



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

B.Sc Clinical Speech & Language Studies

Practice Education Handbook 2023 - 2024

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

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.

Sinéad Kelly
Practice Education Coordinator

Table of Contents

Introduction: What is Practice Education?	2
1. CORU Standards of Proficiency	6
1.1 Domain 1: Professional autonomy and accountability.....	6
1.2 Domain 2: Interpersonal and professional relationships	7
1.3 Domain 3: Effective communication.....	7
1.4 Domain 4: Professional and personal development	8
1.5 Domain 5: Provision of quality services	8
1.6 Domain 6: Knowledge, understanding and skills.....	10
2. Practice Education Team	12
2.1 Practice Education Coordinator (PEC)	12
2.2 Regional Placement Facilitators (RPFs).....	12
2.3 Practice Tutors (PTs)	13
2.4 Practice Educators (PEs).....	13
2.5 Academic Mentors	13
2.6 Students	13
3. Roles and Responsibilities of Practice Educators and College.....	14
4. Professional Development for Practice Educators	16
4.1 Practice Educator Course	16
4.2 Workshop for Practice Educators facilitating 4 th year final block placement	16
4.3 Professional Development Workshop for SLT teams	17
4.4 Advanced Professional Development Afternoon Tea	17
4.5 Additional resources:	17
5. Practice Education Programme Overview	18
5.1 College-based activities, tutorials, lectures and workshops	19
5.2 Self-directed learning for students	24
5.2.1 Before placement:	24
5.2.2 Induction Day	24
5.2.3 During placement.....	25
5.2.4 After placement	25
5.2.5 Self-directed learning with resources available in the Department.....	25
5.2.6 Other self-directed learning.....	26
5.3 Practice education placements.....	26
5.3.1 Allocation of placements:	27
5.3.2 Practice education assessment on placement:	28

5.3.3 Grading/Marking (National Student Professional Conduct and Clinical Competency Evaluation Framework):.....	28
(a) Professional Conduct Competencies	29
(b) Clinical Competencies	30
5.3.4 Clinical exam: 3 rd year (JS)	31
5.3.5 Clinical exam: 4 th year (SS).....	31
5.3.6 Practice Education assessment in college:	32
5.4 Professional Development Log (PDL).....	33
6. Assessment and Examination of Practice Education Modules.....	34
6.1 Prizes	34
7. Essential Information for Students about Practice Education Placements.....	36
7.1 Protection and promotion of the health, safety and well-being of service users.....	36
7.2 Health Screenings	36
7.4 Infection control, including flu vaccine.....	37
7.5 First Aid	37
7.5 Garda vetting (Garda clearance).....	37
7.6 Attendance (including illness):.....	37
7.7 Recording certified hours:	38
7.8 Dress Code/Uniform:	38
7.9 Personal Hygiene	39
7.10 Confidentiality.....	39
7.11 Insurance.....	40
7.12 Gaining experience outside of placement:.....	40
8. Managing Concerns Related to Practice Education Placements.....	41
8.1 Identification of concerns	41
8.2 Notification of concerns.....	41
8.3 Management of persistent concerns.....	42
8.4 Supplemental placement procedures.....	43
8.5 Appeal mechanisms	43
8.6 Fitness to Practise	43
8.7 Dignity and Respect	44
8.8 Protected Disclosure	44
9. Safeguards and Supports for Students	46
9.1 Students with a Disability	46
9.2 Senior Tutor and Tutorial Service	48
9.3 Financial support.....	48

10. Quality Assurance in the Practice Education Programme	49
10.1 Feedback from students	49
10.2 Feedback from Practice Educators	50
10.3 Feedback from Practice Tutors and Regional Placement Facilitators	50
10.4 Other quality assurance mechanisms.....	50
Appendix A: Induction checklist.....	51
Appendix B: Alignment of CORU Standards of Proficiency with the National Student Professional Conduct and Clinical Competency Evaluation Framework.....	57
Appendix C: National student performance indicators	59
Appendix D: National student professional conduct and clinical competency evaluation forms	63
Level 1: Novice Clinician (2 nd years) Student Profession Conduct & Clinical Competency Evaluation Form	63
Level 2: Transition Clinician (3 rd years) Student Professional Conduct & Clinical Competency Evaluation Form	72
Level 3: Entry (4 th years) Student Professional Conduct & Clinical Competency Evaluation Form	81
Appendix E: Clinical exam form for 3 rd year (JS) students	90
Appendix F: Clinical exam form for 4 th year (SS) students	93
Appendix G: Simulated Case Based Exercise rubric.....	104
Appendix H: Daily certified hours form	106
Appendix I: Summary of certified hours form	107
Appendix J: Personal Learning Plan Template	108
Appendix k: Preplacement Profile Template	111
Appendix L: Session planning template	114
Appendix M: Notification of concern forms (professional conduct and/or clinical competency)	120
Appendix N: Student evaluation of placement form.....	122

1. CORU Standards of Proficiency

The following are the standards of proficiency for the profession as set out by CORU (2014). 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 six domains:

- Domain 1: Professional autonomy and accountability
- Domain 2: Interpersonal and professional relationships
- Domain 3: Effective communication
- Domain 4: Personal and professional development
- Domain 5: Provision of quality services
- Domain 6: Knowledge, understanding and skills

1.1 Domain 1: Professional autonomy and accountability

Graduates will:

1. Practise within the legal and ethical boundaries of their profession to the highest standard.

- a) Act in the best interest of service users at all times and within the boundaries of their professional proficiencies.
- b) Respect and, so far as possible, uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process.
- c) Provide and articulate professional and ethical practice.
- d) Practise in accordance with current legislation applicable to the work of their profession.
- e) Contribute to the development of effective, ethical and equitable policy and practise, regarding issues addressed by their profession.
- f) Understand the implications of duty of care for service users and professionals.
- g) Understand the principles of professional regulation and the provisions of the Speech and Language Therapists Registration Board Code of Professional Conduct and Ethics.
- h) Manage themselves, their practise and that of others in accordance with the Speech and Language Therapists Registration Board Code of Professional Conduct and Ethics.

2. Practise in a non-discriminatory way.

- a) Acknowledge and respect the differences in beliefs and cultural practices of individuals or groups.
- b) Promote equality and respect, without prejudice, and practise in a culturally competent, non-discriminatory and inclusive manner.
- c) Assist in the promotion and implementation of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers, with particular reference to the grounds of gender, civil status, family status, sexual orientation, religion, age, disability, race and membership of the Traveller community, other ethnic groups and socio-economic status.

3. Understand the importance of and be able to maintain confidentiality.

- a) Respect the confidentiality of service users and use information only for the purpose for which it was given.
- b) Understand confidentiality within a team setting.
- c) Understand the limits of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse.
- d) Be aware of data protection, freedom of information and other relevant legislation.
- e) Understand the potential conflict that can arise between confidentiality and whistle-blowing.

4. Understand the importance of and be able to obtain informed consent.

- a) Demonstrate competence in gaining informed consent to carry out assessments or provide treatment/interventions.
- b) Understand issues associated with informed consent with individuals with lack of capacity.
- c) Maintain accurate records relating to consent.
- d) Respect the rights of the service user.

5. Be able to exercise a professional duty of care/service.

- a) Recognise personal responsibility for one's actions and be able to justify reasons for professional decisions made.
- b) Understand the need to maintain the highest standards of personal/professional conduct.

6. Be able to practise as an autonomous professional, exercising their own professional judgement.

- a) Know the limits of their practice and know when to seek advice or refer to another professional.
- b) Recognise the need for consultation and/or supervision.
- c) Be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the situation.
- d) Be able to initiate appropriate resolution of problems and be able to exercise personal initiative.
- e) Recognise that they are personally responsible for and must be able to justify their decisions.

7. Recognise the need for effective self-management of workload and resources and the able to practise accordingly.

- a) Understand the demands that are placed on the professional practitioner in a given field and the skills required to practise effectively with the workload and available resources.

8. Understand the obligation to maintain fitness to practise.

- a) Understand the need to practise safely and effectively within their scope of practice.
- b) Understand the importance of maintaining their physical and mental health.
- c) Understand the importance of keeping skills and knowledge up to date over a lifetime of practise.

1.2 Domain 2: Interpersonal and professional relationships

Graduates will:

1. Work, in partnership, with service users and their relatives/carers, and other professionals.

- a) Demonstrate capacity to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team.
- b) Demonstrate capacity to engage service users and carers in assessment and treatment to meet their needs and goals.
- c) Recognise and understand the concepts of power and authority in relationships with service users.
- d) Be able to make appropriate referrals.

2. Contribute effectively to work undertaken as part of teams, whatever their context.

- a) Demonstrate professional collaboration, consultation and decision making.
- b) Demonstrate an understanding that relationships with colleagues can impact on service delivery and therefore should be based on mutual respect and trust.

1.3 Domain 3: Effective communication

Graduates will:

1. Demonstrate effective and appropriate skills in communicating information, listening, giving advice, instruction and professional opinion.

- a) Be aware of, understand and modify communication to address the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as gender, civil status, family status, sexual orientation, religious belief, age, disability, race or membership of the Traveller community, other ethnic groups and socio-economic status.
- b) Be able to select, move between and use appropriate forms of verbal and non-verbal communication, including listening skills, with service users and others.
- c) Demonstrate the ability to produce clear, concise and objective written communication and reports that are appropriate for the intended readers.
- d) Demonstrate an appropriate use of information technology relevant for speech and language therapy practice.
- e) Understand the importance of and demonstrate effective communication with other colleagues (inter-disciplinary communication).
- f) Understand the need to provide service users (or people acting on their behalf) with the information necessary in an appropriate format to enable them to make informed decisions.
- g) Understand the need to use an appropriate interpreter to assist patients/clients/service users where necessary.

2. Understand the need for effective communication throughout the care of the service user.

- a) Recognise the need to use interpersonal skills to facilitate the active participation of service users.
- b) Demonstrate competence in presenting professional judgements and information in a variety of contexts including when conflict and resistance may arise.

1.4 Domain 4: Professional and personal development

Graduates will:

1. Understand the role of reflective practice in relation to personal and professional development.

- a) Understand the importance of self-awareness and self-reflection.
- b) Be able to reflect critically on personal practice.
- c) Be aware of the relationship between personal life experiences and personal value systems and the impact these can have on one's decision making or actions
- d) Understand the role, purpose and function of supervision and the importance of seeking supervision of practice.
- e) Actively avail of opportunities for feedback, mentoring and support from colleagues in order to continuously improve personal practice.
- f) Take responsibility for personal and professional development.
- g) Develop and critically review a personal development plan which takes account of personal and professional needs.
- h) Identify and act on opportunities to advocate for the profession and for the professional development of colleagues.
- i) Understand the role of performance management as part of on-going professional development and effective service delivery.
- j) Understand the role of continuing professional development and demonstrate commitment to life-long learning.
- k) Recognise the need to contribute to policy and development of the profession.
- l) Recognise the contribution and value of research in developing evidence informed practice.

1.5 Domain 5: Provision of quality services

Graduates will:

1. Be able to identify and assess service users' needs in relation to speech, language, communication and swallowing.

- b) Be able to gather appropriate information.

