

# **AUDIOLOGY CLINICAL PLACEMENTS**

**HANDBOOK vs 1.0**

**Placement website:**

[www.southampton.ac.uk/audplace](http://www.southampton.ac.uk/audplace)

**Placement contact:**

[audplace@soton.ac.uk](mailto:audplace@soton.ac.uk)

# CONTENTS

1.	Introduction.....	3
2.	The placement partners and the key responsibilities .....	4
2.1.	The Placement Coordinator .....	4
2.2.	The Placement Supervisor .....	5
2.3.	The student.....	6
3.	Organising placements.....	8
3.1.	General assumptions .....	8
3.2.	Placement allocation .....	8
3.3.	Extenuating circumstances.....	8
3.4.	Reasonable adjustments .....	9
3.5.	Amendment to placement .....	9
3.6.	Change of address and personal circumstances .....	9
4.	Preparing for a placement and induction .....	9
4.1.	Health, safety and insurance .....	10
4.2.	Honorary contracts and visas .....	10
4.3.	Preparing for the first day on placement.....	10
4.4.	Statutory and mandatory training.....	11
4.5.	Induction: taster placements .....	11
4.6.	Induction: main placements .....	11
5.	Student learning during placements.....	12
5.1.	Attendance, reporting sickness and requesting leave .....	12
5.2.	Learning activities during taster placements.....	13
5.3.	Learning activities during main placements .....	13
5.3.1.	Meetings and tutorials with the Placement Supervisor.....	13
5.3.2.	Learning contracts.....	14
5.3.3.	IRCP.....	14
5.3.4.	Study time .....	15
5.3.5.	‘Arm-length’ supervision.....	15
5.3.6.	Suggested milestones .....	16
5.3.7.	Placement evaluation reports .....	16
5.3.8.	Library resources .....	17
5.3.9.	Personal tutor support and other forms of help.....	17
6.	Contact with third parties about placement students .....	17
7.	Concerns regarding student conduct or progress .....	18
7.1.	Serious misconduct and disciplinary procedure .....	18
7.2.	Concerns regarding progress, conduct or professionalism .....	18
8.	Professional conduct .....	19
8.1.	Punctuality .....	19
8.2.	Unauthorised absence .....	20
8.3.	Attitude and communication.....	20
8.4.	Confidentiality .....	20
8.5.	Consent .....	20
8.6.	Student relationships.....	20
8.7.	Interaction with patients.....	21
8.8.	Raising issue of concern .....	21
8.9.	Dress code.....	22
8.10.	Student identification .....	22
8.11.	Personal hygiene .....	22

8.12.	Equipment loaned by placement centre .....	22
8.13.	Outstanding Debts.....	22
9.	Fitness to practise.....	22
9.1.	Fitness to Practise Policy .....	23
9.2.	Health requirements.....	23
9.3.	Health status and immunisation.....	23
9.4.	Illness or injury on placement.....	23
9.5.	Occupational Health and Disclosure & Barring Service checks .....	24
9.6.	Alcohol.....	24
10.	Assessment.....	24
10.1.	Tasters.....	24
10.2.	Year 2, Summer placement.....	24
10.3.	Year 3, Spring placement.....	25
10.4.	MSc placement.....	26
Appendix 1.	Health and Safety guidance notes for students going on placement.....	28
Appendix 2.	Extenuating unforeseen circumstances .....	31
Appendix 3.	Placement Supervisors: pre-placement check list.....	32
Appendix 4.	Placement Supervisors: induction check list.....	34
Appendix 5.	Placement Supervisors: end of placement check list .....	36
Appendix 6.	Students: preparation for the initial meeting with your Placement Supervisor ...	37
Appendix 7.	Dress code.....	38
Appendix 8.	The Feedback Visit .....	39
Appendix 9.	PDP .....	41
Appendix 10.	The Assessment Visit.....	45
Appendix 11.	Service Improvement Assignment.....	48

## Note

Where the document refers to the *Part 2* or *Summer* placement this means the summer period between Parts 2 and 3 of the undergraduate, MSci/BSc Healthcare Science (Audiology) programme.

Where it refers to the *Part 3* or *Spring* placement this means the placement period during Semester 2 of Part 3 of the undergraduate, MSci/BSc Healthcare Science (Audiology) programme.

Where it refers to the *taster* placements this means the placements in Year 1 of the MSci/BSc Healthcare Science (Audiology) programme. Where it refers to the *main* placements this means the placements in Parts 2 and 3 of the undergraduate programme and Part 1 of the MSc Audiology with Clinical Placement programme; i.e. not the taster placements in Part 1.

## 1. Introduction

Key contacts	Telephone	email
Daniel Rowan Clinical Placement Coordinator & Director of Programmes (Audiology)	023 8059 2928	<a href="mailto:audplace@soton.ac.uk">audplace@soton.ac.uk</a>
Sheree Drury Programme Administrator	023 8059 2288	<a href="mailto:audplace@soton.ac.uk">audplace@soton.ac.uk</a>
Emma Mackenzie MSci/BSc Programme Lead	023 8059 4942	<a href="mailto:ep@isvr.soton.ac.uk">ep@isvr.soton.ac.uk</a>
Steve Bell MSc Programme Lead	023 8059 4950	<a href="mailto:s.l.bell@soton.ac.uk">s.l.bell@soton.ac.uk</a>

Additional Important Information referred to during this Handbook	Location
<b>General placement policies</b>	
Attendance and Sickness (UoS)	<a href="#">Here</a>
Dignity at Work and Study (UoS)	<a href="#">Here</a>
Disciplinary Procedure (UoS)	<a href="#">Here</a>
Enabling Services and mental health support (UoS )	<a href="#">Here</a>
Fitness to Practice (UoS)	<a href="#">Here</a>
Fitness to Study (UoS)	<a href="#">Here</a>
Health & Safety on placements (UoS)	<a href="#">Here</a>
Insurance on placements (UoS)	<a href="#">Here</a>
Insurance: application form for travel insurance cover via the University	<a href="#">Here</a>
NHS Library Charter	Placement website
Off-Campus Placement Learning (UoS)	<a href="#">Here</a>
Practice Placement Agreement (UoS)	Placement website
Student Services (UoS)	Here
<b>Audiology placements</b>	
Dates of Placements (UoS)	Placement website
Terms of Placement (UoS)	Programme Specification
Module Profiles covering taster and main placements (UoS)	Blackboard
Learning Contract (UoS)	IRCP book and Pathbrite
<b>Guidance &amp; standards for conduct, professionalism and assessment</b>	
NHS Constitution, including principles & values that guide the NHS	Placement website
Learning Placement Charter	Placement website
HCPC Standards of Conduct, Performance and Ethics	Placement website
HCPC Guidance on Conduct and Ethics for Students	Placement website
RCCP Code of Conduct	Placement website
AHCS Good Scientific Practice	Placement website
Supplementary PDP Guidance (UoS)	Placement website
Social Networking Guidance	Placement website

## **2. The placement partners and the key responsibilities**

Placements are provided through a partnership between the University of Southampton, the organisation that hosts the placement (the Placement Centre) and the Local Education & Training Board that supports the undergraduate programme (Health Education Wessex) as well as the Local Education & Training Board who covers the Placement Centre (for NHS or AQP services). The named lead on organising and overseeing placements within the University is called the Clinical Placement Coordinator.

Within the Placement Centre there will be a named person who is in overall charge of an individual student's training; the Placement Supervisor. (There may be another person who has strategic oversight of all audiology placements the Centre offers.) Other staff will contribute to student's training on a day-to-day basis, who are referred to as Clinical Supervisors. Most NHS Trusts and Healthcare Organisations have additional, non-audiology staff that oversee placements and support Placement Supervisors across several disciplines as and when need, sometimes referred to as Learning Environment Leads or Educational Leads.

The following sections indicate the responsibilities of the three main parties involved in individual placements: Placement Coordinator, Placement Supervisor and the Student.

### **2.1. The Placement Coordinator**

The Placement Coordinator is a member of the University team that delivers the programmes. The Placement Coordinator leads a team that is responsible for organising, overseeing, supporting, evaluating and quality assuring the placements.

The roles of the Placement Coordinator and the University Placement team include to:

- Help to maintain an inspiring, dynamic, effective and supportive learning culture and environment for placements
- Work with the Placement Supervisor to fulfil the University's duty of care to students and Dignity at Work & Study policy
- Organise placements generally
- Quality assure placements to check that they are and maintain fit for purpose
- Allocate and prepare students for placements
- Support Placement Supervisors and others involved in training in facilitating student learning
- Support students with learning and their responsibilities
- Trigger and oversee feedback and assessment visits and associated tasks, and end-of-placement evaluations
- Organise and oversee summative assessment
- Facilitate the sharing of good practice between placement centres
- Work with Placement Supervisors to help support them in their roles
- Work with education leads in placement centres, such as ensuring that placement training, including and beyond the audiology-specific training is effective and that students have appropriate physical and electronic environments in which to learn
- Work with Health Education Wessex, for example to ensure adequate placements are available and that the placements meet the needs of the NHS
- Work with the University's Admissions Tutor to ensure that the number of students admitted to the programmes are consistent with placement capacity
- Act as the main point of contact for students and Placement Supervisors if there are problems while the student is on placement

- Be responsible for managing unsatisfactory progress, conduct or professionalism of students, and changes in criminal records or Occupational Health status when on placement, such as through Fitness to Practice and Fitness to Study procedures.

The quality assurance process for audiology placements is guided by the University Policy on Placements (see link in Section 1). All centres must be accredited before they can be called a Placement Centre for the University and receive Southampton students. The accreditation process for main placements involves:

- The University and Placement Centre both sign the Practice Placement Agreement
- The Placement Centre completes an audit of its learning environment and capability to deliver a placement in audiology. This includes providing a record of staff involved in training, confirming that an appropriate risk assessment has been undertaken and also confirming placement capacity. It will involve a visit by a member of the University placement team
- Identifying at least two Placement Supervisors. The Placement Supervisor must be employed at Band 5 or higher (or equivalent) and considered by the Head of Service to be sufficiently experienced and competent to providing training. One of those will be the students lead Placement Supervisor and the other as back-up e.g. during the lead Placement Supervisor's absence.
- The Placement Centre agrees that the Placement Supervisors must have received University training before receiving students and for the Placement Supervisors to engage appropriately with ongoing training and development provided by the University.

Placement Centres will normally be reaccredited every 5 years. The ongoing fitness for purpose of Placement Centres will be monitored in various ways including formal reports and evaluations by students, interviews with supervisors' mid-placement, feedback visits and final assessment visits.

*Important additional information:*

**Website.** Dignity at Work & Study policy

**Website.** Fitness to Practice and Fitness to Study procedures

**Website.** University Policy on Placements

**Document.** Practice Placement Agreement

## 2.2. The Placement Supervisor

The Placement Supervisor is key to the student's experience during the clinical placements.

It is envisaged that each student will have one Placement Supervisor, the lead Supervisor, who is in overall charge of that student's training for the period of the placement (whether it be tasters, Year 2, Year 3 or post-MSc placements). Ultimately, the Head of Department is responsible for the training provided by the Placement Centre and would usually delegate the Placement Supervisor role to other staff members (see Section 3.1).

During the main placements, the Placement Supervisor provides day-to-day support for the student and acts as a role model for them. This person should ideally supervise the student for a minimum of two sessions a week. This is in order to ensure consistency in supporting the student's development. The Placement Supervisor is responsible for the formative and, together with the University, the summative assessment of student learning. He or she works in partnership with the Placement Coordinator to ensure students have a successful placement.

See the Learning Placement Charter for general expectations of the student on placement and what the student can expect from their Placement Centre.

The roles of the Placement Supervisor are to:

- Work with the Placement Coordinator to help to maintain an inspiring, dynamic, effective and supportive learning culture and environment for placements, where inter-professional working is the norm rather than the exception
- Work with the Placement Coordinator to fulfil the University's duty of care to students and Dignity at Work & Study policy
- Facilitate student learning, including the coordination of other Clinical Supervisors and other placement staff involved in student learning, for example ensuring the student's appointment durations are mostly compatible with the Assessment Visit
- Supervise, support and guide students
- Act as a credible role model for the delivery of care
- Safeguard the welfare of the student and patient by ensuring that participation in care is to the student's individual level of competence
- Provide support for the student in achieving broad and specific practice learning outcomes
- Formulate Learning Contracts with students, to plan learning programmes with the student specific to their needs and to assist the student to develop skills, understanding and abilities through reflection and practice
- Provide students opportunities to evaluate team working and their own contribution to caring for patients in an inter-professional context
- Coordinate the local arrangements for the Feedback and Assessment visits, including scheduling patients
- Formally assess the student's achievements and provide constructive feedback
- Provide support and assist the student in enlisting other support mechanisms
- Keep updated in terms of professional and educational changes and communicate with personnel within the University regarding matters relating to the curriculum
- Monitor the student's attendance on placement, to agree any time off placement, to monitor a student's sick time and to raise concerns about a student's health or welfare with the Placement Coordinator in line with the University policy on attendance, see Section 8.1.

*Important additional information:*

**Website.** Health & Safety on Placements

**Document.** Learning Placement Charter

**APPENDIX 3.** Pre-placement check list

**APPENDIX 4.** Induction check list

**APPENDIX 5.** End of placement check list

**APPENDIX 8.** The Feedback Visit

**APPENDIX 10.** The Assessment Visit

### **2.3. The student**

Students will be looking forward to their placements. They should enjoy them and learn much about clinical practice. Placement centres have been carefully selected and have undergone an accreditation process to ensure they are able to provide the required training. Placement Supervisors and their staff are highly skilled in their specialism and in training and students must demonstrate respect at all time.

See the Learning Placement Charter for general expectations of the student on placement and what the student can expect from their Placement Centre.

The responsibilities of students include the following:

- To ensure the Programme Administrator has an update-to-date record of the student's living address and contact details when on placement
- To work with the Placement Coordinator and Supervisor to benefit from and help to maintain an inspiring, dynamic, effective and supportive learning culture and environment for placements
- Their learning, including being proactive to help ensure the placement meets their needs. This also includes identifying on-going learning needs and strategies for meeting these needs, and continually evaluating progress towards achieving these identified needs. This includes completing, with their Placement Supervisor, and uploading at least one Learning Contract per month to Pathbrite for review by University staff
- To establish a working relationship with the clinical team
- Self-monitor progress towards achievement of the learning outcomes of placement
- To elicit feedback from academics and clinicians
- To maintain communication with the clinical staff regarding the health status of patients
- To provide care consistent with the learning outcomes in the Individual Record of Clinical Practice (main placements only)
- To maintain their paper Individual Record of Clinical Practice (IRCP) and to regularly upload evidence to Pathbrite for review by University staff
- To develop their Professional Development Portfolio (PDP). This includes the regular uploading of evidence to Pathbrite for review by University staff
- To be accountable to the placement centre for the care provided
- To conduct themselves in accordance with the Good Character Statement they have signed, e.g. to meet at all times the expectations of the HCPC Guidance on conduct and ethics for students
- To raise concerns about their experiences on placement (e.g. related to the support provided by the placement centre, the care provided to patients and their fitness to practice) and more generally to professionally evaluate their placement experiences when required
- To report sickness and time off according to the University's attendance policy.

During a placement, students should expect that their Placement Supervisor will:

- Observe them in practice
- Check that they understand what they are doing
- Ask questions to ensure they are applying theoretical knowledge to practice appropriately
- Ask other members of staff about their practice
- Take into account the views of patients and their families/carers
- Monitor other evidence of their practice such as record keeping
- Ask students to reflect on their own practice
- Monitor sickness, absence and professionalism
- Ensure that appropriate direct or indirect supervision is received.

Note that on starting the main placements the student can be expected to have basic technical skills covering the core sections of the IRCP, as well being aware of their needs for the placement and how that relates to the methods of assessment.

*Important additional information:*

**Website.** Attendance policy

**Document.** HCPC Guidance on conduct and ethics for students

**Document.** Learning Placement Charter

**APPENDIX 6.** Preparation for initial meeting with Placement Supervisor



## 3. Organising placements

### 3.1. General assumptions

Students visiting placements do so under the following assumptions:

- The Placement Centre's primary responsibility is their patients
- Students must not hinder the service and the behaviour of students on placement should not compromise the credibility of clinicians or their relationships with other colleagues
- Clinicians have a responsibility to their profession to educate and train students. Students are expected to behave at all times in a manner that is consistent with the NHS Constitution and the HCPC Guidance on Conduct and Ethics for Students
- Students can expect to be treated in a manner that respects their developing knowledge/skill level
- Students are expected to fund the expense of travel to and from placement centres and any accommodation that may be required
- Undergraduate students will have registered for insurance if the placement involves an overnight stay and all students will have registered for insurance if the placement is based outside of the UK.

*Important additional information:*

**Document.** NHS Constitution

**Document.** HCPC Guidance on conduct and ethics for students

### 3.2. Placement allocation

Allocation of students to placements is done in a way that ensures students are dealt with fairly and systematically. Students are allocated to suitable placements throughout their programme. This is an onerous and time-consuming process as we have to ensure, as far as is possible, that every student enjoys an equitable experience compared to other students. For this reason, changing already allocated placements is to be avoided. However, we want students to be content with placements so active dialogue is encouraged at the outset and reasonable requests are considered, particularly for the main placements. For all placements, students are advised, at the beginning of their studies, to study the list of placement centres and to inform the Placement Coordinator if they have geographical preferences as to locations of placement centres. They are asked to give reasons. Confidentiality is assured. Priority is given to students who are caring for dependant relatives such as children or parents, or who have a health-related reason that requires them to be in a particular location. After this, all other requests are considered, but there is no guarantee they will be met.

Students must not swap placements informally with each other.

*Important additional information:*

**Document.** Terms of Placement

### 3.3. Extenuating circumstances

There are both foreseen and unforeseen extenuating circumstances that may affect any placement location or the duration of the placement. Foreseen extenuating circumstances such as being a carer for a dependant relative are dealt with at the beginning of the academic programme.

Any unforeseen extenuating circumstances that may influence an already allocated placement must be communicated to the Placement Co-ordinator as soon as possible. Requests from students to be re-allocated to a specific placement without extenuating circumstances will not be accepted.

*Important additional information:*

**APPENDIX 2.** Extenuating circumstances  
**Document.** Terms of Placement

### **3.4. Reasonable adjustments**

Students must inform the Placement Coordinator as soon as possible if they require any reasonable adjustments to be made to their placement provision. The Placement Coordinator will liaise with the student to do their best to ensure that the Placement Centre is made aware of any reasonable adjustments that are required prior to confirmation of placement allocation or starting placement, while maintaining their legal responsibilities to the student regarding data protection and confidentiality.

### **3.5. Amendment to placement**

From time to time, it may be necessary for the University to change a student's placement due to unforeseen circumstances. Should this happen, the student(s) concerned will be informed via their University e-mail address so it is essential that students check their e-mails regularly, including during vacations periods.

*Important additional information:*

**Document.** Terms of Placement

### **3.6. Change of address and personal circumstances**

Students are expected to inform the Programme Administrator of any change of address or personal circumstances, including while on placement.

## **4. Preparing for a placement and induction**

All placements are preceded by compulsory placement preparation sessions for students. Failure to attend these can lead to a delay in the start time of the placement at the discretion of the Placement Coordinator within that allowed by the regulations of the University. Students are given permission to miss the sessions only in exceptional circumstances; such permission should be sought from the Placement Co-ordinator.

During all placements, students will be working on their Professional Development Portfolios. Students are therefore expected to familiarise themselves with the documentation in good time (see Appendix 9 and Pathbrite).

A pre-placement check list for Placement Supervisors/Centres can be found in Appendix 3.

*Important additional information:*

**Appendix 3.** Placement Supervisors: pre-placement check list

**Appendix 9.** The PDP

**Website.** Pathbrite

## 4.1. Health, safety and insurance

Our top priority at the University is the safety, security and wellbeing of our students. It is incumbent on both the student and the Placement Supervisor to read and apply the guidance notes in Appendix 1. In addition, supervisors must ensure that students are never exposed to latex.

The Placement Coordinator will liaise with the insurance department of the University regarding the students on taster and main placements to ensure they are covered by the standard insurance. That does not automatically include travel insurance covering travel while 'at work' (on placement). Students are strongly advised to either apply for travel insurance cover via the University or to arrange their own BEFORE starting placement and to cover the entire placement period. The application web-form can be accessed via the link in Section 1.

*Important additional information:*

**Website.** Health & Safety on Placements

**Website.** Insurance on placements

**Website.** Insurance: application form for travel insurance cover via the University

**APPENDIX 1.** Health & Safety Guidance

## 4.2. Honorary contracts and visas

The following students will need honorary contracts with their Placement Centre before starting:

- All students whose Clinical Placements are outside of the areas covered by Health Education Wessex and Health Education Thames Valley
- All international students
- All MSc students

If the Honorary Contract is not in place before starting, it might be necessary to delay the start date or to restrict the student's activities on placement.

Students on placement outside of the UK (e.g. Dublin and Jersey) must take advice from the visa team at the University several weeks prior to starting placement.

## 4.3. Preparing for the first day on placement

The dates of the placement periods are set by the University and can be found on the placement website. Directions to placement centres are available on the placement or the Placement Centre's website. It is extremely important that students arrive for their first day at the Placement Centre on the correct day, at the correct time and at the correct location, so carefully forward planning is essential. A 'dry run' before the first day is recommended.

Students preparing to for their main placement start are expected to contact the Placement Centre at least 2 months in advance of starting in order to:

- Introduce themselves and get to know the placement centre
- Confirm start and end dates of placement and confirm details for the first day (e.g. where and when)

- Obtain relevant policies the Placement Centre has e.g. regarding attendance, absence, reporting sickness and dress code
- Discuss days/hours of working week (with reference to requirements in Section 6). Different Placement Centres have different requirements/arrangements for the working week
- Discuss which locations the student will be working in
- Discuss anything that the student might wish to be taken into account, such as learning support or support for health conditions etc
- Determine if an honorary contract is needed and to start the process if so
- Take advice regarding accommodation
- Arrange to visit the Placement Centre to meet the Placement Supervisor in advance of starting to get experience of travelling to and finding the Placement Centre, to have a look around the department, to meet other staff members and to plan what is expected on the first day and first week

#### **4.4. Statutory and mandatory training**

All undergraduate students must attend and pass statutory and mandatory training organised by the University in the first semester of their first year. Failure to attend and complete these sessions will result in those students being denied access to placements and potentially being referred to the Fitness to Practise process.

Currently, undergraduate students do **NOT** receive 'top-up' statutory and mandatory training in their second or third years on the degree. Updates might need to be provided by Placement Centres.

MSc Audiology students will **NOT** have undergone any statutory and mandatory training at the University. This training will therefore need to be provided by the Placement Centres.

#### **4.5. Induction: taster placements**

Placement Supervisors must ensure students are aware of local emergency procedures and relevant health & safety issues at the very least.

#### **4.6. Induction: main placements**

The Placement Supervisor must organise and deliver some induction activities within the first week of the student's arrival at the placement centre. These should include any induction training in line with local policy, timetable planning and general pastoral duties such as checking all is well with accommodation. See Section 4.4 regarding requirements for statutory and mandatory training during induction.

As far as timetable planning is concerned, the bulk of the student's time will be spent working towards completion of the Individual Record of Clinical Competence (IRCP) and Professional Development Portfolio (PDP). Undergraduate students will also be working on specific assignments for the University. Time should be set aside and protected for the following activities: working on their PDP, attending tutorials with the Placement Supervisor, preparing for these tutorials, along with general study time. The student's timetable should be arranged so that the student has protected time for half a day (4 hours) per week for these activities.

Students are expected to meet with their Placement Supervisor during the first week in their placement centre. At this meeting, students and their Supervisors will complete Section A and B of the Learning Contract (the forms can be found in the paper IRCP). Students should prepare for this meeting in advance and indicated in Appendix 6.

*Important additional information:*

**APPENDIX 6. Preparing for initial meeting with Placement Supervisor**

## **5. Student learning during placements**

Students and Clinical Placement Supervisors are expected to work collaboratively in helping the student achieve their placement learning outcomes. The student is responsible for his or her own learning and the supervisor is responsible for facilitating that learning.

### **5.1. Attendance, reporting sickness and requesting leave**

Students are expected to attend placements on a full-time basis, defined as 37.5 hours per week. Working hours will be arranged differently in different centres and the Placement Supervisor is responsible for informing students about their hours. Students will be expected at their placement during University vacations (i.e. Christmas and Easter).

Students are required to act in accordance with local policies regarding reporting sickness (typically immediately) and requesting leave (typically 6 weeks' notice) as well as the University's attendance policy, expressed for placements as:

*Students who have a period of illness of one to five days should complete a self-certification form and return it to Programme Administrator. For periods of illness longer than five days, students must obtain a medical certificate confirming this, submit the certificate to the Programme Administrator, report the illness to the Clinical Placement Coordinator and discuss the impact of the illness on their studies with the Placement Coordinator.*

Placement Supervisors should also inform the Placement Coordinator if a student has a period of illness longer than five days or where there are concerns about a number of shorter periods or a student's health even if attending placement.

The Terms of the Placement set out the formal bottom-line on leave, including making up time due to illness. In practice, leave and illness is managed by and at the discretion of the Placement Supervisor given their knowledge of the student and the reasons for the leave. The student must request leave according to the timescales and process advised by the Placement Supervisor, who will ensure that any leave is not excessive and will involve the Placement Coordinator only if leave becomes excessive. More than 2.5 hours away from a single fortnight taster placement and more than 2 weeks away from placement during the main placement is usually considered excessive.

Within reason, students will be expected to arrange GP/hospital/dentist and similar appointments outside their placement hours. If this is not possible then they should be arranged at a reasonable time, for example at the beginning or end of the day.

If a student has a situation out of their control (e.g. illness) that requires their total leave to become excessive, cannot be made-up and may have significantly affected their progress, the student should take advice from their Personal Academic Tutor, the Placement

Coordinator or Director of Programmes, e.g. with respect to the extension and special considerations procedures.

*Important additional information:*

**Document.** Terms of Placement

**Website.** Attendance policy

## **5.2. Learning activities during taster placements**

Students should be encouraged to participate in technical/practical procedures at the discretion of the Placement Supervisor. Students should be supervised at all times. There should be an opportunity for the student and the Placement Supervisor to meet at the start of the placement to discuss goals. Wherever possible the Placement Supervisor should spend some time (in the region of 15-30 minutes) with the student at the end of a session helping them to focus and reflect on what they have learned.

Both the students and the Placement Supervisor should complete a Placement Evaluation form at the end of each taster. These forms are available on the placement website.

*Important additional information:*

**APPENDIX 9.** PDP

## **5.3. Learning activities during main placements**

Students on main placements will work towards the completion of their IRCP and PDP. Clinical and other learning activities will be structured according to the timetable and Learning Contract agreed between student and Placement Supervisor. Early on in the placement, students will be actively observing staff carrying out procedures and managing patient sessions. Students will quickly move on to carrying out these tasks themselves, firstly under direct supervision and perhaps with indirect ('arm-length') supervision later. The point at which (if ever) an individual student has less supervision is the decision of the Placement Supervisor and will depend on the complexity of the task and the ability of the student.

Wherever possible, the Placement Supervisor should spend some time (in the region of 15-30 minutes) with the student at the end of a clinical session helping them to focus and reflect on what they have learned.

It is important that students take responsibility for driving forward their training. With the best will in the world, Placement Supervisors are busy individuals with many demands on their time. Therefore, students must keep an eye on their progress, remembering to view it in the context of the whole placement duration and scope. If progress seems to have stalled, then it is appropriate for the student to request a meeting with the Placement Supervisor to review the situation.

Students are expected to maintain their paper IRCP and to regularly upload evidence to Pathbrite related to both the IRCP and the PDP. The Placement Coordinator may request a student to attend a progress review meeting at the University if there are concerns regarding their Pathbrite IRCP or PDP.

### **5.3.1. Meetings and tutorials with the Placement Supervisor**

The Placement Supervisor should have regular meetings and tutorials with each student on placement. **The minimum requirement is one meeting of one hour per month**, although

two per month is preferable and more may be necessary for new students and those requiring extra support for their progress. Meetings/tutorials could review the Learning Contract, the IRCP and the student's progress with tasks related to the PDP. In addition, supervisors might like to structure tutorials so that the student comes to the tutorial with some prepared material on which they can receive some feedback.

### **5.3.2. Learning contracts**

Learning Contracts should be produced and reviewed at least once a month. More than one per fortnight is usually excessive and counter-productive. Learning Contracts should be owned and written-up by students. However, they should be formulated and reviewed jointly between the student and the Placement Supervisor. Further guidance is provided in the student's paper IRCP, which also includes blank Learning Contracts.

It is a requirement that students upload to Pathbrite one Learning Contract per month and have at least nine uploaded by the end of their placement.

*Important additional information:*

**Document.** Paper IRCP

### **5.3.3. IRCP**

A bound paper IRCP is provided to all students prior to starting placement. It includes a list of the Sections that a student must become competent on by the end of placement, a table for tracking progress and a set of feedback forms. The feedback forms include the criteria ('Descriptions') for minimum competence. It is intended that a student and Clinical Supervisor agree the Sections or Sub-sections on that feedback will be provided **IN ADVANCE** of the appointment (guided by the most recent Learning Contract), that the Clinical Supervisor will fill out the corresponding feedback sheets **DURING** the appointment and that the student will receive the feedback sheets back immediately after the appointment. Variations of this are appropriate if agreed by the Placement Supervisor.

The feedback sheets provide opportunities for all Clinical Supervisors to provide written feedback on the aspects that went well and less well during an appointment, and the aspects for the student to work on. This is important in helping students progress both towards as well as beyond competence. Not all Clinical Supervisors may 'sign-off' students as having less-than-partially (<P), partially (P) or fully (FD) defined the criteria/Descriptions for minimum competence because this contributes to whether a student passes their placement or not ('summative assessment').

**Only Clinical Supervisors who have been approved by the University and the local Placement Supervisor can 'sign-off' students as <P, P and FD.**

In exceptional circumstances, it is appropriate for a Clinical Supervisor who cannot sign-off the student themselves to propose an outcome to the lead Placement Supervisor who then reviews it along with the feedback and countersigns the proposal.

Students are expected to track their progress in the table provided in the paper IRCP in terms of Os (observations), <Ps, Ps and FDs. They are also expected to upload feedback sheets where all Sub-sections have been FD-ed to Pathbrite within 48 hours of having received it. There are no minimum number of Os or Ps. There are a minimum number of FDs as indicated on Pathbrite and in the paper IRCP.

#### **5.3.4. Study time**

It is important that students are allocated at least 4 hours (typically half a day) per week for study time. **This time must be taken from their work hours and must be protected.** This time must not come from evenings, weekends or non-work days. During this study time, students are expected to work on learning objectives from their Learning Contracts, their PDPs, background reading, preparing for tutorials, assignments and preparation for assessments.

It is left to the discretion of the Placement Supervisor as to whether equivalent arrangements are made (e.g. 8 hours per fortnight) and whether the study time is spent in the department or not.

#### **5.3.5. 'Arm-length' supervision**

It is accepted that audiology students on placement may be allowed to see patients without the supervisor being in the same room but with a supervisor always available to the student if needed. This is referred to as 'arm-length', 'remote' or indirect supervision. This is permitted only with all of the following conditions:

- It is permitted by the clinical governance policies of the host placement organisation
- There must be **written evidence** in the IRCP that the student has achieved FDs in the relevant areas under direct supervision. I.e. there must be evidence that it is appropriate for the student to be put on indirect supervision in terms of the delivery of care to service users
- The Learning Placement Charter (Health Education Wessex & Thames Valley) must be applied at all times
- The Head of Department has agreed at least in principle to the particular student being on arm-length supervision and for the Placement Supervisor to agree the details with the student and the Clinical Supervisor
- Any agreement to arm-length supervision between student, Placement Supervisor and Clinical Supervisor is limited in time (no more than one clinic session at a time) and scope (not beyond the scope of the IRCP)
- The student has agreed to being on arm-length supervision and is fully aware of their responsibilities following a thorough discussion of it with the Placement Supervisor. This includes their responsibilities to seek advice or assistance from an appropriate Clinical Supervisor whenever necessary even if this means interrupting them
- The Placement Supervisor has agreed to the student being on arm-length supervision on the basis of the student's competence, conduct and professionalism
- A sufficiently competent Clinical Supervisor has agreed to be allocated to the student to cover the full duration of the session and is aware of their responsibilities.
- The student, Placement Supervisor and Clinical Supervisor have the right to refuse to be involved in the arm-length supervision and agreement from all three parties is required for arm-length supervision to proceed
- The student knows who and where their Clinical Supervisor is at all times. Sometimes, this person may have to change within a session, in which case the student will be informed straight away



- The Clinical Supervisor will be situated within approximately 5 minutes, nearby the student's room within the same building, for example in an adjacent room. The Clinical Supervisor should normally be on the same floor as the student
- It is recognised that there can sometimes be a conflict of interest on the part of the placement centre between the interests of the student and the interests of running a clinic. The interests of the student must take priority.

*Important additional information:*

**Document.** Learning Placement Charter

### **5.3.6. Suggested milestones**

Students do not progress at the same rate. The following is intended to provide general guidance mostly with respect to the IRCP only and especially for students and new Placement Supervisors. It is absolutely not intended as a prescription or recipe-for-success and it should not take precedence over direct feedback provided by the Placement Supervisor or Placement Coordinator. It is crucial that the Placement Supervisor or student communicates any concerns regarding progress at the earliest opportunity.

Month 1. Completes first Learning Contract. Able to achieve Ps in at least some subsections, such as room preparation, otoscopy, patient interview and PTA without masking.

Months 2 and 3. Able to achieve FDs in at least some subsections of common technical procedures of Section A of IRCP (including room preparation, otoscopy, PTA, PTA with masking and adult tymps). Sometimes achieving FDs for communication-based procedures (including patient interviewing and questionnaires). Able to achieve Ps for some subsections of Direct Referral and Fitting appointments of Section B of the IRCP albeit not always and not necessarily consistently.

Month 4. Consistently achieving FDs in common procedures of Section A of IRCP (including room preparation, otoscopy, PTA, PTA with masking and adult tymps, patient interviewing and GHABP). Able to achieve FDs for some subsections of Direct Referral and Fitting appointments of Section B of the IRCP albeit not always and not necessarily consistently. Has the Feedback Visit.

Month 6. Able to achieve FDs for most subsections of Direct Referral and Fitting appointments of Section B of the IRCP albeit still requiring support especially for more complex scenarios.

Month 8. Consistently achieving FDs in Section B of IRCP. Working to achieve FDs in less common procedures in Section A of IRCP (e.g. ARTs and OAEs). Expanding breadth of experience including Assist areas of IRCP (and beyond) if not before.

Month 9. Generally, and consistently competent in all core areas of the IRCP. Completing Assist areas of IRCP and remaining gaps in FDs of core areas. Passes the Assessment Visit.

### **5.3.7. Placement evaluation reports**

Both the student and the Placement Supervisor must complete a Placement Evaluation form at the end of each taster placement and at the end of the Part 2 and 3 under- and post-graduate placements. These forms are available on the placement website.

### **5.3.8. Library resources**

The University of Southampton has helpful information for students on placement. You can also find information about using NHS Libraries whilst on placement within the Library Charter.

### **5.3.9. Personal tutor support and other forms of help**

Students will still be able to access their Personal Academic Tutors during placement periods and will be given the opportunity to catch-up with their Tutor at around the same time as their mid-placement feedback visit.

There might be occasions where students have concerns about some aspects of their placement. Hopefully these will not be of a serious nature and can be resolved easily by the Placement Supervisor in the first instance, otherwise by the Placement Coordinator. In the event that the student does not feel comfortable talking about their concerns to these individuals, the student should contact their Personal Academic Tutor. If their Tutor happens to be the same person as the Placement Coordinator, the student may approach or ask to be assigned a different individual to act as Tutor.

*Important additional information:*

**Website.** Student Services

**Website.** Enabling Services (including mental health support)

## **6. Contact with third parties about placement students**

Occasionally, someone (e.g. a parent) might contact the University or the Placement Centre about a student. The University of Southampton has a clear policy regarding this matter and it is important that placement centre staff are aware of this policy and abide by it.

**Placement Supervisors must ensure that all relevant staff members are briefed in this matter including administrative personnel who are likely to be answering telephone calls.**

To set the context, there have been occasions where parents of estranged children have contacted several universities in an effort to establish the whereabouts of their offspring with a view to causing them harm. It has also been the case where a student has asked a Placement Supervisor or the Placement Coordinator about another student's progress or assessment result. Therefore, it is imperative that placement centre staff adopt the correct stance.

Students over the age of 18 years are considered adults and therefore it is inappropriate to discuss them with a third party without the students permission, usually written. In addition, the University is bound by the data protection act not to reveal any information about students to third parties, including parents, without the student's permission, usually written. In fact, we are supposed to not even acknowledge the student in question is a student at the University unless the student has given written permission.

Of course, most of the time the contacts are entirely innocent and are often made with the knowledge and permission of the student concerned. Nevertheless, it is important that University and placement staff do not enter into a dialogue with third parties or acknowledge that the student is placed in the department without the student's written permission. Sometimes parents make contact because they have a genuine concern about their child's well-being. The appropriate response would be to say something along the lines of "If the person you have asked to contact is a member of staff we will pass your contact details on to that member of staff". Presumably this would be the approach used should there be an unsolicited telephone call about any member of staff, and placement students should be treated in the same way.

The situation is of course complicated by the fact that University and placement staff have a duty of care towards students. In the event a student becomes unwell then it may be necessary to refer them to occupational health and or the staff counselling service. In the event that a student doesn't attend a session and cannot be contacted, it may be necessary to contact their next of kin.

With the permission of the student, family members can be involved although this needs to be handled extremely carefully and advice should be taken from the Placement Administrator or Coordinator.

If in doubt, advice should be taken from the Placement Administrator or Coordinator. Other sources of support for students can be found in Section 12.

## **7. Concerns regarding student conduct or progress**

### **7.1. Serious misconduct and disciplinary procedure**

If a student conducts themselves in a way that is in serious breach of the basic requirements of safe and professional behaviour (e.g. being under the influence of alcohol), the following action should be taken immediately:

1. The student should be immediately removed from the clinic and verbally informed of the situation
2. The Placement Supervisor may, if they deem it necessary, suspend the student from their placement for the remainder of the day and send them home
3. The Placement Supervisor must record the event in writing and contact the Placement Coordinator at the earliest possible opportunity that day. It is usually advisable to do this both in email *and* by telephoning the Placement Coordinator. A plan of action will be agreed in accordance with University Disciplinary Regulations. The student may be suspended from their placement while this process takes place.

### **7.2. Concerns regarding progress, conduct or professionalism**

If a Placement Supervisor or student has concerns about the student's progress, conduct or professionalism it is important that it is addressed as soon as possible, using the steps as follows. Note that the Learning Contract plays a key role in addressing concerns and supporting improvement.

1. A meeting between Placement Supervisor and the student with an emphasis on facilitating and supporting improvement. This will provide an opportunity for both parties to

describe and explain their perspectives constructively and to agree a plan of action intended to resolve the situation. It is critical for all parties to listen carefully to the others. A new timetable and new/amended Learning Contract to help solve problems and / or issues will be written. See the explanatory notes associated with the Learning Contract and give particular attention to thinking about the activities/strategies/resources required to achieve the improvement (i.e. what the student can do to improve things). This will re-establish expectations of performance, progress and behaviour. A record of the discussion, and any action to be taken, will be made and shared with the student; it may also be appropriate to share it with the Head of Department and the Placement Coordinator.

2. If the problem persists, or if there is concern the student could fail their assessment, the Placement Supervisor must contact the Placement Coordinator as soon as possible to take advice and devise a plan of action.

3. A Progress Review may be requested and arranged by the Placement Coordinator to discuss the difficulties being experienced. Again, the emphasis is on facilitating and supporting improvement. This will involve the student, Placement Coordinator, Placement Supervisor and potentially the Programme Coordinator and Faculty Academic Registrar. The outcome of this meeting will be documented and a copy provided for the student's academic file as well as all participants at the meeting.

4. If the situation does not improve following a Progress Review, Fitness to Practise procedures can be invoked. See also Section 9.1 of the Practice Placement Agreement, under which the placement centre can, under extraordinary circumstances, terminate a student's placement in which case the student automatically fails the placement module.

*Important additional information:*

**Document.** Paper IRCP

## 8. Professional conduct

This section provides guidance on specific areas of professional conduct; see also the Learning Placement Charter, Terms of Placement and HCPC Guidance on conduct and ethics for students. Placement Supervisors can use those resources, for example, in the context of managing and raising concerns, as in Section 14. As indicated in the Terms of Placement, a student who is removed from placement due to concerns about their conduct or professional suitability or where patient safety is compromised are deemed to have failed their placement and will be referred to the fitness to practice process.

*Important additional information:*

**Document.** Learning Placement Charter

**Document.** Terms of Placement

**Document.** NHS Constitution

**Document.** HCPC Guidance on conduct and ethics for students

**Website.** Fitness to Practise policy

### 8.1. Punctuality

Students must arrive in plenty of time for any appointments to prepare appropriately. Students must be patient with the Placement Supervisor or staff they are observing should delays occur, remembering they have busy workloads and other responsibilities beside supervision.

Should the student be delayed or unable to make a pre-arranged appointment they must notify their clinical placement centre as soon as possible, in accordance with local policy.

The Placement Supervisor must record all late arrivals and failures to attend on the part of the student, and to provide these as part of the end-of-placement evaluation. Supervisors may refuse to admit a student to a clinic if the student arrives late.

## **8.2. Unauthorised absence**

Absence from the placement, such as non-attendance that has not been previously negotiated, and is not sick leave, demonstrates unprofessional behaviour that reflects negatively on the student in terms of their professional accountability, ability to communicate, show respect for others, and meet the competency requirements. The Placement Supervisor should communicate the non-attendance immediately to the Placement Coordinator. This may lead to consideration of the student's performance under the University's Fitness to Practise procedures.

## **8.3. Attitude and communication**

Students are expected to work at all times within the Learning Placement Charter, NHS Constitution and the HCPC Guidance on conduct and ethics for students.

## **8.4. Confidentiality**

Confidentiality is expected at all times.

- Students should never discuss patients outside the placement area or in an area where their discussion can be overheard
- Students should also think carefully about what information regarding themselves is disclosed to patients
- Students must be aware of their rights, and the rights of others to access information
- No documents or copies of documents with identifying information are to be taken from departments
- Students should be aware that the requirement for confidentiality applies after placements have been completed and student forums, workshops, tutorials and social networks can be considered public places

## **8.5. Consent**

Placement hosts must ensure that patients are aware they may be seen by a student or students may be observing a clinician. Patients must be given the opportunity to refuse to be seen by a student or to be observed by a student. It is good practice to display the Learning Placement Charter and a notice in the waiting area to inform patients that the department is involved in training students and that if patients do not wish to be seen by a student that they inform reception staff on their arrival. Similar information can be included in appointment letters.

## **8.6. Student relationships**

Students must never arrange to meet patients socially, either during or after placement. The relationship between student and patient must remain professional. Whilst students may be friendly, they are not the friends of the patient. Students should also be aware that it is inadvisable to enter into personal relationships with other placement staff members at their placement centre, particularly their Clinical Placement Supervisor. Students should remind themselves of the guidance provided on the Placement Website regarding the use of Social networks.

### **8.7. Interaction with patients**

Issues that students need to be aware of when interacting with patients during placements:

- It is important that either the student or supervisor explains their roles to the patient
- Students must maintain an interaction with patients that is not influenced by their own value system
- Hospital policies mean that it is unacceptable for students to accept gifts from patients. Any concerns regarding this should be discussed with the supervisor
- Students must limit their interaction if the patient becomes tired or distressed
- Patients must be thanked for their generosity in allowing student learning

### **8.8. Raising issue of concern**

Occasionally, students witness practices that they feel are below the standard expected of those involved in delivering care or behaviour between staff that they feel is unprofessional. If this happens, a student should raise the concern as soon as possible to their Placement Supervisor. Alternatively, the student may wish to report it to the Clinical Placement Coordinator or their Personal Academic Tutor. This process of reporting issues of concerns regarding substandard practice is often called “whistle blowing”. All NHS Trusts and Healthcare organisations should have a policy regarding raising issues of concern.

Both the University and all organisations we work with are anxious to reduce poor behaviour/practice and wish to encourage both their own staff and students to report any concerns they may have. Students should not be put off by intimidation by individuals.

Raising issues of concern policies are intended to cover serious public interest concerns such as those listed below:

- Conduct which is an offence or breach of the law (including discrimination against people with protected characteristics)
- Disclosures related to miscarriage of justice
- Health and safety risks, including risks to patients/visitors as well as other members of staff
- Damage to the environment
- Sexual or physical abuse of patients or staff, or other unethical conduct
- Drug and alcohol abuse
- Poor clinical practice
- Malpractice
- Professional misconduct
- Nepotism

Students may use the raising issues of concern policy if they think that any of the above are either happening now, have happened or are likely to happen. If a student chooses this course of action they should discuss it with the Placement Co-ordinator who will be able to

advise. The student needs to be aware that their concerns may need to be passed on to other bodies such as registration bodies, the police or the Care Quality Commission. In most cases a student will be required to make a formal statement outlining their concerns. If the student is placed in an area where there is no raising issues of concern policy, they should contact the Placement Co-ordinator for guidance.

### **8.9. Dress code**

See Appendix 7 for expectations regarding dress code. Any uniform required must be provided by the host department, and will remain the property of the host department. It should be returned within two weeks of completion of the placement.

*Important additional information:*

**APPENDIX 7. Dress code**

### **8.10. Student identification**

Photo/identity badges provided by the organisation stating name and identification must be worn. This should be the only badge worn when working. Defacing or changing the badge is not allowed.

### **8.11. Personal hygiene**

- Daily Showering/ use of deodorants and clean clothes are essential
- Fingernails should be clean, unvarnished and short
- Perfume / aftershave should be discreet and not overpowering
- Hair should be clean, well groomed, and away from the face
- Male students should be clean-shaven, or if a beard or moustache is worn, this must be well groomed and of moderate length
- Tattoos or body piercing should be discreet and kept covered up with make-up or appropriate clothing.

### **8.12. Equipment loaned by placement centre**

Students must be moderate with the use of supplies, avoid damaging equipment and ensure accountability for any equipment loaned. During placements, students may be loaned items of equipment such as uniform, stetoclips, scissors, otolights, etc., at the discretion of the Clinical Placement Supervisor. Any equipment must be returned at the end of the placement to the host department.

### **8.13. Outstanding Debts**

Students must settle any outstanding debts (e.g. rent for accommodation) by the end of the placement. Failure to do so will be viewed as any other outstanding University debt and may result in the award of any degree being withheld.

## **9. Fitness to practise**

The University has a responsibility to service users to ensure all students undertaking a clinical placement are fit to practise, with reference to the codes of conduct provided by the registration bodies, and in particularly HCPC's Guidance on Conduct and Ethics for students. This includes having sufficient health (including physical and mental health). Students have obligation to report any health condition (including physical or mental health conditions) that might influence their fitness to practise. Note that the reporting of a health

condition that might influence fitness to practise is itself an aspect of fitness to practise. As with all student matters within the University, confidentiality is assured and no disclosure of information will be made outside that necessary for the administration of the student's progress in the course.

*Important additional information:*

**Document.** HCPC Guidance on Conduct and Ethics for Students

**Document.** RCCP Code of Conduct

**Document.** AHCS Good Scientific Practice

### **9.1. Fitness to Practise Policy**

The University's Fitness to Practise policy is on the placement website. Students must ensure they have read it and are aware of the implications of not adhering to it.

*Important additional information:*

**Website.** Fitness to Practise policy

### **9.2. Health requirements**

If any student has a medical condition that requires regular treatment, for example, diabetes, asthma, epilepsy, depression, it is appropriate that they inform the Placement Supervisor and the Placement Coordinator. This is important for the student's safety and the information will be treated in a confidential manner.

### **9.3. Health status and immunisation**

It is the responsibility of all students to ensure their immunisation / vaccination history is complete, well documented and up to date.

### **9.4. Illness or injury on placement**

Students, as professionals, must be responsible for their own health. It is part of fitness of practise that students should do their best to stay healthy during placement and report any doubts about their ability to practice safely and effectively to their Placement Supervisor and/or Placement Co-ordinator.

Students who are injured, involved in an incident or involved in a near-miss while on clinical placement should take the following steps:

- Report the accident/incident to the Placement Supervisor immediately
- Complete an accident/incident report form for the organisation where the injury/incident occurred in line with local departmental procedure
- Complete a University of Southampton "Accident Report Form" available from the Programme Administrator. On returning the completed/signed form to the administrator, it will be forwarded to the University's Occupational Health and Safety Unit for their records

If students are exposed to infections to which they are not immune, they should seek advice from the Placement Supervisor.

**Note:** students should keep copies of all documentation for their own records.



## 9.5. Occupational Health and Disclosure & Barring Service checks

Students will have completed a Good Character form, where they will have agreed to disclose any changes to their Occupational Health or criminal record status to the Placement Coordinator immediately. Failure to declare any changes might lead to termination of enrolment on the programme. Some placement centres may wish to repeat these.

## 9.6. Alcohol

Alcohol consumption is **not permitted** for any staff and placement students during the working day **under any circumstances**. Students who ignore this will be referred to the University's disciplinary procedures as well as Fitness to Practise. Students should also be aware that excessive alcohol intake on the evening before a working day may impair your ability to carry out your work safely and effectively.

## 10. Assessment

See the module profiles for fundamental information about assessment. Additional details and guidance for preparing for assessment are provided here.

The **given deadlines** for formative and summative assessment will be provided separately and can be found on Blackboard.

### 10.1. Tasters

The following must be submitted at the end of the Part 1 taster placements:

1. For each placement, both students and Placement Supervisor must submit a Student's Placement Evaluation report within 1 week of the end of the placement. The forms can be found on the Placement Website. Any student whose evaluation report from the supervisor is not satisfactory will be required to meet with the Placement Coordinator on their return to University to discuss it.
2. Students must complete their Professional Development Portfolio (PDP) assignment by **the given deadline**.

*Important additional information:*

**Document.** End of Placement Evaluation

### 10.2. Year 2, Summer placement

All students must have a Feedback Visit **within a given period** towards the end of the summer placement. See Appendix 8 for more information.

Successful completion of the Summer placement module (Introduction to Clinical Placement) requires the following:

1. A satisfactory end-of-placement evaluation from the student's Placement Supervisor. This would normally require a 'satisfactory' rating in all areas. The evaluation must be submitted to the placement email address by **the given**

**deadline.** Students will not be penalised for late submissions by Placement Supervisors.

2. An end-of-summer-placement report, see separate form for instructions and assessment guidance, submitted to Pathbrite by **the given deadline**. Note that while this includes an evaluation of the placement centre, the content of that is NOT assessed, only that one has been completed professionally.
3. A minimum number of FDs submitted to Pathbrite by **the given deadline**. The criteria for this are as follows.
  - a. Normally, four Learning Contracts, at least one for each month of the summer placement, the content of which is not assessed
  - b. Normally, at least eight FDs in total within Section A of the IRCP; those FDs can be from any procedure
  - c. Normally, at least two FDs within Section B of the IRCP; those FDs can be from any appointment type.

The minimum number of FDs refers to what has been uploaded to Pathbrite NOT what is in the paper IRCP. Os and Ps do not count (because they are not uploaded to Pathbrite).

Late submission of the student evaluations and the information to Pathbrite will usually result in the student failing the module, not being able to progress to the Spring placement and having to transfer to the non-clinical pathway (Hearing Science).

Those three components are considered together and students must pass overall. For example, the information provided in one component may compensate for a student not meeting the normal criteria in other components. Note that the reports from the Feedback Visit are not included the above.

*Important additional information:*

**Document.** End of Placement Evaluation

**APPENDIX 8.** The Feedback Visit

### **10.3. Year 3, Spring placement**

Successful completion of the Clinical Placement requires the following to have been passed at the end of placement.

1. The IRCP:
  - a. All of Sections A and C of the Pathbrite IRCP should be complete by the date of the Assessment Visit and **MUST** be complete by **the given deadline**. If the deadline is not met, the assessment results **WILL** miss the June Exam Board and the student will not be able to attend graduation that summer.
  - b. Sections A4 (PTA with masking) and A11 (Impressions) plus all of Section B of the Pathbrite IRCP **MUST** be complete by **the given deadline** otherwise the assessment visit will be postponed until such time that they are complete. Postponing the assessment visit usually leads to the assessment results

missing the June Exam Board, leading to a delay in when the degree can be awarded and the student missing graduation that summer.

- c. The Assessment Visit and competency signatures **within a given period** (indicated in the list of deadlines). See Appendix 10 for more information. If you do not pass one section at first attempt (i.e. A4, A11, B1, B2, B3 or the presentation on B4 or B5, but only one of those), you will have an opportunity to retake it. The second attempt will lead to the assessment results missing the June Exam Board, leading to a delay in when the degree can be awarded and the student missing graduation that summer.
2. The submission by the student of an end-of-placement evaluation of the placement centre by **the given deadline** via Pathbrite. Late submissions **WILL** mean that the assessment results will miss the June exam board, leading to a delay in when the degree can be awarded and the student missing graduation that summer.

A score (%) for the clinical placement module will be determined by:

3. A Service Improvement Assignment. This must be submitted as instructed by **the given deadline**. Note that normal University penalties will occur for late submissions. See Appendix 11 for the assignment and more information.
4. A synoptic exam during the Catch-Up Day at the University **normally held during the University Easter Break** (see the list of deadlines for the date of the exam).
5. The Pathbrite PDP, see Appendix 9, by **the given deadline**. Late submissions risk not being assessed in time for the June Exam Board, leading to a delay in when the degree can be awarded and the student missing graduation that summer.

**There is an absolute deadline for receiving assessment and evaluation documentation from External and Internal Assessors**, given in the list of deadlines.

*Important additional information:*

**Document.** End of Placement Evaluation

**APPENDIX 9.** PDP

**APPENDIX 10.** The Assessment Visit

**APPENDIX 11.** The Service Improvement Assignment

#### **10.4. MSc placement**

Successful completion of the MSc Clinical Placement requires the following to have been passed at the end of placement:

1. The IRCP, see Section 15.5:
  - a. **All of Sections A and C** of the Pathbrite IRCP should be complete by the date of the Assessment Visit and **MUST** be complete by **the given deadline**.
  - b. Sections A4 (PTA with masking) and A11 (Impressions) plus all of Section B of the Pathbrite IRCP **MUST** be complete by **the given deadline** otherwise the assessment visit will be postponed until such time that they are complete.
  - c. The Assessment Visit and competency signatures **within a given period** (indicated in the list of deadlines). See Appendix 10 for more information. If

you do not pass one section at first attempt (i.e. A4, A11, B1, B2, B3 or the presentation on B4 or B5, but only one of those), you will have an opportunity to retake it.

2. The Pathbrite PDP, see Appendix 9, by **the given deadline**.
3. The submission by the student of an end-of-placement evaluation of the placement centre by **the given deadline** via Pathbrite.

If these deadlines are not met, if the assessment visit has to be postponed or a section of the assessment visit has to be retaken, the assessment results might miss the September Supplementary Exam Board and have to wait for the November/December Exam Board, which will delay when the degree can be awarded.

**There is an absolute deadline for receiving assessment and evaluation documentation from External and Internal Assessors**, given in the list of deadlines.

Assessment for the MSc placement is usually considered by the Supplementary Examination Board in September. Successful students will usually be awarded their degrees later in September or in October. The award letter is usually required by employers before a student can have their new appointment confirmed and also usually required by RCCP as part of an application for registration.

*Important additional information:*

**Document.** End of Placement Evaluation

**APPENDIX 8.** The Feedback Visit

**APPENDIX 9.** PDP

**APPENDIX 10.** The Assessment Visit

## **Appendix 1. Health and Safety guidance notes for students going on placement**

### **Introduction**

Placements provide an opportunity for you to apply skills acquired whilst at your institution to “real-life” situations. Many qualities can also be learned and developed during a placement that could improve your employment prospects. However, there are health and safety aspects to every placement, namely:

- being under the supervision of a third party
- being involved with, or undertaking, activities where you have little or no experience
- working in and visiting environments and locations that you are unfamiliar with

This guidance provides you with an awareness of the health and safety aspects of placements.

### **Health and Safety Responsibilities**

(a) Placement Providers – organisations providing placements

- A general duty to ensure your health and safety whilst on placement
- Take account of your potential inexperience for activities you’ll be expected to undertake and put into place appropriate controls
- Provide you with information, instruction, training and supervision

(b) Students

- Not to do anything that puts your or other people’s health and safety at risk
- Follow health and safety instructions, information and training
- Never intentionally misuse anything provided for health and safety reasons
- Bring any health and safety concerns to the attention of your placement supervisor and your placement co-ordinator at the University

### **Placement Preparation**

There are many aspects to placements that you have to prepare for, health and safety included. It is important that you:

- attend briefings prior to placements commencing as health and safety will be covered. This includes the Statutory and Mandatory training sessions. You will not be able to attend placements of any description if you have not satisfactorily completed this training. This means your enrolment on the programme may be terminated
- familiarise yourself with the health and safety aspects of placements, particularly you and your placement provider’s responsibilities, and what you should receive, particularly in the initial period

### **Information, Instruction, Training and Supervision**

These form the “backbone” of ensuring your health and safety whilst on placement and can include: classroom-type situations, health and safety notices and signs, safe working procedures. As soon as possible after commencing a placement you must receive a health and safety induction. If you do not receive an induction, then raise this with your placement provider.

As your placement progresses, so will the information, instruction and training you receive. Never undertake an activity or go into an area unless you have received appropriate information, instruction and training for you to feel competent and confident to carry on. Levels of supervision will vary from placement-to-placement and at points within a particular placement. Don't be afraid to ask questions of your supervisor and if you feel there is a lack of supervision then raise this concern.

## **Emergency Information**

Whilst on placement it is essential that you receive information and instruction on what action to take should an emergency situation arise. Such situations include:

- hearing the fire alarm
- discovering a fire
- requiring first aid assistance
- threat to personal safety
- spillage of a dangerous substance

If you are not made aware of what correct actions to take raise this with your placement provider. Such information must be given at the induction stage and where a change of work location or activity occurs.

## **Assessing and Controlling Risks**

Your placement provider is expected to determine the risks encountered with the activities you'll be involved with and put into place measures to control these risks. Such measures may be no different to those already in place for any of their employees. However, because of your potential inexperience, or other factors, a higher level of control measure may be required, especially in the early periods of the placement.

Measures to control risks can include:

- providing information, instruction, training and supervision
- having in place guarding, ventilation systems etc. to control risks at source
- ensuring equipment used is appropriate and in safe condition
- providing, and ensuring the use of, personal protective equipment and clothing

It is important that you are made aware of the risks associated with the activities you will be involved with and what is in place and required of you to control these.

## **Personal Protective Equipment (PPE)**

An element of controlling risks may be the use or wearing of PPE. PPE encompasses goggles, hard hats, ear defenders, face masks, overalls, gloves, waterproof clothing etc. If you are issued with PPE it is important you are made aware of:

- the reason it's required
- how to ensure a proper fit so it will work effectively
- how to maintain, store, recognise defects and action to take, and obtain replacements

If you believe an item of PPE is defective do not continue to use it.

### **Reporting Incidents and Health and Safety Concerns**

It is important that you report incidents – whether injury has resulted or not – that you are involved in. This will enable your placement provider to investigate the circumstances and take any necessary action. Reporting a “near miss” incident could ensure that nobody is injured next time. At induction, you must be made aware of the reporting procedures. If you do have any health and safety concerns during your placement the first action is to raise these with your placement provider. Where you believe, these concerns are serious also make your placement co-ordinator aware. Don't wait to the next scheduled visit or conversation.

Never undertake an activity, use equipment or go into an area unless you are competent and confident to do so.

### **Monitoring and Feedback**

You are an essential element in the monitoring of health and safety performance of your placement provider. Ensure you discuss health and safety aspects with your placement co-ordinator and complete any necessary paperwork that is required of you. At the end of your placement give thoughts on how you feel the placement provider approached health and safety. The information is very useful to the University as a means of reviewing the health and safety performance of the placement provider.

## Appendix 2. Extenuating unforeseen circumstances

To be considered for placement re-allocation or variation of placement periods, students must comply with the following:

1. Be able to demonstrate exceptional circumstances and hardship, which may include:

- Sudden illness
- Severe and sudden illness or death of a close relative
- Significant problems in role as carer
- Advanced pregnancy

2. Students must be able to demonstrate that they have exhausted all other avenues that would have avoided a variation to placement allocation or periods.

Please note:

Exceptional circumstances generally refer to **non-foreseeable and unavoidable** events such as those mentioned above (e.g. sudden severe illness).

Due to circumstances beyond the control of the University, it might not be possible, even in cases of acceptable exceptional circumstances, to vary the start time or end time for clinical practice. The University will look for avenues that will minimise the impact on students in such cases.

Variations of clinical practice time due to vacation purposes, birthdays or marriages of relatives, inability to book return flights from vacations or special flight offers are examples of non-exceptional circumstances.



### Appendix 3. Placement Supervisors: pre-placement check list

Have you...?	Yes/No	Action
<p>▶ <b>Received information from the University Placement Coordinator about:</b></p> <ul style="list-style-type: none"> <li>• Student's name and contact details</li> <li>• Placement dates</li> <li>• Special circumstances or considerations e.g. family commitments, medical condition. (Student will have given permission for university to disclose, but remains confidential)</li> <li>• Student's academic attainment if relevant</li> <li>• Dates and Deadlines (available on placement website)</li> </ul> <p>▶ <b>Been contacted by the student?</b></p> <ul style="list-style-type: none"> <li>• To arrange for student to visit pre-placement</li> <li>• For you to advise about accommodation if appropriate</li> <li>• To discuss 1<sup>st</sup> day arrangements</li> <li>• To discuss dress /uniform requirements</li> <li>• To discuss out-station clinics</li> </ul> <p>▶ <b>Familiarised yourself with Placement Handbook, Individual record of Clinical Practice (IRCP), Learning Contracts and all other processes?</b> Note: there may have been changes since last year</p> <p>▶ <b>Organised your own supervision and support as well as that of your student?</b></p> <p>▶ <b>Organised cover for any annual leave you may be taking?</b></p> <p>▶ <b>Informed colleagues (and patients) that you will have a student working with you? And briefed any colleagues that may be involved in supervision?</b></p> <p>▶ <b>Organised the following paperwork?</b></p> <ul style="list-style-type: none"> <li>▪ Honorary contract, DBS and OH checks if required by your organisation.</li> </ul>		

Have you...?	Yes/No	Action
<p>▶ <b>Attended university's supervisors' information/training day in last 2 years?</b></p> <p>▶ <b>Produced a Student Resource File which:</b></p> <ul style="list-style-type: none"> <li>• Might expand on the University's information given to the student pre-placement</li> <li>• Will provide useful information for the student to read as part of their induction and during placement</li> <li>• Is available for the student (and any staff new to supervision) to dip into, add to, and update</li> </ul> <p>and <b>might include</b></p> <ul style="list-style-type: none"> <li>• Orientation checklist</li> <li>• Staff lists and contact numbers</li> <li>• Maps of hospital and local area and leisure facilities</li> <li>• Examples of student and staff timetables</li> <li>• Detailed description of audiology services provided by centre</li> <li>• Common conditions seen</li> <li>• Approaches to patient journeys with evidence base (i.e. clinical policies and procedures)</li> <li>• Case histories (anonymous and confidential)</li> <li>• Weekly objectives</li> <li>• Example job descriptions for various staff bands</li> <li>• Forms and policies used locally</li> <li>• Relevant articles</li> <li>• Tutorials lists of topics and local expert with contact no .so student can arrange</li> <li>• Outstation/peripheral clinic information</li> <li>• Reading lists</li> <li>• Health and Safety Policies</li> <li>• Risk assessment</li> <li>• Other relevant policies/guidelines</li> <li>• 1<sup>st</sup> hand accounts and reflections from previous students</li> </ul>		

## Appendix 4. Placement Supervisors: induction check list

Have you...?	Yes/No	Action
<ul style="list-style-type: none"> <li>▶ <b>Welcomed the student?</b></li>   <li>▶ <b>Introduced the student to:</b> <ul style="list-style-type: none"> <li>• Department / Unit / Work base</li> <li>• Audiology colleagues</li> <li>• Any other colleagues e.g. nursing, ENT, secretarial</li> </ul> </li>   <li>▶ <b>Clarified expectations about:</b> <ul style="list-style-type: none"> <li>• Uniform &amp; professional presentation</li> <li>• Punctuality</li> <li>• Attendance e.g. of out-station clinics</li> </ul> </li>   <li>▶ <b>Discussed your and your student's:</b> <ul style="list-style-type: none"> <li>• Previous experience</li> <li>• Expectations of the placement, student and yourself</li> <li>• Aims &amp; objectives for the student and placement</li> </ul> </li>   <li>▶ <b>Agreed an initial Learning Contract with the student to include the above?</b></li>   <li>▶ <b>Provided a timetable for at least the first 4 weeks?</b></li>   <li>▶ <b>Given the student:</b> <ul style="list-style-type: none"> <li>• The Student Resource File (which may be online folder including clinical policies and procedures)</li> </ul> </li>   <li>▶ <b>Addressed health and safety?</b> <ul style="list-style-type: none"> <li>• Booked a place on your organisation's mandatory Induction Course if required</li> <li>• Explained about health and safety policies in your department/area</li> </ul> </li>   <li>▶ <b>Discussed extra considerations that may affect placement management? These may be CONFIDENTIAL. E.g.:</b> <ul style="list-style-type: none"> <li>• Service changes / reviews / moves</li> <li>• Staff sickness / annual leave</li> <li>• Special circumstances of student (if known), e.g. dyslexia</li> <li>• Student's family/work/social/university commitments</li> </ul> </li> </ul>		

Have you...?	Yes/No	Action
<p>▶ <b>Planned daily and weekly supervision of student?</b></p> <ul style="list-style-type: none"> <li>• Explained how this will be organised</li> <li>• Explained methods of recording progress in the Individual Record of Clinical Practice (IRCP)</li> <li>• Explained how feedback will be given – both written (in IRCP) and verbal</li> <li>• Explained how student can feedback to yourself</li> </ul> <p>▶ <b>Planned regular (minimum two per month) tutorials with student?</b></p> <ul style="list-style-type: none"> <li>• Explained how this will be organised</li> <li>• Explained what is expected from student (e.g. discussing progress with professional development portfolio, reviewing and renegotiating learning objectives contained in the Student Learning Contract)</li> </ul> <p>▶ <b>Explained about departmental routine and administration tasks?</b></p> <ul style="list-style-type: none"> <li>• Hours of work, weekly time-table</li> <li>• Tea / coffee / lunch breaks</li> <li>• Toilet / locker facilities</li> <li>• Car parking</li> <li>• Use of desk space</li> <li>• Telephone systems and taking messages</li> <li>• Access to computer, email, internet, etc.</li> <li>• Library facilities</li> <li>• Clearing up after self/others</li> <li>• Locking up procedure / department security</li> <li>• Petty cash</li> <li>• Procedures for sick leave/annual leave</li> <li>• Regular staff meetings, journal clubs, etc.</li> <li>• Other specific department / service routines</li> </ul> <p>▶ <b>Explained about clinical service routines? E.g.:</b></p> <ul style="list-style-type: none"> <li>• Patient registers / statistics</li> <li>• Patient notes / record systems</li> <li>• Assessment forms and clinical care pathways</li> <li>• Equipment stores, booking &amp; ordering</li> <li>• <b>CONFIDENTIALITY</b></li> </ul>		

## Appendix 5. Placement Supervisors: end of placement check list

Have you...?	Yes/No	Action
<p>▶ <b>Asked colleagues for their feedback on student's performance before writing report?</b></p> <p>▶ <b>Asked student to reflect on and discuss their performance informally before writing report?</b></p> <p>▶ <b>Discussed report with student to allow student time to reflect on it and make comments?</b></p> <p>▶ <b>Sent copy to University Placement Coordinator with a copy for:</b></p> <ul style="list-style-type: none"> <li>• Student</li> <li>• Self</li> </ul>		

## Appendix 6. Students: preparation for the initial meeting with your Placement Supervisor

This section is intended to help the student prepare for their first meeting with their Placement Supervisor during which the first Learning Contract (and in preparation for the SWOT analysis) will be completed.

Before the meeting, the student should write down interests or issues they would like explored during this placement. It might be sensible to wait a day or so before meeting with the supervisor so the student has a chance to think about the issues and interests. These ideas can always be firmed up at the initial meeting and, indeed, at later meetings.

The discussion should form the basis of the Learning Contract.

<b>STRENGTHS</b>	
What have you had experience with to date? i.e. work experience, holiday jobs, volunteer groups etc.	
What are you already good at? i.e. talking with the public, explaining things, showing initiative, interacting with children etc.	
What do other people see as your strengths? i.e. interpersonal skills, attention to detail, knowledge etc.	
<b>AREAS FOR DEVELOPMENT</b>	
What don't you know? i.e. complex audiological procedures, child development, scope of an audiologist etc.	
What could you improve? i.e. talking with people with communication difficulties, basic audiometric procedures, building confidence etc.	
What do you find difficult? Talking with strangers, working with children, masking, identifying abnormal TM etc.	
<b>EXPECTATIONS OF PLACEMENT</b>	
What are you looking forward to about your placement?	
Do you have any apprehensions about your placement?	

## Appendix 7. Dress code

1. Non-verbal communication is at least as important as verbal communication. This is particularly so in health care and for hearing-impaired service users. Furthermore, how a student or health-care professional appears to people with whom (s)he interacts, including service users, relatives or colleagues, is perhaps as important as what (s)he says. Her/his appearance might also affect her/his ability to undertake educational or professional activities appropriately.
2. Accordingly, there are three guiding principles to which you, the student on placement, must adhere during all placement-related activities. These are:
  - a. You shall dress in a manner that facilitates, and does not detract from, effective and sensitive communication
  - b. You shall dress in a manner that facilitates, and is appropriate for, the physical activities in which you are involved
  - c. You shall dress in a manner that is consistent with the HCPC Standards of Performance, Conduct and Ethics, e.g. treating service users with respect and promoting a positive image of your profession.
3. For example, the following are not permitted when participating in any placement-related activity, as they are deemed to be incompatible with effective and sensitive communication in this context:
  - a. Dressing in such a way that could be seen as politically, culturally, ethnically or sexually provocative or inappropriate. E.g. clothing with slogans and revealing clothing
  - b. Covering of the face, such as to potentially interfere with access to speech-reading (including lip-reading) and facial expressions
  - c. The following are not permitted as they are deemed to be incompatible with effective and sensitive communication: visible body art (unless approved by your placement provider) and large amounts of body and face jewellery
4. You must be clean and smartly dressed with your identification badge clearly visible at all times on placement. Hair should be tidy and jewellery should be discreet and conservative. Shoes should be practical, e.g. most organisations will not allow open toe sandals. Piercings, apart from a single discrete earring in each ear, should be removed.
5. Placement providers will have their own dress policies, e.g. related to hygiene, and these must be adhered to during placements. You should discuss the placement provider's dress code with your Placement Supervisor prior to commencing the placement to ensure you know what is expected of you. This is likely to mean, 'Bare below the elbow' where no clothing or jewellery, should be worn below the elbow. Short, neat and clean finger nails, free from any varnish or extensions.
6. Failure to comply with the above may initially lead to you being excluded from placement and expected to make up the lost time. Repeated failure to comply despite warnings may lead (and has led) to a student having their placement terminated, failing their placement and being referred to the Fitness to Practise process.
7. Religious requirements regarding dress that you may have will be treated sensitively and will be agreed on an individual basis with the Placement Supervisor.

## Appendix 8. The Feedback Visit

After approx. 4 months on placement, the student will be visited in their placement centre by a visiting audiologist from a paired centre ('Buddy centre'); see the formal Feedback Assessment period in the Dates for the Diary document. The purpose of the visit is purely to give constructive feedback to the student, to facilitate their learning and to share good practice and experiences. There is no element of summative assessment to the visit.

There will also be opportunities to discuss settling in and progress one-to-one. Undergraduate students will have a debriefing session on returning to the university after their summer placement, with one-to-one meetings with the placement team if requested; postgraduate students will have an interview (usually by telephone) with the placement team. In preparation for these discussions, the student will be asked to complete a short report form. For all students, the Placement Supervisor will have a discussion (usually by telephone) with the placement team. The University staff will be in touch to arrange these.

During the feedback visit, the Visitor and the Placement Supervisor will observe the student carrying out several patient appointments across one session (i.e. half-day). We prefer these to include: (1) a hearing aid fitting (Section B2 of the IRCP; please allow one-hour for the appointment); (2) either a direct referral (Section B1) or re-assessment (Section B3) (please allow one-hour for the appointment); (3) either a follow-up (Section B4) or repair (Section B5). This is not a stipulation and we encourage placement supervisors to use their judgement, in consultation with the student and the visitor, to determine where the student would most benefit feedback and to keep the session as effective and natural as possible.

It is essential that the feedback is with respect to the *IRCP Descriptions* (the nationally agreed criteria for a student having Fully Defined in Sections and Sub-sections, which refers to BSA and BAA guidance; note, please use current versions of those guidance documents, e.g. BAA criteria for Direct Referrals), the *HCPC Standards of Conduct, Performance & Ethics*, and the *NHS Constitution (including the Principles & Values that Guide the NHS)*, all of which as are available from our website.

### Task for Visitor

The task for the Visitor is to observe, encourage and provide feedback to the student in three ways:

1. Verbal encouragement and feedback
2. Completion of the relevant Feedback Visit forms for the type of appointment (B1-5) **with respect to the IRCP Descriptions**
3. A feedback summary form, completed in consultation with the Placement Supervisor, at the end of the feedback visit. This aims to focus on the key messages giving the student some targeted feedback regarding their strengths and limitations and highlighting some short and longer term goals and actions.

The forms are available on our placement website. Once completed, they should be shared with the student, the Supervisor and the University Placement Team in electronic form as soon as possible after the visit. Please also flag up any concerns regarding the student's progress or conduct with the University Placement Team as soon as possible.

**The Visitor should not sign-off the student as <P, P or FD. They should only provide feedback. Nor should the Visitor attempt to approach the session like as an Assessor or as if it is an Assessment Visit. It is not an assessment.**



It is the responsibility of the Visitor to submit the forms (electronically).

### **Task for Supervisor/Local clinician**

The task for the Placement Supervisor is also to observe, encourage and provide feedback to the student via:

1. Verbal encouragement and feedback
2. Completion of, and provision of feedback through, the IRCP as appropriate
3. Discussion with the Visitor regarding the feedback summary form.

Please flag up any concerns regarding the student's progress or conduct with the University Placement Team as soon as possible.

### **FAQs**

*FAQ: Who can visit a student from the buddy centre?*

Any clinician who is approved to complete the IRCP for their home student.

*FAQ: Who can sit in with the student from the placement centre?*

This should be the Placement Supervisor. If this is not possible, any of the staff involved in the student's supervisors would be acceptable. It is important to recognise that the visitor is not responsible for the student or the patient.

*FAQ: What if the student asks if they would have been FD-ed had it been an assessment?*

The Visitor should not be drawn into answering this. The focus of the session is on encouragement and feedback regardless of the level of competence the student has reached. The Placement Supervisor can discuss this when debriefing the student and providing feedback through the IRCP.

*FAQ: Should I (the Placement Supervisor) arrange special patients for the session?*

The Feedback Visit is more informal than the end-of-placement Assessment Visit, and so it may not be necessary to arrange special patients. See our advice on the previous page about preferred appointments.

*FAQ: What should I do if I (Visitor or Placement Supervisor) am concerned about a student's progress or conduct?*

It is imperative that you inform the University Placement Team as soon as possible of any concerns you have so that it can be documented and the appropriate action can be taken (e.g. additional support, a formal progress review, fitness to practice process...). We must avoid, for example, the situation arising that undergraduate students return to placement in January without concerns having been raised and actioned. If in doubt, contact the University Placement Team.

*FAQ: Should we all have an enjoyable session?*

Definitely!

## Appendix 9. PDP

### Introduction

During your degree, you will have the privilege to work with healthcare professionals based in hospitals, community services or the private sector. It is an opportunity for you to see first-hand how the knowledge and skills you have learned during your degree are applied in practice. Many students comment that it is one of the most rewarding and enjoyable parts of the course.

The aims of this Professional Development Portfolio (PDP) are to:

- Enable you to record your experiences during placement and develop reflective practice skills
- Help you consider competence-based development
- Develop a portfolio of evidence in-line with the NHS Knowledge and Skills Framework that illustrates your learning while on placement

Keeping the information within your portfolio is important for many reasons. All the information gathered can be used by both yourself and others as evidence of your professional and clinical development.

Undergraduate students completing taster placements will only collate a limited amount of evidence as there will not be the time to consider all professional competencies. However, the skills you acquire whilst completing your taster placements will be invaluable when completing the portfolio during long block placements or other courses of study as you pursue a career as a Healthcare Scientist.

Remember that completion of your degree does not mean completion of your learning. On the contrary, it is just the beginning of your continuing professional development.

Your PDP will consist of two elements, both of which are described in more detail below:

1. You will collect evidence, and structure it, around the NHS Knowledge and Skills Framework (KSF)
2. You will be expected to write reflectively, and this will form some of the evidence for the first element

The first rule of PDP is:

**NO PATIENT, COLLEAGUE OR PLACEMENT TEAM SHOULD BE IDENTIFIABLE FROM YOUR PDP**

## **Evidence and structuring**

Your Pathbrite PDP provides information and guidance on the areas that you need to provide evidence on and the criteria for the minimum professional development you must achieve. For each area, you will be asked to provide several forms of documentation/evidence and an account of how each piece of documentation/evidence demonstrates you have met the criteria.

## **Reflecting**

Reflective work will form some of the evidence for your PDP as well as to develop your reflective practice skills in their own right. A key skill of a health care professional is to learn how to reflect on practice. This is an essential skill that helps progress learning and helps you make sense of challenging or successful experiences on placement.

Reflection is to examine an experience rather than just doing it. By developing the ability to explore and be curious about our own experiences and actions we suddenly open up the possibilities of purposeful learning, derived not from books or experts, but from our work and our lives. This is the purpose of reflection: to allow the possibility of learning through experience before, during or after it has occurred. In order to reflect effectively you need to consider the following:

- A commitment to self-development
- Honesty within yourself
- Awareness of things you don't know
- Openness to experience
- Questioning nature
- Willingness to take responsibility for your own actions
- Willingness to learn with and from others' viewpoints

In reflecting deeply, you don't just have a quick think about experiences. Time should be put aside to structure thoughts and think on different levels.

Remember, this is your PDP and it is your responsibility to complete it. Neither your placement supervisor nor any of the staff at the university are going to drive the process so it is entirely up to you.

## Assessment Criteria for Pathbrite PDP

Stage 1 of assessment is used for both undergraduate and Master’s PDPs and is a general review of the whole PDP. It determines whether your PDP has met the minimum criteria or not (see the table below). You must pass ALL five criteria to pass Stage 1.

Stage 2 of assessment (see the table on the next page, below) is used for undergraduate PDPs only, as they require a specific %, and not only a pass at Stage 1; if you do not pass Stage 1, you are given a score of 0 and the PDP is not assessed at Stage 2. Note that the information below is for guidance only and not a prescription; excellence in other aspects of the domain can be rewarded too.

Hints and tips regarding Stage 2 are available in the electronic version of the second table on Blackboard (formatted as ‘hidden text’ so as not to prevent a clear overview of the criteria) and can be revealed by clicking on the backwards P symbol in MS Word, above.

<b>Stage 1 of assessment: pass vs. fail (UG and MSc)</b>	
<b>Pass</b>	<b>Fail</b>
<ol style="list-style-type: none"> <li>1. The minimum quantity and types of uploads are present for all indicators as indicated on Pathbrite.</li> <li>2. The uploads and associated Pathbrite descriptions for each indicator provides sufficient evidence that it has been met. (It is possible that not all documentation provided is relevant.)</li> <li>3. There is at least one piece of Gibbs-based reflective work for each dimension that contains:               <ol style="list-style-type: none"> <li>(i) concrete experience (i.e. thorough description of the experience);</li> <li>(ii) reflective observation (e.g. describe feelings, thoughts and reactions at the time and now, and/or evaluating the experience with respect to aims/goals, describe alternative choices);</li> <li>(iii) analysis and conclusions (e.g. factors influencing what happened, connecting with other experiences or events, role of attitudes/beliefs, relating to theory/evidence, drawing conclusions);</li> <li>(iv) moving forward / action plan (e.g. influence of experience on thinking/acting, concrete ideas on what to do next time and why, how to judge effectiveness of any changes, learning needs)</li> </ol>               Note that criterion 1 may require that there be multiple reflective accounts per dimension; criterion 3 requires that at least one of those be strong.             </li> <li>4. Throughout, service user, colleague and placement centre confidentiality is adhered to. Even one mention of a name without evidence of that person’s permission having been given will result in a fail of this criterion. This criterion also requires you not to share confidence information about your placement centre, e.g. financial or commercially sensitive information in the minutes of a meeting.</li> <li>5. Throughout, work is intelligible, demonstrates professional manner and contains few typographical errors.</li> </ol>	<p>Not all of the criteria (i.e. failed one or more of the pass criteria)</p>

	Stage 2 of assessment: % (UG only)				
	1 <sup>st</sup> (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3rd (40-49%)	Fail (0-39%)
<b>Styles</b>	A variety of styles of non-reflective evidence present across all indicators with cross-reference to other evidence items (Reflective or non-reflective).	A variety of styles of non-reflective evidence present across all indicators.	More than one style of non-reflective evidence present across all indicators.	Single style of non-reflective evidence present for all indicators	<p>May contain elements of 3<sup>rd</sup>.</p> <p>Note that you must pass at Stages 1 and 2 to pass overall. It is possible to pass at Stage 1 and fail at Stage 2.</p>
<b>External references</b>	Reflective AND non-reflective evidence supported by external sources of information. Referenced in a standardised academic style. Theory from literature applied to procedural actions (e.g. audiological technique) <b>and</b> other generic behaviours and thought processes (e.g. self-evaluation in social or emotional context)	Reflective AND non-reflective evidence supported by external sources of information. Referenced in a standardised academic style.	Reflective <b>or</b> non-reflective evidence supported by external sources of information. Referenced in a standardised academic style.	Reflective <b>or</b> non-reflective evidence supported by external sources of information.	
<b>Critical analysis</b>	Critical analysis of events considering <b>all</b> of the following pairs of factors; past and/or future, self and others, thoughts (e.g. ideas, problem solving) and/or emotions (e.g. reactions, impulses)	Critical analysis of events considering <b>some</b> of the following pairs of factors; past and/or future, self and others, thoughts (e.g. ideas, problem solving) and/or emotions (e.g. reactions, impulses)	Description of events considering <b>some</b> of the following pairs of factors; past and/or future, self and others, thoughts (e.g. ideas, problem solving) and/or emotions (e.g. reactions, impulses)	Description of events considering <b>at least one</b> of the following pair of factors; past and future, self and others, thoughts (e.g. ideas, problem solving) and/or emotions (e.g. reactions, impulses)	
<b>Action plan</b>	Conclusions of analysis used to create action plan; specific, measureable, realistic and time-based	Clear action plan; specific, measureable, realistic and time-based	Clear action plan; some evidence of; specific, measureable, realistic and time-based	Vague plan presented	

## **Appendix 10. The Assessment Visit**

The aim of this Appendix is to indicate the format of the Assessment Visit and to provide some guidance, especially to students, when preparing for them. Please read the below alongside the other relevant parts of the Placement Handbook and also alongside the descriptions of the relevant clinical sections of the IRCP. The following applies to all students.

The Assessment Visit will require one day per student and is carried out by an Internal Assessor (usually the lead Placement Supervisor), who must be present throughout and take responsibility for the care of the patient, and an External Assessor, who is from or has been appointed by the University. Both Assessors must complete a declaration form and specific training prior to undertaking assessments. An External Assessor might be shadowed by a Trainee Assessor, if agreed by the Internal Assessor and student, although the Trainee Assessor does not participate in the discussion and judgement about the student's performance.

### **Appointments**

Students must be assessed conducting the following appointments with patients: B1 (Direct Referral), B2 (New Fitting) and B3 (Reassessment).

Students must also be assessed conducting Pure-tone Audiometry with Masking and Impressions. These will hopefully take place during the above appointments. However, there must be an arrangement in place to allow assessment of them if that does not happen during the appointments; that arrangement will preferably involve a patient but could involve a member of staff simulating a patient if absolutely necessary.

### **Timings**

The day should be structured as follows. Note that components indicated "strict" should normally be terminated once the allotted time has been reached. Should that happen for an appointment, the Placement Supervisor or a colleague should normally complete the appointment in the absence of the student. (Note the use of the word "normally" above: this is intended to provide the Assessors with some discretion, for example if the patient genuinely requires longer or if there have been reasonable delays; discretion should not be used just because the student has demonstrated poor time management.)

The order of the appointments across the day is left to the discretion of the Placement Supervisor and the student. It is advisable to have back-up patients booked in just in case the intended patient is very late, cancels, does not attend or unexpectedly presents with more complexities than is reasonable to expect the student to deal with.

Plenty of time must be scheduled for discussion with the Assessors before and after the appointments, in order to give the student reasonable opportunity to demonstrate the relevant knowledge, skills and attitudes in response to questions.

The Internal Assessor should liaise with the External Assessor regarding arrangements for the day.

Briefing of student by the Assessors: approx. 5 min

Appointment 1: 1 hour, 40 min

- Preparation: approx. 10 min
- Discussion with Assessors: approx. 10 min
- Appointment: 1 hour strict
- Record keeping: approx. 5 min
- Discussion with Assessors: approx. 15 min

Appointment 2: 1 hour, 40 min

- Same as above

Appointment 3: 1 hour, 40 min

- Same as above

Briefing of student for presentation: approx. 5 min

Student is given topic of, and prepares for, presentation while Assessors discuss the appointments and IRCP: 30 min strict

Student's presentation: aim for 5 min; no more than 7 min strict

Assessor and Placement Supervisor discuss: approx. 30 min

Assessor debriefs student: approx. 10 min

### **The presentation**

The presentation after the appointments will be used in addition to the appointments to assess the student related to Repair or Follow-Up appointments. The student will be given a clinical dilemma. They will have up to 30 min to prepare to explain the issues involved in the dilemma and how they would manage it; the student is allowed to make notes and hand-draw supportive diagrams to use during the presentation but not use electronic equipment during the preparation or the delivery of the presentation. The student then has 5 min to explain their thoughts. Note that presentation skills per se are not being assessed; the student's thoughts are. That said, the student needs to convey their thoughts comprehensibly and coherently to the assessors, as they might give an explanation to a service user or colleague.

### **Reminders of key references for appointments**

Students will be expected to be fully conversant with, be able to apply and be able to account for their practice with reference to the most recent version of the following standards as well as recognizing important limitations of those standards, along with other sources of evidence. That is not to say that it is expected that students must conduct all of the following procedures during their appointments; the procedures conducted must reflect the needs of the patient. However, students will be expected to be able to discuss these documents in the contexts indicated, come what may in the appointments.

### *Throughout*

- NHS Constitution (including Principles & values that guide the NHS)
- HCPC Standards of Conduct, Performance & Ethics

### *B1. Direct Referral*

- BAA Direct Referral Guidelines
- BSA Common Principles Of Rehabilitation For Adults With Hearing- And/or Balance-Related Problems In Routine Audiology (aka BSA Principles of Rehab)
- BSA Recommended Procedures for Ear Examination, Pure Tone Audiometry, Uncomfortable Loudness Levels, Tympanometry (adults), Aural Impressions (adults) and any others that apply with the specific patient seen

### *B2. Fitting*

- BSA Principles of Rehab
- BSA Recommended Procedure for Ear Examination
- BAA & BSA Guidance on Rear Ear Measurements (adults)
- ...and any others that apply with the specific patient seen

### *B3. Reassessment*

- BAA Direct Referral Guidelines 2009
- BSA Principles of Rehab
- BSA Recommended Procedures for Otoscopy, Pure Tone Audiometry, Tympanometry (adults) and Impressions (adults)
- BAA & BSA Guidance on Rear Ear Measurements (adults)
- ...and any others that apply with the specific patient seen

### *Impressions*

- BSA Recommended Procedure for Otoscopy and Impressions (adults)
- ...and any others that apply with the specific patient seen

### *Pure-tone Audiometry with Masking*

- BSA Recommended Procedures for Ear Examination and Pure Tone Audiometry with Masking
- ...and any others that apply with the specific patient seen



## Appendix 11. Service Improvement Assignment

### General instructions:

- This assignment is required for undergraduate audiology students only. MSc students do not need to complete it, although may choose to use it as a template for an assignment that can provide evidence towards their PDP.
  - Undergraduate students are not required to start work on this assignment until the Spring placement in Part 3. However, you may wish to begin planning for it during the Summer placement in Part 2.
  - This assignment will count 30% of your mark for AUDI3007, which is worth 60 credits (i.e. half of Part 3). You must pass this assignment in order to pass the module, and you must pass the module in order to pass Part 3. See the module profile for more information.
  - Don't forget to include this assignment in your PDP as one element of evidence for Core Dimension 5: Service Improvement.
  - Max 12 pages of A4 for main text, see specifics below (12-pt font, 1-pt-line spacing)
  - Use appendices as you see fit (e.g. diagrams, tables, technical information, quotations...)
  - Title page, appendices and references are not included in page count
  - Aim to spend approx. 15 hours on this assignment, approx. 5 hours' general background reading
  - Submit the assignment electronically via e-Assignment or as instructed nearer the time
  - You must complete all four sections below
  - The assignment is marked out of 90. See the marks available for each section and sub-section, the tips at the end of each section and the assessment guide at the end of the document. Note that 10 marks are set aside for presentation, including the clarity and succinctness of your writing.
  - You are not expected to undertake the audit as part of this assignment. Nevertheless, you and your Placement Supervisor may decide to follow it through. If so, you can use that as additional evidence towards your PDP. It will also enhance your skills and your CV.
-

## 1. Background: Clinical governance, clinical audit and behaviour change [20 marks]

The first step is to make sure you understand the general context and language for service improvement and clinical audit, and how they relate to behaviour change in general terms. That said, you might find that putting that into context of your specific problem in subsequent steps helps you understand the background. You do not have to complete Section 1 before moving onto Section 2, although it is recommended that you spend some time on the background before moving on.

- a. Explain briefly what is meant by clinical governance, service improvement and clinical audit. (Not financial audit.) Explain also how they relate to each other and why they are important. For example, are they the same thing? Are they different, and if so how? [5 marks]
- b. Explain briefly the processes involved in clinical audit, sometimes referred to as the audit cycle [5 marks]
- c. Discuss the challenges of individual, departmental and organisational behavioural change and how this might be brought about. [10 marks]

### Maximum 3 pages

#### *Tips:*

- *There are many published books and articles on the subject of clinical governance and audit that you might find useful. Try the electronic resources held by Hartley Library as a starting point. The audit cycle is often best described with the aid of a diagram.*
  - *Using examples of clinical governance and audit from audiology allows you to demonstrate your understanding of the concepts in the context of our field of interest. Your examples may be drawn from the experiences of you or your colleagues or could be hypothetical.*
  - *Explore and refer to theory and evidence on behaviour change, for example the NICE document 'How to change clinical practice' saved in the UG Part 3 > Service Improvement Assignment section of the Audiology Placements Blackboard module, the COM-B model and the Behaviour Change Wheel. See: <http://www.behaviourchangewheel.com/> where an informative online book can be purchased for £3.99. You might find this book helpful for your clinical practise more generally as well as preparing for your other placement assessments.*
-

## 2. Planning your audit: Identify and justify the need for change [20 marks]

The second step is to think about what aspect of your service you would like to focus on and what adequate performance of your service in that regard would 'look' like. You can discuss your ideas with your Placement Supervisor and other colleagues.

- a. Identify a specific aspect of your local service that should be audited and potentially improved. Explain why you chose this aspect of the service. As part of this, discuss existing evidence about the quality of the service; the barriers and challenges to the sorts of changes that might be necessary following the audit; how those barriers might be overcome. [10 marks]
- b. State and justify a specific audit standard for that aspect of your service. The audit standard defines very specifically what aspect of service you are auditing, how it will be measured and what result would need to be achieved for that aspect of the service to be considered adequate. [10 marks]

### Maximum 3 pages

#### *Tips:*

- *Consider various factors when weighing up which aspect of your local service you might choose to audit, not just what comes to mind first. For example, how important that aspect of service might be to service users or policy makers (e.g. does it relate to local or national policy or strategic priorities), how you will 'operationalise' it (e.g. quantify it), how far from the audit standard it might already be, initial thoughts on why it may not be reaching the audit standard and how amenable the situation might be to change. Avoid picking aspects of service that are huge or trivial, and aspects that no one knows how to measure or change.*
  - *Refer back to the reading and thinking you did in Part 1 on behaviour change; you get to put that into context of your problem in this section. You might find that doing so also helps you think about Part 1. Learning is not a linear process.*
  - *Think very carefully about your audit standard and read guidance on setting one. For example, it must be specific enough to measure your service against it – if it is vague, how will you know if your service meets it or not? It must also be reasonable. That is not to say it shouldn't be challenging, but you will need to persuade other people of it, especially if the outcome of the audit is that a lot of change is required. To help you formulate a reasonable audit standard, you could use published scientific findings, health care guidance documents e.g. NICE, verbal accounts from colleagues, details of your clinical observations or any other evidence that is justifiable as an informative source to justify your choice of a particular aspect of service. Documents published by reputable institutions carry more weight but it's worth considering the qualitative value of other types of evidence, depending on the argument you are making.*
-

### 3. Planning your audit: Communication and consultation [20 marks]

Before undertaking an audit, it is highly advisable to consult with people on your plans, the audit standard, the potential changes that might be implicated and how it might affect them. This next step requires you to talk to key individuals who might be involved in or affected by the audit to assess their opinions.

- a. Who will you consult and how? Justify your selection of those key individuals (also known as 'stakeholders') and the process you will use to gather their views [5 marks]
- b. Undertake the consultation. Describe and critically evaluate up to five important findings from it that pertain the potential viability, value and timing of the audit. Any quotations from the consultation must be anonymous. [15 marks]

#### Maximum 3 pages

##### *Tips:*

- *See page 12 of the NICE document 'How to change practice' saved in the PDP section of the Placements Blackboard module.*
  - *The consultation should cover a range of factors such as physical, social, emotional and economic. You should definitely include at least one service provider (e.g. clinician from your audiology team). You are encouraged to include a service user (patient) and other local professionals with different roles/agendas to widen the perspective of the information gathered. Taking the easy route here (e.g. asking one friendly clinician who already agrees with you) will make it much harder in the long run (e.g. when completing Section 4).*
  - *You might find it useful to put transcriptions or responses from your consultation responses and conversations in an appendix.*
  - *You are not expected to undertake the audit as part of this assignment. Nevertheless, you and your Placement Supervisor may decide to follow it through. If so, you can use that as additional evidence towards your PDP. It will also enhance your skills and your CV.*
-

#### **4. Reflection [20 marks]**

Write a reflective account of your experience of the consultation in Section 3 given your plans in Section 2 and your background knowledge from Section 1, using the Gibbs model of reflection.

#### **Maximum 3 pages**

*Tips:*

- Follow the questions stated in the Gibbs template *saved in the Supplementary Placement Handbook on the PDP*. This will promote the in-depth reflection expected at this level of clinical practice. Additional guidance on using the Gibbs reflective model can be found on the internet.
- The experience of talking to key individuals and presenting your findings should yield plenty of detail for the reflective account. Your reflection could cover any aspect of the experiences. It could focus on organisational, social, ethical or operational issues for example.
- While not part of this assignment, you are encouraged to present your thoughts and experiences from this assignment to your team. The PowerPoint slides and feedback from colleagues can then be used as evidence towards various Indicators in various Core Dimensions in the PDP.

---

#### **Overall presentation [10 marks]**

---

The assessment guide follows on next page...

**Assessment Guide: Service Improvement Assignment.** The below marking guide is intended to provide examples of differences we would expect to see between grades; it is not intended as a prescription or a recipe for success.

	<b>A (70-100%) [85%]</b>	<b>B (60-69%) [65%]</b>	<b>C (50-59%) [55%]</b>	<b>D (40-49%) [45%]</b>	<b>E (below 40%)</b>
<b>Section 1</b>	Definitions are given with articulate explanation demonstrating comprehensive understanding of their function. Demonstrates knowledge and understanding of relationship between concepts. Creative and varied contextual examples given showing understanding of the concepts in the real world. References are given.	Definitions are given with complete explanation demonstrating clear understanding of their function. Demonstrates knowledge and understanding of relationship between concepts. Clear contextual examples given showing understanding of the concepts in the real world. References are given.	Definitions are given with sufficient explanation to demonstrate understanding of their function. Clinical governance, service improvement and audit are explained relative to each other. References are given.	Definitions are given although the relationships may be unclear. Clinical governance, service improvement and audit are described relative to each other.	Definitions are insufficiently given or no description of clinical governance, service improvement and audit relative to each other.
	Audit is explained clearly and supported by an imaginative annotated diagram	Audit is explained clearly and supported by an annotated diagram	Audit is explained clearly	Audit is explained adequately.	Audit is inadequately explained
	A range of multi-factorial challenges are discussed demonstrating a thorough understanding of the individual, departmental and organisational levels of practice. Mechanisms for change are described with reference to a range of literature sources.	A range of multi-factorial challenges are discussed demonstrating an understanding of the individual, departmental and organisational levels of practice. Mechanisms for change are described with reference to literature.	A range of challenges are stated with reference to individual, departmental and organisational levels of practice. Mechanisms for change are described.	Some challenges are stated. Detail covers at least one aspect of each level; individual, departmental and organisational levels of practice. Mechanisms for change are mentioned.	Irrelevant or no challenges are stated. Inadequate statement of mechanisms for change.

<b>Section 2</b>	An aspect of the service is identified and skilfully justified using a range of evidence types that are weighed against each other in a critical fashion.	An aspect of the service is identified and justified using a range of evidence types that are weighed against each other.	An aspect of the service is identified and mostly justified using a range of evidence types.	An aspect of the service is identified and partially justified.	It is not clear that a specific aspect of service is identified or there is no justification.
	Professional, usable and well specified standard with justification showing critical evaluation of evidence.	Clear, usable and well specified standard with justification showing some critical evaluation of evidence.	Clear, possibly some difficulties with useable and sufficiently specified standard with justification.	Clear, probably some difficulties with useable and sufficiently specified standard with attempt at justification	Unclear, unspecified or unjustified
<b>Section 3</b>	A complimentary range of key individuals are listed. Selection of individuals and method for gathering views are well justified using a scientific approach which includes discussion of limitations of the consultation.	Various key individuals are listed. Selection of individuals and method for gathering views are well justified using a scientific approach.	Various key individuals are listed. Selection of individuals and method for gathering views are well justified.	Key individuals are stated. Selection of individuals and method for gathering views are justified in part.	Key individuals are not listed or no justification of selection.
	Themes from interviews identified by critically evaluating the different stakeholder's opinions with illustrative examples of what was said; insightful, convincing conclusions based on critique of the methodology and other factors influencing the reliability of the results	Themes from interviews identified by comparing and contrasting different stakeholder's opinions with illustrative examples of what was said; convincing conclusions based on critique of the methodology and another factor influencing the reliability of the results	Themes from interview identified and related to what was said; mostly convincing conclusions based on critique of the methodology	Summary of what was said; partially convincing conclusions based on attempt at critique	Basic report of what was said, no critical evaluation in terms of limitations of methodology and no or unjustified conclusions

<p><b>Section 4</b></p>	<p>Critical analysis of self and own behaviour. Recognition of the role of emotions in shaping events. Examination &amp; appraisal of a range of perspectives. Integration of literature properly referenced. Clear evidence of abstract conceptualisation and active experimentation (see Gibbs model)</p>	<p>Critical analysis of self and own behaviour. Recognition of the role of emotions in shaping events. Examination &amp; appraisal of a range of perspectives. Integration of literature properly referenced.</p>	<p>Evidence of self-questioning. Emotions placed in context and questioned. Evidence of standing back and questioning the event. Reference made to theory or literature.</p>	<p>Some questions raised but not answered. Emotions begun to be questioned. Some distance from the event. Some reference to external information.</p>	<p>No self-questioning. Emotions not explored. No standing back from the event. No external information considered.</p>
-------------------------	---	---	--	---	---