CLINICAL PRACTICUM HANDBOOK 2024-2025

Audiology

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS

DALHOUSIE UNIVERSITY

FACULTY OF HEALTH

FACULTY OF GRADUATE STUDIES

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CLINICAL EDUCATION PHILOSOPHY: GENERAL

Clinical education is the process through which students develop knowledge and skill in the diagnosis and treatment of speech, language, and hearing difficulties. Clinical education is a guided learning process – separate from the process of acquiring academic knowledge. In keeping with Anderson (1988)[1] Clinical education is considered a process in flux. In the clinical environment, student input varies with the knowledge and degree of clinical sophistication attained. Early experiences are considered more directed and evaluative than those occurring later, when the student has greater responsibility for planning and evaluating his/her own performance.

Clinical education is considered to include a period of cognitive apprenticeship, characterized by observation and modelling; a period of direct training and active evaluation; and a period of self-supervision in which the student becomes progressively more independent in clinical activities. Throughout, the client's needs are recognized as being of primary importance. Clinical educators, students, and faculty each have a role in the pursuance of optimal clinical education. These roles are complementary and overlap.

Anderson's Continuum of Supervision

Stages	Evaluation-Feedback	Transitional	Self-Supervision

Styles	Direct/Active	Collaborative	Consultative

Supervisor
Supervisee
Peer
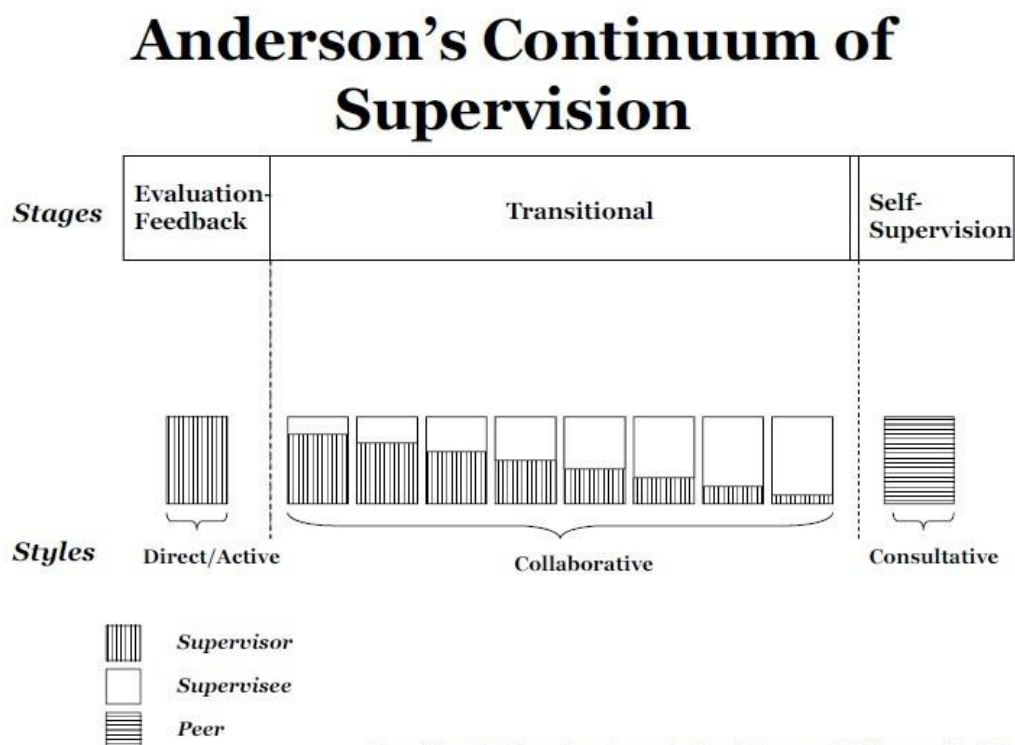
Adapted from *The Supervisory Process in Speech-Language Pathology and Audiology* (p.62) by J.L. Anderson, 1988, Boston: College-Hill Press/Little Brown and Company.

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[1] *Anderson, J. (1988). The Supervisory Process in Speech-Language Pathology, Boston: College-Hill Press. Condensed from ASHA 1984 Position Paper on Clinical Supervision in Speech-Language Pathology and Audiology, ASHA, June 1985, pgs. 57-60.*

ROLES AND RESPONSIBILITIES

THE FACULTY

Though faculty may have few interactions with students in practicum settings, the information they impart in class will have a direct and profound impact upon students' clinical performance. It is important that the faculty recognize this fact and present information in class accordingly. Faculty contributions to clinical education are:

- To provide relevant information regarding speech and language development and normal processes of speech, language, and hearing
- To provide relevant and up-to-date information regarding the nature, assessment, and treatment of speech, language, and hearing disorders.
- To provide "bridges" for the clinical application of the above information.
- To participate in collaborative efforts to share current information impacting upon assessment and intervention.
- To encourage students to become independent and life-long learners and problem-solvers.
- To teach and model fundamental principles involved in professionalism.

THE STUDENT

Student participation in the clinical education experience can be thought of as a dual role. First, the student is responsible for any transportation, accommodation and associated costs and completing the appropriate administrative and professional duties demanded from the practicum placement process. Second, the student is also responsible for developing the competencies that will allow for successful completion of the program and the beginning of independent practice. From the administrative perspective, the student will understand and adhere to the following policies that are critical to navigating the practicum process at the School of Communication Sciences and Disorders:

- **Students will not contact or arrange practicum placements on their own.** Any arrangements or contact with clinical sites must be made by the appropriate school clinical coordinator. [The process for international placements is the exception: please see *Procedures for International Placements* for information on this topic.]

- **Specific details of a placement's schedule will be determined by the site.** Caseload requirements, clinical educator availability, work schedules, or other factors can be affected when sites are prepared to host students. The student is responsible for adhering to the specific demands of a particular site's schedule requirements.

- **Anything that prevents a student from working within a particular site's timeframe may cause the placement to be cancelled.** This could include items such as a student's vacation (scheduled in advance or otherwise), weddings, family reunions, illness, work schedule, transportation challenges, living arrangements, etc. It is the responsibility of the student to work within a site's location and schedule. Students must be prepared that the internship may occur after exam completion until August 31st of that year.

- **Students will submit risk management documentation as required by placement sites and/or school administration.** Failure to do by the deadline may result in suspension of in-school clinic participation and/or cancellation of external site practicum placement.

- **Any changes made by a student to an arranged placement may cause that placement to be cancelled.** If this occurs, the total practicum experience for that student will effectively be cancelled and an alternate clinical experience will not be arranged at that time. An alternate clinical practicum might be arranged in the future as the academic calendar permits. This would likely mean that a summer internship would start in the winter term of the third year and the externship is postponed until the internship is completed. Cancellation of a practicum in this manner will likely mean a delay of graduation.

The student plays an active and changing role in the clinical education process. For that role to evolve as the student does, the student needs to recognize both strengths and limitations as each practical experience is approached. In addition, students are expected:

- To integrate the information presented in class lectures and readings.

- To seek to extend that knowledge via additional readings, professional dialogue, etc.

- To take responsibility for their own clinical education, in conjunction with clinical educators and faculty to ensure an experience that is adequate and appropriate to their individual needs.

- To assist other students in developing clinical abilities by actively mentoring those with less experience.

- To provide evaluative feedback regarding their clinical education experience to improve the training of future students and foster the development of clinical educators.

- To develop professionalism and professional integrity.

- To submit pre-practicum/risk management documentation as required by practicum sites and/or School administration. Failure to do so by the established deadline(s) may result in suspension and/or cancellation of practicum placement(s).

THE CLINICAL EDUCATOR

Given that a student's clinical skills evolve over time, the clinical educator's role in the practicum process must also change. Initially, the clinical educator provides direct teaching and instruction, with a gradual shift to a more collaborative relationship. The clinical educator offers support as the student becomes more actively involved in the clinical process, while simultaneously facilitating the student's growing independence. There is a transition on the clinical educator's part to the role of consultant, at which time the clinical educator participates in information-sharing and joint problem-solving with the student.

It is also the clinical educator's role within the practicum process to evaluate the students' development of clinical skills. This allows for the identification of clinical strengths and weaknesses and assists in planning programs which meet the individual needs of students. In summary, the clinical educator is responsible for:

- Discussing and/or demonstrating clinical procedures and participating with the student in the clinical process;
- Following supervision standards, as determined by the school;
- Assisting the student in observing and analyzing assessment and treatment sessions;
- Assisting the student in developing and refining assessment skills;
- Assisting the student in developing clinical goals and developing and refining clinical management skills;
- Facilitating the student's self-evaluation of clinical performance while enhancing the student's clinical independence;
- Assessing the student's development of clinical skills and providing ongoing feedback to the student (including completing mid-term and final evaluations with the student);
- Demonstrating and modelling professionalism to students and assisting them in refining their own professional attitudes and behaviours.

Please note: SCSD discourages practicum sites and/or clinical educators from actively recruiting students for employment prior to or during a practicum placement as this may lead to a conflict of interest. If sites are recruiting, informing students is acceptable so they can apply if interested.

THE ACADEMIC COORDINATOR OF CLINICAL EDUCATION

The Academic Coordinators of Clinical Education at the School of Communication Sciences and Disorders (SCSD) serve as the link between clinical education sites and the school and act as the liaison between the clinical education site coordinator, clinical educator, and student. They organize, coordinate, and evaluate the clinical education component of the audiology program. In addition, the clinical coordinator is responsible for:

- Providing orientation and/or orientation materials to the clinical educator
- Providing the student and clinical educator with information about expectations, goals, student competencies, and specific forms.
- Arranging continuing education certificates for the clinical educator.
- Offering ongoing support to the clinical educator and student.
- Assigning a grade of pass/fail to the student at the end of the practicum placement.

THE CLINICAL EDUCATION SECRETARY

The Clinical Education Secretary (CES) at the School of Communication Sciences and Disorders (SCSD) is your point of contact for practicum document tracking.

The Clinical Education Secretary is responsible for:
- Preparing select pre-practicum documents
- Collecting and filing all practicum, pre-practicum & post-practicum documentation.
- Acting as a witness to any documents that require a witness signature
- Communicating with Academic Coordinators and students of any missing documents or incomplete compliance.

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COURSE AND PRACTICUM SCHEDULE

COURSE SCHEDULE	PRACTICUM SCHEDULE
Year 1 – Fall Term	
CMSD 5050 - Fundamentals of Speech Science CMSD 5130 - Intro to Audiology and SLP CMSD 5150 - Speech and Language Acquisition CMSD 5290 - Neurosciences for Communication Disorders CMSD 6310 - Audition I IPHE 5900 - Interprofessional Health Education Portfolio	½ day clinical observation (CMSD 5130) Practicum Preparation and Orientation: clinical education process and interprofessional education and practice
Year 1 – Winter Term	
CMSD 5020 - Phonetics CMSD 5120 – Hearing Measurement CMSD 5260 - Hearing Disorders CMSD 5280 - Audition II CMSD 6980 - Research Design IPHE 5900 - Interprofessional Health Education Portfolio	Sheltered Practicum-Observation Pre-Practicum Placement: Hearing screenings with preschool-aged children in the community following the April exam period
Year 2 – Fall Term	
CMSD 5071X - Clinical Methods - Audiology CMSD 5140 - Aural (Re)Habilitation with Children CMSD 5220 - Diagnostic Audiology CMSD 6360 - Amplification IPHE 5900 - Interprofessional Health Education Portfolio	Sheltered Practicum- Audiology Clinic Practicum Preparation/Clinical Methods Classes Community Based Observation Practicum Meetings: Internship Presentations by third year students and Internship Planning
Year 2 – Winter Term	
CMSD 5071Y - Clinical Methods - Audiology CMSD 6070 - Topics in Audiology Procedure CMSD 6320 - Pediatric Audiology CMSD 6380 - Electrophysiological Audiometric Measures CMSD 6560 - Amplification II CMSD 7001 - Research Project	IPHE 5900 - Interprofessional Health Education Portfolio Sheltered Practicum- Audiology Clinic Practicum Preparation/Clinical Methods Classes Community Based Observation Practicum Meetings: Case Studies and Internship Planning Simulated Clinic Event
Year 2 – Spring/Summer Term	
No courses offered	CMSD 7061 - Internship Practicum: 12-week, full-time placement from April to July within Atlantic Canada
Year 3 – Fall Term	
CMSD 6420 - Advanced Diagnostic Audiology CMSD 6440 - Noise in Industry and the Community* CMSD 6630 - CI and Other Implantable Technologies CMSD 6640 - Advanced Audiologic Rehabilitation CMSD 7002 - Research Project IPHE 5900 - Interprofessional Health Education Portfolio	Sheltered Practicum- Mentorship Role Practicum Preparation Class Internship Presentations to second Year Class HSNS Presentation Externship Planning
Year 3 – Winter Term	
No courses offered	CMSD 7062 – Externship Practicum: 12-week, full-time placement from January to March in Canada or internationally.

PRACTICUM DESCRIPTIONS, OBJECTIVES AND EXPECTATIONS

Audiology students at the School of Communication Sciences and Disorders (SCSD) participate in practicum placements during their three years of study. Practicum refers to the development of clinical skills through:

- Application of academic concepts to the clinical setting
- Observation of clinical activities
- Participation in simulated activities
- Participation in client care through practicum placements

Students move through these activities in incremental steps, eventually achieving greater responsibility for the care of clients. Please refer to Appendix *C-2*; *C-3*; *C-4* and *C-5* for documents relevant to this section.

OBSERVATIONS AND PRESCHOOL SCREENINGS

Observations of audiologists, speech-language pathologists, and other health professionals will occur within various courses throughout the program. The first observation will be in the Introduction to Audiology and Speech-Language Pathology course in the first fall semester.

At the end of the program's first year, audiology students participate in hearing screenings of preschool-aged children at local preschools and community health centers. This pre-practicum activity introduces students to clinical practice with the pediatric population and supports the preschool screening process within the local community.

