical or other emergency situation necessitating absence. I agree to inform my practice educator(s), where relevant, of any condition, medical or otherwise, which may affect my clinical work. I have provided the practice educator(s) with my next of kin contact details on my pre-placement profile. I confirm that I will not present to placement if I have any symptoms of acute infection. I will not return to placement until I am 48 hour symptom free of an acute infection. I understand that 100% attendance on placement is required.	

		this is not possible, please discuss with the PEC.			
	Orientation to the placement site	Key information provided to student on the service location, client group, facilities and other practicalities.	Has the student been provided with information specific to your agency? (e.g. client groups; MDT members; service delivery model; working hours; lunch times; dress code; facilities; common assessments/ resources used; reading lists; IT access; clinic rooms; IDs, door codes/swipes; photocopier)	I confirm that I have been provided with information specific to this placement setting and will use facilities as directed by my practice educator(s).	
	Learning Contract	Students complete the following exercises to help them prepare for their personal learning on placement: • Self-review on the national clinical competency evaluation form • Personal learning plan • Pre-placement profile	- Has the student's pre-placement profile been reviewed and learning goals discussed (e.g. goals, timeframe, strategies and resources to achieve the goals, criteria for evaluation/achievement of goals)? - Is the student aware of the timetable and focus for the placement? - Is the student aware of when session plans are to be submitted and when they will receive feedback on these?	I agree to prepare, organise and implement practice-based work as directed by practice educator(s) and specifically by the practice educator who retains responsibility for the client. I will maintain a daily hours form and summary of hours form. I agree to act in accordance with CORU's Code of Professional Conduct and Ethics and the professional conduct competencies specified on the National Clinical Competency Evaluation Form, for example: • manage health and well-being to ensure both performance and judgement are appropriate for practice	

			- Has a schedule and method of daily/weekly feedback been agreed, including dates for mid- and end- of placement review? Has student and PE shared feedback preferences?	• demonstrate respect for the supervisory process by seeking and responding to feedback • engage in reflection and reflective practice; critically self-appraising and working to develop own professional competencies • demonstrate effective time management i.e. meeting deadlines and punctuality	
	Concerns relating to student competency	Students are advised in College about the process that is triggered should there be concerns about the student's competency development (section 8 of this handbook).	Has the student been reminded that open communication between College and the Practice Educator is encouraged?	I have reviewed department policy where there are concerns relating to competency (section 8 of Practice Education Handbook). I have read the TCD fitness to practise policy https://www.tcd.ie/media/tcd/about/policies/pdfs/Fitness-to-Practise-Policy.pdf I will raise any concerns I have about my own competency development in good time with my PE or the PEC, not relying on or waiting for formal evaluation points to do so.	

I confirm I have read, understood, and agree to adhere to the terms and conditions of my practice education placement as outlined above.

Signed: _____ Printed Name: _____ Date: _____

(Student)

Signed: _____ Printed Name: _____ Date: _____

(Practice Educator)

_____

(Agency name)

Practice Educator:	**Please keep a signed copy of this Induction Checklist until the placement is completed. You can return it with the student evaluation forms at the end of placement. Thank you.** **You may wish to review points from this Induction Checklist at the mid-placement review, if relevant.**
Student:	**Please keep a signed copy of this Induction Checklist for your Professional Development Log (PDL).**

Appendix B: Session Planning Template Document

Session Planning: Things to Consider

Prior to seeing a client it is important to take time to plan the session to ensure that the individual (or group) gets maximum benefit from your time together.

In both assessment & therapy, it is the priorities of the person (and when appropriate, other relevant people) that guides your time together. To this end it is useful to note down the person/group's key priorities and some ideas to address these.

When planning a session, It can be helpful to consider the different domains of **Evidence Based Practice** (EBP). The main domains of EBP are:

- The **person** in terms of their values, priorities, wants, rights, needs, coping style, interests, etc.
- The **research evidence**
- **Clinical experience** with regard to what works (and what doesn't) based on past experience within the overall context of the individual

The three domains of EBP are embedded within a **context**. This is usually complex and takes account of the environment, the person's unique situation, etc. It is important that context is taken into consideration.

Session plan templates may vary from setting to setting. Many templates will consider the following:

- **Priority area**: state the person's priority that is being addressed (e.g., long term goal)
- **Measurable Objective**: state what you hope to achieve during the session, linking this with the person's overall goal (e.g., session goals/SMART goals)
- **Techniques & Resources**: state the different techniques and resources that you plan to use to achieve this objective. Include step-up and step-down activities if relevant.
- **Evidence**: outline the evidence and rationale upon which you have based your objective, as well as the techniques and resources you plan to use. Remember to consider ***all*** the domains of evidence (i.e. *person*, *research* and *clinical experience* as well as the role of *context*).
- **Carryover Activity**: outline any advice or resources that you will provide to support independent practice/homework/education of others
- **Self-evaluation**: after your session it is important to spend a little time reflecting on it. For example, how do you know or what will tell you that your work together is addressing what you have both agreed on? What are the implications for future sessions? Three positives? Three things you would change? Why? What clinical competencies require further development?

Useful resources for the research evidence component of EBP
What Work's database: http://www.thecommunicationtrust.org.uk/whatworks
speechBITE: http://speechbite.com/
ASHA Evidence Maps: http://www.asha.org/Evidence-Maps/

Example of Measurable Objective from a Session Plan (Paediatric Primary Care Setting)

Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity	Self-Evaluation *(completed after the session)*
That A.B will become a confident and competent communicator	By the end of the session, A.B.'s parent will have identified and reflected on the positive and challenging aspects of the 2 chosen parent-child interaction strategies from Special Time last week	1. Student will open the session by asking parent how they found each individual strategy during the week 2. The Special Time record sheet will be used to discuss examples of what worked well and what was challenging about the chosen strategies 3. Student will encourage parents to share specific examples of interactions where the strategies worked, and the impact on A.B's communication	In a therapy episode it is important to check that positive changes are being made every week which are identifiable by parents or the child's communication. This may help parents to feel engaged in the therapy process, if progress from real life situations are identified. Early preventative interventions have the potential to allay parental concerns, improve children's language outcomes, and subsequently expedite entry into more intensive services for those most in need (Wake et al., 2011). Parent based programmes have been reported to improve the short term language outcomes of children at risk.	N/A	

References

Wake, M., Tobin, S., Girolametto, L., Ukoumunne, O. C., Gold, L., Levickis, P., et al. (2011). Outcomes of population based language promotion for slow to talk toddlers at ages 2 and 3 years: Let's Learn Language cluster randomised controlled trial. *British Medical Journal*, 343(7821), 1-10.

Example of Measurable Objective from a Session Plan (Acute Hospital Setting)

Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity	Self-Evaluation *(completed after session)*
C.D will understand spoken conversation and news stories for enjoyment and personal satisfaction with the aid of learned strategies	C.D. will listen and understand at sentence level using self-cueing strategies, demonstrated by answering questions with 80% accuracy	1. Student will read 2 short texts aloud (taken from "Source for Aphasia" p.59-61) 2. C.D will answer questions relating to the text 3. The use of self-cueing strategies will be encouraged by the student to aid C.D.'s comprehension **Step-up:** • Reduction of prompts to self-cue • More complex text will be read aloud (taken from "Source for Aphasia" p.65-67) **Step-down:** • Context of the text will be provided before reading the text or simpler text will be provided (taken	Although auditory comprehension was a strength of C.D's on the CAT assessment, it was noted the C.D. had slow responses and was aided by contextual information. Paolucci et al. (2005) note that comprehension language deficits are a strong negative rehabilitation prognostic factor, reinforcing its importance as a priority area. Targeting auditory comprehension at paragraph level should help to challenge C.D. and is also the level closest to conversational level, which may help transfer to conversational skills.	Depending on levels of accuracy achieved, an additional simpler or more complex text will be provided for independent practice at home.	

		from "Source for Aphasia" p.45 & 49) • Text will be broken into sentences • More explicit prompting of self-cueing strategies will be provided			

References: Paolucci, S., Gandolfo, C., Provinciali, L., Torta, R., Sommacal, S., & Toso, V. (2005). Quantification of the risk of poststroke depression: the Italian multicenter observational study DESTRO. *Acta Psychiatrica Scandinavica*, *112*(4), 272-278.

Example of Measurable Objective from a Session Plan (Disability Setting)

Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity	Self-Evaluation *(completed after the session)*
E.F. will become a confident and competent communicator	E.F. will actively engage in Sentence by Sentence visualisation with the application of Higher Order Thinking Skills with 80% accuracy	1. Student will explain the purpose of the activities, drawing on last week 2. Several short passages located at different places in the room. The client will be asked to retrieve these one at a time 3. Student will read the first line of the passage aloud, then pause to enable the client to visualise. 4. Coloured squares will be used – every time E.F. visualises a sentence she	Activities in previous session have focussed on directly visualising and describing an image. The next step is to focus on higher order thinking skills. Bell (1991) states that the ability to process the gestalt is the foundation for higher order thinking skills. The taxonomy of higher order thinking skills are - Locating and remembering - Understanding the main idea - Inferring - Drawing conclusions - Predicting/extending - Evaluating	Passage appropriate to the level of complexity achieved will be provided for homework to help practise Sentence by Sentence visualisation	

		can move the coloured square 5. Client will be asked to summarise the passage 6. Student will ask 'why' questions to stimulate an inference from the imaged gestalt 7. Reward chart will be completed after each activity **Step-up:** • Passages which require greater inferential skills will be used (i.e., the information will require more processing & thought regarding the inference) • Passages with numerous possible outcomes (prediction) **Step-down:** • A less language loaded passage will be used, containing sentences that are of a more simple syntactic structure.	As E.F. has a diagnosis of ADHD, and the OT recommended regular movement breaks, I will place reading passages at various locations in the room. Paul & Norbury (2012) report that children with ADHD find it difficult to defer gratification which may negatively impact on attention. Hence, reward chart will be completed after each activity instead of at the end of the session.		

References:

Bell, N. (1991). *Visualizing and Verbalizing: For Language Comprehension and Thinking.* Paso Robles, CA: Gander Publishing

Paul, R. & Norbury, C. (2012). *Language Disorders from Infancy Through Adolescence. 4th Edition.* Missouri: Elsevier

Example of Measurable Objective from a Session Plan (Swallowing)

Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity	Self-Evaluation *(completed after the session)*
G.H. will be able to consume a PO diet that is either her previous baseline or the least modified option as possible, without any signs of laryngeal penetration or aspiration.	To review G.H.'s progress with feeding, eating, drinking and swallowing and any medical changes that may have occurred since G.H's last review.	The student will: - check the medical chart for relevant information - consult with the nursing staff - speak to G.H. about how she is tolerating her current diet recommendations Relevant information in relation to Feeding, Eating, Drinking and Swallowing will be recorded to help form a plan for further assessment, if needed.	When a person is unable to swallow, the ability to enjoy almost all other aspects of life is affected - even minor, intermittent dysphagia can lead to psychological and social stresses. Episodes of choking can lead to a fear of eating that can lead to malnutrition and social withdrawal (Perlman and Schutze-Delrieu, 1997). It is therefore important to ensure that GH is consuming fluids and food that are safe for her to consume so that she continues to enjoy drinking and eating.	N/A	

References: Perlman, A. & Schultze-Delrieu, D. (1997). *Deglutition and its Disorders.* San Diego: Singular Publishing Group, In

Blank Session Plan Template

Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity	Self-Evaluation *(completed after the session)*
		1. _____ _____ _____ _____ _____ _ 2. _____ _____ _____ _____ _____ _ 3. _____ _____ _____ _____ _____ _ **Step-up:** **Step-down:**			

References:

Appendix C: Placement Request Form (2025-2026):

TCD Placement Request Form, Academic Year 2025-2026

Thank you for your continued support in providing student Speech and Language to a Therapists with quality clinical placements. Clinical placements enable students to apply theory to practice and develop necessary clinical competencies. In your role as Practice Educator, you are helping shape the future of Speech and Language Therapy in Ireland.