- c) Select and use appropriate assessment techniques: undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment.
 - d) Identify conditions that require further investigation, making referrals to other professionals as appropriate.
 - e) Analyse and critically evaluate the assessment data and information collected.
 - f) Determine a diagnosis and probable outcomes for service users.
 - g) Provide feedback on assessment findings to service users and relevant others.
- 2. Formulate and deliver plans and strategies to meet identified needs of service users.**
- a) Develop appropriate plans, interventions and strategies, according to evidence informed practice, agreed national guidelines, protocols and pathways, in consultation with service users and relevant others.
 - b) Establish and document intervention goals, plans and outcome measurements.
 - c) Identify resources required to implement effective management/intervention plans.
 - d) Implement interventions, monitoring progress and modifying intervention approaches appropriately.
 - e) Document and communicate progress, interventions delivered, outcomes and discharge plans.
- 3. Use research, reasoning and problem solving skills to determine appropriate action.**
- a) Recognise the value of research to the systematic evaluation of practice.
 - b) Engage in evidence informed practice, evaluate practice systematically, and participate in audit/review procedures.
 - c) Apply knowledge of a range of research and evaluative methodologies, including evidence informed research.
 - d) Demonstrate sound clinical/professional decision-making, which can be justified even when made on the basis of limited information.
 - e) Demonstrate a logical and systematic approach to problem solving.
- 4. Draw on appropriate knowledge and skills in order to make professional judgements.**
- a) Understand the need to adjust/adapt practice as needed to take account of new developments.
 - b) Demonstrate an appropriate level of skill in the use of information technology appropriate for speech and language therapy.
- 5. Formulate specific and appropriate management plans including the setting of timescales.**
- a) Understand the requirement to adapt practice to meet the needs of different service user groups, distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors.
- 6. Conduct appropriate assessment/diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully.**
- a) Understand the need to maintain the safety of service users.
 - b) Empower service users to manage their well-being and recognise the need to provide advice to the patient/client/user on self-treatment, where appropriate.
- 7. Implement best practice in record management.**
- a) Use and maintain efficient information management systems.
 - b) Keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines.
 - c) Understand the need to use accepted terminology in making records.
- 8. Monitor and review the on-going effectiveness of planned activity and modify it accordingly.**
- a) Gather information, including qualitative and quantitative data that help to evaluate the responses of service users to their interventions.
 - b) Evaluate intervention plans using tools and recognised performance/outcome measures. Revise the plans as necessary, in conjunction with the service user as appropriate.

- c) Recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement of programmes.
- d) Recognise important factors and risk management measures learn from adverse events and be able to disseminate learning.
- e) Make reasoned decisions to initiate, continue, modify or cease interventions/techniques/courses of action and record decisions and reasoning.

9. Be able to evaluate, audit, and review practice.

- a) Understand the principles of quality assurance and quality improvement.
- b) Be aware of the role of audit and review in quality management, including the use of appropriate outcome measures.
- c) Monitor and evaluate performance by conducting regular audits and reviews in accordance with national guidelines/best practice and implement improvements based on the findings of these audits and reviews.
- d) Participate in quality assurance programmes where appropriate.
- e) Understand the value of reflective practice and the need to record the outcome of such reflection.
- f) Recognise the value of case conferences and other methods of review.

1.6 Domain 6: Knowledge, understanding and skills

Graduates will:

1. Know and understand the key concepts of the bodies of knowledge which are relevant to the profession and demonstrate the ability to apply knowledge to normal and impaired communication at both theoretical and practical levels.

- a) Demonstrate a critical understanding of relevant biological sciences, human development, social sciences and other related sciences, together with knowledge of health, disease, disorder and dysfunction, appropriate to their profession.
- b) Know and understand the principles and applications of scientific enquiry, including the evaluation of treatment/intervention efficacy, the research process and evidence informed practise.
- c) Have knowledge of the roles of other professions in health and social care.
- d) Demonstrate an understanding of the theory, concepts and methods pertaining to practice within speech and language therapy.
- e) Understand the theoretical basis of and the variety of approaches to assessment/diagnosis and intervention.
- f) 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.
- g) Demonstrate an understanding of the potential impact of communication impairment on self-fulfilment and autonomy.
- h) Demonstrate an understanding of the fundamental role eating/drinking/swallowing can play in social participation and the potential impact of an impairment in eating/drinking on health, quality of life and well being.
- i) Demonstrate an understanding of linguistics, including phonetics, language acquisition, sociolinguistics and all levels of normal speech and language processing.
- j) Demonstrate an understanding of biomedical and medical sciences as relevant to the development and maintenance of speech, language, communication and swallowing.
- k) Demonstrate an understanding of relevant domains of psychology, as relevant to normal and impaired communication, psychological and social wellbeing.
- l) Demonstrate an understanding of sociology in relation to the practice of speech and language therapy, sociology, including its application to educational, health and workplace settings and within multi-cultural societies.

- m) Demonstrate an understanding of educational philosophy and practice and the relationship between language and literacy.
- n) Demonstrate an understanding of therapeutic contexts, models and processes, relevant to the practice of speech and language therapy.
- o) Demonstrate an understanding of developmental and acquired disorders of speech, language, communication and swallowing.
- p) Demonstrate an awareness of the issues and trends in Irish education, social, health and public policy developments that influence speech and language therapy practice.
- q) Demonstrate an awareness of relevant legislation, regulations, national guidelines and standards, findings of enquiries and investigations influencing speech and language therapy practice.
- r) Demonstrate an understanding of the concepts, frameworks and guidelines underpinning ethical speech and language therapy practice in diverse socio- economic and cultural contexts.
- s) Recognise a professional responsibility to advocate on behalf of persons with speech, language, communication and swallowing impairments to support full participation in all aspects of society.

2. Know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities.

- a) Be able to use knowledge of speech and language therapy to assess and manage people with difficulties in the following areas:
 - Speech
 - Language
 - Communication
 - Swallowing

3. Have knowledge and understanding of the skills and elements required to maintain service user, self and staff safety.

- a) Understand systems and impact of complexity on service user care.
- b) Understand and be able to manage risk.
- c) Be able to identify, prevent and manage adverse events and near misses and learn from errors.
- d) Understand the importance of communication with service users and staff.
- e) Be aware of applicable legislation e.g. health and safety legislation, employment legislation and relevant national guidelines.
- f) Establish safe environments for practise, which minimises risks to service users, those treating them and others, including the use of hazard control and particularly infection control.
- g) Work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation.
- h) Undertake appropriate health and safety training.

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, Practice Educators, and Academic Mentors (figure 2.1).

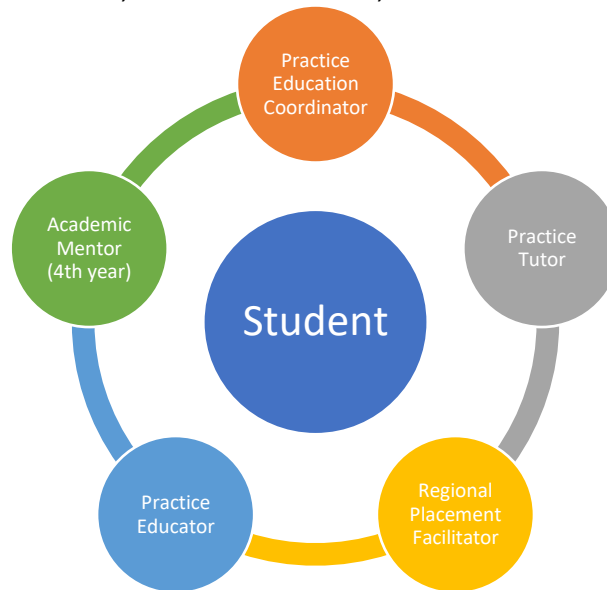


Figure 2.1: Practice Education Team

2.1 Practice Education Coordinator (PEC)

Sinéad Kelly is the Practice Education Coordinator for the Department (clinspeech_PEC@tcd.ie). 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.

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 (i.e., 0.5 WTE or less).

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.

2.5 Academic Mentors

Members of the academic staff undertake the role of Academic Mentor to students in the final year block placement. Practice educators and students are welcome to discuss any aspect of practice education with the mentor and to consult with them on related areas.

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

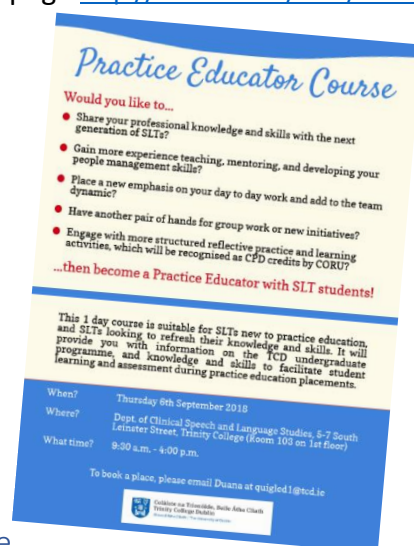
Guidelines for Good Practice in Practice Education (Therapy Project Office, 2008) provide a useful guide for the roles and responsibilities of practice educators and the practice education coordinator in College before, during, and after placement. See Table 3.1 below:

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

	Practice Educator	Practice Education Coordinator (PEC)
Before placement	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Complete the end of placement review using the national student clinical competency evaluation form • 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 	<ul style="list-style-type: none"> • Collate feedback from practice educators as part of quality assurance mechanisms • 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 Practice Educator 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

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. It begins with an informal lunch to allow practice educators to meet the academic mentors/examiners who will be supporting them and the students during this 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.

4.3 Professional Development Workshop for SLT teams

On request, the Practice Education Co-ordinator regularly provides inputs at local SLT staff meetings. This workshop will be tailored to the learning needs of the team, but frequently includes 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 Sinéad Kelly if you would like to arrange a workshop for your team.

4.4 Advanced Professional Development Afternoon Tea



This workshop is offered to Practice Educators, Practice Tutors, and Regional Placement Facilitators after they have facilitated a student placement.

It aims to promote reflective practice, peer learning, and personal learning planning in relation to practice education of students.

It also provides a means for practice educators to provide valuable feedback on ways to improve the quality of the practice education programme.

4.5 Additional resources:

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

- **Additional Reading**
 - Guidelines for Good Practice in Practice Education (Therapy Project Office, 2008). Available at: <https://www.hse.ie/eng/about/who/cspd/health-and-social-care-professionals/projectoffice/practiceeduc2008.pdf>
 - Practice Educator Competencies (Therapy Project Office, 2008). Available at: <https://www.hse.ie/eng/about/who/cspd/health-and-social-care-professionals/projectoffice/predcompetencies2008.pdf>
 - Practice Education Models (Therapy Project Office, 2008). Available at: <https://www.hse.ie/eng/about/who/cspd/health-and-social-care-professionals/projectoffice/practiceedmodels2008.pdf>
- **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 Freshman)	
SLU11001	Foundation Clinical Skills
SLU11002	Speech, Hearing and Swallowing
SLU11003	Social Psychology and Lifespan Development
SLU11004	Phonetics 1
SLU11005	Phonetics 2
SLU11006	Introduction to Language Acquisition
LIU11001	Language, The Individual and Society
LIU11002	Introduction to Syntax
ANU11004	Anatomy
PGU11007	Physiology Allied Health
Year 2 (Senior Freshman)	
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
SLU22005	Linguistics
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)	
SLU33001	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)

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.

