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

B.Sc Clinical Speech & Language Studies

Practice Education Handbook 2020 - 2021

Roinn an Staidéir Chliniciúil ar Urlabhra agus Teanga,

Scoil na nEolaíochtaí Teangeolaíochta, Urlabhra agus Cumarsaí

Introduction: What is Practice Education?

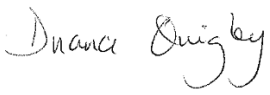
Practice education is a core component of the B.Sc undergraduate programme in Clinical Speech and Language Studies. It provides students with opportunities to integrate knowledge, theory, clinical decision-making, and professional behaviour within clinical practice across a range of health, community 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.



Dr. Duana Quigley
Practice Education Coordinator

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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).

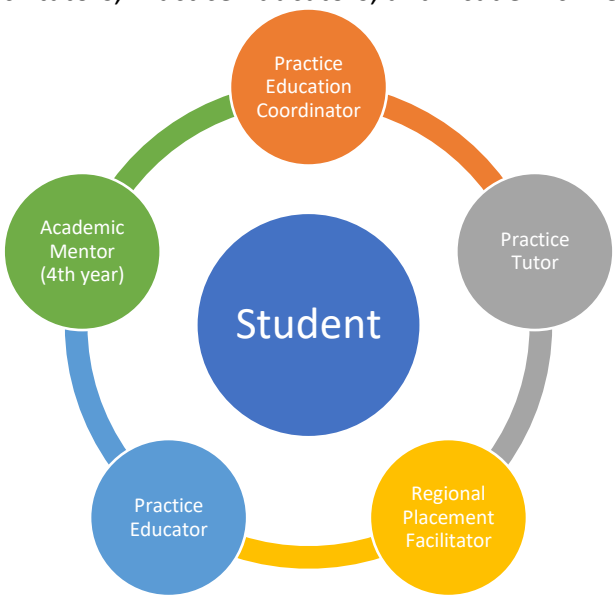


Figure 2.1: Practice Education Team

2.1 Practice Education Coordinator (PEC)

Duana Quigley is the Practice Education Coordinator for the Department (quigled1@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.

Regional Placement Facilitators currently in post are:

Name	Location
Aoife Mhic Mhathúna	HSE Dublin South East
Sarah Scott	HSE Dublin North

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).

Practice Tutors currently in post are:

Name	Location
Jessica Molloy	Mater Hospital, Dublin
Marie Cox	National Rehabilitation Hospital, Dun Laoghaire, Co. Dublin
Christopher McCarthy	Connolly Hospital, Blanchardstown, Dublin 15
Emer Foley	St. James's Hospital, Dublin 8
Sara Brennan	Beaumont Hospital, Dublin 9.
Jenny Neary	Central Remedial Clinic, Clontarf, Dublin 3
Rita Linehan & Olivia Ward	Enable Ireland Sandymount/ Enable Ireland Bray

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

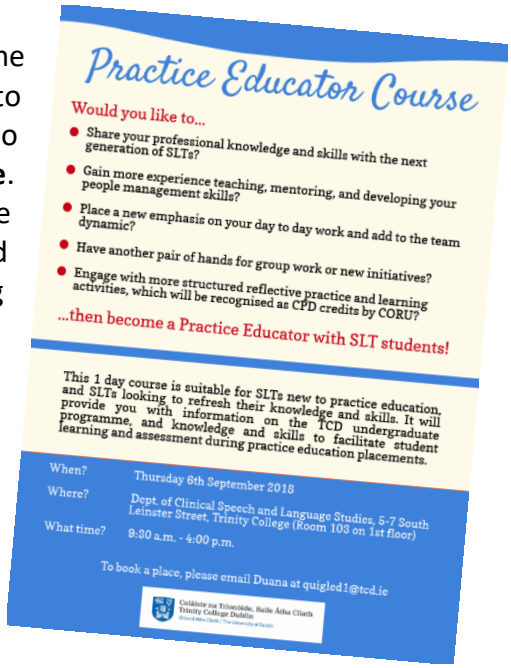
	Practice Educator	Practice Education Coordinator (PEC)
Before placement	• Read the practice education handbook • Attend practice educator training course or refresh knowledge and skills from previous course • Become familiar with the timings, structure, and assessment components of the placement, including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

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 6-week 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.

4.4 Advanced Professional Development Afternoon Tea

This annual 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 is 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 a number of 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/predcompetencies20008.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.pdfA
- **Online CPD**
  - E-learning module on 'Feedback in the Clinical Setting. Available from https://www.tcd.ie/slscs/clinical-speech-language/SLT/index.php
  - 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 and then to Health & Social Care Professionals Hub.
  - There is a free short course on 'Clinical Supervision' available on FutureLearn. Available at: www.futurelearn.com/courses/categories
  - Additional CPD opportunities are available at www.lpmde.ac.uk/, in particular the online modules at https://www.lpmde.ac.uk/professional-development/elearning-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 P)
  - 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)**
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: 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: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues.	Meeting the Child and Family or Adult Client. Practical workshop: Case History Taking
Week 3	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information.	Principles and Processes in Informal Assessment. Practical workshop:

	No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Informal assessment with children
Week 4	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Principles and Processes in Informal Assessment. Practical workshop: Informal assessments with adults
Week 5	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information No.8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members. No.10: Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	Using Standardised Language Assessments. Practical workshop: Standardised assessment with children
Week 6	No. 2: Applies theory to practice in the selection of formal and informal assessment procedures and tools appropriate to clients' needs, abilities and cultural background. No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information	Using Standardised Language Assessments: Practical workshop: Standardised

	No.8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members. No.10: Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision-making and informed consent. No.17: Introduces, presents and closes all clinical sessions clearly in a client-centred manner. No.18: Demonstrates appropriate communication and therapeutic skills during all interactions including: o Observes, listens and responds to client/carer. o Uses appropriate vocabulary and syntax. o Uses appropriate intonation, volume and rate. o Uses appropriate modelling, expansions and recasting. o Uses appropriate and varied prompts and cues. No.19: Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction.	assessment with adults
Week 7	**Study/Review week**	
Week 8	No. 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical No. 6: Makes appropriate recommendations for management based on a holistic client profile No. 7: Demonstrates understanding of the indicators and procedures for onward referral. No. 8: Reports assessment findings orally in an appropriate professional manner to client / carer and team members.	Using Standardised Speech Assessments. Practical Workshop: Interpreting Speech and Language Standardised Assessments
Week 9	No. 3: Administers, records and scores a range of assessments accurately. No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No. 5: Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge. No. 9: Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients. No. 15: maintains precise and concise therapy records, carries out administrative tasks and maintains service records	Oro-Facial Examinations, including practical workshop. Record keeping (SOAP), including practical workshop
Week 10	No. 6: Makes appropriate recommendations for management based on a holistic client profile. No. 14: Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans	Developing session plans/SMART goals/Step-up and step-down activities including practical workshop
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: 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.	*Mid-placement review.* 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	Case Presentations –

	No. 4: Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. No. 5 Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge No. 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	Applying evidence for effective presentations
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

5.1.2 Attendance

Attendance at tutorials, lectures and workshops is compulsory for all students in accordance with College regulations. A signed attendance record is kept for each class group. Students who are identified as signing in for students who are not present will have a 10 mark penalty applied for each instance of infringement and may be reported to the Junior Dean. College stipulates that students from all years may be deemed *unsatisfactory* if they miss more than one third of the lectures in any course in any semester. The Director of Teaching and Learning may report such students to the Senior Lecturer as being non-satisfactory for that semester. A student returned as non-satisfactory for both the Michaelmas and Hilary terms may be refused permission to take their annual examinations and may be required by the Senior Lecturer to repeat their year. Further details, and a copy of the Report on a Non-Satisfactory Student, can be viewed at:
http://www.tcd.ie/undergraduate-studies/academic-progress/attendance-course-work.php

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 as per Trinity College Policy
- ✓ Complete Garda Vetting Process as per Trinity College Policy
- ✓ Read, complete necessary preparation, and sign the 'Student Information for Placements during COVID-19 Pandemic' document (appendix Q)
- ✓ Attend mandatory practice education tutorials, lectures and workshops
- ✓ Complete and obtain certificate in relevant HSELand modules (e.g., Children's First, Hand Hygiene, Fundamentals of GDPR, Breaking the Infection Chain etc as per PDL checklist)
- ✓ 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 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. These include policies and procedures related to:
    - garda vetting/child protection
    - professional conduct
    - health and safety and infection control
    - confidentiality/data protection/record keeping
    - absences
    - insurance
    - learning contract
- ✓ 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 (e.g., behave with honesty and integrity in all placement-related matters; demonstrate respect for the supervisory process by seeking and responding to feedback; engage in reflection and reflective practice; critically appraising and working to develop own professional competencies)

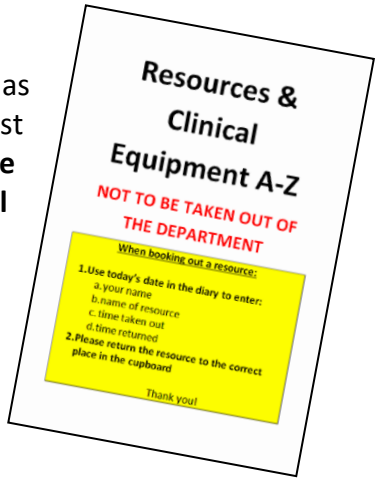
- ✓ Comply with all health and safety regulations and relevant policies and procedures discussed during the induction day or during placement
- ✓ Comply with all guidance set out in the 'Student Information for Placements during COVID-19 Pandemic' document (appendix Q)
- ✓ Be sensitive to your practice 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
- ✓ 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 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
- ✓ Provide additional feedback to the Practice Education Coordinator as necessary
- ✓ 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 (see appendix B and appendix C). **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): Monday 28th September – Friday 14th December 2020
- Semester 2 (Hilary Term): Monday 1st February – Friday 23rd April 2021

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 D.

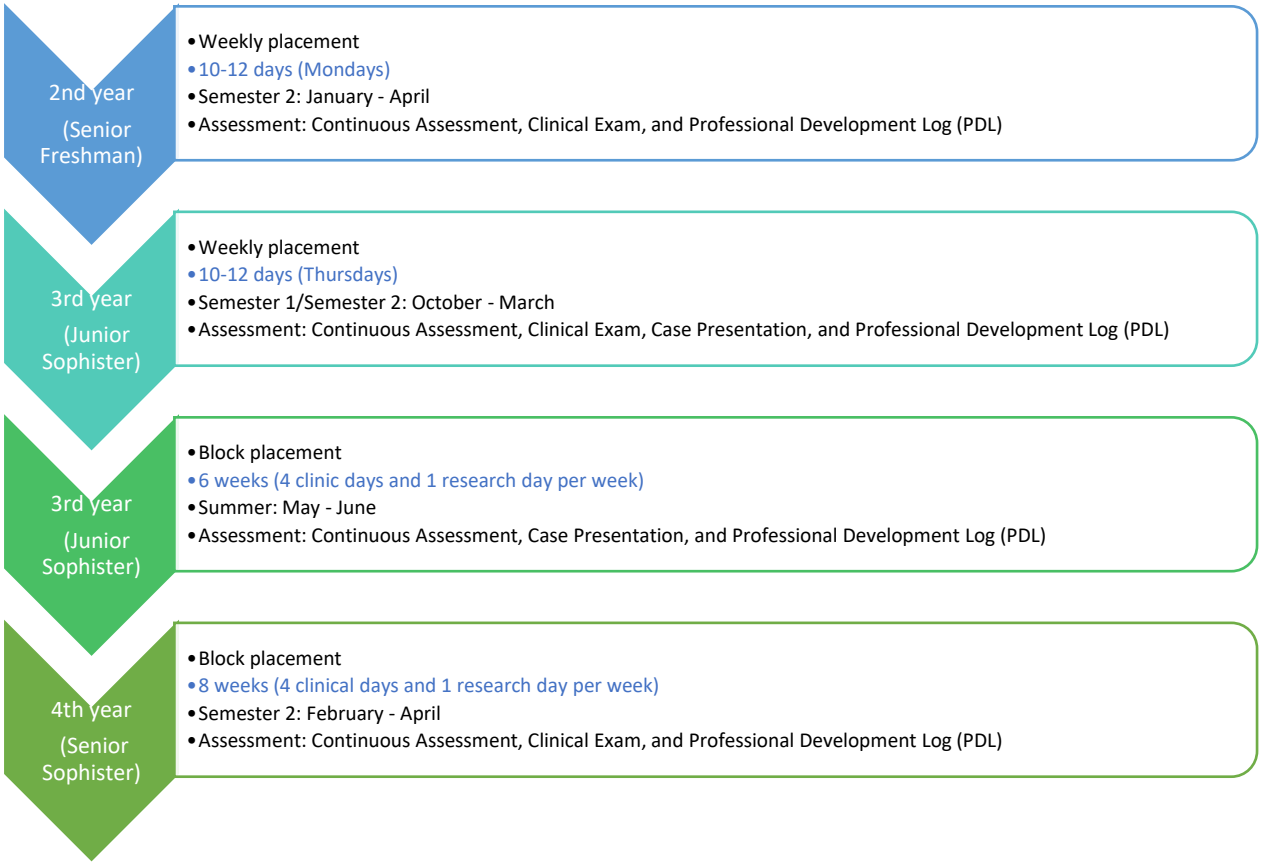


Figure 5.1: Overview of practice education placements

Clinical Speech and Language Studies Placement Calendar 2020-2021

SF (2nd year): 10-12 Mondays between 1st February and 19th April 2021

JS (3rd year): (i) 10-12 Thursdays between 1st October and 5th March 2021
(ii) 30 day block (6 weeks) between 17th May and 30th June 2021

SS (4th year): 40 day block (8 weeks) between 8th February and 16th April 2021

September	October	November	December
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
	JS Weekly placement	JS Weekly placement	Study/Exam period

January	February	March	April
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Study/Exam period	SF weekly placement JS weekly placement SS block placement	SF weekly placement JS weekly placement SS block placement	SF weekly placement SS block placement Study/Exam period

May	June	July	August
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Study/Exam period JS block placement	JS block placement		

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 the 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: 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 pursing 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 E).

(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 (3rd year)** – 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 F 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 G for the assessment forms for 2nd year (SF), 3rd year (JS) and 4th year (SS) students.

5.3.4 Clinical exam: 2nd year (SF) and 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). For 2nd year students, the exam will be an assessment session and for 3rd years the exam will be a therapy session. A colleague can act as a co-examiner. The clinical examination takes place in the second half of the placement. See appendix H for the clinical exam form for 2nd/3rd year (SF/JS) students.