Name of SLT(s) & CORU reg number(s)	
CORU requirements for SLTs taking on role of Practice Educator	I/we have 2 years' experience and have attended a PE training in the past □ I/we have 2 years' experience and intend to participate in PE Training □
Placement address:	
Phone number & email address:	
Caseload / service type e.g. CDNT, CAMHS etc	

Placement Details	Student Assessment on Placement	# students
2nd Year (Senior Fresh)		
Weekly placement 10 Mondays Dates: 12/1/26- 13/4/26 Induction day: Local arrangement prior to placement commencing	1. National Student Clinical Competency Evaluation – Novice Level	
3rd Year (Junior Sophister)		
Weekly placement 10-12 Thursdays Dates: 18/9/25 - 4/12/25 Induction day: Local arrangement prior to placement commencing	1. National Student Clinical Competency Evaluation – Transition Level 2. Clinical exam on a 'seen' client	
Block placement 30 days in total / 6 week block (4 clinic days and 1 research day per week) Dates: 11/5/26 - 26/6/26 Induction Day: Local arrangement prior to placement commencing	1. National Student Clinical Competency Evaluation – Transition Level	
4th Year (Senior Sophister)		
Block placement Day/Duration: 40 days in total / 8 week block (4 clinic days and 1 research day per week) Dates: 26/1/26 - 3/4/26 Induction Day: Local arrangement prior to placement commencing	1. National Student Clinical Competency Evaluation – Entry Level 2. Clinical exam on an 'unseen' client	

Note - Placements continue through College Reading Weeks

For further information, please contact clinicalspeech_PEC@tcd.ie,,

Appendix D: National student performance indicators

NATIONAL STUDENT CLINICAL COMPETENCY EVALUATION PACK*

Student Clinical Competency Evaluation (2015): Student Clinical Competency Performance Indicators

The Performance Indicator Developmental Progression was devised to help practice educators and students to evaluate progress towards target levels of competency in each area. These indicators should be used across all levels in conjunction with the SCCE when grading students at mid and end of placement. Performance indicators outline what is expected at the **EVIDENT** level for the stage the student. For example if you are marking a student who is at entry-level you should look at the entry-level column only. Where a student does not meet the indicator they should be marked as **EMERGING**. Students who demonstrate competency above their level should be allocated the **PLUS** grade.

	Competency	2nd Year (SF): Novice	3rd Year (JS): Transition	4th Year (SS): Entry
1.	Collects and collates relevant client-related information systematically from case history, interviews and health records.	Identifies some information needed and possible sources. Needs direction from Practice Educator to ensure all relevant information is sought, obtained and documented appropriately. May need to use scripts and templates to ensure all information is gathered.	Uses theoretical knowledge to identify key information needed and possible sources for routine clinical presentations.	Identifies all information needed and possible sources from referral note and knowledge base. Independently interviews client /carer synthesizing information in real time and probing for relevant details as the interview proceeds. Documents and synthesises all information appropriately.
2.	Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background.	Shows awareness of general assessment procedures for use with client group, and selects appropriate assessments with direction. Will need specific direction to adapt and modify tasks, if necessary.	Identifies appropriate assessments for client group. May need guidance in selection of tools for specific individual presentations and in adapting procedures to suit individual needs.	Independently selects appropriate formal and informal assessments for the routine client group presentations. Modifies and adapts assessment approach as dictated by emerging client profile. Will need to collaborate and consult with Practice Educator for complex case presentations.
3.	Administers, records and scores a range of assessments accurately.	Administers assessments accurately with specific direction. Needs additional time for recording and scoring. May need audio / video recording as additional support with complex presentations.	Administers formal assessments accurately. May need additional time to complete testing and scoring. Uses informal assessments appropriately to obtain a fair and accurate sample with guidance.	Follows test directions in the administration recording and scoring of formal assessments within an acceptable time frame. Records quantitative and qualitative data simultaneously. Adapts and uses informal assessments in a flexible manner to obtain and record a fair sample.
4.	Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.	Identifies strengths and weaknesses in communication / FEDS profiles and compares to typical profile. Quantifies differences and determines severity ratings. Requires specific direction to interpret holistically and link to knowledge base and case history.	Uses the professional knowledge base to analyse assessment results holistically. Formulates a diagnostic hypothesis supported by assessment findings and relevant theoretical knowledge. May need guidance to ensure that qualitative information is applied.	Evaluates and interprets assessment findings linking theory and client history, presentation and communication / FEDS profile in a holistic manner. Applies qualitative information to quantitative data and determines appropriate severity rating.

* *The Student Clinical Competency Evaluation Forms and indicators are currently under review. Students will be issued with forms for inclusion at the start of each clinical year.*

5.	Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.	Applies knowledge of communication / FEDS to assessment findings and formulates a tentative diagnostic hypothesis. Needs specific direction to identify indicators of possible alternative diagnoses from background information and assessment results.	Applies knowledge of typical and atypical communication / FEDS profiles to assessment findings and background information to formulate a diagnostic hypothesis. Seeks guidance to ensure that all information is used and alternatives considered.	Formulates accurate diagnostic hypothesis theoretically grounded and supported by supported by clinical evidence. Discusses diagnosis and possible alternatives collaboratively with Practice Educators.
6.	Makes appropriate recommendations for management based on a holistic client profile.	Identifies key information needed from client communication / FEDS profiles. Will need to review profile holistically under the direction of the Practice Educator.	Uses relevant information from client communication / FEDS profiles to make informed evidence based recommendations. Guidance may be needed to integrate the needs of the client / carer and available service resources.	Synthesises all relevant information from all stakeholders to make informed evidence based recommendations with reference to client's needs and wishes in the context of available service provision.
7.	Demonstrates understanding of the indicators and procedures for onward referral.	Identifies factors to consider when referring on clients with routine profiles. Will need specific direction in identifying appropriate services and, obtaining consent and applying onward referral procedures.	Provides rationale and identifies the need for onward referral. Will need guidance and support to identify services, obtain consent and follow agency referral procedures.	Following consultation evaluates the need and provides rationale for onward referral to SLT and other disciplines for atypical communication / FEDS profiles. Obtains consent and seek service provision appropriately in a timely manner.
8.	Reports assessment findings orally in an appropriate professional manner to client / carer and team members.	Outlines and communicates basic assessment findings appropriately with specific direction (including scripts) on language and order.	Communicates key assessment findings in coherent, logical order and in language appropriate to all recipients with guidance.	Reports assessment findings in a concise, coherent and logical manner covering all content relevant to the client's profile using language appropriate to all recipients.
9.	Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.	Communicates general findings. Will need direction to identify relative relevance of findings and how these should be presented in written reports.	Communicates key findings in coherent logical order using appropriate language and formats with general guidance on agency procedures.	Writes reports independently covering all necessary information in logical order contents, language and format, appropriate to the needs of all recipients.
10.	Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent.	Identifies key facts to be communicated to client / carer. Will need specific direction in standardised procedures, sample templates, scripts, etc., to ensure that information is communicated efficiently and consent recorded appropriately.	Identifies information needed by client / carer for informed decision making with minimal guidance. Will need to consult with Practice Educator on formats, specific resources, etc., to meet the needs of clients and to record consent appropriately.	Provides clients / carers with sufficient information on all options available to them in appropriate language and formats to ensure that decision making is informed and consent obtained for all procedures and processes.
11.	Demonstrates the ability to consult and collaborate with clients / carers when developing management plans.	With specific direction, consults and collaborates with clients/carers to identify relevant information needed to develop management plan. Considers key factors with direction from Practice Educator to generate a holistic management plan.	With guidance, consults with clients / carers to identify information needed to develop management plan. Collaborates with clients/carers to in using this information to generate a holistic management under guidance from the Practice Educator	Identifies all relevant factors influencing management plan in with clients/carers and consults with Practice Educator to generate a holistic management plan.
12.	Determines care pathway for clients based on client needs, service resources and the professional evidence base.	Identifies and summarises relevant theoretical and practice-based evidence with specific direction, to determine a client centred, evidence based care pathway making best use of all available resources	Sources and appraises relevant theory and practice-based evidence with guidance to determine a client centred care pathway making best use of all available resources	Consults with Practice Educator and independently sources, synthesises relevant theoretical and practice-based evidence to determine a client centred care pathway making best use of all available resources.
13.	Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans.	Demonstrates knowledge of roles of team members and with direction, engages in collaborative consultation and /or practice when indicated to advance management plans	Demonstrates knowledge of roles of team members and with guidance engages in collaborative consultation and / or practice when indicated to advance management plans.	Acknowledges the potential contribution of each team member and engages in collaborative consultation and / or practice in consultation with Practice Educators. T

14.	Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans.	Under specific direction, develops holistic management plans, demonstrating evaluation of all relevant information with cohesion across session, short, long term goals and discharge plans. Goals are SMART and phrased clearly and concisely.	With guidance, develops holistic management plans, demonstrating evaluation of all relevant information with cohesion across session, short, long term goals and discharge plans. Goals are SMART and phrased clearly and concisely.	Independently develops holistic management plans in collaboration with Practice Educator, demonstrating evaluation of all relevant information with cohesion across session, short, long term goals and discharge plans.
15.	Maintains precise and concise therapy records, carries out administrative tasks and maintains service records.	Completes all necessary therapy and service records and administrative tasks in a timely and organised manner using professional language with specific direction from the Practice Educator.	Under guidance from the Practice Educator, completes all necessary therapy and service records and administrative tasks in a timely and organised manner using professional language.	Following collaboration and consultation with Practice Educator independently completes all necessary therapy and service records and administrative tasks in a timely and organised manner.
16.	Implements therapy using theoretically grounded, evidence based techniques and resources.	With specific direction, selects appropriate techniques and resources and outlines the evidence base to implement therapy. Uses basic techniques during clinical sessions following instruction and preparation.	With general guidance, demonstrates the ability to appraise, select, and adapt appropriate techniques and resources between sessions and the ability to use and evaluate these during therapy sessions.	Researches, integrates and appraises the evidence for different approaches, techniques and resources appropriate to client needs and interests. Justifies therapy approach with support from evidence in consultation with Practice Educators.
17.	Introduces, presents and closes all clinical sessions clearly in a client-centred manner.	Explains the format and goals of a session clearly to client /carer following specific direction such as scripting, with the Practice Educator before the session.	Introduces, presents and closes all clinical sessions clearly in a client centred manner with self - reflection and general guidance from the Practice Educator between sessions.	Introduces, presents and closes all activities and sessions in a client-centred, jargon-free manner.
18.	Demonstrates appropriate communication and therapeutic skills during all interactions including: ○ Observes, listens and responds to client/carer. ○ Uses appropriate vocabulary and syntax. ○ Uses appropriate intonation, volume and rate. ○ Uses appropriate modelling, expansions and recasting. ○ Uses appropriate and varied prompts and cues.	With specific direction and structured feedback during and between contacts demonstrates appropriate communication and therapeutic skills. May require specific direction in therapeutic techniques.	Adapts communication skills and therapeutic skills following general guidance and feedback between contacts. Appraises own performance after a session, outlines adaptations required with guidance from Practice Educator and implements these in following sessions.	Demonstrates appropriate communication and therapeutic skills during all interactions. Accurately judges own performance within sessions and adapts in response to client / carer needs in real time.
19.	Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Identifies all who may require feedback during a clinical session. Gives appropriate feedback on pre-set tasks following specific direction from Practice Educator.	Provides appropriate feedback to client/carer/team member for routine interactions when provided with guidance by the Practice Educator. Develops and adapts scripts for a variety of situations with minimal guidance.	Predicts accurately type and quantity of feedback needed and appropriate to the all during clinical interactions. Devises clear non-verbal and verbal feedback and directions and appraises own delivery in real-time and revises appropriately during interactions.
20.	Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required.	Requires specific direction to select appropriate tools to evaluate intervention efficacy. Needs direction to identify appropriate modifications to intervention and discharge plans.	Uses appropriate outcome measures to examine intervention efficacy between sessions with general guidance. Identifies appropriate modifications to intervention discharge plans with guidance from Practice Educator.	Evaluates efficacy in real time and revises intervention and discharge plans as needed following consultation / collaboration with Practice Educator.