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

Date	Professional/Clinical Competency Taught	Topic/ Practical Component
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
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: <ul style="list-style-type: none"> o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. 	Meeting the Child and Family or Adult Client. Practical workshop: Case History Taking

	<ul style="list-style-type: none"> o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. 	
Week 3	<p>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.</p> <p>No. 3: Administers, records and scores a range of assessments accurately.</p> <p>No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.</p> <p>No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner.</p> <p>No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including:</p> <ul style="list-style-type: none"> 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. <p>No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.</p>	Principles and Processes in Informal Assessment. Practical workshop: Informal assessment with children
Week 4	<p>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.</p> <p>No. 3: Administers, records and scores a range of assessments accurately.</p> <p>No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.</p> <p>No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner.</p> <p>No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including:</p> <ul style="list-style-type: none"> 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. <p>No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.</p>	Principles and Processes in Informal Assessment. Practical workshop: Informal assessments with adults
Week 5	<p>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.</p> <p>No. 3: Administers, records and scores a range of assessments accurately.</p> <p>No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information</p> <p>No.8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members.</p> <p>No.10: Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent.</p> <p>No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner.</p> <p>No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including:</p>	Using Standardised Language Assessments. Practical workshop: Standardised assessment with children

	<ul style="list-style-type: none"> 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. <p>No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.</p>	
Week 6	<p>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.</p> <p>No. 3: Administers, records and scores a range of assessments accurately.</p> <p>No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information</p> <p>No.8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members.</p> <p>No.10: Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent.</p> <p>No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner.</p> <p>No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including:</p> <ul style="list-style-type: none"> 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. <p>No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.</p>	Using Standardised Language Assessments: Practical workshop: Standardised assessment with adults
Week 7	Study/Review week	
Week 8	<p>No. 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical</p> <p>No. 6: Makes appropriate recommendations for management based on a holistic client profile</p> <p>No. 7: Demonstrates understanding of the indicators and procedures for onward referral.</p> <p>No. 8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members.</p>	Using Standardised Speech Assessments. Practical Workshop: Interpreting Speech and Language Standardised Assessments
Week 9	<p>No. 3: Administers, records and scores a range of assessments accurately.</p> <p>No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.</p> <p>No. 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.</p> <p>No. 9: Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients.</p> <p>No. 15: maintains precise and concise therapy records, carries out administrative tasks and maintains service records</p>	Oro-Facial Examinations, including practical workshop. Record keeping (SOAP), including practical workshop
Week 10	No. 6: Makes appropriate recommendations for management based on a holistic client profile.	Developing session plans/SMART goals/Step-up

	No. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans	and step-down activities including practical workshop
Week 11	Professional Conduct Competency 5: Demonstrate respect for the supervisory process by seeking and responding to feedback Professional Conduct Competency 6: Engages in reflection and reflective practice; critically appraising and working to develop own professional competencies.	How to receive feedback /develop SMART goals in relation to clinical competencies

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

Date	Professional/Clinical Competency Taught	Topic/ Practical Component
Week 1	Professional Conduct Competency 5: Demonstrate respect for the supervisory process by seeking and responding to feedback Professional Conduct Competency 6: Engages in reflection and reflective practice; critically appraising and working to develop own professional competencies.	Receiving and providing feedback; Getting the most from the supervisory process
Week 2	Professional Conduct Competency No. 4: Manages health and well-being to ensure performance and judgement are appropriate for practice	Minding Ourselves at the Half Way Point – reflective exercises
Week 3	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. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans.	Interpreting Standardised Assessments and Identifying Therapy Goals with Clients
Week 4	No. 6: Makes appropriate recommendations for management based on a holistic client profile. 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. No. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans.	Session Planning/Goal Setting for Therapy
Week 5	No. 16: Implements therapy using theoretically grounded, evidence-based techniques and resources No. 20: Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required.	Practical ideas for intervention with children including Step up/Step down
Week 6	No. 16: Implements therapy using theoretically grounded, evidence-based techniques and resources No. 20: Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required.	Practical ideas for intervention with adults including Step up/Step down
Week 7	STUDY/REVIEW WEEK	
Week 8	Professional Conduct Competency 5: Demonstrate respect for the supervisory process by seeking and responding to feedback Professional Conduct Competency 6: Engages in reflection and reflective practice; critically appraising and working to develop own professional competencies.	<i>Mid-placement review.</i> Preparing for feedback/developing SMART Goals from Mid-Placement Review
Week 9	Professional Conduct Competency No. 2: Demonstrates respect for the rights and dignity of all through professional communication with clients, families and relevant professions. No. 17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No. 19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Opening and Closing Sessions/Feedback to clients
Week 10	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.	Case Presentations – Applying evidence for effective presentations

	No. 5 Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge No. 8: Reports assessment findings orally in an appropriate professional manner to client/carer and team members No 20. Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required	
Week 11	No. 7: Demonstrates understanding of the indicators and procedures for onward referral. No. 11: Demonstrates the ability to consult and collaborate with clients / carers when developing management plans. No. 13: Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans.	Inter-professional practice focus for adult acquired communication disorders and child developmental communication disorders

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 HSE Land 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

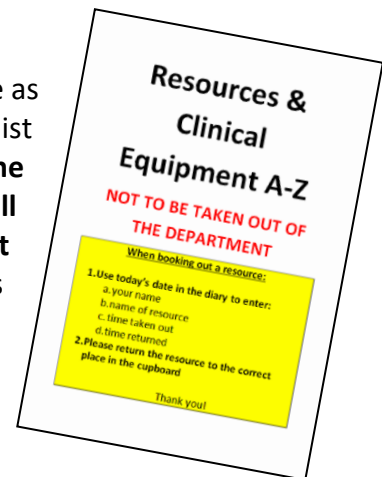
- ✓ Reflect on learning experiences and identify learning goals based on end-of-placement feedback and self-evaluation
- ✓ Return all keys, intellectual property, and placement equipment to the practice educator.
- ✓ Submit certified hours forms to College within one week of completing placement
- ✓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



5.2.6 Other self-directed learning

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
- Guidelines for Good Practice in Practice Education (Therapy Project Office, 2008). Available at: <https://www.hse.ie/eng/about/who/cspd/health-and-social-care-professionals/projectoffice/practiceeduc2008.pdf>

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](#).

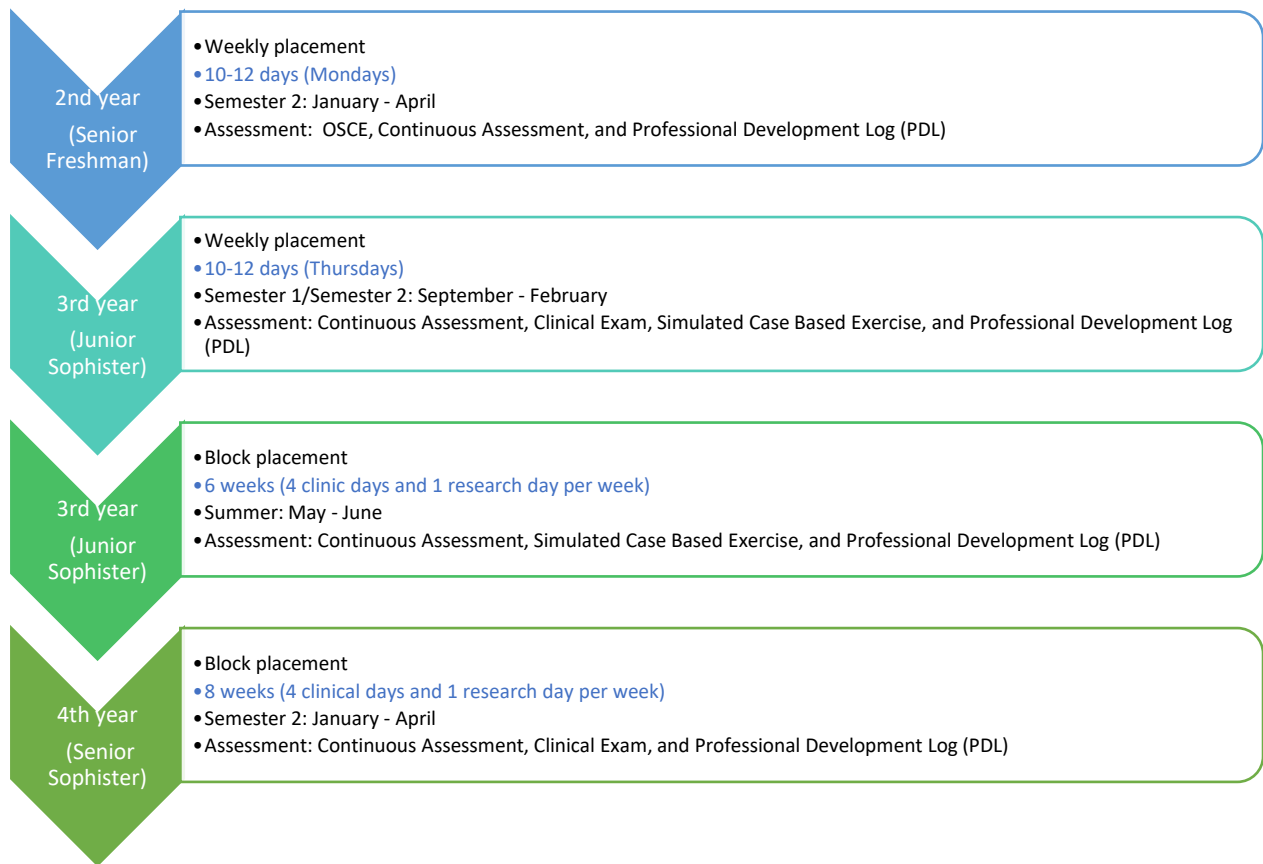


Figure 5.1: Overview of practice education placements

5.3.1 Allocation of placements:

All placements are allocated by the Practice Education Coordinator. **Students may not, under any circumstances, make independent arrangements** because of 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 that reflects the scope of professional practice. This may involve travelling to clinical settings outside of the Dublin region. Table 5.4 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)

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

5.3.3 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 speech and language therapists, speech and

language therapy managers, members of the Irish Association of Speech and Language Therapists (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 pursuing a qualification in speech and language therapy 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 (see appendix).**

(a) 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, 2015). Students are also expected to take responsibility for their behaviour, as student speech and language therapists, by complying with relevant legal and professional guidelines. The professional conduct competencies students are evaluated on are outlined in table 5.5.

Table 5.5: 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.

(b) 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 5.6.

Table 5.6: 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](#) 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](#) for the assessment forms for 2nd year (SF), 3rd year (JS) and 4th year (SS) students.

5.3.4 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. The clinical examination takes place in the second half of the placement. See [appendix](#) for the clinical exam form.

