"PROFESSIONAL EDUCATION STANDARDS AND FRAMEWORKS FOR DEVELOPING CLINICAL COMPETENCES ACROSS THE ALLIED HEALTH DISCIPLINES IN UK"

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RESEARCH WITH REAL WORLD IMPACT

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Schmeckt's?
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SESSION OVERVIEW

- ACCREDITATION & REGULATORY PROCESSES
- CLINICAL PRACTICE PLACEMENT MODELS
- DEBATES / DISCUSSIONS
- FUTURE DIRECTIONS IN PRACTICE EDUCATION

TEACHING CURRICULUM	REGULATED
PRACTICE PLACEMENT STANDARDS	REGULATED
TRAINING FOR PRACTICE EDUCATORS	RECOMMENDED BUT NOT REGULATED
STANDARD ASSESSMENT PROCESS FOR CLINICAL PLACEMENT	RECOMMENDED BUT NOT REGULATED

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Standards of education and training

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+ Level of qualification for entry to the Register

+ Programme admissions

+ Programme governance, management and leadership

+ Programme design and delivery

+ Practice-based learning

+ Assessment

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Defining a clinical placement …

Clinical placements provide the opportunity for students to develop clinical awareness and the skills of reflection and self-evaluation, together with the opportunity to develop interpersonal skills with both clients and colleagues. In addition, clinical teaching aims to clarify the role of the speech and language therapist in the different settings in which a service is provided. It also provides experience of related health care and educational provision, day-to-day administration in speech and language therapy settings, and wider organisational and management issues. The organisation of clinical placements during a qualifying course is therefore a crucial element in the preparation of a competent clinician.

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Practice-based learning

5.1 Practice-based learning must be integral to the programme.

5.2 The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of proficiency.

5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.

5.4 Practice-based learning must take place in an environment that is safe and supportive for learners and service users.

5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.

5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.

5.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.

5.8 Learners and practice educators must have the information they need in a timely manner in order to be prepared for practice-based learning.

https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/

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As a result of initial and on-going education and training, practice educators should be able to:

- provide information to learners about the learning experience offered and to clarify/manage expectations;
- apply knowledge of educational theory to learning and assessment practice, creating level-appropriate, inclusive and empowering learning environments and opportunities;
- actively promote policies and practices that acknowledge different needs of students and learners individually and as a group, demonstrating an inclusive approach;
- promote the visibility of practice education and the role of learners within the health and care professional team, amongst stakeholders;
- actively contribute to the assessment of adequate and safe levels and models of learner supervision;
- understand where practice learning fits with taught components of the programme when working with students;
- promote, facilitate and support self-reflection and peer learning;
- provide a range of opportunities to maximise learning and enable the achievement of directed and self-directed level-appropriate learning outcomes;
- apply and contribute to, where appropriate, various forms and levels of fair, inclusive, sensitive, consistent and robust practice education feedback / feed-forward and assessment and involve learners in the process;
- communicate in a skilled and effective manner with students, colleagues, service users and stakeholders to support the facilitation of the programme of learning;
- reflect on and evaluate their role as a practice educator and continually implement improvements;
- evaluate the practice learning environment and formal / informal learning events and implement change based on evidence.

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Health and Care Professions (H&CP)
Practice Education Guidance

This practice education statement has been developed by the Health and Care Professions (H&CP) Education Leads Group in collaboration with the National Association of Educators in Practice (NAEP) and the Council of Deans of Health (CoDH).

Our vision:
The purpose of the practice education statement and associated guidance is to foster a culture whereby all learners should have an inclusive, learning-centred, empowering and level appropriate learning experience.

Our commitment:
The H&CP bodies are committed to excellence in practice education. As such, a working group representing the overarching H&CP Education Leads Group (see list of individual professions)* in conjunction with the CoDH and NAEP has created the following set of guidance for practice education.

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RCSLT Core capability	Curriculum guidance graduate key capability	NQP goal
Professional autonomy and accountability	Understands and complies with regulatory, legal and ethical frameworks that govern SLT practice (SOP 2), including seeking and acting on feedback to improve practice, which includes identifying when to ask for help and support	Keeps accurate and contemporaneous records
	Works within local and national policies and procedures, position statements and guidance documents and local/national protocols	Provides safe care within the scope of practice, adhering to health and safety procedures
	Manages records and all other documents and guidelines (SOP 5)	

NQP goal

Keeps accurate and contemporaneous records

Provides safe care within the scope of practice, adhering to health and safety procedures and clinical guidance and seeking support from supervisor when appropriate

Maintains all aspects of patient/client confidentiality

Understands and follows the clinical administration processes

Manages and prioritises demands involved in meeting the needs of the caseload

Manages time effectively to balance clinical and nonclinical responsibilities

Is aware of and adheres to current legislation, incorporating this into practice

Uses appropriate clinical and professional guidance within practice (e.g. RCSLT or NICE guidance)

Makes and justifies independent decisions on less complex patient/client care

Makes a clinical judgement/diagnosis in relation to the nature and extent of less complex speech and language therapy difficulties

Accesses support from mentors/specialists for complex cases

Slide 1

International Journal of Speech-Language Pathology

Taylor & Francis

ISSN: 1754-9507 (Print) 1754-9515 (Online) Journal homepage: http://www.tandfonline.com/loi/iasl20

An international study of clinical education practices in speech-language pathology

Lyndal Sheepway, Michelle Lincoln & Leanne Togher

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Table II. Placement models used within each country.

	Australia (n = 8)	Canada (n = 3)	Ireland (n = 1)	New Zealand (n = 1)	South Africa (n = 1)	UK (n = 6)	USA (n = 12)	Total (n = 32)
Block	8 (100)	3 (100)	1 (100)	1 (100)	0	6 (100)	9 (75)	28 (87.5)
Weekly	8 (100)	3 (100)	1 (100)	1 (100)	1 (100)	5 (83)	8 (67)	27 (84)
Specialist	6 (75)	2 (67)	1 (100)	0	1 (100)	0	5 (42)	15 (47)
Project	3 (37.5)	0	0	0	1 (100)	3 (50)	0	7 (21.9)
International	5 (62.5)	3 (100)	0	1 (100)	0	1 (17)	2 (17)	12 (37.5)
Interprofessional	6 (75)	3 (100)	1 (100)	0	1 (100)	3 (50)	3 (25)	17 (53)
Rural	8 (100)	3 (100)	0	1 (100)	1 (100)	5 (83)	9 (75)	27 (84)
Role-emerging	2 (25)	1 (33)	1 (100)	0	0	3 (50)	0	7 (21.9)

n (%).

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Mode of supervision

- Direct supervision: Supervision is delivered primarily via observation and feedback about sessions with clients, and through face-to-face supervisory conferences. Some indirect methods (e.g., reflections, self-evaluations) may be used.
- Indirect supervision: Supervisor is present less than half the time and supervision is delivered primarily via indirect means such as supervisory conferences, reflections, self-evaluations, etc. Little direct observation and feedback about sessions are used.
- Teaching clinic: Structured peer group supervision where one participant brings a video of a session for the group to analyse, evaluate, and discuss. Based on Dowling (1979).
- Distance supervision: Supervision is delivered primarily via distance methods such as video-conferencing and teleconferencing, emails, WebCT discussion forums, an *Student-to-supervisor ratio* rooms.
- Interprofessional supervision: part in shared learning ex organized team activities, observ ment/treatment procedures, jc presentations) with other allied and/or medical students.

- 1:1: One supervisor supervises one student.
- 2:1: Two students are supervised by one supervisor.
- More than 2:1: Three or more students are supervised by one supervisor.
- Shared individual supervision: One student is supervised by more than one supervisor.
- Shared group supervision: Two or more students are supervised by two or more supervisors.

Placement models

- Block placement: Students attend the clinical placement site for more than 2 days per week for a specified period (e.g., 4 days per week for 6 weeks).
- Weekly placement: Students attend the clinical placement site for less than 2 full days per week.
- Specialist placement: The purpose of the placement is for students to gain clinical experience in a specialist area of speech-language pathology (e.g., paediatric feeding).
- Project placement: The purpose of the placement is for students to complete a project initiated by the placement site, under the supervision of a speech-language pathologist. The project could be something like a QI project or the development, implementation, and evaluation of an intervention program.
- International placement: Students attend a placement that is outside the country of the host university.
- Inter-professional placement: Students partici-
...in interdisciplinary interactive modules. ...rvision and assessment of the students ...ain the responsibility of the speech-lan-...ge pathology department.
...l placement: Students attend a placement ...that is outside a major metropolitan centre.
...-emerging placement: The purpose of the ...ement is for students to explore and ...blish the role of a speech-language pathol-...t in a setting with no speech-language ...ology services on-site.

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Slide 3

Programs need to start evaluating student competency development in both traditional and non-traditional placement and supervisory models to increase the evidence base regarding clinical education models. For this evidence to be developed, consistent terminology and a shared understanding of this terminology across speech-language pathology and other allied health disciplines needs to be developed. Programs can then adopt the most appropriate and effective models to suit their educational philosophy, course structure, and country.

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Slide 4

Do you see students as an essential part of your workforce?

Understand …
- how students can fit into your working day
- the range of activities students can undertake
- how to identify students' development and support needs
- how to monitor their progress
- about a range of innovative practice education models
- where to find support resources and materials

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BENEFITS for the clinical team of having students on placements …

- valuable "continuing professional development" (CPD)
- develops their personal clinical reasoning skills through case discussion with the student
- promotes more reflective practice about applying theory into patient context
- gaining insights into latest research knowledge from the students

- share workload
- enhance a "learning culture" in the team/workplace
- contribute insights from other work settings
- can help develop resources or undertake projects
- strengthens links with the local universities
- helps recruit new staff

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Single student placements …

OPPORTUNITIES	CHALLENGES
Easy to accommodate in the clinic schedule	The practice educator may need to develop new skills to build rapport with certain students
Can focus on developing that student's own skills	
Only one report to write	
Develops mentoring skills for the practice educator	

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Paired 'peer' student placements …

OPPORTUNITIES	CHALLENGES
Peers support each other and plan together	May require more physical space
Can facilitate a clinical discussion	Students may require different support techniques
Clinical educator can simplify the tasks and give each student different roles	May be difficult to maintain privacy for feedback
Students learn from watching and challenging each other	
Practice educator can develop leadership and management skills	

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Remote student placements …

OPPORTUNITIES	CHALLENGES
Practice educator can complete other planned work	Needs very clearly defined engagement between practice educator and the student
Student/s undertake work in a separate location	May require additional set-up time at the remote location
Can facilitate project-based work	Practice educator needs to be confident in their supervision skills
Develops the student's organisational and reporting skills	Students need to have good self-reflection and evaluation skills
Develops the student's confidence	
Practice educator can develop leadership, coaching and management skills	

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Role-Emerging Placements are an Essential Risk for the Development of the Occupational Therapy Profession: The Debate

Rachel Cooper, Rosi Raine

First Published September 1, 2009 | Research Article
https://doi.org/10.1177/030802260907200910

Article information ˅

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Abstract

There is an increasing awareness of the use of role-emerging placements within occupational therapy education. A greater number of higher education institutions are recognising the value of their students undertaking at least one of their practice placements within a role-emerging setting. Similarly, students are developing a sense of the depth of the learning experience that can be gained from these placements. However, with these developments are the inevitable challenges, posed to academic staff, students, clinicians, staff within the voluntary sector and the profession as a whole. This opinion piece discusses both the challenges and the opportunities posed by the increasing use of role-emerging placements within the United Kingdom, and whether or not role-emerging placements are actually essential to the development of the profession.

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Lass uns das Gespräch fortsetzen!

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Director Research Support Network https://resnetslt.com/

Co-Director Advancing Dysphagia Practice https://advancingdysphagiapractice.com/

Vice Chair Council for Allied Health Professions Research (CAHPR) UK Strategy Board https://cahpr.csp.org.uk/about-cahpr

Chair Cumbria & Lancs CAHPR Hub http://uclanahp.blogspot.co.uk/

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RCSLT Curriculum Guidance for the pre-registration education of speech and language therapists
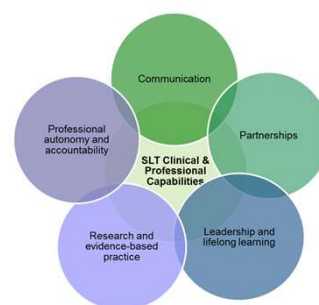
Figure 1. The RCSLT five core capabilities

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3.4.1 Mandatory placement hours

Each speech and language therapy graduate recommended as eligible to apply to the HCPC for registration must be able to provide evidence of completion of the minimum number of practice education sessions specified by the RCSLT: 150 sessions (525 hours, assuming 3.5-hour sessions). This minimum standard applies to all programmes, regardless of duration, mode of delivery or structure.

Mandatory placements supervised by SLTs (100 sessions/350 hours)
A minimum of 100 sessions must be undertaken on placement under the direct supervision of a qualified SLT. Of these placement hours, at least *su* sessions must be with paediatric and 30 with adult client groups, with the remainder being organised to reflect local service delivery practice and needs. They should include opportunities to work directly with a range of service users in a variety of settings, in addition to indirect work, as appropriate. Detailed guidance on practice placement provision can be found in RCSLT National Standards for Practice-Based Learning (2006).

Additional placements (50 sessions/175 hours)
The additional 50 placement sessions may also be supervised by a qualified SLT. Alternatively, a combination of placement sessions may be undertaken in areas associated with speech and language therapy work; for example, educational, social care and/or voluntary body placements, individual child studies, clinical simulation, and supported by professionals from these areas.

Where programmes include a part-time route, the periods and duration of practice education experience for part-time learners should be equivalent to that of full-time learners. The RCSLT recommends that there should be a period of clinical practice close to the end of the programme, so that learners have fresh experience of clinical work when graduating.

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