Appendix E: National student professional conduct & clinical competency evaluation forms

Level 1: Novice Clinician (2nd years) Student Professional Conduct & Clinical Competency Evaluation Form

Student Name	
Practice Educator Name/s (Please indicate key Practice Educator if more than one)	
Clinic Type and Location	
Placement Dates	From To
Number of Days completed	at mid placement review: at end of placement: No. of weeks:
Caseload (please circle / highlight): 0-5 Years 6-18 Years Adult Older people	
Please indicate main client group:	

General Guidelines for Completing the Form

Note for TCD students: 2nd year (Senior Fresh) students must be **rated on a total of 10 clinical competencies.** Case based clinical discussions should be used to assess competencies if opportunities for direct observation have not arisen in clinical work. Competencies rated in this manner should be indicated in the comments section. **In order to pass this placement, 7 or more competencies must fall within the evident/plus range**. Please use the Performance indicators Document as a guide for what is expected at the novice level. Additionally all 10 professional conduct competencies (page 2) must be evident to pass.

As of 2025, all clinical placements will be **graded as Pass / Fail** – no percentage grade will be attributed to the competency ratings

Novice level student speech and language therapists will require **specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work**. Students at novice level will need time to focus and reflect on their own performance and are expected to demonstrate the ability to:

- Discuss clients and clinical context holistically
- Identify problems and possible solutions within the clinical context
- Apply theoretical knowledge to client communication / FEDS profiles
- Follow directions and established procedures to achieve agreed clinical objectives
- Manage their work seeking specific directions when required

Developing competencies covering all areas of clinical practice including feeding, eating, drinking and swallowing impairments (FEDS) should be evaluated using this form. The SCCE form should be completed by the student speech and language therapists and Practice Educators prior to the mid and end of placement meetings. The mid and end of placement evaluations provide developmental feedback for student speech and language therapists. Student speech and language therapists should use mid and end of placement feedback to **set learning objectives and complete future learning plans.**

Professional Conduct

It is expected that student speech and language therapists are aware of and act in accordance with the Code of Professional Conduct and Ethics (CORU) and the IASLT Code of Ethics and demonstrate professional conduct throughout all practice placements. Professional conduct is reviewed informally throughout the placement with formative feedback provided as needed. Behaviours causing significant concern should be discussed with the student as soon as possible and noted on the professional conduct form. Specific behaviour changes needed should be agreed between the student and Practice Educator, noted on the action plan by the student and signed by both. Conduct should be formally reviewed using the Professional Conduct Format the mid and end of placement meetings by the key Practice Educator (PE) in collaboration with supporting educators, using the form below. Practice Educators are encouraged to discuss any concerns regarding professional conduct with the Practice Tutor, Regional Placement Facilitator or Practice Education Coordinator to ensure sufficient support for both the educator and student. Persistent breach of professional conduct requires prompt consultation with the university and may result in placement termination and a fail grade.

Professional Conduct		**Mid placement**		**End of placement**	
		√	**X**	**√**	**X**
1.	Behaves with honesty and integrity before, during and after practice placements in all placement-related matters.				
2.	Demonstrates respect for the rights and dignity of all through professional communication with clients, families and relevant professions.				
3.	Carries out duties in a professional and ethical manner complying with professional codes of conduct and ethics.				
4.	Manages health and well-being to ensure both performance and judgement are appropriate for practice.				
5.	Demonstrates respect for the supervisory process by seeking and responding to feedback.				
6.	Engages in reflection and reflective practice; critically self-appraising and working to develop own professional competencies.				
7.	Demonstrates effective time management i.e. meeting deadlines and punctuality				
8.	Adheres to all legislation related to data protection, confidentiality and informed consent				
9.	Adheres to placement provider's policies, procedures, protocols and guidelines in areas such as health and safety, infection control, record keeping, risk management, etc.				
10.	Presents an appropriate personal appearance conforming and adhering to all practice placement policies regarding dress code, jewellery and cosmetics.				
	Practice Educator Name **Initials/Date**				
	Student Name **Initials/Date**				

Please document behaviour causing concern and the actions taken / to be taken by Practice Educator and student

Description of the behaviour/s and actions taken / feedback by the Practice Educator. (Please indicate if the HEI has been contacted)	Student Speech and Language Therapist Action Plan	Outcome

Comments

Clinical assessment and planning for communication and feeding, eating, drinking and swallowing disorders

Rating	Descriptor
Not Rated	The skill or knowledge has not been demonstrated yet as no opportunity has arisen.
Not Evident	The skill or knowledge was not demonstrated despite learning opportunities, supervision and support being provided.
Emerging	The student speech and language therapist **has not consistently demonstrated** acceptable levels of clinical knowledge or skills expected of a novice.
Novice Level 1	The student speech and language therapist **has consistently demonstrated** acceptable levels of clinical knowledge and skills. Novice level student speech and language therapists will require specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work and are expected to demonstrate the ability to • Discuss clients and clinical context holistically • Identify problems and possible solutions within the clinical context • Apply theoretical knowledge to client communication / FEDS profiles • Follow directions and established procedures to achieve agreed clinical objectives • Manage their work seeking specific directions when required
Novice Plus	The student speech and language therapist at this level has demonstrated clinical knowledge and skills in this area that would be expected of a higher level.

*rate on a **total** of 10 clinical competencies across pages 4-6 *

Key: NR- Not Rated ; N/E- Not Evident ; Em- Emerging ; Evident (novice) – evident at novice level as per performance indicators ; N+ Novice Plus (beyond novice level)

	Competency	Mid Placement					End of Placement				
		N/R	N/E	Em	Evident (Novice)	N+	N/R	N/E	Em	Evident (Novice)	N+
1	Collects and collates relevant client-related information systematically from case history, interviews and health records.										
2	Applies theory to practice in the selection of formal & informal assessment procedures & tools appropriate to clients' needs, abilities & cultural background.										
3	Administers, records and scores a range of assessments accurately.										
4	Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.										
5	Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.										
6	Makes appropriate recommendations for management based on a holistic client profile.										
7	Demonstrates understanding of indicators / procedures for onward referral.										
8	Reports assessment findings orally in an appropriate professional manner to client / carer and team members.										
9	Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.										
10	Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision making & informed consent.										
End of Placement Totals											

Student speech and language therapist's action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)

- Learning Objectives.
- Learning resources that will help.
- Independent and self-directed practice to develop knowledge and skills.
- How student will demonstrate that sufficient learning has occurred in order to meet the competency.

Competency Number	SMART Goal for Development	Resources needed	Timeframe

Student speech and language therapist's action plan following the final evaluation (to be completed in consultation with the Practice Educator/s)

Competency Number	SMART Goal for Development	Resources	Timeframe

Intervention for communication and feeding, eating, drinking and swallowing disorders

*rate on a **total** of 10 clinical competencies across pages 4-6 * Key: NR- Not Rated ; N/E- Not Evident ; Em- Emerging ; Evident (novice) – evident at novice level as per performance indicators ; N+ Novice Plus (beyond novice level)

	Competency	Mid Placement					**End of Placement**				
		N/R	N/E	Em	Evident (Novice)	N+	N/R	N/E	Em	Evident (Novice)	N+
11	Demonstrates the ability to consult & collaborate with clients / carers when developing management plans.										
12	Determines care pathway for clients based on client needs, service resources & the professional evidence base.										
13	Recognizes the roles of other team members & consults & collaborates appropriately to develop & implement client management plans.										
14	Writes holistic management plans incorporating short & long term goals in session, episode & discharge plans.										
15	Maintains precise & concise therapy records, carries out administrative tasks & maintains service records.										
16	Implements therapy using theoretically grounded, evidence based techniques & resources.										
17	Introduces, presents & closes all clinical sessions clearly in a client-centred manner.										
18	Demonstrates appropriate communication & therapeutic skills during all interactions including: • Observes, listens & responds to client/carer. • Uses appropriate vocabulary & syntax. • Uses appropriate intonation, volume & rate. • Uses appropriate modelling, expansions & recasting. Uses appropriate & varied prompts & cues.										
19	Provides appropriate verbal & non-verbal feedback & direction to client / carer / team member on performance during a clinical interaction.										
20	Continuously evaluates intervention efficacy & modifies intervention & discharge plans as required.										
End of Placement Totals											

Student speech and language therapist's action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)

- Learning Objectives.
- Learning resources that will help.
- Independent and self-directed practice to develop knowledge and skills.
- How student will demonstrate that sufficient learning has occurred in order to meet the competency.

Competency Number	SMART Goal for Development	Resources needed	Timeframe

Student speech and language therapist's action plan following the final evaluation (to be completed in consultation with the Practice Educator/s)

Competency Number	SMART Goal for Development	Resources	Timeframe

Summary Mid Placement

Do you have concerns about student competency development? Please tick below:

☐No concerns identified. The student is developing competency as expected for this stage of placement.

☐The student is showing some gaps in knowledge / skills or inconsistent response to feedback. Feedback has been provided to the student today and a date to review the student's action plan has been set. Specific opportunities to teach and develop competence have been identified in the coming weeks.

☐The student is showing considerable or alarming gaps in knowledge, competence, or professionalism despite regular feedback from. The College should be notified in addition to providing specific feedback to the student (clinicalspeech_PEC@tcd.ie)

Summary Final Marking

Note for TCD students: 2nd year (Senior Fresh) students must be **rated on a total of 10 clinical competencies.** Case based clinical discussions should be used to assess competencies if opportunities for direct observation have not arisen in clinical work. Competencies rated in this manner should be indicated in the comments section.

In order to pass this placement, 7 or more competencies must fall within the evident/plus range. Additionally, all 10 professional conduct competencies (page 2) must be evident to pass. Please use the Performance indicators Document as a guide for what is expected at the novice level.

As of 2025, all clinical placements will be graded as Pass / Fail – no percentage grade will be attributed to the competency ratings.