The examination has 4 components:

- 1) **Files** - file is examined for evidence that competencies in relation to maintaining clinical records are developing, either before or after the session
- 2) **Presentation** - student is required to give 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 a client / group by 2 examiners either separately or in turn.
- 4) **Viva** - clinical session is followed by a short viva. Sample questions are provided.

The mark for the clinical exam is based on the clinical competencies that are relevant to the clinical and the examination context. 3rd year students must be assessed on a minimum of 10 competencies. *To pass, 70% of the competencies rated must be within the evident/plus range.*

5.3.5 Clinical exam: 4th year (SS)

The clinical examination in the 4th year final block placement can take place after the student has completed 12-15 clinic days. Students complete one ‘trial’ clinical exam at least one week in advance, at a time that is convenient for the service. 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. Summary of the process is outlined below and see [appendix](#) for the ‘Unseen’ Clinical Examination Form in full.

Table 5.7: 4th year Unseen Clinical Exam Process

	Practice Educator Role	Student Role	Date Completed
1	One ‘trial’ Clinical Exam		
1a	Practice Educator identifies 1 client assessment for ‘trial’ clinical exam. This ‘trial’ clinical exam can take place at a convenient time for the	Student submits session plan using the TCD session planning template (<i>p.6 of this booklet</i>) for ‘trial’ clinical exam the day before by time agreed with PE.	

	service at least 1 week before the clinical exam and as part of typical SLT service delivery.		
1b	Practice Educator observes the student assessing the communicative and/or swallowing abilities of the client and reviews the student's self-reflective report. No co-examiner needed.	Student completes the assessment session and the self-reflective report 45 mins after the session (<i>self-reflective report is on p. 10-11 of this booklet</i>).	
1c	Practice Educator provides formative feedback to students on session plan, assessment session and student self-reflective report. Copy of trial clinical exam paperwork is kept by PE & student.	Student develops a personal learning plan for further learning and clinical competency development based on the feedback received and trial clinical exam paperwork.	
	Practice Educator Role	Student Role	Relevant Clinical Competencies
2.	Clinical Exam		
2a	Practice Educator(s) select 1 client for the 'unseen' exam who the student has not worked with before and is unfamiliar to the student (i.e., a client who will be new to the student).	Student continues to work on personal learning plan in advance of the clinical exam day.	As indicated.
2b	Two working days in advance of the 'unseen' exam, the student is provided with basic background information using template on p.7.	Student reviews the information received and submits a session plan by 5pm the day before the exam to the Practice Educator(s) and Co-examiner as per the TCD session planning template on p.6.	2, 6, 14
2c	Student is observed by the examiners as the student assesses the communicative and/or swallowing abilities of the client (30-40 mins). No formal assessment is allowed to be administered.	Student assesses the communicative and/or swallowing abilities of the client using informal assessments that align with evidence-based practice .	1, 2, 3, 10, 11, 17, 18, 19
2d	After the session, the student is provided with 45 minutes to complete the self-reflective report .	Student completes the self-reflective report within the timeframe provided.	1-20
2e	Once the examiners have reviewed the completed report , there will be a 30 min viva to discuss the session and the student's reflections on the session. This may include key assessment findings, diagnostic hypothesis, knowledge base in general principles of assessment, diagnosis, intervention, and management related to client group, disorder area, and/or service delivery.	Student takes a rest break when the examiners are reviewing the completed self-reflective report. Then, student participates in the viva , and answers questions posed by the examiners.	1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 13, 14, 15, 20.
2f	Students are graded based on the national student clinical competency evaluation framework (p.13). A minimum of 15 clinical competencies must be rated . (70% of those rated must be evident/plus in order to pass).	Student develops a personal learning plan for further learning and clinical competency development based on the feedback received.	1-20

5.3.6 Practice Education assessment in college:

Students' developing professional conduct and clinical competencies are also assessed in a number of 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 Term 1.
 - 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 in [appendix](#)
- **Professional Development Log (PDL)**
 - Described in detail in the next section

5.4 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. Assessment and Examination of Practice Education Modules

A summary of the weighting of each component of the Practice Education Modules is outlined below in table 6.1. *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

Junior Fresh (1st years) : Foundation Clinical Studies (SLU 11001)		
PE Component	Method of assessment	% of Mark
Professional Development Log	Review of submissions	Pass/Fail

Senior Fresh (2nd years): Practice Education 1 (SLU 22008)		
PE Component	Method of assessment	% of Mark
Practice Education Tutorials	OSCEs	30%
Weekly placement	Continuous assessment based on NSCCE	70%
Professional Development Log	Review of submissions	Pass/Fail

Junior Sophister (3rd years): Practice Education 2 (SLU 33009)		
PE Component	Method of assessment	% of Mark
Weekly placement	Continuous assessment based on NSCCE	50%
	Clinical Exam (on placement)	30%
	Simulated Case Based Exercise (College)	20%
Professional Development Log	Review of submissions	Pass/Fail

Senior Sophister (4th years): Practice Education 3 (SLU 44006)		
PE Component	Method of assessment	% of Mark
JS Summer 30 day block placement	Continuous assessment based on NSCCE	70%
	Simulated Case Based Exercise (College)	30%
Professional Development Log	Review of submissions	Pass/Fail

Senior Sophister (4th years): Practice Education 4 (SLU 44007)		
PE Component	Method of assessment	% of Mark
40 day block placement	Continuous assessment based on NSCCE	60%
	Clinical Exam (on placement)	40%
Professional Development Log	Review of submissions	Pass/Fail

6.1 Prizes

There are two prizes awarded within practice education:

- Nora Dawson Mariakis Prize:** This prize is awarded annually to the Junior Sophister student who achieves the highest mark in the practice education module. The award is funded by the class of 1972 (D.C.S.T.), in memory of the pioneering lecturer and clinician, Nora Dawson Mariakis.

- **Otway-Freeman Award:** This prize is awarded annually to the Senior Sophister student who achieves the highest mark in practice education module.

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. You must submit all requirements through the TCD Health Screening Portal, access via the same link.

You are also required to email proof of COVID-19 vaccine and Influenza Vaccine (Annual) to Brendan McFadden, Executive Officer: mcfaddbr@tcd.ie with the following naming conventions:

SURNAME_firstname_studentnumber_COVIDVaccine

SURNAME_firstname_studentnumber_FluVaccine_YEAR

In line with HSE guidelines students who are eligible for vaccination, and who have been offered such vaccination, yet have declined that offer **may not be assigned clinical placements** in HSE and other health service facilities.

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.

All students are advised to review the HSE guidance on COVID-19 vaccines here:

<https://www2.hse.ie/screening-and-vaccinations/covid-19-vaccine/>

7.4 Infection control, including flu vaccine

The School has made it a mandatory requirement to get the flu vaccine to prevent the spread of flu and save lives. TCD Health Service can provide students with the flu vaccine (€20). It can also be obtained from your GP or Pharmacist. More information about flu and flu vaccination is available here: <https://www.hse.ie/eng/health/immunisation/pubinfo/flu-vaccination/>

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.**

7.5 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.

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.

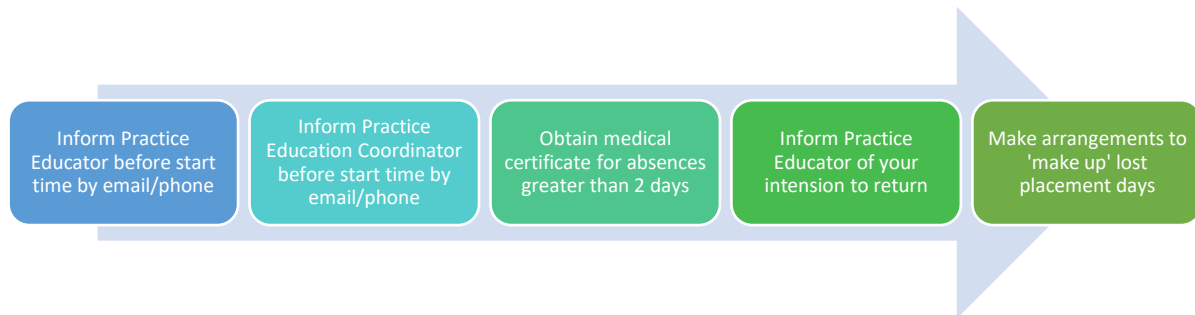


Figure 7.1: Protocol for absence from placement

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. In addition, **within one week of placement finishing** (see appendix L). Certified hours forms are marked as pass/fail.

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.

7.11 Insurance

The College insurance policy will indemnify in respect of legal liability arising out of and in connection with student placements including liability arising solely out of or in connection with the placement by the Insured of medical, nursing or allied healthcare students in healthcare institutions and enterprises, provided always that no indemnity is provided in respect of any neglect, error or omission by any Medical Practitioner. Proof of indemnity is available for practice educators upon request.

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.

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):

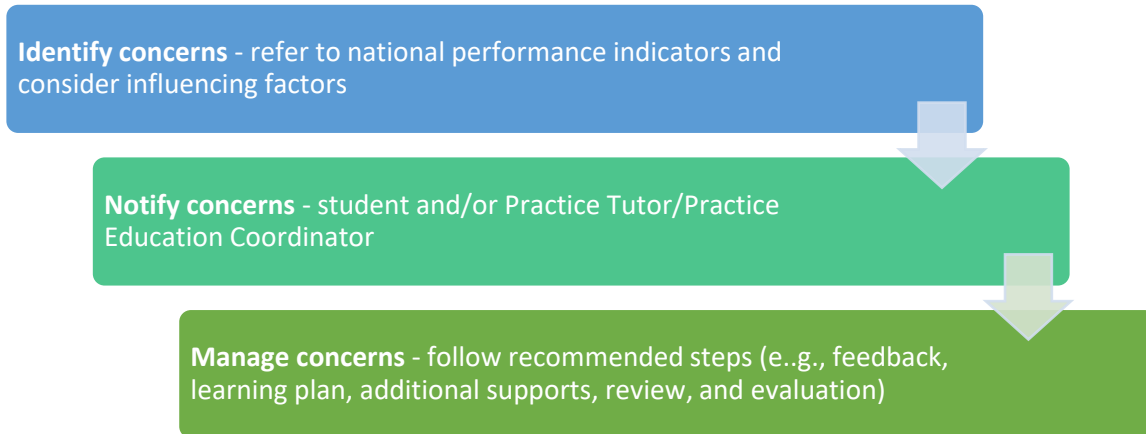


Figure 8.1: Managing concerns related to practice education placements

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](#)) 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 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 using the form in [appendix](#).

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.
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
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/>

8.4 Supplemental placement procedures

Students who have failed a placement **and** have been permitted to take supplementary placements will meet formally with the Practice Education Co-ordinator and/or a college mentor 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

Every effort will be made to structure supplemental placements within the same academic year to enable students to rise with their peers, but this may not always be possible due to timing constraints and placement availability. In instances where this is not possible and/or students are not ready to proceed to the next level of practice education, options will be discussed with students by the Head of Discipline following the supplemental court of examiners. 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/mentor/ 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

8.5 Appeal mechanisms

For information on Trinity College’s appeal mechanism, please consult the General Regulations: <https://www.tcd.ie/calendar/undergraduate-studies/general-regulations-and-information.pdf>

8.6 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-practise-policy.php>

8.7 Dignity and Respect

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.

