

AUDIOLOGY CLINICAL PLACEMENTS

HANDBOOK vs 2019.1

Placement website:

www.southampton.ac.uk/audplace

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Note

Taster placements refer to the placements in Year 1 of the MSci/BSc Audiology programme.
Main placements refer to the placements in Part 3 of the undergraduate programme and Part 2 of the MSc Audiology with Clinical Placement programme.

1. Introduction

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|---|---------------|--|
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| Additional Important Information referred to during this Handbook | Location |
|---|--|
| General placement policies | |
| Attendance and Sickness (UoS) | Here |
| Dignity at Work and Study (UoS) | Here |
| Disciplinary Procedure (UoS) | Here |
| Enabling Services and mental health support (UoS) | Here |
| Fitness to Practice (UoS) | Here |
| Fitness to Study (UoS) | Here |
| Insurance: application form for travel insurance cover via the University | Here |
| NHS Learning Charter | Placement website |
| Placement Learning (UoS) | Here |
| Practice Placement Agreement (UoS) | Placement website |
| Student Services (UoS) | Here |
| Audiology placements | |
| Dates and deadlines for placements (UoS) | Blackboard |
| Dates of Placements (UoS) | Placement website |
| Module Profiles covering taster and main placements (UoS) | Blackboard |
| Learning Contract (UoS) | IRCP book and Pathbrite |
| Terms of Placement (UoS) | Programme Specification |
| Guidance & standards for conduct, professionalism and assessment | |
| AHCS Good Scientific Practice | Placement website |
| HCPC Standards of Conduct, Performance and Ethics | Placement website |
| HCPC Guidance on Conduct and Ethics for Students | Placement website |
| Learning Placement Charter | Placement website and Terms of Placement |
| NHS Constitution, including principles & values that guide the NHS | Placement website |
| RCCP Code of Conduct | 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 Broad that covers the Placement Centre (for NHS or AQP services). The named lead on organising and overseeing placements within the University is called the University Audiology Placement Lead.

Within the Placement Centre there will be a named person who is in overall charge of an individual student's training, the Placement Supervisor, and possibly a deputy. (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: University Audiology Placement Lead, Placement Supervisor and the Student. **All three parties are expected to meet the expectations set out in this Handbook.**

2.1. The University Audiology Placement Lead

The University Audiology Placement Lead is a member of the University team that delivers the programmes. The University Audiology Placement Lead leads on organising, overseeing, supporting, evaluating and quality assuring the placements.

The roles of the University Audiology Placement Lead 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
- Work with the Placement Supervisor to fulfil the placement provider's and University's responsibilities to service users, such as in accordance with the NHS Constitution, the Learning Placement Charter and professional standards of conduct, performance and ethics
- Organise placements generally, including maintaining an accurate record of placement capacity, allocating students for placements and keeping accurate records regarding students on placement
- Quality assure placements to check that they are, and remain, fit for purpose while in use, including leading on the (re)accreditation and monitoring of placement centres, see below for processes
- Support Placement Supervisors and others involved in training in facilitating student learning
- Support students with learning and their responsibilities before, during and after placements
- 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 the LETBs, 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.

Important additional information:

Website. Dignity at Work & Study policy

Website. Fitness to Practice and Fitness to Study procedures

2.2. The Placement Supervisor

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

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. 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.

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 University Audiology Placement Lead 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 Supervisor to fulfil the placement provider's and University's responsibilities to service users, such as in accordance with the NHS Constitution, the Learning Placement Charter and professional standards of conduct, performance and ethics. For example, to inform service users that the service supports the education and training of the future workforce, that students might contribute to their care and that they have the right to not have students contribute to their care; to ensure service users are not put at undue risk from students such as by conforming with our policy on 'arm length supervision' (Section 5.10)
- Work with the University Audiology Placement Lead 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 University Audiology Placement Lead 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
- Report any concerns about the adequacy of placement supervision to their Head of Department and the University Audiology Placement Lead in a timely fashion
- 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 University Audiology Placement Lead in line with the University policy on attendance, see Section 5.1.

Important additional information:

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:

- Put service users first, such as in accordance with the NHS Constitution, the Learning Placement Charter and professional standards of conduct, performance and ethics.
- 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 University Audiology Placement Lead 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 previously (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 in a timely way (e.g. related to the support provided by the placement centre, the care provided to patients and their fitness to practice) and to professionally evaluate their placement experiences when required
- To report sickness and time off according to the University's attendance policy
- To not hinder the service and not compromise the credibility of clinicians or their relationships with patients and other colleagues

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.

Students should not engage in a personal relationship with any members of staff at their placement centre while they are on placement, especially not their Placement Supervisor.

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.

The University Audiology Placement Lead will primarily communicate with students on placement via their University email account. Student must therefore check their University email accounts regularly (preferably daily).

Important additional information:

Website. Attendance policy

Document. HCPC Guidance on conduct and ethics for students

2.4. Quality assurance of placement centres

The quality assurance process for audiology placements is guided by the University policy on Placement Learning.

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, this includes the Placement Centre agreeing to assist the University in maintaining an accurate record of the Centre's contact information, services, learning environment and capacity for having students. It also includes the Placement Centre agreeing to provide audiology placements to University of Southampton students in accordance with this Placement Handbook.
- 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 student's primary Placement Supervisor and the other as back-up e.g. during the primary 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. There should always be at least two placement staff who have received such training and can serve in the role of Placement Supervisor.
- The Placement Centre agrees to send the Placement Supervisor or an appropriate alternative to the annual feedback and development day in June or July each year if they have had a student on placement during the previous academic year.
- Placement Centres will normally be reaccredited every 5 years.

The ongoing fitness for purpose of Placement Centres, including the adequacy of supervision, is monitored in various ways including:

- The University Audiology Placement Lead liaises with the Placement Supervisors on multiple occasions prior to students starting placement
- Students receive multiple briefing sessions before starting placement, including discussing the importance and mechanisms for raising concerns. They are expected to liaise with, and visit, their Placement Supervisor in advance of starting placement
- Mid-way through the main placements, students have a Feedback Visit (see Appendix 8). The Visitor is asked to raise any concerns about the student's education, experience or supervision with the University Audiology Placement Lead
- Mid-way through the main placements, students will complete a report on their learning and experience for the University Audiology Placement Lead; an evaluation of their placement that is reviewed by the University Audiology Placement Lead and shared with their Placement Centre; a one-to-one conversation with their Personal Academic Tutor or the University Audiology Placement Lead. The Placement Supervisor also has a one-to-one conversation with the Personal Academic Tutor or the University Audiology

Placement Lead. Any issues that emerge are followed-up by the University Audiology Placement Lead.