Area	Number of competencies not evident or emerging	Number of competencies evident	Number at plus level
Clinical assessment and planning (competencies 1-10)			
Intervention (competencies 11-20)			
Total			

PE name and signature(S) and CORU registration number	
Student name and signature:	
Date of final placement evaluation	
Comments	

After the end placement evaluation, provide the student with a copy of this form & then return via email to clinicalspeech_PEC@tcd.ie.

Level 2: Transition Clinician (3rd years) Student Professional Conduct & Clinical Competency Evaluation Form

Student Name	
Practice Educator Name/s (Please indicate key Practice Educator if more than one)	
Clinic Type and Location	
Placement Dates	From To
Number of Days completed	at mid placement review: at end of placement:
Caseload (please circle / highlight): 0-5 Years 6-18 Years Adult Older people	
Please indicate main client group:	

General Guidelines for Completing the Form

Note for TCD students: 3rd year (Junior Sophistor) students must be **rated on a total of 15 clinical competencies.** Case based clinical discussions should be used to assess competencies if opportunities for direct observation have not arisen in clinical work. Competencies rated in this manner should be indicated in the comments section.

In order to pass this placement, 12 or more competencies must fall within the evident/plus range. Please use the Performance indicators Document as a guide for what is expected at Transition level. Additionally all 10 professional conduct competencies (page 2) must be evident to pass.

As of 2025, all clinical placements will be **graded as Pass / Fail** – no percentage grade will be attributed to the competency ratings.

Transition level student speech and language therapists will require **guidance and feedback from the Practice Educator/s in all aspects of clinical work** and are expected to

- Recognise patterns in clinical presentations and solve routine clinical problems.
- Carry out routine clinical tasks effectively following clinical guidelines and procedures
- Demonstrate proficiency in the administration of routine assessments and intervention techniques
- Manage their work seeking guidance when required.

Developing competencies covering all areas of clinical practice including feeding, eating, drinking and swallowing impairments (FEDS) should be evaluated using this form. The SCCE form should be completed by the student speech and language therapists and Practice Educators prior to the mid and end of placement meetings. The mid and end of placement evaluations provide developmental feedback for student speech and language therapists. Student speech and language therapists should use mid and end of placement feedback to **set learning objectives and complete future learning plans**.

Professional Conduct

It is expected that student speech and language therapists are aware of and act in accordance with the Code of Professional Conduct and Ethics (CORU) and the IASLT Code of Ethics and demonstrate professional conduct throughout all practice placements. Professional conduct is reviewed informally throughout the placement with formative feedback provided as needed. Behaviours causing significant concern should be discussed with the student as soon as possible and noted on the professional conduct form. Specific behaviour changes needed should be agreed between the student and Practice Educator, noted on the action plan by the student and signed by both. Conduct should be formally reviewed using the Professional Conduct Format the mid and end of placement meetings by the key Practice Educator (PE) in collaboration with supporting educators, using the form below. Practice Educators are encouraged to discuss any concerns regarding professional conduct with the Practice Tutor, Regional Placement Facilitator or Practice Education Coordinator to ensure sufficient support for both the educator and student. Persistent breach of professional conduct requires prompt consultation with the university and may result in placement termination and a fail grade.

Professional Conduct		**Mid placement**		**End of placement**	
		√	**X**	**√**	**X**
11.	Behaves with honesty and integrity before, during and after practice placements in all placement-related matters.				
12.	Demonstrates respect for the rights and dignity of all through professional communication with clients, families and relevant professions.				
13.	Carries out duties in a professional and ethical manner complying with professional codes of conduct and ethics.				
14.	Manages health and well-being to ensure both performance and judgement are appropriate for practice.				
15.	Demonstrates respect for the supervisory process by seeking and responding to feedback.				
16.	Engages in reflection and reflective practice; critically self-appraising and working to develop own professional competencies.				
17.	Demonstrates effective time management i.e. meeting deadlines and punctuality				
18.	Adheres to all legislation related to data protection, confidentiality and informed consent				
19.	Adheres to placement provider's policies, procedures, protocols and guidelines in areas such as health and safety, infection control, record keeping, risk management, etc.				
20.	Presents an appropriate personal appearance conforming and adhering to all practice placement policies regarding dress code, jewellery and cosmetics.				
	Practice Educator Name **Initials/Date**				
	Student Name **Initials/Date**				

Please document behaviour/s causing concern and the actions taken / to be taken by Practice Educator and student

Date	Description of the behaviour/s and actions taken / feedback by the Practice Educator. (Please indicate if the HEI has been contacted)	Student Speech and Language Therapist Action Plan	Signatures Practice Educator / Student Speech and Language Therapist	Outcome

Comments

Clinical assessment and planning for communication and feeding, eating, drinking and swallowing disorders

Rating	Descriptor
Not Rated	The skill or knowledge has not been demonstrated yet as no opportunity has arisen.
Not Evident	The skill or knowledge was not demonstrated despite learning opportunities, supervision and support being provided.
Emerging	The student speech and language therapist **has not consistently demonstrated** acceptable levels of clinical knowledge or skills expected of a novice.
Transition	Transition level student SLTs will require guidance and feedback from the Practice Educator in all aspects of clinical work and are expected to • Recognise patterns in clinical presentations and solve routine clinical problems. • Carry out routine clinical tasks effectively following clinical guidelines and procedures • Demonstrate proficiency in the administration of routine assessments and intervention techniques • Manage their work seeking guidance when required.
Transition Plus	The student speech and language therapist at this level has demonstrated clinical knowledge and skills in this area that would be expected of a higher level.

*rate on a **total** of 15 clinical competencies across pages 4-6 *

Key: NR- Not Rated; N/E- Not Evident; Em- Emerging ; Evident (Tran) – evident at transition level as per performance indicators ; T+ Transition Plus (beyond transition level)

	Competency	**Mid Placement**					**End of Placement**				
		N/R	N/E	Em	Evident (Tran)	T+	N/R	N/E	Em	Evident (Tran)	T+
1	Collects and collates relevant client-related information systematically from case history, interviews and health records.										
2	Applies theory to practice in the selection of formal & informal assessment procedures & tools appropriate to clients' needs, abilities & cultural background.										
3	Administers, records and scores a range of assessments accurately.										
4	Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.										
5	Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.										
6	Makes appropriate recommendations for management based on a holistic client profile.										
7	Demonstrates understanding of indicators / procedures for onward referral.										
8	Reports assessment findings orally in an appropriate professional manner to client / carer and team members.										
9	Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.										
10	Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision making & informed consent.										
End of Placement Totals											

Student speech and language therapist's action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)

- Learning Objectives.
- Learning resources that will help.
- Independent and self-directed practice to develop knowledge and skills.
- How student will demonstrate that sufficient learning has occurred in order to meet the competency.

Competency Number	SMART Goal for Development	Resources needed	Timeframe

Student speech and language therapist's action plan following the final evaluation (to be completed in consultation with the Practice Educator/s)

Competency Number	SMART Goal for Development	Resources	Timeframe

Intervention for communication and feeding, eating, drinking and swallowing disorders

*rate on a **total** of 10 clinical competencies across pages 4-6 *

Key: NR- Not Rated; N/E- Not Evident; Em- Emerging ; Evident (Tran) – evident at transition level as per performance indicators ; T+ Transition Plus (beyond transition level)

	Competency	Mid Placement					**End of Placement**				
		N/R	N/E	Em	Evident (Tran)	T+	N/R	N/E	Em	Evident (Tran)	T+
11	Demonstrates the ability to consult & collaborate with clients / carers when developing management plans.										
12	Determines care pathway for clients based on client needs, service resources & the professional evidence base.										
13	Recognizes the roles of other team members & consults & collaborates appropriately to develop & implement client management plans.										
14	Writes holistic management plans incorporating short & long term goals in session, episode & discharge plans.										
15	Maintains precise & concise therapy records, carries out administrative tasks & maintains service records.										
16	Implements therapy using theoretically grounded, evidence based techniques & resources.										
17	Introduces, presents & closes all clinical sessions clearly in a client-centred manner.										
18	Demonstrates appropriate communication & therapeutic skills during all interactions including: • Observes, listens & responds to client/carer. • Uses appropriate vocabulary & syntax. • Uses appropriate intonation, volume & rate. • Uses appropriate modelling, expansions & recasting. Uses appropriate & varied prompts & cues.										
19	Provides appropriate verbal & non-verbal feedback & direction to client / carer / team member on performance during a clinical interaction.										
20	Continuously evaluates intervention efficacy & modifies intervention & discharge plans as required.										
End of Placement Totals											

Student speech and language therapist's action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)

- Learning Objectives.
- Learning resources that will help.
- Independent and self-directed practice to develop knowledge and skills.
- How student will demonstrate that sufficient learning has occurred in order to meet the competency.

Competency Number	SMART Goal for Development	Resources	Timeframe

Student speech and language therapist's action plan following the final evaluation (to be completed in consultation with the Practice educator /s)

Competency Number	SMART Goal for Development	Resources	Timeframe

Summary Mid Placement

Do you have concerns about student competency development? Please tick below:

☐No concerns identified. The student is developing competency as expected for this stage of placement.

☐The student is showing some gaps in knowledge / skills or inconsistent response to feedback. Feedback has been provided to the student today and a date to review the student's action plan has been set. Specific opportunities to teach and develop competence have been identified in the coming weeks.

☐The student is showing considerable or alarming gaps in knowledge, competence, or professionalism despite regular feedback from. The College should be notified in addition to providing specific feedback to the student (clinicalspeech_PEC@tcd.ie)

Summary Final Marking

Note for TCD students: 3rd year (Junior Sophistor) students must be **rated on a total of 15 clinical competencies.** Case based clinical discussions should be used to assess competencies if opportunities for direct observation have not arisen in clinical work. Competencies rated in this manner should be indicated in the comments section.

In order to pass this placement, 12 or more competencies must fall within the evident/plus range. Additionally all 10 professional conduct competencies (page 2) must be evident to pass. Please use the Performance indicators Document as a guide for what is expected at the novice level.

As of 2025, all clinical placements will be **graded as Pass / Fail** – no percentage grade will be attributed to the competency ratings.

Area	**Number of competencies not evident or emerging**	**Number of competencies evident**	**Number at plus level**
Clinical assessment and planning (competencies 1-10)			
Intervention (competencies 11-20)			
Total			

PE name and signature(S) and CORU registration number	
Student name and signature:	
Date of final placement evaluation	
Comments	

After the end placement evaluation, provide the student with a copy of this form & then return via email to clinicalspeech_PEC@tcd.ie.

Level 3: Entry (4th years) Student Professional Conduct & Clinical Competency Evaluation Form

Student Name	
Practice Educator Name/s (Please indicate key Practice Educator if more than one)	
Clinic Type and Location	
Placement Dates	From To
Number of Days completed	at mid placement review: at end of placement:
Caseload (please circle / highlight): 0-5 Years 6-18 Years Adult Older people	
Please indicate main client group:	

General Guidelines for Completing the Form

Note for TCD students: 4th year (Senior Sophister) students must be **rated on all 20 competencies.** Case based clinical discussions should be used to assess competencies if opportunities for direct observation have not arisen in clinical work. Competencies rated in this manner should be indicated in the comments section. **In order to pass the placement at 4th year, 16 or more competencies must fall within the evident/plus range.** Please use the Performance indicators Document as a guide for what is expected at the Entry level. Additionally all 10 professional conduct competencies (page 2) must be evident to pass.

As of 2025, all clinical placements will be **graded as Pass / Fail** – no percentage grade will be attributed to the competency ratings.