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.

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/assets/pdf/dignity-and-respect.pdf>

<https://www.tcd.ie/about/policies/Student%20Complaints%20Procedure.php>

8.8 Protected Disclosure

Arrangements for dealing with protected disclosures, more commonly known as "whistleblowing", are in place under the provisions of the Protected Disclosures Act 2014. 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.

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/student-services.



Figure 9.1: Student support services

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/>

Students decide whether they wish to disclose their disability on practice education placement and whether they wish to avail of reasonable accommodations, or not. See figure 9.2 overleaf for an outline of the process.

- If a student **decides to disclose** their disability and share their PLENS with their Practice Educator, this will be arranged with the Practice Education Coordinator's support to ensure appropriate protocols are followed (e.g., data protection, pre-placement meeting etc.).
- If a student **decides NOT to disclose** their disability, they cannot avail of any reasonable accommodations while on practice education placement

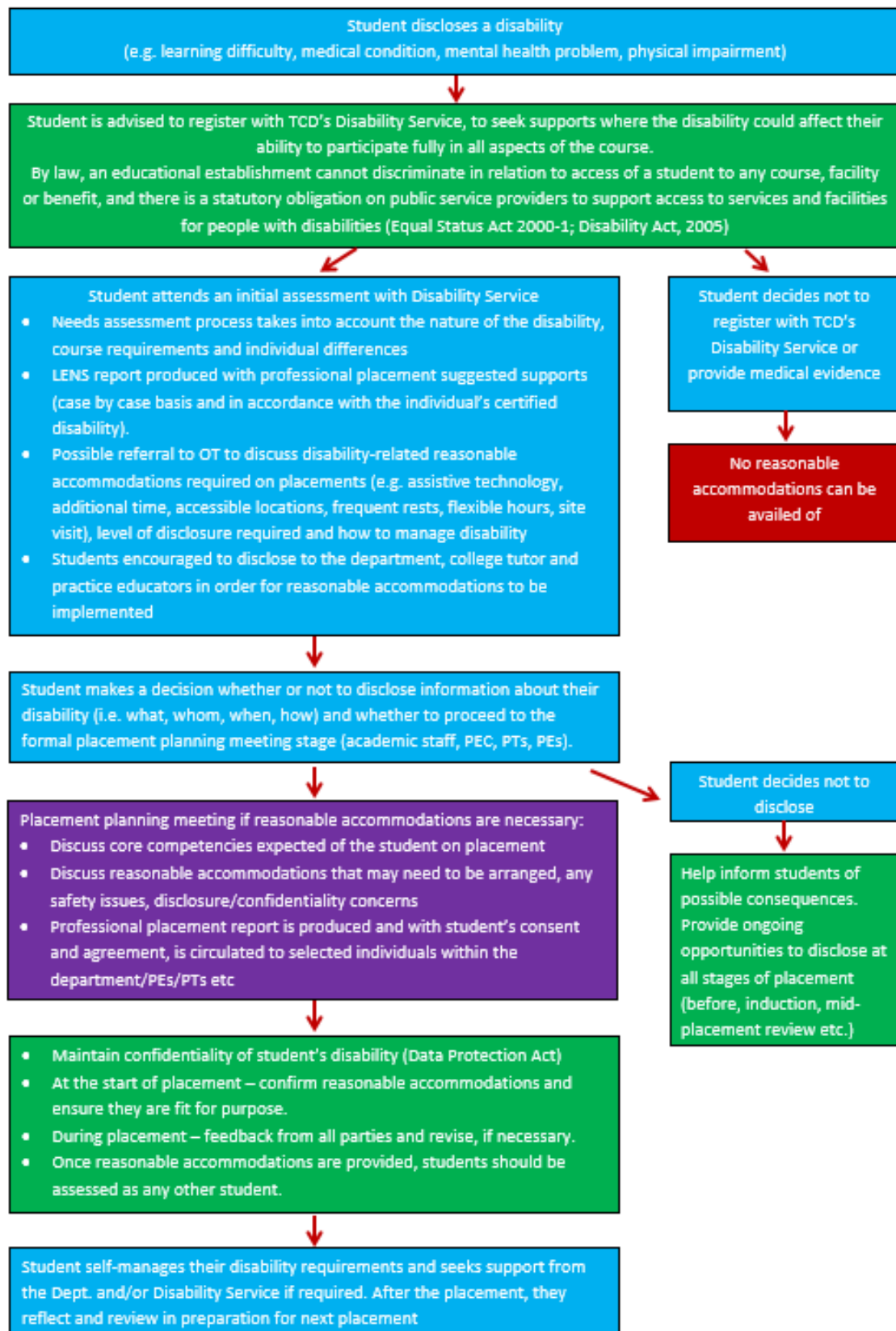


Figure 9.2: Supporting students registered with Trinity's Disability Service

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

There is no provision within the Dept of Clinical Speech and Language Studies for travel and/or accommodation expenses incurred whilst on practice education placement. If any student feels these costs are going to be a financial burden, they need to make an appointment with their College Tutor to seek advice on financial support that may be available to help you in this situation.

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.

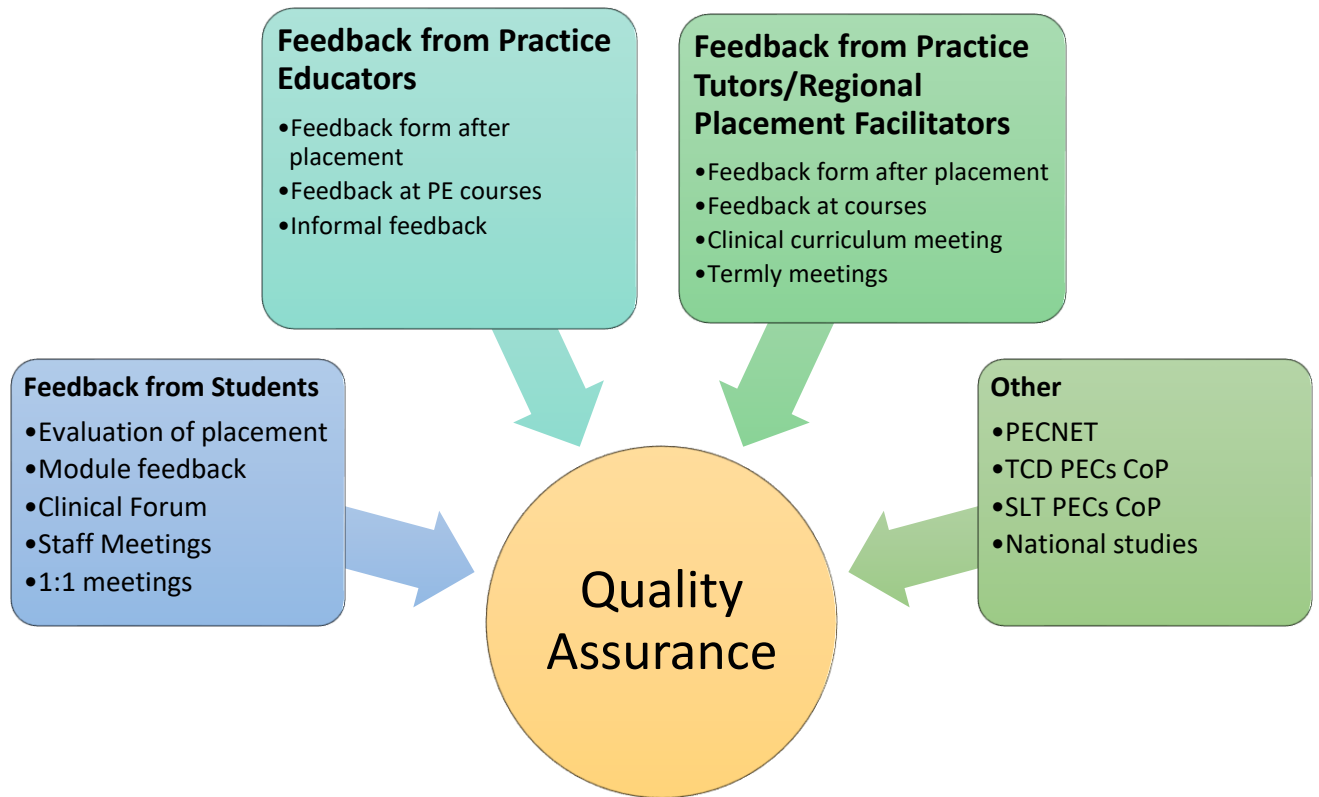


Figure 10.1: Quality assurance mechanisms within practice education

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](#))
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**:
https://www.tcd.ie/about/policies/160722_Student%20Complaints%20Procedure_PUB.pdf

10.2 Feedback from Practice Educators

1. A feedback form is integrated into the national student professional conduct and clinical competency **form** (see [appendix](#)). This facilitates every practice educator to provide feedback to the Department.
2. Feedback from practice educators is collected at the annual **advanced professional development workshops and the practice educator courses**
3. **Informal** and ad-hoc feedback on any aspect of the practice education programme is welcomed

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](#)). 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 the annual **advanced professional development workshops and the practice educator courses**
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**

10.4 Other quality assurance mechanisms

The Practice Education Coordinator is actively involved in a number of 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)
- TCD Allied Health PECs Community of Practice (PECs from Occupational Therapy, Physiotherapy and Radiation Therapy in Trinity College)
- SLT PECs Community of Practice (PECs from other Irish universities that deliver speech and language therapy programmes).

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.

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 Guidelines² and HSE's 'Induction Guidelines and Checklists'³.