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. 2nd year students must be assessed on a minimum of 7 competencies and 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 I 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 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 *(p.6 of this booklet)* 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 *(self-reflective report is on p. 10-11 of this booklet).*	
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 Practice Education Team

- **Case presentations**
  - 3rd year and 4th year students complete a case presentation following the completion of the 3rd year weekly placement and the 3rd year summer block placement. Students are required to carry out detailed research on one client in preparation for a 10 minute presentation that is followed by a question and answer session.
  - Case presentations are evaluated in college by two members of the Dept staff (moderated by the external examiner for 4th year students). See case presentation rubric in appendix J.

- **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 and examples are listed below in table 5.7. PDL requirements are updated each year in line with HSE guidelines.

Table 5.7: Examples of PDL requirements for each year

1st year (Junior Freshman) - Examples
General Conduct Declaration
Garda Vetting Form
Health & Safety Agreement
JF Practice Related Activity Summary of Certified Hours
JF CONNECT Certified Hours
Personal Reflections on Code of Professional Conduct & Ethics for Speech & Language Therapists
Copy of the 2 page summary submitted for CONNECT assignment
Personal Learning Plan (completed based on JF practice related activities)
Screening audiograms on peers/fellow students x 2
Hand Hygiene Certificate (www.hseland.ie to access training)
2nd year (Senior Freshman) - Examples
Induction Checklist
SF Practice Related Activity Declaration
Practice Education: Summary of Certified Hours
Practice Education: Certified Daily Hours
Personal Learning Plan
Pre-Placement Profile
Description of Professional Role & Practice Setting
Reflecting on a Therapy Session
Reflective Practice Placement Report
Record of Specific Learning Activities During Placement
Self-review: National Student Professional Conduct and Clinical Competencies
Certificate from online module in Hand Hygiene (www.hseland.ie)
Certificate from online module in Manual Handling (www.hseland.ie)
Certificate from online module in Good Information Practices (www.hseland.ie)
Certificate from online module in Health, Safety & Security (www.hseland.ie)
Certificate from online module in Children First (www.hseland.ie)
Certificate from online module in The Fundamentals of GDPR (www.hseland.ie)
Oro-facial examinations (non-clinical population) x5
Reviews of tests and/or other assessment procedures form x5

Detailed evaluation of a test or other assessment/screening procedure that you completed on a client (i.e., quantitative & qualitative evaluation of the results)
3rd year (Junior Sophister) – Examples
Induction Checklist
Practice Education: Summary of Certified Hours (signed by you & PE)
Practice Education: Certified Daily Hours (signed by you & PE)
Personal Learning Plan
Pre-Placement Profile
Description of Professional Role & Practice Setting
Reflecting on a Therapy Session
Reflective Practice Placement Report
Record of Specific Learning Activities During Placement
Self-review: National Student Professional Conduct and Clinical Competencies
Original and Repeat Certificate from online module in Children First if applicable (www.hseland.ie)
Certificates from all relevant online HSELand modules (i.e., hand hygiene, manual handling, good information practices, health, safety and security, the fundamentals of GDPR)
Completed Cultural Competence Checklist: Service Delivery (ASHA, 2010) – www.asha.org/uploadedFiles/Cultural-Competence-Checklist-Service-Delivery.pdf
4th year (Senior Sophister) - Examples
Personal Learning Plans from each placement
Pre-Placement Profiles from each placement
Summary of Certified Hours for all placements
Certified Daily Hours for all placements
Reflective Practice Reports for all placements
Record of Specific Learning Activities for all placements
Self-review: National Student Professional Conduct and Clinical Competencies Evaluation completed for Novice, Transition and Entry Levels
Cultural Competence Checklist: Policies and Procedures (ASHA, 2010) – www.asha.org/uploadedFiles/Cultural-Competence-Policies-Procedures.pdf
Certificates from all relevant online HSELand modules (i.e., hand hygiene, manual handling, good information practices, health, safety and security, the fundamentals of GDPR)

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 Clinical Exam	50% 20%
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 Case Presentation	30% 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 Case Presentation	70% 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 Clinical Exam	60% 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'.* For further information see: http://www.tcd.ie/calendar/1415-2/part-2-undergraduate-courses-and-other-general-information/faculty-of-arts-humanities-and-social-sciences/school-of-linguistic-speech-and-communication-sciences/

7.2 Health Screenings

Students must adhere to precautions against infectious diseases, which are governed by the Blood Borne Viruses (BBV) regulations. For further information see:
https://www.tcd.ie/students/orientation/undergraduates/health-screenings.php

- Students must return satisfactory proof from their registered GP or TCD College Health that they are not currently infected with **Hepatitis B (core and surface) or C**. In the case of a positive result from the above, a Hepatitis B e-antigen (HBeAG) test and a PCR test for Hepatitis C RNA with a negative result will be required. Before commencing clinical contact with patients, students may be required to undergo further testing to determine the effectiveness of their immunity to Hepatitis B. Depending on the results of the tests, students may be required to complete a series of vaccinations or obtain a booster.
- Students must show they have been **vaccinated for Pulmonary Tuberculosis (TB)** with evidence of a BCG scar which their registered GP or TCD College Health must record. If they do not have a visible scar their registered GP or TCD College Health will be required to facilitate a Mantoux test. If a student has difficulty obtaining a Mantoux test or if their result is positive they will be required to provide a chest X-Ray.
- Students must ask their registered GP or TCD College Health to certify their **immunity to Chickenpox, Measles, Mumps and Rubella**. A blood test will be required to confirm this if no certificate of immunity is presented. A student may be requested to attend the TCD College Health to undergo vaccination for Chickenpox, Measles, Mumps and Rubella if required.

The University will only accept an original test result from a recognised medical establishment, stamped and authorised by a qualified official and carried out not more than nine months prior to entry. The University reserves the right in all cases to require a confirmatory test in a testing centre of its own choosing. Failure to complete all TCD health screening requirements will result in a student being withdrawn from their course and a re-admission fee may apply.

7.3 Infection control, including flu vaccine

During practice education placements students may be exposed to many unknown microbiological hazards. All placement sites have a local policy on infection control measures that are standard practice in their work area. It is the **students' responsibility to read any relevant information in their policies**. The student must always follow safe working practices and adhere to all infection control policies. Cross infection is a major risk to patients within hospitals/other practice education sites. Many patients have a lowered tolerance to infection. Universal precautions should be taken with all patients regardless of their health status. Basic infection control measures of hand washing, covering cuts/abrasions with waterproof dressings, keeping hair back from face, and maintaining high personal standard of hygiene is vital. Students should be guided by their practice educator and consult them if in any doubt about correct procedure.

In particular, please note policies on Swine flu, Methycillin Resistant Staphylococcus Aureus (MRSA), winter vomiting virus and Clostridium precautions. Healthcare workers, including students, are at an increased risk of exposure and infection to flu. This then may increase the risk to family, colleagues, and patients. **The School has made it a mandatory requirement that all students should get the flu vaccine** to prevent the spread of flu and save lives. TCD Health Service can provide students with the flu vaccine (€15). 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**.

7.4 Covid-19

HSE guidance and government national public health advice in relation to Covid-19 are changing on a regular basis. It is important that students check the following website regularly for updates:

- The HSE Website for healthcare workers
- The Health Protection Surveillance Centre advice for healthcare workers during the COVID-19 pandemic
- TCD Covid-19 webpage: https://www.tcd.ie/about/coronavirus/

All students must sign the '**Student Information for Placements during COVID-19 Pandemic' document** (appendix Q) to confirm they have read and understood the information relation to Covid. A copy of your signed form will be held by the Department.

Placement should **not** be undertaken in the following circumstances:

- If a student has an underlying health condition that will put them at risk of a serious illness should COVID-19 be contracted. All students must review the HSE guidance on people at higher risk from COVID-19 virus before undertaking placement. If you have concerns that you may be at risk, please contact your GP/College Health to discuss any health issues further. Please provide the Practice Education Coordinator (Duana) with a letter from your GP confirming you are in an at-risk group and unable to undertake placement if this is the case.
- If a student has been working in a clinical environment (e.g., a nursing home, hospital or residential setting) in the 2 weeks prior to starting placement. It is not permissible for students to work in another healthcare setting prior to or during the placement due to the potential risks to patients/clients and other healthcare staff.
- If a student had close contact with an individual who has tested positive for COVID-19 in the previous 14 days.
- If a student is experiencing any common symptoms of COVID-19 (e.g., fever, cough, difficulty breathing, loss of sense of taste or small) or any symptoms of acute infection such as symptoms of viral respiratory tract infection or gastroenteritis.

Careful consideration should also be given to the following circumstances:

- If a student shares accommodation with a vulnerable person and are concerned of transmitting infection (including COVID-19) to this person.

Please contact the Practice Education Coordinator and Head of Dept if you are unable to undertake placement for any of the reasons above, or any other reason.

There are a number of additional pre-placement preparations that must be completed in advance of placement in the context of COVID-19

1. All students should complete the following online courses:

- HSELand Hand Hygiene for HSE clinical staff (revision). *Your competence in Hand Hygiene will be assessed by visual observation of your performance of hand hygiene in the placement site.*
- HSELand Breaking the Infection Chain
- HSELand PPE training in the acute and community setting
- HSELand Introduction to Infection Prevention and Control
- HSELand Managing Health and safety in Healthcare: chemical agent hazards
- Safety Health and Welfare in Healthcare (https://hsalearning.ie/mod/page/view.php?id=27)

Certificates for each online module will be required for your Professional Development Log (PDL) and you will be required to formally certify that you have completed them at induction.

2. You are required to watch the HPSC videos on how to put on and take off Personal Protective Equipment (PPE) in the following link: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/

3. You are required to review the IPC Guidance including IPC COVID-19 Guidance and educational videos.

4. You are required to read the IASLT Covid 19 Guidance that can be accessed through the former link.

5. If you are working in any clinical environment (e.g., nursing home, residential centre, hospital) you are required to cease working there two weeks prior to starting placement (and for the duration of placement)

6. You are required to declare to your Practice Educator each day when you present for placement that you are free of key symptoms of Covid-19 and to document this (see p9 of the document). In some settings, you may also be required to have your temperature checked each day.

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 complete practice education placements that will bring them into professional contact with children and/or vulnerable adults and are therefore required to undergo vetting by the Garda Síochána and/or other relevant police force prior to registration. **All students should be aware that it is their responsibility to submit a completed form when requested.** The TCD Academic Registry (AR) Office will process the vetting request with the National Vetting Bureau and provide documentation to the student that their Garda Clearance was successful. **This document should be retained to provide as evidence of Garda Clearance 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. Please see Garda/Police Vetting (paragraph 2) at: http://www.tcd.ie/calendar/1415-2/part-2-undergraduate-courses-and-other-general-information/faculty-of-arts-humanities-and-social-sciences/school-of-linguistic-speech-and-communication-sciences/

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 and the Practice Education Co-ordinator (Duana Quigley) must be informed 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. 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. 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.

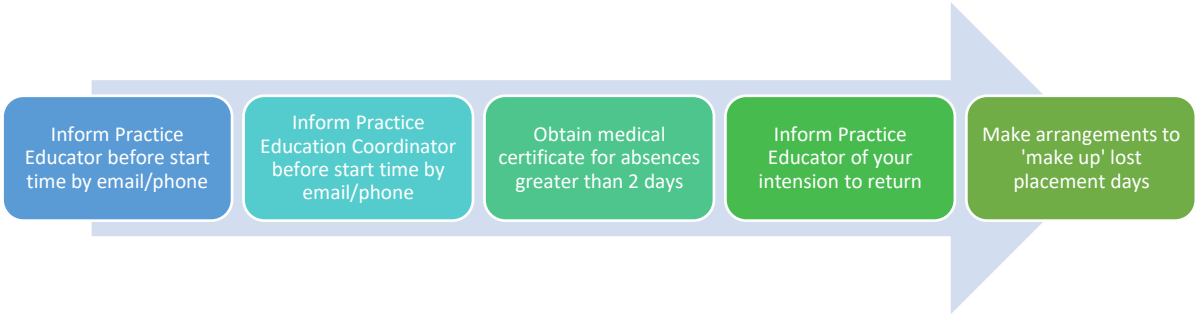


Figure 7.1: Protocol for absence from placement

See section 7.4 above in relation to attendance and Covid-19. Students should **NOT attend placement if they are experiencing any symptoms of Covid-19** (e.g., fever, cough, difficulty breathing, loss of sense of taste or small) or any symptoms of acute infection such as symptoms of viral respiratory tract infection or gastroenteritis.

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 K). 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**, students must submit a certified summary of hours form to the Executive Officer (see appendix L). Certified hours forms are marked as pass/fail.

7.8 Dress Code/Uniform:

Students must adhere to the dress code of the practice education placement at all times (*unless otherwise advised by the Practice Educator/Practice Tutor of the specific placement site*). 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. No jewellery may be worn, with the exception of wedding band rings and a single stud earring in each earlobe.
2. Wrist watches or bracelets may not be worn on hospital placements in line with the HSE infection control policy.
3. Long hair must be tied back neatly so that it does not hang over face or over the patient. Hair accessories should be plain and discreet.
4. Make-up, if worn, should be subtle. False tan should not be worn.
5. Nails must be kept clean and short. Nails should not be visible from the palmar aspect of the hand. Nail varnish, nail decoration, false nails, tips, extensions, or gel/acrylic nails are not permitted.
6. Other than ears, body piercing or tattoos may not be permissible in many practice education placements and may have to be covered.
7. 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.
8. Uniform should fit comfortably, allowing for movement and covering mid-drift.
9. Perfume or aftershave should not be worn as it can cause an allergic reaction with some clients.
10. Mobile phones should not be carried on your person during practice education placement.

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 may have occasional, regular or ongoing 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
- 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 (see appendix M).

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):

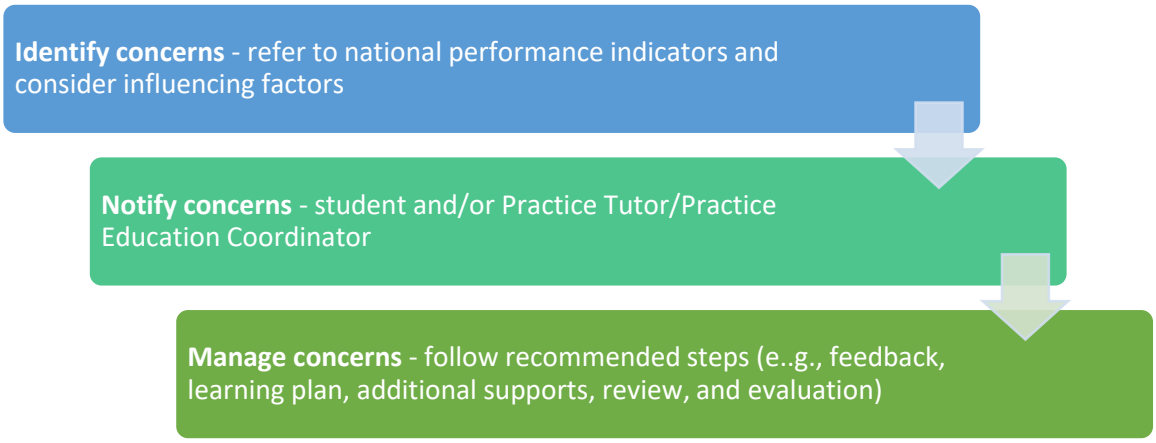


Figure 8.1: Managing concerns related to practice education placements

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 F) 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 (quigled1@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 N.