Entry level student speech and language therapists will require **active consultation and collaboration** with the Practice Educators in all aspects of clinical work and are expected to;

- Perceive clients, clinical situations and service policies holistically.
- Carry out routine clinical tasks efficiently and effectively following clinical guidelines and procedures
- Manage their work in an accurate and efficient manner.
- Recognise the need for and actively seek consultation when required.

Developing competencies covering all areas of clinical practice including feeding, eating, drinking and swallowing impairments (FEDS) should be evaluated using this form. The SCCE form should be completed by the student speech and language therapists and Practice Educators prior to the mid and end of placement meetings. The mid and end of placement evaluations provide developmental feedback for student speech and language therapists. Student speech and language therapists should use mid and end of placement feedback to **set learning objectives and complete future learning plans**.

Professional Conduct

It is expected that student speech and language therapists are aware of and act in accordance with the Code of Professional Conduct and Ethics (CORU) and the IASLT Code of Ethics and demonstrate professional conduct throughout all practice placements. Professional conduct is reviewed informally throughout the placement with formative feedback provided as needed. Behaviours causing significant concern should be discussed with the student as soon as possible and noted on the professional conduct form. Specific behaviour changes needed should be agreed between the student and Practice Educator, noted on the action plan by the student and signed by both. Conduct should be formally reviewed using the Professional Conduct Format the mid and end of placement meetings by the key Practice Educator (PE) in collaboration with supporting educators, using the form below. Practice Educators are encouraged to discuss any concerns regarding professional conduct with the Practice Tutor, Regional Placement Facilitator or Practice Education Coordinator to ensure sufficient support for both the educator and student. Persistent breach of professional conduct requires prompt consultation with the university and may result in placement termination and a fail grade.

Professional Conduct		**Mid placement**		**End of placement**	
		√	**X**	**√**	**X**
21.	Behaves with honesty and integrity before, during and after practice placements in all placement-related matters.				
22.	Demonstrates respect for the rights and dignity of all through professional communication with clients, families and relevant professions.				
23.	Carries out duties in a professional and ethical manner complying with professional codes of conduct and ethics.				
24.	Manages health and well-being to ensure both performance and judgement are appropriate for practice.				
25.	Demonstrates respect for the supervisory process by seeking and responding to feedback.				
26.	Engages in reflection and reflective practice; critically self-appraising and working to develop own professional competencies.				
27.	Demonstrates effective time management i.e. meeting deadlines and punctuality				
28.	Adheres to all legislation related to data protection, confidentiality and informed consent				
29.	Adheres to placement provider's policies, procedures, protocols and guidelines in areas such as health and safety, infection control, record keeping, risk management, etc.				
30.	Presents an appropriate personal appearance conforming and adhering to all practice placement policies regarding dress code, jewellery and cosmetics.				
	Practice Educator Name **Initials/Date**				
	Student Name **Initials/Date**				

Please document behaviour causing concern and the actions taken / to be taken by Practice Educator and student

Description of the behaviour/s and actions taken / feedback by the Practice Educator. (Please indicate if the HEI has been contacted)	Student Speech and Language Therapist Action Plan	Outcome

Comments

Clinical assessment and planning for communication and feeding, eating, drinking and swallowing disorders

Rating	Descriptor
Not Rated	The skill or knowledge has not been demonstrated yet as no opportunity has arisen. Please mark 'N/R' where applicable or leave blank.
Not Evident	The skill or knowledge was not demonstrated despite learning opportunities, supervision and support being provided.
Emerging	The student speech and language therapist **has not consistently demonstrated** acceptable levels of clinical knowledge or skills expected of a novice.
Entry Level	Entry level student speech and language therapists will require active consultation and collaboration with the Practice Educators in all aspects of clinical work and are expected to; • Perceive clients, clinical situations and service policies holistically. • Carry out routine clinical tasks efficiently and effectively following clinical guidelines and procedures • Manage their work in an accurate and efficient manner. • Recognise the need for and actively seek consultation when required
Entry Plus	The student speech and language therapist at this level has demonstrated clinical knowledge and skills in this area that would be expected of a higher level.

*rate on a **all 20** clinical competencies across pages 4-6 *

Key: NR- Not Rated; N/E- Not Evident; Em- Emerging ; Evident (Entry) – evident at Entry level as per performance indicators ; Entry+ - Entry Plus (beyond Entry level)

	Competency	**Mid Placement**					**End of Placement**				
		N/R	N/E	Em	Evident (Entry)	Entry +	N/R	N/E	Em	Evident (Entry)	Entry+
1	Collects and collates relevant client-related information systematically from case history, interviews and health records.										
2	Applies theory to practice in the selection of formal & informal assessment procedures & tools appropriate to clients' needs, abilities & cultural background.										
3	Administers, records and scores a range of assessments accurately.										
4	Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.										
5	Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.										
6	Makes appropriate recommendations for management based on a holistic client profile.										
7	Demonstrates understanding of indicators / procedures for onward referral.										
8	Reports assessment findings orally in an appropriate professional manner to client / carer and team members.										
9	Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.										
10	Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision making & informed consent.										
End of Placement Totals											

Student speech and language therapist's action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)

- Learning Objectives.
- Learning resources that will help.
- Independent and self-directed practice to develop knowledge and skills.
- How student will demonstrate that sufficient learning has occurred in order to meet the competency.

Competency Number	SMART Goal for Development	Resources needed	Timeframe

Student speech and language therapist's action plan following the final evaluation (to be completed in consultation with the Practice Educator/s)

Competency Number	SMART Goal for Development	Resources	Timeframe

Intervention for communication and feeding, eating, drinking and swallowing disorders

*rate on a **all 20** clinical competencies across pages 4-6 *

Key: NR- Not Rated; N/E- Not Evident; Em- Emerging ; Evident (Entry) – evident at Entry level as per performance indicators ; Entry+ - Entry Plus (beyond Entry level)

	Competency	Mid Placement					**End of Placement**				
		N/R	N/E	Em	Evident (Entry)	Entry +	N/R	N/E	Em	Evident (Entry)	Entry+
11	Demonstrates the ability to consult & collaborate with clients / carers when developing management plans.										
12	Determines care pathway for clients based on client needs, service resources & the professional evidence base.										
13	Recognizes the roles of other team members & consults & collaborates appropriately to develop & implement client management plans.										
14	Writes holistic management plans incorporating short & long term goals in session, episode & discharge plans.										
15	Maintains precise & concise therapy records, carries out administrative tasks & maintains service records.										
16	Implements therapy using theoretically grounded, evidence based techniques & resources.										
17	Introduces, presents & closes all clinical sessions clearly in a client-centred manner.										
18	Demonstrates appropriate communication & therapeutic skills during all interactions including: • Observes, listens & responds to client/carer. • Uses appropriate vocabulary & syntax. • Uses appropriate intonation, volume & rate. • Uses appropriate modelling, expansions & recasting. Uses appropriate & varied prompts & cues.										
19	Provides appropriate verbal & non-verbal feedback & direction to client / carer / team member on performance during a clinical interaction.										
20	Continuously evaluates intervention efficacy & modifies intervention & discharge plans as required.										
End of Placement Totals											

Student speech and language therapist's action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)

- Learning Objectives.
- Learning resources that will help.
- Independent and self-directed practice to develop knowledge and skills.
- How student will demonstrate that sufficient learning has occurred in order to meet the competency.

Competency Number	SMART Goal for Development	Resources needed	Timeframe

Student speech and language therapist's action plan following the final evaluation (to be completed in consultation with the Practice Educator/s)

Competency Number	SMART Goal for Development	Resources	Timeframe

Summary Mid Placement

Do you have concerns about student competency development? Please tick below:

☐No concerns identified. The student is developing competency as expected for this stage of placement.

☐The student is showing some gaps in knowledge / skills or inconsistent response to feedback. Feedback has been provided to the student today and a date to review the student's action plan has been set. Specific opportunities to teach and develop competence have been identified in the coming weeks.

☐The student is showing considerable or alarming gaps in knowledge, competence, or professionalism despite regular feedback from. The College should be notified in addition to providing specific feedback to the student (clinicalspeech_PEC@tcd.ie)

Summary Final Marking

Note for TCD students: 4th year (Senior Sophister) students must be **rated on all 20 competencies.** Case based clinical discussions should be used to assess competencies if opportunities for direct observation have not arisen in clinical work. Competencies rated in this manner should be indicated in the comments section. **In order to pass the placement at 4th year, 16 or more competencies must fall within the evident/plus range.** Please use the Performance indicators Document as a guide for what is expected at the Entry level. Additionally all 10 professional conduct competencies (page 2) must be evident to pass.

As of 2025, all clinical placements will be **graded as Pass / Fail** – no percentage grade will be attributed to the competency ratings.

Area	**Number of competencies not evident or emerging**	**Number of competencies evident**	**Number at plus level**
Clinical assessment and planning (competencies 1-10)			
Intervention (competencies 11-20)			
Total			

PE name and signature(S) and CORU registration number	
Student name and signature:	
Date of final placement evaluation	
Comments	

After the end placement evaluation, provide the student with a copy of this form & then return via email to clinicalspeech_PEC@tcd.ie.

Appendix F: Clinical exam form for 3rd year (JS) students

Practice Education Clinical Examination Form: 3rd years

Student Name	
Placement Site	
Practice Educator	
Co-Examiner	
Date of exam	

The **Seen Exam** takes place from **day 8+** of the third-year PE2 placement.

- **Brief:** Student will be observed working with a seen client—ideally someone the student has already worked with on placement, or if not possible a client from the same client group with a very similar presentation to a previously seen client.
- **Examiners:** Practice Educator acts as lead examiner with a colleague acting as co-examiner.
- **Notice of client / client group:** Provided two weeks before exam
- **Session plan:** Student submits one working day in advance by close of business.
- **Marking:** Provisionally rate the student's clinical competencies on p.4 using the Performance Indicators. **Students are rated on 10 competencies only for the clinical exam.** Rating of competencies and the final grade for the exam is moderated by Practice Education team following the exam.
- A space for notes is provided on p.5

Note on AI Use: Orange use permitted - students are permitted to use AI to support development of session plan and resources. Students must reference AI use and ensure no confidential patient data is entered to Gen AI. Students must include any AI use in reference list in line with School referencing guidelines.

1. **File Review:** Clinical file and session plan are reviewed (before or after exam)
2. **Student presentation:** Student gives a brief oral summary (< 5 mins) of the client e.g. relevant history, diagnosis, previous assessment/therapy.
3. **Clinical Session:** Student is observed working with the client by both examiners, either together or in turn
4. **Self-Reflection:** Student self-reflects on performance (approx. 30 minutes)
5. **VIVA** approx. 20 minutes. Sample questions are provided overleaf

Viva Sample Questions

Note: this is not an exhaustive list.

Questions can vary depending on the context and client group.

General sample questions:

- Can you tell me three things that worked well and one thing you'd change?
- Looking at your session plan, how would you evaluate the session?
- What approach did you take and what is the theory behind it?
- Why did you decide to do that task with the client?
- What's the long-term plan for this client?
- How do you think X impacted on today's session? (e.g., hearing impairment, bilingualism, mobility, sensory impairment etc.)