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

¹ CORU. (2018). *Criteria and Standards of Proficiency for Education and Training*. Available from: < [http://coru.ie/uploads/documents/SLT_CSoP_Final_MF_reform_21_02_14_\(2\).pdf](http://coru.ie/uploads/documents/SLT_CSoP_Final_MF_reform_21_02_14_(2).pdf) >

² QQI. (2016). *Statutory Quality Assurance Guidelines developed by QQI for use by all Providers*. Available from: <https://www.qqi.ie/Downloads/Core%20Statutory%20Quality%20Assurance%20Guidelines.pdf>

³ HSE. (2018). *Induction Guidelines and Checklists*. Available from: <https://www.hse.ie/eng/staff/resources/employee-resource-pack/hse-induction-guidelines-checklists.pdf>

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	<p>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.</p> <p>Students complete online module: Children First (HSEland)</p>	<p>Does the agency require students to complete additional Garda Clearance?</p>	<p>I confirm I have complied with the Garda Vetting procedure prior to registration and have not endangered my status in the interim.</p> <p>I will report any concerns in relation to the protection and welfare of children to my practice educator(s) immediately.</p>	
Professional Conduct and Ethical Practice	<p>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.</p>	<p>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?</p>	<p>I confirm I have read and understand the :</p> <ul style="list-style-type: none"> 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) <p>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.</p>	
Confidentiality, Data Protection, and Record Keeping	<p>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.</p> <p>Students complete online modules:</p>	<p>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?</p>	<p>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.</p> <p>I will maintain client, service, practice educator and peer confidentiality at all times.</p>	


		<ul style="list-style-type: none"> • Good Information Practices (HSEland) • Fundamentals of GDPR (HSEland) • Cyber Security (HSEland) 			
	Health and Safety	<p>Students return proof from their registered 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, Measles, Mumps and Rubella, influenza and COVID-19.</p> <p>Students complete online HSEland modules:</p> <ul style="list-style-type: none"> • AMRIC Introduction to Infection Prevention and Control • AMRIC Basics of Infection Prevention & Control • AMRIC Standards and Transmission-Based Precautions • AMRIC Hand Hygiene • AMRIC Cleaning and Disinfecting the Healthcare Environment and Patient Equipment • Managing Health & Safety in Healthcare: Chemical Agent Hazards • PPE training in the acute setting • Manual Handling • Safety Health and Welfare in Healthcare (HSA). 	<p>Are there specific policies, guidelines, and/or procedures from your agency in relation to health and safety that the student should be aware of?</p> <p>Are there any specific local policies in relation to Infection Control and COVID-19 that the student should be aware of?</p> <p>Are you satisfied with the student's hand hygiene competence following observation of their performance?</p>	<p>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.</p> <p>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).</p> <p>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.</p>	


	Insurance	College's insurance policy provides indemnity in respect of legal liability arising out of and in connection with student placements in healthcare institutions and other enterprises.	Are there specific policies, guidelines, and/or procedures from your agency in relation to insurance that the student should be aware of?	I will comply with relevant policies and procedures from the agency as explained to me by the practice educator(s).	
	Sickness/ Absences	<p>Procedure set by College: in the event of a medical or other emergency situation necessitating unexpected absence student to give adequate notice to the PEC and to the relevant practice educator if a planned absence is necessary.</p> <p>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).</p> <p>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.</p>	<p>Are there specific policies, guidelines, and/or procedures from your agency in relation to absences that the student should be aware of?</p> <p>Is the student aware of who to contact, and by what means, in the event of an absence from placement?</p> <p>Has the student provided their next of kin details on their pre-placement profile?</p> <p>Are there any additional or local policies in relation Covid-19 that the student should be aware of?</p>	<p>I agree to follow the procedure set by College in the event of a medical or other emergency situation necessitating absence.</p> <p>I agree to inform my practice educator(s), where relevant, of any condition, medical or otherwise, which may affect my clinical work.</p> <p>I have provided the practice educator(s) with my next of kin contact details on my pre-placement profile.</p> <p>I confirm that I will not present to placement if I have any symptoms of acute infection.</p> <p>I confirm I have read the most up to date HSE staff policy on https://healthservice.hse.ie/staff/covid-19-staff-support/</p>	
	Orientation to the placement site	<ul style="list-style-type: none"> Key information provided to student on the service location, 	Has the student been provided with information specific to your agency? (e.g.	I confirm that I have been provided with information specific to this placement setting and	

		client group, facilities and other practicalities.	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)	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: <ul style="list-style-type: none"> • Self-review on the national clinical competency evaluation form • Personal learning plan • Pre-placement profile 	<ul style="list-style-type: none"> - 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? - Has a schedule and method of daily/weekly feedback been agreed, including dates for mid- and end- of placement review? 	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • manage health and well-being to ensure both performance and judgement are appropriate for practice • 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 		

			Has student and PE shared feedback preferences?	<ul style="list-style-type: none"> demonstrate effective time management i.e. meeting deadlines and punctuality 	
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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: 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. Practise within the legal and ethical boundaries of their profession to the highest standard.	Profession Conduct Competency No. 3, 8-9 Clinical Competency No. 9
2. Practise in a non-discriminatory way.	Profession Conduct Competency No. 2-3 Clinical Competency No. 18
3. Understand the importance of and be able to maintain confidentiality.	Profession Conduct Competency No. 3, 8-9
4. Understand the importance of and be able to obtain informed consent.	Profession Conduct Competency No. 3, 8-9 Clinical Competency No. 10
5. Be able to exercise a professional duty of care/service.	Profession Conduct Competency No. 1-3, 10 Clinical Competency No. 12, 18
6. Be able to practise as an autonomous professional, exercising their own professional judgement.	Profession Conduct Competency No. 6
7. Recognise the need for effective self-management of workload and resources and the able to practise accordingly.	Profession Conduct Competency No. 7
8. Understand the obligation to maintain fitness to practise.	Profession Conduct Competency No. 1, 4-6
Domain 2: Interpersonal and professional relationships	
1. Work, in partnership, with service users and their relatives/carers, and other professionals.	Profession Conduct Competency No. 2 Clinical Competency No. 7-8, 11, 13, 19
2. Contribute effectively to work undertaken as part of teams, whatever their context.	Profession Conduct Competency No. 2 Clinical Competency No. 8, 11, 13, 19
Domain 3: Effective communication	
1. Demonstrate effective and appropriate skills in communicating information, listening, giving advice, instruction and professional opinion.	Profession Conduct Competency No. 2, Clinical Competency No. 1, 8-11, 17-19
2. Understand the need for effective communication throughout the care of the service user.	Profession Conduct Competency No. 2, Clinical Competency No. 8-11, 17-19
Domain 4: Personal and professional development	
1. Understand the role of reflective practice in relation to personal and professional development.	Profession Conduct Competency No. 5-6
Domain 5: Provision of quality services	
1. Be able to identify and assess service users' needs in relation to speech, language, communication and swallowing.	Profession Conduct Competency No. 3 Clinical Competency No. 1-5, 7
2. Formulate and deliver plans and strategies to meet identified needs of service users.	Profession Conduct Competency No. 3 Clinical Competency No. 6, 11-14
3. Use research, reasoning and problem-solving skills to determine appropriate action.	Clinical Competency No. 6, 10, 12
4. Draw on appropriate knowledge and skills in order to make professional judgements.	Clinical Competency No. 6, 12
5. Formulate specific and appropriate management plans including the setting of timescales.	Clinical Competency No. 6, 11-12, 14

6. Conduct appropriate assessment/diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully.	Profession Conduct Competency No. 3, 8 Clinical Competency No. 2-4, 16-19
7. Implement best practice in record management.	Profession Conduct Competency No. 3, 8-9 Clinical Competency No. 3, 9, 15
8. Monitor and review the on-going effectiveness of planned activity and modify it accordingly.	Profession Conduct Competency No. 6 Clinical Competency No. 2-4, 16-19
9. Be able to evaluate, audit, and review practice.	Profession Conduct Competency No. 6, 9 Clinical Competency No. 20
Domain 6: Knowledge, understanding and skills	
1. Know and understand the key concepts of the bodies of knowledge which are relevant to the profession and demonstrate the ability to apply knowledge to normal and impaired communication at both theoretical and practical levels.	Clinical Competency No. 2, 4-5, 16
2. Know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities.	Clinical Competency No. 1-4, 11, 14, 16, 20
3. Have knowledge and understanding of the skills and elements required to maintain service user, self and staff safety.	Profession Conduct Competency No. 4, 8, 9 Clinical Competency No. 19-20

Appendix C: 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	2 nd Year (SF): Novice	3 rd Year (JS): Transition	4 th 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.

* 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.

	Competency	2nd Year (SF): Novice	3rd Year (JS): Transition	4th Year (SS): Entry
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.
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.

	Competency	2nd Year (SF): Novice	3rd Year (JS): Transition	4th Year (SS): Entry
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.

	Competency	2nd Year (SF): Novice	3rd Year (JS): Transition	4th Year (SS): Entry
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: <ul style="list-style-type: none"> 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. 	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 D: National student professional conduct and clinical competency evaluation forms



Level 1: Novice Clinician (2nd years) Student Profession 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 <input type="checkbox"/> at end of placement <input type="checkbox"/> No. of weeks <input type="checkbox"/>		
Caseload (please tick)			
0-5 Years <input type="checkbox"/>	6-18 Years <input type="checkbox"/>	Adult <input type="checkbox"/>	Older people <input type="checkbox"/>

Please indicate main client group / impairment:

General Guidelines for Completing the Form

***Note for TCD students:** 2nd year (Senior Fresh) students should be **rated on a minimum of 10 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 2nd year, 7 or more competencies must fall within the evident/plus range.** If the mid-placement evaluation indicates a significant gap in competency development the Practice Education Coordinator should be notified as soon as possible. Performance indicators document provides a useful guide for what is expected at the evident level.

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.				
Key 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

Key NR- Not Rated N/E- Not Evident Em- Emerging N- Novice NP- Novice Plus

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 <ul style="list-style-type: none"> • 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.

	Competency	Mid Placement				End of Placement			
		Not Evident	Emerging	Novice	Novice+	Not Evident	Emerging	Novice	Novice+
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.								
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

Abbreviations: NR- Not Rated N/E- Not Evident Em- Emerging N- Novice N+ Novice Plus

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	<p>The student speech and language therapist has consistently demonstrated acceptable levels of clinical knowledge and skills.</p> <p>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</p> <ul style="list-style-type: none"> • 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 <p>Novice students will need time to focus and reflect on their own performance. They will benefit from specific developmental feedback from Practice Educators on developing clinical skills and competencies.</p>
Novice Plus	The student speech and language therapist at this level has demonstrated clinical knowledge and skills in this area that would be expected at a higher level.

No	Competency	Mid Placement					End of Placement			
		NR	N/E	Em	N	N+	N/E	Em	N	N+
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	<p>Demonstrates appropriate communication and therapeutic skills during all interactions including:</p> <ul style="list-style-type: none"> • 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.									
End of placement total										

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 Final Marking

Note for TCD students:

- 2nd year (Senior Fresh) students should be rated on a minimum of 10 competencies. Case based clinical discussions can be used to assess competencies if opportunities for direct observation have not arisen in clinical work.

Information re: final marking:

- You are asked to map the student's competencies using this form - the exact grade and percentage mark will be assigned by College on review of the competency evaluation
- For information: **I** (min. of 10 competencies fall within the evident range with 4 or more of these at plus level), **II.1** (min. of 10 competencies fall within the evident range with 1-3 of these at plus level), **II.2** (9-10 competencies fall within the evident range), **Pass/III** (7 -8 competencies fall within the evident range).

Area	Number of competencies not evident or emerging	Number of competencies evident	Number at plus level
Clinical assessment and planning for communication and feeding, eating, drinking and swallowing disorders			
Intervention for communication and feeding, eating, drinking and swallowing disorders			
Total			

PE signature (s) and CORU Registration Number:

Student name and signature:

Date:

Comments:

For HEI Use only

Grade allocated		Signature	
Percentage		Date	

Feedback for College

Practice Education is a vital component of the BSc Clinical Speech & Language Studies degree programme that enables students to graduate, meeting the standards of proficiency as specified by CORU. The Practice Education programme would not be possible without close collaboration with you in your role as Practice Educator for our students when they are on placement. We are constantly striving to evaluate and enhance the quality of practice education and placement experiences for practice educators, services, and students. We would appreciate your feedback about how we can make things better for future placements.

What is working well in supporting you in your role as practice educator and in your ability to facilitate student placements?