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
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 by the PEC 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	Participants
Student informed of requirement for supplemental placement	When student notified of fail/ placement termination	• Student
Student meets with practice educator/mentor/ PEC for feedback on fail grade	Within 2 weeks of receiving fail result	• Student • Practice Education Coordinator • Practice Educator/ Regional Placement Facilitator/ Practice Tutor if required • HOD if required
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	• Student • Practice Education Coordinator • Practice Educator/ Regional Placement Facilitator/ Practice Tutor if required
Learning goals identified by student to ensure readiness for supplementary placement set	Before supplemental placement begins	• Student • Practice Education Coordinator
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	• Student • Practice Education Coordinator • Practice Educator/ Regional Placement Facilitator/ Practice Tutor if required
Pre-placement learning objectives reviewed and student re-evaluates own professional conduct and clinical competencies using	Before supplemental placement begins	• Student • Practice Education Coordinator

national performance indicators. Learning goals are added to pre-placement profile.		
Regular review and feedback on how learning goals are being achieved. Additional supports called on as required.	During supplemental placement	• Student • Practice Educator/ Regional Placement Facilitator/ Practice Tutor • Practice Education Coordinator if required

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/undergraduate-studies/academic-progress/fitness-practice.php and the Calendar entry: https://www.tcd.ie/calendar/undergraduate-studies/general-regulations-and-information.pdf

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/equality/policy/dignity-respect-policy
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/studentservices*.

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. For a full copy of the policy see: https://www.tcd.ie/disability/assets/pdf/RA-Policy.pdf

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). Reasonable accommodations may include, but are not limited to, the provision of: assistive technology; additional time to learn specific skills; information in alternative formats; or adapted practice education placement hours/timetable. Once the reasonable accommodations are in place, students shall be assessed on the same basis as any other student on the course.

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

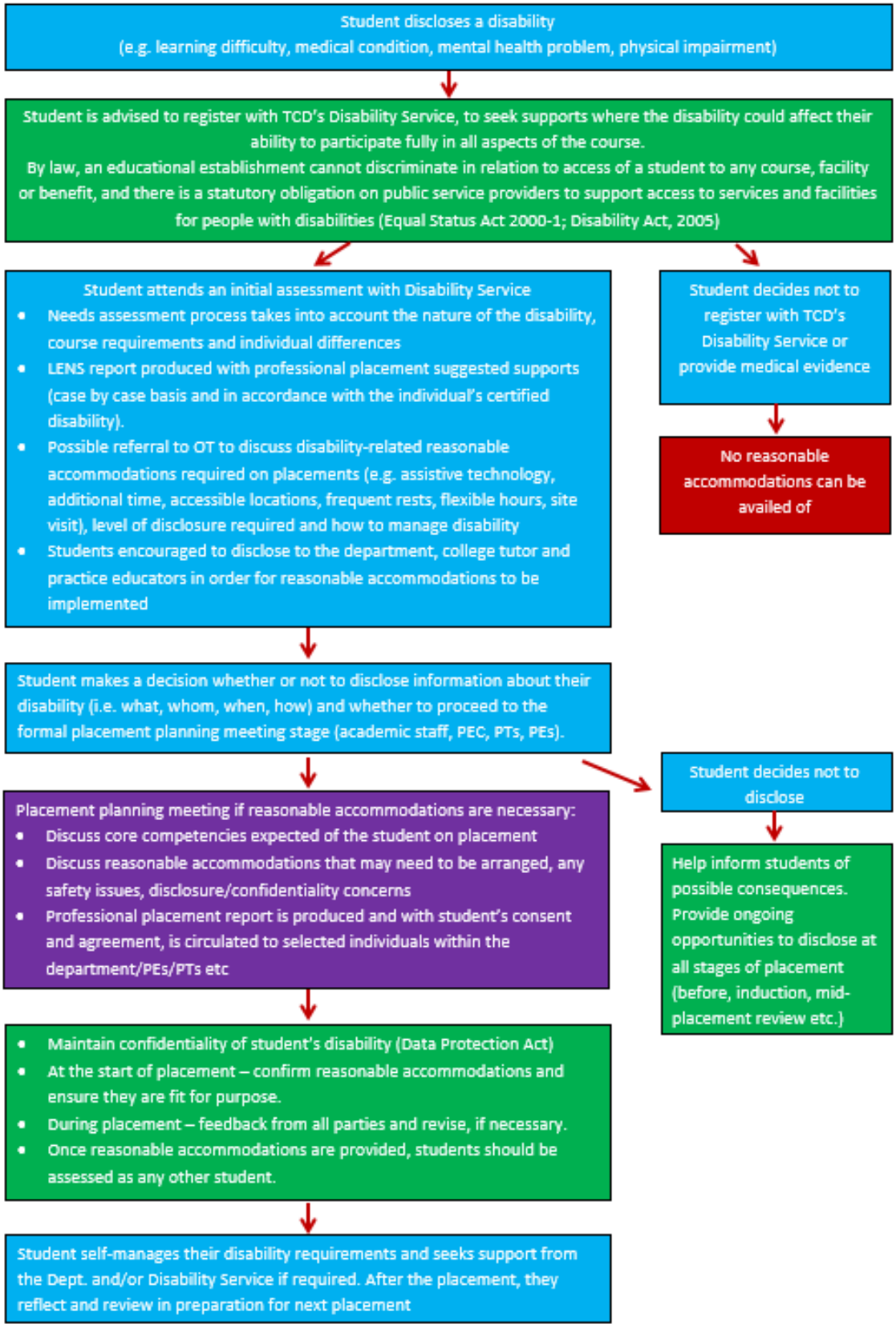


Figure 9.2: Supporting students registered with Trinity's Disability Service

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.

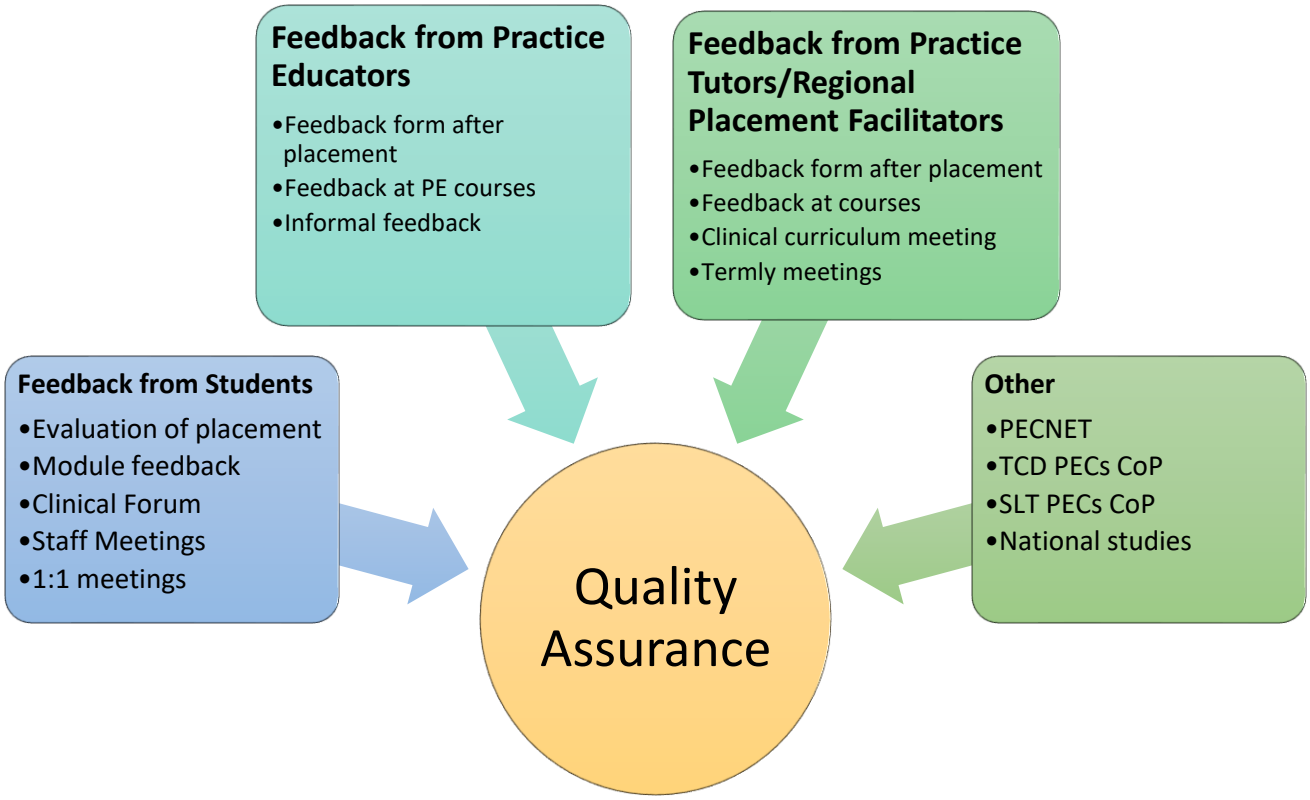


Figure 10.1: Quality assurance mechanisms within practice education

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 O)
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 G). 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 G). 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).

The Practice Education Coordinator is also involved in two national studies that focus on quality assurance:

(i) HCSP funded study that aims to develop a national quality framework for practice education placements in allied health and social care professions. For more information see: Hills, C. Quigley, D., Bennett, A., Haughey, F. & McMahon, S. (2019). Core indicators of quality in practice education placements in allied health and social care professions: A scoping review protocol. *JBI Database of Systematic Reviews and Implementation Reports.* 17(6), p.1060-1070. https://journals.lww.com/jbisrir/Fulltext/2019/06000/Core_indicators_of_quality_in_practice_education.7.aspx

(ii) National study of student SLTs' perspectives on practice education placements in collaboration with the Practice Education Coordinators in NUIG, UL and UCC speech and language therapy programmes (http://dx.doi.org/10.1111/1460-6984.12533).

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 Guidelines[2] 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

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[1] CORU. (2018). *Criteria and Standards of Proficiency for Education and Training*.

[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 Declaration	Student Initials
☐	**Garda Vetting / Child Protection**	Students complete Garda Vetting prior to registration into the course. TCD Academic Registry provides a Garda Clearance Certificate to each student, which they can share with you. Students complete online module: Children First (HSEland)	Does the agency require students to complete additional Garda Clearance?	I confirm I have complied with the Garda Vetting procedure prior to registration and have not endangered my status in the interim. I will report any concerns in relation to the protection and welfare of children to my practice educator(s) immediately.	
☐	**Health and Safety**	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. Students complete online HSEland modules: • Manual Handling • Hand Hygiene • Introduction to Infection Prevention & Control • Managing Health & Safety in Healthcare, • Breaking the Infection Chain • PPE training in the acute setting • Safety Health and Welfare in Healthcare (HSA). Students have completed all necessary pre-placement preparation required in the context of Covid-19 (i.e., watched HSCP videos on PPE, reviewed IPC guidelines from HPSC, read IASLT Covid-19 Guidance).	Are there specific policies, guidelines, and/or procedures from your agency in relation to health and safety that the student should be aware of? Are there any specific policies in relation to Infection Control and COVID-19 that the student should be aware of? Are you satisfied with the student's hand hygiene competence following observation of their performance?	I will comply with the standard precautions and national guidelines for best practice in health and safety and prevention and control of healthcare associated infections. I will comply with the agency's specific health and safety procedures and other guidelines and procedures as explained to me by the practice educator(s). I will report any accident that occurs in the placement context or on its premises to my practice educator(s) immediately and follow the local accident reporting procedures. I have read and understood the information in the document 'Student Information for Clinical Placement during COVID-19 Pandemic'. I will declare each day when I present for placement that I am free of Covid-19 symptoms and document this in the form provided by college.	

	Theme	Completed in College prior to placement	Information specific to the placement site	Student Declarations	Student Initials
☐	**Professional Conduct and Ethical Practice**	Students complete a module on Ethics and Professional Studies that includes a specific focus on ethical decision-making, CORU Code of Professional Conduct and Ethics and IASLT Code of Ethics.	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?	I confirm I have read and understand the : • CORU Code of Professional Conduct & Ethics for Speech & Language Therapists (CORU, 2019; www.coru.ie) • IASLT Code of Professional Conduct & Ethics I will behave in accordance with these during all my practice education related work. I agree to show commitment to clients and to the host agency during this practice education placement.	
☐	**Confidentiality, Data Protection, and Record Keeping**	Students complete a module on Ethics and Professional Studies that includes a specific focus on data protection and legal and professional guidelines for record keeping. Students complete online module: • Health, Safety and Security (HSEland) • Good Information Practices (HSEland) • Fundamentals of GDPR (HSEland)	Are there specific policies, guidelines, and/or procedures from your agency in relation to confidentiality and record keeping that the student should be aware of?	I will conform to legal and professional guidelines and to the host agency procedures in record keeping and the maintenance of client files. I will not remove files or any other confidential material from the practice education setting. I will maintain client, service, practice educator and peer confidentiality at all times.	
☐	**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).	

	Theme	Completed in College prior to placement	Information specific to the placement site	Student Declarations	Student Initials
☐	Sickness/ Absences	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. Student will also inform PEC and Practice Educator ASAP if they have to be unexpectedly absent due to illness or some other event (before start time of placement). If student needs to take more than two days sick leave during placement they will need to submit a medical certificate and inform the PEC and the practice educator of their expected return date. Students are aware that they should **not** attend placement if he/she: • had close contact with an individual who has tested positive for COVID-19 in the previous 14 days. • is experiencing any common symptoms of COVID-19 (e.g., fever, cough, difficulty breathing, loss of sense of taste or small) or any symptoms of acute infection such as symptoms of viral respiratory tract infection or gastroenteritis.	Are there specific policies, guidelines, and/or procedures from your agency in relation to absences that the student should be aware of? Is the student aware of who to contact, and by what means, in the event of an absence from placement? Has the student provided their next of kin details on their pre-placement profile? Are their local policies in relation to close/casual contacts of Covid-19 and/or displaying symptoms of Covid-19 that the student should be aware of?	I agree to follow the procedure set by College in the event of a medical or other emergency situation necessitating absence. I agree to inform my practice educator (s), where relevant, of any condition, medical or otherwise, which may affect my clinical work. I have provided the practice educator(s) with my next of kin contact details on my pre-placement profile. I confirm that I will not present to placement if I have any symptoms of acute infection such as symptoms of viral respiratory tract infection or gastroenteritis or any key symptoms of COVID-19.	