Sample questions based on a specific competency:

- Is there any other background information you would like to obtain? (competency 1)
- What other assessments could you have used? (competency no. 2)
- What does X score on the assessment mean? (competency no.4)
- Describe how you kept the client at the centre of your management? (competency no. 11)
- Do you think you need to liaise with any other professionals? (competency no. 13)
- Can you evaluate your own communication and therapeutic skills during the session? (competency no. 18)
- How would you modify your goals for the next session? (competency no. 20)

Other possible questions you think may be useful:

_____

_____

_____

_____

_____

_____

_____

Marking

To pass, 7 of the 10 competencies listed below must be evident. Examiners should use the Performance Indictors when rating competencies.

A member of the Practice Education team will discuss marks with the lead examiner following exam completion for moderation purposes (arranged locally).

Marking Key:

- → Plus: Indicates a student is performing well above the expected standard for a third year student in the given area and should be reserved for exceptional students.
- → Evident: As per Performance Indicators, student is performing at Transition level as expected
- → Emerging: As per Performance Indicators, student is performing below expected level, (more akin to 'novice')
- → Not Evident: No evidence of ability to achieve this competency.

National Student Clinical Competency	Not Evident	Emerging	Evident	Plus
Collects and collates relevant client-related information systematically from case history, interviews and health records.				
Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent.				
Determines care pathways for clients based on client needs, service resources and the professional evidence base.				
Recognises the roles of other team members and consults and collaborates appropriately to develop and implement client management plans.				
Writes holistic management plans incorporating short and long-term goals in session, episode and discharge plans.				
Maintains precise and concise therapy records, carries out administrative tasks and maintains service records.				
Conducts session and / or Implements therapy using theoretically grounded, evidence based techniques and resources.				
Introduces, presents and closes all clinical sessions clearly in a client centred way.				
Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observing, listening and responding to client/carer o Using appropriate vocabulary and syntax o Using appropriate intonation, volume and rate o Using appropriate modelling, expansions and recasting o Using appropriate and varied prompts and cues.				
Provides appropriate verbal and non-verbal feedback and direction to client/carer/team member on performance during a clinical interaction.				
Totals:				

Practice Education Marking Scheme: Clinical Exam & Viva

Grade Band	F2 (< 30%)	F1 (30-39%)	III (40-49%)	2.2 (50-59%)	2.1 (60-69%)	1.1 (70%+)
Description of Grade	6 or less competencies are evident		7 competencies are evident. Grade is allocated based on number at plus level.	8-10 competencies are evident. Grade is allocated based on number at plus level.	9-10 competencies are evident with a minimum of 3 competencies at plus level.	All 10 competencies are evident, with a minimum of 6 competencies at plus level.
Proportion of competencies	4 or less evident	5-6 evident	No competencies plus, 1+ at plus level	None plus, 1 plus, 2 plus	3 plus, 4 plus, 5 plus	6 plus, 7 plus, 8 plus, 9+ plus
Grade % allocated following moderation	25%	35%	43%, 47%	53%, 55%, 57%	63%, 65%, 67%	75%, 77%, 85%, 87%

Space for Notes (For Examiners' use only)

NB: Please return this form within one week of exam completion to clinicalspeech_PEC@tcd.ie

Appendix G: Clinical exam form for 4th year (SS) students

'Unseen' Clinical Examination Booklet for 4th years

Student Name	
Placement Site	
Practice Educator Name and Title	
Co-Examiner Name and Title	
Date of trial exam	
Date of final exam	

- **When & Who**
  - Takes place **after ≥ 16 on-site days**.
  - Student completes an **informal assessment** with an '**unseen' client.** Please note formal assessment is not permitted.
  - Assessed by two people: the **Practice Educator + a Practice Tutor / Regional Placement Facilitator / Academic staff member**.
- **Preparation**
  - Tentative date set at beginning of placement for trial exam and actual exam dates. Arranged by Practice Educator (PE) in conjunction with assigned external examiner
  - **1 week beforehand**: student completes a **trial exam** and receives formative feedback. Only Practice Educator assesses and gives feedback for the trial exam. This booklet may also be used for the trial exam.
  - Background information (using template – appendix A) provided **2 working days in advance of exam.** Co-examiner is also provided with background information via email.
- **Exam Day Timeline**
  - The student emails their session plan to both examiners **by 12 p.m. the day before** the exam.
  - Student is not permitted to view client file before session (*for acute settings- PE to review file to ensure client is still suitable for session).
  - **Clinical session** (observed; **≥ 45 mins**, length adjusted to client group).
  - **Self-reflection** (45 mins to write, then 15 mins for examiners to review while student takes a short break).

- **Viva voce** (max 30 min, approx. 3-4 questions per examiner).

- **Expectations**
  - The student is required to complete an informal assessment to ascertain a holistic picture of the client's strengths and needs and arrive to a diagnostic hypothesis. The student is not expected to complete a comprehensive assessment of all aspects of language and swallowing.
  - The student is not required to come to a final decision regarding diagnostic hypothesis or care pathway within the session. This is communicated to the examiners via the written report and the subsequent Viva. Regardless, the student should collaborate meaningfully with the client/carer when gathering information to inform the recommended care pathway
- **Marking**
  - Practice Educator and external examiner jointly mark the exam directly after the viva voce, using the rubric in the exam booklet. The exam mark is independent of the overall placement competency evaluation.
  - The completed exam booklet is emailed to clinicalspeech_PEC@tcd.ie **within two working days of exam completion**
  - Students are rated on **15 competencies in the exam.** Questions in the Viva will assist with rating competencies that may not be observed in the clinical session.
  - Final grade allocation rests with College, however examiners can provide student with general feedback after the exam (e.g. areas of strength, improvement). See feedback template in Appendix B.

Note on AI Use: 'Orange' Use permitted. Gen AI is permitted in the development of session plan / materials. No confidential or identifying patient data to be entered to GenAI platform in line with GDPR. Students must include any AI use in reference list in line with School referencing guidelines.

Appendices that follow:

A) Background Information Template
B) Feedback template
C) Self-reflective report template
D) Example VIVA questions
E) Record of VIVA questions
F) Unseen exam competencies
G) Practice Education Marking Scheme: Clinical Exam & Viva

Appendix A: Background Information Template - for trial and actual clinical exam

Information provided to student in advance (and shared with co-examiner) *Examples may include referral note, details of last assessment, medical history, MDT input, etc One page maximum.*
Referral Reason: Medical History: Social History: Educational / Occupational History: Previous SLT Input: May be accompanied by:
Date information provided:
Examiner:

Appendix B: Feedback Template – for trial and actual clinical exam

Key Feedback on Session Plan (2-3 points)
Key Feedback on Session (2-3 points)
Key Feedback on Student Self-Reflective Report (2-3 points)
Student's Learning Plan Based on Feedback Received (to be completed after exam independently)
Date :
Practice Educator/Examiner:
Student:

Appendix C: Self-Reflective Report Template (completed and submitted for review prior to VIVA)

What went well?	
What would you change?	
Outline your key assessment findings	
What is your diagnostic hypothesis? Why?	
What care pathway, service, and/or onward referral would you recommend?	
Identify 3 long term goals for the client	

Identify 3 short term goals for the client	
What techniques and/or resources would you use to help you achieve those goals?	
What is the supporting evidence for your clinical decision making?	
Any other relevant information	

Appendix D: Example VIVA Questions

Viva **Sample Questions** ***Note: this is not an exhaustive list.*** ***Questions can vary depending on the context and client group.***
General sample questions:
• Please can you expand on your reflection on what went well / what you would change... • Looking at your session plan, how would you evaluate the session? • Was there anything unexpected in the session? How did you respond? • What approach did you take and what is the theory behind it? • Why did you decide to do / omit that task with the client? • What do you think would be an appropriate long-term plan for this client? • How do you think X impacted on today's session? (e.g., hearing impairment, bilingualism, mobility, sensory impairment etc.)
Sample questions based on a specific competency:
• Please provide your rationale for your diagnostic hypothesis (comp. 5) • What were some differential diagnoses you considered when interpreting your assessment data? Why did you rule these out? (comp. 5) • Is there any other background information you would like to obtain? (comp 1) • What other formal / informal assessment methods could you have used? (comp 2) • Describe how you kept the client at the centre of your management? (comp 11) • Do you think you need to liaise with any other professionals? (comp 13) • Can you evaluate your own communication and therapeutic skills during the session? (comp 18) • What intensity of intervention would you recommend for this client based on your goals and approach? Why? (comp 6)
Other possible questions you think may be useful:

Appendix E: Record of Viva

Question	Competency number	Student answer (summary)

Appendix F: Unseen Exam Competencies and Marking

- Rate the student on all 15 competencies listed overleaf.
- 12 competencies must be evident to pass. Examiners should use the Performance Indictors when rating competencies.

Marking Key:

- **Plus:** Indicates a student is performing well above the expected standard for a fourth year student in the given area and should be reserved for exceptional students, e.g. akin to experienced staff grade level performance.
- **Evident:** As per Performance Indicators, student is performing at expected level ('entry')
- **Emerging:** As per Performance Indicators, student is performing below expected level, (more akin to a third year student at 'transition')
- **Not Evident:** No or minimal evidence of ability to demonstrate this competency e.g. at or below novice level descriptor

Appendix F: Unseen Exam Competencies and Marking (Cont'd.)

National Student Clinical Competency	Not Evident	Emerging	Evident	Plus
Collects and collates relevant client-related information systematically from case history, interviews and health records.				
Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background.				
Administers, records and scores a range of assessments accurately.				
Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.				
Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.				
Makes appropriate recommendations for management based on a holistic client profile.				
Demonstrates understanding of the indicators and procedures for onward referral.				
Reports assessment findings orally in an appropriate professional manner to client/carer and team members.				
Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent.				
Demonstrates the ability to consult and collaborate with clients/carers when developing management plans.				
Determines care pathways for clients based on client needs, service resources and the professional evidence base.				
Writes holistic management plans incorporating short and long-term goals in session, episode and discharge plans.				
Introduces, presents and closes all clinical sessions clearly in a client centred way.				
Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observing, listening and responding to client/carer o Using appropriate vocabulary and syntax o Using appropriate intonation, volume and rate o Using appropriate modelling, expansions and recasting o Using appropriate and varied prompts and cues.				
Provides appropriate verbal and non-verbal feedback and direction to client/carer/team member on performance during a clinical interaction.				
Totals:				

Signed: _____ (*Practice Educator*) _____ *(2nd examiner/College Examiner)*

Return this form via clinicalspeech_PEC@Tcd.ie.

Appendix G: Practice Education Marking Scheme: Clinical Exam & Viva

Grade Band	F2 (< 30%)	F1 (30-39%)	III (40-49%)	2.2 (50-59%)	2.1 (60-69%)	1.1 (70%+)
Description of Grade	11 or less competencies are evident		12 competencies are evident with 3 emerging. Grade is allocated based on number at plus level.	13-15 competencies are evident with 0-2 emerging. Grade is allocated based on number at plus level.	14-15 competencies are evident. Grade is allocated based on number at plus level.	15 competencies are evident. Grade is allocated based on number at plus level.
Proportion of competencies	6 or less evident	7-11 evident	No competencies plus, 1+ at plus level	None plus, 1-2 plus, 3-4 plus	5 plus, 6 plus, 7 plus	8 plus, 9 plus, 10 plus, 11+ plus
Grade % allocated following moderation	**25%**	**35%**	**43%, 47%**	**53%, 55%, 57%**	**63%, 65%, 67%**	**75%, 77%, 85%, 87%**

Final grading sits with College. All grades are provisional until ratified by Court of Examiners in Trinity College

Appendix H: Sample Simulated Case Based Exercise rubric (in class assessment)

Writing Time: 1.5 hours

Instructions:

1. Read the background information below
2. Watch the video of the simulated case. The video will be played twice.
   Complete the **Case Report** after viewing the simulated case video and reviewing the background information.