What could be improved to support you in your role as practice educator and in your ability to facilitate student placements?

Any other comments?

Thank you!

Please return this completed form to Sinéad Kelly, Practice Education Coordinator, Dept. of Clinical Speech & Language Studies, 7-9 South Leinster Street, Trinity College, Dublin 2.



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 <input type="checkbox"/> at end of placement <input type="checkbox"/> No. of weeks <input type="checkbox"/>		
Caseload (please tick age range)			
0-5 Years <input type="checkbox"/>	6-18 Years <input type="checkbox"/>	Adult <input type="checkbox"/>	Older people <input type="checkbox"/>

Please indicate main client group / impairment: _____

General Guidelines for Completing the Form

***Note for TCD students:** 3rd year (Junior Sophister) students should be **rated on a minimum of 15 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 3rd year, 12 or more competencies must fall within the evident/plus range. If the mid-placement evaluation indicates a significant gap in competency development the Practice Education Coordinator should be notified as soon as possible. Performance indicators document provides a useful guide for what is expected at the evident level.

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.				
Key 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

Key NR- Not Rated N/E- Not Evident Em- Emerging T- Transition T+ - Transition Plus

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 <ul style="list-style-type: none"> • 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.

	Competency	Mid Placement				End of Placement			
		N/E	Emerging	Transition	Transition +	N/E	Emerg.	Transition	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 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.								
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

Abbreviations: NR- Not Rated N/E- Not Evident Em- Emerging T- Transition T+ Transition Plus

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 <ul style="list-style-type: none"> • 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 at a higher level.

No	Competency	Mid Placement					End of Placement			
		NR	N/E	Em	T	T+	N/E	Em	T	T+
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: <ul style="list-style-type: none"> • 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.									
End of placement total										

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 Final Marking

Note for TCD students:

- 3rd year (Junior Sophister) students should be rated on a minimum of 15 competencies. Case based clinical discussions can be used to assess competencies if opportunities for direct observation have not arisen in clinical work.

Information re: final marking:

- You are asked to map the student's competencies using this form - the exact grade and percentage mark will be assigned by College on review of the competency evaluation
- For information: **I** (min. of 15 competencies fall within the evident range, with 6 or more of these at plus level), **II.1** (min. of 15 competencies fall within the evident range with 1-5 of these at plus level), **II.2** (14-15 competencies fall within the evident range), **Pass/III** (12-13 competencies fall within the evident range).

Area	Number of competencies not evident or emerging	Number of competencies evident	Number at plus level
Clinical assessment and planning for communication and feeding, eating, drinking and swallowing disorders			
Intervention for communication and feeding, eating, drinking and swallowing disorders			
Total			

PE signature (s) and CORU Registration Number:

Student name and signature:

Date:

Comments:

For HEI Use only

Grade allocated		Signature	
Percentage		Date	

Feedback for College

Practice Education is a vital component of the BSc Clinical Speech & Language Studies degree programme that enables students to graduate, meeting the standards of proficiency as specified by CORU. The Practice Education programme would not be possible without close collaboration with you in your role as Practice Educator for our students when they are on placement. We are constantly striving to evaluate and enhance the quality of practice education and placement experiences for practice educators, services, and students. We would appreciate your feedback about how we can make things better for future placements.

What is working well in supporting you in your role as practice educator and in your ability to facilitate student placements?

What could be improved to support you in your role as practice educator and in your ability to facilitate student placements?

Any other comments?

Thank you!

Please return this completed form to Sinéad Kelly, Practice Education Coordinator, Dept. of Clinical Speech & Language Studies, 7-9 South Leinster Street, Trinity College, Dublin 2.



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 <input type="checkbox"/> at end of placement <input type="checkbox"/> No. of weeks <input type="checkbox"/>		

Caseload (please tick age range)

0-5 Years <input type="checkbox"/>	6-18 Years <input type="checkbox"/>	Adult <input type="checkbox"/>	Older people <input type="checkbox"/>
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Please indicate main client group / impairment: _____

General Guidelines for Completing the Form

***Note for TCD students:** 4th year (Senior Sophister) students should be **rated on a minimum of 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. If the mid-placement evaluation indicates a significant gap in competency development the Practice Education Coordinator should be notified as soon as possible. Performance indicators document provides a useful guide for what is expected at the evident 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.

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.				
Key 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

Key NR- Not Rated N/E- Not Evident Em- Emerging E- Entry E+ - Entry Plus

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.
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; <ul style="list-style-type: none"> • 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.

Competency		Mid Placement				End of Placement			
		N/E	Emerging	Entry	Entry +	N/E	Emerg.	Entry	E+
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.								
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

Abbreviations: NR- Not Rated N/E- Not Evident Em- Emerging E- Entry E+ - Entry Plus

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.
Entry	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; <ul style="list-style-type: none"> • 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 at a higher level.

No	Competency	Mid Placement					End of Placement			
		NR	N/E	Em	E	E+	N/E	Em	E	E+
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: <ul style="list-style-type: none"> • 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.									
End of placement total										

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 Final Marking

Note for TCD students:

- 4th year (Senior Sophister) students should be rated on a minimum of 20 competencies. Case based clinical discussions can be used to assess competencies if opportunities for direct observation have not arisen in clinical work.

Information re: final marking:

- You are asked to map the student's competencies using this form - the exact grade and percentage mark will be assigned by College on review of the competency evaluation
- For information: **I** (min. of 20 competencies fall within the evident range with 8 or more of these at plus level), **II.1** (20 competencies fall within the evident range with 1-7 of these at plus level), **II.2** (19-20 competencies fall within the evident range), **Pass/III** (16 -18 competencies fall within the evident range).

Area	Number of competencies not evident or emerging	Number of competencies evident	Number at plus level
Clinical assessment and planning for communication and feeding, eating, drinking and swallowing disorders			
Intervention for communication and feeding, eating, drinking and swallowing disorders			
Total			

PE signature (s) and CORU Registration Number:

Student name and signature:

Date:

Comments:

For HEI Use only

Grade allocated		Signature	
Percentage		Date	

Feedback for College

Practice Education is a vital component of the BSc Clinical Speech & Language Studies degree programme that enables students to graduate, meeting the standards of proficiency as specified by CORU. The Practice Education programme would not be possible without close collaboration with you in your role as Practice Educator for our students when they are on placement. We are constantly striving to evaluate and enhance the quality of practice education and placement experiences for practice educators, services, and students. We would appreciate your feedback about how we can make things better for future placements.

What is working well in supporting you in your role as practice educator and in your ability to facilitate student placements?

What could be improved to support you in your role as practice educator and in your ability to facilitate student placements?

Any other comments?

Thank you!

Please return this completed form to Sinéad Kelly, Practice Education Coordinator, Dept. of Clinical Speech & Language Studies, 7-9 South Leinster Street, Trinity College, Dublin 2.



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

Practice Education Clinical Examination Form: 3rd years

Student:

Year:

Practice Educator 1:

Clinic:

Practice Educator 2:

Date:

Block

Weekly

Other (Specify)

On the day of the exam the student is observed working with a **'seen'** client (i.e. a client they have been working with during the placement, or a client from a client group they have been working with during placement). A colleague can act as a co-examiner. Marking is based on the information provided in the box below and how the students' competencies are mapped on page 3.

- (i) **File** (File is examined for evidence that competencies in relation to maintaining clinical records are developing, either before or after the session)

- (ii) **Presentation** (Student is required to give a brief oral summary (< 5 mins) of the client e.g. relevant history, diagnosis, previous assessment/therapy)

- (iii) **Clinical Session** (The student is observed working with client by 2 examiners, either separately or in turn)

- (iv) **Viva** (The clinical session is followed by a short viva. Sample questions are provided overleaf)

- (v) **Map student's clinical competencies on p.3** (based on (i) to (iv) above)



Signed: _____ Practice Educator 1



Signed: _____ Practice Educator 2



Practice Education Clinical Examination/...p2

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 no. 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:



Practice Education Clinical Examination/...p3

Student:

Year:

NE = Not evident **Em** = Emerging **Evid** = Evident **Plus** = Plus level

2nd year students must be assessed on a minimum of 7 competencies

3rd year students must be assessed on a minimum of 10 competencies

To pass, 70% of the competencies rated have to be within evident/plus range

	National Student Clinical Competency	NE	Em	Evid	Plus
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.				
11	Demonstrates the ability to consult and collaborate with clients/carers when developing management plans.				
12	Determines care pathways for clients based on client needs, service resources and the professional evidence base.				
13	Recognises 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 way.				
18	Demonstrates appropriate communication and therapeutic skills during all interactions including: <ul style="list-style-type: none"> 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. 				
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.				
	Totals:				

Note: To pass the exam, 70% of the competencies you rated must be evident or plus

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

'Unseen' Clinical Examination Booklet for 4th years

Student: _____

Placement: _____

Practice Educator: _____

Date: _____

Co-examiner: _____

	Practice Educator Role	Student Role	Date Completed
1	One 'trial' Clinical Exam		
1a	Practice Educator identifies 1 client assessment for 'trial' clinical exam. This 'trial' clinical exam can take place at a convenient time for the service at least 1 week before the clinical exam and as part of typical SLT service delivery.	Student submits session plan using the TCD session planning template (<i>p.6 of this booklet</i>) for 'trial' clinical exam the day before by time agreed with PE.	
1b	Practice Educator observes the student assessing the communicative and/or swallowing abilities of the client and reviews the student's self-reflective report. No co-examiner needed.	Student completes the assessment session and the self-reflective report 45 mins after the session (<i>self-reflective report is on p. 10-11 of this booklet</i>).	
1c	Practice Educator provides formative feedback to students on session plan, assessment session and student self-reflective report. Copy of trial clinical exam paperwork is kept by PE & student.	Student develops a personal learning plan for further learning and clinical competency development based on the feedback received and trial clinical exam paperwork.	
	Practice Educator Role	Student Role	Relevant Clinical Competencies
2.	Clinical Exam		
2a	Practice Educator(s) select 1 client for the 'unseen' exam who the student has not worked with before and is unfamiliar to the student (i.e., a client who will be new to the student).	Student continues to work on personal learning plan in advance of the clinical exam day.	As indicated.
2b	Two working days in advance of the 'unseen' exam, the student is provided with basic background information using template on p.7.	Student reviews the information received and submits a session plan by 5pm the day before the exam to the Practice Educator(s) and Co-examiner as per the TCD session planning template on p.6.	2, 6, 14
2c	Student is observed by the examiners as the student assesses the communicative and/or swallowing abilities of the client (30-40 mins). No formal assessment is allowed to be administered.	Student assesses the communicative and/or swallowing abilities of the client using informal assessments that align with evidence-based practice.	1, 2, 3, 10, 11, 17, 18, 19
2d	After the session, the student is provided with 45 minutes to complete the self-reflective report.	Student completes the self-reflective report within the timeframe provided.	1-20
2e	Once the examiners have reviewed the completed report , there will be a 30 min viva to discuss the session and the student's reflections on the session. This may include key assessment findings, diagnostic hypothesis, knowledge base in general principles of assessment, diagnosis, intervention, and management related to client group, disorder area, and/or service delivery.	Student takes a rest break when the examiners are reviewing the completed self-reflective report. Then, student participates in the viva , and answers questions posed by the examiners.	1, 2, 3, 4, 5, 6, 7, 8, 11, 12, 13, 14, 15, 20.
2f	Students are graded based on the national student clinical competency evaluation framework (p.13). A minimum of 15 clinical competencies must be rated. (70% of those rated must be evident/plus in order to pass).	Student develops a personal learning plan for further learning and clinical competency development based on the feedback received.	1-20



Trial Clinical Exam



'Trial' Clinical Exam

<p>Information provided to student in advance.</p> <p><i>Examples may include client file, referral note, details of last assessment, medical history, MDT report etc</i></p>
Date Provided:
Practice Educator:

<p>Key Feedback on Session Plan</p>
<p>Key Feedback on Session</p>
<p>Key Feedback on Student Self-Reflective Report</p>
<p>Student's Learning Plan Based on Feedback Received</p>
Date :
Practice Educator:
Student:



Clinical Exam



Clinical Exam

Information about 'unseen' client provided to student 2 days in advance.

Gender: _____

DOB: _____

Social History:

Medical History:

Educational History:

Previous SLT:

May be accompanied by:

Date Provided:

Practice Educator:





Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity if relevant
1.		Step-up: Step-down:		
2.		Step-up: Step-down:		
3.		Step-up: Step-down:		

Self-Reflective Report to be completed by the student during the 45 mins self-reflection time after the 'unseen' exam session with the client:

<p>What went well?</p> <p><i>(relates to professional conduct competency 6)</i></p>	<ul style="list-style-type: none">• _____• _____• _____
<p>What would you change?</p> <p><i>(relates to professional conduct competency 6)</i></p>	<ul style="list-style-type: none">• _____• _____• _____
<p>Outline your key assessment findings</p> <p><i>(relates to clinical competencies 1, 3, 4, 5, 20)</i></p>	<ul style="list-style-type: none">• _____• _____• _____• _____• _____
<p>What is your diagnostic hypothesis? Why?</p> <p><i>(relates to clinical competencies 4 & 5)</i></p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>What care pathway, service, and/or onward referral would you recommend?</p> <p><i>(relates to clinical competencies 6, 7, 12, 13, 14, 20)</i></p>	<p>_____</p> <p>_____</p> <p>_____</p>



<p>Identify 3 long term goals for the client</p> <p><i>(relates to clinical competencies 1, 6, 12, 14, 20)</i></p>	<p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p>
<p>Identify 3 short term goals for the client</p> <p><i>(relates to clinical competencies 1, 6, 12, 14, 20)</i></p>	<p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p>
<p>What techniques and/or resources would you use to help you achieve those goals?</p> <p><i>(relates to clinical competencies 2, 6, 12, 13, 14, 16, 20)</i></p>	<ul style="list-style-type: none"> • _____ _____ • _____ _____ • _____ _____
<p>What is the supporting evidence for your clinical decision making?</p> <p><i>(relates to clinical competencies 2, 7, 12, 16, 20)</i></p>	<ul style="list-style-type: none"> • _____ _____ • _____ _____ • _____ _____
<p>Any other relevant information</p> <p><i>(relates to clinical competencies 1-20)</i></p>	<ul style="list-style-type: none"> • _____ _____ • _____ _____ • _____ _____



Clinical Exam Feedback

Key Feedback on Session Plan
Key Feedback on Session
Key Feedback on Student Self-Reflective Report
Suggestions for Student's Learning Plan Based on Feedback Received
Date :
Practice Educator:
Student:



NE = Not evident **Em** = Emerging **Evid** = Evident **Plus** = Plus level

Students must be assessed on a minimum of 15 competencies and these will be evaluated proportionally.

. To pass, 70% of the competencies rated have to be within the evident/plus range.

National Student Clinical Competency		NE	Em	Evid	Plus
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.				
11	Demonstrates the ability to consult and collaborate with clients/carers when developing management plans.				
12	Determines care pathways for clients based on client needs, service resources and the professional evidence base.				
13	Recognises 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 way.				
18	Demonstrates appropriate communication and therapeutic skills during all interactions including: <ul style="list-style-type: none"> 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. 				
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.				
Totals:					



Signed: _____ Practice Educator _____ 2nd examiner/College Examiner



Signed: _____ External Examiner, if relevant

Appendix G: Simulated Case Based Exercise rubric

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.
3. Complete the **Case Report** after viewing the simulated case video and reviewing the background information.

<p>List 3 communicative strengths (15 points)</p>	<p>1.</p> <p>2.</p> <p>3.</p>
<p>List 3 communicative difficulties / areas not yet developed (15 points)</p>	<p>1.</p> <p>2.</p> <p>3.</p>
<p>List 2 areas requiring further assessment (10 points)</p>	<p>1.</p> <p>2.</p>



<p>State your diagnostic hypothesis, including rationale for your diagnosis</p> <p><i>(15 points)</i></p>	
<p>Identify 2 long term goals to support communication/ swallowing</p> <p><i>(10 points)</i></p>	<p>1.</p> <p>2.</p>
<p>Identify an outcome measure to evaluate the progress of each of your long-term goals</p> <p><i>(10 points)</i></p>	<p>1.</p> <p>2.</p>
<p>Identify 2 short term goals that link to your long-term goals</p> <p><i>(10 points)</i></p>	<p>1.</p> <p>2.</p>
<p>What evidence-based techniques, practices and/or resources would you use to help you achieve your goals?</p> <p><i>(15 points)</i></p>	

Total **Points:** _____
Examiner: _____

Grade: _____

Appendix H: 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

 **Signed:** _____
(Practice Educator)

 **Signed:** _____
(Student)

Date: _____

Total Hours:		
DCM	CRCA	Other

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

Appendix I: 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)

Therapy focus	Clients: 0-5 yrs			Clients: 6-12 yrs			Clients: 13-18 yrs			Clients: Adults			Comments
	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	
Language													
Speech													
Stuttering													
Voice													
AAC													
FEDS													
Other*													
Total hours													

 **Signed:** _____
(Practice Educator)

Date: _____

 **Signed:** _____
(Student)

Date: _____

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

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



Appendix J: 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
<i>I am not always clear in the next steps when closing sessions (OSCE feedback)</i>	<i>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)</i>	<i>-role play with peer -revisit tutorial notes -observe PE / peer -use written script -seek feedback from PE/ peer</i>	<i>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.</i>
<i>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>	<i>I will present a clear rationale for all parent and teacher strategies I recommend for children with SLCN on my caseload (#6 #16)</i>	<i>-revisit lecture notes - review literature -consider external evidence, stakeholder perspective, and clinical evidence in rationale</i>	<i>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</i>

_____ When you have finalised your goals, ask your PE to cosign.



Date: _____

Student name & signature		Date	
--------------------------	--	------	--



PE name & signature		Date	
---------------------	--	------	--

Note: Total combination of hours per day should equate to 6-7 hours

Appendix k: Preplacement Profile Template

Pre-Placement Profile

Student Name:

Student email:

Student phone number:

Term Time Address:

Emergency Contact:

Photo
(optional)

Practice Education Experience

Setting	Client Group	Year

Other relevant information:

Some of my strengths in clinical practice are:

1.

2.

3.

My priority areas for growth* on this placement are:

1.

2.

3.

**these are described in detail and linked to NSCCE competencies in my Personal Learning Plan attached*

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



Signed:

Date:

Appendix L: Session planning template

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	<ol style="list-style-type: none"> 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 	<p>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.</p> <p>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.</p>	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, demonstrate by answering questions with 80% accuracy	<ol style="list-style-type: none"> 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 <p>Step-up:</p> <ul style="list-style-type: none"> • Reduction of prompts to self-cue • More complex text will be read aloud (taken from "Source for Aphasia" p.65-67) <p>Step-down:</p> <ul style="list-style-type: none"> • Context of the text will be provided before reading the text or simpler text will be provided (taken from "Source for Aphasia" p.45 & 49) • Text will be broken into sentences • More explicit prompting of self-cueing strategies will be provided 	<p>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.</p> <p>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.</p>	Depending on levels of accuracy achieved, an additional simpler or more complex text will be provided for independent practice at home.	

References: Paolucci, S., Gandolfo, C., Provinciali, L., Torta, R., Sommacal, S., & Tosso, 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	<ol style="list-style-type: none"> 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 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 <p>Step-up:</p> <ul style="list-style-type: none"> • 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) <p>Step-down:</p> <ul style="list-style-type: none"> • A less language loaded passage will be used, containing sentences that are of a more simple syntactic structure. 	<p>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</p> <ul style="list-style-type: none"> - Locating and remembering - Understanding the main idea - Inferring - Drawing conclusions - Predicting/extending - Evaluating <p>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.</p> <p>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.</p>	<p>Passage appropriate to the level of complexity achieved will be provided for homework to help practise Sentence by Sentence visualisation</p>	

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.	<p>The student will:</p> <ul style="list-style-type: none"> - 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 <p>Relevant information in relation to Feeding, Eating, Drinking and Swallowing will be recorded to help form a plan for further assessment, if needed.</p>	<p>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).</p> <p>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.</p>	N/A	

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

Appendix M: Notification of concern forms (professional conduct and/or clinical competency)

Notification of Concern:

Student:

Block

Weekly

Paired

Year:

Other (Specify)

Practice Educator:

Phone:

Email:

Clinic:

Best time to contact:

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



Signed: _____
(Practice Educator)

Date: _____

Please send to the named placement mentor (4th year placements only) or the Practice Education Co-ordinator at clinicalspeech_PEC@tcd.ie.

For College use

Received by:

Date:

Action taken:

Appendix N: Student evaluation of placement form

Student Evaluation of Practice Education Placement

[For Practice Education Co-ordinator information only]

Year: _____

Date: _____

Location of placement: _____

Type of placement:

- Block
 Weekly
 Other (*specify*)
 Individual
 Paired (peer)
 Paired across years
 Group

Reflect on your placement and think about the extent to which it provided you with opportunities and resources to develop your clinical skills and to meet your learning goals.

Opportunities provided to ...	–	*	**	***
Observe/interact with a range of clients				
Observe/interact with PE ⁴ in clinical administration				
Establish and maintain effective relationships with PE and other co-workers				
Establish and maintain effective relationships with clients and their communication partners				
Apply and develop your knowledge and skills related to assessment and clinical decision-making				
Apply and develop your knowledge and skills to develop long and short term therapy planning				
Apply and develop your knowledge and skills to the practice and evaluation of therapy				
Gain experience in clinical record keeping and reporting				
Factors related to your supervision ...	–	*	**	***
PE observation and feedback on your work/clinical practice				
Opportunities to use your initiative				
Opportunities to address your individual learning goals				
Discussion time/Feedback time				
Factors related to you ...	–	*	**	***
Your preparation for the placement				
Professional knowledge				
Clinical skills and practice				

⁴ PE = Practice Educator

Feedback literacy				
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What did you find **most helpful** about this placement?

What did you find **most challenging** about this placement?

What **suggestions** do you have to improve student learning for this placement?