☐	**Orientation to the placement site**	Key information provided to student on the service location, client group, facilities and other practicalities.	Has the student been provided with information specific to your agency? (e.g. client groups; MDT members; service delivery model; working hours; lunch times; dress code; facilities; common assessments/ resources used; reading lists; IT access; clinic rooms; IDs, door codes/swipes; photocopier)	I confirm that I have been provided with information specific to this placement setting and will use facilities as directed by my practice educator(s).	
☐	**Learning Contract**	Students complete the following exercises to help them prepare for their personal learning on placement: • Self-review on the national clinical competency evaluation form • Personal learning plan • Pre-placement profile	- Has the student's pre-placement profile been reviewed and learning goals discussed (e.g. goals, timeframe, strategies and resources to achieve the goals, criteria for evaluation/achievement of goals)? - Is the student aware of the timetable and focus for the placement? - Is the student aware of when session plans are to be submitted and when they will receive feedback on these? - Has a schedule and method of daily/weekly feedback been agreed, including dates for mid- and end- of placement review? - Has student and PE shared feedback preferences?	I agree to prepare, organise and implement practice-based work as directed by practice educator(s) and specifically by the practice educator who retains responsibility for the client. I will maintain a daily hours form and summary of hours form. I agree to act in accordance with CORU's Code of Professional Conduct and Ethics and the professional conduct competencies specified on the National Clinical Competency Evaluation Form, for example: • manage health and well-being to ensure both performance and judgement are appropriate for practice • demonstrate respect for the supervisory process by seeking and responding to feedback • engage in reflection and reflective practice; critically self-appraising and working to develop own professional competencies • demonstrate effective time management i.e. meeting deadlines and punctuality	

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: A-Z of tests and assessments available in the department

Clinical Tests & Assessments

A-Z

NOT TO BE TAKEN OUT OF THE DEPARTMENT

When booking out an assessment:

1. **Use today's date in the diary to enter:**
    a. your name
    b. name of assessment
    c. time taken out
    d. time returned
2. **Please return the assessment to the correct place in the cupboard.**

Thank you!

	TEST NAME	AUTHOR	DATE PUBLISHED	CUPBOARD SECTION
ABA-2	Apraxia Battery for Adults-2	Dabul	2000	**2.I**
ABCD	Arizona Battery for Communication Disorders of Dementia	Bayles & Tomoeda	1993	**1.L**
ACE	Assessment of Comprehension and Expression 6-11	Adams, Cooke, Crutchley, Hesketh & Reeves	2001	**2.L**
ALPHA	Assessment Link Between Phonology and Articulation	Lowe	1998	**2.I**
AI	Aston Index (x2)	Newton& Thomson	1976	**1.I**
AIDS	Assessment of Intelligibility of Dysarthric Speech	Yorkston & Beukelman	1981	**2.J**
AI (S)	Aston Index Support Materials	Newton & Thomson	1976	**1.I**
ASLP	Assessment in Speech and Language Pathology	Shipley & McAfee	1998	**1.A**
BAT	Bilingual Aphasia Test	Paradis	1976	**1.L**
BDAE 3	Boston Diagnostic Aphasia Examination (3rd Ed)	Kaplan, Goodglass, Barressi	2001	**1.M**
BLT-2	Bankson Language Screening Test	Bankson	1990	**1.I**
BNT	Boston Naming Test-2nd Edition	Kaplan, Goodglass, Weintraub	2001	**1.L**
BOEHM 3	BOEHM Test of Basic Concepts (3rd Ed)	Boehm	2000	**1.I**
BPVS-3	British Picture Vocabulary Scale III	Dunn & NFER	2009	**2.A**
BS	Bus Story-Renfrew Language Scales	Renfrew	2010/2014	**2.F**
BVMGT	Bender Visual Motor Gestalt Test for Children	Clawson	1982	**1.D**
CADL-2	Communication Activities of Daily Living	Holland & Frattali	1999	**1.N**
CAPPA	Conversation Analysis Profile for People with Aphasia	Whitworth, Perkins & Lesser	1997	**1.N**
CAPPCI	Conversation Analysis Profile for People with Cognitive Impairment	Perkins, Whitworth & Lesser	1997	**1.N**

CAPE	CAPE – Clifton Assessment Procedure for Elderly	Pattie & Gilleard	1979	**1.N**
CAPE/PAC	Children's Assessment of Participation and Enjoyment & Preferences for Activities of Children	King/Rosenbaum/Kertoy/law/hurley/hanna/Young	2004	**1.H**
Carrow	Carrow Elicited Language Inventory & Training Guide-2 Copies	Carrow	1974	**2.E/2.F**
CARS	Childhood Autism Rating Scale	Reichler	2004	**1.A**
CASL	Comprehensive Assessment of Spoken Language	Carrow-Woolfolk	1999	**1.H**
CASP	Communication Assessment. Profile for Adults with a mental handicap	Van der Gaag	1988	**1.N**
CAT	Comprehensive Aphasia Test	Swinburn, Porter & Howard	2004	**1.K**
CCC-2	Children's Communication Checklist 2	Bishop	2003	**1.A**
CCA -2	Communication Checklist Adult	Bishop	2009	**1.A**
CELF-4 UK	Clinical Evaluation of Language Fundamentals (2 copies)	Wiig	2006	**1.E**
CELF-5	Clinical Evaluation of Language Fundamentals 5 (CELF-5) Metalinguistics	Wiig and Secord	2014	**1.E**
CELF-PS 2 UK	Clinical Evaluation of Language Fundamentals: Preschool 2 (2 copies)	Secord	2006	**1.E**
CFSEI-2	Culture Free Self Esteem Inventory	Battle	1992	**2.N**
CLQT	Cognitive Linguistic Quick Test	Helm-Estabrooks	2001	**1.L**
CMP	Code-Muller Protocol	Code Muller	1995	**1.J**
CMT	Contextual Memory Test	Toglia	1993	**1.I**
COAST		Hesketh	2009	**3.D**
CREVT	Comprehensive Receptive Expressive Vocabulary Test (2nd/3rd Ed)	Wallace & Hammil	1994/2013	**2.B/3.D**
CSAP	Children's Stuttering Assessment Protocol	Cooper	1989	**2.O**

CSBS	Communication and Symbolic Behaviour Scales	Prizant	1993	**1.A**
CTA	Contextual Test of Articulation	Aase, Hovre & Krause	2000	**2.I**
CTPP	Comprehensive Test of Phonological Processing	Wagner, Torgesen& Rashotte	1999/2013	**2.L/ 2.K**
DA	Dynamic Assessment of Language Learning	Hasson	2018	**2.L**
DAP	Draw a Person	Naglieri	1985	**1.D**
DARD	Durrell Analysis Reading Difficulty	Durrell	1980	**2.N**
DASS	Dorset Assessment of Syntactic Structures	Howell	2003	**2.F**
DEAP	Diagnostic Evaluation of Articulation and Phonology (X 4)	Dodd	2002	**2.I**
DRS-2	Dementia Rating Scale -2	Jurica, Leitten & Mattis	2001	**1.N**
DS	Dynamic Swallow Open Wide			**3.E**
DSI	Dyslexia Screening Instrument	Coon & Wagvespack	1994	**2.N**
DST	Diagnostic Spelling Test	Vincent & Claydon	1982	**2.N**
DTLA-P	Detroit Test of Learning Aptitude-Primary	Hammil & Bryant	1986	**1.I**
DTLA-2	Detroit Test of Learning Aptitude	Hammill	1985	**1.I**
EAT	Edinburgh Articulation Test	Anthony	1980	**2.K**
ENNI	The Edmonton Narrative Norms Instrument Introduction	Schneider/ Dube/Hayward	2003	**2.G**
EPT	Edinburgh Picture Test	Godfrey Thomson	1985	
ERRNI	Expressive, Reception and Recall of Narrative Instrument	Bishop	2004	**2.F**
EVTP	Expressive Vocabulary Test Pack (2nd ed.)	Williams	1997	**2.B**
FACS	Functional Assessment of Communication Skills for Adults	ASHA-Frattali, Thompson, Holland & Co.	1995	**1.N**

FAST	Frenchay Aphasia Screening Test	Enderby, Wood & Wade	1987	**1.N**
FAVRES	Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES) - ADULT	MacDonald	2005	**3.D**
FDA	Frenchay Dysarthria Assessment	Enderby	2008	**2.J**
FLCI	Functional Linguistic Communication Inventory	Bayles/Tomoeda	1994	**1.L**
GADS	Gilliam Asperger Disorder Scale	Gilliam	2001	**1.D**
GAPS	Grammar and Phonology Screening Test	Van der Lely	2007	**2.E**
GNT	Graded Naming Test	Mckenna & Warrington	1983	**2.B**
GRT	Group Reading Test	Young	1968	**2.M**
HAPP-3	Hodson Assessment of Phonological Patterns	Williams Hodson	2004	**2.J**
HSRRP	Harrison- Stroud Reading Readiness Profiles	Harrison Stroud	1957	**2.N**
HTLD	Harris Test of Lateral Dominance (x2)	Harris	1974	**1.D**
INCH	Interaction checklist for Augmentative Communication (x2)	Bolten	1984	**1.I**
IRS	Infant Rating Scale	Lindsay	1981	**1.B**
LARR	Linguistic Awareness Reading Readiness (x2)	Downing, Ayres & Schaefer	1983	**2.N**
LIT	Language Imitation Test (3)	Berry & Mittler	1983	**1.D**
MAC	Mossford Assessment Chart	Whitehouse	1983	**1.B**
MASA	The Mann Assessment of Swallowing Ability	Giselle Mann	2002	**Reception**
MCST-A	The Multimodal Communication Screening Task For Persons with Aphasia.	Garrett/ Lasker	1986	**1.L**
MELST	Mayo Early Language Screening Test	WHB	1993	**1.B**
MGWRS	Marino Graded Word Reading Scale	O' Súilleabháin		**2.N**
MICRA-T	Mary Immaculate College Attainment Tests	Wall & Burke		**2.M**

MIRBI	MIRBI – Mini Inventory of Right Brain Injury	Pimental & Kingsbury	1989	**1.N**
MMSE	MMSE: Mini Mental State Examination		2009	**1.N**
MWHL	Mount Wilga High Level Language Test	Christie,Clark,Mort		**1.L**
NARA-2	NARA-2 Neale Analysis of Reading Ability	Neale	1997	**2.N**
NSST	Northwest Syntax Screening Test	Lee	1969	**2.F**
NUFFIELD	NUFFIELD Centre Dyspraxia Programme	Nuffield	2004	**3.A/3.B**
OASES	Overall Assessment of the Speakers Experience of Stuttering	Yaruss & Quesal	2008	**2.N**
OSMSE	Oral Speech Mechanism Screening Examination	O St Louis & Ruscello	1981	**2.K**
PAC	Progress Assessment Chart	Gunburg	1972	**1.D**
PACS	Phonological Assessment of Child Speech	Grunwell	1985	**2.J**
PALPA	Psycholinguistic. Ass. Of Lang. Processing in Aphasia	Kay & Lesser & Colhhear	1992	**1.M**
PALST	Picture Articulation Language Screening Test	Rodgers	1976	
PCR	Pictographic Communication Resources	Kagan/Winckel/Shumway	1996	**1.J**
PEEX	Paediatric Early Elementary Exam	Levine	1983	**1.B**
PETAL	Phonological Evaluation & Transcription of Audio Visual Lang.	Parker & Wake	1999	**2.L**
PP (Adult)	Pragmatic Profile – Adult	Dewart & Summers	1996	**2.F**
PPA	Phonological Process Analysis	Weiner	1979	**2.K**
PPTT	Pyramids and Palm Trees Test	Howard & Patterson	1992	**2.C**
PLS-4-UK	Preschool Language Scale 4	Steiner	2008	**1.F**
PLS-5-UK	Preschool Language Scale 5	Steiner	2014	**Reception**
PVCS	Preverbal Communication Schedule	Reid	1987	**1.B**
QNST	Quick Neurological Screening Test	Spalding	1978	**1.D**
QUIL	Queensland University Inventory of Literacy 2 copies	Dodd & Holm & Oerlemans	1996	**2.N**

RAPT	Renfrew Action Picture Test (x2)	Renfrew	2010	**2.F**
RCBA	Reading Comprehension Battery for Aphasia	La Pointe & Horner	1979	
RCBA-2	Reading Comprehension Battery for Aphasia 2	La Pointe & Horner	1998	**3.D**
RDLS	Reynell Development Language Scales III	Edwards, Letts, Sinka	2011	**1.G**
RDLS	New Reynell Developmental Language Scales	Edwards, Letts and Sinka	2011	**I.H**
REEL-3	Receptive Expressive Emergent Language (Test 3rd Edition).	League	2003	**1.B**
RHLB	Right Hemisphere Language Battery-New Version	Bryan	1996	**1.L**
RHST	Reed Hearing Screening Test	Reed	1969	**1.C**
RIPA-2	Ross Information Processing Assessment	Ross-Swain	1986	**1.N**
RUSTIN	Rustin Assessment & Therapy Programme	Rustin	1987	**2.N**
RWFVS	Renfrew Word Finding Vocabulary	Renfrew	2012	**2.B**
SCAN	Screening Test for Auditory Processing Disorders	Keith	1986	**1.C**
SECS	Scales of Early Communication Skills 2 Copies	Moog & Geer's	1975	**1.B**
SIB	Severe Impairment Battery			**1.K**
SN	Social Network Analysis	Blackstone & Berg	2003	**1.N**
SPT	Symbolic Play Test	Costello	1976	**1.C**
SSI-3	Stuttering Severity Instrument	Riley	1994	**2.L**
SSRP	Stuttering Self Rating Profile			**2.L**
STAL	Sawyer Test of Awareness of Language Segments	Sawyer	1987	**2.M**
STAP	South Tyneside Assessment Of Phonology	Armstrong & Ainley	1988/2012	**2.E**