Student clinical skills and competencies are not formally assessed within the preschool screening experience; however, students are expected to demonstrate emerging understanding and application of professionalism, interpersonal & communication skills, clinical skills required for screening, and collaboration skills. Furthermore, students are expected to be able to adjust their behaviour following specific feedback/guidance from a supervisor or mentor.

FALL TERM PRACTICUM

The first practicum placement occurs in the first semester of the second year of study. Direct patient care exposure occurs at our on-site Dalhousie Audiology Clinic (previously called Sheltered Practicum). The placement consists of at least four half days of direct patient care clinical experience and uses the reciprocal peer coaching model, whereby pairs of students observe each other and provide consultative assistance throughout the placement. In addition to clinical placements, students must participate in Clinical Methods classes and practicum preparation meetings

The purpose of this practicum placement is to introduce students to clinical practice. Students are expected to obtain hands-on experience with clients during this practicum placement, by actively engaging in clinical activities under the supervision of the clinical coordinator. During this first practicum placement, students will require supervision 100% of the time by the clinical coordinator or third year mentors when they are providing direct client care. The students will also be introduced to clinical report writing. The clinical coordinator's role will be to teach, explain, model, and provide feedback to the students. Please refer to Appendices *C-9*, *C-10*,

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and [C-11](#) for the clinical skills checklist, a self-evaluation form and a weekly feedback form that can be used to enhance clinical learning.

Students are expected to demonstrate the following clinical competency expectations in each section of the final Student Evaluation Form:

ROLE	By the end of Fall Practicum
Knowledge Expert	Novice
Clinical Expert: Assessment	Novice
Clinical Expert: Intervention	Novice
Communicator	Novice
Collaborator	Novice
Advocate	Novice
Scholar	Advanced Novice
Manager	Novice
Professional	Advanced Novice

Assignment of unsatisfactory ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple, or consistent opportunities to practice a skill within the placement) would indicate unmet expectations. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

When expectations are met in the above clinical competency areas, a grade of *pass* may be assigned. When expectations are not met in one or more of the clinical competency areas, a grade of *fail* may be assigned (see the *Difficulties with Student Performance in Practicum* Section and Appendix B-19 in the Clinical Practicum Handbook for more details and specific examples that may result in a failing grade).

WINTER TERM PRACTICUM

The winter term of practicum occurs in the second semester of the second year of study. Direct patient care exposure occurs at our on-site Dalhousie Audiology Clinic (previously called Sheltered Practicum). The placement consists of at least 4 half days of direct patient care clinical experience and uses the reciprocal peer coaching model, whereby pairs of students observe each other and provide consultative assistance throughout the placement.

The purpose of the Winter Term Practicum is to expand upon the clinical experiences obtained within the Fall Practicum and to further develop emerging clinical skills. Students are expected to obtain hands-on experiences with clients during this sheltered practicum, by actively engaging in clinical activities under the supervision of the clinical coordinator.

Students are expected to demonstrate the following clinical competency expectations in each section of the final Student Evaluation Form:

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ROLE	By the end of Fall Practicum	By the end of Winter Practicum
Knowledge Expert	Novice	Advanced Novice
Clinical Expert: Assessment	Novice	Advanced Novice
Clinical Expert: Intervention	Novice	Advanced Novice
Communicator	Novice	Advanced Novice
Collaborator	Novice	Advanced Novice
Advocate	Novice	Advanced Novice
Scholar	Advanced Novice	Intermediate
Manager	Novice	Advanced Novice
Professional	Advanced Novice	Intermediate

Unsatisfactory ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple or consistent opportunities to practice a skill within the placement) would indicate unmet expectations. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

When expectations are met in the above clinical competency areas, a grade of *pass* may be assigned. When expectations are not met in one or more of the clinical competency areas, a grade of *fail* may be assigned (see the *Difficulties with Student Performance in Practicum* Section and Appendix B-19 in the Clinical Practicum Handbook for more details and specific examples that may result in a failing grade).

Please refer to Appendices C-9, C-10, and C-11 for the clinical skills checklist, a self-evaluation form and a weekly feedback form that can be used to enhance clinical learning. In addition to fall and winter practicum, students must observe patient care throughout the year. Some of these experiences will be completed through coursework classes and the remainder will occur with "sign-up" sheets which will be posted in the Audiology Practicum MS Teams Group. Observations may occur at sites within the Halifax Regional Municipality, such as private practice clinics, hospitals, or ENT offices. Students are responsible for transportation.

INTERNSHIP PLACEMENT

This intensive practicum placement occurs in the spring/summer term of the second year of study. The full-time, 10-12-week practicum placement takes place within Atlantic Canada (NS, NB, PEI, or NL) and may be scheduled any time from the end of classes in April to the end of August. Students are responsible for all costs associated with the internship placement, including housing and transportation.

All students complete the "Practicum Site Request Form*" form itemizing their requests in the fall term preceding the summer placement (See: *Appendix B-3*). Because summer internship sites must be reserved well in advance of the actual internship, it is often required that these placement spots get chosen by a simple random selection process. This random selection may occur up to a year before a summer internship placement.

The internship's purpose is to continue expanding upon previous clinical experiences, giving students the opportunity to further develop their clinical competence. Students typically obtain between 150-250 client direct/client- related hours during the internship. The clinical educator is expected to actively provide supervision and support, while allowing the student to obtain increasing responsibility over the course of the internship. As a general guideline, SCSD suggests that students are directly supervised for 25% of all treatment sessions, 50% of each assessment session, and 100% of any interventions that present a significant risk of harm.

Internship students are expected to demonstrate the following clinical competency expectations in each section of the final Student Evaluation Form:

ROLE	By the end of Fall Practicum	By the end of Winter Practicum	**By the end of Internship**
Knowledge Expert	Novice	Advanced Novice	Intermediate
Clinical Expert: Assessment	Novice	Advanced Novice	Intermediate
Clinical Expert: Intervention	Novice	Advanced Novice	Intermediate
Communicator	Novice	Advanced Novice	Advanced Intermediate
Collaborator	Novice	Advanced Novice	Advanced Intermediate
Advocate	Novice	Advanced Novice	Intermediate
Scholar	Advanced Novice	Intermediate	Entry to Practice
Manager	Novice	Advanced Novice	Intermediate
Professional	Advanced Novice	Intermediate	Entry to Practice

Unsatisfactory ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple, or consistent opportunities to practice a skill within the placement) would indicate unmet expectations in the internship placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

When expectations are met in the above clinical competency section, a grade of *pass* may be assigned. When expectations are not met in one or more of the clinical competency areas, a grade of *fail* may be assigned (see the *Difficulties with Student Performance in Practicum* Section and Appendix B-19 in the Clinical Practicum Handbook for more details and specific examples that may result in a failing grade).

Please note: It is recognized that there are variations in placement organization (e.g., split placement consisting of two 6-week placements) that may impact students' ability to meet clinical competency expectations. In these situations, the clinical coordinator will discuss with the clinical educator(s) whether the student is meeting clinical competency expectations that are commensurate with the amount of experience gained within the placement and, if deemed appropriate, the expectations listed above (i.e., minimal ratings required in each competency area) may be adjusted.

EXTERNSHIP PLACEMENT

This final, intensive practicum placement occurs in the winter term of the third year of study, from January to March. The full-time (at least 4 days/week), 10-12-week placement takes place within Canada or a country that is mutually recognized by Speech-Language & Audiology Canada (SAC). Students are responsible for all costs associated with the externship placement, including housing and transportation. Students interested in completing an international externship placement should review the international placement guidelines on page 7 and *Appendix B-5*.

The externship's purpose is to develop a student's clinical competence to meet entry-level professional standards for audiologists. Students typically obtain between 175 and 250 client direct/client-related hours during the externship. Clinical educators are expected to provide students with increasing independence in the provision of clinical services over the course of the final placement. By the end of the externship placement, students are expected to be functioning as entry-level clinicians, capable of managing a full-time (or close to full-time) caseload. As a general guideline, SCSD suggests that students are directly supervised for 25% of all treatment sessions, 50% of each assessment session, and 100% of any interventions that present a significant risk of harm.

Externship students are expected to demonstrate the following clinical competency expectations in each section of the final Student Evaluation Form:

ROLE	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	**By the end of Externship**
Knowledge Expert	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Assessment	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Intervention	Novice	Advanced Novice	Intermediate	Entry to Practice
Communicator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Collaborator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Advocate	Novice	Advanced Novice	Intermediate	Entry to Practice
Scholar	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice
Manager	Novice	Advanced Novice	Intermediate	Entry to Practice
Professional	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice

Unsatisfactory ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple, or consistent opportunities to practice a skill within the placement) would indicate unmet expectations in the externship placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

When expectations are met in the above clinical competency areas, a grade of *pass* may be assigned. When expectations are not met in one or more of the clinical competency areas, a grade of *fail* may be assigned (see the *Difficulties with Student Performance in Practicum* Section and Appendix B-19 in the Clinical Practicum Handbook for more details and specific examples that may result in a failing grade).

Please note: It is recognized that there are variations in placement organization (e.g., split placement consisting of two 6-week placements) that may impact students' ability to meet clinical competency expectations. In these situations, the clinical coordinator will discuss with the clinical educator(s) whether the student is meeting clinical competency expectations that are commensurate with the amount of experience gained within the placement and, if deemed appropriate, the expectations listed above (i.e., minimal ratings required in each competency area) may be adjusted.

PRACTICUM PROCESS

ARRANGING PRACTICUM PLACEMENTS

The Academic Coordinator of Clinical Education (Clinical Coordinator) arranges practicum assignments at the beginning of each academic term. **Students are NOT to contact or arrange practicum placements on their own; this includes direct contact with potential clinical educators or sites via phone, email, or face-to-face conversations, as well as indirect contact such as the student's family or friends discussing practicum placements with potential clinical educators or sites.** Students may have volunteered with Audiologists or sites in the past and were encouraged to "come back for practicum placements," but students should not contact those sites or clinical educators directly to see if practicum placements are possible. **Any arrangements or contact with practicum sites and potential clinical educators must be made by the Academic Coordinator of Clinical Education.** (The process for international externship placements is the exception – please see below for more details).

SCSD recognizes that moving to a different location for a 12-week internship/externship can represent financial, transportation and or logistical considerations for students, and as such, every effort will be made to place students in the practicum location of their preferred choice (see Practicum Request Form). Unfortunately, practicum opportunities are not always available in any given location or there is high demand for certain placements locations such as Halifax/Dartmouth. Students should be prepared for temporary relocation for an internship or externship placement and plan accordingly. Students needing practicum accessibility considerations are required to contact the Dalhousie Student Accessibility Centre as soon as possible to facilitate practicum planning (please see Request for Accommodations section of this handbook for further information).

For Fall and Winter Practicum, audiology students are assigned to in-school clinic sessions randomly by the Clinical Coordinator. Students can switch available session dates/times with their classmates upon agreement without consulting with the Clinical Coordinator. Further details will be provided by the instructor.

For internship placements, students will be provided with a menu of offers of possible practicum placements. This menu of offers will be distributed to students at the beginning of the second year's winter term. For the externship placement, the Clinical Coordinator and students will individually discuss possible placement options. A list of offers will not be provided, but discussion of student interests and hourly requirements will determine possible practicum site requests by the Clinical Coordinator. Discussion of externship placements typically begins during internship placement.

Students considering externships placements outside of Nova Scotia are strongly encouraged to submit their requests before or during their summer internship. For both internship and externship placements, students rank their top 5 desired placement sites/areas using the *Practicum Site Request Form* (See: Appendix A-1).

The Clinical Coordinator will use this form to assign students to practicum placement sites. Once the practicum assignments have been made, the Clinical Coordinator will notify clinical educators and students about the tentative dates of the practicum period and provide both parties with all relevant information and documentation necessary for completion of the practicum placement. Students agree not to request a change to that assignment except under conditions of extreme, unforeseen hardship.

PROCEDURES FOR INTERNATIONAL PRACTICUM PLACEMENTS

International externship placements in countries where educational models and professional certification are equivalent to Canadian standards will be considered when a student, in good academic standing, has an interest in a specialized clinical caseload and has identified a site that offers this unique experience. The process for international practicum placements is as follows:

Step 1: The student will review Dalhousie University's Guidelines for Students Participating in International Activities (See: *Appendix B-5*) and contact the International Centre as necessary to discuss their plans for international placements. (https://www.dal.ca/campus_life/international-centre.html).

Step 2: The student will complete the standard Practicum Site Request form (*Appendix B-3*) indicating placements in rank order of preference. The student will submit the form and a proposal to the Clinical Coordinator, including the following: 1) A statement of rationale for selection of an international placement and specific clinical goals and 2) two letters of recommendation from clinical educators who have supervised the student.

Step 3: The Clinical Coordinator will present the proposal and letters of support at the next scheduled faculty meeting for academic review. Following academic review of the proposal, the Clinical Coordinator will notify the student of the outcome of the review.

Step 4: Following a positive academic review, the student will research potential sites based on unique academic and clinical opportunities. The student will obtain information about the potential site's ability to fulfil clinical goals and clinical hours requirements. The student will submit the name, address, and phone number of the international site and contact person to the Clinical Coordinator. The student, in conjunction with the Clinical Coordinator, will ensure that clinical supervision in the international placement meets the same standards as those within placements in Canada. Clinical educators must also have the appropriate qualifications required by the School of Communication Sciences and Disorders.

Additional Student Responsibilities:
- All travel and accommodation costs.
- Obtaining medical and liability insurance.
- Post placement site evaluation.
- All procedures and costs related to immigration.

Step 5: The Clinical Coordinator will contact the site to provide confirmation of the placement. The Clinical Coordinator will provide standard monitoring of the placement.

Step 6: Following confirmation of the placement, the student should contact Dalhousie University's International Centre and/or visit their website (https://www.dal.ca/campus_life/international-centre.html) for more information on financial support (such as the *Study/Work International Fund (SWIF)* and *Howard C. Clark International Study Award*) for more information on financial support, pre-departure checklists/preparing to leave Canada, re-entering Canada post-experience, and to register emergency contact information with them *(https://www.dal.ca/campus_life/international- centre/outbound_exchange.html*).