- The University Audiology Placement Lead has two routine one-to-one conversations with each student on placement during the placement, and additional ones as requested by the student
- UG students attend several sessions at the University regarding placement during their placement, during which issues that can arise are discussed and students are encouraged to share any issues that they have
- The University Audiology Placement Lead stays in regular electronic communication with the students on placement and their Placement Supervisors as a group or individually as required via the dedicated placement email address
- At the end of all placements, all students an evaluation of their placement that is reviewed by the University Audiology Placement Lead and shared with their Placement Centre
- The University Audiology Placement Lead monitors students' progress at various milestones via summative or formative assessment using the online records of the IRCP and PDP, and at other times throughout the placement as appropriate
- The University Audiology Placement Lead holds an annual feedback and development day, which Placement Supervisors who have had students that year are expected to attend. This event encourages open and honest reflection of the challenges of the past and the coming year. Individual meetings between the University Audiology Placement Lead and Supervisor are held if there are concerns.
- The University Audiology Placement Lead holds multiple training events for Clinical and Placement Supervisors throughout the year, which provide opportunities to staff to raise concerns about placements

Important additional information:

Website. Placement Learning

Document. Practice Placement Agreement

3. Organising placements

3.1. Placement capacity and allocation process

The University Audiology Placement Lead maintains careful records on the Placement Centres that are accredited to take students, their likely capacity, their preference for accepting UG or MSc students and their availability to accept international students. The capacity of Placement Centres to accept students is fluid and can change rapidly, e.g. depending on staffing. Consequently, Placement Centres are **always** consulted with before students are allocated to them. Consequently, a student is **never** allocated to a Placement Centre without the expressed agreement of the Placement Centre.

The University Audiology Placement Lead also liaises with the Placement Centres in the months and weeks running up to the start of placement, providing multiple opportunities for the Placement Centre to indicate if their capacity has changed and alternative arrangements need to be made for a student. Students are also required to liaise with their Placement Centre prior to starting on placement, providing additional opportunities for concerns about capacity to emerge and be addressed. It is essential that the Placement Centre report any concerns about their capacity to accept students who have been allocated to placement with them to the University Audiology Placement Lead at the earliest time.

The allocation of placements is done in a way that ensures applicants/students are dealt with fairly and systematically. The placement allocation process is as follows.

- For the UG programme, placements are allocated after individuals have enrolled as students. For the MSc programme, placements are allocated during the application stage to applicants who have expressed an interest in placements. UG students are allocated in advance of MSc applicants. Students are allocated main placements approximately one year or more ahead of starting the placement.
- Students/applicants are provided with a list of Placement Centres that are potentially available for placements. Information about those Placement Centres can be found on the placement website. The students/applicants are invited to express their top three preferences and provide their reasons, including details and evidence any special circumstances that may justify prioritizing them (e.g. caring for dependent relatives such as children or parents or health-related reasons).
- The University Audiology Placement Lead will consider any requests for special circumstances, which might include gathering further information from the student/applicant or requesting advice from relevant services such as Enabling Services. The University Audiology Placement Lead will make a judgement about claims of special circumstances, with input from the Programme Lead and Director of Programmes as appropriate. Students/applicants accepted to have special circumstances are prioritized for allocation to their preferred placements.
- Applicants for the MSc placements will be interviewed by a representative of the Placement Centres and the University Audiology Placement Lead to assess their suitability for placement. (Note that UG students will have attended a selection day during their application stage.)
- The University Audiology Placement Lead will contact Placement Centres to enquire about their capacity to accept students, usually without reference to the specific student/applicant at this stage. The University Audiology Placement Lead will then draft a set of allocations based on Placement Centres' capacity and preferences (UG vs. MSc students). The University Audiology Placement Lead will then review records, and where appropriate gather additional information, regarding any risks or reasonable adjustments to placement due to allergies, health conditions, learning differences and personal circumstances (e.g. reports and recommendations from Occupation Health and Enabling Services). With the student's/applicant's permission, these are then shared with the relevant Placement Centre in order that they confirm that they can accommodate the risks/adjustments and identify the support the University can provide to enable them to make the accommodations. The University Audiology Placement Lead will liaise with the students and Placement Centres as required to formulate a set of provisional allocations.
- The process for accepting individuals on placement of some organisations require them to interview the student/applicant before confirming the placement.
- The University Audiology Placement Lead will share the provisional allocations with the students/applicants. The students/applicants must raise any objections with the University Audiology Placement Lead in the first instance. If those objections are not resolved, applicants should raise them next with the Admissions Tutor and students with the Programme Leads or Director of Programmes. Students can escalate any outstanding concerns using the processes outlined in their Programme Handbook (e.g. the complaints process). Applicants can escalate outstanding concerns via the admissions administration team.

- Allocations are confirmed only when the Placement Centre and applicant/student has agreed to the placement in writing.
- Students/applicants must not swap placements informally with each other.
- Placement allocations are only changed under exceptional circumstances. Appendix 2 describes the policy on considering exceptional circumstances of applicants/students. Applicants/students should communicate their circumstances with the Placement Centre; if they wish, to object to the outcome of that they should escalate their concerns as described above for allocations.
- Unforeseen circumstances can also affect the capacity of Placement Centres to accept students that they have already been allocated and in some cases even students on placement. The University Audiology Placement Lead will work with the Placement Centre to maintain a student's allocation as much as possible. Occasionally it may be necessary to reallocate a student to an alternative Placement Centre, in which case the University Audiology Placement Lead will work closely with the student to minimize disruption, inconvenience and costs.

Please refer to the Terms of Placement for more information regarding placement allocations.

Important additional information:

APPENDIX 2. Exceptional circumstances

Document. Programme Handbook

Document. Terms of Placement

Website. Placement Website. Placement Centres

3.2. Reasonable adjustments

Students must inform the University Audiology Placement Lead as soon as possible regarding reasonable adjustments or changes to reasonable adjustments to be made to their placement provision. The University Audiology Placement Lead 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. The University Audiology Placement Lead will support the Placement Centre as much as possible in accommodating those reasonable adjustments.

3.3. 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.

3.4. Fee for accepting international students

A fee is payable from the University to Placement Centres for accepting international students (UG or MSc) on placement at a rate equivalent to the PTP tariff or as otherwise agreed in advance of confirming the student's placement. Changes in rate after the placement has been confirmed will not usually be accepted, e.g. between the placement being confirmed and it starting. The University does not pay Placement Centres for accepting UK/EU students on either the UG or MSc programme.

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 University Audiology Placement Lead 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 University Audiology Placement Lead.

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 University Audiology Placement Lead 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, including Medical Malpractice 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.

Students must not engage in clinical techniques on patients that are outside the scope of the IRCP even under direct supervision regardless of their previous experience, partly because they might not be covered by our Medical Malpractice Insurance. For example, behavioural speech-in-noise testing on adults would be acceptable because of the close overlap with pure-tone audiometry, real-ear measurements and the McCormick toy test; on the other hand, aural care (including microsuction) would **not** be acceptable even for a student with a previous qualification in this.

Important additional information:

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

APPENDIX 1. Health & Safety Guidance

4.2. Risk assessment

The University Audiology Placement Lead will have completed a generic risk assessment for all students while on placement. However, each individual student needs to complete an individual risk assessment, based upon their own placement centre and their personal circumstances. A template for this is available in the PDP on Pathbrite and forms the core evidence towards one of the indicators.

4.3. 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 with Tier 4 visas who are allocated to placements 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.

4.4. 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 also available there or on 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 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 5.1). 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

4.5. Induction and statutory and mandatory training

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.

All undergraduate students will have attended and passed 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 pending the outcome of a 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 as part of the students' induction.

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 as part of the students' induction.

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 as indicated in Appendix 6.

Important additional information:

APPENDIX 6. Students: preparing for initial meeting with your Placement Supervisor

4.6. Patient 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.

5. Student engagement and learning during main placements

Students and Placement Supervisors are expected to work collaboratively on 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 and duration of placement

Undergraduate students must complete 40 weeks on placement within the 48-week placement period from October to the following September. Those extra eight weeks are for attendance of scheduled sessions at the university, additional study time (i.e. additional to the standard study time allowance, described in Section 5.2) and leave; time lost to sickness is usually taken from those eight weeks or added to the end of placement.

All MSc students must complete at least 38 weeks on placement within the 40-week placement period from October to the following July. Those extra two weeks are for additional study time (i.e. additional to the standard study time allowance, described in Section 5.2) and leave; time lost to sickness is usually taken from those two weeks or added to the end of placement. International students must remain on placement from July until the next academic year (end of September) due to visa restrictions; they are entitled to additional study time and leave during this period. UK/EU students can stay on placement beyond July if approved by the Placement Centre. See Section 8 for specifics.

Students must attend and engage on 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 to remain at their placement during University vacations (i.e. Christmas and Easter) except for agreed leave (see below) and when the placement centre is closed.

Placement Supervisors must keep a record of their student's attendance, leave and sick time as well as to ensure leave and additional study time stays within the limits set out below. This is especially important for international students because of Home Office rules. The consequence to the University for them being inadequate records or the limits being exceeded for even one international student can be severe.

Important additional information:
Document. Terms of Placement

5.2. Study time

All students have a study time allowance that **must be taken from their work hours and must be protected.** Study time that is lost to other urgent clinical activities must be replaced as soon as possible.

For undergraduate students, that allowance is 8 hours per week from October to January and 4 hours per week from February to September. For MSc students, it is 4 hours per week for the entire placement. This study time must not come from evenings, weekends or non-work days. It is left to the discretion of the Placement Supervisor as to whether equivalent arrangements are made (e.g. 8 hours per fortnight rather than 4 hours per week) and whether the study time is spent in the department or not.

Students can request additional study time as indicated in Section 5.4.

During 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.

5.3. Sickness

Students are required to act in accordance with the Placement Centre's policy regarding reporting sickness (typically immediately) 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 University Audiology Placement Lead and

discuss the impact of the illness on their studies with the University Audiology Placement Lead or Personal Academic Tutor.

Failure to do so could result in being referred to disciplinary or fitness to practice processes.

Placement Supervisors should also inform the University Audiology Placement Lead 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. Such concerns can lead to the student being referred to the fitness to practice process.

Important additional information:

Website. Attendance policy

5.4. Leave and additional study time

Students are required to act in accordance with Placement Centre's policy requesting leave and additional study time (typically 6 weeks' notice). All leave and additional study time (i.e. additional to the standard study time allowance, described in Section 5.2) within the allowance below must be approved in advance by the Placement Supervisor. Requests for leave and additional study time beyond this allowance must be referred to the University Audiology Placement Lead and might require an extension to placement and assessment deadlines.

Undergraduate students are allowed up to 40 days away from placement within their 48-week placement period. These 40 days are not all for leave and additional study time though: some will be required for scheduled sessions at the university and some might be lost to sickness.

MSc students are allowed up to 10 days away from placement within the 40-week placement period from October to July, for leave, additional study time and time lost to sickness. International students are allowed to a total of 26 days within their total placement period from October to September (i.e. an additional 16 days after the 40-week placement period ends in July). For UK/EU students remaining on placement after their 40-week placement period ending in July, additional time can be taken away from placement at the Placement Supervisors discretion.

Leave must be used for GP/hospital/dentist and similar appointments; study time must not be used for such things. Bank holidays and Placement Centre closure periods should not be taken from the leave allowance above.

5.5. Overview of learning activities

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.

Learning Contracts should be produced and reviewed at least once a month. It is a requirement of summative assessment that students upload to Pathbrite one Learning Contract per month and have at least nine uploaded by the end of their placement. One or more per fortnight is usually excessive and counter-productive. Instructions for using Learning Contracts and blank Learning Contracts can be found in the bound paper IRCP. Additional copies can be downloaded from the Pathbrite IRCP.

Students are expected to maintain their paper IRCP and to regularly upload evidence to Pathbrite related to both the IRCP and the PDP. Additional copies of IRCP feedback sheets be downloaded from the Pathbrite IRCP. The University Audiology Placement Lead will provide feedback on the PDP at two points during the main placement, as well as offer two routine catch-up meetings (in addition to the mid-placement meeting) plus any additional meetings requested by the student. The timings for these are indicate in the dates and deadlines document on Blackboard.

Important additional information:

Document. Paper IRCP (which includes the Learning Contracts)

Document. Dates & deadlines (on Blackboard)

Website. Pathbrite (for IRCP and PDP)

5.6. 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.

5.7. Continuous assessment via the IRCP

The IRCP is central to clinical learning during the placement. For example, defines the scope of clinical learning and contains the descriptions of minimum competence. The IRCP has two main functions regarding assessment.

The first is that it provides a structured medium for students to receive feedback to support their learning ('formative' feedback). Any clinical supervisor can provide formative feedback as long as they are approved to do so by the Placement Supervisor.

The second is to be a source of continuous assessment throughout the placement that contributes to determining whether students pass or fail the placement ('summative' feedback). This involves signing-off relevant IRCP sections with reference to the associated descriptions of minimum competence, in addition to providing feedback. If a student has met or exceeded a description of minimum competence, it is recorded as having been fully defined (FD). Note that in order to achieve an FD, a student need only meet the description

of *minimum* competence. If a student has partially met a description, that is recorded as partially defined (P). If a student has not met any aspects of the description, such as because they observed, it should be recorded as '<P/O'.

It is essential that the judgement about whether a student has fully defined, or not, a section of the IRCP is made only with respect to a reasonable interpretation of the relevant IRCP description of competence. That might require reference to further documents, such as BSA Recommended Procedures. No other criteria for judging the outcome is relevant (e.g. the Supervisor's personal, or even the department's collective, opinion of what is good enough). It is, however, entirely acceptable, and usually desirable, to provide feedback that encourages the student to progress beyond minimum competence and towards a higher standard of practice.

The signing-off of the IRCP contributes to whether the student passes the placement and therefore the placement module and the degree. The clinical supervisors who are allowed to sign-off the IRCP are therefore restricted. In order to be allowed to sign-off the IRCP, a clinical supervisor must meet both of the following criteria:

1. They must have completed the relevant supervisor training at the University and be approved by the University to sign-off the IRCP
2. They must be approved to sign-off the IRCP by the primary Placement Supervisor

Any FDs originating from clinical supervisors who do not meet these criteria are disallowed and therefore cannot contribute to the minimum requirements of summative assessment of the IRCP.

We recognise that there can be exceptional circumstances where it is not possible for a student to be assessed by a clinical supervisor who has met these criteria. For example, in order to achieve the FDs in paediatric and vestibular audiology by secondments to a different service. In these situations, the following approach should be used.

- The primary Placement Supervisor should brief the University Audiology Placement Lead at the University, both for information and to check whether the clinical supervisor has met criterion 1 above (been approved by the University)
- The primary Placement Supervisor should brief the clinical supervisor on the learning needs of the student, the use of the IRCP and the process described here
- The clinical supervisor should provide enough information (e.g. in the notes section of the IRCP Feedback Sheet) for the primary Placement Supervisor to be able to make a reasonable judgement regarding whether the student has fully or partially defined, or just observed, the procedure/appointment. They might also wish to propose an outcome (FD vs. P vs. O)
- The Placement Supervisor will review the information provided for each procedure/appointment and seek additional information from the clinical supervisor if necessary. The Placement Supervisor will then make a judgement about the outcome for each procedure/appointment and sign-off the IRCP feedback sheets accordingly. If their judgement agrees with the clinical supervisor, this amounts to countersigning the IRCP feedback sheet. However, the Placement Supervisor can disagree with the proposal from the clinical supervisor. It is extremely important that the Placement

Supervisor is satisfied that enough information has been provided for them to make a judgement.

See the bound paper IRCP for further instructions for its use.

Important additional information:

Document. Paper IRCP

5.8. Activities midway through main placement

Approximately four months into the main placement, all students will experience a Feedback Visit, see Appendix 8.

Students must complete:

- Mid-placement report (found and submitted on Pathbrite)
- Evaluation of placement (found and submitted on Pathbrite)
- Meeting with their Personal Academic Tutor or the University Audiology Placement Lead, as indicated at the time. The mid-placement report must have been submitted, and the Feedback Visit should have occurred, prior to this meeting. The meeting will usually take place by telephone.

At a similar time, the Placement Supervisor must complete:

- Evaluation of the student. The form should be provided by the student and can be found on Blackboard. The content of the evaluation should be discussed with the student, and the student must submit the form on Pathbrite.
- Meeting with their students' Personal Academic Tutor or the University Audiology Placement Lead, as indicated at the time. The mid-placement report must have been submitted, and the Feedback Visit should have occurred, prior to this meeting. The meeting will usually take place by telephone.

In addition, UG students must also:

- Submit the minimum number of feedback sheets via the Pathbrite IRCP, as specified in the Section 8.1
- Select one Gibbs-style reflective account submitted to their Pathbrite PDP and email the University Audiology Placement Lead which indicator it was submitted for. That will be assessed against the criteria for reflective accounts in Appendix 9. The reflective account submitted at this stage must meet the pass criteria for at least three sections of the reflective account (e.g. the Description, Feelings/Reactions and Evaluation).

UG students submit the above documents as part of summative assessment. MSc student submit them as part of formative assessment. The timings and deadlines for the above are provided in the dates and deadlines document, on Blackboard.

Important additional information:

Document. Dates & deadlines (on Blackboard)

5.9. Suggested milestones

Students do not all 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 University Audiology Placement Lead. 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 ULLs). Expanding breadth of experience including special population (paediatrics and vestibular) areas of IRCP if not before.

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

5.10. 'Arm-length' / remote / indirect 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 be 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

5.11. Personal Academic Tutor and other resources

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 University Audiology Placement Lead. 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 or one of the Senior Tutors as indicated in the Programme Handbook. The Programme Handbook also describes and contains links to many other resources for supporting students on placement including Enabling Services. Students can continue to access all University of Southampton library resources while on placement.

Important additional information:

Document. Programme Handbook

Website. Student Services

Website. Enabling Services (including mental health support)

5.12. 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 should 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 University Audiology Placement Lead 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 7.1.

6. Professional conduct of students during placement

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 described in Section 7. 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

6.1. 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.

6.2. 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 University Audiology Placement Lead. This may lead to consideration of the student's performance under the University's Fitness to Practise procedures.

6.3. 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.

6.4. 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
- Students should never provide information about patients on social networking sites. See the guidance provided on the Placement Website regarding the use of Social networks.

6.5. Interaction with patients

Particular 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
- It is usually 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
- Students must never arrange to meet patients socially, either during or after placement. The relationship between student and patient must remain professional. Whilst students should be friendly, they are not the friends of the patient and must retain professional boundaries.

Important additional information:

DOCUMENT. Social Networking advice

6.6. 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 University Audiology Placement Lead 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 University Audiology Placement Lead 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 University Audiology Placement Lead for guidance.

6.7. 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

6.8. 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.

6.9. 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.

6.10. 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, stethoscopes, 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.

6.11. 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.

6.12. 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 University Audiology Placement Lead. This is important for the student's safety and the information will be treated in a confidential manner.

6.13. 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.

6.14. 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 University Audiology Placement Lead.

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.

6.15. 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 University Audiology Placement Lead immediately. Failure to declare any changes might lead to termination of enrolment on the programme. Some placement centres may wish to repeat these.

6.16. Alcohol and illegal drugs

The consumption of alcohol or other legal intoxicating substances is **not permitted** for any staff and placement students during the working day **under any circumstances**. Doing so

would be considered a major breach of safe and professional conduct and would result in a referral to the University's disciplinary procedures as well as Fitness to Practise. Students should also be aware that excessive alcohol intake on the day before a working day may impair your ability to carry out your work safely and effectively. It is therefore not acceptable for students to attend placement 'hung over'. Being under the influence of alcohol or other legal intoxicating substances while in clinic, or even on the grounds of the Placement Centre including their accommodation, will also be taken very seriously by the Placement Centre, potentially resulting in immediate suspension or termination of the placement.

The possession, consumption/use, circulation or trading of any quantity of illegal drugs is **not permitted** at any point while enrolled as a student on an audiology programme **under any circumstances** and will be treated as a major breach of safe and professional conduct, resulting in a referral to the University's disciplinary and Fitness to Practise processes and possibly to the police. Possession, consumption/use, circulation, trading or being under the influence of illegal drugs on the grounds of the Placement Centre, including their accommodation, will also be treated extremely seriously by the Placement Centre, such as resulting in immediate suspension or termination of the placement, termination of accommodation, involvement of the placement provider's security department and/or referral to the police.

7. Raising and addressing concerns about a student

7.1. Concerns regarding a student's health or wellbeing

If placement staff have concerns about the health or wellbeing of their student, they should report these to the University Audiology Placement Lead or Administrator as soon as possible, even if initially for information only while the placement staff attempt to address it. It is important to keep the University Audiology Placement Lead closely in the loop when providing support students where there are such concerns, e.g. in case the situation needs to be escalated. Mental health support is available from Enabling Services at the University to students throughout their placements. Students are also able to apply for extensions to summative assessment while on placement, including the end date of placement, using the normal procedures as indicated in the Programme Handbook.

If a student wishes to raise concerns about one of their colleagues, they can contact any of the audiology teaching team at the University, e.g. see the contact information in Section 1. If they wish to do so anonymously, they can phone the Placement Administrator.

Important additional information:

Document. Programme Handbook

Website. Enabling Services and mental health support

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 University Audiology Placement Lead.

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

3. A Progress Review may be requested and arranged by the University Audiology Placement Lead to discuss the difficulties being experienced. Again, the emphasis is on facilitating and supporting improvement. This will involve the student, University Audiology Placement Lead, 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

7.3. 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 as described in Section 6 (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 deemed necessary, suspend the student from their placement for the remainder of the day or longer and send them home

3. The Placement Supervisor must record the event in writing and contact the University Audiology Placement Lead at the earliest possible opportunity that day. It is usually advisable to do this both in email *and* by telephoning the University Audiology Placement Lead. A plan of action will be agreed in accordance with Fitness to Practise or University Disciplinary Regulations as appropriate. The student may be suspended from their placement while this process takes place.

7.4. 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 particular HCPC's Guidance on Conduct and Ethics for students, and the expectations for professional conduct described in Section 6 of this Handbook. Fitness to practise includes having sufficient health (including physical and mental health) as well as report any health condition (including physical or mental health conditions) that might

influence fitness to practise. Note that NOT reporting of a health condition that might influence fitness to practise is itself a concern regarding 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.

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:

Document. HCPC Guidance on Conduct and Ethics for Students

Document. RCCP Code of Conduct

Document. AHCS Good Scientific Practice

Website. Fitness to Practise policy

8. Assessment

See the module profiles on Blackboard for additional information about assessment including the weighting of components of assessment. Additional details and guidance for preparing for assessment are provided here.

The **given deadlines** for formative and summative assessment will be provided separately in a dates and deadlines document found on Blackboard.

Important additional information:

Document. Dates and deadlines (on Blackboard)

Document. Module profiles

8.1. Undergraduate placement: October to January

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

Successful completion of the first 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. A mid-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 submissions on the Pathbrite IRCP 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

8.2. Undergraduate placement: February to September

Successful completion of the Clinical Placement (AUDI3007) module requires the following to have been completed/passed at the end of placement.

1. Across the entire placement period, you must have completed at least 40 weeks on placement. For example, you will automatically fail the module if your placement is terminated under Section 9.1 of the Practice-Placement Agreement.
2. The IRCP:
 - a. Sections A4 (PTA with masking) and A10 (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 September Exam Board, leading to a delay in when the degree can be awarded and the student missing graduation that summer.
 - b. The Assessment Visit and competency signatures, which takes place **within a given period**. See Appendix 10 for more information. If you do not pass one section at first attempt (i.e. B1, B2, B3 or the presentation on B4 or B5), you will have an opportunity to retake it. The second attempt will lead to the assessment results missing the September Exam Board, leading to a delay in when the degree can be awarded and the student missing graduation that summer. If the Assessment Visit has to be repeated, it will be carried out **within a given period**.

- c. All of Sections A and C of the Pathbrite IRCP should normally 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 September Exam Board and the student will not be able to attend graduation that summer.
3. The submission by the student of an end-of-placement evaluation of the placement centre by **the given deadline** via Pathbrite. Late submissions might mean that the assessment results will miss the September exam board, leading to a delay in when the degree can be awarded and the student missing graduation that summer.
4. The Pathbrite PDP, see Appendix 9, completed by **the given deadline**. Late submissions risk not being assessed in time for the September 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:

5. 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.
6. A synoptic exam at the University **on the given date**.

There is an absolute deadline for receiving assessment and evaluation documentation from External and Internal Assessors.

Important additional information:

Document. Dates and deadlines

Document. End of Placement Evaluation

APPENDIX 9. PDP

APPENDIX 10. The Assessment Visit

APPENDIX 11. The Service Improvement Assignment

8.3. MSc placement

The deadlines for mid-placement activities referred to in Section 5.8 are given in the dates and deadlines document.

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

1. Across the entire placement period, you must have completed at least 38 weeks on placement. For example, you will automatically fail the module if your placement is terminated under Section 9.1 of the Practice-Placement Agreement.
2. The IRCP:
 - a. Sections A4 (PTA with masking) and A10 (Impressions) plus all of Section B of the Pathbrite IRCP **MUST** be completed by **all students** by **the given deadline** otherwise the Assessment Visit will be postponed until such time that they are complete.

- b. The Assessment Visit and competency signatures, which takes place for **all students within a given period**. See Appendix 10 for more information. If you do not pass one section at first attempt (i.e. B1, B2, B3 or the presentation on B4 or B5, but only one of those), you will have an opportunity to retake it. If the Assessment Visit has to be repeated, it will be carried out **within a given period**.
 - c. **All of Sections A and C** of the Pathbrite IRCP **MUST** be complete by **the given deadline**. UK/EU students have the option of submitted Pathbrite to **an earlier deadline**, in order to be considered by the September exam board.
3. The Pathbrite PDP, see Appendix 9, by **the given deadline**. UK/EU students have the option of submitted Pathbrite to **an earlier deadline**, in order to be considered by the September exam board.
 4. The submission by the student of an end-of-placement evaluation of the placement centre by **the given deadline** via Pathbrite. UK/EU students have the option of submitted Pathbrite to **an earlier deadline**, in order to be considered by the September exam board.

There is a deadline for receiving assessment and evaluation documentation from External and Internal Assessors.

UK/EU students that meet the earlier deadline for all of their assessments *and* pass the Assessment Visit at first attempt will be considered at the Supplementary Exam Board in mid-September. Award letters, usually required by employers before a student can have their new appointment and by RCCP for registration, are issued later in September or October. Otherwise, assessments will be considered at the MSc Exam Board in November/December and award letters are issued in December or January.

Important additional information:

Document. Dates and deadlines

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 the University Audiology Placement Lead 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 the University Audiology Placement Lead 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 the University Audiology Placement Lead 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. Exceptional 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 **unforeseeable 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.

For more information, please see the Terms of Placement.

Appendix 3. Placement Supervisors: pre-placement check list

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

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

Appendix 4. Placement Supervisors: induction check list

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

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

Appendix 5. Placement Supervisors: end of placement check list

| Have you...? | Yes/No | Action |
|---|--------|--------|
| <ul style="list-style-type: none"> ▶ Asked colleagues for their feedback on student's performance before writing the end-of-placement report on the student? ▶ Asked student to reflect on and discuss their performance informally before writing the report? ▶ Discussed the report with student to allow student time to reflect on it and make comments? ▶ Given copy of report to student for them to upload to Pathbrite, copying in the University Audiology Placement Lead if required. | | |

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.

| | |
|---|--|
| STRENGTHS | |
| 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. | |
| AREAS FOR DEVELOPMENT | |
| 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. | |
| EXPECTATIONS OF PLACEMENT | |
| What are you looking forward to about your placement? | |
| Do you have any apprehensions about your placement? | |

Appendix 7. Dress code

1. In audiology, non-verbal communication is at least as important as verbal communication. This is particularly so 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. In addition, her/his dress and appearance must meet hygiene standards.
2. Whilst studying the MSc Audiology programme at the University of Southampton, you are expected to adhere to the following dress code during all clinical activities, including clinical practical teaching sessions, practical exams and external clinic visits. If you are studying the two-year MSc Audiology (with Clinical Placement), you will also have to abide by the dress code provided to you by your Placement Centre. Examples of appropriate clothing would include dark coloured trousers or skirt (no jeans), a short sleeve shirt and flat shoes (no trainers).
3. There are four guiding principles to which you, the student, must adhere to during all clinical-related activities. By accepting the offer of a place to study with us, you are agreeing to adhere to these principles and to prepare yourself accordingly in advance of beginning your studies. These four principles 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. This document is available: www.southampton.ac.uk/audplace.
 - d. You shall dress in a manner that minimises the risk of cross-infection to your, your colleagues and service users.
4. The following are examples of dress that are not permitted when participating in any clinical activity, as they are deemed to be incompatible with the above principles in the context of the programme:
 - a. Dressing in such a way that could be seen as politically, culturally, ethnically or sexually provocative or inappropriate. This includes clothing with slogans and revealing clothing.
 - b. Covering of the face, such as to potentially interfere with access to speechreading (including lip-reading) and facial expressions. This can include clothing and facial hair.
 - c. Visible body art on the face and/or neck and large amounts of body and face jewellery.
5. You must be clean and smartly dressed with your student identification badge clearly visible. Lanyards are available to purchase from the University student shop. Hair should be tidy and jewellery should be discreet and conservative. Shoes should be practical.
6. For hygiene purposes, your arms must be bare below the elbow, where no clothing or jewellery, should be worn below the elbow. Finger nails must be short, neat and clean, free from any varnish or extensions.

7. Failure to comply with the above might initially lead to you being excluded from clinical-related activities, such as clinical practical teaching sessions, practical exams, external clinic visits, placements or placement assessments. Repeated failure to comply despite warnings might lead to you being referred to the fitness to practise process, during which you might be excluded from further clinical-related activities.
8. Religious requirements regarding dress will be treated sensitively and can be discussed on an individual basis in the first instance with your Personal Academic Tutor once you are enrolled on the programme. Further information on the university's religion and belief policy can be found here: https://www.southampton.ac.uk/diversity/policies/religion_belief.page

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 dates and deadlines document for when this must occur. The purposes of the visit are to give encouragement and constructive feedback to the student, to facilitate their learning and to share good practice and experiences between supervisors. There is no element of summative assessment to the visit and it should not be treated as a mock Assessment Visit.

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 allow 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 provided is with respect to the following documents, which are available on the placement website:

- *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).
- *HCPC Standards of Conduct, Performance & Ethics for Registrants*
- *NHS Constitution (including the Principles & Values that Guide the NHS)* or equivalent for the host organisation

Tasks for Visitor

The main tasks for the Visitor are 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) provided by the student **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, available from our placement website. 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.

Once completed, the forms should be shared with the student, who will upload the forms to Pathbrite for review by the University Audiology Placement Lead. The feedback summary form should also be shared with the local Placement Supervisor.

The Visitor should also flag-up any concerns regarding the student's progress or conduct and report any concerns about the educational environment at the placement centre (e.g. supervision) directly with the University Audiology Placement Lead.

Submission of forms etc should occur within one week of the visit.

The Visitor should not sign-off the student as <P, P or FD. They should only provide feedback. The Visitor should also NOT approach the session as an Assessor or as if it is an Assessment Visit. It is not an assessment.

It is the responsibility of the student to submit the forms to Pathbrite for review by the University Audiology Placement Lead.

Tasks for the local clinical supervisor

The main tasks for the Placement Supervisor are 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.

The clinical supervisor flag up any concerns regarding the student's progress or conduct directly with the University Audiology Placement Lead.

FAQs

Who can visit a student from the buddy centre?

Any clinician who is approved to sign-off the IRCP for their home student.

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 supervision would be acceptable. It is important to recognise that the Visitor is not responsible for the student or the patient.

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.

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.

What should I do if I am concerned about a student's progress or conduct?

Contact the University Audiology Placement Lead as soon as possible 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...). If in any doubt, contact the University Audiology Placement Lead.

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.

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 PERSON 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.

Submission and resources

The PDP is submitted via Pathbrite, which also includes specific information about the areas (referred to as 'indicators') that you need to provide information on and other instructions. Pathbrite also contains examples of evidence along with commentary from the University Audiology Placement Lead. An extensive range of resources, including many pre-recorded short talks, are also available on Blackboard to help support you.

Assessment Criteria for Pathbrite PDP

The PDP is assessed as pass vs. fail only. The minimum criteria that are shown in the table below. You must pass ALL four criteria to pass.

Stage 2 of assessment is for undergraduate PDPs only because they require a specific % as well as a pass at Stage 1. It consists of an in-depth review of two randomly selected dimensions. If you do not pass Stage 1, you are given a score of 0 and the PDP is not assessed at Stage 2. See the table on the next page for the marking criteria, although it is not a prescription and so excellence in other aspects of the domain can be rewarded too. Further 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.

If you don't pass your PDP first time, you will be able to resubmit one final time.

You may not use the exact same upload for multiple indicators. However, evidence can be tailored to suit multiple indicators (e.g. by supplementing it with additional, distinct evidence and commentary for each indicator). Also, you can use the same scenario/experience for multiple reflective accounts as long as each one is focussed on distinct issues/insights, although can be quite difficult to achieve well so is not normally advisable.

| Criteria for assessment: pass vs. fail (UG and MSc) | |
|--|---|
| Pass | Fail |
| <ol style="list-style-type: none"> 1. For each indicator, there is sufficient evidence that the student has a good background understanding of it in general (including its context, terminology and relevance) 2. For each indicator, there is evidence from at least one specific example of how the student met it during the placement, including an explanation of how the evidence demonstrates the it has been met 3. There are at least two Gibbs-based reflective accounts within the PDP that meet the Pass standard below 4. Throughout, service user, colleague and placement centre confidentiality is adhered to. Even one mention of a service user's or colleague's name without their explicit permission will result in a fail of this criterion. One exception to this is the name of the supervisor on an IRCP sheet, which is permitted. You are also required to not share confidential information about your placement centre, including financial or commercially sensitive information such as in the minutes of a meeting. 5. Throughout, it is intelligible, demonstrates a good professional manner and contains few typographical errors. | <p>Not all of the criteria (i.e. failed one or more of the pass criteria)</p> |

Guidance on standard of work: evidence for meeting indicators

| 1st (70-100%) | 2:1 (60-69%) | 3rd – 2:2 (40-59%) | Fail (0-39%) |
|--|--|---|--|
| <p>Comprehensive and critical understanding of the issues in the indicators apparent in the combination of uploads and Description boxes, with reference to highly relevant sources of information.</p> <p>Evidence of a broad picture of you having met all, and exceeded many, indicators across weeks or months, such as by connecting individual examples of evidence together in a coherent 'story'.</p> <p>A wide variety of styles of evidence using a range of media with examples of originality/creativity.</p> <p>Highly intelligible, succinct, professional presentation throughout. Might have rare typos.</p> | <p>Good understanding of many issues in the indicators apparent in the combination of uploads and Description boxes, with reference to relevant sources of information.</p> <p>Evidence of you having met all, and exceeded some, indicators. Might be evidence of having done this from different times or circumstances. Might have connected individual examples of evidence together in a coherent 'story'.</p> <p>A variety of styles of evidence and media.</p> <p>Intelligible, professional and mostly succinct presentation throughout with rare typos.</p> | <p>Basic understanding of key issues in the indicators apparent in the combination of uploads and Description boxes.</p> <p>Evidence of you having met all indicators. Might be multiple examples for some indicators from different times or circumstances.</p> <p>Might have some different styles of evidence/media.</p> <p>Intelligible and professional throughout with few typos.</p> | <p>Insufficient evidence of basic understanding of key issues in the indicators.</p> <p>Insufficient evidence of you having met all indicators.</p> <p>Might have one styles of evidence/media throughout.</p> <p>Not professional throughout (e.g. contains breaches of confidentiality).</p> |

Guidance on standard of work: evidence for meeting indicators

| 1st (70-100%) | 2:1 (60-69%) | 3rd – 2:2 (40-59%) | Fail (0-39%) |
|---|---|--|--|
| <p>Comprehensive yet focussed description of the relevant specifics of what happened. Nothing included that is irrelevant, or excluded that is relevant, to the rest of the account.</p> <p>Your and the likely emotions, thoughts, impulses, intuitions and reactions of relevant others at the time, and how they changed through the experience, are clearly identified, specific/differentiated.</p> <p>Comprehensive and critical evaluation of the relevant aspects of the account based on own perspective and that of others with respect to explicit expectations that are well justified.</p> <p>In-depth, critical and insightful analysis of the relevant aspects of the experience, interpreting them in light of more general examples of behaviour, phenomena, theories, evidence or other appropriate sources of information from relevant disciplines.</p> <p>Conclusions identify important, general learning points and/or needs. Action plan is well justified, SMART and is evaluated/refined by further experience ('closing the loop').</p> <p>Overall, account is strongly coherent and succinct.</p> | <p>Thorough and mostly focussed description of specifics of what happened. Few details included that are irrelevant, or excluded that are relevant, to the rest of the account.</p> <p>Your, and possibly others', specific emotions, intuitions, thoughts or reactions at the time are identified and linked chronologically to what happened.</p> <p>Thorough evaluation of most relevant aspects of the experience with respect to reasonable expectations that are justified.</p> <p>Thorough and critical analysis of the relevant aspects of the experience with respect to more general examples of behaviour, phenomena, theories, evidence or other appropriate sources of information from relevant disciplines.</p> <p>Conclusions identify specific general learning points and/or needs. Some of the action plan is SMART and justified.</p> <p>Overall, account is mostly coherent.</p> | <p>Description of specific aspects of what happened most of which are relevant.</p> <p>Your specific emotions and your intuitions or thoughts at the time are well identified.</p> <p>Evaluation of some relevant aspects of the experience with respect to reasonable expectations that are described.</p> <p>Somewhat critical analysis of some relevant aspects of the experience with respect to more general examples of behaviour or phenomena.</p> <p>Clear, concrete and credible ideas for future learning and a plan for achieving it.</p> <p>Overall, account is mostly based around a theme/insight.</p> | <p>Description contains insufficient concrete details and/or excessive extraneous detail. Might be mostly unfocused or vague.</p> <p>Your emotions at the time are not well identified. Might contain vague statements about emotions.</p> <p>Absent or superficial evaluation with respect to reasonable expectations.</p> <p>Little or no critical analysis e.g. in terms of more general behaviours or terms phenomena. Might be largely an extension or repetition of previous sections.</p> <p>No concrete ideas for learning points/needs/plan.</p> <p>Overall, account is incoherent. Length might be highly disproportionate to content.</p> |

Appendix 10. The Assessment Visit

This Appendix summarizes the processes used for the Assessment Visit as well as provides guidance to students and Placement Supervisors for scheduling and 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 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. External Assessors must attend an annual training session at the University and Internal Assessors must complete annual online training. All Assessors must complete an annual declaration. The External Assessor leads on ensuring the Assessment Visit is carried out in accordance with the required processes. The names of all non-university Internal and External Assessors must be reported to at the next Audiology Education Board by the University Audiology Placement Lead.

An External Assessor might be shadowed by a Trainee Assessor, if agreed by the Internal Assessor and student. The Trainee Assessor must not participate in the discussion and judgement about the student's performance.

Appointments

Students must be assessed conducting the following appointments as described in the IRCP with patients:

- B1. Direct Referral. An ENT referral is acceptable if it is not possible to arrange a direct referral
- B2. New Fitting, also known as first fit (i.e. a patient who has not used hearing aids before)
- B3. Reassessment

Students must also be assessed conducting Pure-tone Audiometry with Masking (A4) and Impressions (A10). These will hopefully take place during the above appointments. However, there must be arrangements in place to enable assessment of them if they aren't required during the appointments; see below for more information.

Patient briefing and consent

It is essential that all patients are (a) briefed about, and give consent for, participating in the assessment prior to attending, including that they can withdraw their consent at any time; (b) provided with information indicating that they should treat the assessment like it is a routine appointment and that their care will not be adversely affected by the assessment (e.g. that the Placement Supervisor or a colleague will mitigate any errors or omissions made by the student).

Timings

The day should be structured as follows. The Internal Assessor should liaise with the External Assessor to confirm to arrangements for the day.

Assessors briefing the student: approx. 5 min

Appointment 1: 1 hour, 40 min

- Preparation: approx. 10 min
- Student briefs the Assessors on the case: approx. 10 min
- Appointment: 1 hour **strict**
- Record keeping: approx. 5 min
- Discussion with Assessors (the 'micro-viva'): approx. 15 min

Appointment 2: 1 hour, 40 min

- Same as above

Appointment 3: 1 hour, 40 min

- Same as above

Assessor brief the student for the presentation: approx. 5 min

Student prepares for presentation while the Assessors discuss: 30 min **strict**

Student gives the presentation to the assessors: up to 7 min **strict**

Assessors discuss (with the student absent): approx. 30 min

Assessors debrief student: approx. 10 min

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 where the student has demonstrated poor time management, since time management is a part of clinical competence.

The order of the appointments across the day is left to the discretion of the Placement Supervisor and the student. It is highly 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.

Impressions and PTA with masking

During impressions, the Internal Assessor must check the patient's ear prior to the student inserting the otostop, prior to syringing and after removal of the impression. The External Assessor may wish to as well, with consent from the patient.

If the patients booked in for the standard appointments do not require impressions and PTA with masking, these should be carried out on a willing volunteer such as a member of staff. They must not be carried out on either Assessor. During PTA, one of the volunteer's ear canals would usually be occluded with an ear plug to create a conductive hearing loss. The

student should assume the following scenario: they have not met the volunteer before; they are assisting a colleague by conducting those procedures and that the colleague is managing the appointment; consequently, the student does not need to conduct a full interview or debrief (e.g. as if it were a direct referral appointment).

The individual presentation

The presentation is used to assess the student on Repair and Follow-Up appointments. The student will be given a clinical dilemma and will have up to 30 min to prepare to explain the issues involved in the dilemma and how they would manage it. The preparation must be conducted under normal examination conditions, i.e. not permitted to take or use any notes, books or resources and not permitted to confer with anyone. The student is allowed to make notes and hand-draw supportive diagrams to use during the presentation but not to use electronic equipment during the preparation or the delivery of the presentation. The student then has 5 min (7 min max) to explain their thoughts. Note that presentation skills per se are not being assessed; just the student's thoughts. That said, the student needs to convey their thoughts comprehensibly and coherently to the Assessors, as they might give in an explanation to a service user or colleague. The Assessor do not ask questions afterwards.

