



RCSLT webinar – Students: An essential part of your workforce
Wednesday, 18th January 2017

Vicky Harris, Learning Manager, RCSLT

Hello, welcome to the webinar: ‘Students, an essential part of your workforce’, brought to you by the RCSLT.

I’d like to welcome you here today. My name is Vicky Harris. I am the Learning Manager at the RCSLT. I’m interested in CPD for the profession, so obviously practice education is really important to me in terms of development for students, development for placement educators and for the profession.

Before I launch into the webinar and introduce our speakers, I’d just like to go through some housekeeping notes. So the webinar will be 45 minutes long; we will finish at 1.45. You can interact with us in a lot of ways. There is a function to chat with us. So if you’d like to send in chat messages you can do so using the icon which is a little speech bubble shape.

To note, that you will only see your name and the names of the panellists in the list of participants in the side, but please be aware that others will be online, too; you just won’t be able to see their names.

You will have your host, Kaleigh Maietta, which will be keeping you updated, using the chat button, so you can see what’s going on during the event, and you can use that also to get in touch if you have any technical issues.

To note also that this event is being recorded and it will be available online in about two weeks from now.

Finally, we will be having a Q&A session at the end, so if you have any questions for the panel, please do send them in. We probably won’t have time to answer all of your questions in the Q&A, but we will respond after the event with answers to your questions.

Finally, your feedback is really important to us and we will be sending out a survey with an email at the end of this event and also a survey will pop up after this event closes. We do encourage you to fill that in and send us your feedback so we can continue to make these a good experience for you.

And so now I’d like to introduce the speakers today. We will start with Julie Lachkovic, who is the Head of Speech Pathology Programmes at Manchester Metropolitan University. And then we will move on to Janet Wood, who is the Practice Education Lead for University College, London. And then, finally, Janice Maughan, Speech and Language Therapist from Airedale NHS Foundation Trust.

Today, the objectives of the webinar are: to help you to understand how students can fit into your working day; to be aware of the range of activities that students can undertake; to help you

understand that you already have the skills to identify student development needs and to look after them, to monitor their progress; to help you to be aware of a range of innovative practice education models and how you could apply these; and also to know where to look for supporting resources.

So now I'm going to start by passing over to Julie Lachkovic, who is the Head of Speech Pathology Programmes at Manchester Metropolitan University. And she will be talking about some of the benefits of taking on a student.

Julie Lachkovic, Head of Speech Pathology Programmes, Manchester Metropolitan University

Hello. As Vicky says, I'm going to be looking at some of the benefits of taking students for educational practice placements. In particular, I'm going to consider who benefits when a practice educator takes a student for clinical placement; what some of those benefits are and also some of the challenges; and how those benefits and challenges can vary across different placement types.

So in terms of thinking about who are the beneficiaries when students are placed, there are actually quite a lot of stakeholders in clinical placements. We can't go into detail around all of these stakeholders and benefits for them today, so I'm going to focus very much on the practice educator benefits. And then just briefly mention in a bit more detail benefits to clinical services. But, clearly, looking at that list there are a lot of other beneficiaries.

What practice educators say is that typically they enjoy having students, but it does represent an additional responsibility, and that's important for services to recognise.

Students highly value the input that clinical educators and practice educators give them. And I've got a couple of quotes, there, on the slide. I want them to know that we're thankful for them having us there – that was from a second year student. And, again, finally, where a student asked: What would you like your clinical educators to know? They want them to know placements are so valuable and have provided such good experience. And they appreciate the hard work that goes into arranging placements. Students are very well aware of the privilege to work with you in a placement.

There are some significant benefits to practice educators. And practice educators talk about a range of things that having students on placement allows them to develop. They see it as an aspect of their CPD that students bring to them an opportunity to develop their supervision skills and their teaching skills; they allow them to be updated around recent literature and resources that may not always be readily available within the setting that the practice educator is in.

And it's also an arena to develop their communication skills and strategies. Practice educators report that educating students develops their clinical reasoning skills, too, because of the case discussions they have and the different perspectives that students bring. And in terms of their own reflective practice, it's an opportunity to re-explore their own practice. And I think it often takes us, when we're working with students, to a place of re-acknowledging all we know that has become quite automatic for us. So it's, sort of, making our unconscious competence become conscious again.

In terms of taking students on placements, this really enhances the culture of learning in SLT practice. And I think, often, practice educators say they're more confident in asking for their own

educational experiences when they've taken students on placement themselves. They also access other information about different service models and different practices in neighbouring Trusts. As students bring with them the experiences that they've had on previous placements and share those with their practice educators.