Case Report

List two communicative strengths	
List two communicative challenges	
List two areas requiring further assessment, including your rationale for each	
Outline two assessment methods for the above, one informal and one formal	

State your working diagnostic hypothesis and rationale	
Identify 2 long term (one year) goals to support communication	a) b)
Identify an outcome measure to evaluate the progress of each of your long-term goals and include a rationale for each	Outcome measure for (a) Outcome measure for (b)
Identify 2 short term goals (e.g. 2-3 months) that link to your long-term goals	c) d)
Identify **two (2)** evidence-based techniques or resources that you will implement to	

achieve your long-term goals.	
Identify two members of the MDT you would work with. Include your rationale and examples for each	
What is your recommendation for treatment intensity, in line with best practice guidelines	

Appendix I: Daily certified hours form

Practice Education: Certified Daily Hours

Student name: **Year**: **Date of placement**:

Placement: ☐ Block☐ Weekly ☐ Other (specify): **Practice Educator**:

DCM = Direct client management (e.g., face to face assessment/intervention with client, phone contact with client, observation of practice educator and client while actively engaged in clinical activity, such as recording a language sample)

CRCA = Client related clinical activity (e.g., writing session plans for a specified client, creating resources for a specified client, attending MDT meeting)

Other = Activity not directly related to a specified client (e.g. observation, health promotion, communication skills training, information leaflet development)

Date	Client identifier*	Age 0-5 yrs / 6-12 yrs / 13-18 yrs / Adult	Focus of Session (including whether focus was on language, speech, stuttering, voice, AAC, FEDS, Literacy, Other)	No of DCM hours	No of CRCA hours	No of Other hours	Comments	PE Initials

N.B. Total combination of hours per day should equate to 6-7 hours

Total Hours:		
DCM	**CRCA**	**Other**

Signed: _____
(Practice Educator)

Signed: _____ **Date:** _____
(Student)

* **Client identifier:** This is an identifier only (i.e. initials, a number) to ensure that the person cannot be personally identified.

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Clinical Speech & Language Studies CSLS

Appendix J: Summary of certified hours form

Practice Education: Summary of Certified Hours

Student name: **Year**: **Date of placement**:

Placement: ☐ Block ☐ Weekly ☐ Other (specify): **Practice Educator**:

DCM = Direct client management (e.g., face to face assessment/intervention with client, phone contact with client, observation of practice educator and client while actively engaged in clinical activity, such as recording a language sample)

CRCA = Client related clinical activity (e.g., writing session plans for a specified client, creating resources for a specified client, attending MDT meeting)

Other = Activity not directly related to a specified client (e.g. observation, health promotion, communication skills training, information leaflet development)

	Clients: 0-5 yrs			Clients: 6-12 yrs			Clients: 13-18 yrs			Clients: Adults			
Therapy focus	**No of DCM hours**	**No of CRCA hours**	**No of Other hours**	**No of DCM hours**	**No of CRCA hours**	**No of Other hours**	**No of DCM hours**	**No of CRCA hours**	**No of Other hours**	**No of DCM hours**	**No of CRCA hours**	**No of Other hours**	**Comments**
Language													
Speech													
Stuttering													
Voice													
AAC													
FEDS													
Other*													
Total hours													

Signed:_____ **Date:**_____

(Practice Educator)

Signed: **Date:**

	DCM	CRCA	Other
Children: Total hours =			
Adults: Total hours =			

* For example, other work that relates to creating the conditions for effective communication, safe swallowing, etc.

Appendix L: PLENS Process

Disability Application Submission - A student applies for reasonable accommodations with the disAbility Service.

Needs Assessment & Support Level - An initial assessment to determine the level of support needed.

Level 1: PLENS Overview - For new entrants, encouraging discussions with academics and possibly returning to disAbility Service for more planning.

Level 2: Detailed Planning

Step 1: Detailed assessment and PLENS draft with Disability Officer.

Step 2: Collaborate with Placement Coordinator to finalise accommodations with all parties.

Accommodations Report & Start - Create and circulate PLENS report, ensuring GDPR compliance.

Feedback Loop - Continuous feedback on placement and PLENS, with possible adjustments.

Review & Conclusion - Review meetings leading to the conclusion of the placement.

Appendix M: Alignment of CORU Standards of Proficiency with the National Student Professional Conduct and Clinical Competency Evaluation Framework

CORU Standard of Proficiency	National Student Professional Conduct Competency / Clinical Competency
Domain 1: Professional autonomy and accountability	
1. Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession	Professional Conduct Competency No.: 3;8; 9 Clinical Competency No.: 9;
2. Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional	Professional Conduct Competency No.: 5; 6 Clinical Competency No.: 13
3. Be able to act in the best interest of service users at all times with due regard to their will and preference	Professional Conduct Competency No.: 2 Clinical Competency No: 1; 2; 5; 6; 10; 11; 12
4. Be aware of current guidelines and legislation relating to candour and disclosure	Professional Conduct Competency No.: 3; 8; 9
5. Respect and uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process	Professional Conduct Competency No.: 2 Clinical Competency No: 1; 2; 5; 6; 10; 11; 12
6. Be able to exercise a professional duty of care	Professional Conduct Competency No.: 3
7. Understand what is required of them by the Registration Board and be familiar with the provisions of the current Code of Professional Conduct and Ethics for the profession issued by the Registration Board	Professional Conduct Competency No.: 3
8. Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups	Professional Conduct Competency No.: 2 Clinical Competency: 2, 6
9. Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers	Professional Conduct Competency No.: 2; 8; 9
10. Understand and respect the confidentiality of service users and use information only for the purpose for which it was give	Professional Conduct Competency No.: 8
11. Understand confidentiality in the context of the team setting	Professional Conduct Competency No.: 8

12.Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse	Professional Conduct Competency No.:1; 8; 9
13. Be aware of current data protection, freedom of information and other legislation relevant to the profession and be able to access new and emerging legislation	Professional Conduct Competency No.: 3; 8; 9
14. Be able to recognise and manage the potential conflict that can arise between confidentiality and whistle-blowing	Professional Conduct Competency No.: 3; 8; 9
15. Be able to gain informed consent to carry out assessments or provide treatment/interventions and document evidence that consent has been obtained	Professional Conduct Competency No.: 2; 10
16.Be aware of current legislation and guidelines related to informed consent for individuals with lack of capacity	Professional Conduct Competency No.: 3; 8; 9
17.Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made	Professional Conduct Competency No.: 1; 5; 6
18. Be able to take responsibility for managing one's own workload as appropriate	Professional Conduct Competency No.: 4; 7
19.Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources	Professional Conduct Competency No: 3; 9 Clinical Competency: 5;6;7;10;11;12
20. Be aware of and be able to take responsibility for managing one's own health and wellbeing.	Professional Conduct Competency: 4
Domain 2: Communication, Collaborative Practice and Team Working	
1. Be able to communicate diagnosis/assessment and/or treatment/management options in a way that can be understood by the service user	Clinical Competency; 8; 10; 11; 18; 19
2. Be able to modify and adapt communication methods and styles, including verbal and non verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs	Clinical Competency: 19
3. Recognise service users as active participants in their health and social care and be able to support service users in communicating their health and/or social care needs, choices and concerns	Professional Conduct Competency: 2 Clinical Competency: 1; 10;11;12

4. Understand the need to empower service users to manage their well-being where possible and recognise the need to provide advice to the service user on self-treatment, where appropriate	Professional Conduct Competency: 2 Clinical Competency: 1; 10;11;12; 19
5. Be able to recognise when the services of a professional translator are required	Clinical Competency: 13
6. Be able to produce clear, concise, accurate and objective documentation	Clinical Competency: 9; 14; 15
7. Be able to apply digital literacy skills and communication technologies appropriate to the profession	Clinical Competency: 9; 14; 15; 16
8. Be able to use and maintain efficient information management systems	Clinical Competency: 9; 14; 15
9. Be aware of and comply with local/national documentation standards including, for example, terminology, signature requirements	Clinical Competency: 9; 14; 15
10. Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality	Professional Conduct Competency: 2 Clinical Competency: 7; 8; 10; 11; 13
11.Understand and be able to recognise the impact of effective leadership and management on practice	Professional Conduct Competency: 5; 6
12. Understand and be able to discuss the principles of effective conflict management	Professional Conduct Competency: 1; 2
13. Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users	Clinical Competency: 10, 11, 12, 13
14. Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team	Clinical Competency: 12, 13
15. Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team setting	Clinical Competency: 11, 12, 13
16. Understand the role of relationships with professional colleagues and other workers in service delivery and the need to create professional relationships based on mutual respect and trust	Clinical Competency: 11, 12, 13
Domain 3: Safety & Quality	

1. Be able to gather all appropriate background information relevant to the service user's health and social care needs	Clinical Competency: 1
2. Be able to justify the selection of and implement appropriate assessment techniques and be able to undertake and record a thorough, sensitive and detailed assessment	Clinical Competency: 1, 2, 3, 4, 5, 6
3. Be able to determine the appropriate tests/assessments required and undertake/arrange these tests	Clinical Competency: 1, 2, 3, 4, 5, 6
4. Be able to analyse and critically evaluate the information collected in the assessment process	Clinical competency: 4, 5, 6, 8
5. Be able to demonstrate sound logical reasoning and problem solving skills to determine appropriate problem lists, action plans and goals	Clinical competency: 4, 5, 6
6. Be able to demonstrate an evidence-informed approach to professional decision-making, adapting practice to the needs of the service user and draw on appropriate knowledge and skills in order to make professional judgment	Clinical competency: 4, 5
7. Be able to prioritise and maintain the safety of both service users and those involved in their care	Professional conduct competency: 1, 2, 9
8. Be able to evaluate intervention plans using appropriate tools and recognised performance/ outcome measures along with service user responses to the interventions. Revise the plans as necessary and where appropriate, in conjunction with the service user	Clinical competency: 20
9. Understand the need to monitor, evaluate and/or the quality of practice and be able to critically evaluate one's own practice against evidence-based standards and implement improvements based on the findings of these audits and review	Clinical competency: 20
10. Be able to recognise important risk factors and implement risk management strategies; be able to make reasoned decisions and/or provide guidance to others to initiate, continue, modify or cease interventions, techniques or courses of action and record decisions and concerns	Clinical competency: 11, 20
11. Understand the principles of quality assurance and quality improvement	Professional Conduct Competency: 4, 9
12. Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any	Professional Conduct Competency: 4, 9

identified risk, adverse events or near misses in line with current legislation/guidelines	
13. Be able to comply with relevant and current health and safety legislation and guidelines	Professional Conduct Competency: 3, 4, 8, 9, 10
14. Be able to establish safe environments for practice which minimises risks to service users, those treating them and others, including the use of infection prevention and control strategies.	Professional Conduct Competency: 3, 4, 8, 9, 10
Domain 4: Professional Development	
1. Be able to engage in and take responsibility for professional development	Professional Conduct Competency: 5, 6
2. Understand the need to demonstrate evidence of ongoing continuing professional development and education, be aware of professional regulation requirements and understand the benefits of continuing professional development to professional practice	Professional Conduct Competency: 3, 5, 6
3. Be able to evaluate and reflect critically on own professional practice to identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice	Professional Conduct Competency: 3, 5, 6
4. Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately	Professional Conduct Competency: 6
5. Understand the importance of and be able to seek professional development, supervision, feedback and peer review opportunities in order to continuously improve practice	Professional Conduct Competency: 5, 6
6. Understand the importance of participation in performance management activities for effective service delivery.	Professional Conduct Competency: 5, 6
Domain 5: Professional Knowledge and Skills	
1. Know, understand and apply the key concepts of the domains of knowledge which are relevant to the profession	Clinical Competency: 2, 4, 5, 12, 16