MENCHER FAMILY AWARD

Audiology and Speech-Language pathology students completing an externship placement in an international setting will be considered for the Mencher Family Award. The annual value of this award depends on the interest generated by the endowment fund but is estimated at about $500.00.

The criteria for the Mencher Family Award are as follows:

- The applicant is enrolled in either the Audiology or Speech-Language Pathology program and must be in the third year of study.
- S/he must be accepted to undertake a supervised practice education experience in a country outside Canada. This practice education experience must be approved by the faculty of the SCSD.
- The successful applicant will have shown academic and clinical excellence and leadership qualities.

Since all international placements must be approved by the faculty, there is no requirement for interested students to apply for this award. If there is more than one applicant, the Committee on Studies will select the successful awardee and, in this instance, may contact candidates for additional information.

The award will be conferred after the international practice education experience for the student is confirmed. If there are no suitable recipients for a given year, the spending allocation will be reinvested.

PRACTICUM POLICIES

From the administrative perspective, the following policies are critical to navigating the practicum process at the School of Communication Sciences and Disorders.

BECOMING A CLINICAL EDUCATOR

The school requires that audiology clinical educators have a minimum of one year of work experience, hold a Master's (or equivalent) degree in Audiology, and are eligible for certification with Speech-Language & Audiology Canada (SAC).

PRACTICUM DOCUMENT REQUIREMENTS

When submitting documents for practicum, students will use the following naming convention.
LAST NAME, FIRST NAME_DOCUMENT NAME.

> For example,
> *DOE, JANE Student Acknowledge Form* or
> *DOE, JOHN Criminal Background Check with Vulnerable Sector Search*

Prior to each practicum placement, students will comply with some or all the following requirements:

- Clear criminal record check with vulnerable sector search
- Submit up-to-date immunizations and TB test
- Clear child Abuse Registry Letter
- Review and sign the Student Acknowledgement form (*Appendix D-1*) and Criminal Record Check, Child Abuse Registry, & Immunization Record Waiver (*Appendix B-8*)
- Complete and send Student Placement Profile to clinical educator (see *Appendix B-4*)
- Review relevant course notes and any readings, materials, tests, etc., recommended by the clinical educator

There may be additional document requirements for a practicum placement specific to a practicum site/facility. The coordinator will provide all students with information about any additional requirements upon confirmation of the practicum placement. Failure to complete practicum requirements may result in postponement or even cancellation of the practicum experience, which would likely mean a delay of graduation.

Following completion of each practicum placement, students and clinical educators will ensure the following forms are completed, reviewed, and signed:

- Student Evaluation Form (see *Appendix C-5*)
- Student Feedback to Clinical Educator Form (See *Appendix C-6*)
- Clinical Hours Form (see *Appendix C-7*)

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It is the student's responsibility to ensure that original copies of the forms are returned to the Academic Coordinator of Clinical Education within one week of the end of the practicum placement. **Failure to provide the Clinical Coordinator with the documentation within the required timeframe could delay the posting of a grade for the practicum experience, thereby potentially delaying graduation.**

STUDENT CODES OF CONDUCT

Students are expected to follow the *SCSD Code of Conduct* (see pages 6-8 of the *SCSD Student Handbook*) and the *Dalhousie University Code of Student Conduct* during their time at Dalhousie University, including within practicum placements.

CODES OF ETHICS

Students are required to adhere to the *Speech-Language & Audiology Canada Code of Ethics* and the *Code of Ethics* of the regulatory body (e.g., *NSCASLP*, *CASLPO*, *NBASLPA*) in the province where a practicum placement is completed, at all times.

SOCIAL MEDIA AND ELECTRONIC COMMUNICATION IN PRACTICUM SETTINGS

Students are expected to follow the Dalhousie University Faculty of Health *Guidelines for the Student Use of Social Media and Electronic Communication in Practice Education Settings* (2015) during all practicum placements. Students are expected to review the document prior to beginning each practicum placement (See Appendix E).

SCENT-FREE POLICY

Dalhousie University and many, if not all, practicum placement sites have scent-free policies. Students are therefore expected to refrain from wearing scented personal care products such as perfume, cologne, scented shampoo, or deodorant, etc. during practicum placements.

DRESS CODE

As stated in the section, Roles and Responsibilities of the Student, "the student is responsible for completing the appropriate administrative and professional duties that are demanded from the practicum placement process." Please choose attire suitable for completing these duties, staying mindful of any safety considerations requested by the student's placement (i.e., closed-toe shoes) and any financial restrictions the student may face. If you are uncertain about suitable and/or requested attire, please ask your clinical educator or your clinical coordinator.

PERSONAL IDENTIFICATION

Whenever a student is participating in an observation or practicum experience, he or she must wear a Dalhousie identification tag, or an identification tag provided by the practicum site. The identification tag must always be worn. A student may be asked to leave an observation or practicum placement if he/she is not wearing an identification tag. If a student loses or requires a replacement identification tag, they should contact the Administrative Secretary.

ATTENDANCE AT PRACTICUM

Attendance at practicum is **mandatory**. Students are expected to contact the clinical educator immediately if they plan to be absent, so the clinical educator can cancel and/or reschedule client visits for the student. Absences from practicum for sickness or bereavement are considered legitimate, but absences due to academic or part-time employment commitments are not acceptable. **Absences from practicum are expected to be made up later (such as by adding extra days to the end of the placement) to ensure that students complete practicum placements.** Extended absences should be discussed with the Clinical Coordinator.

Students are expected to be on time for all practicum activities. Tardiness is not acceptable. If the student expects they will be late due to unforeseen circumstances, they are expected to contact their clinical educator immediately and indicate their expected arrival time.

PRACTICUM SCHEDULES

Specific details of a placement's schedule will be determined by the site and/or clinical educator. Caseload requirements, clinical educator availability, work schedules, or other factors may affect when sites are prepared to host students. The student is responsible for adhering to the specific demands of a particular site's schedule requirements. **Anything that prevents a student from working within a particular site's timeframe may cause the placement to be cancelled.** This could include a student's vacation (scheduled in advance or otherwise), weddings, family reunions, illness, employment schedule, transportation challenges, living arrangements, etc. **It is the responsibility of the student to work within a site's schedule.** Students must be prepared that the internship placement could take place at any point following completion of April exams until August 31st of that year. Further, there are times when practicum placements may not occur on the same timeline for all students, resulting in possible delayed graduation for some students. Please note that during their practicum, students can be tasked to complete special projects during downtime.

CHANGES TO PRACTICUM

Any changes made by a student to an arranged practicum placement may cause that placement to be cancelled. If this occurs, the total practicum experience for that student will effectively be cancelled and an alternate clinical experience will not be arranged at that time. An alternate clinical practicum might be arranged in the future as the academic calendar permits. For example, this would likely mean that a summer internship would start in the Winter Term of the third year and the externship postponed until the internship is completed. Cancellation of a practicum in this manner would likely mean delay of graduation.

Due to circumstances beyond the control of SCSD, there may be disruptions to arranged practicum placement including but not limited to site locations and preceptors due to: COVID-19; site staffing changes; site ownership changes; student academic standing; professional practice disruptions; health care system disruptions; natural disasters; disease outbreaks; emergencies; staffing shortages etc. The Clinical coordinator will work directly with a student to mitigate disruption in their course scheduling. However, situations may arise beyond our control that could lead to additional financial burden to the student, delay in course completion; progression to the next year of study; or graduation from the program.

PRIVACY AND CONFIDENTIALITY

One of the most basic, yet important, parts of clinical (and therefore student) performance involves the issue of client/patient privacy and confidentiality. Students are required to strictly adhere to practicum site privacy, security, and confidentiality policies and procedures always. All students are also required to review privacy, security, and confidentiality documents *(see Appendix B-6)*, for further information on this issue as it relates to clinical observations and practicum placements, academic coursework, and research activities.

CLIENT/PATIENT FILES

Students will have access to the files (paper and/or electronic) kept on clients who are part of a practicum experience. Students are to follow the procedures outlined by each site for accessing patient files. Files must be reviewed on the facility's premises in which they are maintained; under no circumstances should they be removed from the facility. **Medical Records are not to be accessed from a student's personal laptop or from the student's home.** The information in a client's file is of a confidential nature and should be treated as such. In some instances, students may consider it important to keep a copy of a full report on a client (e.g., assessment or treatment report written by the student him/herself). In this case, the student must first request permission from the clinical educator and then delete any information which specifically identifies the patient (e.g., his/her last name, address, and date of birth, etc.) from the photocopy before removing it from the practicum site. Electronic record systems must be signed out if a student clinician leaves the room.

Electronic records should only be accessed on secure approved computers on site unless the clinical educator has provided written approval. **Failure to follow confidentiality guidelines at a practicum site may result in termination of the practicum placement.**

CONSENT TO RELEASE INFORMATION

No reports or information are released by facilities/sites without a signed consent to release information form from the client or his/her caregiver, parent, or legal guardian. Before sending a written report to any agency or person, the student clinician should ascertain that the patient file contains a signed current consent to release information form. She/he should also determine whether the client has designated on the form that a particular agency or person may or may not receive information (the client may be willing to have information released to some but not all persons or agencies who might consider the information relevant). Furthermore, in all cases where students are orally contacted by a person interested in the client, they should refer such people to the clinical educator and not provide any information regarding the client.

USE OF MATERIALS AND EQUIPMENT DURING PRACTICUM ACTIVITIES

Each of the practicum locations maintains supplies for use in diagnosis and treatment of clients. As much as possible, students should use the materials (e.g., test forms, stimulus items, toys, etc.) on hand at the location where the client is being seen. Materials are not to be removed from a clinical facility unless the student has received approval from the clinical educator. Items in the student's possession that become damaged or destroyed may be the student's responsibility to replace. It is important to return items to the location from which they were removed. Electronic devices (e.g., computers, memory storage devices, etc.) that are the property of the practicum site must be used in accordance with the site's policies and procedures. It is the student's responsibility to familiarize his- or herself with the site's policy around the use of electronic devices for learning purposes.

PRACTICUM SITE POLICIES AND PROCEDURES

Students may be asked to review and sign off on the policies and procedures of their practicum site. It is important for students to understand that violation of any of these policies may result in immediate termination of the practicum placement.

UNCLEAR OR FAILED CRIMINAL RECORD CHECK, VULNERABLE SECTOR SEARCH, OR CHILD ABUSE REGISTRY

Dalhousie University's Faculty of Health does not require criminal record checks or other screening procedures (e.g., vulnerable sector search, child abuse registry, etc.) as a condition of admission into its programs.
However, students should be aware that practicum sites/facilities often require such checks and may not accept students with unclear criminal record checks, criminal records, or who have failed vulnerable sector searches or child abuse registry searches.

Students who are unable to complete a practicum placement due to failure to meet the record check or screening requirements of the site/facility, or who are refused access to the site/facility based on the information provided, may fail the practicum placement, and as a result, in some instances, may not be eligible for progression through the program or graduation from the program. Please see Appendices *B-1* and *B-8* for more information.

DALHOUSIE
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PRACTICUM PROCEDURES

STUDENT PRE-PLACEMENT PREPARATION

Prior to commencing each practicum, students are asked to complete the *Student Placement Profile Form* (SPP) (see *Appendix B-4*) and send it to their clinical educator. This form allows the clinical educator to prepare for the placement and determine what experiences/knowledge the student has before starting it. The SPP should be given to the student's clinical educator **prior to each placement.**

Furthermore, students are encouraged to prepare for upcoming practicum placements by reviewing course notes and clinical skills and reviewing readings, materials, and tests recommended by the clinical educator. This pre-placement preparation is essential to maximize learning during the clinical experience. Also, a commitment to client-centered care, contribution as a team member, and development of problem-solving skills are necessary elements for success.

CLINICAL EDUCATOR PRE-PLACEMENT PREPARATION

All Audiologists new to clinical education will be provided with materials about being a clinical educator by the Academic Coordinator of Clinical Education. The materials provided will include the Clinical Practicum Handbook: Audiology document, information about the clinical education process at SCSD, how to effectively provide feedback to students, how to evaluate student clinical competencies, how to assist struggling students, and the roles and responsibilities of the clinical educator, student, and Coordinator. Orientation support sessions are also available upon request for any new or experienced clinical educator.

Clinical educators are also encouraged to review the following documents prior to the start of the practicum placement:

- Clinical Competencies (See: Appendices *C-2*, *C-3*, and *C-4*)
- Student Evaluation Form (See: *Appendix C-6*)
- Student Placement Profile (*Appendix B-4*) (to be provided to the clinical educator by the student prior to the start of the placement)
- Audiology Clinical Education Checklist (*Appendix B-2*) and Feedback Form (Appendix C-6) and Audiology Clinical Skills Checklist (*Appendix C-9*)
- Clinical Hours requirements (clinical hours chapter)

ORIENTATION DURING PRACTICUM PLACEMENT

During the initial practicum meeting, the clinical educator is responsible for orienting the student to the setting. This includes an orientation to the physical setting, introductions to interprofessional staff, instruction about the availability of materials, equipment, diagnostic tools, etc.

CLINICAL EDUCATION CONTRACT

During the initial practicum meeting, the clinical educator and student are encouraged to outline the goals for the practicum term, by completing the **Clinical Education Contract** (see *Appendix C-1*). Use of the contract helps define the expectations of the clinician and student for the placement. This contract may be reviewed and altered throughout the term.

PRACTICUM TIMELINE GUIDELINES

Suggested guidelines for practicum timelines have been developed to help guide the clinical education process. The guidelines can be found in Appendix B-7 and include suggestions such as the amount of direct client contact time students should be obtaining each day over the course of the practicum placement and when formal evaluations should be conducted. As a general guideline, SAC suggests at least 75% of a student's time should be spent on clinical activities related to assessment and treatment of clients.

