

School of Psychology and Clinical Language Sciences

### 2MSci Speech and Language Therapy Weekly Paediatric Placement 2024-2025

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| **Student** | **Number of days available** | | **\*EDS Hours and minutes**  **(Please add up per 15-minute chunks)**  **Hours**  **Minutes** |
| **Number of days attended** | |
| **Educator’s Employing Organisation** | **Reasons for non-attendance** | |
| **Educator(s)** | **EDS: Students have an EDS document to share with you. Further information is available in the PE handbook and the RCSLT website**  <https://www.rcslt.org/learning/pre-registration-eds-competencies/pre-registration-eating-drinking-and-swallowing-competencies-competency-and-supporting-documents/>  **(2) Date of first progress review with student (see below)**  **(2) Date of second progress review with student (see below) ( 20-day placements)** | | |
| **Clinical Tutor** |
| **Setting (e.g., school, community clinic)** |
| **Main client groups** | | **(4) End of placement outcome Pass/Fail (Please highlight)** | |

HOW TO COMPLETE THE REPORT FORM

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| 1. **Pre-placement and during the placement: Please use this report form to help plan for the placement and to keep an ongoing record of the student’s development** 2. **Mid-placement reviews: The student’s clinical tutor will send out a doodle poll to schedule placement contact calls with the PE. For 20-day placements there will be two contact reviews with the clinical tutor around days six/seven and twelve/thirteen. Please schedule in progress reviews with your students for these time periods and identity at the end of the report form actions agreed with the student for the next part of the placements** 3. **End of Placement: For each competency, identify the *tasks, knowledge and skills* that best describes the student’s ability over this placement, by highlighting the relevant descriptors. Please provide evidence of how these were achieved in the comments section. Please provide an agreed development step for the next placement**   **Development steps may be areas for improvement or suggestions for the broadening of existing skills and knowledge.**   1. **Identify whether the student has passed or failed the placement. Your judgement about whether the student has passed the placement will be based on a holistic view of the student. To pass a placement a student must demonstrate sufficient knowledge and skills by THE END of the placement across a range of competencies. Please remember the student has a further paediatric placement in their final year and an adult placement in their third and final year** 2. **Sufficient to pass can be defined as: *Sound skills and knowledge demonstrated, but needed ongoing regular support /guidance to achieve this*** 3. **Whereas a FAIL is defined as: *Does not demonstrate sufficient skills and knowledge to achieve competency even with extensive prompting/guidance/support.***   **Placement concerns: Please contact the student’s clinical tutor and copy in** [**sltplacements@reading.ac.uk**](mailto:sltplacements@reading.ac.uk) **if you have any concerns about the student’s clinical progress or their welfare as early in the placement or in a timely manner, as is reasonably practical. Copying in SLT placement admin will aid a timely response to your concern** |

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| COMPETENCIES. For each competency, please highlight the tasks, skills and knowledge the student has developed over the placement. The boxes below will expand as you add content. It is expected that students will also keep an ongoing record of their achievements under each competency, which you can include on the final form. However, it is essential that practice educator’s comments are also included on the final document.  It is expected that throughout the placement the student will utilise their University or other relevant placement assessment and intervention proformas to support and evidence their clinical reasoning |

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| Thank you for the placement. Please return the report form to [sltplacements@reading.ac.uk](mailto:sltplacements@reading.ac.uk) within two weeks of the end of the placement. This allows the student and their clinical tutor the opportunity to utilise the feedback and development steps in a timely manner for their next placement. |

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| A | **PROFESSIONALISM**  *Pass/Fail*  Student conducts themselves 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.  **The student:**   * Takes responsibility for the ongoing completion of their EDS form * Demonstrates an understanding of their role in your setting * Demonstrates appropriate time management including clinic preparation * Adheres to the agreed placement expectations * Initiates and responds to communication in a timely manner * Adheres to all relevant policies and procedures * Keeps records in line with service requirements * Demonstrates increasing Cultural awareness - see RCSLT guidance attached or visit <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/8-strat-increase-cult-comp.pdf> * Establishes a good working relationship with Practice educator, clients and other professionals. * Advises you in a timely manner of placement related coursework * Always takes a client first approach e.g. being respectful of other peoples’ views around the client and ensuring objective clinical decisions which are informed by evidence based practice. * Is aware and asks questions regarding trust policies including a range of topics e.g. stat- mandatory training, confidentiality, case note management, infection control, and trust values. * Will evidence strategies for self-care and self-awareness to ensure safe and effective engagement in the placement * The student can work collaboratively as appropriate to the setting (e.g. with PE and MDT and wider team) * Demonstrates time management, both in terms of punctuality but also task completion and deadlines for reports etc.   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |

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| B | **ASSESSMENT** *Pass/Fail*  The student identifies and analyses relevant and appropriate assessment strategies (observation schedules, checklists; published assessments; own informal assessments, ongoing dynamic assessment). This process considers each client’s individual profile, including relevant social/educational/employment factors  **Identification:**   * The student demonstrates that they know what information to gather and how to gather it. * The student can suggest a relevant assessment strategy when presented with a new referral, or case history information. * The student is able to recognise and discuss why certain assessment strategies are not appropriate. * The student is able to devise their own informal assessment based on the target information they want to collect. * By the second half of the placement the student will demonstrate their clinical reasoning behind their assessment choices for individual clients using the University assessment proforma or other relevant proforma   **Analysis**   * The student is able to collate the information and discuss an holistic approach to the client management. * The student is able to analyse the data they have collected; e.g. scoring of a formal assessment, collation of the data from observation or informal assessment   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |

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| C | **ASSEMBLING AND INTERPRETING A CLIENT’S PROFILE from relevant gathered information and data, demonstrating developing clinical reasoning and decision making.** *Pass/Fail*   * The student can put together all the relevant data from informal, formal, observational, documented and reported sources and extract the key factors that will inform intervention. * The student demonstrates that they can provide a summary of the client’s strengths and weaknesses, and appropriate consideration of potential differential diagnoses. * The student can demonstrate the interpretation of the client’s profile. * This may lead to the making of a differential diagnosis and the determination of next steps. * The student, with PE support, is expected to apply relevant theoretical knowledge in conjunction with knowledge of the client, to explain the clinical reasoning behind their decision making * The student shows that they are able to connect the profile assembled with other similar profiles they have encountered and use this information appropriately.   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |

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| D | **MANAGEMENT PLANNING: Takes a holistic approach to the planning of management and intervention based on the interpretation of the assembled profile and the views of the client/family/other relevant others. The student is expected to apply relevant theoretical knowledge in conjunction with knowledge of the client, to explain the clinical reasoning behind their decisions** *Pass/Fail*  **Identification of approach**   * This includes decisions to discharge, make an onward referral, additional data gathering, review, intervention, any training requirements, use of advice sheets. * The student takes a holistic approach to the planning of management, using the client’s profile, relevant theory and frameworks ( with PE support), service options to inform their decision-making as well as the client’s views. * The student demonstrates this in a variety of ways: through professional discussion with the practice educator and/or through the completion of a written assessment or intervention plan with appropriate use of the theoretical basis behind the decision making clearly shown. * The student demonstrates knowledge of the possible management options available to the client. * The student can demonstrate an understanding of the part that SLT intervention takes in the wider context for the client.   **Analysis/holistic approach**   * The student considers management, being aware of and responsive to the needs and wishes of the client and adapts their decisions about management accordingly * The student makes appropriate decisions about the type of intervention, timing of intervention, frequency, who will deliver it, method of evaluation, location/setting, involvement of other professionals/family, including the client’s views. (For example: the student makes appropriate decisions to include a structured programme, considers how this can be implemented by an SLT on a one-to-one basis, a carer/partner, a programme of work for others to deliver, or as daily routine on a ward) * The student, with PE support, can discuss their decisions about ‘frequency of involvement /dosage’ with appropriate context and evidence base. * The student can decide which tasks are appropriate to the client, taking into account the client’s personal aims for intervention and the target behaviour * The student will provide evidence of the above and all aspects of their clinical reasoning in discussions and /or in written form in the university management proforma or other relevant proforma   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |  |

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| E | **MANAGEMENT DELIVERY: The student carries out the Assessment and/or Management intervention in a professional and flexible manner, and by the second half of the placements has some recognition of when to adapt a plan. Intervention may be face to face (in-person or telepractice) delivering training, writing programmes, sourcing/creating relevant material.** *Pass/Fail*   * The student demonstrates that they can develop a professional relationship with the client/carer that permits their active involvement. * On delivery of assessment/management the student is aware of and responsive to the client and adapts their delivery, accordingly, including utilising their step-ups/step-downs. * Flexibility is demonstrated. This might be changing an approach to accommodate a client’s behaviour, adapting the session towards teaching /demonstrating or discussion with a carer, or use of informal dynamic assessment when this is more appropriate. Also, it would include adapting a session around a change in location etc. * The student’s skill at choosing or creating appropriate materials for the session comes under this section. This may be sourcing or creating materials/assessment materials for the client, or for carry over/explanation with carers, TA’s, ward staff, care home staff etc. * The student can take a case history from a carer/client that gleans information in a way that includes the care/client in the process and explains why the information is needed and how the information will be used. * The student can observe a client in a natural situation and record accurate and relevant data and apply it to assessment and/ intervention. * The student demonstrates how to adapt materials according to different recipients and settings (e.g. client, carer, training of others) * The student will demonstrate their clinical reasoning behind their assessment/management choices for individual clients using the University assessment and management proformas or other relevant proformas   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |

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| F | **REFLECTIVE PRACTICE AND EVALUATION OF CLINICAL WORK. The student demonstrates a developing ability to self-reflect, act on their reflections, and use advice from their practice educator across all aspects of their clinical placement. This includes reflecting on bias and increasing cultural awareness and responsiveness. The student is balanced with their reflections and utilises a framework for their reflections.** *Pass/Fail*   * The student can reflect post session on the positive and development steps of the session. * The student can demonstrate evidence of this by working through the cycle of reflection on tasks/activities/decisions during discussions/ or in follow up e-mails if this is easier in the setting or suits the student’s way of learning more closely. * The student can reflect on their clinical skills and the impact of their intervention in the session, being specific about the impact of the positive reflections and is able to be specific about how they will develop and adapt future sessions. * The student can reflect on others practice * The student can reflect on the impact of the session on the client and can adapt it accordingly. * The student can plan the next steps and be specific about the changes they will make. * The student demonstrates that they can act on their reflections and subsequent advice from the PE and this is evidenced in their next plan. * Self- reflection begins to become part of the skill of adaption, demonstrated when the student can sometimes do this within a session, deviating from their set plan and is able to discuss why with the therapist after the session * The student reflects on their awareness of bias and their developing cultural competence   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |

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| G | **COMMUNICATES EFFECTIVELY AND PROFESSIONALLY IN WRITTEN AND VERBAL FORMS as relevant to the placement** *Pass/Fail*  **Written communication** (This will include reports, letters, referrals, programmes, case notes, advice sheets and e-mails)   * The student demonstrates that they can provide written reports on request but may need modifications from educator. * All reports are clear and relevant to recipient and include the expected material/information that the student has access to. * In reports, programmes and advice sheets the student can present data in a way the takes into consideration the recipient e.g. explanations of complex ideas, avoidance of jargon where appropriate. * The student shows the skill of adapting information for it intended audience(s)   **Verbal Communication**   * The student can collect relevant data in a session and present this during or after the session to other professionals e.g. physiotherapists, and/or carers in a succinct and appropriate manner. * The student can feedback information to the client and carer within a session or on the telephone. * Verbal communication is professional and appropriate to the situation or information that needs to be provided/discussed. * The student demonstrates that they can provide spoken explanations to a variety of recipients.   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |

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| H | **EVIDENCED-BASED CLINICAL REASONING:** The student demonstrates the ability to integrate relevant theoretical knowledge with their holistic knowledge of the client**.** *Pass/Fail*  **This includes:**   * Care pathways * Clinical guidelines * Relevant research papers/journals * Diagnostic frameworks * Outcome measures * Knowledge of typical development if relevant   Evidence –based refers to the integration of theoretical knowledge including appropriate application of all the above.   * The student demonstrates clinical reasoning is in most aspects of their clinical work. * The student demonstrates that they have a theoretical basis for the decisions they are making and can source and explain this basis. * The student can apply the knowledge they have learnt from their child development visits, observation days, visits to education settings, simulation placement and their preparation clinic and applies this to the current client group as appropriate.   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |

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| I | |  |  |  | | --- | --- | --- | | **DEVELOPMENT TOWARDS BECOMING A NEWLY QUALIFIED PRACTITIONER** *Pass/Fail*  The student   * is pro-active in managing the opportunities provided by the placement and engages as an adult learner. * recognises and engages with the expectations of the placement * Asks questions * Shows initiative * Is helpful * Recognises when to ask for support * Takes responsibility for their own learning * Demonstrates independent learning through self-directed reading and research * Accepts that change happens * Is aware of their own boundaries and limitations  Looks for opportunities to develop their independence including taking responsibility for carrying out work agreed with the educator, being a helpful co-worker/team member, seeking opportunities to support the day to day running of the placement.  * Is aware and responsive to potential health inequalities that can exist for marginalised and minoritised communities * Demonstrates that they know the limits of their knowledge and capability and requests support and additional information knowledge from their PE appropriately.   COMMENTS   |  | | --- | |  |   AGREED DEVELOPMENT STEP   |  | | --- | |  | |   Feedback from other professionals or clients/families the student worked with on placement   |  | | --- | |  |   Record of Actions agreed with student following first review discussion   |  | | --- | |  |   Record of Actions agreed with student following second review discussion   |  | | --- | |  | |



**Strategies to increase Cultural Competency**

* Be aware of your own cultural beliefs (including assimilation and acculturation) and how they might influence your interpretation of other cultures.
* Explore and become aware about the client’s cultural approach and attitudes towards topics such as disability, impairment and health in general.
* Develop knowledge about the local populations, communities, families and individuals (e.g. social greetings).
* Form a trustworthy and cooperative rapport with the client’s support system (e.g. family, carer, partner etc.) by validating their cultural views.
* Avoid stereotyping and recognising individual differences from recognised cultural practices.
* Create resources such as leaflets, handouts or information packages in different languages (commonly spoken languages in your area of service) in order to support understanding about related topics of speech and language therapy.
* Gather information, when appropriate and available, from interpreters and cultural alike community members about appropriateness of social routines / practices.
* Create a directory of bi/multilingual interpreters and staff facility member that may be able to assist during clinical sessions.
* Include bilingualism and cultural principles in the policy making, planning, assessment and service delivery process.
* Select culturally sensitive material, resources and activities for both assessment and intervention.
* Respect beliefs, religion and cultural norms, while still providing clear and evidence-based advice, assessment and intervention. Highlighting and problem-solving where there are conflicts in these areas, to deliver an acceptable and accessible service (tag to Equitable vs Equal)