2. Demonstrate a critical understanding of relevant biological, biomedical and medical sciences, human development, social and behavioural sciences and other related sciences, together with a knowledge of health and wellbeing, disease, disorder and dysfunction	Clinical Competency: 2, 4, 5, 12, 16
3. Demonstrate an understanding of developmental and acquired disorders as relevant to the development and maintenance of speech, language, communication and swallowing	Clinical Competency: 2, 4, 5, 12, 16
4. Know and understand the principles and applications of scientific enquiry, including the evaluation of treatment/intervention efficacy, the research process and evidence-informed practice	Clinical Competency: 2, 4, 5, 12, 16; 20
5. Demonstrate skills in evidence-informed practice, including translation of theory, concepts and methods to clinical/professional practice	Clinical Competency: 2, 4, 5, 12, 16
6. Be able to identify and understand the impact of organisational, community and societal structures, systems and culture on health and social care provision	Professional Conduct Competency: 2, 9
7. Be able to identify and understand the impact of organisational, community and societal structures, systems and culture on the practice of speech and language therapy including its application to educational, health and workplace settings and within multi-cultural societies	Professional Conduct Competency: 2, 9
8. Demonstrate safe and effective implementation of practical, technical and clinical skills	Professional Conduct Competency: 1, 3, 8, 9
9. Demonstrate ability to participate in or lead clinical, academic or practice-based research	Professional Conduct Competency: 6
10. Know the basic principles of effective teaching and learning, mentoring and supervision	Professional Conduct Competency: 5,6 Clinical Competency: 2, 4, 5, 12, 16
11. Demonstrate an understanding of therapeutic contexts, models and processes, relevant to the practice of speech and language therapy	Clinical Competency: 2, 4, 5, 12, 16
12. Demonstrate an understanding of the critical importance of effective communication skills for all aspects of participation in society and for an individual's quality of life	Professional Conduct Competency: 2 Clinical Competency: 1, 8, 10, 11, 18, 19

13. Demonstrate an understanding of and be able to evaluate the potential impact of communication impairment on self-fulfilment and autonomy for a service user	Clinical Competency: 1
14. Demonstrate an understanding of the fundamental role eating, drinking, and swallowing can play in social participation and the potential impact experiencing these impairments may have on health, quality of life and wellbeing	Clinical Competency: 1
15. Demonstrate an understanding of linguistics, including phonetics, language acquisition, sociolinguistics and all levels of normal speech and language processing and be able to apply this to practice	Clinical Competency: 2, 4, 5, 12, 16
16. Demonstrate an understanding of relevant domains of psychology, as relevant to lifespan development, normal and impaired communication, psychological and social wellbeing	Clinical Competency: 2, 4, 5, 12, 16
17. Demonstrate an understanding of educational philosophy and practice and the relationship between language and literacy and be able to apply this to practice	Clinical Competency: 2, 4, 5, 12, 16
18. Demonstrate an understanding of the current issues and trends in Irish education, social, health and international public policy developments that influence speech and language therapy practice in Ireland	Clinical Competency: 2, 4, 5, 12, 16
19. Be able to advocate on behalf of persons with speech, language, communication and swallowing impairments to maximise participation in all aspects of society	Professional Competency: 1, 2
20. Be able to assess and manage paediatric and adult service users experiencing difficulties with speech, language, communication and/or swallowing	Clinical Competency: 1, 2, 3, 4, 5, 6, 7, 8, 10
21. Be able to communicate in English to the standard equivalent to level 8.0 of the International English Language Testing System, with no element below 7.5.	Professional Competency: 2 Clinical Competency: 18

Appendix N: TCD Fitness to Practice Policy

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Department of Clinical Speech and Language Studies
School of Linguistic, Speech and Communication Sciences

Fitness to Practise Policy & Procedures
29 October 2020

1. **Introduction**
A Fitness to Practise policy serves to protect service users, patients, students, staff and the public interest. This document draws on the University Calendar and Trinity College's Fitness to Practise policy, and summarises the steps involved in the Department's Fitness to Practise procedures. A Fitness to Practise procedure is only triggered in cases where the reported incidents are of a serious nature and raise a concern about the student's ability to practise their professional role. This policy is aligned with the CORU fitness to practise process for Speech and Language Therapists.

2. **Fitness to Practise**
Fitness to Practise is concerned with those issues that affect a person's ability to practise in their professional role. This includes professional misconduct and poor professional performance. The National Student Clinical Competency Evaluation Framework and the CORU Code of Professional Conduct and Ethics for speech and language therapy set out the standards of conduct, performance and ethics which apply to all student speech and language therapists. It is against these standards that students will be measured in any Fitness to Practise complaint. Students will be expected to meet the professional standards detailed in the Student Competency Framework and in the CORU Code of Professional Conduct and Ethics at all stages in the professional programme. In relation to clinical competencies, students will be evaluated against the relevant clinical competencies from the National Student Clinical Competency Framework that are appropriate for their stage of study. Students failing to meet the standards required in professional or clinical competencies which do not reach a threshold of seriousness required for Fitness to Practise should not have a Fitness to Practise procedure initiated. However not demonstrating the professional or clinical competencies required may result in the student failing clinical placements. Other relevant measures may be taken by the Department in order to address such concerns.

3. **Fitness to Practise Procedures**
Where a member of College staff, work-based placement staff or other appropriate individual has a concern regarding a student's fitness to practise, they should refer the student's case, in the first instance, to the Head of the Department of Clinical Speech and Language Studies and the Practice Education Coordinator. The Head of Department, in consultation with the Head of School, may contact the Junior Dean to clarify whether the behaviour of concern falls within the remit of College's Fitness to Practise policy or within College disciplinary procedures. In the case of a student with a disability, the Head of Department will engage with Trinity Disability Services. The Head of School shall decide whether to refer the case to the Junior Dean to be dealt with under College's disciplinary code or to have the case dealt with under the procedures for dealing with fitness to practise cases that do not constitute disciplinary offences. The steps involved in the Department's Fitness to Practice procedures are summarised below. **A full account of the procedures is laid out online in Trinity College's Fitness to Practice Policy (approved by Council on 18 May 2011).**

Appendix O: Personal Learning Plan Template

Personal Learning Plan

Student name & number: _____ **Date**: _____

Placement Site: _____ **Practice Educator**: _____

Placement:

☐ 2nd Year (Senior Fresh) Weekly

☐ 3rd Year (Junior Soph) Weekly

☐ 3rd Year (Junior Soph) Summer Block

☐ 4th Year (Senior Soph) Final Block

Before planning on what you hope to develop in your upcoming placement, take a moment to reflect on the skills, knowledge and qualities that you have developed to date.

Note **3 positive developments** related to your clinical competencies / professional conduct that you have noticed over the past year. Consider how others would have noticed these developments. Link these to NSCCE.

1.

2.

3.

Prior to your placement, you will generate learning goals based on feedback and experience in previous clinical modules. This feedback may be from a tutor, lecturer, practice educator, OSCE, or peer. Your reflective practice will also guide your goal setting and in turn when you commence placement you will refine the goals to ensure they are achievable on your specific placement. Two examples are provided.

Feedback received	Learning Goal (competency no.)	Learning activity	Evidence
Example - I am not always clear in the next steps when closing sessions (OSCE feedback)	*I will consistently close sessions using appropriate verbal and written material, without introducing new content, making space for client questions, and ensuring the client has a clear understanding of next steps (#18)*	*-role play with peer -revisit tutorial notes -observe PE / peer -use written script -seek feedback from PE/ peer*	*23/9/23 JN. Closed Ax sx with clear direction that in next session on 30/9/23 I will be able to provide fb on Frenchay. Asked if client had any questions and ensured they had appt date and time in phone calendar.*
Example - I did not always have a clear rationale for why I had trialled a specific manoeuvre or postural modification for clients with dysphagia (PE feedback at end placement)	*I will present a clear rationale for all parent and teacher strategies I recommend for children with SLCN on my caseload (#6 #16)*	*-revisit lecture notes -review literature -consider external evidence, stakeholder perspective, and clinical evidence in rationale*	*12/05/2022 HG I presented a rationale for parent use of recasting with HG 06/06/2022 KM Based on KM's primary difficulties with semantics, I identified three key strategies teacher could use with clear rationale and presented these to my PE*

Student name & signature		Date	
PE name & signature		Date	

Appendix P: Pre-placement Profile Template

Pre-Placement Profile

Student Name:

Student email:

Student phone number:

Term Time Address:

Emergency Contact:

Photo
(optional – delete if omitted))

Practice Education Experience

Setting	Client Group and Details of Experience	Year

Other relevant information:

I have completed the following mandatory trainings via www.HSEland.ie and can provide a copy of certificates if requested:

- (student to complete)

Signed: _____ _____

Student name: Student Signature

Date:

Appendix Q: Notification of concern (professional conduct a/o clinical competency)

Notification of Concern:

Student: **Year**:

☐ Block☐ Weekly ☐ Paired ☐ Other (Specify)

Practice Educator: **Clinic**:

Phone: Best time to contact:

Email:

Brief description of behaviour or clinical competencies causing concern including actions taken to date:

Signed: Date:

(Practice Educator)

Please send to the Practice Education Co-ordinator at clinicalspeech_PEC@tcd.ie.

For College use

Received by: Date:

Action taken:

Appendix R: Action Plan for students flagged at Mid Placement Evaluation

Student name: **Year**:

Placement: **Date Action Plan Developed:**

Following the mid placement evaluation, some students require support in creating detailed learning goals for the second half of placement. Depending on the nature of the student profile, anywhere from 4-8 goals will be appropriate. Students identified as requiring additional support are asked to complete the below template. This document intended to be a 'live' document, that the student takes ownership of and updates regularly (at least weekly) and shared with both the Practice Educators and the Practice Education Coordinators. (Word Document version available)

Feedback at mid placement evaluation from practice educator	**Learning Goal & Competency Number(s)** make the learning goal SMART and specify which professional or clinical competencies are associated with the goal	**Learning activities and specific resources** e.g. role play, video recording, creating resources, ASHA Evidence Map, review SOAP note lecture notes	**Evidence** each week, jot down examples of when and how you are demonstrating this competency

Appendix S: Student Self Reflection and Feedback

This is an optional form which students are encouraged to use to develop their reflective practice and ability to respond to feedback. We encourage students to self-reflect first, before seeking feedback from a peer or their Practice Educator. Students fill out this form based on verbal feedback they receive from their PE/peer, and link all notes to student competencies.

Date: Brief description of session:	
Student Self Reflection	
What went well? Why?	What is an area for growth?
Peer Feedback	
What went well?	What is an area for growth?
Feedback from Practice Educator	
What went well?	What is an area for growth?

Based on my self-reflections and feedback from my peer / PE, I will do the following: