

HANDBOOK FOR PRACTICE EDUCATORS

Essential Reading

**MSci and MSc SPEECH AND LANGUAGE
THERAPY**

**Academic Year
2021- 22**

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Introduction

Thank you for providing a clinical placement for one or more students. In this handbook we provide an overview of the two clinically qualifying degree programmes we run:

- Undergraduate four-year MSc in Speech and Language Therapy
- Postgraduate two-Year MSc in Speech and Language Therapy.

The modular degree programmes are accredited by the Health and Care Professions Council and are run within the School of Psychology and Clinical Language Sciences. For further information on the school please visit

<http://www.reading.ac.uk/pcls/cls-about.aspx>

This handbook aims to support practice educators in their provision of clinical placements. In response to feedback from educators we have provided some additional information in the appendices about the timing and content of the modules. This handbook complements the mandatory New Educator Training (which all educators are required to attend prior to taking their first weekly or block University of Reading student) and the Experienced Educator Training (which the RCSLT recommends that educators attend every three years).

Students have their own clinical handbooks and there are different report forms for each year group.

All practice educators can arrange to visit our assessment library and view on-site our wide range of assessments. Please contact Allie Biddle for further information a.biddle@reading.ac.uk

The clinical schedules form a vital part of the degree programmes, and we would not be able to manage without your support. We hope you will enjoy having students on placement. Please do not hesitate to get in touch with us if you have any queries.

Mrs. Allison L. Biddle MSc; MSci; MRCSLT; RegHCPC

Lecturer in Clinical Practice, Clinical Coordinator and Tutor; Clinic Manager; Speech and Language Therapist;

Academic and practice placements disability Advisor

a.biddle@reading.ac.uk

Dr Mirjana Sokolovic-Perovic

Director of SLT Clinical Programmes; Lecturer; Speech and Language Therapist

m.sokolovic@reading.ac.uk

Mrs. Carol A. Fairfield MA; MSci; MRCSLT; RegHCPC

Director of Clinical Programmes; Lecturer in Clinical Practice; Speech and Language Therapist

c.a.fairfield@reading.ac.uk

This is an informal guide for the convenience of placement educators. While accurate at the time of publication, aspects of the clinical programme and evaluation of students' clinical work may be subject to modification and revision. Information provided by the Department of Clinical Language Sciences at later stages of the course should be regarded, where appropriate, as superseding the information contained in this handbook.

Clinical Placement Schedule 2021 – 2022

Adjustments due to COVID-19

Due to the ongoing pandemic the availability, timing and nature of clinical opportunities may be different to the outline below

The placements being provided may be remote, face-to-face, Telepractice, or a combination of both models, depending on each individual service's current models of service delivery. Services have the right to change the mode of delivery, service setting, client group and number of days available, where required, to maintain compliance with Government COVID-19 guidance.

If a service is not able to provide or continue with an allocated placement, we will use all reasonable endeavours to minimise any disruption to students and will communicate with students as clearly and as quickly as possible to discuss their options.

In the Autumn and Spring terms placements begin week two of the eleven-week University Teaching terms. In the Summer term students are out for the entire eight weeks of the term. The dates below are the placement weeks

Autumn Term 4th October – 8th December 2021

Spring Term 17th January – 25th March 2022

Easter/May 2 week placement between the following dates: 25th March -15th April or 9th – 20th May 2022

Summer Term 19th April-10th June 2022.

Summer Vacation 4 week *block 13th June – 23rd September 2021

* Block placements can be a continuation of summer term placements or can continue into autumn term placements. Please contact Katherine k.a.pritchard@reading.ac.uk for further information

MSc Clinical Timetable 2021-22

Year	Autumn	Spring	Easter/May	Summer	Summer Vacation block placement
1	Child Development Visits	10 sessions adult (University Clinic) Child Development Visits		TUES; WEDS: THURS: FRI 8 days Adult/Paediatric Elderly Care setting experiences	4 weeks (20 days) Adult or Paediatric
*2	TUES, WEDS, 10 or 20 days Adult/Paediatric	TUES, WEDS, 10 or 20 days Adult/Paediatric	Block Placement 2 weeks (10 days) Adult/Paediatric (external) PARTICIPATION	Clinical exams	
*Students complete 3 placements across the Autumn and Spring terms. Each student must complete one adult and one paediatric placement at MSc 2 level. The other weekly placement and the block placement will be determined by their overall placement profile					

A session is half a day.

Year 2: Students attend (in groups) four Linguistic Assessment Clinic sessions in the University and six sessions of clinical reasoning seminars.

MSci Clinical Timetable 2021-2022

Year	Autumn Term	Spring Term	Summer Term
1		5 sessions preparation clinic adult/paediatric (University Clinic) 3 x Child Development Visits 1-day external observation placement (adult or paediatric)	1-day external observation placement (adult or paediatric) 6 days across Early Years, mainstream and special school settings 1 x Child Development Visit
2	5 sessions paediatric preparation clinic (University Clinic) Paediatric simulation placement (University) 2 x Child Development Visits	THURS/FRI 10 days Paediatric placement 2 x Child Development Visits	TUES; WEDS; THURS; FRI 8 days Paediatric placement 5 days Elderly Care setting (external)
3	Adult simulation placement (University) Adult Linguistic Assessment Clinic (University).	TUES/WEDS 10 days Adult placement	TUES; WEDS; THURS; FRI 8 days Adult Placement
*4	*Students complete 2 or 3 placements across the Autumn and Spring terms. Each student must complete one adult and one paediatric placement at MSc level. Students will do between 30 and 40 days across two or three placements		Adult and Paediatric Clinical exams
	MON, TUES, WEDS 10 or 20 days Adult/Paediatric	MON, TUES, WEDS 10 or 20 days Adult/Paediatric	

Brief Overview of the MSci and MSc Speech and Language Therapy Programmes

The four-year modular programme provides an honours degree in Speech and Language Therapy and the two-year modular programme provides a Master's degree in Speech and language Therapy. The programmes incorporate practical components and academic study. The core subjects include linguistics, medical studies, psychology, and language pathology, which are relevant to the analysis and understanding of normal speech and language and to the understanding and treatment of abnormal language (and swallowing). In addition, students study specialist courses on assessment, therapeutics, and clinical skills and participate in practical clinical work. Students gain an awareness of research methods and their application to clinical practice and complete a research project. They are expected to graduate with knowledge and skills that will enable them to deliver evidence-based clinical practice across a multiplicity of communication disorders. It is expected that the theoretical knowledge and clinical competence achieved will satisfy the professional requirements of the Royal College of Speech and Language Therapists (RCSLT) and the Health and Care Professions Council (HCPC).

Third year MSci students undertake a clinical exam in the spring term whereby they give an oral and written presentation of a client they have worked with on placement, followed by a viva. The module also includes a case report about a client they have been working with which is presented as part of a CPD portfolio.

Fourth year MSci students complete their final Clinical Studies assessment in the summer term with their clinical exam and portfolio. Included within the portfolio is a case report about a client they have been working with. The student is expected to critically discuss the differential diagnosis, the management plan and the prognosis through the application of theory and their knowledge of the evidence base as well as reflecting on their involvement in the client's management. Students also complete a CPD portfolio of their clinical development as part of this module in preparation for their first destination post. MSci students submit their dissertations in the summer term.

Second year MSc students complete their final Clinical Practice Module within the summer term with clinical exams. The module also includes a case report about a client they have been working with. The student is expected to critically discuss the differential diagnosis, the management plan and the prognosis through the application of theory and their knowledge of the evidence base as well as reflecting on their involvement in the client's management. Students also complete a portfolio of their clinical Development as part of the Advanced Professional Development Module in preparation for their first destination post. MSc students submit their dissertation in September.

Overview of the Role of the Practice Educator

Clinical Placements are integral to a clinical programme and students will move through the curriculum developing more self-direction and autonomy as they gain experience. The practice educator plays a central role in facilitating the student's learning opportunities. The organisation of clinical placements during a qualifying course is therefore a crucial element in the preparation of a competent clinician. The following documents are of relevance to the provision of clinical placements:

HCPC Standards of Proficiency for Speech and Language Therapists

<https://www.hcpc-uk.org/globalassets/resources/standards/standards-of-proficiency--speech-and-language-therapists.pdf>

Guidance on Conduct and Ethics for Students

<https://www.hcpc-uk.org/resources/guidance/guidance-on-conduct-and-ethics-for-students/>

NHS Constitution for England (March 2013)

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx>

RCSLT Practice Based Learning Guidance

<https://www.rcslt.org/members/lifelong-learning/practice-based-learning/>

The practice educator's role includes the following responsibilities:

- To provide opportunities to enable understanding, critical evaluation and application of relevant theoretical knowledge to clinical practice.
- To clarify the role of the speech and language therapist in the different settings in which a service is provided.
- To provide opportunities to develop technical skills such as the manipulation of assessment and therapy tools, materials and the environment.
- To model and aid the development of interpersonal and communication abilities, to set up and maintain a therapeutic atmosphere, where clients are facilitated in an optimum communication environment.
- To provide learning, teaching and supervision which must encourage safe and effective practice, independent learning, and professional conduct.
- To provide experience of related health care and educational provision, day-to-day administration in speech and language therapy settings, and wider organizational and management issues.
- To provide informative, supportive, and regular feedback in a timely manner and to complete clinical report forms, providing both qualitative and quantitative information as appropriate.

- To contact the university in a timely manner with any concerns about the student or the learning opportunities on the placement

Administrative Arrangements for Clinical Placements

All clinical placements are arranged through the University, and we operate a weekly and block clinical placement system. We are dependent on our external clinical placements in order to ensure a comprehensive clinical education for our students. We are helped in this by clinicians from a wide range of health authorities/trusts/private settings within Health Education Thames Valley and Health Education Wessex, as well as further afield. We also have an onsite teaching and research clinic which provides assessment and therapy for adult and paediatric clients referred to the University by NHS services. We host a preschool community clinic and specialist paediatric disorders of fluency clinic, working alongside NHS colleagues from CYPIT (part of Berkshire NHS Foundation Trust). We also run an independent adult and paediatric clinic.

Mirjana Sokolovic-Perovic is the Director of the Clinical Programme and has the strategic responsibility for all the clinical modules across the MSci and MSc programmes. Mirjana can be contacted by telephone on 0118 378 4688 or by email, m.sokolovic@reading.ac.uk

Allison (Allie) Biddle is the clinical placement coordinator. Allie coordinates and organises all the clinical placement activity, including the clinical tutors and placement education training. Part of Allie's role is to maintain and update the clinical profiles for students as they progress through the course, and to monitor that they are assigned a broad range of clinical placements across a variety of client groups, settings, and models of service delivery. Allie sources new clinical placement opportunities and deals with clinical queries relating to the clinical placements. Allie can be contacted by telephone on 0118 3784687 or by email, a.biddle@reading.ac.uk. Allie is supported in the clinical placement allocation process by Kate Munro c.a.munro@reading.ac.uk (weekly placements) and Katherine Pritchard k.a.pritchard@reading.ac.uk (block placements)

Allie is also the speech and language therapy students' disability representative and will work with the disability advisory service and the student to determine appropriate reasonable adjustments.

Sherifah Al-Katib and Julie Hankinson are the department's clinical placement administrators and provide the administrative support for all aspects of clinical placements, including details of practice educator training. They can be contacted by telephone (see contacts chart) or by email sltplacements@reading.ac.uk

SLT Service Placement Coordinator

Each Placement Provider Organisation is required to identify a member of staff who will be the main liaison person with the University with regards to clinical placements. This placement coordinator will be invited to attend the termly Partnership Practice Forum and contribute to the ongoing development of the speech and language therapy degree programmes. The placement coordinator will have on-line access to the University's clinical placement database and will be able to view all placements from their service. The placement coordinator will also take the lead in completing the RCSLT planning and self-audit tool for placement provider and placement educators. The audit is completed annually, and a copy of the completed document is to be sent to Mirjana Sokolovic-Perovic. An action plan will then be derived from the collated feedback across all services.

Practice Educator Training (Continuing Professional Development)

To be a practice Educator you need to have been signed off on your newly qualified competencies and had agreement from your manager that you are ready to have your first practice placement student. For first time educators, it is mandatory that each practice educator attends a new practice educator training session prior to having their first student, and then it is recommended by the RCSLT to attend an update every three years thereafter. Please discuss your training requirements with your line manager in the first instance.

At the request of Speech and Language Therapy teams, University Staff will provide training in specific locations. Please contact Allie Biddle for more information.

Practice educator training dates are available on the Placement website.

The University maintains a record of the training attended by educators. Please contact Sherifah Al-Katib and Julie Hankinson sltplacement@reading.ac.uk if you change your name or email address.

Placement Models

There are a variety of placement options you can choose from, to best suit your individual circumstances and those of your client group. Placements can be for one student, a pair of students (peer placements) or for a group of students. If a student has several practice educators, one PE should be a named lead.

The options below are not exhaustive, so please feel free to discuss any ideas with Allie Biddle a.biddle@reading.ac.uk. Each student needs to complete a minimum of 150 clinical sessions, but the way these sessions are achieved can be individual to each student dependent on the nature and type of placement availability. In their final year students must do a mixture of adult and paediatric placements. Long arm placements, where the students work in a separate location/setting to the practice educator for some of the day is another consideration. For long

arm placements it is recommended that the student is observed at regular points throughout the placement. Placements can include direct client facing as well as clinically related activities. The RCSLT advises that a minimum 25% of the placement time must be direct client centred. The RCSLT is also advising that practice educators should make available 25 placement days a year (FTE; pro rata for part time staff), and paired student placements is the recommended model.

Weekly Placements	
10 full days or 20 full days 1 educator	10 full days or 20 full days Shared between 2 educators
Placements can be a day a week, two days a week or three days a week (MSci year 4 only)	
A Placement can be in one term or cover Autumn and Spring A summer term weekly placement can extend into a four - block placement (MSc) A Spring term weekly can extend into a two-week Easter/May block (MSc) A block placement can extend into an Autumn term weekly (MSc)	

For paired and group placements students may be allocated from either the same, or different year groups. For example, in the summer term, a 1MSc student could be paired with a 3MSci student.

Placement Risk Assessment and Health and Safety

Each organisation providing placements to the University must sign a Practice Placement Agreement. Each placement should be risk assessed by the practice educator prior to the commencement of the first placement in that setting. It is essential that you discuss with your manager and advise the University prior to the start of the placement of any health and safety risks and associated training needs that may be associated with your placement.

All new placements are visited, and risk assessed by a member of the clinical tutoring team before the first student placement is made available to the University. A clinical tutor will also Some placements' risk assessments will also be reviewed if a clinical tutor comes to visit a final placement student.

COVID-19. All students have undertaken a self-assessment risk assessment and will have been referred to occupational health if their risk level is moderate or severe. The occupational health recommendations are then used to help allocate placements and practice educators will also be advised of the recommendations, to determine if the risk management is viable. Services need to advise and provide students with the relevant PPE for their settings requirement. All students have had access to the vaccination programme.

On the first day of every placement, educators are required to discuss with students the following, as part of the first day placement checklist:

- Emergency procedures

- Fire evacuation procedures, location of alarm call points and fire extinguishers
- Emergency exits and assembly points
- first aid box and first aider
- Risk prevention in relation to:
 - COVID –19 measures
 - The clinical environment
 - Lone working/remote supervision
 - Equipment
 - Placement related emotional stress

Please advise your manager and Allie Biddle immediately if health and safety issues arise during the placement.

Health

It is a requirement of the National Health Service that all health professionals and health professional students are vaccinated for Hepatitis B and Tuberculosis (BCG) and have evidence that they have had their MMR (measles, mumps and rubella) and are also immune to chicken pox. All students complete a health questionnaire and provide this evidence to our Occupational Health provider. Students will not be allowed to attend clinical placements until such evidence has been received.

Pregnancy and Maternity

Students are requested to make immediate contact with the University clinical coordinator, Allie Biddle, if they become pregnant during the course. To attend clinical placements the student must give permission for their status to be shared with their practice educator as both the University and the practice educator are required to carry out a placement health and safety risk assessment for expectant mothers. As the pregnancy develops, the risks may vary so it is very important that a regular review is made to the risk assessment.

Incidents, Adverse Events and Near Misses

A student is to be treated like a member of staff in relation to incidents, adverse events and near misses; your organisation's normal reporting procedures must be adhered to. Your student will have provided you with an emergency contact number in case they need to be picked up from placement. In addition, please contact Allie Biddle a.biddle@reading.ac.uk 0118 3784687 and advise student then must complete the university's incident report form.

Disability and Health

The University has a disability advisory service for students including a counselling service. If a student has disclosed to the University a disability or health issue, they will be invited to a meeting with the department disability representative (currently shared between Carol Fairfield and Allie Biddle), to discuss if any reasonable adjustments may be required in relation to clinical placements.

We can only disclose this to you with the student's permission. Our students are actively advised that it is in the clients' as well as yours' and their own best interests to inform the practice educator of any such issues prior to the placement starting and are actively encouraged to take the lead in disclosing any such information to you that is relevant to the placement. Please contact Allie Biddle a.biddle@reading.ac.uk 0118 3784687 if you have any concerns about the recommended adjustments for your specific placement.

Please refer to the appendices for information on supporting students with reading, writing and communication difficulties.

Disclosure Barring Service and Good Conduct

All our students are subject to an enhanced DBS check on entering the degree programme and for MSci students it is renewed three years thereafter. At the start of each academic year, students must sign a University of Reading "Good Conduct" form and a Confidentiality Statement. **Please refer to the appendices for a copy of the statement of confidentiality.**

Safeguarding Children and Adults

All students undertake HEE online training and face to face training at the University

Hand washing and Infection Control

Students are given yearly training on hand washing and infection control at the start of each academic year. It is expected that practice educator will also go through local procedures at the start of the placement.

Manual Handling and Back Care

Students are provided with a training booklet by the University Health and Safety services and must sign a form advising that they have read, understand and will adhere to the guidelines. This includes a training booklet on how to safely manoeuvre a wheelchair

E-Learning

Before their first external placements each year students undertake E learning modules on the following topics: found at <https://www.e-lfh.org.uk/>

- Resuscitation level 1
- Safeguarding Children Level 1
- Safeguarding adults Level 1
- Conflict Resolution Level 1
- Equality and Diversity and Human Rights Level 1
- Infection Prevention and Control Level 1
- Health Safety and Welfare Level 1
- Preventing radicalisation – basic prevent awareness
- Fire Safety Level 1
- Moving and Handling Level 1

•Data security awareness Level 1

Dementia Training

MSc students in year 1 and MSci students in year2 will undertake an online training course in dementia <http://www.e-lfh.org.uk/programmes/dementia/>. This covers the basics of dementia and dementia care including symptoms, consequences for person and family, person-centred care and principles of communication. Immediately following this they will receive a three-hour session to look at and discuss resources and materials for promoting interaction in dementia and educating significant others. They also have a talk from a person with dementia and a family member of someone with dementia.

Placement Induction Pack

Placement educators/SLT services are expected to provide an induction pack for their student with specific information relating to the clinical setting. This should be sent to the student prior to the start of the placement. Students have advised us that the following information is helpful to them in an induction pack:

- Nature of client group(s)
- Placement setting details
- Facilities
- Key personnel and their roles
- Contact information
- Administrative duties expected of the student e.g., answering the phone
- SLT role
- Directions
- Dress code
- Emergency procedures
- Key assessments/assessment methods
- Suggested reading
- Related agencies and contact details

Contact with your student

You will receive an email from the clinical placement's database informing you of your student's name, year group and email address prior to the start of the placement. Your student is expected to contact you prior to the start of the placement using the contact details you have provided on the placement availability form. It is essential that you swap contact numbers with your student prior to the start of the placement as it is not possible for the University to contact the student in case of last-minute changes e.g., clinician sickness. Your student will send you information regarding their personal profile and their personal learning aims for the placement. **Please refer to the appendices for the personal profile and personal aims forms.**

First Day of Placement

We have a checklist for the first day of the placement to go through with your student which covers key areas relating to your placement and placement setting. [Please refer to the appendices for a first day placement checklist.](#)

Contact with the University during the Placement

The clinical tutors are available to provide guidance and support to the practice educators throughout the placement. The clinical tutors are all practising speech and language therapists and practice educators (either in the University clinic or external to the University)

Role of the clinical tutor in relation to clinical placements

- To prepare students for their clinical placements
- In conjunction with placement educator, to monitor students' clinical development to ensure they achieve their potential
- To address any issues that may arise during a placement, from either the student or placement educator.
- To support the practice educator in the preparation and provision/administration of placements
- To provide ongoing support during the placement as required for both educator and student
- To contact the educator halfway through the placement to discuss the student's progress to date and the placement opportunities available
- To support the practice educator during the process of completing the clinical report form
- To support students' clinical development by providing group and individual sessions for them to discuss specific and general issues related to clinical placements.
- Students can access daily clinical drop-in sessions at the University to gain additional support for session planning, suggested reading and general placement issues. Please encourage your student to attend these drop-ins

UNIVERSITY STAFF AND SUPPORT FOR CLINICAL PLACEMENTS

NAME	MS TEAMS Phone	EMAIL	AVAILABILITY
Allison Biddle (Allie) Clinical Coordinator	0118 378 4687	a.biddle@reading.ac.uk	Tuesday Wednesday Thursday Friday (clinic day)

Disability Advisor Clinic Manager			
Fiona Baillie	0118 378 3346	f.baillie@reading.ac.uk	Tuesday Wednesday
Nika Dehghan	0118 378 3384	n.dehghan@reading.ac.uk	Monday Thursday Friday
Sarah Fincham- Majumdar	0118 378 3352	s.c.finchammajumdar@reading.ac.uk	Monday Wednesday (clinic day)
Alice Grogan	0118 378	a.grogan@reading.ac.uk	Wednesday
Melissa Loucas	0118 378 3361	m.j.loucas@reading.ac.uk	Thursday
Helen Marlow	0118 378 3363	h.marlow@reading.ac.uk	Tuesday Thursday (clinic spring term)
Kate Munro	0118 378 3366	c.a.munro@reading.ac.uk	Monday Tuesday (clinic) Wednesday pm
Afshan O'Sullivan	0118 378 3367	a.j.osullivan@reading.ac.uk	Monday Tuesday (clinic) Wednesday Thursday
Katherine Pritchard	0118 378 3370	k.a.pritchard@reading.ac.uk	Monday (clinic) Wednesday Thursday am
Theo Read	0118 378	t.e.read@reading.ac.uk	Monday Tuesday Friday (clinic)
Sarah Wagstaff	0118 378 3320	s.a.wagstaff@reading.ac.uk	Monday (clinic) Wednesday Thursday
New tutor starting Nov 2021	tbc	tbc	tbc

Placement Administrators' Contact Details and Availability

Sherifah Al -Katib	0118 378 4696	sltplacements@reading.ac.uk	Monday Tuesday Wednesday Thursday 8 - 4
Julie Hankinson	0118 378 3355 Room G81		Tuesday & Wednesday 9 - 5 Friday 8.30-4.30

Mid-Placement Review with the student and the clinical tutor

At the start of the placement, agree with your student how and when you will do feedback. It is helpful if you both keep an ongoing record. Halfway through the placement please reflect on and discuss with the student their clinical development to date, in relation to the clinical learning outcomes and their personal aims for the placement. You may wish to use the report form to guide this discussion and reflection. Please record the date of the mid-placement review on the report form. Your student should also share with you the evidence they have gathered to date on their professionalism form and their clinical report form.

Contact between you and the University is an essential requirement halfway through the placement and is a joint responsibility between you and the University. We will send out an email to all educators advising that we are about to start the mid-way contact calls. We will use the contact details you have provided on the placement form. If we must leave you a phone message, we will follow it up with an email *If a clinical tutor has not been in contact halfway through the placement please initiate contact yourself.*

The clinical tutor will make a written record of the telephone discussion to be placed in the student's file. The clinical tutor will agree with you any action that needs to be taken following the contact.

Please refer to the appendices for the telephone contact form

Concerns about the student or the placement in general

Immediately you have any queries or concerns regarding your placement or the student, PLEASE CONTACT A CLINICAL TUTOR. It is generally advisable to discuss your concerns with the student prior to making contact. It is your professional responsibility to contact the University early in the placement should you have any concerns about your student that you have been unable to resolve or feel unable to discuss with your student. Following discussion with you, an action plan with a review date will be agreed as appropriate to the concerns raised and a written record will be placed in the student's file.

Please refer to the appendices for a flowchart for this process

*Visits from Clinical Tutors

A clinical tutor may come to visit you and your student during the clinical placement. Before a visit is made the clinical tutor will contact you.

You will be visited by a clinical tutor if:

- This is your first student from the University of Reading. The University will contact you so that a mutually convenient visit can be arranged. If there are several new educators within one service, then a group visit is possible.

- You request a visit following discussion with a Clinical Tutor.
- You may be visited by a clinical tutor if you have a 4MSci or 2MSc student.

Each final year MSci and MSc student will be visited by a University Clinical Tutor during one of their final year placements. The format of the visit will be discussed with you prior to the visit. It will vary depending on the reason for the visit, the nature of the placement and timetabling. Depending on the reason for the visit we may observe the student with one or two clients and participate in the feedback session led by the clinician, discuss the placement with the student and clinician; discuss the student's progress with the clinician. These are valuable learning occasions for students, staff and clinicians; information may be exchanged about the placement and the degree programme, as well as providing direct clinical teaching.

Please refer to the appendices for the visit documentation

***COVID-19 adjustments**

In the event of a finalist student being on placement with a practice educator as part of a tele-health or other form of virtual intervention programme then a placement tutorial can be carried out using remote access. A four-way session can be set up where possible including the client, on an IT platform used by the placement. This may be Teams or another method but must be compliant with the placement's trust/company regulations. Recording is not usually carried out for tutorials so this should not present any issues about storage of confidential information. The tutor can 'attend' as a silent observer and then participate in the follow -up meeting with the PE and student. Clearly the usual consent from the client applies and it would be usual for the tutor to be introduced briefly on camera to the client before becoming the silent observer. Should the session need to be recorded for a later tutorial this will need to be discussed on a case-by-case basis. In other cases where a student is in a face-to-face setting, then the use of either virtual or on-site contact can be used.

There are certain settings where virtual visits will be impossible, for example, certain wards do not allow camera access. Face to face sessions would require a risk assessment to be made by the visiting tutor in conjunction with the practice educator at the point of making the visit to adapt as the situation changes in line with University and CLS policy.

End of Placement - Clinical Report Forms

All students require a report form to be completed at the end of each clinical placement. Please note that this form varies according to the degree being undertaken (MSci or MSc), to the year of clinical training, and the nature of the placement (weekly or block). It is the joint responsibility of the student and the practice educator to:

- Ensure you have the appropriate report form
- Discuss the student's performance with her/him halfway through and at the end of the placement prior to completing the report form.

- Ensure that nothing is written in the report form that you have not discussed with the student
- Complete all sections of the report form
- Ensure that, where the placement has involved more than one clinician, a single form is completed after discussion between all clinicians
- Return the report form within two weeks of the end of the placement. **This is essential to the student's clinical development and termly module mark.**
- Please contact a clinical tutor if you require support in completing the report form

Student roles and responsibilities

Student Pre-Placement Preparation

Each student is provided with a university identification badge and a polo top to be always worn on clinical placements. Each student has a Clinical Handbook and a portfolio of observation schedules from their preparation clinics at the university. Students are also expected to use a session plan to help structure their session planning and to evidence their clinical decisions for assessment/therapy/management.

Throughout their degree programmes students are expected to keep a Personal Clinical Record. Information recorded in this record is then used for coursework and for their final portfolio of Continuing Professional Development.

At the beginning of each academic term, it is compulsory for students to attend a clinical placements' briefing. Placement details are confirmed, and the clinical learning outcomes are discussed. During the placement briefing session the students are advised that we expect each student:

- To have read their clinical handbook
- To be familiar with the clinical learning outcomes for the placement
- To have considered types of clinical activities in order to meet the placement aims (this is also looked at in seminars as a group activity)
- To have already completed their personal aims form and student profile to give to the practice educator at the start of the placement
- To have carried out pre-placement reading as requested by the placement educator
- To have contacted the practice educator prior to the start of the placement
- To be regular and punctual in attendance
- To inform the practice educator of expected absence
- To dress appropriately for the placement
- To adhere to confidentiality regulations
- students are not permitted to take case notes off the premises
- all confidential information must be deleted from photocopies of reports/assessments/correspondence

- respect client confidentiality in discussion away from the placement
- to remember that the welfare of clients comes first
- to always wear their university photo ID badge and polo top on placement
- to adhere to the HCPC standards of ethics, conduct and performance

First Day of Placement

On their first day with you your student will confirm you have received the following:

- A personal profile. Students are encouraged that it is in their best interests to fill in all questions on the form to facilitate the placement.
- Their personal clinical aims for the placement.
- Contact details in case of cancellation of placement, clinician illness etc. It is the clinician's responsibility to inform the student and their clinical tutor of any amendments to the placement.
- An emergency contact number in case of student illness.
- Your student will check that you have accessed the relevant clinical report form and clinical handbook
- Information about any coursework they need to undertake during the placement.

During the Placement

We have a professional expectation of our students that throughout the placement they will:

- treat all staff, clients and carers with respect and behave professionally
- advise their educator, where appropriate, if there is anything which may be affecting their work
- act in line with the appropriate placement policies and procedures
- notify their practice educator if they see anything hazardous or suspicious
- be self-motivated and organised
- be adequately prepared for clinical placement
- ask if unsure about anything
- adhere to the HCPC guidance on conduct and ethics for students
- adhere to the NHS values

The clinical tutors run daily drop-in sessions for face-to-face support; students can also email clinical tutors or speak with us on the phone. There is at least three clinical tutors available every day of the week.

Assessment and Session Plans-Evidence of Clinical Reasoning

Students should be completing assessment and session plans for the clients they are involved with on clinical placement. The plans are designed to help students understand, develop and evidence their clinical reasoning. The plans allow the students to record their reflections on the session and to evidence session outcomes. It is important that you review and discuss these plans with the student

Please refer to the appendices for the assessment and session plans templates. These are generic templates and may be adapted to suit specific placements settings/client groups.

Clinical Diary

Students are required to fill out clinical diary sheets whilst attending preparation clinics and on clinical placement. The clinical diary is a method of recording information about clients and helps to build up some pattern recognition from client to client. Students do not need to complete a whole diary sheet on each client, but as a minimum should consider one aspect of the session to reflect on and write this out in the form of a diary. The reflection is valuable as it:

- It is a tool to make links between theory and practice
- Experiences are taken as starting point for learning.
- It is different from theory learning and facilitates acquiring skills by watching others
- It is an active process
- It develops critical analytical skills and judgement which leads to good decision making.
- The advantage of using a reflective cycle is that it presents the practitioner with specific questions which require to be considered in order.

Please refer to the appendices for an outline of the clinical diary

RCSLT Dysphagia Competencies and University of Reading Learning Opportunities on Placement (Eating Drinking and Swallowing)

Health Education England (HEE) are supporting the RCSLT to deliver pre-registration EDS competencies by academic year 2025-2026. There will be a new framework for EDS competencies for pre-registration SLT students. On qualifying students will still have to continue with EDS competencies according to their setting to reach the appropriate level. However, this initiative is intended to ensure that all students have the same exposure to EDS across their pre-registration clinical experience.

To find out more in your own time visit click on the link below- (there is a series of very useful webinars and PDFs to make it easier to digest the information)

<https://www.rcslt.org/members/get-involved/current-rcslt-projects/dysphagia/pre-registration-competencies/>

What does this mean for you as a PE with a student on placement for this academic year?

For the moment students will continue to use their **learning opportunities form for EDS** in the interim and you can continue to sign off anything you think the student has reached competency at on **this form and/or the current RCSLT framework**. They will then be able to use these forms in addition to the new paperwork that we are working on. It is ultimately a student's responsibility to ensure that they keep a record of their experience. They will show you these forms for you to be

familiar with what experience they have gained during their course and for you to sign off. Guidance on signing off pre-registration EDS competencies is in the link below (as well as other useful webinars).

<https://www.rcslt.org/events/pre-registration-eds-competencies-webinars/>

For academic year 2021-2022 we are continuing to use the RCSLT has developed the Dysphagia Training & Competency Framework (2014). The document states that: "It is the responsibility of the student SLT to populate the competency framework as he or she progresses through the course and, where there are clinical placement opportunities, for the clinical educator to sign off practical competencies." (p.15)

Our current Dysphagia Learning Opportunities on Placement record form links across to the Dysphagia Competencies Framework (Levels A, B and C). The Dysphagia Learning Opportunities form is designed as a practical record form, taking in tasks which a student might observe or engage in during their placements. The students should fill in this record form which will then form part of their evidence for their achievement of the RCSLT Dysphagia Competencies. It is likely that a student's skills may develop to a 'competent' level over more than one clinical placement. In this case, if they have not achieved the full competency during your individual placement, please support the student's evidence by signing and dating the UoR Dysphagia Learning Opportunities record form. For example, they may have completed 1 swallow assessment under your observation but need to carry out more than this to reach Level C 'Emerging Specialist' (p. 58) in the RCSLT competency framework. You would therefore sign this activity on the UoR Learning Opportunities form, to support the student's evidence.

As their supervising Placement Educator, when you judge that the student has fulfilled a RCSLT **practical competency** at level A, B or C, then please sign off the competency on the RCSLT Dysphagia and Competency document (Pages 19 onwards).

There is guidance for the implementation of the framework and more specifically for those supervising dysphagia within the RCSLT framework document (sections 2.1.4 and 2.1.5). This includes record keeping; levels of knowledge and skills; CPD and supervision; and training in supervision of others.

Please refer to the appendices for a copy of the University of Reading Learning Opportunities

Portfolios

Students are required to submit a portfolio of professional and personal development as part of each of their clinical studies/practice modules.

Mid Placement Evaluation

Halfway through the placement the student is expected to reflect on and discuss with the practice educator their clinical development to date, in relation to the clinical learning outcomes. It is helpful if the student links their evaluation to the clinical report form and their personal placement aims. Students should also share their professionalism form

End of Placement Evaluation

All students are required to fill out a placement evaluation form at the end of each placement.

Placement Feedback

The University seeks feedback from students on clinical placements to enable us to ensure quality and development of these placements. We do this via informal means (discussion with yourselves), but also by formal feedback. How we do this is guided by Health Education England who have a responsibility for the monitoring quality of placements.

Health Education Thames Valley (HETV) and Health Education Wessex (HEW) are responsible for working with your placement and education providers to ensure that the healthcare education you receive is of the highest quality. The NHS Constitution and HETV/HEW 'Learning Placement Charter' expect all healthcare professionals to take responsibility for providing honest and constructive feedback on their practice experience, and for this to be heard and responded to.

The placement evaluation is one of the key tools used to recognise areas of excellent education in practice, but to also identify those requiring improvement.

Stakeholders (learners, placement providers and universities) from HETV and HEW have shared good practice and developed a multi-professional placement evaluation framework with agreed principles, and identified priority themes and core questions for all HETV and HEW learners/trainees to answer about their practice experiences. These were piloted across a range of professions, organisations and learners during 2014 and changes made in response to feedback received from stakeholders.

A process to assure all stakeholders, including yourselves, that your feedback has been heard and responded to in a consistent and timely manner is being implemented in partnership alongside this initiative. To support this process, your feedback should always be given professionally as your comments may be shared verbatim; whilst it will be kept confidential and be anonymised when shared with stakeholders, you are accountable for your feedback and can expect any specific concerns raised to be followed up individually and professionally with you by your university in partnership with the placement provider. This will ensure continual improvement in the learner/trainee experience in practice and supports HETV and HEW organisations' ambition to be your future employer of choice.

Placement Feedback

After each placement students are required to provide quantitative and qualitative feedback on the following areas:

- Learner induction skills and preparation
- Quality of placement education
- Quality of learning experience and learning
- Quality of team leadership: support for learners; team culture and values
- Inter-professional working and learning
- Quality of patient experience and NHS Constitution

- Strengths of placement and areas for improvement

This feedback is collated and shared with each service on a termly basis

MSc Programme Content: Module Descriptions

Medicine Psychology Linguistics Clinical skills Statistics and research

1.MSc Module	Knowledge	Skills
Communication Impairment PLMCI1R (Autumn & Spring Terms) 20 Credits	<p>Topics covered:</p> <ul style="list-style-type: none"> •Main developmental and acquired disorders associated with speech, language, pragmatics, cognition, and swallowing •Linguistic, phonetic, medical, and psychological theory •A range of clinical populations across the lifespan and key management approaches used 	<p>Students will demonstrate comprehensive understanding of:</p> <ul style="list-style-type: none"> •Core features of speech, language, communication, and swallowing disorders across the lifespan •Different models of treatment and management approaches for speech, language, communication, and swallowing disorders across the lifespan •Application of linguistics, medicine, phonetics and psychology to speech and language therapy •Therapeutic techniques - a creative and original approach to problem solving
Clinical Practice PLMCP1 (Autumn, Spring & Summer Terms) 30 Credits	<p>Topics covered:</p> <ul style="list-style-type: none"> • A variety of client groups to enable integration of theory to clinical environment • The role of the speech and language therapist • Clinical reasoning behind assessment, diagnosis, treatment planning for children and adults, including some assessment protocols • Professional frameworks and communication skills within clinic work • NHS legislation including policies and procedures 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Develop personal & professional skills • Demonstrate understanding of and adherence to HCPC standards of conduct, performance, and ethics • Relate clinical experience to other taught modules • Observe and interact with typically developing children and children with communication impairments, and adults with communication impairments • Interpret & analyse relevant information around speech & language and compare to published data • Describe wide range of clinical assessments and identify linguistic domain targeted in these • Assemble speech/language/communication/eating & drinking profile of a child & present oral and written accounts of data collected

		<ul style="list-style-type: none"> • Demonstrate understanding of learning within a life span developmental framework • Evidence development of professional skills of clinical reasoning and reflective practice <p>Placement hours: Spring term 30 hours / Summer term 105 hours</p>
<p>Foundations of Grammar</p> <p>PLMFG</p> <p>(Autumn Term)</p> <p>10 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Main concepts in grammar, i.e. grammatical categories, inflectional/derivational morphology, phrase and clause structure, complex syntactic constructions, and pragmatics • Goals of linguistics theory as presented in the theory of Universal Grammar, which aims to characterise formally the native speaker's knowledge of language, explain language acquisition and language disorders • Introduction to Language Analysis Remediation and Screening Procedure (LARSP) profiling 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Understand and apply grammatical concepts within context of clinical linguistic data • Analyse and interpret clinical linguistic data within context of syntactic theory, and show understanding of principles and issues relating to goals of current syntactic theory • Discuss formal criteria for identifying grammatical categories • Understand traditional clause analyse and use basic syntactic descriptive tools (e.g.: categories, phrase structure, structural relations, X-bar syntax, the lexicon, theta-theory and case-theory). • Represent phrase structure in the form of labelled trees and recognise structural ambiguity • Discuss X-bar theory of phrase structure grammar and its descriptive and explanatory advantages, i.e., its contribution to the language acquisition problem • Show understanding of theta theory and case theory and the motivation for the introduction of transformations in the grammar • Examine relationship between active and passive sentences
<p>Introduction to Phonetics and Phonology</p> <p>PLMPPR</p> <p>(Autumn Term)</p> <p>20 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Phonetics: articulation, acoustics, perception, and transcription of speech sounds • Phonology: patterning of speech sounds in English, allophonic variation of English consonants and vowels, connected speech processes and distinction between segmental and suprasegmental features of English 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Demonstrate basic working knowledge of the International Phonetic Alphabet (IPA) transcription system including cardinal vowels • Demonstrate basic working knowledge of an English phonemic transcription system • Describe acoustic properties of speech sounds, identify different sounds on a spectrogram and carry out acoustic phonetic analysis • Know when it is appropriate to use phonetic or phonological transcriptions. • Use computer software for the acoustic analysis of speech

<p>Clinical Phonetics & Phonology</p> <p>PLMCPH</p> <p>(Spring Term)</p> <p>10 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Data collection and representation in the study of speech development • Assessment of bilingual clients and assessment of suprasegmentals • Instrumentation used in the analysis of normal and disordered speech including spectrography, laryngography and electropalatography 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Apply theoretical knowledge of phonetics and phonology to clinical data • Analyse data using perceptual and instrumental approaches • Apply framework for phonetic and phonological analysis of normal and disordered speech using instrumental and perceptual techniques • Transcribe normal and disordered speech sounds and connected speech • Transcribe & produce all the sounds from the IPA chart & Extension chart • Organise and analyse sets of phonological data from normal and atypical development • Interpret disordered data samples by relating to developmental norms and the adult phonological system • Appraise various instrumental techniques available for analysis of speech and identify when they should most appropriately be used. • Consider issues involved in phonological assessment with relation to efficacy and workplace constrictions
<p>Child Language Acquisition</p> <p>PLMCLA</p> <p>(Autumn Term)</p> <p>10 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Language development in typically developing children (including sound system, first words, vocabulary, grammar, morphosyntactic structures, development of language use) • Developmental milestones • Current theories in child language acquisition 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Identify and describe main stages of typical language development • Outline theoretical principles & issues in child language acquisition • Apply knowledge of language development to data, and identify atypical development using data • Discuss ideas and controversies in the field of first language acquisition • Carry out computer-aided analyses of child language data and make connections between theory of child language acquisition and clinical data
<p>Language Processing</p> <p>PLMLPR</p> <p>(Spring Term)</p> <p>10 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Language processing in children and adults from typical and atypical populations • Language production and comprehension, lexical access, the mental lexicon, ambiguity resolution, and 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Critically discuss and evaluate language processing theories • Examine statistical treatments used in measures of language processing papers

	the use of syntactic, lexical and prosodic information in sentence processing, complexity and memory	Students will demonstrate understanding of: <ul style="list-style-type: none"> • How children and adults with typical and atypical language development process language in real time • Core issues in language processing research • The importance of language processing for our understanding of language impairment
Medicine PLMM1 (Autumn & Spring Term) 20 credits	Topics covered: <ul style="list-style-type: none"> • Anatomy & physiology • Medicine & paediatric medicine • Audiology – measurement of hearing, diagnostic audiology, hearing aids • Orthodontics • Neuroanatomical and physiological underpinnings of human anatomy necessary to understand a range of disorders seen by speech and language therapists • Anatomy and physiology of tongue and oral cavity • Structure of skeletal systems; cranial nerves; respiratory, cardiovascular and nervous systems • Measurement of hearing; types of hearing loss & remediation • Orthodontics and oral surgery, study of structures of mouth, dentition, occlusion, cleft palate, prosthetic dentistry • Pre-post-natal growth and common problems in childhood • Disorders of childhood • Signs of abuse and neglect in children • Services for children with developmental delay 	Students will be able to: <ul style="list-style-type: none"> • Describe structure & functions of respiratory, cardiovascular and nervous systems • Identify & describe the structures of mouth, face, dentition & occlusion and evaluate the treatment methods for modifying facial growth • Describe and evaluate function of ear, larynx & pharynx in relation to speech, hearing, hearing loss • Describe dental & oral cavity physiology & anatomy • Evaluate measurement of hearing, diagnostic audiology, hearing aids, on adult and paediatric rehabilitation • Identify types & causes of hearing loss & management • Identify signs of abuse and neglect in children • Identify cleft lip, cleft lip and palate and discuss their relevant surgical restorations • Understand the functioning of a neonatal ward
Medicine 2 PLMM2 (Spring Term) 20 Credits	Topics covered: <ul style="list-style-type: none"> • Brain anatomy, structure, and function • Types and causes of brain injury including infarction, haemorrhage, contusion, diffuse damage, tumour, atrophy, post pathology, neuroimaging, cortical and subcortical brain functions, white and grey matter, 	Students will demonstrate comprehensive understanding of: <ul style="list-style-type: none"> • The gross anatomy of the brain & how brain function & structure can be captured, instrumentally • The neuropathology's of a range of neurological disorders with a particular focus on those affecting speech, language and swallowing and the neurological treatments of disorders

	<p>neurons and neural functioning, neurovascular coupling, neurological conditions including motor neuron disease, epilepsy, Huntington's, Parkinson's</p> <ul style="list-style-type: none"> •Treatments for range of neurological conditions •Anatomy, structure and function of ear, nose, sinuses, larynx and pharynx, leading to disorders and treatment by ENT and SaLT •Different types of stroke and brain tumours and their causes •The nature of neural tissues and neurotransmitters and how they are affected in neurological disorder and disease •Causes of head and neck cancer and impact on speech, voice, swallowing •Surgical voice restoration 	<ul style="list-style-type: none"> •A range of conditions relating to ENT structures that can affect voice, articulation, resonance.
<p>Typical and Atypical Development PYMTA1 (Autumn Term) 10 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> •How typical development informs study of atypical development •Cognitive development, language development, perceptual development, social development, language development, memory development, developmental theory •Human psychological functioning at various stages in the lifespan 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Demonstrate knowledge of theory and research in various aspects of typical and atypical human development. • Provide constructive critique of selected research studies from literature •Apply knowledge of research methodology
<p>Typical and Atypical Development PYMTA2 (Autumn Term) 10 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> •Human development (typical and atypical) •Literacy & numeracy •Disorders of development •Genetics & development •Reading development •Moral development •Adolescence & aging 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Demonstrate knowledge of theory and research in various aspects of typical and atypical human development. •Provide constructive critique of selected research studies from the literature

	<ul style="list-style-type: none"> • Human psychological functioning at various stages in the lifespan 	
Personality and Social Psychology PYMPS2 (Spring Term) 10 Credits	Topics covered: <ul style="list-style-type: none"> • Theory and research on core topics in social psychology including: • Attitudes • Social perception • Stereotypes & categorization • Group processes & inter-group relations • Social influence • Aggression and prosocial behaviour 	Students will be able to: <ul style="list-style-type: none"> • Demonstrate knowledge of theory and research in social psychology.

2.MSc Module	Knowledge	Skills
Communication Impairment PLMCI2R (Autumn & Spring Terms) 30 Credits	Topics covered: •Evidence-based approach to assessment, diagnosis and management disorders of speech, language and communication in children •Main developmental disorders associated with speech, language and communication in children •Planning & delivering evidence based interventions •Holistic based approach to client management •Evidence base relevant to children presenting with a range of issues including developmental language impairment, autism spectrum disorders, learning disability and complex needs, cerebral palsy, speech sound disorders, hearing impairment, swallowing disorders in children and disorders of fluency across the lifespan	Students will be able to: •Explain with critical insight core features of speech, language, communication and swallowing disorders in children, and disorders of fluency across the lifespan •Apply knowledge of phonetics, linguistics, psychology, medical sciences to assess speech, language, communication disorders in children, and disorders of fluency across the lifespan •Critically evaluate evidence-base for management of speech, language, communication and swallowing disorders in children, and disorders of fluency across the lifespan •Show originality in solving clinical problems relating to assessment, differential diagnosis and treatment of speech, language, communication and swallowing disorders in children, and disorders of fluency across the lifespan •Use a holistic, client-centred approach to assessment, differential diagnosis and treatment •Provide clear and well-justified conclusions, based on accurately reported evidence •Communicate in appropriate technical language for a professional audience. •Solve clinical problems relating to assessment, diagnosis and treatment using a holistic, client centred approach, •Justify decisions based on evidence
Communication Impairment 3 PLMCI3R	Topics covered: •Evidence-base relevant to assessment, diagnose and manage disorders of speech, language, swallowing and cognitive disorders in adults •Main disorders associated with speech, language, swallowing and cognition in adults including:	Students will be able to: •Apply & critically evaluate evidence-base to adults •Identify assessment and management approach for an adult based on critical evaluation of the evidence base •Explain core features of speech, voice, language, cognitive and swallowing disorders in adults

(Autumn & Spring) 30 Credits	<ul style="list-style-type: none"> • Aphasia • Dementia • Traumatic brain injury • Fluency disorders • Voice disorders • Head and neck cancer • Adults with learning disabilities • Dysphagia • Motor speech disorders 	<ul style="list-style-type: none"> • Synthesise knowledge of phonetics, linguistics, psychology and medical sciences to assess speech, language, communication and swallowing disorders in adults • Evaluate and show originality in solving clinical problems relating to assessment, differential diagnosis and treatment of speech, language, communication and swallowing disorders in adults, applying relevant evidence-base • Apply in an original way a critical holistic, client-centred approach to assessment, differential diagnosis and treatment
Advanced Professional Development PLMAPD (Autumn Term) 20 Credits	Topics covered: <ul style="list-style-type: none"> • Current issues (including changing nature of knowledge base and modes of delivery) within professional practice for SLT within Health and Education contexts • Professional development and working within NHS/education/other settings • Synthesis, integration, and application of theoretical knowledge to holistic case management within professional context • Clinical governance, management & service delivery, role of the RCSLT and adherence to the HCPC standards of conduct, performance & ethics • Career issues, applying for jobs, preparation for interviews • CPD & maintenance of professional standards • Leadership skills. 	Students will be able to: <ul style="list-style-type: none"> • Reflect on continuous personal development • Demonstrate knowledge of and reflect on clinical processes and procedures at a level commensurate with pre-registration requirements • Demonstrate critical identification and selection of information and evidence of knowledge and skills to produce a professional portfolio • Demonstrate understanding of changing nature of knowledge base and modes of delivery in context of health, education, and social care • Identify, outline and integrate issues within the modern NHS, education and other SLT service providers relating to clinical governance & clinical effectiveness into their clinical work • Synthesise theory and skills to produce generic principles that can be applied to any mode of service delivery • Critically evaluate collaborative practice in clinical and educational contexts & critically evaluate own role as a professional team member • Demonstrate generic skills in collecting information and synthesis of knowledge and clinical skills
Clinical Practice 2 PLMCP2	Topics covered: <ul style="list-style-type: none"> • Clinical competencies in a variety of clinical settings and client groups 	Students will be able to:

<p>(Autumn & Spring Terms) 60 Credits</p>	<ul style="list-style-type: none"> •Diversity for clinical practice •Assessment, diagnosis and management of communication and swallowing disorders in children and adults (with appropriate support) 	<ul style="list-style-type: none"> • Demonstrate clinical competencies for graduate level entry to SLT profession (adherence to relevant competencies identified by regulatory bodies (HCPC) and professional bodies (RCSLT) • Demonstrate clinical skills in variety of clinical settings and client groups • Assessment, differential diagnosis & holistic management of a range of communication/ swallowing disorders in children and adults (with appropriate support) • Be flexible in the delivery of treatment and evaluate effectiveness of therapy within the clients social and communicative environment • Self-reflect • Demonstrate clinical reasoning • Communicate verbally and in written form with other professionals • Explain the function of speech and language therapy within the health, social care and education services • Demonstrate recognition of the changing role of speech and language therapists working with children and adults and the importance of continuing professional development • Demonstrate awareness of diversity of clinical practice <p>Placement hours (Autumn term: 245 hours / Spring term 175 hours):</p> <ul style="list-style-type: none"> • 4 weeks of clinical sessions during summer holiday (following year 1) • Block during or after Easter holiday (year 2) • Weekly clinic placements (2 days per week) in autumn & spring term • Linguistic assessment clinic within university.
<p>Research and Dissertation</p> <p>PLMRD Autumn, Spring, Summer</p> <p>40 Credits</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> •Research methods, design, statistical analysis and application of knowledge to the administration and writing up of a dissertation •Role of research in clinical practice & current research issues & methodologies within the field •Statistics and the application of this knowledge to the analysis of experimental data 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Design, plan and implement an independent research project (a written dissertation of 8000 words) •Demonstrate high-level skills in critical evaluation & understanding of current research issues and methodologies •Design an independent research project, formulating hypotheses & research questions and choosing appropriate methods for data analysis •Demonstrate the ability to use a computerised statistical package to code, summarise, explore, and interpret data

	<ul style="list-style-type: none"> •Data description and summary, probability & distributions, testing hypotheses, and inferential statistics (parametric and non-parametric) •Data collection, organisation and analysis, both qualitative and quantitative •Ethical issues in planning and conducting research •Clinical audit and service evaluation 	<ul style="list-style-type: none"> •Use SPSS/PASW •Evaluate ethical implications of project in detail, through the preparation of an ethics application •Discuss theoretical & clinical implications of research. •Discuss strengths & limitations of work in the contexts of existing research and within constraints of their research project •Review different research methods & designs (ie group studies versus single case designs) •Show that they are a critical consumer of research literature
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MSci Programme Content: Module Descriptions:

1. MSci		
Module	Knowledge	Skills
<p>Clinical Studies</p> <p>PL1CLIN1</p> <p>20 credits</p> <p>All terms</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Assessment, management, treatment, and service delivery across the lifespan • SALT service delivery, including UK education system • HCPC standards of conduct, performance and ethics, professionalism, professional communication, and information governance • Clinical assessment, information governance and personal clinical portfolios • How research skills enable evaluation of practice and development of evidence base 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Make objective observations within the WHO ICF frameworks • Communicate professionally using appropriate technical and academic language • Problem solve • Write personal clinical portfolio • Assemble and present a profile of a child's development based on objective observation and data collection • Work and communicate in a group <p>Students will demonstrate understanding of:</p> <ul style="list-style-type: none"> • Clinical competence • Reflection • Professional development within different settings • How research skills enable evaluation of practice and development of evidence base <p>Placement (75 hours throughout year): Observation study of child in own home Observe and participate in adult and paediatric clients in the university therapy clinic Visit and observe in early years and school settings</p>
<p>Speech, Language and Communication Disorders 1</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • A range of clinical populations across the lifespan with whom speech and language therapists work and key management approaches that are used with these client groups 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Outline core features of speech, language, communication, and swallowing disorders across the lifespan

<p>PL1SLCD1</p> <p>20 credits</p> <p>Autumn & Spring</p>	<ul style="list-style-type: none"> • Main developmental and acquired disorders associated with speech, language, communication and swallowing with a focus on the application of linguistic, phonetic, medical and psychological theory to clinical disorders. This will include the domains of speech, language, pragmatics, cognition, and swallowing. 	<ul style="list-style-type: none"> • Describe different models of treatment and management approaches for speech, language, communication and swallowing disorders across the lifespan • Demonstrate understanding of the application of linguistics, medicine, phonetics and psychology theory to speech and language therapy practice.
<p>Phonetics and Phonology</p> <p>PL1PHON1</p> <p>20 credits</p> <p>Autumn & Spring</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Core concepts of phonetics and phonology • Stages in speech sound development and phonological processes in typically developing children • Articulation of vowels & consonants, acoustics, perception and transcription • The IPA, visual displays of speech • Vocal tract, ear, larynx • Articulation of vowels & consonants • Phonotactics, connected speech processes, assimilation, coalescence, elision, liaison • Patterns of speech sounds in English, allophonic variation of consonants and vowels, connected speech processes, segmental and suprasegmental features of speech 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Use computer software for the acoustic analysis of speech (Praat) • Transcribe using the symbols from the IPA chart • Describe & identify different sounds on a spectrogram and carry out acoustic phonetic analysis <p>Students will demonstrate understanding of:</p> <ul style="list-style-type: none"> • Differences between phonetics & phonology • When it is appropriate to use either phonetic or phonological transcriptions • A basic working knowledge of the International Phonetic Alphabet (IPA) transcription system, including cardinal vowels • A basic working knowledge of an English phonemic transcription system • A basic working knowledge of English phonological system • Acoustic properties of speech sounds,
<p>Medicine 1</p> <p>PL1MED1</p> <p>20 credits</p> <p>Autumn & Spring</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Autumn term: introduction to anatomy and physiology • Spring term: Introduction to audiology and orthodontics • Skeletal system • Cranial nerves relevant to SLT • Respiratory, cardiovascular and nervous systems p • Physiology of the tongue and oral cavity • Role of dental practitioners; structure and surgical restoration of cleft lip and palate; oral occlusions and malocclusions • Physiology of the ear, larynx and pharynx 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Describe the structure and functions of the respiratory, cardiovascular, and nervous systems • Identify signs of abuse and neglect in children • Describe dental physiology & anatomy, occlusions and malocclusions • Identify cleft lip and palate and discuss their relevant surgical restorations • Describe the physiology of the ear, larynx, and pharynx

	<ul style="list-style-type: none"> • Measurement of hearing; types and causes of hearing loss; options for aural remediation • Pre/post-natal growth • Childhood neglect • Disorders of childhood • Services for children with developmental delay. 	<p>Students will demonstrate understanding of:</p> <ul style="list-style-type: none"> • Pre and postnatal growth and common childhood problems • The functioning of a neonatal ward
<p>Introduction to linguistics</p> <p>PL1LING1</p> <p>20 credits</p> <p>Autumn & Spring</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • Introduction to construction and interpretation of clinical tasks for assessing language • Theoretical concepts in the scientific study of language acquisition by monolingual and bilingual populations • Grammar (morphology and syntax), socio-linguistics, semantics and pragmatics • Language use, word categories, morphology, inflection v's derivation, thematic roles, argument structure, arguments v's adjuncts, verbs, phrase structure, lexical and sentence meaning, lexical relations, pragmatics, discourse, conversation, social dimension, role of family and gender 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Describe main morphological, syntactic, semantic, and pragmatic properties of English sentences and how these are acquired by children (monolingual and bilingual) • Describe how language varies in its use on basis of social, cultural, and individual factors • Apply concepts, notation and terminology in the description, analysis, and interpretation of data from adults and children with typical and atypical language development • Use linguistic knowledge and terminology to construct assessment for a client, including rationale for, and details of administrative procedures and scoring. Identify patterns and use data in analysis tasks • Identify patterns and use data to justify analyses • Broadly distinguish between typical and atypical/impaired patterns of language data <p>Students will demonstrate understanding of:</p>

		<ul style="list-style-type: none"> • How language can be described, how its use might vary, how it is acquired, and how it can be impaired. • The relevance of linguistics, its concepts and methods for speech therapy
Psychology for Speech and Language Therapy – PL1PSYCH1 20 credits Autumn & Spring	Topics covered: <ul style="list-style-type: none"> • Aspects of psychology fundamental to speech and language therapy • The link between psychology and clinical speech and language therapy practice • Core concepts in developmental psychology, cognitive psychology and social psychology 	Students will be able to: <ul style="list-style-type: none"> • Apply psychological theory to speech and language therapy practice • Analyse and evaluate how aspects of psychology apply to the practice of speech and language therapy • Use databases and library resources Students will demonstrate understanding of: <ul style="list-style-type: none"> • Key theories and experiments in psychology • Core concepts in social psychology, developmental psychology, cognitive psychology, individual differences, biological psychology and neuroscience

2.MSci		
Module	Knowledge	Skills
<p>Clinical Studies PL2CLIN2 - 40 credits</p> <p>All terms</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> • The NHS values and constitution (including policies & procedures), the World Health Organisation's International Classification Framework and the HCPC standards of conduct, performance and ethics • Assessment, management, and service delivery across paediatric settings • Communication profile of the typical elderly population 	<p>Students will be able to:</p> <ul style="list-style-type: none"> • Integrate developing academic knowledge with developing clinical and professional skills within clinical environment • Demonstrate developing clinical competencies (with support) in assessment, treatment and management of paediatric population with speech, language, communication and eating/swallowing disorders • Manage a child's clinical need in a holistic and culturally sensitive manner • Demonstrate reflective practice, clinical reasoning and decision making with this client group. • Demonstrate evidence-based practice, clinical reasoning, inter-professional learning and understanding of professionalism and communication skills • Analyse relevant information gathered to assemble a speech/language/communication/eating and drinking profile of an individual child • Explain features of impaired communication in paediatric clients relative to relevant medical, psychological and linguistic models. • Present a concise and professional written and verbal account of children with communication/eating and drinking disorders. • Statutory and mandatory training will be updated in the summer term <p>Placement (233 hours throughout year): Continue observational study of typically developing child in own home Observe and participate in adult and paediatric clients in the university therapy clinic and on clinical placements</p>

<p>Speech, Language and Communication Disorders PL2SLCD2</p> <p>40 credits Autumn & Spring</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> •Main developmental disorders associated with speech, language and communication in children •Evidence-base relevant to assessment, differential diagnosis and treatment of: •developmental language disorder •autism spectrum disorders in children •learning (intellectual) disability and complex needs in children (including cerebral palsy) •speech-sound disorders in children •hearing impairment in children •disorders of fluency across the lifespan •swallowing disorders in children 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Apply evidence base to children with speech, language and communication needs using case-based materials •Apply knowledge of phonetics, linguistics, psychology, medical sciences to assess speech, language, communication disorders in children, and disorders of fluency across the lifespan •Appraise evidence-base for management of speech, language, communication and swallowing disorders in children, and disorders of fluency across the lifespan •Solve clinical problems relating to assessment, differential diagnosis and treatment of speech, language, communication and swallowing disorders in children, and disorders of fluency across the lifespan, and applying the relevant evidence-base. •Use a holistic, client-centered approach to assessment, differential diagnosis and treatment. •Provide clear well-justified conclusions, based on accurately reported evidence and communicated in appropriate technical language for a professional audience <p>Students will demonstrate understanding of:</p> <ul style="list-style-type: none"> •Core features of speech, language, communication and swallowing disorders in children, and disorders of fluency across the lifespan
<p>Linguistics 2 PL2LING2 20 credits</p> <p>Autumn & Spring</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> •Detailed study of main properties of grammar, meaning, and language use •Detailed study of linguistic phenomena relevant to typical and atypical language development and decline •Role of language processing in how children and adults produce and understand language (typical and atypical populations) •How language processing theories can inform understanding of different language disorders •Language processing in monolingual and bilingual populations •Psycholinguistics, syntax, semantics and discourse •Language production & comprehension, the mental lexicon, lexical access and ambiguity resolution 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Critically evaluate theoretical concepts in linguistic theory and models of language processing •Analyse child data using LARSP <p>Students will demonstrate understanding of:</p> <ul style="list-style-type: none"> •Morphological, syntactic, semantic, and pragmatic properties of English words and sentences •How language is processed at different levels of linguistic analysis during language comprehension and production •How linguistic theory and language processing research can be applied to language impairment and development in monolingual and bilingual populations

	<ul style="list-style-type: none"> •Functional categories; semantic relations; syntactic movement; binding theory; discourse structure; word recognition; morphological processing; ambiguity resolution; language production; language processing 	<ul style="list-style-type: none"> •How an understanding of language structure and meaning can help increase our understanding of linguistic abilities in different language disorders
Phonetics and Phonology 2 PL2PHON2 20 credits Autumn & Spring	Topics covered: <ul style="list-style-type: none"> •Theoretical concepts from phonetics and phonology •Framework for phonetic and phonological analysis of normal and disordered speech using perceptual and instrumental techniques • IPA extensions and transcription of disordered speech •Different types of instrumentation used in the analysis of normal and disordered speech including spectrography, laryngography and electropalatography •Issues in phonological assessment with relation to efficacy and workplace constrictions in data collection and representation in study of speech development •Issues in assessing bilingual clients and issues in assessment of suprasegmentals 	Students will be able to: <ul style="list-style-type: none"> •Apply theoretical concepts from phonetics and phonology to clinical data •Collect and analyse data using perceptual and instrumental approaches •Carry out accurate transcription of normal and disordered speech sounds and connected speech •Transcribe and produce all the sounds from the IPA and ext. IPA charts •Organise, analyse and interpret sets of phonological data from typical and atypical development •Appraise various instrumental techniques currently available for the analysis of speech, identify when they should most appropriately be used.

3MSci		
Module	Knowledge	Skills
Clinical Studies PL3CLIN3 40 credits All terms	<p>Topics covered:</p> <ul style="list-style-type: none"> •Integration of academic knowledge with clinical skills within clinical environment and develop clinical competencies in assessment and treatment across the lifespan •Theoretical basis for development of relevant professional skills such as counselling •Development of skills within the framework of relevant HCPC standards of conduct, performance and ethics. •Knowledge of service delivery considerations within context of social, health and education settings 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Assess, diagnose and treat speech, language, communication, and eating, drinking and swallowing disorders in children and adults using appropriate clinical skills and evidence-based practice, with support. •Assess, analyse data and plan individualised evidence-based intervention and best practice within clinical practice •Involve clients carers/relatives •Demonstrate competency levels in all areas, developing towards graduate level entry to the profession •Evidence assessment and management of a client's clinical need in a safe, holistic and culturally sensitive manner •Justify assessment and therapeutic decisions relative to research evidence and to models of speech and language therapy service delivery via clinical decision making •Evidence development of appropriate clinical and professional competencies adhering to HCPC standards of proficiency and Conduct Performance and Ethics •Measure and evaluate the effectiveness of intervention •Demonstrate professional written and spoken communication across a range of settings •Reflective practice skills within the adult population, •Clinical reasoning and clinical decision making within adult population. •Professionalism and communication skills <p>Placement (193 hours throughout year): Engage in variety of clinical practice opportunities and activities with adult populations, developing independence in assessment, diagnosis and treatment with support from PE</p>

<p>Speech, Language and Communication Disorders</p> <p>PL3SLCD3</p> <p>40 credits</p> <p>Autumn & Spring</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> •Evidence-base for assessment, diagnosis and management of speech, language, swallowing and cognitive disorders in adults, including: <ul style="list-style-type: none"> • acquired speech disorders •language and cognitive impairments in aphasia •dementia •traumatic brain injury •fluency disorders •voice disorders •head and neck cancer •adult with learning disabilities •dysphagia •motor speech disorders in adults. 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Apply and critically evaluate the evidence base •Identify and apply evidence based, holistic & client-centred assessment and management approach for adults •Demonstrate systematic understanding of the core features of speech, voice, language, cognitive and swallowing disorders in adults •Integrate knowledge of phonetics, linguistics, psychology, medical sciences to assess speech, language, communication and swallowing disorders in adults •Evaluate and solve clinical problems relating to assessment, differential diagnosis and treatment of speech, language, communication, and swallowing disorders in adults, applying the relevant evidence-base
<p>Medicine</p> <p>PL3MED2</p> <p>20 credits</p> <p>Autumn & Spring</p>	<p>Topics covered:</p> <ul style="list-style-type: none"> •Medical sciences relevant to speech and language therapy: neurology (Autumn) and ENT (Spring) •Brain structure & function (emphasis on those with specific relevance for conditions seen by speech and language therapists) •Neurological treatments for range of neurological conditions •Structure & function of ear, nose, sinuses, larynx & pharynx •Different types of stroke and brain tumours and their causes •Gross anatomy of the brain& how brain function and structure can be captured •Neural tissues and neurotransmitters and how they are affected in neurological disorders & disease •Neurology topic breakdown: brain anatomy, functions and structure, types and causes of brain injury, including infarction, haemorrhage, contusion, diffuse damage, tumour, atrophy, post pathology; neuroimaging, cortical and subcortical brain functions; white and grey matter; neurons and neural functioning; neurovascular coupling; neurological conditions 	<p>Students will demonstrate understanding of::</p> <ul style="list-style-type: none"> •Gross anatomy of the brain and how brain function and structure can be captured •Neuropathologies of a range of neurological disorders with particular focus on those affecting speech and language and swallowing and the neurological treatments of these disorders •The range of conditions relating to ENT structures that can affect voice, articulation and resonance •Causes of head and neck cancer and impact of these diseases on speech, voice and swallowing.

	<p>including motor neuron disease, epilepsy, Huntington's disease; Parkinson's disease</p> <ul style="list-style-type: none"> •ENT topic breakdown: anatomy and physiology of the ear, nose, sinuses, larynx and pharynx; diseases, disorders and treatment of disorders related to these structures, including head and neck cancer and surgical voice restoration 	
<p>Research methods</p> <p>PL3RES</p> <p>20 credits</p> <p>Autumn & Spring</p>	<p>Topics covered</p> <ul style="list-style-type: none"> •Research methods appropriate to speech and language therapy •Research design, data collection, statistical & qualitative analyses, principles of ethical research & research governance •Research ethics, audits & governance •Data collections, organisation and analysis. •Qualitative research, ethics, research governance. 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Collect, organise, analyse & interpret data •Critically evaluate and comment upon research literature relevant to SLT •Use established techniques of analysis to data sets •Basic statistical analysis with a software package (SPSS) to run, interpret and write up statistical analysis •Apply knowledge to analysis reporting & interpretation of quantitative data •Apply knowledge to the writing of a research proposal including ethical considerations <p>Students will demonstrate understanding of:</p> <ul style="list-style-type: none"> •Ethical and research governance issues applied to a specific project •Critical reasoning and evaluation of research •Drafting research designs

4 MSci	Knowledge	Skills
Module		
<p>Clinical Studies 4</p> <p>PL4CLIN4</p> <p>40 credits</p> <p>All terms</p>	<p>Topics taught:</p> <ul style="list-style-type: none"> •Clinical reasoning and critical evaluation skills •Current issues within professional practice for speech and language therapy within health and education contexts •Changing knowledge base and modes of delivery in the context of health and education. 	<p>Students will be able to:</p> <ul style="list-style-type: none"> •Independently manage clients with speech, language, communication and swallowing disorders across the life span in a safe, holistic and culturally appropriate manner, demonstrating achievement of clinical competencies required for entry to the profession •Demonstrate clinical reasoning and critical reflective practice •Develop leadership, resilience and time /caseload management skills •Demonstrate problem solving & clinical decision making skills across the lifespan •Synthesise current knowledge, skills and practice to produce individualised assessment and management plans for clients across the lifespan •Critically evaluate evidence-based management of clients with speech, language, communication and swallowing disorders •Show evidence of appropriate clinical and professional competencies adhering to RCSLT standards and HCPC standards of proficiency and CPE •Show evidence of flexible and critically reflective practice •Identify and determine own CPD •Demonstrate flexible professional written and spoken communication appropriate across a range of settings •Produce personal development plan as preparation for first post •advanced clinical practice skills <p>Placement (225 hours throughout year) Engage in variety of clinical practice opportunities targeted to their clinical profile, and will be increasingly responsible for independently assessing, diagnosing and treating a range of</p>

		clients with communication /swallowing impairments with support from PE
Project PLMRD 40 credits	Topics covered: <ul style="list-style-type: none"> • Research methods, project design & management, statistical analysis • Role of research in clinical practice & ethics surrounding the research process. • Clinical audit and service evaluation (methodology, governance & application to service delivery). • Statistics and application to analysis of experimental data. • Role of research in clinical practice • Strengths and weaknesses of group studies versus single case experimental designs 	Students will be able to: <ul style="list-style-type: none"> • Design, plan and implement an independent research project, formulate hypotheses and research questions and chose appropriate methods for data analysis • Demonstrate high-level skills in critical evaluation & understanding of current research & methodologies within dissertation project. • Evaluate ethical implications of project in detail through preparation of ethics application • Collect, organise, analyse data • Use a computerised statistical package to code, summerise, explore and interpret data • Manage entire research process from development of topic to writing the report • Critically evaluate research • Discuss strengths and limitations of their work
Option Modules 2 x 20 credits	Students will choose two optional modules which will allow them to develop specialist knowledge in two areas of speech and language therapy.	

Suggestions for Clinically Related Activities

We have been gathering ideas from our practice educator training - this list is not exhaustive and please email Allie Biddle a.biddle@reading.ac.uk with any ideas

- Analysing videos
- Supporting development of Therapy Resource Pack including online resources.
- Updating the student induction pack.
- Development of EAL information pack
- Audits
- Updating Information/advice sheets
- Equality and diversity audit and sourcing of relevant materials
- Promoting being a Speech and Language Therapist e.g., by writing an information sheet or creating a webinar for people interested in training as a SLT
- Creating training packages
- Making resources e.g. communication books / communication passports / visual schedules
- Video on importance of Makaton / other communication approaches
- More general video on 'communicating with adults with learning disabilities'
- In-house Talking Mat resource to support with autism assessments
- "What is autism?" resource (or other diagnoses)
- Work with IDDSI/thickeners
- Talking to MDT members about their roles and how they link with SLTs
- Tele-therapy resources
- Looking up diagnoses
- Preparing for a session based on case history

APPENDICES

Supporting Students with reading, writing and verbal communication difficulties

Some students have difficulty with reading, writing and verbal communication which can be aided on placement by some planning and also discussion with the student as to which strategies help them. These are then strategies that they can take away and use when they are qualified. Many of the suggestions below are useful for all students particularly when beginning a new placement.

Time management

Some students may have some difficulties with memory, time management and organisation

Ways to support:

- Demonstrate as well as explain procedures.
- Administrative procedures may take some time to master - ensure the student has these written down in a clear procedure
- Ensure the learning outcomes you are aiming for in the placement are clear
- Ensure the student writes down tasks to do at home and in clinic

Reading

Some students may have difficulty reading quickly, or may need time to take in information. They may also find it more difficult if there is background noise/distractions.

It may be difficult for them to learn new terminology or differentiate between similar words.

Ways to support:

- Ensure plenty of time for reading notes etc. maybe the student could read part of the notes to extract certain information initially
- Ensure you have the opportunity to discuss what they have read to both consolidate this and for the student to be clear of the meaning of what they have read.
- Students can make a list of abbreviations/terminology on cards with the definition at the back, or make up lists in a notebook to refer to when reading and writing
- An electronic dictionary may also be useful
- Sometimes encouraging the student to think through a problem using mind maps may be useful

Writing and spelling

Some students may find difficulty with spelling, or make grammatical errors, or have difficulty structuring their writing. Time pressure may impact upon all of these in a negative manner.

Ways to support:

- Encourage the students to make lists of common vocabulary and terminology used on the placement (as for reading)
- Give plenty of time for writing up notes or writing reports.
- Offer a structure/model or choice of structure/templates for writing up notes or reports
- Ensure the student has the opportunity to redraft their work, especially at the beginning of a placement when they are not sure of the procedures
- Encourage the student to write down either in note form or mind map all the factors they wish to include. Discuss this with them and identify the main ones to include. Then the student can write the notes/report.

Oral Language difficulties

Some students may find it difficult to organise their thoughts and express their ideas. This may happen particularly if they are under stress.

Ways to support

- Ensure there is plenty of time for discussion
- Ensure that the student knows the aims/parameters of the discussion i.e. know that they are discussing a child's comprehension rather than 'tell me all you have seen'
- Again the student can refer to their checklist of terminology and definitions to support this rather than trying to remember the correct word and losing the thread.

Further sources of information are:

www.soton.ac.uk/studentsupport/ldc

Association of Dyslexia Specialists in Higher Education:
Supporting learners on placement

www.adshe.org.uk

Adult Dyslexia Organisation

www.futurenet.co.uk/charity/ado/adomenu/adomenu.htm

British Dyslexia Association

www.bdadyslexia.org.uk

Personal Profile

(To be updated for each clinical placement and sent to placement educator before the start of the placement; to go through with the educator on the first day of the placement)

Name of student:

Name of Clinical Tutor:

Clinical tutor contact details (email and telephone)

Student's mobile number:

Student's emergency contact name and number:

1. Previous clinical experience (placements and previous relevant employment)
2. Practicalities (e.g. reasonable adjustments agreed with disability)
3. Clinical Strengths
4. Clinical skills/ knowledge for development
5. Feedback that I have previously received regarding my strengths
6. Feedback that I have previously received regarding areas to work on
7. Academic areas I enjoy
8. Academic areas I would like help integrating into my clinical development
9. Learning style preferences

10. Indications of first language, if other than English

11. Other information

Signature:

Date:

MSci/MSc Speech and Language Therapy

PERSONAL PLACEMENT AIMS

Name:

Term and Year

Type of Placement:

PERSONAL AIMS FOR PLACEMENT (these aims need to be measurable so that you can evidence that you have achieved them)	SKILLS/KNOWLEDGE I WILL DEVELOP	How I will evidence this development in skills/knowledge
1.		
2.		
3.		
4.		
Notes: ideas for next personal aims		

MSci/MSc Speech and Language Therapy
PERSONAL PLACEMENT AIMS Example

Name:

Term and Year Autumn 2020

Type of Placement: Paediatric Clinic

PERSONAL AIMS FOR PLACEMENT (these aims need to be measurable so that you can evidence that you have achieved them)	SKILLS/KNOWLEDGE I WILL DEVELOP	How I will evidence this development in skills/knowledge
To write up notes in SOAP format	Written observations Structure of how to write SOAP notes Professional Writing style Knowledge of appropriate content Use of professional terminology Speed of writing Purpose of case notes	I will compare and contrast my SOAP notes from the beginning, middle and end of the placement. I will write a reflective narrative on the skills and knowledge I did develop in SOAP note writing from the start to the end of the placement
To ask a question each clinic session	Confidence to ask questions The ability to ask questions using appropriate professional terminology Independent thinking Active listening Knowledge from the answer received	My current confidence rating to ask questions is 3/10. I will re-rate my confidence at the end of the placement. I will reflect on why my confidence rating has changed I will make a written record of the questions I ask and the knowledge gained.
To be able to describe the role of the paediatric OT on this placement	Knowledge of the OT role Knowledge of how the OT can work collaboratively with SLT Ability to ask relevant questions	I have recorded my baseline knowledge at the start of the placement and will add to it during the placement.
To devise and use an observation schedule for use in the classroom	Knowledge of what I need to observe Ability to make accurate observations Accuracy of interpretations Flexibility in using an observation tool	I will critique the first observation schedule I use for strength and areas to develop; will then use again and re-evaluate

**UNIVERSITY OF READING SPEECH AND LANGUAGE THERAPY CLINICAL PLACEMENTS
FIRST DAY PLACEMENT CHECKLIST**

Student's Name	Employing Organisation
Placement Educator's (PE) Name	Date checklist completed

*Please return this completed form to sltplacements@reading.ac.uk *

PRACTICE EDUCATOR WEBSITE http://rdg.ac/SLTPlacements	Please Tick or Not relevant (NR)
PE has accessed from the website the relevant handbook	
PE has accessed from the website the relevant report form. You have discussed expectations re keeping an ongoing record of your clinical activities and opportunities including your professionalism form	
You have swapped contact telephone numbers	
You have provided your PE with an emergency contact number	
You have discussed administrative arrangements e.g. computer access, photocopier codes, phone use	
You have provided your PE with your clinical tutor contact details	
PE has read and discussed with you your personal aims	
PE has read and discussed with you your personal profile and learning style; reasonable adjustments if relevant	
PE has talked with you about the Clinical setting and you have discussed clinical placement expectations	
You have had a tour of the premises and introductions to key staff where practical	
You have received the Student Induction Pack	
You have discussed and agreed how and when feedback will be provided	
You have agreed a date/time for mid-placement review	
You have agreed a date/time for end of placement report discussion	
PE has discussed with you all relevant COVID-19 procedures	
PE has discussed with you safeguarding procedures	
PE has discussed with you fire and emergency evacuation procedures	
PE has discussed with you equality and diversity in the workplace	
PE has discussed with you procedures for adverse Incident/near miss reporting including first aid procedures	
PE has discussed with you relevant risk procedures in relation to remote working	
PE has discussed with you relevant risk procedures in relation to clinical equipment	
PE has discussed with you procedures and support for placement related emotional stress	

Other (not listed above)

Record of Telephone contact with Supervising Clinician

Name of student: _____ of Placement Clinician: _____

Email of Placement Clinician: _____

Telephone Contact number of Placement Clinician: _____

Number of Sessions at time of contact: _____

Placement Type: _____

Placement dates: from __/__/__ to __/__/__

Please circle:

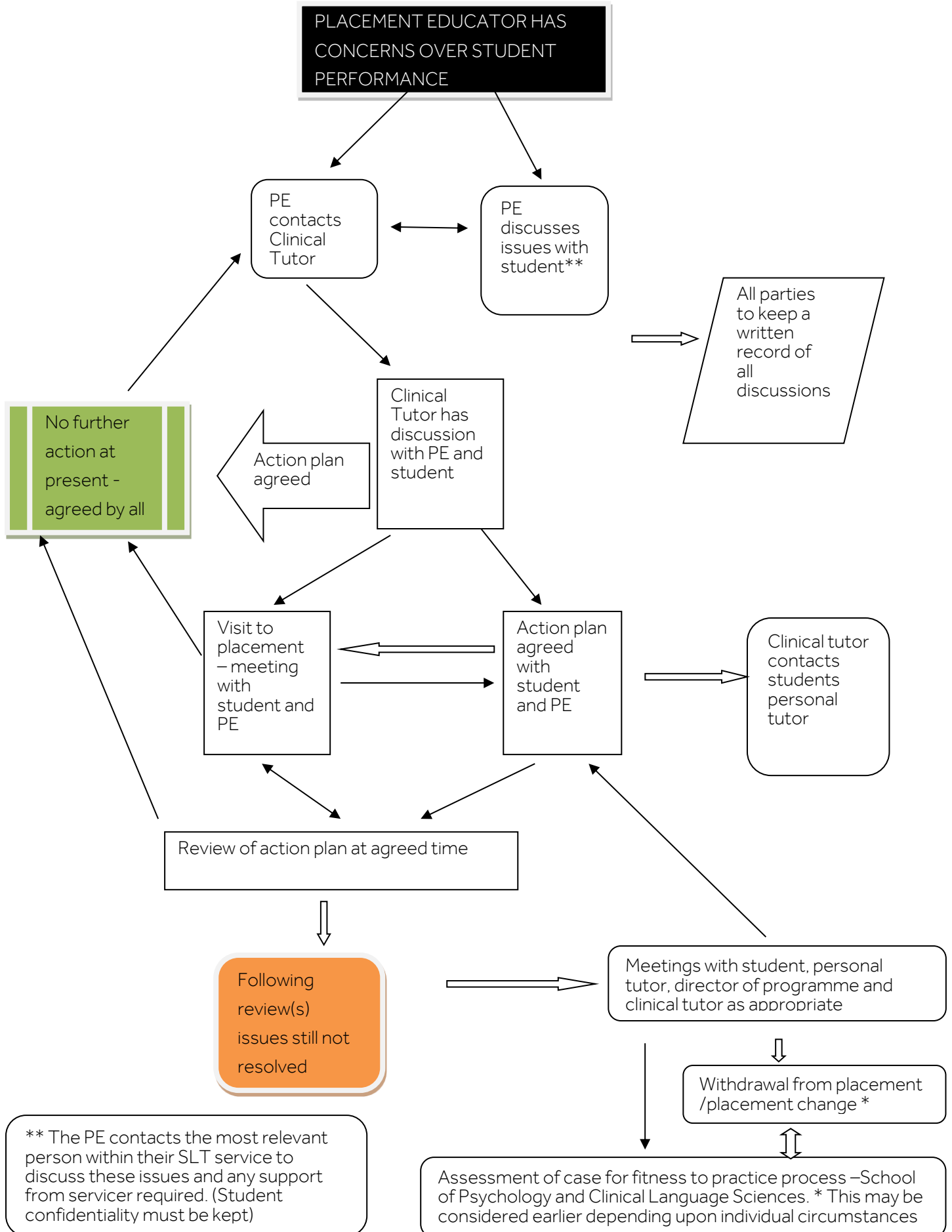
MSc Year: 1 2

Comments (completed by the *Clinical Tutor* following contact)

Professionalism e.g. <ul style="list-style-type: none"> • Appearance & professional presence • Timekeeping, awareness of confidentiality • Asking for advice when appropriate • Degree of responsibility taken • Interaction with clients, SLT, other professionals 	
Theory to Practice e.g. <ul style="list-style-type: none"> • Asking relevant questions • Adequate theoretical knowledge • Relating theory to practice 	
Management e.g. <ul style="list-style-type: none"> • Planning and carrying out assessment and treatment • Interpreting and discussing findings • Report/case note writing 	
<ul style="list-style-type: none"> • Self-reflection and implementing feedback 	
Other	
Any further action required by the clinical tutor	
Date	Signature (Clinical Tutor):

This form will be placed in the student's academic file

ACTIONS TO TAKE WITH CONCERNS OVER STUDENT'S PROGRESS



Statement of Confidentiality

HCPC Guidance on Conduct and Ethics for Students: Respect Confidentiality. You should:

- keep information about service users and carers confidential, and only use it for the purpose it was given
- follow local policies or guidelines on confidentiality produced by your education provider and practice placement provider
- remove anything that could be used to identify a service user or carer from information which you use in your assessments or other academic work related to your programme

The confidentiality statement and guidelines below refer to ALL **WRITTEN WORK, ORAL PRESENTATIONS and ASSESSMENTS** in ALL modules; to any mode of communication in any location, including email, Blackboard and social media

Clinic/medical notes

- Under no circumstances remove confidential notes and information from the clinic
- When summarising case histories, making your own notes, writing case studies, writing and delivering presentations, always anonymise your notes/work according to the guidelines below
- Never talk about clients by name anywhere in public
- You must ensure that you have the full permission of your supervising clinician prior to making any photocopies; any photocopies must have all identifying information removed in accordance with the guidelines below.
- Ensure any identifying information is FULLY DELETED (do not use correction fluid; draw a line through or scribble out and ensure it cannot be seen in any light)

Any oral or written work submitted where one or more of guidelines below is breached will incur a minimum 10 mark penalty. It is YOUR responsibility to check this by using the guidelines below. You will be required to attend a meeting with the clinical coordinator to determine an action plan to avoid any future breaches

Prior to submitting/presenting work it is **your** responsibility to check that you have:

- ❖ only used one initial
- ❖ only given the age of client (e.g. 79 years; 3 years 6 months), not their date of birth
- ❖ deleted the names of all professionals and relatives, friends etc.
- ❖ only used titles (e.g. ENT Consultant; parent) for professionals and relatives
- ❖ deleted the names of any locations, services, professionals, any identifying name
- ❖ deleted all addresses, and web addresses
- ❖ deleted all letter heads and logos
- ❖ deleted any other information which could be used in isolation or in conjunction to identify the client

I have read this statement and will adhere to these confidentiality guidelines

Student Signature

PRINT Full Name

Date

Assessment Session Plan - Evidence of clinical reasoning

Client's Initial	Age	Date	Assessment Environment
Rationale for assessing this client (why am I assessing this client?; relevant background information about the client; impact; previous therapy; what does the client want to get from the session?)			
What do I need to assess and why? (e.g. verbal comprehension; play; mental capacity)			
What factors do I need to consider for this client when choosing my assessment method? (e.g. attention; vision; language demands)			
How am I going to assess this client? Why have I chosen this method? (e.g. observation; informal assessment, standardised assessment)			
Assessment Session objectives: derived from the reasoning in the sections above. The number of objectives is individual to the client and the situation; objectives must be SMART).		1. 2. 3.	

Outcome of assessment and interpretation	Management Decision with rationale
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Post Session Reflections

Client's Initial

Age	
-----	--

Date _____

Assessment Environment

What clinical skills/knowledge did I use effectively?

Consider the impact of this on the outcome of the session objectives; what the client gained from the session

Consider the impact of this on the outcome of the session objectives; what the client gained from the session

What clinical skills/knowledge do I need to develop and why?

Consider the impact of this on the session/future sessions; what the client gained from the session

Consider the impact of this on the session/future sessions; what the client gained from the session

Intervention Session Plan - Evidence of Clinical Reasoning

Client's Initial	Age	Date	Position of session within the client's management:
Relevant Information about the client			

Objectives <small>(May also be known as aims, targets or goals on placement)</small>	Specific Measurable Achievable Relevant Time bound	Why have these objectives been chosen? <small>(holistic knowledge of the client; baseline evidence; what client wants to gain from intervention; impact for client/others; relevant theory)</small>	Outcome
Long Term objectives			
Short term objectives			
Session objectives			
Activities and materials needed for session objectives	How will I simplify the objectives if the client is under-achieving how will I know when to modify them? How will I modify activities to incorporate this?		How will I develop the objectives if the client finds them too easy and how will I know when to modify them? How will I modify activities to incorporate this?

Post Session Evaluation	Client's Initial	Age	Date	Session number
Now I have evaluated the session objectives, what are my next session objectives for this client (which will progress them towards the SHORT term objective/s?) Why have I chosen these as my next session objectives?				
What clinical skills/knowledge did I use effectively? Consider the impact of this on the outcome of the session objectives; what the client gained form the session				
What clinical skills/knowledge do I need to develop and why? Consider the impact of this on the session/future sessions.				

Suggestions for clinical experience and clinical learning opportunities on placement with specific reference to dysphagia.

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE (note level of support)	Engaged in Clinical practice under indirect supervision of PE (note level of support)
Identification and use of relevant information from a range of sources (e.g. medical notes, nursing staff, parents, carers, school staff)	1.0 Level A 2.0 Level B			
Case history taking from client (as appropriate to client group)	1.0 Level A 1.0 Level B 2.0 Level B 1.0 Level A			
Optimising conditions for eating and drinking	1.2 Level A 2.1 Level B			
Oro-motor assessment	2.3 Level B 3.0 Level C			

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE (note level of support)	Engaged in Clinical practice under indirect supervision of PE (note level of support)
Clinical Swallowing Examination (with oral trials)	2.3 Level B 3.0 Level C			
Observational assessment of client eating/drinking (formal and informal procedures)	1.2 Level A 1.1 Level A			
Objective assessment techniques (FEES & VF)	2.5 level B 3.0 Level C			
Adjunct assessment techniques (Cervical auscultation & pulse oximetry)	2.3 Level B			

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE (note level of support)	Engaged in Clinical practice under indirect supervision of PE (note level of support)
Dysphagia Screening Test (local protocol for non SLT staff)	2.3 Level B			
Preparation of thickened drinks and modified food consistencies, demonstrating understanding of local protocols (e.g. infection control)	1.3 Level A			
Feeding other people and being fed in a range of positions demonstrating understanding of nutrition and hydration protocols including: dignity and respect; equality and diversity	1.3 Level A			
Formulating dysphagia diagnosis/hypothesis of impairment	2.3 Level B 3.0 Level C			

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE <i>(note level of support)</i>	Engaged in Clinical practice under indirect supervision of PE <i>(note level of support)</i>
Verbal feedback to SLT	1.4 Level A 3.0 Level C			
Verbal feedback to client and/or relatives	1.4 Level A 3.0 Level C			
Verbal feedback to MDT members	1.4 Level A 3.0 Level C			
Formulating clinical notes (SLT or medical)	1.4 Level A 3.1 Level C			

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE <i>(note level of support)</i>	Engaged in Clinical practice under indirect supervision of PE <i>(note level of support)</i>
Formulating guidelines for staff or carers	2.2 Level B 3.1 Level C			
Formulating management plan (compensatory)	2.2 Level B 3.1 Level C			
Formulating management plan (rehabilitative)	2.2 Level B 3.1 Level C			
Identification of /participation in referrals to other disciplines	2.4 Level B			

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE (note level of support)	Engaged in Clinical practice under indirect supervision of PE (note level of support)
Discussion of alternative feeding methods	3.1 Level C			
Discussion of ethical issues (with client, SLT or others)	3.1 Level C			
Discussion of risk management (with SLT or others)	3.1 Level C			
Identification and use of utensils and/or aids	1.3 Level A 3.1 Level C			

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE <i>(note level of support)</i>	Engaged in Clinical practice under indirect supervision of PE <i>(note level of support)</i>
Carrying out compensatory swallowing intervention	1.3 Level A			
Carrying out rehabilitative swallowing intervention	1.3 Level A			
Carrying out oral hygiene programmes	1.3 Level A			
Involvement in mealtime feeding programmes	1.3 Level A			

CLINICAL TASK (mapped to practical competencies within the Dysphagia Training and Competency Framework)	Relates to competency framework level	Observation of clinical practice	Engaged in Clinical practice under direct supervision of PE (note level of support)	Engaged in Clinical practice under indirect supervision of PE (note level of support)
Tracheostomy management (e.g. weaning, speaking valves)				
Participating in in-house training, INSET days and workshops	2.5 Level B			
Researching conditions, dysphagia presentations and/or management	2.3 Level B 3.0 Level C 3.1 Level C			

Dysphagia Competency Framework Summary

Competency	Descriptor	Level
1.0 Information	Knowledge of Health and Safety (H&S) Practical competencies (PC)	A
1.1 Communication and Consent	Knowledge of Health and Safety (H&S) Practical competencies (PC)	A
1.2 Environment	Knowledge of environmental factors involved in swallowing assessment (EF) Practical competencies (PC)	A
1.3 Implementation of dysphagia management plan	Knowledge of Health and Safety aspects (H&S) Practical competencies (PC)	A
1.4 Documentation	Knowledge of Health and Safety aspects (H&S) Practical competencies (PC)	A
2.0 Information	Knowledge of Health and Safety aspects (H&S) Practical competencies (PC)	B

2.1 Knowledge of communication and consent	Knowledge of environmental factors involved in swallowing assessment (EF) Practical competencies (PC)	B
2.2 Environment	Knowledge of environmental factors involved in EDS assessment (EF) Practical competencies (PC)	B
2.3 Protocol-guided assessment/observation and action	Knowledge of Health and Safety aspects (H&S) Knowledge of environmental factors involved in swallowing assessment (EF) Theoretical knowledge (TK) Practical competencies (PC)	B
2.4 Onward referral	Theoretical knowledge (TK) Practical competencies (PC)	B
2.5 Training	Theoretical knowledge (TK) Practical competencies (PC)	B
2.6 Additional professional role	Theoretical knowledge (TK) Practical competencies (PC)	B
3.0 Dysphagia assessment	Theoretical knowledge (TK) Practical competencies (PC)	C

3.1 Dysphagia management	Theoretical knowledge (TK) Practical competencies (PC)	C
3.2 Onward referral		C
3.3 Training		C
3.4 Additional professional role		C

Guidelines for clinical diary

(To be completed for each child/adult ensuring that throughout the *confidentiality* of client and clinician is maintained as per your confidentiality statement)

Clinic Type:

Patient/Client:

Age:

Diagnosis:

Observations of clinician or Tasks carried out by student with patient/client

For each client begin with a new diary. Consider which of the following aspects/headings below you observed/commented on or have carried out.

You may wish to just keep adding to one diary for a particular client as they work through the different aspects of the assessment and management process within speech and language therapy.

Reflection:

At the end of the session consider one aspect of the session to reflect on and write this out on the diary. You will not be able to do this in detail for all clients as the programme progresses.

Things you may wish to include: (this list is not exhaustive)

- Observation of client:
- Observation of client/therapist interaction:
- Assessment: *see assessment process seminar to consider which aspects of assessment to include*
- Therapy aims:
- Long term:
- Short term:
- Outcome measures: how will we know if the aims are met?
- Liaison with parents/carers:
- Liaison with other professionals:
- Therapy procedures/techniques: what was used? [*You may wish to reflect on a) what worked well and why or what did not work and why or b) what skills did the therapist (or you) need to do these tasks*]
- Other sources contacted for information:
- Referral on to:
- Case notes written:
- Any special equipment or references used:
- Any specialist clinics attended:
- Other:

Clinic Type:

Patient/Client:

Age:

Diagnosis:

Insert relevant headings here

Reflection

Remote Supervision to a Placement Student - Long Arm Placement

If you are considering a remote style of supervision as part of your clinical placement model, please read through the checklist below. A clinical tutor will be happy to advise you on any aspect of the placement (contact details below). These guidelines are in addition to the first day placement checklist.

Early on in the placement:

- I have directly observed the student working with a similar client group to determine their current level of competency, in order to provide an appropriate level of support for this model of placement.

Risk assessments:

- I have previously visited the setting my student will work in and am happy that it is a safe setting in which to work, and to travel to, from the placement base.
- I have taken into consideration any specific needs / disabilities my student has disclosed to me.
- I have communicated with the clients and relevant staff at this setting that the student will be visiting alone, and explained the student's level of responsibility.
- I have clearly communicated to the student whom they should report to on arrival/departure or if they are unable to attend the appointment.
- I have made the student aware of how to report 'Serious and Untoward Incidents', including Child Protection and Safeguarding of Adults, as appropriate to the placement setting.
- The student is aware of the Fire Evacuation Procedure for each setting they visit.

Supervision of the student:

- I have discussed with the student the purpose of the session(s) they are to undertake.
- I have seen the student's session plan(s) and have advised as appropriate.
- I have agreed with the student how and when we will discuss feedback on their independent session(s).

Name of Placement Educator

Signature

Date

Final placement visit information for Educators

Each student will be visited by a University Clinical Tutor during *one* of their final year placements. These visits are valuable for students, clinical tutors and placement educators, as information may be exchanged about the placement and the degree programme, as well as providing the opportunity for the student to have a joint clinical tutorial. A clinical tutor will contact you directly to arrange a tutorial visit for your placement student and the student will be informed as soon as a date has been agreed. The student will already know that she is to expect a placement tutorial during her final year. If you wish to see the information that has been provided for the student regarding placement tutorials you will find this in this handbook.

The Role of the Practice Educator

1) The visits should not require the making of special arrangements as the session observed should be typical of the work the student is doing in your setting. In some clinical settings clients may be seen on a regular basis while in others different clients will be seen from week to week. In some settings, the student may have seen the client before, while in others it may be the first time. Either situation is appropriate for a tutorial session. Please ensure that if it is a group session, all involved in the group are happy for the observation to take place.

Please note the visiting tutor and the practice educator both need to be present during the session with the chosen client but that the educator must use their professional judgement as to the impact on the client.

2) As for any client, please allow the student some time to access the information they need from the case notes prior to the visit, so they can compile some briefing notes on the case. The student may have some additional questions to ask you, but they are expected to provide a case briefing sheet and either an assessment or a therapy session plan. The students will have been directed to send the fully anonymised briefing and plan to the clinical tutor prior to the visit if feasible. In some settings (such as a drop-in clinic / acute ward) where the client has not been met before by either the practice educator or student this may not be possible. However, the student is expected to produce a generic plan for initial assessments done in this setting.

3) Following the session the clinical tutor will sit in on your typical feedback session with the student. This may develop into a three way discussion. Please allow 20 minutes for this discussion

3) At the end of the session, the clinical tutor will need 5 minutes each with the student and practice educator to talk about how the placement is going in general.

4) The clinical tutor will be taking notes during the session so that she can provide written feedback to the student following the session. There is no mark attached to this visit.

When plans change

Despite the best planning, situations may arise where changes are needed and this can be quite worrying for students: If you or your student are unwell or the client cancels the appointment we would aim to reschedule the visit. The student may then be seen working with a different client.

If the tutor has already arrived, the discussion aspect of the tutorial may still take place: discussing the nature of the case, rationale for activities and targets planned etc. This allows the student to extend their learning from the work they will have put in to preparing the case briefing and session plan. The university will aim to observe the student working directly with a client in a future placement, but this cannot be guaranteed.

If the clinical tutor is ill we will see if another tutor is available to carry out the visit. If not the clinical tutor will aim to re-arrange another tutorial visit. If recording facilities are available and the client has given written consent, the student may like to consider videoing / audio-taping the planned session with the client. This could be watched and discussed later at the university by the student and clinical tutor together. **A copy of the video consent form is in the appendices.** The recorded session should be transported back to the University for storage in the same manner as material recorded on placement for other purposes.

If you have any further questions regarding these visits, please contact any of the clinic tutors

MSci Clinical Learning Outcomes

The clinical learning outcomes are derived from the HCPC competencies. All clinical placements are supported by tutorials and seminars at the university and daily drop-in clinics. Students have already attended adult and paediatric preparation clinics.

Second Year Clinical Learning Outcomes (These are relevant if a 3MSci student needs additional support on their clinical placement)

By the end of the second year the student will have experienced preparation clinics within the university, an elderly care setting and their first external placement.

It is expected that the student will be able to:

1. Demonstrate the development of a professional manner including effective communication style and ability to establish professional relationships; ability to understand and implement the HCPC standards of conduct, performance and ethics
2. Identify assessment protocols with support and identify relevant sources of information from which to obtain data
3. Extract relevant data from observations and other sources and discuss these data in relation to a clients' communicative environment evidencing problem solving skills
4. Participate and conduct specific identified clinical tasks effectively
5. Demonstrate developing ability to reflect and evaluate their own performance in the clinical setting
6. Present effective verbal and written reports when models given
7. Relate theory to practice in the clinical environment with support
8. Respond appropriately to constructive criticism and ask questions appropriately demonstrating development towards skills for working independently

Third Year Clinical Learning Outcomes

Students will experience a range of placements during the year with the focus on paediatrics for two thirds of the year and adults for the remaining placements. All students will have a different profile at the end of the year but should have achieved the following learning outcomes.

It is expected that the student will be able to:

1. Present with a professional manner with effective communication skills and a developing understanding of professional issues, including understanding and adherence to the HCPC standards of ethics, conduct and performance
2. Administer and identify relevant assessment processes with support.
3. Assemble a client's profile by analysing and interpreting all information available
4. Devise, justify and implement management plans, with support, and carry out relevant tasks to achieve the aims identified, demonstrating problem solving and clinical reasoning skills.

5. Reflect critically both on their performance and the session
6. Provide professional written and verbal reports
7. Relate theory to practice in all aspects of their clinical work (but with support with new client groups)
8. Demonstrate developing skills needed for an independent clinician including ability to take initiative, time management and administrative skills

Students will start taking responsibility for the treatment and management of one/two clients as the placements progress, dependent on the nature of the client groups and your level of clinical development. Students will progress at different rates clinically, so moving on to new responsibilities will be at the clinician's discretion. The clinician will discuss plans with the student and make suggestions, particularly in the early stages.

Fourth Year Clinical Learning Outcomes

At the end of year 4 students will have experienced a wide variety of placements. Students will progress and develop at different rates but it is expected they will have achieved the clinical learning outcomes identified below at the end of year 4.

Students will be able to assess, diagnose and treat communication and eating, drinking and swallowing disorders in children and adults using appropriate clinical skills and theoretical knowledge. Students will demonstrate competency levels in all these areas, sufficient for graduate level entry to the speech and language therapy profession.

It is expected that the student will be able to:

1. Conduct yourself in a professional manner in the establishment of relationships, communication skills and awareness of professional issues, including understanding and adherence to the HCPC standards of ethics, conduct and performance
2. Critically identify and administer relevant assessment procedures demonstrating knowledge of the social and educational implication of communication/swallowing disorder
3. Analyse and assemble a clients' speech and language (or dysphagia) profile from relevant gathered data demonstrating clear clinical reasoning and decision making
4. Take a critical and holistic approach to the planning and delivery of management of a client based on the assembled profile, with reference to the evidence base.
5. Carry out intervention in a professional and flexible manner
6. Self-evaluate and show critical evaluation of own sessions
7. Communicate effectively in verbal and written forms
8. Demonstrate development as an independent practitioner

MSc Clinical Learning Outcomes

The clinical learning outcomes are derived from the HCPC competencies. All clinical placements are supported by tutorials and seminars at the university and daily drop-in clinics. Students have already attended adult and paediatric preparation clinics.

FIRST YEAR MSC CLINICAL LEARNING OUTCOMES

1. Demonstrate the development of a professional manner including an awareness of and compliance with the protocols for the clinical environment, including understanding and adherence to the relevant HCPC standards of ethics, conduct and performance
2. Show ability to identify relevant assessment protocols for specific client groups (with some support) demonstrating objective observation skills.
3. Abstract relevant data from observations/assessment or other relevant sources showing development of skills in clinical problem solving and clinical reasoning.
4. Participate and conduct specific identified clinical tasks effectively
5. Show developing critical self-reflection of own performance in the clinical setting (this will develop over the year)
6. Present effective verbal and written reports
7. Relate theory to practice with support in the clinical environment
8. Evidence development of independent practitioner skills such as responding appropriately to criticism and taking initiative

SECOND YEAR MSC CLINICAL LEARNING OUTCOMES

By the **end** of the second year of their clinical study, the student will have achieved the following clinical learning outcomes. The learning outcomes below are the outcomes expected by the student at the end of the programme and they encompass all the clinical placements as well as all the other relevant clinical lectures/tutorials. Please remember that these skills will be developed **throughout** the second year. The profile and speed of development will depend on the individual student and their clinical learning opportunities.

The student will be able to assess, diagnose and manage communication and eating, drinking and swallowing disorders in children and adults using appropriate clinical skills and theoretical knowledge. The student will demonstrate competency levels in all these areas, sufficient for graduate level entry to the speech and language therapy profession.

1. Conduct yourself in a professional manner in the establishment of relationships, communication skills and awareness of professional issues, including understanding and adherence to the relevant HPC standards of ethics, conduct and performance and standards of proficiency

2. Critically identify and administer relevant assessments procedures demonstrating knowledge of the social and educational implication of communication/swallowing disorder
3. Analyse and assemble a clients' speech and language (or dysphagia) profile from relevant gathered data
4. Take a holistic approach to the planning and delivery of management of a client based on the assembled profile and relevant theoretical basis evidencing clear clinical reasoning and decision making skills.
5. Carry out intervention in a professional and flexible manner
6. Self-evaluate and show critical evaluation of own sessions
7. Communicate effectively in verbal and written forms
8. Relate theory to practice in all aspects of their clinical work
9. Demonstrate development as an independent practitioner