STASS	**South Tyneside Assessment of Syntactic Structure**		1988/2012	**2.E**
STDAS	Screening Test for Developmental Apraxia of Speech	Blakeley	1980	**2.J**
SYD BAT	Sydney Language Battery			**3.D**
TACL-3	Test of Auditory Comprehension of Language	Carrow-Woolfolk	1999	**3.D**
TACL-4	Test of Auditory Comprehension of Language	Carrow-Woolfolk	2014	**2.E**
TAPS	Test of Auditory Perceptual Skills	Gardner	1985	**1.D**
TELD 3	Test of Early Language Development	Reid	1999	**1.H**
TNL	Test of Narrative Language	Gilliam & Pearson	2004	**2.F**
TOAL-4	Test of Adolescent and Adult Language	Hammil	2007	**1.I**
TOLD –I:3	Test of Language Development-Intermediate	Hammil & Newcomer	1997	**1.L**
TOLD-P:3	Test of Language Development-Primary	Hammil	1997	**1.L**
TOM	Therapy Outcome Measures	Enderby	1997	**1.A**
TOPL	Test of Pragmatic Language	Phelps-Teraski	1992	**2.F**
TOPP-P	Test of Pretend Play	Lewis & Boucher	1998	**1.E**
TOPS	Test of problem solving	Barrett	1991	**1.I**
TOWL-2	Test of Written Language 2	Hammill & Larson	1978	**2.M**
TOWL-4	Test of Written Language 4	Hammil & Larson	2009	**2.M**
TPS	Test of Pragmatic Skills	Shulman	1985	**2.G**
TPT	Toddler Phonology Test	McIntosh & Dodd	2011	**2.K**
TROG 2	Test for Reception of Grammar 2	Bishop	2003	**2.E**
TROG E	Test for Reception of Grammar 2 Electronic	Bishop	2003	**2.E**
TTC	Token Test for Children	Disimoni	1978	**1.D**

TWF-D	Test of Word Finding in Discourse	German	1991	**2.B**
TWF 2	Test of Word Finding 2	German	2000	**2.C**
TWF 3	Test of Word Finding 3	German	2015	**2.C**
TWK	Test of Word Knowledge	Wiig & Secord	1992	**2.B**
VASES	Visual Analogue Self-Esteem Scale	Brumfitt & Sheeran	1999	**1.N**
VPRT	Visual Pattern Recognition Test & Diagnostic Schedule	Montgomery	1979	**2.M**
WAB	Western Aphasia Battery (Rev.)	Kertesz	2007	**1.M**
WASSP	Wright & Ayre Stuttering Self- Rating Profile x2	Wight & Ayre	2000	**2.L**
WORD R-A	WORD R- Adolescent-	Zachman, Huisingh, Barrett, Orman, & Blagden	1989	**2.C**
WORD-R-E	WORD R- Elementary	Barrett	1990	**2.C**

Appendix C: A-Z of resources and clinical equipment available in the department

Resources & Clinical Equipement A-Z

NOT TO BE TAKEN OUT OF THE DEPARTMENT

When booking out an assessment:

1. **Use today's date in the diary to enter:**
    a. your name
    b. name of assessment
    c. time taken out
    d. time returned
2. **Please return the assessment to the correct place in the cupboard.**

Thank you!

Resource Name	Author	Date Published	CUPBOARD SECTION
Acquired Stuttering & Speech Disorders Associated with Genetic Syndromes	Van Borsel & Colleagues	2001	2.O
Alpha to Omega			3.0
Alphabet Lotto (Orchard Toys)			CE.2
Animals (Toy)			CE.1
Analogies for Thinking and Talking	Nelson Gillespie	1991	1.N
Aphasia Therapy: Comprehension & Reading & Expression & Writing	Fawcus, Kerr, Whitehead & Williams	1993	1.N
Articulate for Kids (Boardgame)			CE.2
Articulation Worksheets	Smith	1981	2.O
Auditory Processing Activities	Jeffries	1991	2.N
Aunt Amanda: On Cloud Nine and other Idioms and Expressions	Holloway	1987	2.H
Barrier Games for better Communication	Deal & Kline-Hanusain	1991	2.G
Boardmaker	King Software Development	2003	3.C
Brain Injury Workbook	Powell & Mallia	2003	1.J
Buckaroo			CE.3
Carryover Stories for Articulation Therapy 1,2,3	Zwitman & Thomsom	1983	3.I
Cambridge English Course	Swan & Walter	1984	3.O
Cambridge Language Activity File	Bigland, Thomas & Speake	1992	3.C
Cartoon Cut-Ups	Hamersky	1995	2.H
Cheeky Monkeys (Orchard Toys)			CE.2
Cochlear Implant System	HearLIFE-MED EL	2010	1.C
Coloured Progressive Matrices Sets A,Ab,B	JC Raven		2.N
Colour Cards: Indoor Sounds			3.E
Colour Cards: Sequencing Sounds			3.E
Colour Cards: Multi-Match Categories			3.J
Colour Cards: Everyday Objects			3.J
Colour Cards: Familiar Verbs			3.J
Colour Cards: Verbs			3.J
Colour Cards: Adjectives			3.K
Colour Cards: Emotions			3.K
Colour Cards: Prepositions			3.K

Colour Cards: Sequencing – Cause and Effect			**3.L**
Colour Cards: Odd One Out			**3.L**
Colour Cards: What's Different			**3.L**
Colour Cards: What's Wrong			**3.L**
Colour Cards: Sequencing-Social Situations			**3.M**
Colour Cards: Sequencing-Activities and Events			**3.M**
Colourful Conversation Starters			**3.N**
Communication Recovery Group Activities For Adults	Vickes	1998	**1.N**
Communication Activities with Adults	Comins, Llewellyn & Offiler	2017	**1.N**
Communication and Language Activities: Running Groups for School-Aged Children	Hackney SLT Service	2013	**3.L**
Connect: Better Conversations	Connect	2005	**1.I**
Connect: Communication Disability Profile	Connect Press	2006	**1.I**
Connect: Including People with Communication Disability in Stroke Research and Consultation	Connect	2007	**1.I**
Connect Ideas Series: Volunteering and Aphasia	Connect Press	2007	**1.I**
Conversation Connections	Martin & Murray	1993	**1.H**
Clinician's Choice: Favourite Activities for Speech & Language	Dulude	1985	**1.N**
CLIP: Morphology Worksheets	Semel & Wiig	1990	**2.E**
CLIP: Pragmatics Worksheets	Semel & Wiig	1992	**2.H**
CLIP: Semantics Worksheets	Semel & Wigg	1991	**2.D**
CLIP: Syntax Worksheets	Semel & Wiig	1990	**2.H**
Clusters	Mortimer & Gan	1977	**3.O**
Communicate: An Educational Activity…			**3.L**
Concise First Aid in English	Gibson	1984	**3.O**
Contractions	Mortimer & Gan	1977	**3.O**
Cooper Personalised Fluency Control Therapy for Children 3rd Edition	Cooper	2003	**2.N**
Crayons			**CE.1**
Crazy Claw (Boardgame)			**CE.3**
Critical Thinking for Activities of Daily Living & Communication	Daly /Fouché	1997	**1.N**
Crocodile Dentist (Boardgame)			**CE.3**
Derbyshire			**Room 002**

Developing Language Comprehension using Multisensory Activities	Toomey	2005	**3.L**
Developing Language Concepts: Programmes for School-Aged Children	Burrows	2006	**3.L**
Directing Discourse	Blank & Marquis	1987	**2.H**
Dobble (Boardgame)			**CE.4**
Dragon Pirate Series 5 books	McCullagh	1970	**3.O**
Draw a Person	Naglieri	1985	**1.D**
Duplo			**CE.5**
Early Communication Skills	Cooper	1991	**1.B**
Early Stages: Find a Pair-House			**3.K**
Easy Does It – Fluency Activities for Young Child	Heinze & Johnston	1985	**2.N**
Elefun Snackin Safari (Boardgame)			**CE.3**
Exercises for Voice Therapy. 2nd edition	Behrman & Haskell	2013	**3.I**
Exploring Language Evaluation Pack	Lutario	1993	**3.0**
First Phonics Book Series	Helson	1965	**3.O**
First Steps to Language-(1 of 5 books)	Gregory	1979	**3.O**
First Words Language Programme (2)	Gillham	1983	**1.B**
Fishing game			**CE.3**
Fluency at Your Fingertips	Ridge & Ray	1991	**2.N**
Fluency Disorder Articles			**2.O**
Follow-me! Listen-and-do Activities	Frank	1986	**2.O**
Food (Wooden)			**CE.1**
Football Game (Orchard Toys)			**CE.2**
Functional Language Jackpot	Olenick	1992	**2.O**
Functional Communication Therapy Planner – FCTP	Worrall	1999	**1.N**
GALT Toys: Remember, remember			**3.N**
GALT Toys: Picture Word Dominoes			**3.O**
Games for Talking: Top 5			**3.L**
Giant Alphabet Flashcards			**3.O**
Go for the Dough			**CE.4**
Grammar Gumballs			**CE.4**
Granny's Candies			**CE.4**
Handbook for Speech Therapy	Medlin	1975	**2.O**
HANEN books and videos • Making Hanen Happen • It Takes Two to Talk • Learning Language and Loving It • Caring Connections • Involving Parents as Language Facilitators	Hanen Centre		**1.D / CE.1**
Head Injury: A Practical Guide	Powell	1994	**1.J**
Hedbanz (boardgame)			**CE.2**
HELP – Handbook 1 & 2	Lazzari & Peters	1980	**2.0**

HELP – Handbook-Volume 4	Lazzari & Peters	1996	**2.0**
How to Reach and Teach ADD & ADHD Children	Rief	1993	**2.I**
How to Read a Book	Sargent & Huus	1970	**3.0**
High Stakes Adventure Stories	Harruff	1987	**3.0**
Ideas & Indexes (Books 1 & 2)	Medin	1977	**3.O**
Insey Wincey Spider (Orchard Toys)			**CE.2**
Jigsaw (body parts)			**CE.2**
KAN-U-GO: Crossword Game			**3.O**
Kerplunk (Boardgame)			**CE.3**
Knex			**CE.5**
Ladybird Key Words Reading Scheme-Notes for Teachers	Murray	1969	**3.O**
Ladybird Work Cards			**3.O**
Language Builders for 0-3s	Elks & McLachlan	2013	**3.L**
Language Building Cards: Serial Speech x2			**3.O**
Language Building Cards: Matching of Colour and Form			**3.O**
Language Development Board Games			**CE.4**
Language Steps	STASS	1999	**3.L**
Language Quicktionary			**3.L**
Language Arts Block			**3.O**
Lark Workbook	Dressler	1991	**1.J**
Learning with Rebuses			**3.O**
LDA: Prepositions 60			**3.K**
LDA: Prepositions 157			**3.K**
LDA Opposites (Set 1)			**3.K**
LDA: Photographic Sequences			**3.K**
LDA: Sequencing by Size (Concept Cards)			**3.K**
LDA: Opposite Concept Cards 25			**3.K**
LDA: See How You Feel			**3.K**
LDA: Things That go Together 86			**3.L**
LDA: Why-Because Set 1- 67			**3.L**
LDA: Blend Dominoes (2 Sets)			**3.O**
LDA: Social Sequences 124			**3.M**
LDA: Sequential Thinking			**3.M**
LDA: Tense Sequencing 234			**3.M**
LDA: What Would You Do? X2			**3.N**
LDA: Syntax LTP 232			**3.N**
LDA: Dealing with Vowels 178			**3.O**
LDA: Visual Recall Cards			**3.O**
LDA: Phonic Crosswords 110			**3.O**
LDA: The Reading Box			**3.O**
LDA: Social Signs			**3.O**
LDA: Winners Book Series			**3.O**

Learning To Remember	Day, Edlund & Graham	1978	**1.N**
Let's Articulate	Martin & Momeier	1983	**3.I**
Letterland Code Sheets	Wendon	1986	**3.O**
Letterland Consonant Capers X2	Wendon	1987	**3.O**
Letterland First Steps and Big Strides	Wendon	1986	**3.O**
Listening Lottery			**3.E**
Making it Meta-Therapy Resources	Devins	1999	**2.D**
M.A.C.S – Maroondah Approach to Clinical Services.	Maroondah Hospital	1998	**1.A**
Magnetic Clothes			**CE.2**
Map It Out	Wigg & Wilson	2001	**2.G**
Metaphon Games Box 1			**3.J**
Metaphon Games Box 2			**3.J**
Metaphon Resource Pack (Manual Missing)	Howell & Dean	1993	**2.I**
Mellie Makes Music	HearLIFE-MED EL	2010	**1.C**
Mini-mouth finger puppet			**CE.4**
Monopoly Junior (Boardgame)			**CE.3**
Monster Surgery (Boardgame)			**CE.3**
More Space to Spell	Shear/Raines/Targett	1978	**3.O**
Motivational Bulletin Boards for Speech & Language	Belasco	1985	**3.I**
Mrs. Potato Head			**CE.2**
Narrative Intervention Programme	Joffe	2011	**3.J**
One, Two and Three and Away Book Series	McCullagh	1974	**3.O**
Oral Motor Activities for young children	Mackie	1996	**2.O**
Palin PCI Approach: Practical Intervention for Early Childhood Stammering	Kelman & Nicholas	2015	**2.N**
Papa Moll Story cards			**3.M**
Pattern and Rhyme	Hamlyn & Lewis	1995	**3.O**
Pictographic Communication Resources	Kagan/Winckel/Shumway	1996	**1.J**
Phoneme Awareness Made easy	McManus & Parkes & Bell		**2.O**
Phonological Process Analysis	Weiner	1979	**2.K**
Phonology Cards (Webber)			**CE.2**
Phonology for groups	Berman	1996	**2.O**
Phonology Resource Pack for Adult Aphasia	Morrison	2001	**2.O**
Pictographic Communication Resources		1996	**1.I**

Photographic Teaching Materials: Sequences			**3.J**
Photographic Teaching Materials: Auditory Discrimination			**3.J**
Picture Q's Starting Writing Skills (5 books)		1993	**3.O**
Pictures Please! A Language Supplement	Abbate & La Chappelle	1990	**2.O**
Pictures Please! Adult Language Supplement	Abbate & Schneider	1990	**2.O**
Pocket Colour Cards: Guess What?			**3.N**
Pictographic Communication Resources	Kagan/Winckel/Shumway	1996	**1.J**
Pizza Pizza (Orchard Toys)			**CE.2**
Playdough (Heads)			**CE.3**
Playdough (Trolls)			**CE.3**
Playmobil Aeroplane			**CE.4**
Playmobil City Life			**CE.4**
Playmobil Playground			**CE.4**
Pop Up Pirate (Boardgame)			**CE.3**
Practical Intervention for Higher Language Development	Devins	2009	**1.N**
Practical Intervention for Cleft Palate Speech	Russel & Albery	2005	**2.O**
Pragmatic Language Intervention	Bliss	1993	**2.H**
Prepositions (Activate Speech)			**CE.4**
Problem Solving Picture Cards			**3.N**
Professional Issues in Speech Language Pathology & Awareness	Lubiniski		**2.O**
Problem Solver			**3.L**
Program to Establish Fluent Speech	Mowrer	1979	**2.N**
Putting Cluttering on the Map	ASHA	2002	**2.O**
Quiz Book			**3.L**
Racing to Read Book 12&3:	Tansley & Nicholls	1962	**3.O**
RCSLT Clinical Guidelines	RCSLT	2005	**3.H**
Reading Quest 1	Henderson & Gibson & Fisher	1983	**3.O**
Reading Skill Acquisition	Raban	1973	**3.O**
Reality Orientation Principles & Practice	Rimmer		**1.N**
Retell a Story Cubes			**CE.4**
Retell Stories: From Words to Conversation with Meaning	Goepfert	1991	**2.G**
Rhodes to Language (2 copies)	Rhodes	2001	**2.D**
Richmond Phonogram Picture & Word Grouping Cards (2 Sets)			**3.O**
Remediating Unintelligible Linguistic Expressions of Speech	Webb & Duckett	1988	**2.O**

