



Faculty of Sport, Health & Wellbeing

Department of Health & Wellbeing

BSc (Hons) Speech and Language Therapy

2019-20

Year Three

Clinical Placement Handbook

Placement period: CP3a w/c 30 September 2019 – w/c 02 December 2019 (10 weeks)

CP3b w/c 10 February – 13 April 2020 (10 weeks)

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SLT Practice Placement Resources: <https://moodle.marjon.ac.uk/course/view.php?id=3037>

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The process of clinical education

The SLT programme is 3.5 years long. Throughout the 7 semesters of the course, placement based learning plays a central role in the preparation of students for professional practice. Experiential learning opportunities will be included in university-based parts of the course and become central during placements. This ensures an integrated approach to theory, practice and professional development. Varied opportunities, for students to practice and develop practitioner skills, are central throughout the duration of the BSc SLT degree course at Plymouth Marjon University.

Clinical placements and their associated objectives and competencies are developed in an upwardly spiralling fashion, gradually requiring the student to learn about and develop competence in more complex aspects of the clinical process. In order to do this, the student needs to be provided with opportunities to draw on the range of subjects studied in a number of different modules, and to synthesise this knowledge, using it to respond to clinical problems.

By the end of the course students will be expected to deal with all aspects of the clinical process and to manage complex cases, enabling them to be recognised as competent to enter practice. The Royal College of Speech and Language Therapists and HCPC identify criteria for qualification. These provide the basis for the objectives for each stage of the student's placement based learning.

The professional and clinical elements are spread throughout the three and a half years of the course and are linked with the content of the university-based professional knowledge and skills (PKS) modules. Integration of theory and practice is enhanced through the clinical placements strand.

The clinical elements enable a gradual building of competence, through the three strands of knowledge, skills and attitudes.

Clinical placements aim to:

- 1) provide a cognitive framework for future learning
- 2) give support to, and extend, university-based learning
- 3) develop interpersonal skills within the work context
- 4) enable the application of knowledge and the development of skills relevant to clinical practice
- 5) explore issues as they relate to professional practice
- 6) ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.
- 7) foster the development of an evidence based, evaluative and reflective approach to professional skills and continuing professional development

- 8) ensure that, on completion of the programme, learners meet the standards of proficiency for the relevant part of the HCPC Register

Organisation of the placement

The placement will be arranged between the University and appropriate service providers through the placement co-ordinators. Once acceptance of a placement has been agreed students will contact the placement educator (PE) and placement co-ordinator (copying in the placement administrator and professional tutor) to thank them and provide any relevant personal, professional and experiential information.

Quality of practice based learning

RCSLT has identified that all partners involved in the process of practice-based learning, including students, individual PEs, the placement provider and university will meet the needs of the profession through *National Standards for Practice-based Learning (SPLs)* (Page 173, Communicating Quality 3, 2006). A self-audit tool to support this process is available through the RCSLT website (www.rcslt.org).

Placement Educators

Each student must have a named placement educator. Typically we ask that all placement educators have two years post-graduate clinical experience before they supervise a student on placement. However, after one year's experience a clinician may be involved in a year one placement, although a more experienced colleague would take primary responsibility as the named placement educator.

We also ask that all clinicians attend the 'Placement Educators' Training' day before they supervise their first student. These training days run regularly at Plymouth Marjon University and across the Southwest region. Please contact the placement administrator for more information.

Information on Students

Students are asked to write to their placement educators before the start of their placement to introduce themselves and give the PE all necessary information. We encourage students to include any information that the PE might need to support the student's learning. This might include information about specific learning difficulties (such as dyslexia), mobility constraints or academic progress. Some students choose to wait until they meet their PE on the first day of placement to discuss any personal learning needs.

Plymouth Marjon University tutors are not able to provide the placement educators with any information about the student's health, personal situation or academic record prior to the start of a placement. We are not allowed to give this information as it might prejudice the placement outcome or influence the placement educator's perception of the student. We recognise that

placement educators, in seeking to provide the optimum learning environment, would welcome prior information and this is why we urge students themselves to provide it.

In the case of a retrieval placement (where a student has failed a placement and so is repeating), we do meet with, or talk to, the lead placement educator before the placement and discuss the outcome of the failed placement and the specific areas of learning that need targeting. This is done with the student's knowledge.

Sickness Reporting

If a student is not able to attend placement because of sickness they must inform the relevant placement educator and Plymouth Marjon University placement administrator immediately. Where possible students should negotiate with their placement educator to arrange additional placement days to compensate for any absence; if you have any concerns, please speak to the professional tutor as soon as possible.

BSc Speech and Language Therapy Year 1, 2, 3 and 4 curriculum

The BSc SLT programme at Plymouth Marjon University was redesigned in 2018 and the new 3 year programme has been approved by the HCPC and RCSLT. We have retained the comprehensive dysphagia content and practice as requested by service leads and employers.

For detailed content of the specific academic modules included in the programme, please visit the Plymouth Marjon University website. All placement handbooks are available to placement educators here: <https://moodle.marjon.ac.uk/course/view.php?id=3037>

Teaching and learning on clinical placements.

A range of teaching and learning methods can be employed which are effective in experiential placement based learning. There is an emphasis on guided observation, hands on experience and reflection. Regular feedback and goal setting are seen as essential components in the student's learning experience on placement.

Students will need time to plan clinical sessions, prepare material, write case notes and reports. Regular opportunities should be provided for the student to discuss case management and receive feedback on progress in an appropriate way.

All feedback must be detailed and constructive, supporting the on-going development of the student, placement and associated working relationships. Any concerns must be directed to the Professional Tutors or to the Programme Lead (Julia Stewart) to enable appropriate follow up.

Practice Education Passport (PEP) (formerly known as the PEP)

During all clinical placements students are required to complete a practice education passport (PEP), based upon the developmental 'Learning Quadrant' (see Appendix A). The PEP is an *experiential learning file*, demonstrating the student's personal, professional, theoretical and clinical development and the integration of these skills. A diary section should objectively record the content of the placement, and will be used for recording the amount and nature of the clinical experience for the student. **The student's PEP should be available for the Placement Educator (PE) to view on request and may provide evidence towards the assessment of the placement.**

Client Consent

Students must ensure informed consent is obtained before engaging with a service user. The placement educator should ask permission for the student to be present before each and every session. Where a consent form is used, it should be adapted to meet the needs of the service user eg 'aphasia friendly'

Client Confidentiality Policy

Confidentiality is central to all clinical and professional work and applies to all client based material in all contexts inside and outside of the placement workplace. This includes written, electronic, audio and visual materials. In addition to information given in teaching at University regarding confidentiality and its importance, students are required to read and adhere to local confidentiality policies whilst on placement. With respect to placement-linked academic work, client data must be adequately protected in all discussions and tutorials as well as in all written material: including coursework, professional learning log, blogs, emails, work files, material removed from clinic, preparatory material, assessment forms and data.

Written consent, using the appropriate forms, must be obtained *before* any client data is removed from a clinical setting for the purposes of coursework (that is using the case file consent form).

Failure to adequately protect the identity and personal information of both the client and workplace is known as a *breach of confidentiality*.

You must not remove, photocopy or scan clinical records (patient notes & reports) from the placement setting. Failure to adhere to this will result in an enquiry under the Fitness to Practice regulations (see p.23 in this handbook).

The following are examples of information that, if included, breach confidentiality and the penalty that will be incurred, (in cases of multiple breaches, the penalties are cumulative):

Full name of client, or their relations	Fail (mark of 1 awarded) + tutor meeting
Client's NHS number	Fail (mark of 1 awarded) + tutor meeting
Address of client	Fail (mark of 1 awarded) + tutor meeting
Client's first name or family name alone	-10% of your mark
Location name (ie clinic name, school, hospital, Trust/employer)	-10% of your mark
Client's date of birth	-10% of your mark
Clinician's name	-10% of your mark
Photos which display any of the above	Fail (mark of 1 awarded) + tutor meeting

Example 1

Client details:

Susan Jones, dob 11.2.2011

10 Long Street, Fenn Green

Seen at Tall Tops Clinic with mother Ms Jones by Joe Bloggs SLT and student

None of this information should be included in written work instead write:

"For confidentiality purposes the client's name has been changed.

Sally, CA 5;7 yrs was seen, with her mother, at a community clinic for an initial assessment by the community SLT."

Example 2

On 17/11/2016, Jim Smith was seen for initial assessment as an inpatient at Sheffield Hospital, by Sadie Jones (SLT) **NOT ALLOWED**

On 17/11/2016, Mr S was seen for initial assessment as an inpatient at a day care department in an NHS general hospital, by the SLT **ALLOWED**

Check that attempts to conceal confidential information are effective. If you black information out you must then photocopy the sheet to ensure the information cannot be seen through the concealer.

GUIDELINES FOR RAISING AND ESCALATING CONCERNS ABOUT PRACTICE

As a prequalifying student on a professional practice programme you have a professional duty to put the interests of the people you care for first and to act to protect them if you feel they may be at risk.

See appendix F and also information on Learning Space.

Health and Safety

You should be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting and be able to act in accordance with these

Lone Visiting Policy

Whilst on clinical placement Health & Safety responsibility lies with the student, their clinical educator and the service provider. Risk assessments should be conducted and lone visiting policy followed according to local guidelines. Students can request a risk assessment for any aspect of their clinical placement through discussion with their clinical educator.

Where a health & safety risk is identified in relation to a client, the student should never visit alone.

Year 1 students

No lone visiting permitted on SLT clinical placements. A qualified SLT should always be on the same site and accessible.

Connect visiting – follow the specific Connect guidelines

Nursery – follow the specific Nursery placement guidelines

Year 2 students

No lone visiting permitted on SLT clinical placements. A designated supervising member of staff should always be on the same site and accessible.

Students can work alone with clients (in a setting such as a school, hospital or a clinic) but a designated supervisor should be readily accessible to the student i.e. in the same building.

Year 3 students

Lone visiting is permissible during both placements providing:

- The appropriate risk assessments have been carried out by the supervising clinician
- The student has had a first visit to the client with a supervisor
- The student has contact details of the PE or other supervisor and someone on site

- The student and clinician have jointly consented to this arrangement

Placement Details

The BSc (Hons) Speech and Language Therapy is a regional programme. Clinical placements are provided by the whole South West region, from Penzance to Swindon; Gloucester to Bournemouth. Students can expect to have a clinical placement anywhere in this region. In allocating placements, a number of factors are considered and we work closely with students to ensure the placement is appropriate to their needs.

A student with an acute or long-term illness would typically be required to demonstrate their fitness for placement and may be referred to occupational health. We also remind students to use the university extenuating circumstances process if they should become ill during their placement (See Student Handbook section 11.2 Absence through illness)

Once a clinical placement has been allocated to a student, the student is expected to attend on all the agreed dates. A placement day is typically 9am - 5pm and a student is expected to make the necessary travel arrangements to accommodate these hours. Any decision to stop attending placement before the scheduled finish date, without valid extenuating circumstances, will be deemed a failed placement.

If a placement becomes unviable for any reason, the offering service in discussion with the professional tutor will find an alternative placement opportunity as quickly as possible.

All placements are assessed by PEs who complete the appropriate assessment form. A hardcopy of the form is delivered by the student at the start of the placement. Students will typically complete an e-version of their own to record evidence of clinical activity. All forms are available on the placement platform on the Plymouth Marjon University website.

- Students will typically be required to complete a concurrent placement of 1 day a week for 10 weeks = 10 days. The year 3 concurrent placement in semester A typically takes place on Mondays. In semester B, the placement day is Friday.
- Any absences through sickness, leave etc should be made up, where possible.
- Placement and personal learning objectives are an important way to regularly monitor the student's progress. They also provide an excellent focus for regular feedback. Students must ensure feedback is recorded and contributes to their PEP appropriately, in order to support the reflection process.

- The student assessment form should be used as a basis for explicitly guiding the student's learning experiences, enhancing reflection and supporting identification of future areas for development.
- At the start of the placement PEs must identify the mid-point of the placement to complete the halfway assessment with the student. If concerns arise at any stage, the student must discuss these with the placement educator, and through discussion devise an action plan. The student is expected to contact the relevant professional tutor immediately to explain the nature of these concerns. If appropriate, a support visit will be organised.
- A university tutor may visit the placement if there are concerns, however routine visits are not conducted. If a visit is requested or selected at random, it is the student's responsibility to liaise with the tutor with regard to location of clinic and any other information, for example, client background information.
- It is the student's responsibility to complete a summary of the discussion.
- The PE will complete a final assessment report and give feedback in relation to their setting, and the final competency ratings.
- Placement results are provisional until confirmed by Plymouth Marjon University assessment boards.

Feedback on Placement Experience

Following the end of the placement, students and PEs will be given the opportunity to feedback on placement learning opportunities and experiences. This is an essential part of the clinical education process, organised and monitored by the Clinical Placement Team at Plymouth Marjon University. Relevant information will be responded to by the Clinical Placement Team to ensure on going quality and consistency. Students are not expected to provide feedback directly to PEs unless explicitly requested to do so.

Clinical placement assessment

Award Requirements for the professional qualification:

The placement report is evaluated on the basis of a satisfactory/unsatisfactory level of professional competence. The student's level of experience and knowledge should be considered in relation to their stage of development.

The outcome of the placement is satisfactory/unsatisfactory and forms part of the module assessment.

Written coursework relating to the placement will be evaluated according to the usual Plymouth Marjon University criteria.

If, at any stage during the placement, there is concern that the student may fail the placement the Placement Educator should contact the Professional Tutor immediately, having already discussed their concerns with the student. This will ensure appropriate support is provided in a timely fashion.

The placement educator's assessment report

The clinical report form is designed to be completed twice; as a formative report halfway through the placement and at the end of the placement as a satisfactory/unsatisfactory final report. Sufficient time should be allowed for the student to improve in any identified areas.

Typically all sections of the clinical report must be passed at a satisfactory level **by the end** of the placement. **Failure to demonstrate ability in any one of the competencies will normally result in the need to demonstrate competence through a retrieval placement.**

Students are required to complete a summary form of the ratings at the half-way stage, and return this form to the university (see appendix B). **It is the student's responsibility to return this form promptly (within the week).**

Failing to achieve the competencies:

1. At the HALF-WAY assessment stage

- If there are any concerns about the student's performance at this stage, it is the student's responsibility to contact the professional tutor to arrange tutorial support and to discuss and agree specific learning goals with the placement educator.
- A support visit can be organised at any stage if requested by either the PE or student

2. At the FINAL assessment stage:

- It is expected that students will normally be given one further opportunity to achieve a satisfactory placement outcome with the same competencies
- Completion of a retrieval placement will occur as soon as a suitable placement offer has been secured
- The student will typically be required to complete 10 days on a retrieval placement.
- The personal learning objectives for the retrieval clinical placement will reflect closely the concerns expressed in the reports

- There will be close liaison between the University and the placement providers to facilitate monitoring of the student's progress.
- Notification of assessment outcome will be received following an exam board.

FITNESS FOR PROFESSIONAL PRACTICE

Your attention is drawn to the University's policy on this matter – the link to this can be found on page 24 of this document. Please read this information carefully. If the PE or a university tutor expresses concern about professional practice, the formal University procedure will be initiated and a student may be withdrawn from placement.

Placement requirements

Summary:

The year three placement requires:

1. Completion of service provider's Induction pack & form.
2. Where requested or selected, a placement support visit from a University tutor or other.
3. Half way student clinical report assessment form to be returned to Plymouth Marjon University Placement Administrator (Michelle Charlick) by the student
4. A final student clinical report also to be returned to Michelle Charlick by the PE/lead PE.
5. Regular constructive feedback to the student explicitly linking in placement objectives and personal learning goals.
6. Completion of work towards achievement the dysphagia competencies where this is appropriate to the caseload.

University responsibilities are to:

1. Ensure that PEs involved in the provision of the placement and its components have sufficient information about placement objectives and competencies prior to the start of the placement
2. Confirm start and end dates are agreed and assessment requirements clarified via the service provider placement co-ordinator
3. Ensure relevant summative assessment paperwork is provided to the PE/lead PE via email, and/or the University. Paperwork is available to download from the SLT Practice Placement Resources area <https://moodle.marjon.ac.uk/course/view.php?id=3037>
4. Where possible/necessary, agree a support visit date with the PE.

Student responsibilities are to:

Prior to placement

1. Contact the clinical placement co-ordinator and the placement educators by email introducing self, learning goals, preparation undertaken eg books/articles reading and relevant experience. Copy in professional tutor and placements administrator
2. Agree start time and identify locations of clinic.

3. Ensure practice education passport is current.
4. Locate your ID badge, appropriate professional attire and materials for placement activity

1st day/week

- Read any induction material given
- Exchange mobile phone numbers with PE in case of emergency
- Complete university induction lists and return to placements administrator immediately
- Establish general management of clinic (case files, resources, procedures, duties etc)
- Establish responsibilities for a) clients, b) carers, c) other professionals
- Show PEP to PE and discuss personal learning objectives
- Ensure you take responsibility for reviewing your developing competencies.
- Ensure PE has access to a placement handbook (e-version or hard copy)
- Discuss supervisory process e.g. regular discussion times, feedback, PE availability
- Establish ground rules for work to be completed for PE
- Discuss academic assessment requirement

Ongoing throughout placement

- Take responsibility for own learning – actively engage in **your** clinical education
- **Collect and record evidence to support rating of clinical and professional competencies**
- Prepare session plans in advance for **all** sessions and give to PE as requested
- Complete all work requested by PE on time
- Review learning objectives
- Be professional and appropriately assertive
- Take an active interest and ask appropriate questions
- Engage in professional discussions regarding best practice and share knowledge about EBP.
- Discuss any concerns with PE
- Notify placements administrator when absent/sick etc
- Contact Professional Tutor if any concerns/issues arise

Midway through placement

- Complete halfway placement assessment using appropriate form with PE
- Return halfway monitoring form to placements administrator immediately (appendix B)
- Review learning objectives and competencies in light of assessment

End of placement

- Meet with PE to discuss final assessment
- Complete placement feedback forms and return these to placements administrator within one week
- Write to thank PE/service providers

Other

- Be organised.
- Be professional and engage.
- Be positive and helpful.

Placement Educator responsibilities are to:

1. Be aware of the student's specific learning requirements and general objectives prior to the start of the placement.
2. Pass on any relevant feedback in a timely way to the student and Professional Tutor
3. Provide consistent learning opportunities for the student wherever possible – that is an opportunity to work with one client for several sessions
4. Facilitate support visit for the University tutor
5. Notify the Professional Tutor of **any** concerns or worries as soon as possible
6. Complete a halfway assessment and final assessment report, at the end of the placement.

If at any stage you have any concerns about the student's progress please notify the Professional Tutor, Lynsey Parrott, immediately to enable us to work collaboratively to ensure appropriate support (please ensure you have discussed your concerns with the student first).

Support visits

Not all students and settings will receive a visit from a university tutor, however we will visit a random selection of placements and those students or PE who specifically request a support visit. We expect any students or PEs who have concerns to notify us so as to organise a visit. Any concerns at the halfway stage will trigger a support visit.

The format will be the same for all visits, as follows, unless otherwise agreed;

Part 1: Observation of a student working with a client/carer (can be a video in exceptional circumstances)

Part 2: A general discussion of any issues which need to be addressed, involving the PE, the student, and the University Tutor.

Part 3: If required, a discussion with the student alone about progress within the placement and progress towards learning objectives.

Part 4: If required, a discussion with the PE alone about progress within the placement and progress towards learning objectives.

Part 5: A final discussion with all parties to summarise the agreed outcomes of the visit. The student will record this summary on the appropriate form and email to all within 3 days of the visit. In the event of any concerns arising, the tutor will also complete a report for distribution.

If you have any concerns about the format of this visit in light of the particular placement you offer/attend, please contact Lynsey Parrott to discuss.

The information obtained from the visit will be used to support and enhance the student's future learning.

Students should prepare for a support visit by providing the university tutor with (this will apply to both students on a peer placement):

1. A verbal or written overview of the client, containing
 - Statement of client's communication diagnosis
 - Relevant biographical details
 - Relevant medical information
 - A brief history of SLT involvement
 - A summary of current information relating to communication e.g. test results, information from carers, pertinent informal observations
 - Nature of involvement of other professionals and key findings of any of their reports

- A summary
2. A session plan containing:
- Overall aims of intervention
 - Objectives for the session
 - Tasks planned to address the objectives
 - Explicit links to theory (evidence base) must be evident.

You must ensure that you do not use the same client for the support visit and case file without notifying your visiting tutor in advance.

The following checklist must be used to ensure that the student is properly introduced to the placement, and prepared for the weeks ahead. Please ensure that a checklist is completed for each setting and a signed copy returned to the University SLT Placement Administrator ASAP (this is in addition to any local checklists you may use).

Name of Trust/provider:	Placement type:	
Placement Location:		
Signed (PE):	Signed (student):	
Placement Educator:	Student name:	
Induction Checklist		Date Completed
Introductions and orientation to the building and location, tea and coffee making facilities, WC, etc. for all practice areas		
Discuss health and safety issues (including lone visiting) and record on appropriate Trust documentation		
Discuss equal opportunities and anti-discriminatory approaches relevant to placement in accordance with Trust policy		
Conduct risk assessment/s as required		
Discuss contingency arrangements in the event of Placement Educator/student sickness		
Discuss arrival and departure times and arrangements for lunchtime. Discuss dress code, ID badge, professionalism.		
Describe the protocol for answering the telephone and the student's role in this		

Discuss the student's specific placement learning goals (PDP). How can they be supported, and what evidence will prove that they have achieved the goals. Relate these to the competencies specified in the Student Clinical Report.	
The student should be given the opportunity to raise and discuss any individual learning needs they wish to be considered.	
Review the student's reflective pieces in their Professional Learning Log (on final day too if possible).	
Agree dates/times for review the student's progress towards the specific placement learning objectives (halfway + final)	
Introduce the student to specific characteristics of client groups involved, and suggest specific reading materials if appropriate	
Negotiate dates for annual leave, meetings, or any deviation from the timetable	
Discuss preferred methods for giving and receiving feedback - written pro-forma/verbal only	
Discuss and review relevant provider policies, including confidentiality	

Please add any other items you typically discuss during the induction session.

Student Name	
Lead Placement Educator	
Date completed	

Please place a ✓ in the appropriate boxes as soon as the half-way discussions have taken place. It is the student's responsibility to return this form to the Placement Administrator at the half-way point.

Competency No.	Unsatisfactory	Satisfactory	Able	No opportunities to date
1				
2				
3				
4				
5				
6				
7				
8				
9				

Professional skills (please circle): Satisfactory / Unsatisfactory

Student's Comment:
Placement Educator's Comments

The student should return this summary sheet to the Placement Administrator immediately after completion. Please contact the appropriate professional tutor if there are any concerns.

Appendix A: Learning Quadrant

Year 3

<p>Academic and learning perspective</p> <ol style="list-style-type: none">1. Data gathering2. Learning objectives3. Assessment frameworks4. Differential diagnosis5. Aims, goals and objectives6. Session plans7. Reflective practice8. EBP	<p>Personal and interpersonal perspective</p> <ol style="list-style-type: none">1. Group dynamics2. Being a professional3. Inter-professional working and perceptions4. Professional competencies
<p>Clinical perspective</p> <ol style="list-style-type: none">1. Observation schedule2. Case history schedule3. Assessment frameworks in clinical practice4. Aims, goals and objectives in clinical practice5. Session plans in clinical practice6. Stepping up and stepping down activities/assessments	<p>Technological perspective</p> <ol style="list-style-type: none">1. Web-based resources/ 'Apps'2. Video use3. AAC – iPads etc.4. Computer software5. Telehealth

(© Parrot, L. and Upston. V., 2005)

FILM RECORDING CONSENT
FOR SPEECH AND LANGUAGE THERAPY STUDENTS

To be completed by the client/parent/carer:

It has been explained to me by.....(Speech and language therapy student) that film recordings will be made during my attendance at the speech and language therapy clinic. These films will show clients interacting with the student or with others (e.g. family members). This will not involve doing anything different to what you usually do in your clinic setting.

I understand that the recordings will be used for undergraduate assessment and teaching purposes and I consent to them being used for that purpose.

Name (client/parent/carer):

Signature:

Date:

Witness name:

Witness signature:

Date:

Consent may be withdrawn at any stage. Recorded material will be stored on a password protected USB stick in locked cabinets on university premises. Parental consent for the videoing of children is valid until the child reaches the age of 16 years.

If you have any queries please contact the speech and language therapy tutors at Plymouth Marjon University on 01752 636700.

****A copy of this**

form should be retained in the client's notes and a copy returned to Marjon**

Appendix C

1. PROMOTING EQUALITY

The Disability Discrimination Act (2005) states that “An individual is deemed disabled if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities”

This covers a wide range of diagnoses from dyslexia, mental health problems, learning difficulties to epilepsy and diabetes.

The DDA (2005) states that an organisation should make reasonable adjustments to ensure that an individual is not discriminated against.

This could mean: longer exam times, longer to write reports for your PE, introduction of breaks on placement, removal of extra furniture to allow free movement or the installation of ramps.

The HCPC expects all its members to act in a professional and responsible manner, and therefore you are not just responsible for the welfare of your clients but also for your own welfare.

We need to ensure that both the Plymouth Marjon University and your placement provider are able to make ‘reasonable adjustments’ to do this we need to know, so if you think you fall into the above definition please contact your professional tutor and we can begin the process.

Appendix D: HCPC documents on Standards of Proficiency and Ethics.

All students have been instructed to download this document.

A copy can be found [here](#)

Appendix E: The University’s Fitness for Practice guidelines

These guidelines apply to all placements.

Please refer to the current Student Regulations available

<https://www.marjon.ac.uk/about-marjon/institutional-documents/student-regulations-framework-2017-18/SRF-2017-18-section-10-fitness-to-practice-procedure-v3.pdf>

Appendix F: Guidelines for raising and escalating concerns about practice

As a prequalifying student on a professional practice programme you have a professional duty to put the interests of the people you care for first and to act to protect them if you feel they may be at risk.

This professional duty is becoming increasingly important for all professional health and social care programmes. The NHS has a clear policy on whistleblowing:

<http://www.nhsemployers.org/EmploymentPolicyAndPractice/UKEmploymentPractice/RaisingConcerns/Pages/GuidanceAndSupportforNHSStaff.aspx>

Health staff who wish to raise concerns in poor patient care can do so knowing they will be protected. It is the duty of all NHS workers, **and this includes students**, to report any concerns they have about practice. There is:

- An expectation that staff should raise concerns at the earliest opportunity
- A pledge that NHS organisations should support staff by ensuring their concerns are fully investigated and that there is someone independent, outside of their team, to speak to.
- Clarity around the existing legal right for staff, including students, to raise concerns about safety, malpractice or other wrong doing without suffering any detriment.