Special arrangements

Some students will be entitled to special arrangements if recommended by Enabling Services (e.g. extra time and/or rest breaks). Extra time applies to all components of the Assessment **except** the 1-hour appointment duration, because the ability to manage the appointment within 1 hour is considered to be an element of clinical competence. The duration of a component with extra time should be rounded up to the nearest minute.

Micro-vivas

The External Assessor will usually lead the micro-vivas. Every micro-viva should start by asking the student to reflect on the appointment and discuss any aspects they would do differently if they were to repeat it. If either Assessor is considering failing a student on an appointment, they must give the student the opportunity to comment on the aspects of the appointment at issue, albeit initially discretely to see if the student is aware of the issue. For one appointment, students must be asked to reflect on their conduct during the appointment with respect to the HCPC Standards of Conduct, Performance and Ethics. Suggested micro-viva questions are provided separately.

Invalidating an appointment

External Assessors are required to confirm on the assessment summary form that the assessment conditions were appropriate for each appointment. They can invalidate an appointment if assessment conditions are inappropriate. Examples of reasons to invalidate an appointment include:

- Major disruption to the appointment (e.g. fire alarm, many interruptions such as from another member of staff needing to consult with the Placement Supervisor). Note that students are expected to deal with minor, unavoidable disruption to appointments.
- The student being too unwell to continue (e.g. if they need to be sent home)
- The patient unexpectedly presenting with more complexities than is reasonable to expect the student to deal with (i.e. beyond scope of practice)

- One or both Assessors being too unwell to continue or being called away for an urgent and important personal matter (e.g. related to child care)

Wherever possible, a replacement appointment should be conducted on the same day, although that is usually not possible.

Assessment, adjudication and moderation

The standard University requirements on assessment and moderation are applied to the summative assessment described above as follows. Both Assessors initially assess the student independently (i.e. blind to the other's judgement) and on an equal footing. If they do not agree on the outcome, they should discuss their reasoning with respect to the IRCP descriptions (and associated guidance documents, e.g. BSA recommended procedures) in case that leads to a resolution, and document the discussion. If that doesn't lead to a resolution, it must be referred to the Placement Co-ordinator. An adjudicator will then be identified who will review the Assessors' records and seek additional information as required in order to reach a conclusion about the outcome for that student. All assessments are then subject to moderation as per the standard University requirements (e.g. all fails and a selection of passes are moderated; the moderator cannot be the External Assessor or the adjudicator). The Assessors must therefore ensure that they make sufficient notes regarding their individual decisions and joint discussions.

Competency signatures

During the Assessment Visit, the Internal Assessor will report to the External Assessor on whether the Placement Centre is able to sign the competency signatures. The competency signatures confirm that the student has broadly and consistently competent in Sections A and B of the IRCP across the previous 4 weeks. A student must have a full set of competency signatures in order to pass the placement. Note that the Internal Assessor signs on behalf of the Placement Centre, and so must consult with other relevant colleagues including the Head of Service. The External Assessor's roles are to check that this has happened, record the competency signatures on the assessment summary form and ensure the reasons for the competency signatures not being signed are thoroughly and clearly documented.

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. They will also be expected to recognize important limitations of those standards. 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 during the micro-vivas, come what may in the appointments.

Throughout

- NHS Constitution (including Principles & values that guide the NHS) or equivalent for non-NHS placement centres
- HCPC Standards of Conduct, Performance & Ethics

B1. Direct Referral

- BAA Onward 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 to 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 to the specific patient seen

B3. Reassessment

- BAA Onward Referral Guidelines
- 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 to the specific patient seen

Impressions

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

Retaking an element of the Assessment Visit

Components of the day that have been invalidated should be repeated as soon as possible and with enough time to meet the next Examinations Board. Only the components that were invalidated are to be repeated, with one attempt at each (like the original Assessment Visit).

Components of the day that were not passed on first attempted and can be retaken are retaken after the next Examinations Board, unless there are exceptional circumstances. This is because the recommendation by the Assessors must be moderated and considered by the Board (e.g. in the context of recommendations by the Special Considerations Board) before it is confirmed. Students are usually expected to remain on placement until the retake, which can be for several weeks depending on what the Placement Centre can accommodate. The dates and deadlines document indicates the period within which retakes usually occur. It can be necessary to schedule the retake outside of that period based on what the Placement Centre can accommodate and the availability of Assessors and clinic sessions. As with referral assessments, the student's personal circumstances cannot usually be taken into account when scheduling the retakes. Up to two attempts of the retaken components are allowed in the retake session, and this should be considered when scheduling the session; one of those two attempts must be fully FD-ed to be passed. The outcome of this will go to the next Examinations Board.

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.
 - You are not required to start work on this assignment until the second component of placement (February to September) but you may wish to begin planning it sooner.
 - See the module profile for information on the weighting of this assignment.
 - You can use this assignment in your PDP (e.g. one element of evidence for the Service Improvement dimension)
 - Max 10 pages of A4 for main text, see specifics below (12-pt font, 1-pt-line spacing)
 - Any text exceeding this limit will be ignored and thus not marked
 - Structure the assignment according to the brief
 - 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 by emailing it to Audplace by the deadline in the dates and deadline document on Blackboard
 - 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, how are they different? [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 in the context of service improvement and clinical audit 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 practice 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.*
 - *The two most common errors with this assignment are: (1) inadvertently not planning a clinical audit but rather something else (like a research project), which is a big problem; (2) not determining the audit standard specifically or critically enough (e.g. missing the % expected or selecting an unreasonably high %).*
-

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 in order 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 might also find it useful to apply some of the qualitative research techniques. However, remember that this is NOT a research project (which would require ethical approval)
 - 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 one or more aspects of your experience of undertaking 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 Gibbs cycle. See resources of Blackboard.*
- *The most common error here is to focus the reflective account on the audit plan rather than on an experience (or 'incident') of talking to people during the consultation. For example, where you surprised by any interactions you had with people during the consultation? Perhaps the Head of Department thought it was pointless, a colleague seemed quite hostile to the proposal or one person was very enthusiastic about it in contrast with everyone else. Or maybe a service user provide new ideas for why it was relevant to them. If you are struggling, you could consider the formative feedback provided by the University Audiology Placement Lead as part of consultation e.g. if they indicated that it wasn't actually a clinical audit or being very critical about the audit standard. In that case, one question you be ask yourself is "Where did I go wrong?"*
- *Your reflection could cover any aspect of the experiences. It could focus on organisational, social, ethical, emotional or personal ethical 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 the PDP.*

Overall presentation [10 marks] including competence in following the assignment brief/instructions

See maximum total pages and related guidance at the beginning of this appendix.

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.

| | A (70-100%) [85%] | B (60-69%) [65%] | C (50-59%) [55%] | D (40-49%) [45%] | E (below 40%) |
|------------------|--|--|--|---|--|
| Section 1 | 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. |

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|------------------|---|--|---|--|--|
| Section 2 | 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 |
| Section 3 | 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 |

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|-------------------------|---|---|--|---|---|
| <p>Section 4</p> | <p>Critical analysis of self and own behaviour. Recognition of the role of emotions in shaping events. Examination & 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 & 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> |
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