Rory's Story Cubes			**CE.4**
Say and Do: Grammar			**CE.4**
Say and Do: Phonology			**CE.4**
Say and Do: Vocabulary			**CE.4**
Saying One Thing, Meaning Another	Spector	1997	**2.H**
Scripting: Social Communication for Adolescents	Mayo & Waldo	1986	**2.H**
Semantic Links	Bigland & Speake	1992	**1.N**
Semantic Links. 2nd edition with DVD	Lewis & Speake	2016	**3.L**
Semantic Pragmatic Language Disorders	Firth & Venkatesh		**1.D**
Semantic Workbooks	Beveridge, Nelson & Davidson		**2.O**
Sentence Improbabilities	Richman & Voutas	1986	**2.O**
Sentence Processing Resource Pack	Marshall, Black& Bvng	1999	**1.N**
Sentence Rhyme and Definitions		1999	**2.O**
Sentence Picture Matching			**3.O**
Sequencing Stories	Dalgleish	1993	**3.O**
Shopping List (Orchard Toys)			**CE.2**
Sink (Toy)			**CE.1**
Social Signs			**3.L**
Social Skills Handbook x2	Hutchings, Comins & Offiler		**2.I**
Social Skills Role play cards			**2.I**
Sound & Speak Books (6 books)	Epsom Health Care		**3.I**
Sound Beginnings-The LDA Phonological Awareness Training pack.	Gross & Garnett	1995	**3.E**
Soundtracks			**3.E**
Sound Sense Book Series	Tansley	1974	**3.O**
Sound-Symbol Activities			**3.I**
Source for Apraxia Therapy			**2.H**
Sourcebook for Dysarthria x2	Swigert	1997	**2.H**
Sourcebook for Adolescents through to Adults with Acquired Communication Disorders Sourcebook for Adolescents through to Adults with Acquired Communication Disorders - DVD Sourcebook for Adolescents through to Adults with Acquired Communication Disorders - DV	Sugden-Best	2013	**1.N**

Sourcebook of Practical Communication x2	Addlestone	2002	**2.H**
Sourcebook of Pragmatic Activities	Johnston	1984	**2.H**
Stimulus Pictures for Assessments, Remediation & Carryover	Thomsen	1982	**2.O**
SPARC Arctic Junior	Plass	1996	**2.O**
SPARC for Concepts	Chamberlain & Strode	1996	**2.O**
SPARC Revised (English & Spanish)	Thomsen	1994	**2.O**
Speaking and Listening Board Games			**CE.4**
Super Duper: Compare and Contrast			**CE.4**
Super Duper: Conjunctions			**CE.4**
Super Duper: Irregular Past Tense			**CE.4**
Super Duper: Irregular Plurals			**CE.4**
Super Duper: The Question Game			**CE.4**
Super Duper: Pirate Talk			**CE.4**
Super Duper: Prefixes, Suffixes, and Stems			**CE.4**
Super Duper: Pronouns Parade			**CE.4**
Super Duper: Story Starters			**CE.4**
Super Duper: Synonyms			**CE.4**
Super Duper: What Are They Asking?			**CE.4**
Super Duper: What Doesn't Belong?			**CE.4**
Super Duper: What?			**CE.4**
Super Duper: When?			**CE.4**
Super Duper: Where?			**CE.4**
Super Duper: Who?			**CE.4**
Super Duper: Why?			**CE.4**
Supporting Partners of People with Aphasia in Relationships & Conversation	Lock & Wilkson & Bryan	2001	**1.N**
Speech Practice Manual for Dysarthria, Apraxia and Other Disorders of Articulation			**2.N**
Step by Step Narratives	Coleman	1997	**2.H**
Story Cards Prepositions			**3.N**
Storytelling Cards			**3.N**
Stutter Free Speech- A Goal for Therapy	Shames & Florance	1980	**2.O**
Sure-Fire Phonics	Williams & Rogerson	1980	**3.O**
Step by Step Narratives	Coleman	1997	**2.H**
Systematic Relaxation Pack	Bailey	1986	**2.O**
Systematic Pragmatic Language Disorders			**2.D**

Transfer Activities Book	Mayo & Gajewski	1987	**2.D**
Take Time	Nash-Worthan	1979	**1.N**
Talking Points & Talking Together	Thurman & Stewart & Jones	1991	**1.J**
Teachatot			**3.O**
Tell-a-Story			**3.N**
The Source for Aphasia Therapy	Arnold	1999	**1.N**
The Spell of Words	Rak	1971	**3.0**
The School-Age Child who Stutters: Working Effectively with Attitudes and Emotions	Chmela, Reardon and Scott	2012	**2.0**
Thematic Roles in Production	Whitworth	1996	**1.N**
Therapeutic Crosswords Graded Work pack for Adults			**3.O**
Tim and The Hidden People Book Series	McCullagh	1977	**3.O**
Train set			**CE.2**
Treating Memory Impairments	Dohrmann	1994	**1.N**
Treatment Protocols for Language Disorders in Children Volume 1&2	Hedge	2006	**2.D**
The Question: Colourful Conversation Starters			**3.N**
Tummy Ache (Orchard Toys)			**CE.2**
Twenty Steps Towards Language Development	Daly & Scanlan	1986	**3.O**
Vanilla Vocabulary-A Visualized & Verbalized Vocabulary Book.	Gunny & Ivan	1993	**2.D**
Verb Bingo	Activate Speech		**CE.4**
Verb Tenses	Winslow Press	1982	**3.J**
Visualising and Verbalising	Bell	1986	**2.D**
Visualising and Verbalising 2nd edition	Bell	2007	**2.D**
Volunteering and Aphasia-Comm. Network Disability Network		2007	**1.I**
Verb Tenses	Winslow Press	1982	**3.J**
Vocabulary Enrichment Intervention Programme	Joffe	2011	**3.J**
Vocabulary Links	Hamersky	1999	**2.D**
Vocabulary Maps-Strategies for Developing Word Meanings	Hamersky	1993	**2.D**
Voice Sourcebook	Martin, S. ed.	1997	**2.O**
Who-who-who goes Hoo-hoo-hoo?	Schneider/Schartmann	2012	**2.O**
What Animal Is It? (boardgame)			**CE.1**
Winners Book Series	LDA	1986	**3.O**

Winning in Speech	Waugh	1991	**2.O**
Word Finding Intervention Programme	German	1993	**2.D**
Word Finding-A Language Rehabilitation Manual for Aphasic Adults-Revised Edition	Carlson	1897	**2.D**
Word Search	Godfrey Thomas Unit, University of Edinburgh	1986	**2.O**
Workbook for Cognitive Skills	Howell & Brubaker	1987	**1.N**
Workbook for Language Skills	Howell & Brubaker	1984	**1.N**
Working with Adults with a Learning Disability	Kelly	2000	**2.O**
Working with Children's Language	Cookie & Williams	1995	**1.J**
Working with Children's Phonology	Lancaster & Pope	1989	**2.O**
Working with Cleft Palate	Stengelhofen	1990	**2.O**
Working with Dysphasics	Fawcus, Robinson & Williams	1983	**1.J**
Working with Dysarthrics	Robertson & Thomson	1986	**2.O**
Working with Oral Cancer	Appleton & Mactin	1995	**2.O**
Working With Dysfluent Children x2	Stewart/Turnball	2012	**2.O**
Working with Stuttering	Hayhow & Levy	1989	**2.O**
Working with Voice Disorders. 2nd edition.	Martin & Lockhart	2013	**3.I**
Your Move	Derkow, Hargreaves, Moorhouse & Wilcox	1976	**3.O**
120 Verb Book	Hampdon Park School		**3.J**

Appendix D: Placement request form

Practice Education Placement Request Form, Academic Year 2020 – 2021

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 practising Speech and Language Therapists in their role as Practice Educators. We really appreciate the wide range of learning opportunities you provide students, which enable them to link theory to practice and develop the necessary clinical competencies. Please indicate the number of placements you are able to provide for the academic year 2020-2021 in the form below. Completed forms can be returned via post or email (quigled1@tcd.ie).

Name of SLT/s:	
CORU Registration No/s:	
2 years' clinical experience/training	I/We confirm that I/we have 2 years' clinical experience and have attended training on being a practice educator for student placements (CORU requirement) □ *(please tick)*
Placement address:	
Phone number:	
Email:	
Caseload/ Service type:	• **Adult** _____ • **Child** _____

Placement Details	Student Assessment	No of Students
2nd Year (Senior Fresh)		
Weekly placement Day/Duration: 10-12 Mondays Dates: Between 1st February 2021 and 19th April 2021 Induction day: By arrangement in Jan 2021	1. Continuous assessment on National Student Clinical Competency Evaluation form 2. Clinical exam and viva on an assessment/screening session	
3rd Year (Junior Sophister)		
Weekly placement Day/Duration: 10-12 Thursdays Dates: Between 1st October 2020 and 5th March 2021. *(No placement due to exam period & term break between 15th Dec – 31st January)* Induction day: By arrangement in Sept 2020	1. Continuous assessment on National Student Clinical Competency Evaluation form 2. Clinical exam and viva on a 'seen' client	
Block placement Day/Duration: 30 days in total / 6 weeks (4 clinic days and 1 research day per week) Dates: Between 17th May and 30th June 2021 Induction Day: By arrangement in April 2021	1. Continuous assessment on National Student Clinical Competency Evaluation form	
4th Year (Senior Sophister)		
Block placement Day/Duration: 40 days in total / 8 weeks (4 clinic days and 1 research day per week) Dates: Between 8th February and 16th April 2021 Induction Day: By arrangement in Jan 2021	1. Continuous assessment on National Student Clinical Competency Evaluation form 2. Clinical exam and viva on an 'unseen' client	

For further information, please contact Duana Quigley, Practice Education Coordinator at quigled1@tcd.ie, phone 896 1336, or visit our webpage: https://www.tcd.ie/slscs/clinical-speech-language/practice-education/

Appendix E: 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 F: National student performance indicators

NATIONAL STUDENT CLINICAL COMPETENCY EVALUATION PACK*

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

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

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

* *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.*

Student Clinical Competency Performance Indicators cont./…2

	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.

Student Clinical Competency Performance Indicators cont./…3

	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.

Student Clinical Competency Performance Indicators cont./…4

	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: 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 G: 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 ☐ at end of placement ☐ No. of weeks ☐**

Caseload (please tick)

0-5 Years ☐	6-18 Years ☐	Adult ☐	Older people ☐

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 • 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	The student speech and language therapist **has consistently demonstrated** acceptable levels of clinical knowledge and skills. Novice level student speech and language therapists will require specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work and are expected to demonstrate the ability to • Discuss clients and clinical context holistically • Identify problems and possible solutions within the clinical context • Apply theoretical knowledge to client communication / FEDS profiles • Follow directions and established procedures to achieve agreed clinical objectives • Manage their work seeking specific directions when required Novice 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.
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	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.									
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 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 Duana Quigley, 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 ☐ at end of placement ☐ No. of weeks ☐**

Caseload (please tick age range)

0-5 Years ☐	6-18 Years ☐	Adult ☐	Older people ☐

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.
Novice Level 1	The student speech and language therapist **has consistently demonstrated** acceptable levels of clinical knowledge and skills. Novice level student speech and language therapists will require specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work and are expected to demonstrate the ability to • Discuss clients and clinical context holistically • Identify problems and possible solutions within the clinical context • Apply theoretical knowledge to client communication / FEDS profiles • Follow directions and established procedures to achieve agreed clinical objectives • Manage their work seeking specific directions when required
Novice Plus	The student speech and language therapist at this level has demonstrated clinical knowledge and skills in this area that would be expected of a higher level.

	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.
Novice Level 1	The student speech and language therapist **has consistently demonstrated** acceptable levels of clinical knowledge and skills. Novice level student speech and language therapists will require specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work and are expected to demonstrate the ability to • Discuss clients and clinical context holistically • Identify problems and possible solutions within the clinical context • Apply theoretical knowledge to client communication / FEDS profiles • Follow directions and established procedures to achieve agreed clinical objectives • Manage their work seeking specific directions when required Novice 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.
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	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: • 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 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 Duana Quigley, 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** ☐ **at end of placement** ☐ **No. of weeks** ☐

Caseload (please tick age range)

0-5 Years ☐	6-18 Years ☐	Adult ☐	Older people ☐

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.
Novice Level 1	The student speech and language therapist **has consistently demonstrated** acceptable levels of clinical knowledge and skills. Novice level student speech and language therapists will require specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work and are expected to demonstrate the ability to • Discuss clients and clinical context holistically • Identify problems and possible solutions within the clinical context • Apply theoretical knowledge to client communication / FEDS profiles • Follow directions and established procedures to achieve agreed clinical objectives • Manage their work seeking specific directions when required
Novice Plus	The student speech and language therapist at this level has demonstrated clinical knowledge and skills in this area that would be expected of a higher level.

	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.
Novice Level 1	The student speech and language therapist **has consistently demonstrated** acceptable levels of clinical knowledge and skills. Novice level student speech and language therapists will require specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work and are expected to demonstrate the ability to • Discuss clients and clinical context holistically • Identify problems and possible solutions within the clinical context • Apply theoretical knowledge to client communication / FEDS profiles • Follow directions and established procedures to achieve agreed clinical objectives • Manage their work seeking specific directions when required Novice 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.
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	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: • 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 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 Duana Quigley, Practice Education Coordinator, Dept. of Clinical Speech & Language Studies, 7-9 South Leinster Street, Trinity College, Dublin 2.

Appendix H: Clinical exam form for 2nd year (SF) and 3rd year (JS) students

Practice Education Clinical Examination Form: 2nd/ 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). **For 2nd years, the exam will be an assessment session and for 3rd years the exam will be a therapy session**. 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: 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 I: 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 *(p.6 of this booklet)* 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 *(self-reflective report is on p. 10-11 of this booklet).*	
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

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

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

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:

What went well? *(relates to professional conduct competency 6)*	• _____ _____ • _____ _____ • _____ _____
What would you change? *(relates to professional conduct competency 6)*	• _____ _____ • _____ _____ • _____ _____
Outline your key assessment findings *(relates to clinical competencies 1, 3, 4, 5, 20)*	• _____ _____ • _____ _____ • _____ _____ • _____ _____ • _____ _____
What is your diagnostic hypothesis? Why? *(relates to clinical competencies 4 & 5)*	_____ _____ _____ _____
What care pathway, service, and/or onward referral would you recommend? *(relates to clinical competencies 6, 7, 12, 13, 14, 20))*	_____ _____ _____ _____

Identify 3 long term goals for the client *(relates to clinical competencies 1, 6, 12, 14, 20)*	1. _____ _____ 2. _____ _____ 3. _____ _____
Identify 3 short term goals for the client *(relates to clinical competencies 1, 6, 12, 14, 20)*	1. _____ _____ 2. _____ _____ 3. _____ _____
What techniques and/or resources would you use to help you achieve those goals? *(relates to clinical competencies 2, 6,12, 13, 14, 16, 20)*	• _____ _____ • _____ _____ • _____ _____
What is the supporting evidence for your clinical decision making? *(relates to clinical competencies 2, 7, 12, 16, 20)*	• _____ _____ • _____ _____ • _____ _____
Any other relevant information *(relates to clinical competencies 1-20)*	• _____ _____ • _____ _____ • _____ _____

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: 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*

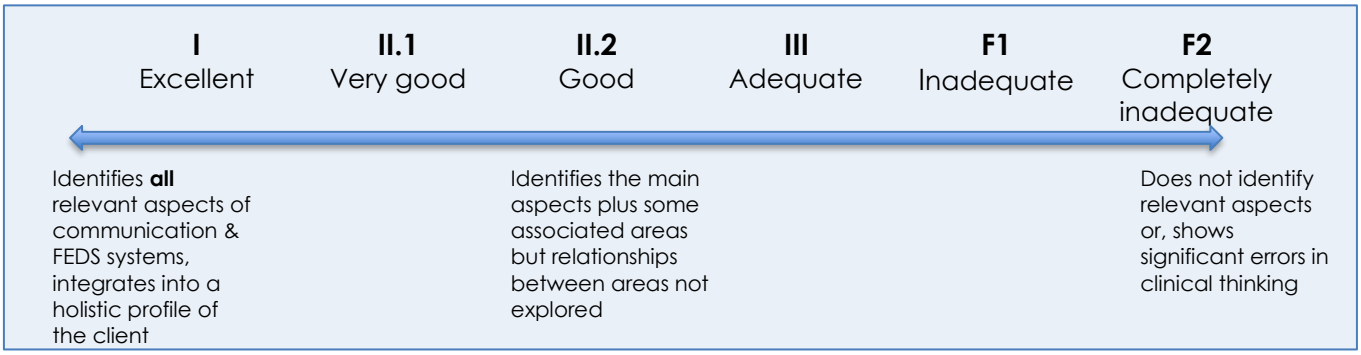
Signed: _____ *External Examiner, if relevant*

Appendix J: Case presentation rubric

Case Presentation

Students are required to carry out detailed research on one client in preparation for a case presentation following placement completion. The presentations may be audio or video recorded and retained for evaluation. Allow maximum of10 mins for presentation and 2/3 mins for Q&A. No more than 10 slides to be used (not including list of references). Font size should be easily readable.
Powerpoint to be emailed to Duana and 2 hard copies of powerpoint slides (black/white, 2 slides per page, double-sided) to be submitted to Executive Officer by lunch time the day before the presentation. Powerpoint submitted is only one that will be accepted for presentation on the day.

Student: **Year**: **Date**:



	I	II.1	II.2	III	F1	F2
Presentation of client, including relevant background information (i.e. social context) and reason for referral.						
Integration of relevant literature in the context of the client throughout the presentation.						
Formulation of a clinical hypothesis based on the client's overall profile (i.e. speech, voice, fluency, language, communication, swallowing). Include data sample to support your profile, where relevant.						
Integration of relevant medical, social, psychological, educational, vocational and ethical issues to client assessment/management plan.						
Rationale for assessment/ intervention approach(es) used with awareness of their strengths and limitations.						
Detail of assessment/management plan, including goals and procedures, with reference to a model (or models) of assessment/ intervention and anticipated outcomes.						
Outcome measures/methods of tracking change during your placement, rationale for their use, awareness of their strengths, limitations and implications for future management.						
Ability to rationalise assessment/management in follow-up question session.						

	I	II.1	II.2	III	F1	F2
Presentation style						
Timekeeping						

**** Listed criteria are not of equal weighting***

Case Presentation p2

Student: _____ **Overall Grade**: _____

Strengths of presentation:

Areas for improvement:

Other comments:

Signed: _____ *(Examiner 1)*

Signed: _____ *(Examiner 2)*

Date: _____

Appendix K: Daily certified hours form

Practice Education: Certified Daily Hours

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

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

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

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

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

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

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

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

Signed: _____
(Practice Educator)

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

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

Appendix L: Summary of certified hours form

Practice Education: Summary of Certified Hours

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

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

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

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

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

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

Signed: _____ **Date:** _____
(Practice Educator)

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

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

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

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

Appendix M: Indemnity Certificate

Willis Towers Watson

Date: 4 October 2019

To Whom It May Concern

Dear Sir / Madam,

Re: Trinity College Dublin

We act as Insurance Brokers to the above named Client, and confirm details of their insurance cover as follows:-

- **Business Description:** University
- **Insured Title** Provost, Fellows, Foundation Scholars and other members of the Board of the College of the Holy and Undivided Trinity of Queen Elizabeth near Dublin.
- **Insurer:** IPB Insurance CLG t/a IPB Insurance
- **Period of Cover:** 1st October 2019 to 30th September 2020
- **Limit of Indemnity:** Employers Liability – Not less than €13,000,000 any one event
  Public Liability – Not less than €6,500,000 any one event
  Products Liability – Not less than €6,500,000 any one period of insurance
- **Territorial Limits:** Worldwide

Subject otherwise to the terms, conditions and exceptions of the policies.

This letter is provided as a courtesy to our client as a matter of information only and confers no rights on the holder. Our duties in relation to this insurance are to our client and we accept no duty of care or responsibility to you or any other third party and any liability to you or any third party is excluded. This letter does not amend, extend or alter the coverage afforded by the policies, nor does it purport to set out all of the policies' terms, conditions and exclusions. The policy terms, conditions, limits and exclusions may alter after the date of this document or the insurance may terminate or be cancelled, and the limits shown may be reduced by paid claims. We have no obligation to advise you of any changes which may be made to the policies or to advise you of their cancellation or termination.

Should you have any queries please contact the undersigned.

Yours faithfully,

JENNIFER SHANAHAN ACII
Associate Director, Corporate Risks

DD: +353 (0) 1 669 4408
E: jennifer.shanahan@willistowerswatson.com

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

Notification of Concern: Professional Conduct of a student

Practice education placements provide opportunities for students to develop both personally and professionally. However, students cope in different ways during such periods of change and some may experience difficulties with learning and managing the transitions that placements demand.

Situations related to professional conduct that may arise include:

- Breaches of **CORU's Code of Professional Conduct and Ethics** (CORU, 2019)
- Failure to meet standards of professional conduct as specified on the **national student professional conduct and clinical competency evaluation framework**

For example:

• not manage health and well-being to ensure both performance and judgement are appropriate for practice

• not demonstrating respect for the supervisory process by seeking and responding to feedback

• not engaging in reflection and reflective practice; critically self-appraising and working to develop own professional competencies

• not demonstrating effective time management i.e. meeting deadlines and punctuality

There is information and guidance about managing concerns contained in the Practice Education Handbook.

Practice educators can contact the Practice Education Coordinator directly about any concerns they may have by either **phone (01 896 1336) or email (quigled1@tcd.ie).** This allows for timely provision of additional supports for the student and/or the practice educator as well as referral to other college support services where indicated.

Notification of Concern:
Professional Conduct of a student

Student: **Year**:

☐ Block ☐ Weekly ☐ Paired ☐ Other (Specify)

Practice Educator: **Clinic**:

Phone: Best time to contact:

Email:

Brief description of behaviour causing concern

Signed: _____ Date: _____
(Practice Educator)

Please send to the named placement mentor or the Practice Education Co-ordinator.

For College use

Received by: Date:

Action taken:

Date of report of action taken provided to Practice Educator: _____

Notification of Concern:
Clinical Competency Development of a student

Practice education placements provide opportunities for students to apply knowledge and develop competencies in clinical practice. Students are expected to monitor their own development and to seek support from practice educators and college lecturers as required.

Practice educators can refer to the national performance indicators (appendix E) 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 clinical competency in each area.

There is information and guidance about managing concerns contained in the Practice Education Handbook.

The department welcomes notification from practice educators who are concerned about students who are not achieving the expected clinical 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 can contact the Practice Education Coordinator directly about any concerns they may have by **either phone (01 896 1336) or email (quigled1@tcd.ie).** This allows for timely provision of additional supports for the student and/or the practice educator as well as referral to other college support services where indicated.

Notification of Concern:
Clinical Competency Development of a student

Student: **Year**:

☐ Block ☐ Weekly ☐ Paired ☐ Other (Specify)

Practice Educator: **Clinic**:

Phone: Best time to contact:

Email:

Brief description of clinical competencies causing concern:

Signed: _____ Date: _____
(Practice Educator)

Please send to the named placement mentor or the Practice Education Co-ordinator.

For College use

Received by: Date:

Action taken:

Date of report of action taken provided to Practice Educator: _____

Appendix O: 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 of your work				
Opportunities to use your initiative				
Discussion time/Feedback time				
Factors related to you …	–	*	**	***
Your preparation for the placement				
Professional knowledge				
Clinical skills				
Clinical practice				

[4] **PE** = Practice Educator

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?

Appendix P: Session planning template

Session Planning: Things to Consider

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

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

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

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

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

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

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

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

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

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

References

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

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

Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity	Self-Evaluation *(completed after session)*
C.D will understand spoken conversation and news stories for enjoyment and personal satisfaction with the aid of learned strategies	C.D. will listen and understand at sentence level using self-cueing strategies, demonstrated by answering questions with 80% accuracy	1. Student will read 2 short texts aloud (taken from "Source for Aphasia" p.59-61) 2. C.D will answer questions relating to the text 3. The use of self-cueing strategies will be encouraged by the student to aid C.D.'s comprehension **Step-up:** • Reduction of prompts to self-cue • More complex text will be read aloud (taken from "Source for Aphasia" p.65-67) **Step-down:** • Context of the text will be provided before reading the text or simpler text will be provided (taken from "Source for Aphasia" p.45 & 49) • Text will be broken into sentences • More explicit prompting of self-cueing strategies will be provided	Although auditory comprehension was a strength of C.D's on the CAT assessment, it was noted the C.D. had slow responses and was aided by contextual information. Paolucci et al. (2005) note that comprehension language deficits are a strong negative rehabilitation prognostic factor, reinforcing its importance as a priority area. Targeting auditory comprehension at paragraph level should help to challenge C.D. and is also the level closest to conversational level, which may help transfer to conversational skills.	Depending on levels of accuracy achieved, an additional simpler or more complex text will be provided for independent practice at home.	

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

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

Priority Area	Measurable Objective	Techniques & Resources	Evidence (person, research evidence, clinical experience)	Carryover Activity	Self-Evaluation *(completed after the session)*
E.F. will become a confident and competent communicator	E.F. will actively engage in Sentence by Sentence visualisation with the application of Higher Order Thinking Skills with 80% accuracy	1. Student will explain the purpose of the activities, drawing on last week 2. Several short passages located at different places in the room. The client will be asked to retrieve these one at a time 3. Student will read the first line of the passage aloud, then pause to enable the client to visualise. 4. Coloured squares will be used – every time E.F. visualises a sentence she can move the coloured square 5. Client will be asked to summarise the passage 6. Student will ask 'why' questions to stimulate an inference from the imaged gestalt 7. Reward chart will be completed after each activity **Step-up:** • Passages which require greater inferential skills will be used (i.e., the information will require more processing & thought regarding the inference) • Passages with numerous possible outcomes (prediction) **Step-down:** • A less language loaded passage will be used, containing sentences that are of a more simple syntactic structure.	Activities in previous session have focussed on directly visualising and describing an image. The next step is to focus on higher order thinking skills. Bell (1991) states that the ability to process the gestalt is the foundation for higher order thinking skills. The taxonomy of higher order thinking skills are - Locating and remembering - Understanding the main idea - Inferring - Drawing conclusions - Predicting/extending - Evaluating As E.F. has a diagnosis of ADHD, and the OT recommended regular movement breaks, I will place reading passages at various locations in the room. Paul & Norbury (2012) report that children with ADHD find it difficult to defer gratification which may negatively impact on attention. Hence, reward chart will be completed after each activity instead of at the end of the session.	Passage appropriate to the level of complexity achieved will be provided for homework to help practise Sentence by Sentence visualisation	

References:

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

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

Example of Measurable Objective from a Session Plan (Swallowing)

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

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

Blank Session Plan Template

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

References:

Appendix Q: Student Information for Placements during COVID-19 Pandemic

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

DEPT. OF CLINICAL SPEECH & LANGUAGE STUDIES
Student Information for Placements during COVID-19 Pandemic August 2020

Information in this document sets out some of the frequently asked questions by students regarding returning to placement during the COVID-19 pandemic. Please note that information and advice are changing on a regular basis and the information provided is relevant at the present time. Please check the following website regularly for updates:

- The HSE Website for healthcare workers
- The Health Protection Surveillance Centre advice for healthcare workers during the COVID-19 pandemic
- TCD Covid-19 webpage: https://www.tcd.ie/about/coronavirus/

All students must sign the end of this form to confirm they have read and understood the information in this document. A copy of your signed form will be held by the Department.

Do all students have to complete placements in order to complete the undergraduate programme?

Yes. All students are required to complete 450 hours of clinical practice (CORU 2019) to progress through the Practice Education Modules in the BSc in Clinical Speech and Language Studies programme in order to be eligible to graduate from Trinity College and register with CORU to practise as a Speech and Language Therapist. Currently, all placements must be undertaken to achieve these required clinical hours and CORU specifies that "**a minimum of 300 hours must be in a supervised clinical practice setting"**.

A blended approach to learning is adopted for some hours of clinical practice, which may include on-site clinical practice, online tutorial support for development and evaluation of specific clinical competencies, simulation, case-based discussions, and/or delivery of speech and language therapy services through telehealth.

Do all students have to complete placements during Covid-19 pandemic?

We understand many of you may have concerns fulfilling placement requirements during the Covid-19 pandemic and the following advice should be considered
Placement should **not** be undertaken in the following circumstances:

- If a student has an underlying health condition that will put them at risk of a serious illness should COVID-19 be contracted. All students must review the HSE guidance on people at higher risk from COVID-19 virus before undertaking placement. If you have concerns that you may be at risk, please contact your GP/College Health to discuss any health issues further. Please provide the Practice Education Coordinator (Duana) with

a letter from your GP confirming you are in an at-risk group and unable to undertake placement if this is the case.

- If a student had close contact with an individual who has tested positive for COVID-19 in the previous 14 days.
- If a student is experiencing any common symptoms of COVID-19 (e.g., fever, cough, difficulty breathing, loss of sense of taste or small) or any symptoms of acute infection such as symptoms of viral respiratory tract infection or gastroenteritis.
- If a student has been working in a clinical environment (e.g., a nursing home, hospital or residential setting) and has identified any reason not to attend placement based on the completion of the COVID-19 Healthcare Worker Relocation Self Risk Assessment. The Self Risk Assessment form is available at this link: https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/covid-19-testing-protocol-for-healthcare-workers-moving-to-a-different-service.pdf

Careful consideration should also be given to the following circumstances:

- If a student shares accommodation with a vulnerable person and are concerned of transmitting infection (including COVID-19) to this person.

Please contact the Practice Education Coordinator (Duana) and Head of Dept (Caroline) if you are unable to undertake placement for any of the reasons above, or any other reason.

Is there additional pre-placement preparation required for placement?

1. All students should complete the following online courses:

- HSELand Hand Hygiene for HSE clinical staff (repeat the online course). *Your competence in Hand Hygiene will be assessed by visual observation of your performance of hand hygiene in the placement site.*
- HSELand Breaking the Infection Chain
- HSELand PPE training in the acute and community setting
- HSELand Introduction to Infection Prevention and Control
- HSELand Managing Health and safety in Healthcare: chemical agent hazards
- Safety Health and Welfare in Healthcare (https://hsalearning.ie/mod/page/view.php?id=27)

Certificates for each online module will be required for your Professional Development Log (PDL) and you will be required to formally certify that you have completed them at induction.

2. You are required to watch the HPSC videos on how to put on and take off Personal Protective Equipment (PPE) in the following link: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/videoresourcesforipc/

3. You are required to review the IPC Guidance including IPC COVID-19 Guidance and educational videos .

4. You are required to read the IASLT COVID Guidance August 2020 that can be accessed through the former link.

5. If you are working in any clinical environment (e.g., nursing home, residential centre, hospital) you are required to complete a COVID-19 Healthcare Worker Relocation Self Risk Assessment. https://www.hse.ie/eng/staff/workplace-health-and-wellbeing-unit/covid-19-guidance/covid-19-testing-protocol-for-healthcare-workers-moving-to-a-different-service.pdf Testing should be performed, if required, based on the outcome of that Self Risk Assessment.

6. You are required to declare to your Practice Educator each day when you present for placement that you are free of key symptoms of Covid-19 and to document this (see Appendix A). In some settings, you may also be required to have your temperature checked each day.

Will the placement allocation process during COVID-19 be different?

Yes – some SLT services are back providing full service, while many other SLT services are still operating on a very reduced capacity or suspended completely. Students will be allocated to placements as they become available on a gradual basis.

We aim to give all students two weeks' notice in advance of a placement, however this may not always be possible. Due to the changing clinical environment it is possible that placements may be cancelled at short notice or become available at short notice.

Will the placement timings and structure be the same?

Due to the ever-changing clinical environment and developments in how SLT services can return to previous capacities, some placements may be of a longer or shorter duration.

Working hours for SLTs have changed in some placement sites, therefore students may need to be available for different placement hours including longer or shorter hours, staggered shifts and weekend placement. Placement hours will vary from site to site and will be available from the placement site in advance of placement commencing.

Some SLT services are now being delivered remotely via online platforms instead of face-to-face. This is called teletherapy or telepractice or telemedicine. You may be asked to complete part of your placement via telehealth. HSE has agreed on a platform called 'Attend Anywhere' for telehealth appointments A short introduction to *Attend Anywhere* can be viewed here. Other placement sites may use other telehealth platforms such as WebEx, Microsoft Teams, or Skype.

In some instances, students' presence in some clinical areas may be avoided or limited or very carefully controlled.

Will the feedback and assessment processes be the same as normal?

The national student clinical competency evaluation framework remains the standard assessment tool for grading your professional and clinical competencies. Feedback processes will be provided as per typical placement practice. The practice educator may also have a virtual meeting(s) with you and/or a member of the practice education team to discuss a student progress, feedback, and grading.

Will students be asked to treat patients with COVID-19?

This will be dependent on the placement site and will be discussed with your Practice Educator and/or Practice Tutor. As far as possible students will not be put at clinical risk, in line with HSE guidelines for all healthcare staff. However, a number of scenarios may exist in the placement sites including the following:

- In some placement sites, students will not see patients who have tested positive or are suspected of having COVID-19. However, many patients do not display symptoms therefore their status may be unknown for a period of time before test results are obtained.
- Some patients may be in step-down facilities where patients have COVID-19 or have previously had COVID-19 and now test negative.
- Some placements may involve direct contact with patients who have tested positive for COVID-19.

Students must always comply with all local infection control policies and any related direction provided by Healthcare Staff or your Practice Educator. This includes co-operating with requirements for management of outbreaks or other incidents of infection including providing samples for testing where required.

Students should also comply with local policy in relation to monitoring patient contacts. This will be discussed with you at your induction day. It is recommended that you **keep a log of the ward/clinic/service areas that you attended in your daily hours form.**

Similarly, if the student works in a healthcare setting during the same period as attending placements, they should complete this **COVID-19 Healthcare Worker Relocation Self Risk Assessment** on an ongoing basis to identify the need for testing.

Will students be wearing Personal Protective Equipment (PPE) during placement?

In accordance with HSE Guidelines, healthcare staff are required to wear a surgical mask with all patients. Local requirements for PPE may vary across clinical areas and placement sites. Students should be guided by local policies in relation to PPE requirements for specific clinics or wards and follow the advice of their Practice Educator and/ or Practice Tutor. You will be required to be “bare below the elbows” when in clinical areas. PPE may include some or all of the following – a surgical masks, gloves, goggles, aprons or gowns. The HSE recommends removal of facial hair as it can interfere with the seal of masks.

PPE is generally worn in the following situations:

- If a student is providing close patient care and is within 2 metres of a person, regardless of the COVID-19 status of the patient.
- If a student is working with other healthcare staff for greater than 15 minutes or when a distance of 2 metres cannot be maintained.

PPE reduces the risk of contamination but does not eliminate it, therefore, PPE is not a substitute for good hand hygiene and respiratory hygiene/cough etiquette. The wearing of PPE is essential to maintain patient and staff health and safety. Failure to comply with infection control measures is a serious offence and is a breach of professional conduct and may result in a professional warning.

Can a student refuse to see a patient if there is no PPE available?

Students are not under an obligation to see a patient if the appropriate PPE as recommended by HSE or local guidelines is not available. Please inform your Practice Educator or Practice Tutor and the Practice Education Co-ordinator if you have concerns in relation to PPE.

Will social distancing be required on placement?

Under normal circumstances social distancing at work is maintained with other students, all staff members, visitors and patients as advised by the HSE guidelines and local policies. However, when assessing and treating patients it may not always be possible to maintain social distancing. Patient safety should always be considered when assessing PPE requirements. Students should follow local procedures and be guided by the advice of their Practice Educator and/or Practice Tutor in respect to PPE usage.

Will students need to wear a new uniform every day?

A clean uniform must be worn each day. Uniforms and shoes should not be worn outside the clinical site. Uniforms should be washed on a daily basis and in accordance with local recommendations (generally on a 60-degree wash cycle). Students will be advised of daily hygiene requirements including showering before and after placement in accordance with local placement recommendations.

What personal items can a student bring to the placement sites?

Local policies or recommendation may be in place related to bringing personal items in the workplace e.g. laptops/handbags. Provision will be made available for storage of items as far as possible, but items should be kept to a minimal. Students should check with their Practice Educator and/or Practice Tutor in relation to bringing pens, notebooks or other items to the ward and clinical areas.

Is it safe to use public transport to travel to placement?

Advice on travelling by public transport is available from the HSE. Please use the former link.

What happens if a student becomes unwell before starting placement?

Students who have been unwell in general or with COVID-19 symptoms in the 2 weeks prior to the scheduled start date of placement need to contact their GP for advice.

Students who have any of the COVID-19 symptoms (e.g., sudden onset of cough, fever, shortness of breath or breathing difficulties, loss of sense of taste or smell) must follow the HSE Guidelines including self-isolation for 14 days from the first onset of symptoms prior to starting placement. Students may need to inform the Occupational Health Department at the placement site as advised by the department manager.

What happens if a student develops COVID-19 symptoms during placement?

Student with COVID-19 symptoms **outside of placement hours**	• Do not attend the placement site • Contact your GP/College Health by phone for heath and testing advice • Follow HSE guidelines in relation to self-isolating • Inform Practice Educator and/or Practice Tutor and Practice Education Co-ordinator • Inform SLT Manager of test results • Engage with placement site and /or Public Health in relation to contact tracing • Inform Practice Educator and/or Practice Tutor and Practice Education Co-ordinator /SLT Manager when fit to return to placement • Provide a letter re fitness to return to placement from your GP to the practice education co-ordinator and placement site
Student with a **positive COVID-19 test**	• Inform Practice Educator and/or Practice Tutor and Practice Education Co-ordinator/ SLT manager of the positive test results • Inform your GP and follow their advice • Engage with placement site and/or Public Health in relation to contact tracing • Follow HSE advice on self-isolation and return to work (e.g. currently recommendations are to self-isolate for 14 days and be free of symptoms for 5 days before returning to placement). Time frames are changing regularly therefore check with local Occupational Health policy for up to date information • Contact your Practice Educator and/or Practice Tutor and Practice Education Co-ordinator/ SLT manager to confirm return to placement • Provide a letter confirming fitness to return to placement to the practice education co-ordinator and the clinical site
Student with a **negative COVID-19 test**	• If your test is negative, the current HSE advice is to return to work once symptom free for 48 hours • Contact your Practice Educator and/or Practice Tutor and Practice Education Co-ordinator/SLT manager before returning to placement • Students may be required to provide evidence of a negative test to Occupational Health department in line with local policies • Inform the practice education co-ordinator you will be returning to placement

Student with COVID-19 symptoms **during placement hours**	• Inform you Practice Educator and/or Practice Tutor and Practice Education Co-ordinator immediately and leave the placement site • Follow all advice set out in '**Students with COVID-19 symptoms outside of placement hours'** outlined above, beginning with 'Contact your GP/College Health for health and testing advice' and moving through all advice recommended

Helpful contact:

HSE Public Advice Line: 1850 241850
College Health: (01) 896 1591 or 896 1556 / Opening hours: Monday to Friday 09 00 – 12 00 and 14 00 – 16 00.

What happens if a student treats a patient who subsequently tests positive for COVID-19?

This is placement site dependent and depends on if a person is a close or casual contact i.e. how much contact a person had or what type of PPE was worn. Students should check with their Practice Educator and/or Practice Tutor in relation to the local site policy.

What if a student lives with a person who tests positive with COVID-19 during my clinical placement?

People sharing a household are defined as close contacts, therefore a student will have to restrict their movement for 14 days unless the suspected person has a negative test. Students should discuss this with their Practice Educator and/or Practice Tutor and Practice Education Co-ordinator. Students may be asked to not attend placement for 14 days.

If a student needs to self-isolate what effect will it have on the placement?

Students will need to take the appropriate time off placement as recommended by the HSE guidelines and their GP, College Health and placement site. Any shortfall in clinical hours will be reviewed at a later date and the Practice Education Co-ordinator will liaise with the placement site should this occur.

Recommended Reading

1. **HSE Guidance on High Risk Groups**

   https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html
2. **HSE Information on COVID-19 including symptoms, return to work, people at higher risk, self-isolation, minding your mental health and testing.**

   https://www2.hse.ie/coronavirus/
3. **HSE Guidance for Health Care Workers**

   https://www.hpsc.ie/az/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers
4. **HSE Travel to Work during COPVID-19 Advice**

   https://healthservice.hse.ie/staff/coronavirus/safety-in-the-workplace/staff-travel-during-covid-19.html

5. **HSE COVID-19 Information Booklet**
   https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates partner-resources/covid-19-information-booklet.pdf
6. **IPC COVID-19 Guidance and educational videos**
   https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/

7. **HSE Healthcare Staff Updates:**

   https://healthservice.hse.ie/staff/news/
8. **TCD Covid-19 webpage**:
   https://www.tcd.ie/about/coronavirus/

9. **IASLT Covid Guidelines:**
   https://www.iaslt.ie/documents/public-information/COVID%2019%20IASLT%20Guidelines/IASLT%20COVID-19%20Guidance%20March2020.pdf

- ✓ I confirm that I have read and understood the information in this document '**Student Information for Clinical Placement during COVID-19 Pandemic'.**

- ✓ I confirm that I have completed the necessary pre-placement preparation as set out on **page 2 and 3** of this document.

- ✓ I agree to always **comply with all local infection control policies and all direction provided by Healthcare Staff** or my Practice Educator. This includes co-operating with requirements for management of outbreaks or other incidents of infection including providing samples for testing where required.

- ✓ I confirm that I will not present to placement if I have any **symptoms of acute infection** such as symptoms of viral respiratory tract infection or gastroenteritis or any key symptoms of COVID-19. I will declare to my Practice Educator each day when I present for placement that I am free of key symptoms of Covid-19 and document this in the form provided in Appendix A.

- ✓ I confirm that I will keep a **log of the ward/clinic/service area** that I have attended in my daily hours form.

Signature_____**Date**_____

PLEASE RETURN THIS SIGNED FORM TO
(1) DUANA QUIGLEY, PRACTICE EDUCATION COORDINATOR AT QUIGLED1@TCD.IE
and (2) TO YOUR PRACTICE EDUCATOR/TUTOR
ONE WEEK BEFORE PLACEMENT COMMENCES

Appendix A: Daily Declaration Form to Confirm Absence of Key Symptoms of Covid-19

You will be asked to submit this form as part of your Professional Development Log.

For each day of placement, immediately before or when you present for placement, please sign the below form to confirm:

- ✓ I am not experiencing any common symptoms of COVID-19 (e.g., fever, cough, difficulty breathing, loss of sense of taste or small)
- ✓ I am not experiencing symptoms of acute infection such as symptoms of viral respiratory tract infection or gastroenteritis.

Date and Time	**Signature to confirm the above**