You may seek independent confidential advice at any stage in the process. Independent confidential advice is available from your professional body, student union, Public Concern at Work, (the whistleblowing charity) (PCaW) <http://www.pcaw.co.uk/> or Care Quality Commission <http://www.cqc.org.uk/public/news/quick-guide-raising-concern-about-your-work>

You will need to follow the timescales for reporting any concerns identified in the placement provider policy in relation to the Safeguarding of Vulnerable Adults or Children. You are advised to seek support at the earliest opportunity in the interest of public protection.

This paper offers guidance for students, placement educators and professional tutors if they have concerns regarding practice or suspect poor, inconsistent or unprofessional practice in their placement. We recognise that it might not be easy for you to raise a concern. You may be unsure what to do or the process may seem quite daunting. The following guidelines and flow chart are designed to help you.

If there is an immediate risk of harm, it is important that you report your concerns without delay to an appropriate person.

You may find it useful to also refer to Guidance available for your relevant professional statutory regulatory body (e.g. HCPC), or local placement provider policy.

Consider if you have concerns regarding reprisal or consequences (e.g. making a formal statement), you can discuss this immediately with the Professional Tutor. The process will be dealt with confidentially, and

only shared with other identified appropriate personnel. However, you will **not** be able to remain anonymous within this process, because your details will be required for an effective investigation to take place. In some cases it may be appropriate to change your placement to aid any investigation, and to protect your confidentiality. You will be offered support throughout this process from the professional tutor and your personal tutor and in addition you can contact Student Support <http://marion.ac.uk/studentlife/studentsupport/> and/or occupational health.

Process for raising and escalating concerns

When an issue of concern is identified or witnessed you will need to decide whether immediate or prompt action is required.

NB If there is an immediate risk of harm to patients/clients, immediate reporting is required.

You should consider working through the following questions:

- What happened? (Describe what you saw, what was said, what you did, heard)
- Who was involved?
- Can you ask for their perspective?
- Were there any additional influences (context, environment, previous issues, and your own previous experience) that are relevant?
- How do you interpret this?
- How sure are you of your interpretation?
- Could your perspective be incomplete?
- What alternative explanations could there be?
- Make some brief notes

Please be aware of the importance of not discussing the case with anyone except an identified advisor (e.g. Professional Tutor or Student Support) and you must not interfere in any way with any investigation or personnel involved.

Stages 1 and 2

Raising your concerns

You will need to:

- Explain what you saw, heard or said
- Avoid making accusations – ask questions

- Express your own concerns, perspective and feelings
- Reflect on your own learning

What should the person you inform consider?

- Listen and offer support (refer to others if appropriate: placement lead, programme lead, professional tutor)
- Clarify the issue: **NB** If the issue concerns patient/client safety, you **must** inform the placement coordinator who is required to inform a relevant senior manager who will visit the area to make an initial assessment.
- Get the perspectives of other people involved
- Consider referring to local policies, standards or guidance, Professional Statutory Regulatory Bodies, where relevant
- Discuss, agree and document any immediate action required if patient safety at risk
- Discuss, agree and document any other action required
- Allocate responsibility for actions
- Include review dates and monitoring processes
- Identify level of documentation needed (e.g. brief notes, incident report,
- Professional tutors shall be informed, even if the issue is resolved locally. This is so that the student receives feedback once any investigation is complete

Developing and agreeing an action plan

Consider the following:-

- Guidance for decision making re: discontinuation of placement (placement related)
- In NHS Trust where there is an Education Lead they inform identified Escalating Concerns Officer so that an investigation can commence utilising local policy (placement managers from other placement providers may have equivalent appropriate roles)
- Refer to national guidance e.g. professional statutory regulatory bodies.

Identify lessons learned/ outcomes

Take the opportunity to reflect and debrief on this experience using relevant support mechanisms such as your Professional Tutor or Student Support. You should expect to receive feedback as to the outcome of any investigation.

Consider any development needs you may still have (e.g. understanding professional accountability, statement writing, completing incident forms and presenting information).

The following flow chart provides a quick reference for ensuring you are supported and the concern is addressed appropriately.

Flowchart for escalating concerns