SUPERVISION GUIDELINES

The amount of supervision a student will need depends upon the type of task assigned, the client population, and the student's competence and level of training (sheltered practicum, internship, or externship placement). Supervision should include direct observation, feedback, and guidance to allow the student to evaluate and improve his/her performance and develop clinical competence.

As a general rule, the School of Communication Sciences and Disorders recommends the following guidelines for supervision of Speech-Language pathology and audiology students completing practicum placements:

- Supervise at least 25% of all treatment sessions.
- Supervise at least 50% of each assessment session; **and**
- Supervise 100% of interventions that carry significant risk of harm, including, but not limited to, taking an initial case history, communicating results and recommendations to clients and/or caregivers following an initial assessment, ear mold impressions, participating in hearing aid prescription procedures, and cerumen management.

These are minimum requirements and should be adjusted upward if the student's level of knowledge, experience, and/or competence warrants such modifications. For example, second year Audiology students completing sheltered practicum require more supervision than the minimum standards listed above. They will require direct training and active feedback during these initial practicum experiences.

Clinical educators must be available to consult with the student when he/she is providing clinical services to clients. The clinical educator should typically be on-site or delegate to an on-site alternate clinical educator who meets the requirements for student supervision if he/she plans to be away.

RECIPROCAL PEER COACHING MODEL

Reciprocal peer coaching is a form of cooperative learning that encourages pairs or small groups of students to observe and provide consultative assistance to each other within practicum placements. This model may be used within the fall and winter practicum placements and internship placements. Peer coaching provides students with a safe space to explore solutions as they examine clinical problems and their own clinical performance. The reciprocal peer coaching model facilitates development of students' problem-solving, communication, and collaboration skills, while enhancing self-confidence.

When implementing the peer coaching model, students are encouraged to discuss the plan for giving and receiving feedback (e.g., verbal or written, focus on positive, using active listening, calm and non-threatening, emphasis on problem solving, etc.), individual roles and responsibilities within the practicum placement, and even sharing of costs associated with the placement (e.g., gas money if one student is responsible for driving). In practice, the reciprocal peer coaching model often involves students sharing tasks within assessment and treatment sessions, co-creating therapy plans, and completing special projects together. Clinical educators are also encouraged to participate in discussions of how the reciprocal peer coaching model will work within the practicum placement, including student responsibilities, expectations for individual and joint sessions, feedback post-sessions, etc.

REPORT WRITING DURING PRACTICUM

Students are expected to practice writing reports and/or chart notes during their practicum placements. Students and clinical educators should discuss whether templates should be used during the practicum placement, as many sites will have their own report templates that students may be expected to use.

DEVELOPMENT OF CLINICAL REASONING SKILLS

Clinical educators can use the following strategies to help their students develop clinical reasoning skills during practicum placements:

- Make what is taken for granted an object of curiosity or questioning.
- Alert students to clinical situations that require more thought.
- Verbally share your own reflections and reasoning around clinical cases to highlight how you came to conclusions about a client's diagnosis and/or communication abilities and prompt the student to reflect and share his/her own reasoning, hypotheses, and reflections (also known as the Think Aloud technique).
- Critique the knowledge and reasoning used by the student (with sensitivity and respect).
- Contribute new knowledge, perspectives, and reasoning about a clinical problem; **and**
- Encourage your student to make predictions about a client or clinical case.

Students can use the following strategies to help develop clinical reasoning skills within practicum experiences:

- Use the **Audiology Clinical Skills Checklist** (see Appendix C-4) to evaluate your skills and performance on a session-by-session or weekly basis. Use the **Student Self-Evaluation Form** (Appendix C-10).
- Provide a rationale for each of your actions following a session and discuss your thoughts about the case with your clinical educator.

- Reflect on the similarities between a current clinical case and previous clinical cases.
- Keep a journal about the patterns you observe within treatment/assessment sessions and your own critical thinking and thought processes regarding these clinical cases.
- Try to answer your own clinical questions; **and**
- Ask yourself "What will I do?" and "Why am I doing it?" and "What are the next steps for the client?" when planning for a client.

EVALUATION AND FEEDBACK

Students and clinical educators provide and receive feedback during the supervisory process. Students evaluate and provide feedback regarding a clinical educator's professional, clinical, and supervisory skills, while clinical educators evaluate and provide feedback on a student's clinical, professional, and technical skills. Students and clinical educators are expected to complete formal evaluations at the end of each practicum placement. Students and clinical educators may choose to complete informal evaluations at mid-term of the practicum placement or use the more formal evaluation documents. The Academic Coordinator of Clinical Education (Clinical Coordinator) will provide suggestions for giving and receiving effective feedback, to students (in practicum preparation classes) and clinical educators (through handouts and/or a presentation upon confirmation of a placement), prior to commencement of the practicum placement. Please refer to Appendices for the clinical skills checklist, a self- evaluation form and a weekly feedback form that can be used to enhance clinical learning.

STUDENT FEEDBACK TO CLINICAL EDUCATOR

Students provide feedback to their clinical educator regarding the practicum experience at midterm (usually the 6th week of the internship and externship placements) and at the end of the placement. Students must complete the Student Feedback to Clinical Educator Form (see Appendix C-6) at the end of the internship and externship and provide copies to the clinical educator and the Clinical Coordinator.

STUDENT EVALUATION

New for Class of 2026 and beyond: New Canadian Assessment of Clinical Competence (ACC)

The Canadian Assessment of Clinical Competence (ACC) is a competency-based assessment tool designed to assess the performance of speech-language pathology and audiology students in their clinical placements. The ACC was developed by the Canadian Academic Coordinators of Clinical Education (CACCE) from all twelve audiology and speech-language pathology university programs across the country. The National Competency Profiles specifying clinical competencies required of each clinician upon entry-to-practice in Canada, with the goal of safe and effective practice were created in 2018. These competencies form the foundation for accredited audiology and speech-language pathology curriculum in Canada.

The ACC was developed using these professional competencies and adapting them to allow for assessment of students across various stages of clinical learning. The ACC tool assesses seven roles required of an entry-to-practice speech-language pathologist or audiologist: Expert (Knowledge and Clinical), Communicator, Collaborator, Advocate, Scholar, Manager, and Professional. Each role contains one or more essential

competencies (with several sub-competencies) that the student clinician must demonstrate by the time they complete their studies.

A rating scale accompanies the tool and describes the expected performance of a student along a continuum from "Early Novice" to "Entry-to-Practice". with "Unsatisfactory" as an option to reflect students with significant difficulties. Over a master's program, students are expected to progress from Early Novice (early stages of first placement) to Entry-to-Practice (when they finish their final placement). Expectations for each level of practicum can be found in Practicum Descriptions, Objectives and Expectations.

A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty.
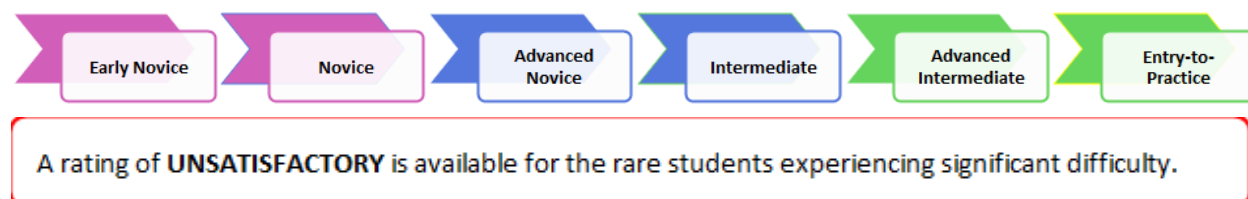
Evaluations are performed at midterm (usually the sixth week of the internship and externship placements) and at the end of the placement. Clinical educators must complete the new ACC Tool (see Appendix C-9).

Before submitting the form, the student and clinical educator(s) will arrange an appointment to discuss and review the evaluation. To complete the evaluation, it is recommended that the clinical educator review the clinical competencies for the placement. These competencies should indicate how the student should be performing by the end of the practicum term. For the Dalhousie SCSD program, the minimum required achievement levels for each competency role by the end of each placement are as follows:

ROLE	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
Knowledge Expert	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Assessment	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Intervention	Novice	Advanced Novice	Intermediate	Entry to Practice
Communicator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Collaborator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Advocate	Novice	Advanced Novice	Intermediate	Entry to Practice
Scholar	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice
Manager	Novice	Advanced Novice	Intermediate	Entry to Practice
Professional	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice

By the last day of each practicum placement, students and clinical educators will ensure the following forms are completed, reviewed, and signed:

- Student Assessment of Clinical Competence (Appendix C-5)
- Student Feedback to Clinical Educator Form (Appendix C-6)
- Clinical Hours Form (Appendix C-7)

Copies of these forms, in full, must be submitted to the Clinical Coordinator within one week from the last day of placement. Failure to provide the Clinical Coordinator with the documentation within the required timeframe could delay the posting of a grade for the practicum experience, thereby potentially delaying graduation. It is also the student's responsibility to ensure that original copies of the forms are returned to the Academic Coordinator of Clinical Education in a reasonable timeframe. See Appendix B-2 for the clinical education checklist for assistance.

Practicum performance at the school is based on a pass/fail grading system. Supervising clinicians are not required to provide a grade, as this is assigned by the SCSD Academic Coordinator of Clinical Education.

DIFFICULTIES WITH STUDENT PERFORMANCE IN PRACTICUM

If, and as soon as, a clinical educator determines that a student is performing below an acceptable standard, is not meeting clinical competencies (as defined in Appendices C-2, C-3, and C-4) or if a conflict arises, he/she should discuss these concerns **with the student**. The Clinical Coordinator should be notified to provide necessary support and/or ensure a remediation plan is in place to help the student meet the competencies/standards for his/her practicum placement level. If appropriate, the clinical coordinator may consult with select School faculty members with expertise in the deficient areas to assist with development of the remediation plan. After the remediation plan is developed, the clinical educator and clinical coordinator will monitor the student's achievement of the goals and strategies within the remediation plan.

The clinical coordinator may also choose to implement a remediation plan for a student prior to the start of clinical placements or between clinical placements, should any concerns about the student's ability to meet clinical competencies arise via coursework and/or School based clinical activities (e.g., preschool screenings). Furthermore, it may be necessary to share information about the student's remediation plan with future clinical educators to ensure they can continue to support the student in implementation of strategies/goals.

If the student continues to struggle to meet defined competencies/standards after implementation of the remediation plan, the clinical educator and clinical coordinator may decide to meet jointly with the student to discuss the ongoing concerns, update or revise the remediation plan as needed, and agree on a timeline for the goals/competencies in the plan to be achieved. At this point, the clinical coordinator will also inform the Director and/or Graduate Coordinator of the School of Communication Sciences and Disorders about the situation. Following the meeting with the student, the clinical educator and clinical coordinator will closely monitor the student's progress and ability to meet the goals described within the remediation plan, reporting the student's progress to the Director and Graduate Coordinator.

If the student demonstrates the ability to meet the objectives outlined in the remediation plan, but will require additional time to do so, an extension of the practicum placement may be granted (with the same clinical educator or with a different clinical educator). An extension of the practicum placement may result in a delay in graduation. If the pattern of poor performance continues (with or without a practicum extension) and the student has difficulty achieving the outlined goals and competencies by the end of the placement, a grade of 'F' will be assigned. A failing grade in practicum results in dismissal from the program. Please *see Appendix C-8* for more detailed information. In addition, if a student chooses to withdrawal from a practicum placement, without legitimate cause, a grade of 'Fail' will be assigned.

Any one or more of the following may result in a grade of 'Fail' for a practicum placement:

- Unsatisfactory performance in one or more clinical competencies
- Insufficient improvement after constructive feedback and opportunities for practice
- Performance below the expected level in one or more clinical competency areas
- Lack of progress or plateau of skill development within the practicum placement
- Absence from practicum without prior approval
- Breaches of confidentiality, unsafe practice, ethical misconduct, serious and/or continuous breaches of professionalism, and/or violation of student or professional codes of conduct

Please note any of these behaviours may result in immediate removal from the practicum site, termination of the practicum, and a grade of 'Fail', even if other clinical competency expectations for the placement are met.

Grade assignment (pass/fail) is completed by the clinical coordinator. In cases where a failing grade may be assigned, the clinical coordinator may discuss the situation with the School Director, Graduate Coordinator, and/or the SLP clinical coordinator within the school. A failing grade leads to immediate and automatic dismissal from the program as determined by the pass standard of the Faculty of Graduate Studies.

DIFFICULTIES WITH SUPERVISION IN PRACTICUM

Clinical educators are valuable contributors to S-LP student education and typically provide excellent clinical learning experiences for our students. However, should issues or difficulties arise with a clinical educator or supervisory experience, students are expected to notify the clinical coordinator immediately. The clinical coordinator will provide the student with strategies and suggestions to address the difficulties. When appropriate, the clinical coordinator may contact the clinical educator to discuss the situation and provide potential resolution strategies. Students may be removed from a practicum placement in extraordinary circumstances.

MANAGING CONFLICT/DIFFICULT SITUATIONS WITHIN PRACTICUM PLACEMENTS

Conflict and/or difficult situations within the practice setting may arise for several reasons, including unclear roles and expectations, miscommunication, inadequate knowledge, skills or competencies, personality differences, time and caseload demands, lack of resources or space, different learning and/or working styles, and/or generational differences, to name a few. Inability to resolve conflict or manage difficult situations within the practice setting can significantly impact the overall learning experience.

Resolution strategies that may be utilized within the practice setting include identifying and dealing with conflicts/issues early, using open and direct communication, developing a contract *(see Appendix C-1)*, sharing responsibility in finding solutions, demonstrating flexibility, negotiating, and accepting differences (generational differences, learning style differences, etc.).

Clinical educators and students are encouraged to work together to resolve any issues/conflicts that may arise within the practicum placement. Students are responsible for communicating any concerns about a placement to their clinical educator and/or Clinical Coordinator. The clinical educator has a reciprocal responsibility to communicate any of his/her concerns to the student, Clinical Coordinator, and/or designated manager. If the issues/conflict cannot be resolved between the student and clinical educator, the Clinical Coordinator should be notified as soon as possible. The Clinical Coordinator will provide suggestions/ideas to help with conflict resolution/remediate any issues. The student may be withdrawn from a supervisory situation by the Clinical Coordinator if there is sufficient reason to do so. In addition, if a student chooses to withdrawal from a practicum placement, without legitimate cause, a grade of 'Fail' will be assigned.

CLINICAL HOURS REQUIREMENTS

Students must record all clinical contact hours by completing the Clinical Practicum Hours Form (*see Appendix C-7*). The student is responsible for submitting this to their clinical educator(s) at the end of each practicum term for the clinical educator's signature, verifying the practicum experience. Students should then submit these forms to the Clinical Coordinator after obtaining the clinical educator's signature. **It is the student's responsibility to keep a record of all clinical contact time during each practicum placement.**

Students must obtain 350 clinical hours for graduation. The School of Communication Sciences and Disorders stipulates those hours be distributed amongst many practice areas and populations. Following completion of all practicum requirements – and before graduation, students must complete the Summary of Clinical Practice Hours in Audiology form and submit for verification and signature either electronically or in person. This document should include the sum of the student's previous practicum experiences. This document is submitted to the SCSD clinical coordinator and can be found in Appendix E– Supplemental Documents of this Practicum Handbook.

Please note: Photographs of forms are not accepted.

Students should ensure they verify the licensing requirements of the Regulatory College (e.g., NSCASLP or CASLPO etc.) in the province in which they wish to practice.

Please use *"Clinical Certification & Provincial Registration Document Request Form" (Appendix E)* and sent to Clinical Coordinator or have organization contact clinical coordinator directly for copies of Clinical Summary Forms sent.

COUNTING CLINICAL HOURS

Students obtain clinical hours throughout the program. For clinical hours to be counted on the *Clinical Practicum Hours* form (*Appendix C-7*), the student must be actively involved in clinical activity. Student

participation can be seen as a continuum, whereby students move from observation with no active involvement, to active or guided observation where the student clinician participates at some level, to shared supervised clinical activity, and finally to solo supervised clinical activity. When the student clinician is an observer, not an active participant, the hours do **not** count toward overall clinical hour totals. Students can ensure they are actively involved in clinical activities during practicum placements in any number of ways. For example, students can take data, keep track of formal and informal assessment information, and compare their results with that of the clinical educator, photocopy test forms and score them as the clinical educator completes them with the client, make informal observations of client communication, take formal and informal assessment data, and develop goals and rationalization for clinical educator review, etc. Please note that this list is not exhaustive, there may be other activities that the student participates in that can count as clinical hours. Ancillary clinical activities, such as report writing, record keeping, materials development, online training sessions and planning for sessions are not considered clock hours and may **not** be counted. It is acknowledged that these essential activities comprise an indirect component of specific client service. Time spent in supervisory conferences in which the supervisee's clinical skill development is the focus of discussion is not counted. Online general training activities produced by manufacturers are not counted.

It is recognized that work with a client may fall within more than one clinical disorder area. For example, when working with a client who requires counselling, hours may be counted under the category of Amplification Intervention or Rehabilitation. Hours should be divided between categories according to the amount of time spent on each. Questions about recording hours with varied caseloads should be directed to the Academic Coordinator of Clinical Education.

Here is a guideline on how to designate various clinical hours activities for Audiology:
- HEARING MEASUREMENT: Basic pure tone assessment including hearing screens (Assessment only)
- AUDIOLOGICAL ASSESSMENT: Case history interview, otoscopy, immittance, speech testing, interpretation of results (Assessment) and basic recommendation and referrals, cerumen management not related to hearing aids (Intervention)
- ELECTROPHYSIOLOGICAL: Auditory evoked response testing and evaluation/interpretation, Otoacoustic emission testing/screening and interpretation (Assessment) and basic recommendation and referrals (Intervention
- AMPLIFICATION: Hearing aid consultations, device recommendations, earmold impressions, verification of hearing aid fittings, follow-ups, and adjustments. Hearing aid orientation and troubleshooting. Cerumen management
- IMPLANTABLE DEVICES: Testing, evaluation, fitting and follow up for cochlear implants, bone anchored hearing aids and middle ear implants.
- CALIBRATION AND MAINTENANCE OF INSTRUMENTATION: General procedures for biologic calibration of equipment, assessment of equipment function and equipment troubleshooting.
- AUDITORY & VESTIBULAR DISORDERS: Auditory processing assessment/treatment; Vestibular test procedures/treatment. Interpretation and analysis of test results
- TINNITUS/HYPERACUSIS: Tinnitus/Hyperacusis Assessment, and Treatment, Counselling on coping strategies etc.
- (RE) HABILITATION: Facilitate or conduct aural rehabilitation counselling, communication strategies. Advanced recommendations. Outcome measurements. Educational audiology counselling. Advanced counselling
- SPECIAL POPULATIONS: Autism, developmental delay, dementia, genetic disorders, NICU, occupational hearing loss, syndromes, craniofacial abnormalities, etc.

- SLP (Minor Hours for AUD students) – Expectations for students gaining clinical experience in the minor area (SLP) focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, warning signs that would suggest a referral to an SLP is warranted; observational skills in relation to warning signs.

*Please note: Choose the activity most strongly associated with the client. Hours can be divided between activities according to the amount of time spent on each. Activities cannot be counted twice.

OBTAINING MINOR S-LP HOURS

Audiology students must obtain at least 20 S-LP hours over the program. Expectations for students gaining clinical experience in the minor area focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, and understanding how to adjust communication for a client who has a communication disorder in the minor area. Most minor area hours should be supervised by a clinician certified in that area. Audiology students are encouraged to seek out opportunities for minor SLP hours during their internship and externship placements. Audiologists and Speech- Language Pathologists can supervise screening related to the minor area (e.g., SLPs can supervise hearing screenings; Audiologists can supervise speech and language screening).

Certified Auditory-Verbal Therapists, and Auditory Oral Rehabilitation Specialists in the Province of Quebec may supervise minor area hours in aural rehabilitation for both audiology and Speech-Language pathology students.

Expectations for students gaining clinical experience in the minor area focus on gaining an overall understanding and appreciation of the minor area, as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer a client, and understanding how to adjust communication for a client who has a communication disorder in the minor area of hearing, speech, or language.

GRADES FOR PRACTICUM PLACEMENTS

Practicum performance at the school is based on a Pass/Fail grading system. Clinical educators do not provide a grade, as this is assigned by the Clinical Coordinator. Grades are assigned by the Clinical Coordinator at the completion of the Clinical Methods course in the second year (which also includes performance on the sheltered practicum placement), at the end of the internship and at the end of the externship. Students are assigned a grade of pass or fail depending on their ability to meet clinical competencies, as reported by their clinical educator(s), within each practicum placement.

INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP) & INTERPROFESSIONAL EDUCATION (IPE)

During their studies, students will participate in an average of at least six different meaningful and relevant interprofessional collaborative learning experiences as determined and approved by the school. The experiences will include undergraduate/graduate students or professionals from at least four different health

professions with which there are natural affinities or linkages in the professional environment. **At least *one* of these IPE experiences will be in a practice setting.** Practicum placements often give students the opportunity to work on interprofessional teams. Interprofessional teams may include a variety of professionals such as parents/caregivers, teachers, resource staff, psychologists, early education specialists, occupational therapists,   physiotherapists, otolaryngologists, and/or radiologists, to name a few. In accordance with the requirements of SCSD, students will complete the IPE tracking form on an annual basis. The tracking form will be graded by the School on a Pass/Fail basis. Completed tracking forms should be given to the SCSD Administrative Secretary at the end of each academic year. To find these resources and more information on this topic, please visit https://www.dal.ca/faculty/health/scsd/current-students/interprofessional- health-education-ipe.html

AUDIOLOGIST SCOPE OF PRACTICE

AUDs perform and provide a broad range of activities and services to their clients and are ethically bound to provide services that are consistent with their competence, education, and experience. For detailed information about the scope of practice for audiologists, refer to SAC's Scope of Practice for Audiologists document.

Audiology students are expected to adhere to the AUD scope of practice.

AUDIOLOGY ASSISTANT SCOPE OF PRACTICE

SAC defines Audiology assistants, also known as communication health assistants or supportive personnel, as "any individual employed in a role supporting the delivery of Speech-Language pathology and/or audiology services and receiving supervision in those duties by a qualified Speech-Language pathologist or audiologist." AUD assistants are responsible for supporting and facilitating the Audiologist in client service and administrative/support activities. For detailed information about the areas within and outside the Audiology assistant's scope of practice, please refer to SAC's website.

COLLABORATION BETWEEN STUDENTS AND AUDIOLOGY ASSISTANTS

Students may complete practicum placements at sites that employ Audiology Assistants (sometimes called Communication Health Assistants, Communication Disorder Assistants or Support Personnel) and/or Hearing Instrument Practitioners (also known as Hearing Instrument Specialists "HIS"), resulting in opportunities for the student and Audiology assistant or HIS to work together on certain aspects of service delivery. Audiology students are training to become entry level clinicians and are therefore expected to obtain hands-on clinical experience in all aspects of service delivery under the Audiologist' scope of practice, including collaboration with HIS's and supervision of Audiology Assistants.

Clinical educators may decide to manage supervision in these situations in different ways. The clinical educator may have the Audiology assistant continue to provide direct services to clients on his/her caseload, while the Audiology student provides direct services to clients on the clinical educator's caseload. The clinical educator would demonstrate to the Audiology student how Audiology Assistants or HIS function within the clinical setting and provide opportunities for the Audiology student to work collaboratively with the Audiology Assistant on tasks (e.g., Assisting in the booth during assessments, having the Audiology student provide the Audiology

Assistant with administrative or clinical tasks, etc.). Alternatively, the Audiology Assistant or HIS and Audiology student may work together in providing direct services to clients on the Audiology Assistant's caseload (under the supervision of the clinical educator), while the Audiology student also provides direct services to clients on the clinical educator's caseload. A student's level of interaction with the Audiology Assistant/HIS is at the discretion of the clinical educator and/or practicum site, though providing the student with opportunities to collaborate with AUD assistants/HIS is strongly recommended, if available.

MENTAL HEALTH AND WELL-BEING DURING PRACTICUM (INFORMATION FOR STUDENTS)

Participation in practicum placements can occasionally lead to unmanageable stress levels, depression, anxiety, and/or other mental health issues in some students. It is important to consider your own mental health and well-being during practicum placements. A few ways to reduce stress and maintain your overall health include regular exercise, a healthy diet, adequate sleep, and a supportive social network (classmates, friends, family, faculty, clinical educators, etc.). If you are experiencing any issues and would like support, please contact your Academic Coordinator of Clinical Education, Academic Advisor, and/or Dalhousie's Student Health & Wellness Centre. Student Health & Wellness offers a variety of free services to students, including:

- Individual counselling and therapy appointments (with professionally trained counsellors and/or psychologists)
- Groups and workshops (Self-care Skills, Overcoming Anxiety 101, Mindfulness, Resilience Program, Eating Disorder Support, etc.)
- Peer support (provided by a peer support worker with personal experience with mental health issues)
- Online self-help Well Track program (free and confidential online self-help program that targets depression, anxiety, stress, and phobias)

Additional information about these services is available on Dalhousie's Student Health & Wellness website at https://www.dal.ca/campus_life/health-and-wellness.html.

SUPPORTING STUDENTS' MENTAL HEALTH AND WELL-BEING DURING PRACTICUM (INFORMATION FOR CLINICAL EDUCATORS)

Practicum can be a stressful and anxiety provoking experience for some students, occasionally resulting in unmanageable stress levels, exacerbating known or unknown mental health issues, and/or impacting overall well-being. Some signs that a student may be experiencing difficulties include change in mood, difficulty controlling emotions, changes in hygiene or dress, difficulty concentrating or communicating, high levels of irritability, unusual behaviour, changes in relationships or social behaviour, and/or withdrawal from social situations to name a few. If you are concerned about a student's mental health or well-being, approach them about your concerns (be specific about the behaviour that worries you), listen in a patient and unbiased manner, and offer reassurance that you want to support them. Support may include help with time management skills, learning strategies, emotional support, and/or referring them to available resources (peer, professional, and online support services are available via Dalhousie's Student Health & Wellness Centre at https://www.dal.ca/campus_life/health-and-wellness.html). The Academic Coordinator of Clinical Education is also readily available to help with any issues or concerns that arise and contacting him/her is strongly encouraged.

MODELING LIFE-LONG LEARNING FOR STUDENTS

Clinical educators can model life-long learning for students by keeping up with the literature, pointing out recently read articles, discussing evidence-based practice, and sharing information learned during continuing education events. Engaging in discussions with students around these topics shows them the importance of life-long learning in clinical settings.

REQUESTS FOR ACCOMMODATION

Accommodation aims to remove barriers to learning and ensure equitable access to classroom and practicum activities. Accommodation is introduced when a protected characteristic
(see: *https://humanrights.novascotia.ca/know-your-rights/individuals*) may place a student at a disadvantage compared to other students (e.g., (dis)ability). It is the student's responsibility to make a request for accommodation in accordance with the Dalhousie University policy. The request for accommodation must be made in advance of the start of the field placement so that a decision can be made as to what is needed and available and proper support can be accessed. We strongly advise any student who might need accommodation and/or advise to contact the Student Accessibility Centre
(*https://www.dal.ca/campus_life/academic-support/accessibility/contact-us.html*)
as early as possible.*https://www.dal.ca/campus_life/academic-support/accessibility/policy-and-forms.html*).
The request for accommodation must be made in advance of the start of the field placement so that a decision can be made as to what is needed and available and proper support can be accessed.

Except in rare circumstances there should be no "after-the-fact" accommodation and these situations will be considered on a case-by-case basis. The University will consider a request for accommodation made by a third party (physician, family member, caregiver, advocate or other representative) only where the student has provided prior written consent.

The Faculty of Health at Dalhousie recommends that students who have health concerns have the potential to compromise client, student and/or agency personnel safety to follow the policy detailed at:

- *https://www.dal.ca/faculty/health/current-students/student-policies-and-procedures.html*
- *https://www.dal.ca/campus_life/academic-support/accessibility/accommodations-.html*

DISCRIMINATION AND HARASSMENT IN PRACTICUM PLACEMENTS

As per Dalhousie University's Statement on Prohibited Discrimination and Personal Harassment Policy, the University is committed to safeguarding its students against all forms of prohibited discrimination and harassment in the course of work or study or participation in university-sponsored organizations, activities, and programs, including during practicum placements. The University operates in accordance with the Nova Scotia Human Rights Act which prohibits discrimination based on several grounds or characteristics including, but not limited to, age, race, sex, colour, religion, physical or mental disability, sexual orientation, gender identity or expression, and ethnic, national or indigenous origin. The University's Personal Harassment Policy prohibits harassment including, but not limited to, abusive or demeaning treatment that is unwelcome, unwanted, intimidating, hostile, and/or threatening (e.g., name calling, insults, inappropriate jokes, threats, shouting, derogatory remarks, spreading malicious rumours).

Please see the Statement of Prohibited Discrimination or Personal Harassment Policy for detailed information.

Information for Students: When discrimination or harassment occurs while a student is completing a practicum placement, the University has a responsibility to ensure the issue is addressed. While we recognize that there are barriers to students seeking support, if a student is experiencing discrimination or harassment within a practicum placement, it is important that they seek help. The University cannot provide support if they are not aware of the issue. If the student feels comfortable and safe doing so, they are certainly welcome to address the issue directly (e.g., tell the person directly such behaviour is inappropriate or unwanted) within the practicum setting. The student is also encouraged to discuss the issue with their clinical educator, as practicum placement organizations and agencies often have their own policies and procedures in place for dealing with issues of discrimination and harassment. Furthermore, students are encouraged to reach out to their School's Academic Coordinator of Clinical Education, the University's Human Rights & Equity Services or Student Health & Wellness Centre, the University Ombudsperson, or Good 2 Talk Post-Secondary Student helpline (1-833-292-3698; available 24/7/365/) to discuss issues with discrimination or harassment in practicum placements and receive additional support.

Information for Clinical Educators: When issues related to discrimination or harassment in practicum placements arise, the clinical educator may be the first to respond. Practicum placement organizations and agencies often have their own policies and procedures in place for dealing with issues of discrimination and harassment. Clinical educators are encouraged to follow those policies and procedures and seek support from their manager(s) or Human Resources department as necessary. If someone witnesses an act of discrimination or harassment against a practicum student or the student discloses such issues to the clinical educator, the clinical educator is expected to take steps to stop the inappropriate or discriminatory behaviour (e.g., educate the individual making discriminatory remarks/displaying harassing behaviour, take corrective action by reporting such behaviour as per the organization's policies and procedures). It is important that if a student raises issues about discrimination or harassment in the practicum setting that their concerns are not minimized or ignored.

Clinical educators are encouraged to:

- Respond with compassion and patience.
- Listen actively.
- Offer support and reassurance.
- Document the meeting.
- Suggest resources (e.g., direct student to university services such as those listed above)
- Explain options (e.g., informal option: clinical educator will speak with the person who engaged in the inappropriate behaviour directly and indicate that such behaviour will not be tolerated; formal option: file a complaint with the organization/agency or the province's Human Rights Commission)

TELEPRACTICE

Clinical educators and students who provide services to clients via telepractice are expected to adhere to the SAC Code of Ethics (2016) and privacy legislation, as well as the guidelines established by the practicum site and regulatory body of the province in which they are providing service. For detailed information about telepractice please see the following references:

- American Speech-Language-Hearing Association (ASHA). (n.d.). Telepractice. https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/
- SAC (2006) SAC Position Paper on the Use of Telepractice for SLPs and Audiologists *https://sac-oac.ca/wp-content/uploads/2023/02/sac_telepractice_position_paper_english.pdf*

TELESUPERVISION

Telesupervision refers to clinical supervision of students using technology such as videoconferencing, email, and/or phone. Students may be supervised by their clinical educator(s) remotely within practicum placements (i.e., the student is in one city/province while clinical educator is in another city/province). Although the principles and guidelines of clinical supervision remain the same (see: *Practicum Policies* and *Practicum Procedures* sections of this Clinical Practicum Handbook), there are some additional considerations when providing telesupervision including:

- Increased planning and organization (schedule structured meetings for feedback and planning regularly, plan extra time to build collegial relationship)
- Use face-to-face videoconferencing when possible (communicate openly and often to build rapport)
- Plan and establish a system to share materials
- Have a plan for technical considerations (reducing distractions by turning off camera and microphone when observing, who is responsible should technical issues arise, etc.)
- Demonstrate empathy – working remotely can be stressful for everyone!
- Set very clear expectations

For additional strategies and tips on telesupervision please see the following references:

- Davis-Maille, C., & Belanger, R. (2020, July 20). Guidelines and recommendations for telesupervision of telepractice placements in speech-language pathology – An alternate model of clinical education in pandemic times. *https://blog.sac-oac.ca/guidelines-and-recommendations-for-telesupervision-of-telepractice-placements-in-speech-language-pathology-an-alternate-model-of-clinical-education-in-pandemic-times/*
- Co-operative Education and Work-Integrated Learning Canada (CEWIL Canada). (2020). Tips for supervising students remotely. https://cewilcanada.ca/common/Uploaded%20files/Public%20Resources/employer%20resources/Tips%20for%20supervising%20students%20remotely.pdf

RISK MANAGEMENT

CRIMINAL RECORD CHECK WITH VULNERABLE SECTOR SEARCH

Students are required to complete a criminal record check with vulnerable sector search to participate in some clinical observation experiences and most practicum placements. A criminal record check (CRC) with vulnerable sector search may be completed in the student's home province. Students are responsible for all costs incurred and for maintaining their own criminal records check and vulnerable sector search. **A copy of the criminal record check with vulnerable sector search should be given to the Clinical Education Secretary before the first year starts.** Students should keep the original copy.

CHILD ABUSE REGISTRY

Students who will be working directly with children under the age of 18 within Nova Scotia may be required to have a search of the Child Abuse Register completed, to determine if the student has been found to have abused a child. The Child Abuse Registry (CAR) is operated by the Nova Scotia Department of Community Services and application forms can be downloaded from:
http://www.gov.ns.ca/coms/families/abuse/ChildAbuseRegister.html.

The check is free of charge but can take up to 2 months to be returned. **A copy of the child abuse registry letter should be given to the Clinical Education Secretary before the first year starts.** Students should keep the original copy.

IMMUNIZATIONS

Many placement sites require that students provide a record of immunization prior to commencement of clinical work. Subsequently, Dalhousie University's Faculty of Health has developed immunization documents for student use.

Students are required to complete the **Immunization Record** and "Mandatory Tuberculosis Skin Test" (TB test) forms prior to commencement of clinical work at SCSD *(see Appendix E)* and update necessary immunizations as needed. Students are responsible for all costs incurred. Completed forms must be submitted to the Clinical Education Secretary, prior to commencement of observations and/or practicum placements.

CRIMINAL RECORD CHECK, VULNERABLE SECTOR CHECK, CHILD ABUSE REGISTRY & IMMUNIZATION RECORD WAIVER

Some practicum placement sites require copies of a student's criminal record check with vulnerable sector search, child abuse registry check, and/or immunization document before a practicum placement begins. Students are therefore asked to review and sign the Criminal Record Check, Child Abuse Registry, & Immunization Record Waiver *(see Appendix B-8)* to allow the Clinical Coordinator to forward these documents along to practicum sites as required. These documents will be kept strictly confidential and only used for the purpose described in the waiver document.

INFECTION PREVENTION & CONTROL

Students are expected to follow all Public Health guidelines and safety protocols issued by the province in which they will be completing a practicum placement, in addition to policies and procedures outlined by Dalhousie University and practicum site(s). These guidelines and policies may include, but are not limited to, students self-monitoring for cold/flu symptoms prior to attending practicum each day, staying home if they feel sick, engaging in frequent hand washing, following cough and sneeze etiquette and physical distancing guidelines, following personal protective equipment (PPE) procedures, and wearing a medical or non-medical mask while at the practicum site, if required.

Some of the more common cold/flu (including Covid-19) symptoms may include:
- Fever (i.e., chills, sweats)
- New or worsening cough
- Sore throat
- Headache
- Nasal congestion or runny nose
- Shortness of breath or difficulty breathing

Failure to adhere to provincial public health guidelines and practicum site policies and procedures regarding public health protocols may result in dismissal from the practicum placement and/or program.

For more information, please see the following reference:
Canadian Interorganizational Group Speech-Language Pathology and Speech-Language Pathology (See *https://www.sac-oac.ca/wp-content/uploads/2023/02/Infection_Prevention_control_Guidelines_SLP.pdf*)

RADIATION EXPOSURE

Many practicum sites within hospital settings use x-rays during patient diagnosis and treatment. Students need to be aware of the risks associated with radiation exposure during specialized clinical placements and need to understand radiation protection. Information about radiation exposure risks and safety information can be found on the Government of Canada website:

DISABILITY INSURANCE

Dalhousie has purchased occupational accident coverage for all students in all faculties that participate in unpaid placements, except placements in those provinces that have mandatory workers compensation coverage. We have tried to align this coverage with worker's compensation coverage as closely as possible. If a student is injured while participating in an unpaid placement, the student should follow the normal placement site protocol but also contact their Academic Coordinator of Clinical Education at the earliest opportunity, so the insurer can be notified. Students still need to maintain their Dalhousie Student Union (DSU) Health Insurance or equivalent health plan coverage, as the disability insurance **does not** include health insurance.

Please note: The occupational disability insurance coverage does not apply to international placements.

STUDENTS TRAVELLING IN VEHICLES DURING PRACTICUM

Transportation to Practicum Sites: Most second year observations as well as clinical placements take place in Halifax or surrounding areas (within 1-hour commute of Halifax) and may require travel by vehicle or bus. Students are responsible for transportation to these clinical activities.

Driving and Vehicle Access: Many clinical placements will require students to have a valid driver's license and access to a reliable vehicle with valid automobile insurance coverage in order to complete the placement. This is necessary for travelling between sites, to preschools/daycares, to clients' homes, etc.

Insurance: Students or clinical educators who use their own vehicle while travelling to or from a clinical education activity or event should be aware that there is no automobile coverage provided under Dalhousie's automobile policy. If a clinical educator or student were driving a student or clinical educator somewhere while on a clinical placement, the driver's automobile insurance policy would be the policy that would respond to an accident claim. They should notify their broker/insurer to make sure they have adequate coverage. Dalhousie University recommends that anyone using their own vehicle for university business/study carry a minimum liability of $2 million on their automobile policy.

Occupational disability insurance would not apply if a student were injured commuting to or from their clinical placement. The occupational disability insurance would only apply in a motor vehicle accident where the student was travelling as part of their clinical placement experience.

STUDENT ACKNOWLEDGEMENT FORM

The School of Communication Sciences and Disorders signs an affiliation agreement with each practicum placement site/facility outlining the roles and responsibilities of both parties. Before starting a practicum placement, each student must read and sign a Student Acknowledgement form. The document describes the student's responsibilities during the placement and other important information. Students will review, sign and submit the Student Acknowledgement Form (see *Appendix D-1*) before each practicum placement begins.

CLINICAL SITES

CLINICS AT THE SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS

The School of Communication Sciences and Disorders (SCSD) operates the Dalhousie Audiology Clinic and the Dalhousie Hearing Aid Assistance Program, which provide several opportunities for SCSD students. First year students may observe patient care through both clinics. Second year students may complete fall and winter practicum placements. Third year students provide mentorship through the on-site Audiology clinic in their final year. SLP students can obtain minor audiology hours if available.

HEARING AND SPEECH NOVA SCOTIA (HSNS)

Hearing and Speech Nova Scotia, formerly the Nova Scotia Hearing and Speech Centre's, are affiliated with Dalhousie University's School of Communication Sciences and Disorders (SCSD) and provide many practicum placements for SCSD students. All HSNS Speech-Language pathologists and audiologists meet the requirements and standards specified by Speech-Language and Audiology Canada (SAC). HSNS has historically been accredited under the Canadian Accreditation of Service Programs and is currently transitioning to Accreditation Canada standards.

HSNS was established in 1963 and is a provincial program of the Nova Scotia Department of Health and Wellness. HSNS is the healthcare agency responsible for providing hearing services to Nova Scotians of all ages, and Speech-Language services to preschool children and adults.

More than 100,000 Nova Scotians and their families live with the challenges of hearing, speech, and language disorders. Last year, the Centre's caring, and highly trained team of professionals recorded more than 50,000 clinical visits. HSNS professionals work to enhance the quality of life of Nova Scotians with communication disorders at more than 30 Centre's located across the province. HSNS is committed to excellence in client/family care. HSNS has historically been accredited under the Canadian Accreditation of Service Programs and is currently transitioning to Accreditation Canada standards.

The organization provides services at more than 30 sites across the province, including:
[*Asterisk next to the site have audiology facility.]

- **Amherst - Amherst Community Clinic***
- **Antigonish - St. Martha's Regional Hospital***
- Bridgewater - Bridgewater Community Clinic
- **Bridgewater - South Shore Regional Hospital***
- **Dartmouth - Dartmouth Community Clinic***
- Dartmouth - Dartmouth General Hospital
- Digby - Digby General Hospital
- Evanston - Strait Richmond Hospital
- **Halifax - Halifax Community Clinic (Park Lane Terraces) ***
- Halifax - IWK Health Centre*
- **Halifax - QEII Health Sciences Centre (Dickson Building) ***
- Halifax - QEII Health Sciences Centre (Halifax Infirmary)

DALHOUSIE UNIVERSITY

- Halifax - QEII Health Sciences Centre (Nova Scotia Rehabilitation Centre)
- Kentville - Kentville Community Clinic*
- Kentville - Valley Regional Hospital
- Liverpool - Queens General Hospital
- **Lower Sackville - Cobequid Community Health Centre***

- Lunenburg - Fisherman's Memorial Hospital
- Middleton - Soldiers Memorial Hospital
- Musquodoboit Harbour - Twin Oaks/Birches Continuing Care Centre
- New Glasgow - Aberdeen Professional Centre
- New Glasgow - New Glasgow Community Clinic
- Pictou - Sutherland Harris Memorial Hospital
- Sheet Harbour - Eastern Shore Memorial Hospital
- Shelburne - Roseway Hospital
- Springhill - All Saints Hospital
- **Sydney - Cape Breton Regional Hospital***
- **Sydney - Sydney Community Clinic***
- Sydney Mines - Harbour View Hospital
- **Truro - Colchester East Hants Health Centre***
- Waterville - Kings Regional Rehabilitation Centre
- Windsor - Hants Community Hospital

OTHER AUDIOLOGY PRACTICE SETTINGS

There are other opportunities for audiology students to complete practicum experiences in Nova Scotia. Please *see Appendix A-1* for a listing of sites within Nova Scotia.

Numerous sites outside Nova Scotia provide clinical education for students during the intensive full-time practicum placements. Availability at these sites varies from year to year and must be confirmed with the academic coordinator of clinical education. Services at these facilities range from general to the specialized with pediatric to adult caseloads. *(See: Appendix A-2 for placement sites outside Nova Scotia)*

Please note: Appendices A-1 and A-2 are not meant to be exhaustive listings; they are meant to provide students with information on sites that have previously supported our school's practicum program.

PRACTICUM SITES OUTSIDE OF NOVA SCOTIA

Numerous sites outside Nova Scotia provide clinical education opportunities for SCSD students during the intensive, 12-week practicum placements (internship and externship). Placements outside Nova Scotia may be completed in many settings, including schools, hospitals/healthcare sites, and private Audiology clinics. Availability at these sites varies from year to year and must be arranged and confirmed by the Academic Coordinator of Clinical Education. Please see Appendix D for a sample list of facilities/sites that have taken our students in the past. This list is not exhaustive. Students can request other facilities if the site has a licensed audiologist on staff.

CLINICAL SETTINGS OUTSIDE OF NOVA SCOTIA
AUDIOLOGY

Saint John Regional Hospital
Saint John, NB

Dr. Everett Chalmers Hospital
Fredericton, NB

Carleton Memorial Hospital
Woodstock, NB

Audio Corp
Fredericton, NB

Hôpital régional d'Edmundston
Edmundston, NB

Hôpital régional de Campbellton
Campbellton, NB

Centre hospitalier de Tracadie
Tracadie-Shelia, NB

Centre hospitalier régional de Bathurst
Bathurst, NB

Hôpital Saint Joseph de Dalhousie
Dalhousie, NB

Moncton Hospital
Moncton, NB

Miramachi Regional Hospital
Miramachi, NB

Saint John Audiology
Saint John, NB

Connect Hearing
Various Sites in Canada

Health PEI
Charlottetown, PE

Audiology Department - Eastern Health
St. John's, NL

Curtis Memorial Hospital
St. Anthony, NL

Western Memorial Hospital
Corner Brook, Stephenville, NL

Central West Health Board
Grand Falls-Windsor, NL

Parrott's Hearing Clinic
St. John's, NL

Newlife Hearing
St. John's, NL

Alberta Children's Hospital
Calgary, AB

James Paton Memorial Hospital
Gander, NL

Helix Hearing Care Centre
Belleville, Stittsville, ON

The Canadian Hearing Society
Various Sites in Ontario

The Hospital for Sick Children
Toronto, ON

Hamilton Health Sciences
Hamilton, ON

Expert Hearing Solutions
Thunder Bay, ON

Hotel Dieu Hospital
Kingston, ON

PEI Audiology
Charlottetown, PE

Toronto Hearing Services,
Toronto and Markam, ON

Toronto General Hospital
University Health Network

Saskatchewan Hearing Aid Plan
Saskatoon, SK

Hear Life Canada
Various Sites in Canada

Expert Hearing Solutions
Saskatoon, SK

Hotel Dieu Shaver
St. Catherines, ON

Glenrose Rehabilitation Hospital
Edmonton, AB

Humber River Hospital
Toronto, ON M9N 1N8

Soundwave Hearing Care
Calgary, AB

Mount Sinai Hospital
Toronto, ON

Audiology - Main Health Clinic
Calgary Health Region, AB

COSTCO Hearing
Various Sites

Wildrose Audiology
Edmonton, AB

London Audiology Consultants
London, ON

Mainland Hearing
Vancouver, BC

Lifestyle Hearing
London, ON

McNeill Audiology
Victoria, BC

Central Speech and Hearing Clinic
Winnipeg, MB

International Sites
Australia
New Zealand
United Kingdom

DALHOUSIE
UNIVERSITY
FACULTY OF HEALTH
School of Communication
Sciences and Disorders

Appendix A-2

FACULTY OF HEALTH STATEMENT REGARDING
CRIMINAL RECORDS CHECK

The Faculty of Health of Dalhousie University does not require a Criminal Records Check or other screening procedures (e.g., Vulnerable Sector Screen) as a condition of admission into its programs. However, students should be aware that such record checks or other screening procedures are required by facilities outside the University used for clinical, fieldwork or co-op placements or experiences related to an academic course assignment, which may be a requirement for graduation. It is the student's responsibility to have such procedures completed.

Such facilities may refuse to accept students based on information contained in the record check or other screening procedure. If the student is unable to complete a clinical requirement due to failure to meet the record check or screening requirements of the facility, or if the student is refused access to the facility based on the information provided, such a student may fail the course, and as a result, in some instances, may not be eligible for progression or graduation.

Students should check with their School/College for details concerning any record checks or screening requirements relevant to clinical, fieldwork, or placements in their program. Note that the facility requirements may change from time to time and are beyond the control of the University.

Students should also be aware that some professional regulatory bodies may require a satisfactory record check as a condition of professional licensure.

Approved by Faculty Council on June 22, 2006
Revised May 2013

CLINICAL EDUCATION CHECKLIST
AUDIOLOGY

Prior to Commencement of Placement:

❑ Complete the Practicum Site Request Form (Appendix B-3) to start the official process of finding a placement
❑ Ensure practicum requirements have been met (Complete/submit required criminal records checks with vulnerable sector search and Immunizations, Forms etc.)

Once you have received Confirmation of Placement from the Clinical Coordinator:

❑ Send Introductory Letter/email to Clinical Educator. Arrange start date and request readings.
❑ Review recommended readings/test preparation
❑ Read and sign Student Acknowledgement Form (Appendix D-1) and give original to Administrative Secretary (keep a copy)
❑ Verify that all requirements have been met for student to initiate placement.
❑ Meet with clinical coordinator to review Student Placement Profile (SPP) form. Once completed, forward SPP to Clinical Educator.
❑ Review Clinical Competencies (Appendix C-4)

Beginning of Practicum:

❑ Give copy of Student Acknowledgement Form (Appendix D-1) to Clinical Educator
❑ Complete and sign Clinical Education Contract (Appendix C-1) with Clinical Educator

End of Internship Paperwork – Give original copies to the Clinical Coordinator **within one week of placement end**.

❑ Evaluation Form (Appendix C-9)
❑ Student Feedback Form (Appendix C-6)
❑ Clinical Hours Form (Appendix C-7)

End of Externship Paperwork – Give original copies to the Clinical Coordinator **within one week of placement end.**

❑ Evaluation Form (Appendix C-9)
❑ Student Feedback Form (Appendix C-6)
❑ Clinical Hours Form (Appendix C-7)
❑ Clinical Certification & Provincial Registration Document Request Form (Appendix E-1A)
❑ Summary of Clinical Hours (2 Original Copies) (Appendix E-1B)

A copy of the Evaluation Form should come directly (via email/regular mail/in person) from the Clinical Educator to the Clinical Coordinator within one week of the end of the practicum placement. It is the student's responsibility to ensure that <u>original</u> copies are returned to the Academic Coordinator of Clinical Education. Students should always keep Form copies in a safe place. Failure to provide the Clinical Coordinator with the documentation within the required timeframe could delay the posting of a grade for the practicum experience, thereby potentially delaying graduation.

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Appendix B-2

DALHOUSIE UNIVERSITY

PRACTICUM SITE REQUEST FORM

Student: _____   Home Province: _____

Vehicle Access: YES   NO   Language(s) Spoken: _____

Practicum Level: ❑ Internship   ❑ Externship

The undersigned agrees to the following conditions pertaining to the arrangement of the internship or externship placement.

1. The student reviews potential placement sites by reading information available from the Clinical Coordinator, by meeting with the Clinical Coordinator, and/or by interviewing students who have already completed a placement in the area/site of interest. Summer Internship placements are arranged within Atlantic Canada.

2. The student does not contact prospective institutions/placement sites or clinical educators.

3. The student selects practicum sites based on clinical hours requirements, previous clinical experiences, as well as any personal constraints.

4. The student submits Appendix B-3 by the deadline indicated by the Clinical Coordinator.

5. The Clinical Coordinator will attempt to place the student at one of the 5 sites/areas listed below. In certain circumstances, the Clinical Coordinator may need to place a student at a practicum site not listed below due to resource constraints.

    A.

    B.

    C.

    D.

    E.

6. The student agrees to accept the practicum placement assigned to them by the Clinical Coordinator. The student further agrees not to request a change to that assignment except under conditions of extreme, unforeseen hardship.

7. Students requesting a placement in their hometown will be given preference relative to out-of-town students. Multiple students from the same hometown may be randomly selected if the area has limited offers.

8. Upon receiving written confirmation of the practicum placement from the Clinical Coordinator, the student will contact the clinical educator within one week to confirm a starting date and/or handle any other practicum details.

_____   _____
STUDENT CLINICIAN   **ACADEMIC COORDINATOR OF CLINICAL EDUCATION**

_____   _____
DATE   **DATE RECEIVED**

STUDENT PLACEMENT PROFILE (SPP)[8]

Instructions: Complete the SPP and send it to your clinical educator prior to each placement. The SPP allows the clinical educator to prepare for your placement. Pre-placement preparation by the student, including reviewing course notes and clinical skills, are essential to maximize learning during this clinical experience. As well, a commitment to client-centred care, contribution as a team member, and development of problem-solving skills are necessary elements for success.

STUDENT NAME:

LANGUAGE(S) SPOKEN:

PLACEMENT DATES:

Describe any accommodation that the Facility and/or clinical educators need to be aware of (I.e., formal accommodation plan from Dalhousie Accessibility Office.):

List and describe previous pre-practicum and clinical placements:

Placement	Population(s)	Setting/Location	Hours Obtained
Pre-Practicum			
Sheltered Practicum			
Internship			

List other experiences that may relate to this placement:

---

[8] *Adapted from Grey-Bruce Regional Health Centre/D'Youville College Student Placement Profile*

What were your <u>specific</u> objectives from previous clinical experiences? How did you achieve them?

What are your <u>specific</u> objectives for this clinical experience and explain how you intend to achieve them?

What are your clinical, interpersonal, and professional strengths?

What clinical and professional skills would you like to improve upon during this placement? Consider the "Areas to Work On" and "Objectives for Next Practicum Placement" sections from your Student Evaluation forms in previous practicum placements, as well as your discussions with the Academic Coordinator of Clinical Education, when answering this question.

How often do you prefer meetings with your clinical educator?

- [ ] 2-3 times daily
- [ ] Once daily
- [ ] Weekly
- [ ] Scheduled as needed
- [ ] Impromptu

How often do you prefer to receive feedback from your clinical educator?

- [ ] Several times near the start and infrequently after that
- [ ] Fairly frequently until you have made substantial progress in proficiency, then infrequently
- [ ] Frequently, even after you seem to have mastered the skill

Which do you prefer?

- [ ] Immediate feedback
- [ ] Delayed feedback

Which do you prefer?

- [ ] Verbal feedback
- [ ] Written feedback

If you are completing a placement using the reciprocal peer coaching model (2 or more students per clinical educator), how do you prefer to receive feedback from your clinical educator about your individual performance?

- [ ] In a one-on-one setting (<u>without</u> the other student(s) present)
- [ ] In a group setting (<u>with</u> the other student(s) present)

How much outside reading and preparation for evaluation, treatment and progress do you expect to do?

- [ ] None
- [ ] 3 or more hours per week
- [ ] 1-2 hours per evening
- [ ] Other (please explain) _____

How best do you learn? Check any that apply.

- [ ] Reading
- [ ] Observing
- [ ] Discussion
- [ ] Hands-on experience
- [ ] Other (please explain) _____

When learning something new, do you usually prefer:

- [ ] To find the rationale for it first, understand the wholentire process then start work on practical specifics?
- [ ] To learn theory after you have gotten your "feet wet" on specifics?

How do you prefer to be supervised for new tasks?

- [ ] Direct supervision and discussion during technique
- [ ] Direct supervision during technique with discussion before and/or after
- [ ] Distant supervision during technique with discussion before and/or after
- [ ] Discussion before and after with no direct supervision individual

GUIDELINES FOR STUDENTS PARTICIPATING IN INTERNATIONAL ACTIVITIES
Dalhousie University (May 2017)

Each year hundreds of Dalhousie University students undertake some form of international activity as part of their educational experience, a practice which the University strongly endorses and hopes to expand. At the same time, it must be recognized that international activities involve risks to student participants and responsibilities for the University when it sponsors or supports these activities. It is essential that, as far as practical, these risks and responsibilities are reflected in the preparation of students undertaking international activities and in the support systems in place to assist them while they are abroad.

Through the efforts of the University's Centre, several measures have been put in place for this purpose. These include:

- A registration process whereby contact and other essential emergency information is collected from students and is available for use if an emergency occurs.
- A pre–departure workshop (online) that includes information and materials regarding crucial matters such as international travel, health insurance and coping with out-of-country emergencies.
- An Emergency Contact Card that includes an emergency, toll free telephone number at the University that is answered 24 hours a day, 365 days a year.