Students are also able to be helpful around the clinical educators, or practice educator's working day, taking on some of the tasks that, typically, the practice educator would do. And that obviously is going to depend on their level of study and their level of experience. So they might be involved in things like checking out that all your resources are present and do things need ordering, right through to scoring assessments and writing reports.

Additionally, particularly when peer or block placements are happening, students can develop additional resources that will benefit the whole service, or complete small projects. In addition to that, the continuing relationship with a local university may allow easier access and facilitate access to further professional development, accessing the university library, and participating in shared work with university staff – as well as the easy recruitment of new staff.

As I'm sure you are aware, student placements vary in terms of their structure and when they occur. And they all have benefits and challenges, and they all have a range of strategies that can allow them to run effectively.

The most traditional placement type is the single student going to work with a single practice educator. And the opportunities and positives of this placement type are that it tends to be quite easy to fit in logistically, no extra anything is required. And it allows a real focus on developing the student's experience and skill, leaving the practice educator with just one report to write at the end of the placement. It's also a really good opportunity for a practice educator to develop their mentoring skills with one student.

In terms of the challenges, it can feel a little bit intense, particularly if you and the student don't naturally have very much in common and it may be that you need, as a practice educator, to build skills to develop a specific educational rapport with a student.

In terms of peered students, this is most usually where two students go together to the same placement and share the clinical educator. This gives an opportunity for students to support each other, giving the clinician some freer time, and allows clinical discussion to be that little bit broader, without one student feeling that they are being grilled by the clinical educator or practice educator and, sort of, shutting down and thinking that, you know, saying they don't know anything.

The practice educator can also organise activities to give students slightly different roles, so perhaps one is leading an activity and another one's doing the recording for it, and then they can pull that information together and feedback to the clinical educator.

Where you have two students, this is really encouraging practice educators to develop their leadership skills and organisational management skills across the placement. Clearly, having two students may require more physical space, and where two students are not similar in their personality and skillset, they may require quite different support techniques. Making sure that

students feel comfortable about the feedback you're giving them and when and where can also be a logistical challenge.

In terms of remote supervision, Janice in her presentation a bit later is going to talk through the detail of one such example of that. But in this type of placement, students undertake work in a separate location to where the practice educator is located, but if you have a look at the very last bullet-point under 'opportunities' [slide 16], there are clearly defined practice educator/student engagement times. Perhaps at the beginning and end of the day – or maybe even in the middle of the day, depending on the individual placement.

It does facilitate specific project work that students might do and can be great at developing students' confidence and autonomy in practice. In terms of the practice educator, it really calls on you to develop your leadership, coaching and management skills, leaving you to conduct some of your other work while the students are working in that remote placement.

There are some challenges with this type of placement and we're all much less experienced at setting up these placements. They do require clear set-up time and the practice educator absolutely requires confidence in their supervision skills. The students, too, need already to have good self-evaluation skills and good evaluation skills of communication difficulties in order for that placement to work most effectively.

Just to round off, I think it's worth looking at benefits for clinical services. With us all under more pressure to be more productive, there is a concern for some organisations that taking students doesn't add to productivity but actually reduces it. However, there are still very good reasons why services benefit from having students within them. Certainly, students working with you will allow you to see whether they're a good fit for your organisation. And, anecdotally, I know that many of our students at Manchester Met go on to take up job opportunities in places they've already had placement experience.

Being a learning organisation who advertises that you take students allows you attract staff who will carry on doing that, and those values will aid recruitment.

Other benefits include funded places on practice educator preparation courses, and practice educators can often access university resources, including, perhaps, clinical resources to try with clients.

And, finally, it opens up opportunities for collaborative project work, for example with student dissertations and asking for student volunteers.

I'm going to move on now and have over to Janet Wood.

Janet Wood, Practice Education Lead, University College London

Hello. So I'm the Practice Education Lead at University College, London. And there's one key message for this section of the webinar, and that is that, as a Speech and Language Therapist, you already have many of the skills you need to support student progress. And that's because all the skills that you currently use to support progress in your clients can be adapted for training students.

Practice educators who are new or relatively new to the role may have concerns that they wouldn't know how to help if the student wasn't making progress. So the next few slides [slides 20-27] are designed to give those people confidence that they could deal with most situations. And, of course, practice educators are never working in isolation. Any concerns can, and, of course, should, be discussed with the student's university tutors. And around the country, whichever institution the student's with, there will always be tutors who are available to offer advice and support, where needed.

