Department of Speech & Hearing Sciences

BSc (Speech & Language Therapy)

CK705

Module Handbook
SL 4004

Practice Education in Speech and Language Therapy

Year 4
2010– 2009

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5th Edition

Written and edited by the staff in the
Department of Speech and Hearing Sciences

University College Cork

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1. Course Description

Credit Weighting: 20
Teaching Period(s): Period 1 & 2
No. of Students: Max. 25
Pre-requisite(s: None
Co-requisite(s): None
Teaching Methods: 192 hours of supervised practice experience with clients in University, hospital and community clinics. Discussion seminars on practice experience.
Module Co-ordinator: Professor Fiona Gibbon, Head of Department, Department of Speech and Hearing Sciences.
Lecturer(s): Dr. Robert Fourie, Lecturer;Ms. Mairead Cronin, Regional Placement Facilitator, Invited Lecturers.
Module Objective: To allow students to further their professional competencies via the assessment and treatment of a range of communication disorders.
Module Content: Paediatric and adult speech, language and swallowing disorders, intellectual disability, physical disability.
Assessment: Total Marks 400: Continuous Assessment: 2 practice education evaluations, 100 marks each; 1 presentation and viva, 100 marks; 1 class test, 100 marks.
Compulsory Elements: Continuous Assessment.
Penalties (for late submission of Course/Project Work etc.): Deduction of 10% for up to 7 days, 20% for up to 14 days, naught thereafter.
Pass Standard and any Special Requirements for Passing Module: 50%, Students must pass all four components independently to pass this module.
End of Year Written Examination Profile: No End of Year Written Examination.
Requirements for Autumn Supplemental Examination: Failed elements of Continuous Assessment must be repeated. Students who fail to achieve clinical competence by the end of SL4004 will be required to undergo a further period of practice experience during the summer, as prescribed by the Department of Speech and Hearing Sciences. Following this repeat block, their clinical competence will be re-evaluated.

2. Introduction

Welcome to your fourth year of practice education. The aims for this year are to facilitate your transition to independent practice, to further develop, refine and extend your clinical skills, to improve your understanding of clinical administration and management and to help you identify your personal and professional skills.

Structure of the Practice Experience

The practice experience in fourth year can be with any client group and in any setting. Student Practice Experience for fourth year is organised as follows:

a) September/October 2010, block practice experience in any of a variety of Speech and Language Therapy settings. The block comprises of 4 days a week for 4 weeks or 3 days a week for 6 weeks or 2 days a week for 8 weeks beginning the week of the 13th September 2010 . Regular tutorials will be organised throughout the block and at the end of the block there will be a video presentation assessment.

b) January/February 2011, practice experience for 4 days a week for 4 weeks or 3 days a week for 6 weeks or 2 days a week for 8 weeks beginning the week of the 4th January

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2011. Tutorials will be arranged during this block and the block will be followed by a written examination in March 2011.

Please note: Practice Education experience takes place within the Cork, Kerry and South East regions. Every effort will be made to place students close to their home or term-time addresses. However, due to the shortfall in practice experience opportunities, this cannot be guaranteed and hence all students must be prepared to travel to clinics throughout the Southern region.

General goals of Practice Education in UCC

The goals of practice education for the course are:

- To provide students with clinical experience that is problem-based and theory-driven and which complements the academic curriculum.
- To provide students with a variety of experiences in planning, implementing and evaluating speech, language, communication and swallowing intervention for people with communication disorders.
- To provide students with the experience of working with other professionals involved with the management of people with communication disorders.
- To support students to become independent Speech and Language therapists.

Responsibilities of all Three Parties: UCC, Practice Educator and SLT in Training

The Therapy Project Office (Ireland) has compiled a booklet 'Guidelines for Good Practice in Practice Education' (2008) that details the responsibilities of all three parties involved in practice education – the Higher Education Institute, Practice Educator and the SLT-in-training. For a copy of this booklet, please contact Nicole Kennedy at n.kennedy@ucc.ie or at 021 4901541

3. Support and Contacts

Practice Education Coordinator:
Nicole Kennedy is the Practice Education Coordinator, for any queries, comments or feedback please contact her at n.kennedy@ucc.ie or at 021 4901541

Regional Placement Facilitators:
Mairead Cronin, Adult Services Cork Mairead.Cronin@ucc.ie 021 4901534
Clodagh Donohoe, South East Region c.donohoe@ucc.ie 086 3824376/ 021 4901570

Practice Tutors:
Clara Egan*, South Lee,* c.egan@ucc.ie 021 4901619.
Tara Dowds*, North Lee,* tara.dowds@hse.ie 021 4921601
Joan Brophy, *Carlow/Kilkenny,* Joan.Brophy@hse.ie 059 9136523

Executive Assistants
Yvonne O'Sullivan Senior Executive Assistant, y.osullivan@ucc.ie (021) 490 1570.
Jean Tobin, Executive Assistant for Brookfield Speech and Language therapy clinic, jean.tobin@ucc.ie (021) 4901579.

During the practice experience, students will be supported by tutors/facilitators through tutorials or can arrange to meet or contact them at any time. In addition, a tutor/facilitator from the university will phone all practice educators to discuss all matters pertaining to the practice experience and to arrange site visits. There will be at least two site visits per block and both

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the Practice Educator and the tutor/facilitator will decide the mark awarded for the assessment of clinical skills.

4. List of Clinical Equipment

At this stage you should have equipment suitable for paediatrics and adults. The following is a list of equipment that we recommend purchasing for therapy over the course of your clinical practice experience. ***It is not essential to purchase all of these items. Please discuss any equipment with your tutor or the practice educator before you buy.***

General:

- Recording device (e.g. dictaphone; minidisk recorder; IPOD with recording appliance)
- Pen torch
- Stop watch
- Stationary (scissors, stapler, sellotape, prittstick, coloured markers etc.)

Adults:

- Common objects suitable for language assessment of adults e.g. cup, keys, pencil, pen, book etc.
- Photographs of the same objects
- Single words related to the same objects printed in large print on separate cards
- Functional items for stimulation conversation with adults e.g.
    - magazines i.e. Hello, T.V. magazines, gardening magazines or sports magazines.
    - travel brochures
    - catalogues
    - map of Ireland
- Wipe clean white board (A4 size) and marker

Children:

- Pictures for language sampling and stimulation suitable for children
- Pictures to screen for phonological skills suitable for children
- Range of books e.g. rhyme/activity books for different ability levels
- Dice and counters
- Noise makers
- Crayons/colouring pencils
- Stickers
- Bubbles

5. Ethical Issues

The paramount concern of speech and language therapist is the well-being of their clients (RCLST 2006). The Irish Association of Speech and Language Therapists (IASLT) require its members to be professionally competent and to maintain the highest professional and personal standards in the performance of their duties. The Code of Ethics revised by the IASLT in 2004 outlines the required standards for the profession and Speech and Language Therapists in training are advised to be familiar with this document. Speech and Language Therapists in training are required to respect the legal, social and moral norms of the society and the communities which they come into contact with and refrain from activities which might bring themselves or the profession into disrepute. The declaration that was signed in first year will continue to apply and is in line with the Hippocratic Oath that emphasises the values of both acting for the good of the patient/client and respecting his/her autonomy.

The following are guidelines on conduct in relation to practice experience:

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Garda Clearance

Students will be expected to complete a Garda Clearance Form if they have not already done so which is forwarded to the recruitment section of the HSE, who then forward it to the Garda Central Vetting Unit.

Confidentiality

Confidentiality is defined as maintaining security of information obtained from an individual in the privileged circumstances of a professional relationship. Breaches of confidence are unethical, unprofessional and in some cases unlawful (RCSLT, 2006).
Students will be exposed to a lot of medical and other personal information regarding the private lives of patients and clients; their joys, their suffering and their grief. In line with the spirit of the Hippocratic Oath, students will be expected to observe utmost confidentiality regarding their patients, to observe the ancient directive to "Do No Harm" and to come to an understanding of the current insights regarding the values, principles, laws and ethics of modern medical and therapeutic intervention. Students are advised to never discuss patients in public areas with therapists or peers.

A student may not remove clinical files from clinics. Any identifying information such as name of client or relatives, address, school etc. must not be included in note taking, video/audio recordings or in course work submitted. False names may be used for clients and significant others can be referred to by initials. If making video or audio recordings, consult your Practice Educator about seeking permission from the client/caregiver. Video and audio recordings remain the property of the client and must remain in the clinic. In the case of the video assessment, signed consent must be obtained from the client or their carer to allow the recording to be used in UCC (see appendix ix). The original recording must be returned to the clinic when you are finished and any copies must be destroyed.

Students are not permitted to undertake assessments or provide therapy in any situation that has not been approved by the Department of Speech and Hearing Sciences. Students are not permitted to provide therapy in any setting without the direction of a qualified Speech and Language Therapist.

File Management/Record-keeping

Students are expected to be familiar with the Freedom of Information Acts 1997 and 2003 and keep records in accordance with these acts.

- Files should be maintained in keeping with the procedures used by the agency where the client attends.
- Files must be kept neatly and when not in use, locked away securely.
- Files are confidential and must not be left in clinic rooms or on desks where they may be on view to other clients/carers.
- Case notes must be written, dated and initialled within 24 hours of the therapy session.
- Files should record both direct and indirect (e.g. phone calls, discussions with other professionals) contact.
- File notes should be written in black ink. Tippex must not be used. If errors are made, a line should be drawn through the error and initials should be written above.
- Reports that are written or received throughout the course of therapy should be filed appropriately.
- All files are subject to Freedom of Information requests and therefore must be legible and as free from jargon as possible (Freedom of Information Acts, 1997 & 2003).

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Professional Responsibilities:

As a Speech and Language Therapist in training you will be expected to behave in a mature and professional manner. Students should observe the hours of the clinic stringently. It is the student's responsibility to find out the location of the clinic and to organise transport to and from the clinic. It is important to be familiar with the organisation of the clinic and the staff.

In the event of absence from the clinic, students are expected to contact their Practice Educator by phone as soon as possible. Medical certificates may be requested after two days. The Practice Education Coordinator must also be informed of any absences. Days lost due to absence will need to be made up at a later date.

The Practice Educator is ultimately responsible for all management issues relating to clients and students should report directly to him/her regarding all client and ethical issues.

Speech and Language Therapists in training may work with people who are in vulnerable situations and conditions. It is important to be sensitive and empathetic when working with clients and to think carefully about how you act and relate to clients and their families.

Students are advised to be helpful and actively involved in the work of the therapist when it is requested or deemed appropriate. Participation will facilitate your educational process and the forms provided should be used to help plan your learning objectives.

Please ensure that you uphold the name of the Department of Speech and Hearing Sciences and University College Cork and are ambassadors of the College.

Dress Code

Students will be attending a number of external practice education sites. When attending outside clinics at the various Health Service Executive clinics and other Voluntary Agencies, students will be expected to wear clothes which are professional and which reflect the ethos of the organisation they are working in. Name badges must be worn at all times in the clinic.

Each setting may have different rules regarding dress code. Most hospitals require a uniform, usually a white shirt and black trousers, whereas in other settings more casual dress is the norm. Students are required to ask the Practice Educator about the dress code before attending the clinic. Denim jeans, trainers or tracksuits are not appropriate and low closed in shoes should be worn. Facial piercings should be taken out or covered with a plaster. Students may be sent home if they fail to comply with the organisations dress code.

Personal Hygiene

While this is a sensitive topic, it needs to be addressed in medical and therapy students. As Speech and Language Therapists in training you will be working closely with people and impeccable oral and personal hygiene is expected. In certain cases the use of rubber gloves may be required with some patients. Smoking in front of, or near patients, especially children, on Health Service Executive grounds and indoors is prohibited at all times. Smokers should be especially aware of smokers' breath when working in close proximity to speech and language therapy clients. Students who wish to quit smoking are strongly advised to attend the Health, Counselling and Advisory service of the College.

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Vaccinations

All students must ensure that they have received the following vaccinations prior to attending practice education sites, particularly in hospital settings: Hepatitis B, Mumps, Measles, Rubella, Varicella (chicken pox) and BCG. The Student Health Department will arrange some appointments for you to receive vaccinations or check the status of your immunity. It is essential that you attend for these appointments. If you cannot attend, please contact Student Health to cancel as early as possible and re-arrange the appointment.
Students who do not comply with regulations regarding vaccinations will not be allowed to attend clinics in hospital settings.

Health and Safety
Speech and Language Therapy clinics in the Health Service Executive and other Voluntary agencies have specific Health and Safety regulations and procedures that must be adhered to. It is essential that students make themselves familiar with the health and safely policies for the clinic they attend.

Disability

Having a physical, sensory or mental health disability does not prevent a student from achieving their learning outcomes on clinical placements. While the university and the department recognise the importance of confidentiality with regard to disability, students are encouraged to disclose their disability. To enable you to achieve your learning outcomes reasonable adjustments may be made to your learning environment. If you are a student with a disability that might impact on your performance it is important that you liaise with the PEC to have a pre-placement discussion to facilitate you on your placement.

6. Fourth Year Aims and Clinical Skills

Aims of Fourth Year Practice Experience

The clinical placements represent your continued development towards becoming an independent Speech and Language Therapist.

- By the end of fourth year you should be able to perform the majority of case and caseload tasks independently and completely following consultation with the practice educator.
- You may need guidance if you have not previously experienced the client group or setting or where client or service provision requires specific knowledge

Clinical skills to develop in fourth Year

The following is a list of skills that should be present by the end of fourth year:

Personal and Professional Skills

- Students are expected to demonstrate a high level of professional conduct throughout their placement.
- Students are expected to adhere to confidentiality and health and safety policies of the clinic, be professional in their dress, punctuality and in their interactions with clients, staff and peers.

Assessment/Diagnosis

- Consistently and systematically collects and collates complete information from client/ significant other and/or health records and communication environment. Identifies and researches gaps in required information

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- To be consistent and independent in the selection and administration of assessments and to make timely and appropriate modifications.
- To independently analyse and interpret assessment results correctly and formulate a diagnosis and intervention approach.

Intervention

- To independently report evaluation findings effectively orally and in writing and to maintain concise therapy records.
- To independently use appropriate therapy materials, and modify intervention within sessions in response to clients needs.
- To independently develop appropriate goals incorporating outcome measures and long term intervention and discharge plans.
- To independently respond to clients/significant others communications and facilitate client participation using appropriate facilitation and feedback techniques.
- To independently and appropriately communicate with team members.

Self Evaluation and continuous professional development

- To independently identify own developing competencies and develop action plan to address learning needs using appropriate learning resources to demonstrate behavioural changes.

In fourth year you can still benefit from observing a speech and language therapist at work, however it is important that students do **not** take a **passive** role in the observation process but become involved as far as is possible. Students are expected to fill in a self/peer evaluation form or a general observation form from the appendices for this activity.

7. Student Preparation for Practice Experience

Contact to Practice Educator

1. **Four weeks** before starting placement send a short letter/CV and the final page of your last evaluation (September block) or previous placement summary form (January block) to your **practice educator** and **practice tutor.**
The letter should outline the following:

- Name, address (home and college if different), and contact details
- The practice experience site that you have been allocated to (e.g. if you are in Kerry specify which area you are in)
- How you plan to get to the practice experience each day (e.g. whether you will be driving/walking or relying on public transport)
- Any special needs, illnesses or disabilities you may have that may impact on the placement
- Previous related experience (e.g. volunteering in a hospital/nursing home, working with young children etc.)
- Previous clinical experience (your practice experience over the past three years)
- Clinical skills that you feel you are competent and confident with (see list of 4th year clinical skills)
- Your learning objectives for the practice experience
- Tests and assessments you are familiar with
- Models of intervention or therapy programmes that you are familiar with

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2. **Two weeks** before the start of the placement phone the Practice Educator to confirm starting date, time and clinic location/policies. General regulations vary between clinics so students are advised to check with the therapist regarding dress code, use of clinic facilities and equipment. It is advisable to consult with the therapist regarding the expected client group and to research this particular area/impairment before you attend the clinic.

Pre-placement preparation

Students should address the following issues before their practice experience:

- Look up clinic site on internet.
- Familiarise self with aims and expected clinical skills for fourth year.
- Be aware of the expectations of the student on placement
- Prepare for placement with client specific study
- Identify **own** learning experiences and learning objectives, these should be specific to you and not just copied from the handbook.
- Identify gaps in experience and areas that need to be improved
- Investigate who the other members of the team in the clinic are and their respective roles
- Read and participate in orientation activities
- Set goals for yourself for the practice experience

Interpersonal and communication attributes of students valued by clinical educators (McAllister & Lincoln 2004 & Alsop & Ryan 1996)

- Come well prepared for the placement, having read up about the conditions they might expect to see
- Behave and dress according to the conventions of the service
- Engage in the placement and take advantage of the learning opportunities that it offers
- Demonstrate a commitment to learning as professional development
- Take responsibility for their learning, engaging in reflection and honest self-evaluation of their performance and behaviour
- Be punctual for appointments, and keep other people informed of difficulties
- Integrate into the service team and respect the needs of its members
- Take responsibility according to the stage of their training, but acknowledge the limits of their responsibility and experience so as not to endanger themselves of other people
- Work in accordance with the Code of Ethics and other standards of practice
- Be inquisitive, and demonstrate an enquiring mind, and that they are prepared to develop a repertoire of skills and knowledge using the resources available.
- Be friendly, but not inappropriately so
- Present professionally
- Listen
- Be:
    - Helpful
    - Forthcoming
    - Reliable
    - Responsible
    - Enthusiastic
    - Respectful
    - Ethical
    - Sensitive to needs of others (clients, peers, clinical educator)

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8. Practice Education Forms

In order to help you get the most out of your practice education experience, you should become familiar with the following forms (see appendices) which are aimed to focus your learning experiences during practice education.

1. Practice Education Learning Objectives (Appendix i)

In order to ensure that you gain a wide range of clinical experience, each student should complete the clinical learning objectives form before each placement. These learning objectives must also be included in the student's clinical C.V. that is sent to the Practice Educator 4 weeks before the placement. **Students are required to fill in up to 6/7 learning objectives before the beginning of their placement.** On the first day of the placement, these goals can then be discussed with the practice educator to determine whether the learning goals will be available on the placement and to agree on additional/ alternative goals. Students should complete a short evaluation of each objective after it is achieved, for discussion with their practice educator. The evaluation should outline what was learned from the activity and how to build/improve on this for future learning objectives.

It is the responsibility of each individual student to ensure that these objectives are accomplished and completed

2. Previous Placement Summary Form (Appendix ii)

This form should be filled out with your practice tutor following your final placement evaluation and forwarded to your next placement with your placement letter and CV. This form records your clinical strengths and the clinical skills that need to be improved and your learning objectives for the *next* placement.

3. Peer/Self Evaluation Forms (Appendix iii)

Evaluation sheets are provided in order to help you reflect on your clinical skills, what is going well, areas that need improvement and activities that will help this. Evaluation forms should be completed as often as possible, preferably with peers and be available for discussion with the practice educator. Practice educators may also use this form when providing you with feedback during your placement.

4. Peer Placement Agreement (Appendix iv)

This form is filled out and signed by all students on a peer placement to agree a fair working arrangement.

5.. General Observation Forms (Appendix v)

When observing a session, students are encouraged to fill in a general observation form. This should help focus your observation skills, and help you to play a more active role when observing a session which can be tiring! Students should note aspects such as the client's presentation and communication during the session and what learning issues you have following the session.

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6. Practice Education Session Goals and Procedures (Appendix vi)

Also included in the appendices is a session goals and procedures form. Session plans should be used to help you have clear objectives for the session and to plan appropriate methods and materials for achieving these objectives.

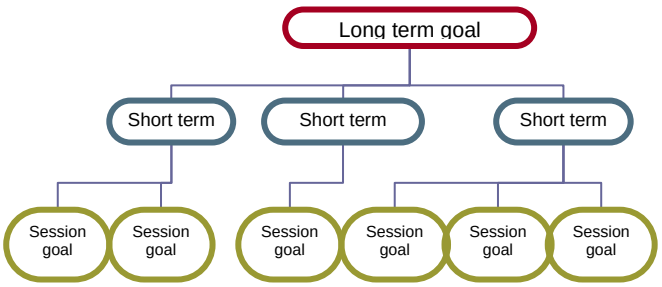
7. Clinical Hours Form (Appendix vii)

Every student should submit their Record of Clinical Hours for each practice experience as a minimum of clinical hours is required by the professional body. This should be submitted to the executive assistant on the last day of term of each year. A record of the clinical hours will be compiled for each student and kept alongside their student records.

9. Goal setting

Following initial/review assessments you will be expected to apply the knowledge you have gained from assessments to devise long and short term goals for the intervention of a client with a communication difficulty. These goals should be discussed and agreed on with the practice educator for the client you will be working with. *(Information adapted from Parker & Kersner 2001)*

How the goals relate:



LONG TERM GOAL
General statement of the best performance that can be expected of an individual
*Starts with **to*** e.g.:

- To facilitate the production of intelligible speech at conversational level;
- To facilitate the development of age appropriate receptive language skills;
- To maximise the use of existing non-verbal communication skills i.e. gesture, facial expression, listening skills;

SHORT TERM GOAL
An achievement that has been given priority within a hierarchy of achievements required for the realisation of the long term goal
Must refer to the long term goal

Must be S.M.A.R.T.: **S**pecific, **M**easurable**, A**chievable, **R**elevant**, T**ime relate

Examples of Short Term Goals

1. By the end of a block of therapy (8 sessions), the client will be able to name common objects with 90% accuracy following a phonemic cue.

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2. By the end of a block of therapy (8 sessions), the client will comprehend single commands with 80% accuracy.
3. After 3 therapy sessions the client will spontaneously use drawing 80% of the time when verbal communication breaks down.
4. By the end of term (12 weeks) Dan will consistently make eye contact with his teacher at the start of the school day

SESSION GOAL *Use Practice Education Session Goals and Procedures form (Appendix iv)*

To help write the session goals and procedures it is useful to ask yourself the following questions:

What do I want the client to achieve? = **Goal**
How will I help the client to achieve this goal?= **Methodology**
Why do I want the client to achieve this goal? = **Rationale**

Session outcome goals (What)
The session goal facilitates the achievement of the short term goal and should describe the outcome or target of the goal, it must be **S.M.A.R.T.** Goals always **refer to the client** not the clinician/student i.e. The client will

Methodology (How)
This describes the methods employed to achieve the outcome goal it refers to the student/clinician i.e. The student will
Methodology should include:

- A description of how the outcome goal will be achieved
- Materials should be described in detail
- Planned modifications to tasks
- A description of how outcomes will be measured including the number of stimuli included the criteria for a correct answer e.g. with or without cue
- How feedback will be given

Rationale (Why)
This is part of the methodology, and refers to the justification for the selection of the outcome goal. This should clearly state why you have chosen the goal and the methods for achieving it, references from the literature can be included here to support your decision.

Results
Results should give an overall evaluation of the session including:

- How the outcome was measured and the results
- Whether the client achieved the goal
- Whether the student achieved the goal
- Efficacy of material/procedure
- Any modification made, and whether it was successful

Considerations for session in this section the student should note specific things that will help them facilitate the session, it this should be brief, e.g.
Client has hearing loss remember to speak loudly

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10. Reflective Journals

In line with producing clinical learning objectives, fourth year students must also keep a reflective journal throughout their placement. The aim of the reflective journal is to enhance reflection and develop reflective practice. Writing in the journal allows you to return to the experience, attend to feelings and re-evaluate the experience; it encourages information exchange and promotes opportunities to clearly focus on the student's learning needs.
Use a **hard cover notebook** (not a ring file) for your journal. During your placement entries in your journal should be made **on a daily basis** ideally after each clinic session. Do not write any identifying information about clients (i.e. name, address, school, relatives) in the journal. You can use the journal to explore various aspects of your learning during clinical sessions. Types of reflective entries into your journal may be:

- **Descriptive** i.e. What happened? This should be brief it is more important to concentrate on the following aspects:
    - **Metacognitive** i.e. What were your thoughts, feelings, attitudes, beliefs?
    - **Analytic** i.e. What was the reasoning behind your actions/others actions?
    - **Evaluative** i.e. What was good/bad about the experience? What are the implications? (Kerka, 2002)
    - **Theoretical** i.e. What issues about theory were raised? What learning issues do I have?

The journal should be available for discussion with the practice educator and the UCC tutor as required. The journal will be handed in at the end of the practice experience to the Practice Education team in UCC. The content of the journal will not be marked but it is essential that you demonstrate that you engaged in the process. Failure to complete and hand in the journal will affect your continuous assessment mark for the placement.

11. Practice Education Assessment

Clinical Competency Evaluation Form (appendix vi & vii)

The National Clinical Competency Evaluation form is now being used by all higher education institutions in Ireland. The clinical competency evaluation form is used to continuously assess the clinical skills of all students during practice experience. There are twenty five clinical competencies assessed. The same clinical competencies are assessed each year, however the skill level expected as students progress through the course is different therefore there are three skills levels.

The evaluation form is in two parts:

a) The clinical competency evaluation form; this is the form used to record the student's ability.
b) The clinical competency rating indicators form; this form clearly defines the skill level expected of the student and is used to determine the grade for each competency.

Block 1: Sept/Oct 2010

a) *Practice Education Evaluation* (*100 marks)*

The Clinical Competency Evaluation Form level 2 (appendix vi) will be used to assess the student's clinical skills during the practice experience. At the end of the practice experience, both the Practice Educator and a member of the practice education team from UCC will review the form and the student's performance and decide on the assessment mark. Students **must** achieve a minimum of 50% on this section in order to pass the Practice Experience. If a

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student fails the Practice Education Evaluation, they will be required to attend a further practice education placement. The details of this placement will be decided by the Practice Educator and a member of the practice education team from UCC

b) *Video Assessment (100 marks)*

Upon completion of the first block placement, students will give a video presentation to two UCC staff on one client they have been working with during the placement. This assessment focuses on the student's therapy planning and intervention skills (see appendix xi for details for the marking criteria for the presentation). Students should use video clips of therapy sessions with the client. All editing of video clips **MUST** be carried out in Brookfield clinic rooms. If there are problems obtaining a video recording, students must contact UCC immediately to discuss alternative options.

The dates for the assessment are in November, specific dates to be confirmed.

The presentation follows the following format:

Friday prior to the exam students will submit:
a) 2 copies of a 2 page summary (in note form) of their client. This summary should include essential background information, assessment results and diagnosis, and intervention plan with long and short term goals and brief rationales.
b) Outline of session goals with supporting rationales and methodology pertaining to the video clips to be shown.

Exam Format

- Video presentation: *10 minutes*
- Verbal presentation: *15 minutes*
  Note: video and verbal presentation s will stopped if they overrun the allotted times
- Break to allow examiners to confer: *5 minutes*
- Viva: *20 minutes* Four questions from prepared list

Note: Written information is not marked i.e, client summary and session plans. The purpose of the client summary and session plans is to orientate the examiners to the client. The student is expected to refer to the long term, short term and session goals and rationales in the verbal presentation and therefore these can be marked as part of this section.

Students must obtain written consent from the client or carer prior to videoing sessions and prior to presenting the video during the tutorial.

Students are referred to the video consent form for case presentations in Appendix (ix). The video recording must only be used for the purpose of the assignment and must be returned to the agency where the client attends immediately after the presentation. Students must ensure that videos of sessions do not contain any identifying client information, other than the client's first name.

Block 2: Jan/Feb 2011

a) *Practice Education Evaluation (100 marks)*

The Clinical Competency Evaluation Form level 3 (appendix vii) will be used to assess the student's clinical skills during the practice experience. At the end of the practice experience, both the practice educator and a member of the practice education team from UCC will review the form and the student's performance and decide on the assessment mark. Students **must** achieve a minimum of 50% on this section in order to pass the Practice Experience.
If a student fails the Practice Education Evaluation, she/he will be required to attend a further practice education placement. The details of this placement will be decided by the Practice Educator and a member of the practice education team from UC.

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b) *Diagnostic Video Exam* (*100 marks)*

The purpose of this exam is to assess the student's diagnostic abilities. The student will be assessed on her/his ability to make relevant observations, formulate clinical questions and hypotheses, suggest warranted areas for further assessment/intervention and relate theory to practice.

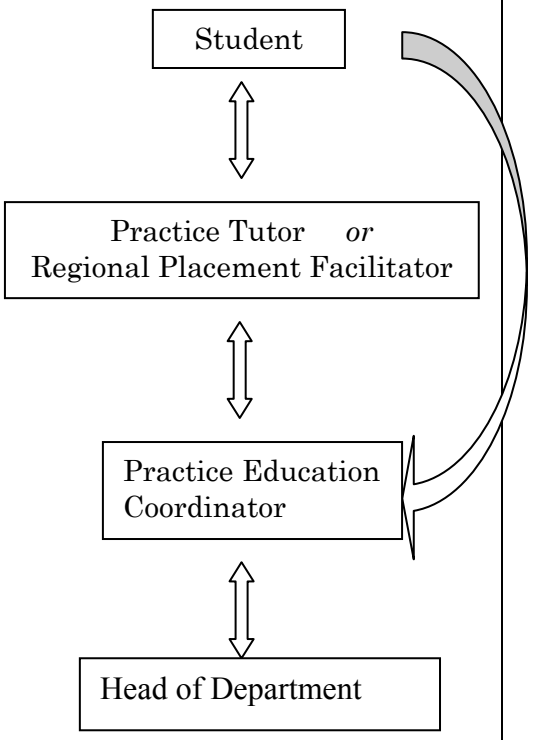
- Students are provided with referral information and view the video clip of the unseen client, 7 days before the exam. Students are given 2 relevant readings and are expected to further review literature and bring unmarked copies of relevant readings to the exam.
- At the beginning of the exam, the students view the 10-15 minute video clip of the client again.
- The students are provided with questions related to the case to complete during the 3 hour written exam.

Exam Dates:
First viewing of video: **Monday 7h March 2011**
Written Exam: **Monday 14th March 2011**

12. Complaint Procedure (Student)

In the event where a student has a complaint about any aspect of their placement, the following is a guide to what they should do.

- Where appropriate and in a professional manner, discuss and attempt to resolve the difficulty with the Practice Educator.
- Contact the Practice Tutor/Regional Placement Facilitator or Practice Education Coordinator **as soon as possible**.
- Be clear, objective and concise about the complaint.
- Have evidence to support the complaint, e.g. a record of comments made, details of specific incidents including dates etc.
- Be clear about what they want as a result of making a complaint e.g. a meeting with the practice educator, a record to be made in their file, to get advice etc.
- Every effort will be made to resolve the issue informally.
- A record will be kept of complaints however all information will be treated as confidential and will not be acted on unless requested.



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13. Appendices

i) Practice Education Learning Objectives

ii) Previous Placement Summary Form

iii) Self/ Peer Evaluation Form

iv) Peer Placement Agreement

v) General Observation form

vi) Practice Education Session Goals and Procedures

vii) Clinical Hours Form

viii) Clinical Competency Evaluation and Rating Form Level 2

ix) Clinical Competency Evaluation and Rating Form Level 3

x) Video Consent Guidelines

xi) Video Consent Form

xii) Audio Consent Form

xiii) 4th Year Video Presentation Marking Form

xiv) Student Evaluation of Practice Experience

xv) Hand Hygiene

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Practice Education Learning Objectives

Name:_____ Year of Study:_____

Dates of Placement:_____ Client Group:_____

It is the student's responsibility to fill in this form and to discuss it with the practice educator at the initial visit and at the mid placement and final placement evaluations.

Learning Objective	Action	Outcome

Initial Meeting **Signature** Student_____

Date: _____ Practice Educator_____

Review Meeting **Signature** Student_____

Date: _____ Practice Educator_____

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Previous Placement Summary Form

At the end of the placement this form should be completed by both the Practice Educator and the student following the end of placement evaluation.

Name:_____Date:_____ Year of Study_____

Outline the strengths in the student's clinical skills to date

Outline any aspects of the student's clinical performance that needs improvement	**Learning objective**

Student's signature_____ **Practice Educator's signature**_____
Date:_____ **Date:**_____

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Self/Peer Evaluation Form

Name:		**Date:**
Year of Study:		**Evaluator:**
Client Initials:	**Client Group:**	**SLT Diagnosis:**

Evaluation

1. List 2 or 3 things that were successfully accomplished in the session.

_____

_____

_____

_____

2. List what you would change to make the session more successful in future and how you would change it.

Things to change	**Action**

3. List general learning issues and an action plan to achieve these

Learning issue	**Action**

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Peer Placement Agreement

At the beginning of a peer placement the students involved should sign the following agreement.

Student Names: _____ _____

_____ _____

On this peer placement we agree to:

- Share the work load equally
- Share information e.g. readings, therapy resources
- In the event of being absent to inform your peer as soon as possible and to forward any prepared work.
- Agree the format for feedback with the PE on the first day of placement.

Other

- _____
- _____

Signed: _____ _____

_____ _____

Date : _____

In the event of a problem

Try to problem solve by discussing with peer
Discuss with practice educator
Discuss with PT/PEC
Action plan to address concern to be set out by PEC and SLT in training

It is important that this process is initiated as soon as an issue arises.

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General Observation Form

Name:	**Date:**	**Year of Study:**
Client Initials:	**SLT Diagnosis:**	

General (please give examples)
Physical
Status:_____

Family/Carer
Support:_____

Attention
Level:_____

Awareness of
difficulties:_____

Posture/Seating:_____

Communication (please give examples)

Non-verbal communication:_____

Comprehension:_____

Expression:_____

Intelligibility:_____

Fluency:_____

Vocal Quality: _____

Conversational Language: _____

Pragmatics:_____

Comment on the therapists style of
interaction:_____

How did the therapist reinforce the client's
behaviour?_____

Learning issue	**Action**

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Practice Education Session Goals and Procedures

Name of Student:_____ Year of Study:_____ Client Initials:_____ Practice Educator:_____ Date:_____

Considerations for Session		
Outcome Goal	**Methodology:** **Rationale:**	**Results:**

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Outcome Goal	**Methodology:** **Rationale:**	**Results:**
Outcome Goal	**Methodology:** **Rationale:**	**Results:**

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Practice Education Session Goals and Procedures

Additional observations made during session:

Implications of observations and results for future sessions:

Implications for my own learning objectives and needs:

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Clinical Hours Form

Student:_____ **Year: 1 2 3 4 (please circle)**

Clinic:_____ **Practice Educator:**_____

Observation: watching therapy.
Intervention: direct involvement in therapy.
Clinical management: planning, administration, preparation.

Paediatric Experience (0-16 years)

Disorder Type:	Observation	Intervention (direct)	Clinical Management
Speech and/or language delay			
Phonological disorder			
SLI			
Motor speech disorder			
Intellectual Disability			
Stuttering			
Voice Disorder			
Cleft Palate			
Hearing Impairment			
Dysphagia/Feeding Disorder			
Written language disorder			
Other (specify)			
Total Paediatric Hours:			

Adult Experience (>16 years)

Disorder Type:	Observation	Intervention (direct)	Clinical Management
Aphasia			
Dysarthria			
Dyspraxia			
Dysphagia (EDS)			
Laryngectomy			
Stuttering			
Voice Disorder			
Hearing Impairment			
Cognitive Impairment			
Other (specify)			
Total Adult Hours:			

Signature of Practice Educator: _____**Date:**_____

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Student Clinical Competency Evaluation Form
Level 2 Transition

Student

Practice Educator

Clinic Location

Placement dates From To

Number of days completed at mid placement review ☐ at end of placement ☐

Caseload mainly (Please tick)

0-5 ☐	Child ☐	Adult ☐	Older people ☐

Client group (Please indicate main client groups served)

Acquired communication disorders	Autism Spectrum	Dev. Speech & Language
Craniofacial Conditions	Dysfluency	Dysphagia
Intellectual impairment	Mental Health	Physical impairment
Sensory Impairment	Voice	Other

LEVEL 2

Students in transition will require a **moderate level of supervision, monitoring and feedback** to assess, diagnose, plan and implement therapy programmes. They will also need

- support to identify significant factors for clients with complex needs and to recognize the effects of general and clinical environmental factors on client management.
- guidance in the evaluation of therapy programmes and their impact on the clients and environments.
- reflection time, structured feedback and guidance to develop self monitoring of professional competencies

Rating	Descriptor
Not Evident	This skill was not demonstrated despite learning opportunities, supervision and support.
Emerging	The student **has not consistently demonstrated** acceptable levels of clinical skills.
Evident	The student **has consistently demonstrated** acceptable levels of clinical skills in this area with an appropriate level of supervision.
Enhanced	The student has demonstrated ability in this area that would be expected of a student at level 3.

Developing competencies should be evaluated and forms completed at the mid point and end of each placement by the key practice educator (in collaboration with other educators should there be others involved). The mid-placement evaluation should provide developmental feedback for the student and indicate if opportunities to develop the required competencies are available. If this evaluation indicates significant gaps in learning opportunities or in the ability of the student to avail of these the college should be notified. If opportunities have not arisen in the clinic to observe a student's competency in a specific area this item may be scored based on responses to a hypothetical clinical scenario presented by the practice educator. If the competency is rated in this manner this should be indicated in the comments section. The final evaluation should provide students with information on their current competency levels and this along with feedback from the practice educator should help the students to set new learning goals and develop a learning plan

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Professional Conduct

Students are expected to demonstrate a high level of professional conduct throughout their placement. Students should be made aware of any breaches in conduct as soon as they occur. Failure to maintain an acceptable level of professional conduct after one warning should be notified to the college. Persistent failure in any aspect of professional conduct will result in a student failing that placement.

	Mid placement		End of placement	
	Acceptable	Unacceptable	Acceptable	Unacceptable
Adheres to IASLT code of ethics				
Communicates with clients in a professional manner				
Obtains client consent in accordance with legal guidelines and the policies and procedures of the host agency				
Maintains all aspects of client confidentiality in accordance with legal and professional guidelines				
Maintains appropriate professional relationships with clients and carers				
Maintains appropriate professional relationships with colleagues				
Communicates with colleagues in a professional manner showing respect for their position, views and opinions				
Refrains from disparaging or unprofessional comments about the competencies of colleagues				
Adheres to the policies and procedures of the host agency e.g. health and safety, administration, record keeping etc.				
Shows punctuality in attendance, meeting deadlines and managing clinic time effectively				
Presents a professional image adhering to dress code and guidelines of the host agency				
Recognises own professional limits and competencies and works within professional boundaries				
Participates actively in developing own professional competencies				
Comments:				
Student signature				
Practice Educator Signature				
Date	**Mid**		**End**	

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Clinical assessment and planning

		Not Evident		Emerging		Evident		Enhanced		Comments
	Competency	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	
	Collects and collates relevant client-related information systematically (e.g. case history, interviews and health records)									
	Selects assessment procedures and tools (formal and informal) appropriate to the client's needs, abilities and cultural background									
	Administers, records and scores a range of assessments accurately									
	Analyses and interprets assessment findings using the professional knowledge base									
	Formulates an appropriate diagnostic hypothesis									
	Evaluates findings in light of client's needs and service resources									
	Establishes clear long and short term objectives for intervention									
	Demonstrates knowledge of the need for onward referral									
	End of placement total									

Comments

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Intervention

		Not Evident		Emerging		Evident		Enhanced		Comments
	Competency	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	
	Reports evaluation findings effectively orally and in writing									
	Maintains precise and concise therapy records									
	Carries out administrative tasks and maintains service records									
	Implements therapy using appropriate therapy techniques, materials and strategies									
	Continuously evaluates intervention and modifies programme as necessary									
	Adapts service delivery/ therapeutic approach in response to client/significant other needs									
	Evaluates intervention and contributes effectively to client's long term management and discharge plan									
	Observes, listens and responds to client/ significant other communications									
	Uses appropriate vocabulary, syntax, intonation, volume and rate for context									
	Introduces, presents, closes and evaluates session components									
	Facilitates client participation by using clear instructions, modelling etc during intervention									
	Uses prompts and clarification requests appropriately									
	Provides appropriate verbal and non-verbal feedback on client performance									
	Communicates and consults with relevant team members to progress the client management plan									
	Uses outcome measures to determine efficacy of intervention									

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	End of placement total									

Self evaluation and continuous professional development

		Not Evident		Emerging		Evident		Enhanced		Comments
	Competency	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	
	Identifies, reflects and reports on own clinical strengths and learning goals									
	Uses learning resources appropriately to set and achieve learning objectives (e.g. feedback from practice educators, peers, books, videos, IT etc)									
	End of placement total									

Student signature | **Practice Educator Signature**

Date

Students should be provided with formative feedback at the end of placement with grades and marks disclosed in accordance with relevant college policy. All marks are subject to ratification by the college courts of examiners. Students who fail to demonstrate consistent competency in any area should be informed of this and a plan to develop that competency should be outlined by the student and practice educator. Scores should be summarized on the tables 1and 2 overleaf before returning the form to the college.

Comments:

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Table 1 Scoring summary

	Indicate number at each level			
Competency area	**Not evident**	**Emerging**	**Evident**	**Enhanced**
Clinical assessment and planning				
Intervention				
Self evaluation and continuous professional development				
End of placement totals				

Select the appropriate grade band from the totals on table 1 and mark grade and percentage under the appropriate college row of table 2 using the proportion of emerging / enhanced as a guide to deriving a percentage mark.

Table 2 Competency rating table

	Five or more competencies not evident or emerging will result in a failing grade.	The majority of competencies are evident with some (no more than 4) still emerging	The majority are evident with some enhanced and some (less then 4) still emerging.	All competencies are present and some (4+) are enhanced	All competencies are present and at least one third (8+) are enhanced	All competencies are present and majority (16+) are enhanced
Student grade and percentage						
UCC	Fail	Pass	11.2	11.1	First	
		50-59%	60-64%	65-69%	70- 100%	
Student mark						
NUIG	Fail	Pass	11.2	11.1	First	
		50-54%	55-61%	62-69%	70-100%	
Student mark						
UL	Fail	Pass	Merit	Distinction		
		40-49 50-60%	61-67%	68%+		
Student mark						
Trinity	F2…….. F1 …	111	11.2	11.1	First	
	0 29 39	40-49	50-59	60- 69%	70- 100%	
Student mark						

Practice Educator Signature

Date

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Student Clinical Competency Rating Indicators
Level 2 Transition

LEVEL 2
Students in transition will require a **moderate level of supervision, monitoring and feedback** to assess, diagnose, plan and implement therapy programmes. They will also need

- support to identify significant factors for clients with complex needs and to recognize the effects of general and clinical environmental factors on client management.
- guidance in the evaluation of therapy programmes and their impact on the clients and environments.
- reflection time, structured feedback and guidance to develop self monitoring of professional competencies

Developing competencies should be evaluated and forms completed at the mid point and end of each placement by the key practice educator (in collaboration with other educators should there be others involved). The mid-placement evaluation should provide developmental feedback for the student and indicate if opportunities to develop the required competencies are available. If this evaluation indicates significant gaps in learning opportunities or in the ability of the student to avail of these the college should be notified. If opportunities have not arisen in the clinic to observe a student's competency in a specific area this item may be scored based on responses to a hypothetical clinical scenario presented by the practice educator. If the competency is rated in this manner this should be indicated in the comments section of the evaluation form. The final evaluation should provide students with information on their current competency levels and this along with feedback from the practice educator should help the students to set new learning goals and develop a learning plan.
The following broad guidelines should be followed in rating

Rating	**Descriptor**
Not Evident	This skill was not demonstrated despite learning opportunities, supervision and support.
Emerging	The student **has not consistently demonstrated** acceptable levels of clinical skills in this area.
Evident	The student **has consistently demonstrated** acceptable levels of clinical skills in this area with an appropriate level of supervision.
Enhanced	The student has demonstrated ability in this area that would be expected of a student at level 3.

Detailed guidelines for marking each area of competency are outlined in following pages. The degree of supervision, direction, support and guidance required by individual students will vary according to caseload, client needs and stage of placement.

Clinical assessment and planning

	Competency	Not Evident	Emerging	Evident	Enhanced
1.	Collects and collates relevant client-related information systematicall y (e.g. case history, interviews and health records)	Not demonstrated despite learning opportunities, supervision and support	Does not gather adequate information to inform clinical decision making	Demonstrates professional interviewing skills and shows awareness of gaps in the available information	Consistently systematically collects and collates complete information from client/ significant other and/or health records and communication environment. Identifies and researches gaps in required information
2.	Selects assessment procedures and tools (formal and informal) appropriate to the client's needs, abilities and cultural background	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability to select assessment protocols	With guidance identifies specific areas that need to be assessed. Can select appropriate tools for detailed evaluation of specific aspects of the communication system based on theoretical rationale	Consistently selects appropriate assessment procedures or tools from available selection. Uses the professional knowledge base to devise informal assessment protocols for further detailed assessment.
3.	Administers, records and scores a range of assessments accurately	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent accuracy in administrating, recording and scoring of assessments	Demonstrates ability to administer, record and score assessments accurately. Identifies need for changes to procedures in response to the client / context and modifies with guidance	Administers, records and scores assessments efficiently and makes timely modifications as client profile emerges.

Clinical assessment and planning (continued)

	Competency	Not evident	Emerging	Evident	Enhanced
4	Analyses and interprets assessment findings using the professional knowledge base	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability to use professional knowledge in analyses and interpretation.	Synthesizes relevant assessment findings to generate a tentative communication profile	Analyses, synthesizes and interprets relevant assessment findings and environmental information to generate an accurate communication profile
5	Formulates an appropriate diagnostic hypothesis	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in formulating diagnostic hypotheses	With guidance combines assessment data with a holistic profile of the client to formulate a diagnostic hypothesis	Independently analyses and interprets information generated by the assessment and formulates a holistic diagnosis
6	Evaluates findings in light of client's needs and service resources	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability to evaluate client needs in context	With guidance evaluates assessment findings and diagnostic hypothesis using the professional knowledge base and identifying service resource constraints in conjunction with practice educator	Identifies appropriate priorities and intervention approaches for client management taking local service resources into account

Clinical assessment and planning (continued)

	Competency	Not evident	Emerging	Evident	Enhanced
7.	Establishes clear long and short term objectives for intervention	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in establishing intervention objectives	Generates long term goals and short term intervention objectives based on assessment findings and the professional evidence base	Negotiates and establishes agreed long term goals and short term objectives for intervention with clients / significant other based on evaluation of the holistic client profile
8.	Demonstrates knowledge of the need for onward referral	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent knowledge of the need for onward referral	Demonstrates awareness of the scope of the professional remit and of own professional competencies. Can suggest and request guidance on appropriate onward referral.	Demonstrates awareness of the scope of own professional competencies and suggests appropriate onward referral within current clinical context
9.	Reports evaluation findings effectively orally and in writing	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in reporting	Independently reports all relevant information orally and in writing appropriately to all recipients. Conforms with all legal and professional guidelines.	Independently conveys all relevant information on client profile and diagnosis in professional oral and written reports appropriate to all recipients and conforming to legal and professional guidelines. May need guidance to outline appropriate management options.

Intervention

	Competency	Not evident	Emerging	Evident	Enhanced
10.	Maintains precise and concise therapy records	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in this skill.	Writes objective, legible, timely records conforming to legal and professional guidelines with guidance and feedback.	Independently writes concise objective, legible, timely records conforming to legal and professional guidelines.
11.	Carries out administrative tasks and maintains service records	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in administrative tasks	With guidance completes administrative tasks accurately and in a timely manner	Independently completes administrative tasks accurately and in a timely manner
12.	Implements therapy using appropriate therapy techniques, materials and strategies	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in implementing therapy	Shows evidence of pre placement preparation relevant to the caseload. With guidance selects appropriate therapy materials, techniques and strategies for clients presenting with common clinical communication profiles and implements therapy accurately.	Independently selects appropriate therapy materials, techniques and strategies for clients and carries out the therapy accurately.
13.	Continuously evaluates intervention and modifies programme as necessary	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in evaluating and adapting therapy	With guidance and feedback monitors and modifies intervention between sessions in response to client progress	Monitors and modifies intervention within sessions in response to client progress.

Intervention (continued)

	Competency	**Not evident**	**Emerging**	**Evident**	**Enhanced**
14.	Adapts service delivery/ therapeutic approach in response to client/significant other needs	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in adapting therapy approach	Adapts service delivery /therapeutic approach between sessions in response to the client/ significant other needs with guidance and feedback	Seeks guidance within session to adapt service delivery/therapeutic approach in response to the client/significant other needs as they arise.
15.	Evaluates intervention and contributes effectively to clients long term management and discharge plan	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in this skill	With guidance and feedback devises an appropriate and relevant long term intervention and discharge plan for client	Demonstrates an ability to independently develop appropriate long term intervention and discharge plans
16.	Observes, listens and responds to client/ significant other communications	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability to observe / respond to client/ other communication	With guidance and direction observes and responds appropriately to client /significant other verbal and non-verbal communication.	Independently observes and responds appropriately to client/significant other verbal and non-verbal communication
17.	Uses appropriate vocabulary, syntax, intonation, volume and rate for context	Not demonstrated despite learning opportunities, supervision and support	The student has not shown appropriate expressive communication skills consistently	Uses vocabulary, syntax, intonation, volume and rate for client/context appropriately for most of the session. With reflection, guidance and feedback can identify and modify inappropriate usage.	Demonstrates appropriate use of vocabulary, syntax, intonation, volume or rate for client /context for most of the session. Can independently identify and modify inappropriate usage.

Intervention (continued)

	Competency	**Not evident**	**Emerging**	**Evident**	**Enhanced**
18.	Introduces, presents, closes and evaluates session components	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability in informing client of session aims, format and content	Consistently outlines purpose, format and content of session components to client/significant other with guidance and feedback	Independently outlines purpose, format and content of session components to client/significant other.
19.	Facilitates client participation by using clear instructions, modelling etc during intervention	Not demonstrated despite learning opportunities, supervision and support	The student has not shown consistent ability in instructing client	Facilitates client participation using appropriate instruction formats with guidance and feedback.	Independently facilitates client participation using appropriate instruction formats
20.	Uses prompts and clarification requests appropriately	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability in using prompts and clarification requests	With guidance and feedback uses clarification requests / prompts to facilitate the intervention process	Independently uses clarification requests and prompts to facilitate the intervention process.
21.	Provides appropriate verbal and non-verbal feedback on client performance	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability to provide appropriate feedback to clients	With guidance and feedback provides appropriate verbal and nonverbal feedback to the client/ significant other in response to their performance during therapy	Independently provides appropriate verbal and non-verbal feedback to the client/ significant other in response to performance during therapy
22.	Communicates and consults with relevant team members to progress the client management plan	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability in consulting with others on client management	With guidance seeks and gives appropriate client related information	Independently seeks and gives appropriate client related information

Intervention (continued)

	Competency	Not evident	Emerging	Evident	Enhanced
23.	Uses outcome measures to determine efficacy of intervention	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in using outcome measures	Uses appropriate measures accurately to measure intervention outcomes with guidance	Independently uses appropriate tools accurately to measure outcome of intervention. Recognises the contribution of outcome measures to evidence based practice

Self evaluation and continuous professional development

	Competency	Not evident	Emerging	Evident	Enhanced
24.	Identifies, reflects and reports on own clinical strengths and learning goals	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in this skill	With guidance and feedback reviews and identifies developing competencies and develops learning outcomes appropriate to the placement.	Independently reviews own developing competencies, accurately. Develops an action plan to address learning needs.
25.	Uses learning resources appropriately to set and achieve learning objectives (e.g. feedback from practice educators, peers, books, videos, IT etc)	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in setting and achieving own learning objectives	With guidance uses appropriate resources to set and achieve learning goals Demonstrates behavioural changes to meet learning objectives.	Independently uses appropriate resources to set and achieve learning goals. Demonstrates behavioural changes to meet learning objectives

Students should be provided with formative feedback at mid and end of placement with grades and marks disclosed in accordance with relevant college policy. All marks are subject to ratification by the college courts of examiners. Students who fail to demonstrate consistent competency in any area should be informed of this and a plan to develop that competency should be outlined by the student and practice educator.

Student evaluation forms should be returned to the college within two weeks of placement completion. They are retained in the college for the duration of their clinical education programme in accordance with data protection policies.

Student Clinical Competency Evaluation Form
Level 3 Entry

Student		
Practice Educator		
Clinic Location		
Placement dates	From	To
Number of days completed	at mid placement review ☐	at end of placement ☐

Caseload (Please tick)

0-5	☐	Child	☐	Adult	☐	Older people	☐

Client group (Please indicate main client groups served)

Acquired communication disorders	Autism Spectrum	Dev. Speech & Language
Craniofacial Conditions	Dysfluency	Dysphagia
Intellectual impairment	Mental Health	Physical impairment
Sensory Impairment	Voice	Other

Students at entry level will be able to perform the majority of case and caseload tasks independently and competently following consultations with the practice educator. Guidance, collaboration and supervision may be required where the student has not previously experienced the client group or service setting or where client or service provision features require specific knowledge and skills.

Rating	Descriptor
Not Evident	This skill was not demonstrated despite learning opportunities, supervision and support.
Emerging	The student **has not consistently demonstrated** acceptable levels of clinical skills despite feedback and supervisory support.
Evident	The student **has consistently demonstrated** acceptable levels of clinical skills in this area with an appropriate level of supervision.
Enhanced	The student has demonstrated ability in this area that would be above the expected entry level to the profession. A minority of students would be expected to achieve this level by the end of the final placement.

Developing competencies should be evaluated and forms completed at the mid point and end of each placement by the key practice educator (in collaboration with other educators should there be others involved). The mid-placement evaluation should provide developmental feedback for the student and indicate if opportunities to develop the required competencies are available. If this evaluation indicates significant gaps in learning opportunities or in the ability of the student to avail of these the college should be notified. If opportunities have not arisen in the clinic to observe a student's competency in a specific area this item may be scored based on responses to a hypothetical clinical scenario presented by the practice educator. If the competency is rated in this manner this should be indicated in the comments section. The final evaluation should provide students with information on their current competency levels and this along with feedback from the practice educator should help the students to set new learning goals and develop a learning plan.

Professional Conduct

Students are expected to demonstrate a high level of professional conduct throughout their placement. Students should be made aware of any breaches in conduct as soon as they occur. Failure to maintain an acceptable level of professional conduct after one warning should be notified to the college. Persistent failure in ANY aspect of professional conduct will result in a student failing that placement.

	Mid placement		End of placement	
	Acceptable	Unacceptable	Acceptable	Unacceptable
Adheres to IASLT code of ethics				
Communicates with clients in a professional manner				
Obtains client consent in accordance with legal guidelines and the policies and procedures of the host agency				
Maintains all aspects of client confidentiality in accordance with legal and professional guidelines				
Maintains appropriate professional relationships with clients and carers				
Maintains appropriate professional relationships with colleagues				
Communicates with colleagues in a professional manner showing respect for their position, views and opinions				
Refrains from disparaging or unprofessional comments about the competencies of colleagues				
Adheres to the policies and procedures of the host agency e.g. health and safety, administration, record keeping etc.				
Shows punctuality in attendance, meeting deadlines and managing clinic time effectively				
Presents a professional image adhering to dress code and guidelines of the host agency				
Recognises own professional limits and competencies and works within professional boundaries				
Participates actively in developing own professional competencies				
Comments:				
Student signature				
Practice Educator Signature				
Date	Mid		End	

Clinical assessment and planning

		Not Evident		Emerging		Evident		Enhanced		Comments
	Competency	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	
1	Collects and collates relevant client-related information systematically (e.g. case history, interviews and health records)									
2	Selects assessment procedures and tools (formal and informal) appropriate to the client's needs, abilities and cultural background									
3	Administers, records and scores a range of assessments accurately									
4	Analyses and interprets assessment findings using the professional knowledge base									
5	Formulates an appropriate diagnostic hypothesis									
6	Evaluates findings in light of client's needs and service resources									
7	Establishes clear long and short term objectives for intervention									
8	Demonstrates knowledge of the need for onward referral									
	End of placement total									

Comments

Intervention

		Not Evident		Emerging		Evident		Enhanced		Comments
	Competency	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	
9.	Reports evaluation findings effectively orally and in writing									
10.	Maintains precise and concise therapy records									
11.	Carries out administrative tasks and maintains service records									
12.	Implements therapy using appropriate therapy techniques, materials and strategies									
13.	Continuously evaluates intervention and modifies programme as necessary									
14.	Adapts service delivery/ therapeutic approach in response to client/significant other needs									
15.	Evaluates intervention and contributes effectively to clients long term management and discharge plan									
16.	Observes, listens and responds to client/ significant other communications									
17.	Uses appropriate vocabulary, syntax, intonation, volume and rate for context									
18.	Introduces, presents, closes and evaluates session components									
19.	Facilitates client participation by using clear instructions, modelling etc during intervention									
20.	Uses prompts and clarification requests appropriately									
21.	Provides appropriate verbal and non-verbal feedback on client performance									
22.	Communicates and consults with relevant team members to progress the client management plan									
23.	Uses outcome measures to determine efficacy of intervention									
	End of placement total									

Self evaluation and continuous professional development

		Not Evident		Emerging		Evident		Enhanced		Comments
	Competency	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	**Mid**	**End**	
24.	Identifies, reflects and reports on own clinical strengths and learning goals									
25.	Uses learning resources appropriately to set and achieve learning objectives (e.g. feedback from practice educators, peers, books, videos, IT etc)									
	End of placement total									

Student signature | **Practice Educator Signature**

Date

Students should be provided with formative feedback at mid and end of placement with grades and marks disclosed in accordance with relevant college policy. All marks are subject to ratification by the college courts of examiners. Students who fail to demonstrate consistent competency in any area should be informed of this and a plan to develop that competency should be outlined by the student and practice educator.
Scores should be summarized on the tables 1and 2 overleaf before returning the form to the college.

Comments:

Table 1 Scoring summary

	Indicate number at each level			
Competency area	**Not evident**	**Emerging**	**Evident**	**Enhanced**
Clinical assessment and planning				
Intervention				
Self evaluation and continuous professional development				
End of placement totals				

Select the appropriate grade band from the totals on table 1 and mark grade and percentage under the appropriate college row of table 2 using the proportion of emerging / enhanced as a guide to deriving a percentage mark.

Table 2 Competency rating table

	Five or more competencies not evident or emerging will result in a failing grade.	The majority of competencies are evident with some (no more than 4) still emerging	The majority are evident with some enhanced and some (less then 4) still emerging.	All competencies are present and some (4+) are enhanced	All competencies are present and at least one third (8+) are enhanced	All competencies are present and majority (16+) are enhanced
Student grade and percentage						
UCC	Fail	Pass	11.2	11.1	First	
		50-59%	60-64%	65-69%	70- 100%	
Student mark						
NUIG	Fail	Pass	11.2	11.1	First	
		50-54%	55-61%	62-69%	70-100%	
Student mark						
UL	Fail	Pass	Merit	Distinction		
		40-49 50-60%	61-67%	68%+		
Student mark						
Trinity	F2…….. F1 …	111	11.2	11.1	First	
	0 29 39	40-49	50-59	60- 69%	70- 100%	
Student mark						

Practice Educator Signature

Date

Student Clinical Competency Rating Indicators
Level 3 Entry

Level 3

Students at entry level will be able to perform the majority of case and caseload tasks independently and competently following consultations with the practice educator. Guidance, collaboration and supervision may be required where the student has not previously experienced the client group or service setting or where client or service provision features require specific knowledge and skills.

Developing competencies should be evaluated and forms completed at the mid point and end of each placement by the key practice educator (in collaboration with other educators should there be others involved). The mid-placement evaluation should provide developmental feedback for the student and indicate if opportunities to develop required competencies are available. If this evaluation indicates significant gaps in learning the college should be notified.
If opportunities have not arisen in the clinic to observe a student's competency in a specific area this item may be scored based on responses to a hypothetical clinical scenario presented by the practice educator. If the competency is rated in this manner this should be indicated in the comments section. The final evaluation should provide students with information on their current competency levels and this along with feedback from the practice educator should help the students to set new learning goals and develop a learning plan.

The following broad guidelines should be followed in rating

Rating	Descriptor
Not Evident	This skill was not demonstrated despite learning opportunities, supervision and support.
Emerging	The student **has not consistently demonstrated** acceptable levels of clinical skills.
Evident	The student **has consistently demonstrated** acceptable levels of clinical skills with an appropriate level of supervision.
Enhanced	The student has demonstrated ability in this area that would be above the expected entry level to the profession. A minority of students would be expected to achieve this level by the end of the final placement.

Detailed guidelines for marking each area of competency are outlined in following pages. The degree of supervision, direction, support and guidance required by individual students will vary according to caseload, client needs and stage of placement.

Clinical assessment and planning

	Competency	Not evident	Emerging	Evident	Enhanced
1	Collects and collates relevant client-related information systematically (e.g. case history, interviews and health records)	Not demonstrated despite learning opportunities, supervision and support	Does not gather adequate information to inform clinical decision making	Consistently systematically collects and collates complete information from client/ significant other and/or health records and communication environment. Identifies and researches gaps in required information	Identifies all sources of client related information and collects and collates efficiently to gain a complete picture of the client.
2	Selects assessment procedures and tools (formal and informal) appropriate to the client's needs, abilities and cultural background	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability to select assessment protocols	Consistently selects appropriate assessment procedures or tools from available selection. Uses the professional knowledge base to devise informal assessment protocols for further detailed assessment.	Adapts and modifies assessment tools for the client while maintaining psycho-metric reliability and validity.
3	Administers, records and scores a range of assessments accurately	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent accuracy in administrating, recording and scoring of assessments	Administers, records and scores assessments efficiently and makes timely modifications as client profile emerges.	Administers, records and scores a number of assessments accurately to identify the range of communication impairments Consults the manual only for scoring instructions

Clinical assessment and planning (continued)

	Competency	**Not evident**	**Emerging**	**Evident**	**Enhanced**
4	Analyses and interprets assessment findings using the professional knowledge base	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability to use professional knowledge in analyses and interpretation	Analyses, synthesizes and interprets relevant assessment findings and environmental information to generate an accurate communication profile	Analyses, synthesizes and interprets relevant assessment findings and environmental information to generate an accurate communication profiles in all presenting cases
5	Formulates an appropriate diagnostic hypothesis	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in formulating diagnostic hypotheses	Independently analyses and interprets information generated by the assessment and formulates a holistic diagnosis	Independently analyses and interprets information generated by the assessment and formulates a holistic diagnosis in cases which require the application of in depth knowledge and specific skills
6	Evaluates findings in light of client's needs and service resources	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability to evaluate client needs in context	Identifies appropriate priorities and intervention approaches for client management taking local service resources into account	Identifies appropriate priorities and intervention approaches for client management showing knowledge of health service resources

Clinical assessment and planning (continued)

	Competency	**Not evident**	**Emerging**	**Evident**	**Enhanced**
7	Establishes clear long and short term objectives for intervention	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in establishing intervention objectives	Negotiates and establishes agreed long term goals and short term objectives for intervention with clients / significant other based on evaluation of a holistic client profile	Negotiates and establishes agreed long term goals and short term objectives for intervention with clients / significant other based on evaluation of holistic client profile and available resources
8	Demonstrates knowledge of the need for onward referral	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent knowledge of the need for onward referral	Demonstrates awareness of the scope of own professional competencies and suggests appropriate onward referral within current clinical context	Demonstrates awareness of the scope of own professional competencies and those of other members of health, education and social care and can initiate appropriate onward referral

Intervention

	Competency	Not evident	Emerging	Evident	Enhanced
9	Reports evaluation findings effectively orally and in writing	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in reporting	Independently conveys all relevant information on client profile and diagnosis in professional oral and written reports appropriate to all recipients and conforming to legal and professional guidelines. May need guidance to outline appropriate management options.	Independently conveys all relevant information on cases which require the application of in depth knowledge and skills in oral and written reports conforming to all legal and professional guidelines.
10	Maintains precise and concise therapy records	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in this skill.	Independently writes concise objective, legible, timely records conforming to legal and professional guidelines.	Independently writes concise objective, legible records conforming to legal and professional guidelines with a high level of automaticity.
11	Carries out administrative tasks and maintains service records	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in administrative tasks	Independently completes administrative tasks accurately and in a timely manner	Independently completes all administrative tasks accurately in a precise and concise manner with a high level of automaticity.
12	Implements therapy using appropriate therapy techniques, materials and strategies	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in implementing therapy	Independently selects appropriate therapy materials, techniques and strategies for clients and implements therapy accurately.	Independently and efficiently selects appropriate therapy materials, techniques and strategies for all clients. implements therapy accurately

Intervention (continued)

	Competency	**Not evident**	**Emerging**	**Evident**	**Enhanced**
13	Continuously evaluates intervention and modifies programme as necessary	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability in evaluating and adapting therapy	Monitors and modifies intervention within sessions in response to client progress.	Monitors and modifies intervention adapting learning goals within the session as required.
14	Adapts service delivery/ therapeutic approach in response to client/significant other needs	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in adapting therapy approach	Seeks guidance within session to adapt service delivery/therapeutic approach in response to the client/significant other needs as they arise.	Independently adapts service delivery/therapeutic approach within sessions in response to the client/significant other needs as they arise.
15	Evaluates intervention and contributes effectively to clients long term management and discharge plan	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent ability to evaluate or plan	Demonstrates an ability to independently develop appropriate long term intervention and discharge plans	Independently develops appropriate management plans considering all contributing environmental and personal factors
16	Observes, listens and responds to client/ significant other communications	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability to observe / respond to client/ other communication	Independently observes and responds appropriately to client/significant other verbal and non-verbal communication	Independently observes and responds appropriately to client/significant other verbal and non-verbal communication in cases which require the application of in depth knowledge and specific skills
17	Uses appropriate vocabulary, syntax, intonation, volume and rate for context	Not demonstrated despite learning opportunities, supervision and support	Has not shown appropriate expressive communication skills consistently	Demonstrates appropriate use of vocabulary, syntax, intonation, volume and rate for client /context for most of the session. Can independently identify and modify inappropriate usage.	Demonstrates appropriate use of vocabulary, syntax, intonation, volume and rate for client /context at all times. Independently modifies use in cases which require the application of specific knowledge / skills.

Intervention(continued)

	Competency	**Not evident**	**Emerging**	**Evident**	**Enhanced**
18	Introduces, presents, closes and evaluates session components	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability in informing client of session aims, format and content	Independently outlines purpose, format and content of session components to client/significant other.	Independently outlines aims and formats of session components to client/significant other in cases which require specific knowledge /skills.
19	Facilitates client participation by using clear instructions, modelling etc during intervention.	Not demonstrated despite learning opportunities, supervision and support	The student has not shown consistent ability in instructing client.	Independently facilitates client participation using appropriate instruction formats	Independently facilitates client participation using appropriate instruction formats which require specific knowledge /skills.
20	Uses prompts and clarification requests appropriately.	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability in using prompts and clarification requests.	Independently uses clarification requests and prompts to facilitate the intervention process.	Independently uses clarification requests and prompts to facilitate the intervention in cases which require in depth knowledge /specific skills.
21	Provides appropriate verbal and non-verbal feedback on client performance	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability to provide appropriate feedback to clients	Independently provides appropriate verbal and non-verbal feedback to the client/ significant other in response to performance during therapy	Provides appropriate feedback automatically to the client/ significant other during therapy in cases which require the application of in depth knowledge.
22	Communicates and consults with relevant team members to progress the client management plan	Not demonstrated despite learning opportunities, supervision and support	Has not shown consistent ability in consulting with others on client management	Independently seeks and gives appropriate client related information	Independently consults appropriately on cases which require the application of in depth knowledge and specific skills.

Intervention (continued)

	Competency	Not evident	Emerging	Evident	Enhanced
23	Uses outcome measures to determine efficacy of intervention	Not demonstrated despite learning opportunities, supervision and support	Has not demonstrated consistent use of outcome measures	Independently uses appropriate tools accurately to measure intervention outcomes.	Independently sources innovative outcome measures for use with particular clients and uses these appropriately

Self evaluation and continuous professional development

	Competency	Not evident	Emerging	Evident	Enhanced
24	Identifies, reflects and reports on own clinical strengths and learning goals	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in this skill	Independently reviews own developing competencies, accurately and develops an action plan to address learning needs.	Independently reviews own developing competencies, accurately rates abilities. Demonstrates ongoing reflective practice and develops an action plan to address learning needs across all areas of professional development
25	Uses learning resources appropriately to set and achieve learning objectives (e.g. feedback from practice educators, peers, books, videos, etc)	Not demonstrated despite learning opportunities, supervision and support	The student has not demonstrated consistent ability in setting and achieving own learning objectives.	Independently uses appropriate resources to set and achieve learning goals. Demonstrates behavioural changes to meet learning objectives	Independently uses appropriate learning resources and demonstrates behavioural changes to meet learning objectives.

Students should be provided with formative feedback at mid and end of placement with grades and marks disclosed in accordance with the relevant college policy. All marks are subject to ratification by the college courts of examiners. Students who fail to demonstrate consistent competency in any area should be informed of this and a plan to develop that competency should be outlined by the student and practice educator.

Student evaluation forms should be returned to the college within two weeks of placement completion. They are retained in the college for the duration of their clinical education programme in accordance with data protection policies.

University College Cork

Department of Speech and Hearing Sciences
Roinn na nEolaíochtaí Urlabhra agus Éisteachta

General Guidelines for Video Consent at Brookfield Clinic

Signed consent must be received from individual clients or caregivers prior to videoing of client sessions. Consent forms can be used at the discretion of the Practice Educator. Students are required to consult with their Practice Educator regarding the use of video consent forms. The following guidelines are recommended:

1. Individuals and caregivers have a right to refuse video consent and their wishes must always be respected.
2. Informed consent must be received from the individual adult participant who is able to understand and sign the video consent form.
3. In the case of children, a parent or guardian must agree to the videoing and sign the consent form.
4. Where informed consent of an individual adult client is not possible due to restricted communication skills, the primary caregiver must decide on the person's behalf and sign the consent form.
5. A copy of the video consent form must be kept in the client's file.
6. All videos will be stored securely in the Brookfield Speech and Language therapy clinic, UCC.
7. Videos will be kept for 3 years and then destroyed. If it is desirable to retain a video/videos after this period, the client/carer will be contacted and signed consent obtained for a further specified period.
8. Videos of clients will be the property of the agency where the client attends e.g. videos of clients from the HSE South Lee Community Services SLT caseload will belong to the HSE South Lee Community Services SLT department.
9. Videos of sessions will not contain any identifying client information, other than the client's first name and all videos will be labelled and dated.

Reminder of Confidentiality

Any breach of confidentiality is viewed very seriously. Failure to maintain strict confidentiality may result in disciplinary action.

University College Cork

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Roinn na nEolaíochtaí Urlabhra agus Éisteachta

Video Consent Form

I agree that I / my child (delete as appropriate) may be videoed for the purpose of educating Speech and Language therapy students and Speech and Language Therapists.

I understand that the video will be stored safely in the Brookfield clinic in UCC for up to 3 years and only used for the purpose stated below.

I give my permission for the video to be (tick as appropriate):

(a) viewed by the student/s who are currently seeing me / my child ☐

(b) used for training other Speech and Language therapy students ☐

(c) used for training Speech and Language Therapists ☐

(d) other (please specify) _____

Signed: _____

Print Name: _____

Client's Name: _____

Relationship to Client: Parent/Carer/Spouse (delete as appropriate)

Date: _____

ucc
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Video Consent Form (Pictorial version)

		Tick √
I agree to being filmed		
I understand that my video will be locked away		
I agree to my video being used to teach people – Speech and Language Therapists and Students		

Signed: _____

Print Name: _____

Date: _____

Client's Name: _____

University College Cork

Department of Speech and Hearing Sciences
Roinn na nEolaíochtaí Urlabhra agus Éisteachta

Audio Consent Form

I agree that I / my child (delete as appropriate) may be audio recorded for the purpose of educating Speech and Language therapy students.

I understand that the audio recording will be stored safely in the Brookfield clinic in UCC for up to 3 years and only used for the purpose stated above.

I give my permission for the audio recording to be (tick as appropriate):

(a) viewed by the student/s who are currently seeing me / my child ☐

(b) used for training other Speech and Language therapy students ☐

(c) other (please specify) _____

Signed: _____

Print Name: _____

Client's Name: _____

Relationship to Client: Parent/Carer/Spouse (delete as appropriate)

Date: _____

Department of Speech and Hearing Sciences
Roinn na nEolaíochtaí Urlabhra agus Éisteachta

4th Year Video Presentation Marking Form

Student Name:_____ Date:_____

Examiner Name (1):_____ Examiner Name(2):_____

External Examiner:_____

Summary of Results	
Assessment Sections:	**Mark:**
Video Clip/s of intervention	/20
Verbal report of the intervention	/35
Viva	/45
Total:	**/100**
Comments/Notes:	

Signed:_____ Date:_____

Signed:_____ Date:_____

Clinical Skills	**Outstanding 90-100%**	**Excellent 80-90%**	**Very Good 70-80%**	**Average 60-70%**	**Satisfactory/ Low Average 50-60%**	**Fail <50%**
1. Implementing Intervention (Video clip/s): Mark the student on her/his competence in the following aspects of the intervention:						
a. Clarity of communication: rate and level of language used and non-verbal communication skills						
b. Selection and use of materials and activities						
c. Degree of therapeutic control (eg, use of facilitation strategies, correction on error, behaviour management)						
d. Provision of explanations/feedback to the client/significant other						
e. Flexibility in responding to the client's/other's needs						
Total (mark out of 100):						
Comments:						

Verbal Report	**Outstanding 90-100%**	**Excellent 80-90%**	**Very Good 70-80%**	**Average 60-70%**	**Satisfactory/ Low Average 50-60%**	**Fail <50%**
2. Verbal Report: The student demonstrated an ability to :						
a. Provide a coherent, structured report including all essential information pertaining to client management.						
b. Formulate clinical hypotheses / questions with use of relevant literature						
c. Indicate the implications of the disorder with evidence of a holistic approach						
d. Devise appropriate long and short term goals for the client						
e. State appropriate rationales for goals with reference to current literature						
f. Outline rationale for therapy model selected						
g. Analyse essential viewed aspects, relevant to the case						
h. Outline recommendations for future management						
i. Identify own clinical strengths and limitations						
Total (mark out of 100):						
Comments/Notes:						

VIVA	**Outstanding 90-100%**	**Excellent 80-90%**	**Very Good 70-80%**	**Average 60-70%**	**Satisfactory/ Low Average 50-60%**	**Fail <50%**
3. Viva: The student demonstrated an ability to:						
a. Expand on clinical observations and hypotheses						
b. Discuss relevant theoretical aspects						
c. Discuss the wider implications and impact of the disorder						
d. Contribute to the discussion in a professional manner						
Total (mark out of 100):						
Comments/Notes:						

Department of Speech and Hearing Sciences
Roinn na nEolaíochtaí Urlabhra agus Éisteachta

Student Evaluation of Practice Experience

Please take some time to evaluate the practice experience by placing a circle around the number that best describes your opinions for each of the items.

Name of Practice Education Site:_____ Year of Study:____ Date:_____

	Strongly disagree				Strongly agree
The practice experience was a pleasant learning experience	1	2	3	4	5
I felt well prepared for the practice experience	1	2	3	4	5
My learning objectives for the placement were achieved	1	2	3	4	5
The practice educator(s) monitored my learning and gave regular, productive feedback	1	2	3	4	5
I had an opportunity to develop interpersonal skills through interactions with clients' family members and other professionals	1	2	3	4	5
The practice educator(s) supported me in setting therapy goals and plans	1	2	3	4	5
As a result of this experience, I feel more confident and competent in working with clients	1	2	3	4	5
The practice experience helped me to link theoretical knowledge to practice	1	2	3	4	5
There was sufficient time to reflect on my learning and prepare for sessions	1	2	3	4	5

P.T.O

List 3 clinical skills that you had an opportunity to develop during the practice experience…..

List any ways in which you feel the practice experience could be improved…..

Any other comments….

University College Cork

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Handwashing Process

1

Palm to palm.

2

Right palm over left dorsum
and left palm over right dorsum.

3

Palm to palm
fingers interlaced.

4

Backs of fingers to opposing palms
with fingers interlocked.

5

Rotational rubbing of right thumb
clasped in left palm and vice versa.

6

Rotational rubbing, backwards and forwards
with clasped fingers of right hand in left palm
and vice versa.