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## Level 1: Novice Clinician (2nd years) Student Professional Conduct & Clinical Competency Evaluation Form

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| **Student Name** | Click or tap here to enter text. |
| **Practice Educator Name/s** | Click or tap here to enter text. |
| **Clinic Type and Location** | Click or tap here to enter text. |
| **Placement Dates** | **From** Click or tap to enter a date. **To** Click or tap to enter a date. |
| **Number of Days completed** | **At mid placement review** Click or tap here to enter text. **At end of placement** Click or tap here to enter text. |
| **Caseload** (please tick) |
| 0-5 Years [ ]   | 6-18 Years [ ]  | Adult [ ]  | Older people [ ]   |
| **Please indicate main client group:** | Click or tap here to enter text. |

**General Guidelines for Completing the Form**

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| **Note for TCD students:** 2nd year (Senior Fresh) students must be **rated on 10 competencies ONLY.** Case based clinical discussions should be used to assess competencies if opportunities for direct observation have not arisen in clinical work. Competencies rated in this manner should be indicated in the comments section. **In order to pass this placement, 7 competencies must fall within the evident/plus range. An outline of grade breakdowns is provided on page 11.** Please use the **Performance Indicators Document** as a guide for what is expected at the novice level. |

Novice level student speech and language therapists will require **specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work**. Students at novice level will need time to focus and reflect on their own performance and are expected to demonstrate the ability to:

* Discuss clients and clinical context holistically
* Identify problems and possible solutions within the clinical context
* Apply theoretical knowledge to client communication / FEDS profiles
* Follow directions and established procedures to achieve agreed clinical objectives
* Manage their work seeking specific directions when required

Developing competencies covering all areas of clinical practice including feeding, eating, drinking and swallowing impairments (FEDS) should be evaluated using this form. The SCCE form should be completed by the student speech and language therapists and Practice Educators prior to the mid and end of placement meetings. The mid and end of placement evaluations provide developmental feedback for student speech and language therapists. Student speech and language therapists should use mid and end of placement feedback to **set learning objectives and complete future learning plans.**

**Professional Conduct**

It is expected that student speech and language therapists are aware of and act in accordance with the Code of Professional Conduct and Ethics (CORU) and the IASLT Code of Ethics and demonstrate professional conduct throughout all practice placements. Professional conduct is reviewed informally throughout the placement with formative feedback provided as needed. Behaviours causing significant concern should be discussed with the student as soon as possible and noted on the professional conduct form. Specific behaviour changes needed should be agreed between the student and Practice Educator, noted on the action plan by the student and signed by both. Conduct should be formally reviewed using the Professional Conduct Format the mid and end of placement meetings by the key Practice Educator (PE) in collaboration with supporting educators, using the form below. Practice Educators are encouraged to discuss any concerns regarding professional conduct with the Practice Tutor, Regional Placement Facilitator or Practice Education Coordinator to ensure sufficient support for both the educator and student. Persistent breach of professional conduct requires prompt consultation with the university and may result in placement termination and a fail grade.

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| **Professional Conduct**  | **Mid placement****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **End of placement****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **√** | **X** | **√** | **X** |
|  | Behaves with honesty and integrity before, during and after practice placements in all placement-related matters.  |[ ] [ ] [ ] [ ]
|  | Demonstrates respect for the rights and dignity of all through professional communication with clients, families and relevant professions. |[ ] [ ] [ ] [ ]
|  | Carries out duties in a professional and ethical manner complying with professional codes of conduct and ethics. |[ ] [ ] [ ] [ ]
|  | Manages health and well-being to ensure both performance and judgement are appropriate for practice. |[ ] [ ] [ ] [ ]
|  | Demonstrates respect for the supervisory process by seeking and responding to feedback. |[ ] [ ] [ ] [ ]
|  | Engages in reflection and reflective practice; critically self-appraising and working to develop own professional competencies. |[ ] [ ] [ ] [ ]
|  | Demonstrates effective time management i.e. meeting deadlines and punctuality |[ ] [ ] [ ] [ ]
|  | Adheres to all legislation related to data protection, confidentiality and informed consent  |[ ] [ ] [ ] [ ]
|  | Adheres to placement provider’s policies, procedures, protocols and guidelines in areas such as health and safety, infection control, record keeping, risk management, etc. |[ ] [ ] [ ] [ ]
|  | Presents an appropriate personal appearance conforming and adhering to all practice placement policies regarding dress code, jewellery and cosmetics. |[ ] [ ] [ ] [ ]
|  | **Practice Educator Initials** | initials | initials |
|  | **Student Initials** | initials | initials |

**Please document behaviour/s causing concern and the actions taken / to be taken by Practice Educator and student**

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| --- | --- | --- |
| **Description of the behaviour/s and actions taken / feedback by the Practice Educator. (Please indicate if the HEI has been contacted)** | **Student Speech and Language Therapist Action Plan**  | **Outcome** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Comments**

|  |
| --- |
| Click or tap here to enter text. |

**Clinical assessment and planning for communication and feeding, eating, drinking and swallowing disorders**

|  |  |
| --- | --- |
| **Rating**  | **Descriptor** |
| **Not Rated** | The skill or knowledge has not been demonstrated yet as no opportunity has arisen. Please mark ‘N/R’ where applicable or leave blank. |
| **Not Evident** | The skill or knowledge was not demonstrated despite learning opportunities, supervision and support being provided.  |
| **Emerging** | The student speech and language therapist **has not consistently demonstrated** acceptable levels of clinical knowledge or skills expected of a novice. |
| **Novice****Level 1 (Evident)** | The student speech and language therapist **has consistently demonstrated** acceptable levels of clinical knowledge and skills. Novice level student speech and language therapists will require specific direction and specific feedback from the Practice Educator/s in all aspects of clinical work and are expected to demonstrate the ability to• Discuss clients and clinical context holistically • Identify problems and possible solutions within the clinical context• Apply theoretical knowledge to client communication / FEDS profiles • Follow directions and established procedures to achieve agreed clinical objectives• Manage their work seeking specific directions when required  |
| **Novice Plus (Evident +)** | The student speech and language therapist at this level has demonstrated clinical knowledge and skills in this area that would be expected of a higher level. |

\*NB Rate on 10 competencies only\*

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|  | Competency | Mid Placement | **End of Placement** |
|  | NR | NE | Em | Ev | Ev+ | NR | NE | Em | Ev | Ev+ |
| **1** | Collects and collates relevant client-related information systematically from case history, interviews and health records. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **2** | Applies theory to practice in the selection of formal & informal assessment procedures & tools appropriate to clients’ needs, abilities & cultural background. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **3** | Administers, records and scores a range of assessments accurately. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **4** | Analyses, interprets and evaluates assessment findings using the professional knowledge base and client information. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **5** | Formulates appropriate diagnostic hypotheses linking assessment findings and client profile to theoretical knowledge.  |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **6** | Makes appropriate recommendations for management based on a holistic client profile. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **7** | Demonstrates understanding of the indicators and procedures for onward referral. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **8** | Reports assessment findings orally in an appropriate professional manner to client / carer and team members. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **9** | Presents accurate written client reports conforming to professional and legal guidelines and appropriate to the needs of all recipients. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **10** | Demonstrates the ability to provide clients and carers with information in appropriate formats to facilitate decision making and informed consent. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| End of Placement Totals  |  | total | total | total | total |  | total | total | total | total |

**Student speech and language therapist‘s action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)**

* Learning Objectives.
* Learning resources that will help.
* Independent and self-directed practice to develop knowledge and skills.
* How student will demonstrate that sufficient learning has occurred in order to meet the competency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency** **Number** | **SMART Goal for Development** | **Resources needed** | **Timeframe** |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Student speech and language therapist‘s action plan following the final evaluation (to be completed in consultation with the Practice Educator/s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency** **Number** | **SMART Goal for Development** | **Resources needed** | **Timeframe** |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Intervention for communication and feeding, eating, drinking and swallowing disorders**

\*NB Rate on 10 competencies only\*

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| --- | --- | --- | --- |
|  | Competency | Mid Placement | **End of Placement** |
|  | NR | NE | Em | Ev | Ev+ | NR | NE | Em | Ev | Ev+ |
| **11** | Demonstrates the ability to consult and collaborate with clients / carers when developing management plans. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **12** | Determines care pathway for clients based on client needs, service resources and the professional evidence base.  |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **13** | Recognizes the roles of other team members and consults and collaborates appropriately to develop and implement client management plans. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **14** | Writes holistic management plans incorporating short and long term goals in session, episode and discharge plans.  |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **15** | Maintains precise and concise therapy records, carries out administrative tasks and maintains service records. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **16** | Implements therapy using theoretically grounded, evidence based techniques and resources. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **17**  | Introduces, presents and closes all clinical sessions clearly in a client-centred manner. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **18** | Demonstrates appropriate communication and therapeutic skills during all interactions including: * Observes, listens and responds to client/carer.
* Uses appropriate vocabulary and syntax.
* Uses appropriate intonation, volume and rate.
* Uses appropriate modelling, expansions and recasting.

Uses appropriate and varied prompts and cues. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **19** | Provides appropriate verbal and non-verbal feedback and direction to client / carer / team member on performance during a clinical interaction. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| **20** | Continuously evaluates intervention efficacy and modifies intervention and discharge plans as required. |  |[ ] [ ] [ ] [ ]   |[ ] [ ] [ ] [ ]
| End of Placement Totals  |  | total | total | total | total |  | total | total | total | total |

**Student speech and language therapist‘s action plan following the mid-way evaluation (to be completed in consultation with the Practice Educator/s)**

* Learning Objectives.
* Learning resources that will help.
* Independent and self-directed practice to develop knowledge and skills.
* How student will demonstrate that sufficient learning has occurred in order to meet the competency.

|  |  |  |  |
| --- | --- | --- | --- |
| **Competency** **Number** | **SMART Goal for Development** | **Resources needed** | **Timeframe** |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Student speech and language therapist‘s action plan following the final evaluation (to be completed in consultation with the Practice Educator/s)**

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| --- | --- | --- | --- |
| **Competency** **Number** | **SMART Goal for Development** | **Resources needed** | **Timeframe** |
| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Comp. No. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Summary Mid Placement**

Do you have concerns about student competency development? Please tick below:

[ ] No concerns identified. The student is developing competency as expected for this stage of placement.

[ ] The student is showing some gaps in knowledge / skills or inconsistent response to feedback. Feedback has been provided to the student today and a date to review the student’s action plan has been set. Specific opportunities to teach and develop competence have been identified in the coming weeks.

[ ] The student is showing considerable or alarming gaps in knowledge, competence, or professionalism despite regular feedback from. The College should be notified in addition to providing specific feedback to the student (clinicalspeech\_PEC@tcd.ie)

**Summary Final Marking**

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| --- |
| **Note for TCD students:** * *2nd year (Senior Fresh) students should be rated on 10 competencies ONLY. Case based clinical discussions can be used to assess competencies if opportunities for direct observation have not arisen in clinical work.*
* *You are asked to map the student’s competencies using this form - the exact grade and percentage mark will be assigned by College on review of the competency evaluation*
* *For information:* ***I*** *(all 10 competencies are evident or plus, with a minimum of 4 at plus level),* ***II.1*** *(all 10 competencies are evident or plus with 1-3 of these at plus level),* ***II.2*** *(9-10 competencies fall within the evident range, none at plus level),* ***Pass/III*** *(7 -8 competencies fall within the evident range, none at plus level).* ***Fail*** *(6 or fewer evident)*
 |

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| --- | --- | --- | --- |
| **Area** | **Number of competencies not evident / emerging** | **Number of competencies evident at Novice Level** | **Number at plus level** |
| Clinical assessment and planning (competencies 1-10) | Number not evident or emerging | Number evident | Number at plus level |
| Intervention (competencies 11-20) | Number not evident or emerging | Number evident | Number at plus level |
| Total | **Total not evident or emerging** | **Total evident** | **Total at plus level** |

|  |  |
| --- | --- |
| PE name and signature(S) and CORU registration number | Click or tap here to enter text. |
| Student name and signature: | Click or tap here to enter text. |
| Date of final placement evaluation | Click or tap to enter a date. |
| Additional Comments:Click or tap here to enter text. |

***For HEI Use only***

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| --- | --- | --- | --- |
| *Grade allocated*  | Click or tap here to enter text. | *Name / Signature of academic staff member* | Click or tap here to enter text. |
| *Percentage*  | Click or tap here to enter text. | *Date*  | Click or tap to enter a date. |

**After the end placement evaluation, please provide the student with a copy of the form and then return the form via email** **clinicalspeech\_PEC@tcd.ie****. Please complete feedback on this placement here:** [**https://forms.office.com/e/nmvWEVuuXi**](https://forms.office.com/e/nmvWEVuuXi)