In order to identify the skills needed by a practice educator, we need to first look at the practice educator's role. The clue to the central role is in the job title – educator. So this means that, obviously, the practice educator has a role in teaching students. But associated with this there are a number of other roles that fit around that. So going clockwise from the top right of the slide there [slide 21]: the practice educator will need to identify what learning opportunities a student needs and provide for these within the student's planned workload. They will be a role model of hopefully a good Speech and Language Therapist. Sometimes the practice educator will be a counsellor. Because students can get disheartened when things don't go to plan and it can be distressing when they first come across difficult clinical situations. However, if students have really significant needs in this area, there are always counselling services available in their respective universities and practice educators shouldn't worry that they would ever need to take on that as a major part of their role.

Next going round, practice educators will need to be a mentor; someone who supports students in identifying where they need to go next and helping them to develop an action plan for achieving this. And last, but certainly not least, the practice educator will be an assessor of the student's strengths and needs. In many cases, also an assessor of whether or not the student has reached required standards by the end of the placement.

So that's an overview of key roles. Let's look at what this means in terms of skills. We've titled this "Recognise These" because hopefully they're all very recognisable to all of you. Any Speech and Language Therapist will have a range of transferable skills. They're things that they do every day when working with their clients and with people who are supporting their clients. These include: creating learning opportunities; providing models and feedback to support change; breaking complex tasks into achievable goals; and matching observed skills to specific criteria. And over the next few slides, I'm going to take each of these in turn to see how these skills can be transferred.

So looking first at creating learning opportunities. When you're judging how to provide intervention in your clinical roles, you will typically be asking yourself questions such as, 'Is this an emerging skill that needs structured support to develop?', or 'Is this an existing skill that needs generalising?' And there are other related questions, such as, 'Does this need to be worked on in a familiar setting, with familiar materials, or is more variety required?', 'Do I need to provide clear role models as I go along, or is feedback at the end more appropriate?' You may also ask yourself, 'Do I need to take the lead in setting goals for this client, or should they be the one taking the lead in determining their learning needs?'

All of these types of questions are ones that you'll ask yourself in relation to your work every day, and they're exactly the same as the questions you'll need to ask yourself in relation to creating learning opportunities for students. Some students will be early on in their learning journeys and

will need more structured modelling and support. Others will be at or nearing a high level of competence and will need to be allowed to be more self-directed in their learning. Having the confidence to make those decisions might seem scary at first, but they're just a different form of the decisions that you already know how to make.

Next, we're going to look at providing models and feedback. Every speech and language therapist will be used to modelling desired behaviours to clients and carers. And speech and language therapists will also be aware of the rules for giving feedback. To name but a few, for example, feedback being balanced, specific, timely, objective, etc. And there's a nice image here of the ubiquitous feedback sandwich.

Giving feedback to clients, to carers and other professionals is central to good intervention, to supporting positive change in a client's skills or their use of existing skills. And supporting a positive change in a student's skills requires exactly the same process. But I hear you cry through the ether, maybe, 'What about when it all goes horribly wrong?!' What about the student who doesn't appear to take feedback on board, or when feedback has to be given about sensitive subjects like professionalism? I'd like to suggest that you already have a toolkit for dealing with that. Just as you know how to deal with clients who aren't making progress as expected. Your toolkit is probably pretty full and I bet that some of the things in it include, for example, keeping a record of the feedback given and referring back to it on subsequent occasions so you don't keep going back to square one; using video to make the subject of the feedback more observable; being solution-focused to identify future goals; and, of course, liaising with colleagues, maybe to get advice about how to proceed, or maybe to have some backup in giving the same message, so the receiver of feedback can hear it from more than one source.

And each of these tools is an example of tools that can be equally well used to support you in giving feedback to students in tricky situations. So, once again, I'd like to suggest you can do it.

So now we're going to think about breaking down complex tasks. Something that we often hear from practice educators is that their job is a specialist one – something that even a Band 5 therapist couldn't do, let alone a student. And these therapists can be wary of taking on students, because they don't believe they'd be able to let students loose on their clients and they don't think they can give students the right learning opportunities. So in answer to this, I've got another key message for you and that's that even the hardest, most risky parts of your job have easy elements within them. Students *can* have a go at the easier elements – even if they don't yet have the skills to do the whole task. And I've got an analogy pictured on this slide here, which I think illustrates it pretty well [slide 25].

Learner drivers don't drive on motorways and, yet, this is something they expect to be able to do once they pass their test. New drivers don't just go from quiet, slow roads straight onto motorways; they build up some of the skills they need while they're still learning. They tackle faster roads, overtaking on dual carriageways, joining roads where there's a slip-road to do this. They build up these skills bit by bit, until eventually they're able to put it all together and drive on the motorway.

And this analogy fits really well to students, student SLTs learning to do complex tasks. One of many possible examples. I've taken participation in a difficult multidisciplinary team meeting. A student speech and language therapist may not be able to represent you at such a meeting and it may not be

appropriate to ask them to. But they could start building up the skills they'll need in order to be able to do that in the future. So, for example, they might be the person collecting the information prior to the meeting, or taking notes about different team members' points of view within the meeting.

And each of these sub-skills is relatively easy for a student to have a go at. By having an opportunity to practice them they're developing their skills in participating in MDT meetings in the future. And all complex, difficult or risky tasks that you do can be broken down into steps – some of which will be easy. You may want to think about the most difficult tasks in your job and try breaking them down into the different stages. And hopefully that will give you the confidence that you can support student development, even in specialist settings.

And the final area is matching skills to criteria. The skill you need in order to assess students – both informal assessment, just deciding where they are at the moment and more formal assessment when you have to provide a grade or a pass/fail mark at the end of the placement. And in many ways you've already done this. We've talked about creating learning opportunities, about giving feedback; that's all part of this process, the early part of this process.

And the final bit can seem a little bit daunting to some practice educators, because they may be in the position of either letting a student move forwards in their journey towards qualification, or else temporarily, or in some cases permanently shutting the door by giving them a fail grade. But, as with everything else I've said, the practice educator is never alone in that task. Although different universities around the UK have different systems, there's always going to be a tutor available who can support practice educators in making these sorts of decisions.

And the formal assessment process is one of just gathering information from a range of sources and matching that criteria, just like you do in your clinical role.

So a closing message to you is you can do it. Whatever skills you need to work as a practice educator, they're skills you already have as a speech and language therapist. Just think about how you can transfer those skills and hopefully that will help you to feel more confident that you're able to take students on placement.

So I'm going to hand over now to Janice, who is going to talk about long-arm placements.

Janice Maughan, SLT, Airedale NHS Foundation Trust

Thank you very much. Good afternoon. I'm just here to share a little bit of our experience in making a change to the model of student placement that we've previously offered. Traditionally, we've had single or peer placements as described earlier by Julie. But, last year, for the first time, we included an element of a remote supervision – a long-arm placement – within our student offer.

So why were we thinking about having this change? Well, prior to organising those placements, we attended a Clinical Educators Update held by Leeds Beckett University. And within that the placement coordinator described some of the long-arm placements that she'd been involved with and, really, we thought, 'Can this apply to us? How can this be used within our department?'

And, also, again the theme of today's webinar; she was encouraging us to think about students as an asset, really; think more broadly about the kinds of activities that students can be involved in when they come to us, whether it be helping with an audit, doing some research, creating some resources.

So I also felt that this kind of model might help the student to develop their readiness for autonomous practice. And, in part, it addresses that concern about pressure on clinical time and availability that might make some clinicians reluctant to take on a student. It also addresses some of the core skills that students need to be able to demonstrate and achieve within their placement – and we'll return to that a little bit later.

So for us, really, it was a bit of a break with our traditional model of clinical education and placement.

So the setting that we used for the long-arm placement was a large high school, with a special education needs support unit and designated specialist provision for pupils with autism. And the setting was able to provide some key people for us to act as mentors within that setting.

So students from Leeds Beckett University have a final third year block of six weeks for four days per week. So we split that clinic placement into two days a week in the school and two days a week in clinic.

So the support that was available prior to the placement, there was liaison with the University and school, within which we agreed the aims of the placement, key people were identified and the roles of those involved were specified. And that was an opportunity also to provide the school with student placement information about the core skills and for the school to have the opportunity to provide any pre-placement that they wanted a student to have.

So, within school, we have the SENCO and, in her absence, the deputy as the key person, supported by specialist teaching assistants. And, in clinic, myself as the Lead Educator, supported again by SLT colleagues and, as I've mentioned, prior to the placement and ongoing if needed, support from the University.

So the roles of those as we discussed, as agreed with the school prior to the placement, the student was to undertake formal and informal assessments; to make observations within the student support unit and within mainstream classes; and to give feedback on both written reports and verbal feedback to the teaching staff and to the learning support assistants. From that, to create targets and programmes of work for individual pupils, where necessary to provide resources and to work with learning support assistants in terms of implementing those targets and programmes.

The practice educator was to provide that more traditional clinical educator role for one day a week in clinic, but also liaising with the mentor in school – prior to the placement, but also prior to the mid-placement review and in preparation for preparing a final report for the student. To be available to discuss the placement aims if they needed to be changed during the placement. And, since I had worked in that school quite a lot, I had knowledge of the setting, the staff and the resources that were available, so we could use that to support the students' learning, and also to think about the kind of activities and tasks that would be helpful for the setting. And also providing a timetable for support and discussion with the student.

So how did it go? Well, just got here a couple of quotes from the school. By mid-placement they were very pleased; she just got stuck in, built relationships with staff and students and was, importantly for them, very proactive. By the end, they were commenting, nothing has changed since that mid-way review; we're very happy with the placement and we'll miss her. So they really felt that she was an asset to their SEN Team and it was really additional speech and language input for them.

From the students' perspective, I'll leave that quote for you to have a little glance through [slide 36 and 37]. She was very positive about the whole experience. She felt it was a great opportunity that gave her the chance to have a go, really; that's the idea, that's the main thing that she felt. She's mentioned a couple of times that it was the opportunity to work autonomously and being given that trust from the supervisors to work autonomously. And she says there, similar to the situation I'll be in when starting a job as a therapist and indeed when we're at this stage in her placement they are really just a few weeks away from graduation... the rest of her quote there.

As a practice educator, I felt that this was a good fit for this student at this placement. I felt it went well. In clinic, she was a strong student, who was motivated and self-aware, able to reflect on her practice. So I felt that I could be confident about the work that she was doing in school, as well as having the discussions with the mentors in the setting.

So just to return to the core skills that I alluded to earlier. Some of the core skills that the students need to be able to achieve before the end of their placement. And some of these skills that certainly I and some of my colleagues find are not always easy to accommodate into our clinic role. So such as the ability to make autonomous decisions as appropriate, ready to commence independent practice. And that's really what she definitely felt she got from this placement. Initiates and sustains appropriate professional relationships and can work as part of a team. Well, I wasn't there to introduce and facilitate that relationship: she needed to do that independently, and did it very well. Recognises and can work within the boundaries of her role. So it was made clear in the pre-placement information about the status and the limitations of her as a student. And can manage own caseload, e.g. prioritisation. So the students were identified, but then she needed to negotiate how and when she would see those students, how often and what she needed... information she was going to get to create the targets.

So overall I felt that this provided a useful placement and it benefited the setting, the student and ourselves as practice educators, and certainly would be looking to use this kind of model again with an expanded range of settings.

Thank you. I'll hand back over to Vicky.

Vicky Harris, Learning Manager, RCSLT

Hello. Thank you, Janice, and thank you also, Julie and Janet.

I just wanted to give a little bit of more information before we move onto the Q&A section. You might like to know of some resources that we have on our website which could be of use. We have a section on the RCSLT website for practice education. So there's some good guidance and resources there and examples of case studies that people have done. If you have a copy, they're in...

the March *Bulletin* from last year has a really good article on 'Practice Makes Perfect', which is about the benefits of practice education to the profession, to students, to practice educators and to all sectors and the services as well. That's also available online.

In this month's *Bulletin*, there is a great piece on innovation through reflection and collaboration, which is a story about how one service has used students to help set up a pilot Saturday service. So, again, I recommend having a little look at that.

Okay, so I think just to pull together what we've learned today. A key message to take away is that students can and do work wherever clinicians work, and they also can do what clinicians can do – even the complicated stuff if you break it down; it's something that students can take on. So don't be afraid of giving students slightly... what you perceive as slightly more complicated things.

I just want to round off by giving some examples of the type of places where students can work. So, children, students could find themselves working in any of these situations – in triage clinics, in health centres, in cochlear implant centres, in community clinics, nursery schools and schools. For adult placement, students could be working running community groups, such as in outpatient clinics or a Parkinson's support group. They might find themselves working in specialist services, such as for fluency and voice. They could be involved in care home or nursing home visits, acute settings, rehab inpatients, brain injury units and home visits. Huge amount of opportunities there. Again, students can be involved in ALD, again doing home visits or community centre visits, working in colleges or residential centres.

And think also about those long-arm placement, as Janice mentioned, so working in secondary schools, for example, but also emergent roles, such as in the criminal justice sector, being mentored by the Probation Service. There's also the ALD sector within residential centres and mentored by staff within those centres. There are opportunities in dementia care and in secondary schools. And also thinking in terms of independent practice as well. Students can bring many benefits to the independent sector. And also other new areas that are developing are research, so students might be involved in research placements.

So I think, to round up, just think of anywhere that clinicians work, students could work, too.

And so now, I'll move onto the questions section. Please do send in your questions via the Q&A button. If we don't have time to answer all the questions – which I'm sure we won't – we will be responding online and giving you a full set of answers to the questions we've been asked. We have had a few already in before the event, and we've had one in live today.

So we're going to start with a couple we've already had in. And, firstly, one of the questions... or a comment that someone made, on registering, was, 'There are fears that if students are not suited to the placement this can create a lot of extra work for staff'. And I'd like to hand that to Janice, please.

Janice Maughan, SLT, Airedale NHS Foundation Trust

Okay, thank you. I just feel that a lot of this was covered as well in Julie's presentation. But I think we need to make sure that we can think more broadly, as I mentioned, about what it is that students can do for us whilst they're on placement with us and not to stick to the traditional model too much

of feeling that we need to be... have them with us all of the time, but that we can allot tasks, projects and independent work to them, so that frees up some of the time that we can then give back to discussion and helping them with their placement aims.

Vicky Harris, Learning Manager, RCSLT

Okay, another question we had in before the event was, 'How can students help to bring new evidence-based practice interventions to services without appearing critical of current or traditional practices?'

And I'd like to hand that to Julie and then Janet, please.

Julie Lachkovic, Head of Speech Pathology Programmes, Manchester Metropolitan University

Thank you. That is difficult. I think the nub of this is about the students' communication skills. Practice educators are engaged in continuous professional development and if students are bringing new information about things that they've read relating to service delivery that aren't currently in practice within a particular Trust, having a discussion and sharing that information with a clinical educator doesn't necessarily need to make it seem critical. And actually it could be a catalyst for rethinking and relooking at, would that particular piece of evidence be applicable within the particular setting the student's in? Not all evidence-based practice has been generated in a setting similar to the one that the student will be in. And practice educators can really support students to see the complexity of those translations into clinical settings.

Janet Wood, Practice Education Lead, University College London

And I think looking at it from the students' perspective, this is a really valuable opportunity when students are in this situation to develop some of those skills which perhaps are part of the buzzwords. So, for example, leadership skills. We're expecting our new workforce to be competent at questioning and challenging practice, and any practices that they see as part of their work.

Now, in order to do that, students need to have really good advanced interpersonal skills. They need to be able to negotiate, for example. And just an opportunity to practice talking through some of those issues when they perhaps... as Julie said, perhaps don't realise the rationale for why something's happening. That they can use that as an opportunity to develop some of those leadership skills and those challenging interpersonal skills or negotiation.

Vicky Harris, Learning Manager, RCSLT

Okay, thank you very much. We've also had a few questions in live. I'd like to pose the next one to Janice, if I may? How would you have managed distance supervision if you felt the student's clinical reflection wasn't showing that that student was performing at a level you were happy with?

Janice Maughan, SLT, Airedale NHS Foundation Trust

Okay, thank you. I mean, I think to say first that we did have help from the University in trying to fit or match this particular placement to a student who was ready for that level of independent work. But I think I would have used my links, really, with the setting to have a more detailed discussion with the setting and perhaps ask them to more closely supervise particular aspects of the students' work. If I'd had such... very serious concerns then I'd have made a visit to the setting, I think, and talked about it in more detail then.

Vicky Harris, Learning Manager, RCSLT

Okay, and Janet wants to add something now.

Janet Wood, Practice Education Lead, University College London

Just to say that, at UCL, we do have experience of students on their very first placement being in settings where the practice educator isn't with them all day, every day. And I think another way that you can deal with that kind of situation is just to slightly change the expectations of what that student's going to do. So you might have had bigger expectations of what they might achieve in that setting and you may just need to lower your expectations, but it doesn't mean the model as a whole can't necessarily work. So it certainly is possible for all students.

Vicky Harris, Learning Manager, RCSLT

Okay, thank you. I think possibly we don't really have time to take any more questions, but, rest assured, we will be putting together all the questions from pre-registration and that came in live. And thank you so much for those questions; we will be responding to them after the event.

Thank you so much to our presenters for being here today and also for everyone in the audience for joining. I hope you've enjoyed the webinar, and to let you know that these resources will be available online in a couple of weeks.

Thank you – goodbye.