Participants in University-wide exchange programs are already required to register, complete the pre-departure, and pick up an Emergency Contact Card. However, students participating in programs organized at the departmental level, undertaking internships, co-op placements, clinical electives, conducting research, or engaging in other activities that are part of their Dalhousie program or sponsored by a department of the University, in an international setting, do not necessarily do so. This is of concern because such students are no less at risk than participants in the University-wide exchange programs.

Thus, all students undertaking international activities must be referred to the International Centre to participate in their risk management procedures. At minimum, this includes:

a. Registering in the Emergency Contact and Travel Information Database.
b. Completing the online pre-departure workshop.
c. Securing an Emergency Contact Card.

This will ensure that students going abroad have at least a basic awareness of the preparations they should make, that they can contact the University if they need help, and that Dalhousie has the necessary contact information to support students in the event of an emergency. Registration in the Database and access to the workshop can be completed online at www.dal.ca/predeparture

The International Centre has an advisor dedicated to Dalhousie Students going abroad. If students have specific questions or concerns that arise after they have completed pre-departure, they can make an appointment with the Study Abroad and Exchange Advisor (Outgoing Students) by contacting the International Centre:

Tel: (902) 494-1566
Fax: (902) 494-1751
www.dal.ca/international
international.centre@dal.ca

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Appendix B-5

PRIVACY, SECURITY, AND CONFIDENTIALITY
(Adapted from Vancouver Coastal Health, 2012)

Your participation in clinical observations and practicum placements, academic coursework, and research activities will provide you with access to confidential client information. You are responsible for keeping all confidential information received from a client/patient, family, clinical educator, professor, and/or researcher, private and secure.

What does privacy, security, and confidentiality mean?
Privacy is the right of a person to decide what information about them may be collected, used, and shared with others. Security is what we put in place to protect the availability, integrity, and confidentiality of personal information, for example, usernames and passwords, policies, and system audits. Confidentiality refers to our duty to keep personal information private. Information is considered confidential if it is not intended for the public.

What is personal information?
Personal information is any recorded information that identifies a person, including:
- Name, address, or telephone number
- Race, national or ethnic origin, colour, or religious or political beliefs or associations
- Age, sex, sexual orientation, marital status, or family status
- Fingerprints, blood type or inheritable characteristics
- An identifying number, symbol or other assigned to a person
- Information about the person's healthcare history, including a physical or mental disability
- An individual's views or opinions
- A third party's opinion about that information

What can I do to protect personal information?
By following the tips below, you can help to better protect personal information:
- Do not share your username and password to any application, including e-mail
- Log off when you are finished using a workstation
- Do not discuss confidential information in public areas
- Do not "surf" for information you do not need to know
- Never leave confidential information unattended
- Do not discuss confidential information outside your job
- Assume that anything you write can be released - therefore, keep your documentation factual and objective
- Always wear your school ID
- If a client requests access to their information, refer them to your Clinical Educator
- Consider the necessity prior to accessing confidential information

Can I look up my health information on the clinical information system?
Patients and clients have a right to access their medical records. However, you cannot look up your own information on the clinical information system. Access to clinical systems is for the primary purpose of providing care and services and is done on a "need to know" basis. If you would like to access your own personal medical record, you must do so through Health Records.

What is "need to know"?
A security principle stating that an individual should have access only to the information they need to perform their job. Therefore, before you access confidential information, ask yourself if you really need to know it.

Confidentiality Acknowledgement
All students are required to read and sign Dalhousie's student acknowledgement form prior to the start of each placement. Any breach of confidentiality may cause the placement to be terminated, along with the risk of legal action by the site and others.

Confidentiality Overview
During your placement, you will have access to confidential information regarding clients, staff, and organizational operations. You are obliged not to disclose any confidential information or records to anyone in any manner except when authorized by the client/caregiver. Information is considered confidential if it is not intended for the public. For example, information about an organization that can be found on their website is NOT considered to be confidential. In contrast, information that exposes internal

operations (e.g., internal memos or information regarding suppliers or contracts) is not meant for public knowledge and consequently must be treated as CONFIDENTIAL. **All information regarding clients, clients' families, and staff is considered confidential and must be treated as such.**

Confidentiality Basics
As part of your placement, you may have access to confidential client information such as medical records and computer records. However, you can only access this information if it falls directly within the scope of your client care duties (e.g., you cannot look up information for yourself, friends, relatives, neighbours, etc.). You are not permitted to copy, alter, interfere with, destroy, or take information or records. You are not permitted to release information to clients/families, health care agencies, the media, or others. You must re-direct these requests to your Clinical Educator. You are responsible for keeping client information secure and private. When carrying confidential information (e.g., mail, medical records), ensure that client details are not in view and that items are never left unsecured in public areas. The confidentiality of your co-workers is also your responsibility, and you must maintain their privacy at all times (it is never acceptable to share co-workers' personal telephone numbers or discuss their personal/health issues with anyone). As students, you will often want to discuss client issues with your fellow students to share in each other's learning. *You are required to always maintain client confidentiality, even after your clinical placement has ended. It is your responsibility to ensure that:*

- *Discussion of client issues happens only in appropriate settings and for the purpose of furthering clinical learning (e.g., classroom, case conference, etc.)*
- No confidential client information is disclosed or shared, either within or outside of the school or practicum placement, to anyone in any manner, except to other people who are authorized in writing to receive such information
- If a client, family member/caregiver, or other professional requests access to client information, you will refer them to your Clinical Educator or Professor
- *No identifiable client information (e.g., names and other personal details) is shared*
- *You eliminate any identifying client information from presentations, written assignments, emails, client reports, etc.*
- You keep any computer access codes (e.g., passwords and usernames) confidential and secure
- *If you access information from a client record, even if that client is under your care, you must first obtain the client's consent before using this information in a learning context*

Confidentiality Breaches
Students can breach patient confidentiality without intending to. Below are examples of such breaches:
- *Removing client information from the academic or clinical setting (e.g., taking client information home for an assignment)*
- *Accessing information not related to your duties or not within your scope of client care duties (e.g., looking up the client record of someone not on your clinical caseload, looking up your own client record or the record of someone you know)*
- Copying, altering, interfering with, destroying, or taking client information or records
- *Discussing client information in an inappropriate area where your conversation can be overheard (e.g., hallway, elevator, cafeteria)*
- *Carrying/delivering information in a way that exposes client details* (e.g., visible client names or information while carrying charts within a practicum setting) *or leaving information in inappropriate areas*
- *Giving out client information that is considered confidential*
- *E-mailing client information via the Internet*
- *Discussing client cases with fellow students in a way that reveals clients' identifying information*
- Initiating conversation with clients in a public setting (e.g., approaching a client in the grocery store or another public area)
- Accessing electronic records from restricted or unauthorized computers.

Remember: Any breach of confidentiality may result in immediate dismissal from the placement, legal action by the placement site and others, and possible expulsion from Dalhousie University's School of Communication Sciences and Disorders

GUIDELINES FOR PLACEMENT
AUDIOLOGY

WEEK 1 (Orientation to the Setting/Placement)
- Discuss the supervisor contract (including the students' goals for the placement)
- Discuss the caseload which the student will assume and the students' previous clinical experiences
- Describe administrative and organizational procedures (i.e., Referral procedures, record keeping, charting and report writing)
- Review schedule and weekly appointments
- Familiarize student with assessment and treatment materials available
- Introduce student to colleagues and orient student to physical setting (if possible, provide a "workspace" for the student)
- Student will observe clinical educator working with clients
- Student may administer all or part of an assessment or treatment session with new clients, depending on the student's familiarity with the client population
- Feedback will be provided by the clinical educator following all sessions, within schedule constraints

WEEK 2 (Direct Supervision for Intern; Close Supervision for Extern)
- Student will take responsibility for approximately 2 hours/day of direct client contact
- Student will observe the clinician for up to 2 hours per day
- Feedback will be provided by the clinical educator following all sessions

WEEKS 3-6 (Direct Supervision for Intern; Close Supervision for Extern)
- Student will take responsibility for approximately 3 hours/day of direct client contact
- Feedback will be provided by the clinician following all sessions

WEEK 6 Midterm Evaluation

WEEKS 6 to 11 (Close Supervision)
- Student should be responsible for at least 3-4 hours of direct client contact per day
- Student must be supervised for at least 25% of all treatment sessions, 50% of each assessment session and 100% of interventions that carry risk of harm (i.e., cerumen management, foreign object removal)
- Feedback will be provided by the clinician following all sessions, within schedule constraints

WEEK 12
- Final week may include direct client contact and/or report writing (depending on caseload)
- Final Evaluation

CRIMINAL RECORD CHECK, CHILD ABUSE REGISTRY & IMMUNIZATION RECORDS WAIVER

Class of _____

I agree to allow the School of Communication Sciences and Disorders to release my immunization records to organizations/sites where I am to complete observations and/or practicum placements (CMSD 5071X/Y, CMSD 7061, and CMSD 7062), if requested as a condition of processing me as an observer or learner at that organization/site. I understand that my immunization record will be archived at SCSD.

I agree to allow the School of Communication Sciences and Disorders to disclose the results of my criminal record check, vulnerable sector search, and/or child abuse registry to organizations/sites where I am to complete observations and/or practicum placements (CMSD 5071X/Y, CMSD 7061, and CMSD 7062), if requested as a condition of processing me as an observer or learner at that organization/site. I understand that these documents will be archived at SCSD. I understand that the results of the criminal record check, vulnerable sector search, and/or child abuse registry search will be reviewed by the School's Administrative Secretary in conjunction with the Academic Coordinator of Clinical Education and/or the Director or Acting Director.

If I have an unclear criminal record check, have a criminal record, or have failed a vulnerable sector search or child abuse registry search, I understand that the observation or clinical practicum site may not accept me as a learner. I understand that if as a student I am unable to complete a clinical practicum placement due to failure to meet the record check or screening requirements of the site, or if I am refused access to the facility based on the information provided, I may fail the course, and as a result, in some instances, may not be eligible for progression or graduation.

I understand that the information described above will only be used for the purpose described in this document and will be kept strictly confidential.

I understand that incomplete immunization records as well as any issues identified on a criminal record check, vulnerable sector search, or child abuse registry search could delay or cancel my clinical placements and could therefore delay my graduation.

Signature: _____

Print Name: _____

Student Number: _____

Date Signed: _____

Revised: June 6, 2019

CLINICAL EDUCATION CONTRACT[9]
AUDIOLOGY

PLACEMENT OBJECTIVES

Clinical educator's expectations (e.g., participation in treatment and assessment, minimal competencies required, amplification skill expectations, report writing, type of patients, interprofessional education opportunities, etc.)

_____

_____

_____

_____

_____

_____

Student's professional objectives and expectations (e.g., "What are the most important things that I want to learn in this internship?;" "By the end of this internship I would like to be able to…")

_____

_____

_____

_____

ACTIVITIES AVAILABLE on Site

 (e.g., medical rounds, IPP or team meetings, staff meetings, etc.)

_____

_____

_____

---

[9]   _Adapted from J.S. Fish, October 1980_

SUPERVISORY METHODS

Time for supervisory meetings (e.g., after each session, at the end of the day, 1 hour per week, etc.)

_____

_____

_____

Preparation required for supervisory meetings (e.g., written self-evaluation, lesson plans, etc.)

_____

_____

_____

Clinical Educator's style of clinical supervision (e.g., modelling, scaffolding, immediate feedback within sessions, feedback at the end of the session, etc.)

_____

_____

_____

_____

FEEDBACK/EVALUATION

Type of feedback that the CE prefers (e.g., formative, summative, etc.)

Type of feedback the student prefers

_____

_____

Criteria for evaluation (e.g., clinical competencies, etc.)

_____

_____

Frequency of formal evaluation (e.g., midterm and/or final evaluation)

_____

_____

_____

_____

Method of appeal if dissonant evaluation (e.g., meeting with supervisor; placement site coordinator, Academic Coordinator of Clinical Education)

_____

_____

Student Accommodations (i.e., discuss the student's formal practicum accommodation plan and ways in which the student's confidentiality will be ensured during the placement) *Please note: this section should only be completed when the student has a formal practicum accommodation plan in place from the University that has been shared with the clinical educator.

Student Emergency Contact Information – In case of an emergency during practicum

Emergency Contact: _____   **Phone Number: _____**

We, _____, clinical educator, and _____, student, agree to the conditions of the above contract, with the option that it can be modified according to circumstance, as long as it is negotiated to our mutual satisfaction.

_____   _____
Signatures: Clinical Educator   Audiology Student

Date: _____

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Appendix C-1

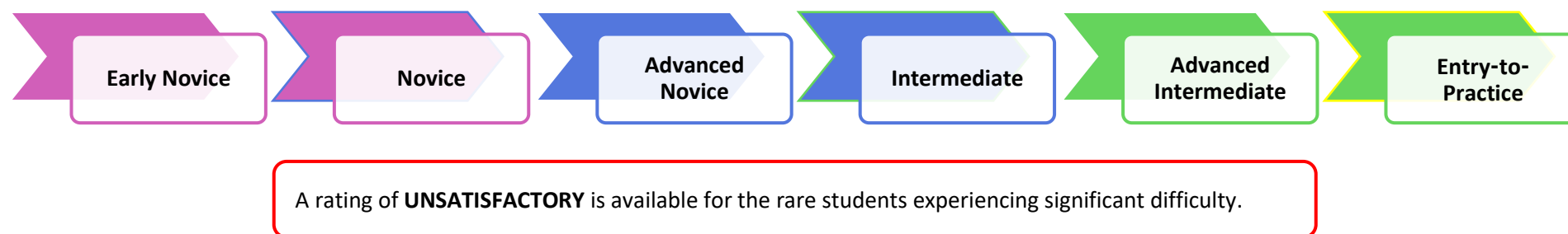# Canadian Assessment of Clinical Competence (ACC)

Background

The Canadian Assessment of Clinical Competence (ACC) is a competency-based assessment tool designed to assess the performance of speech-language pathology and audiology students in their clinical placements. The ACC was developed by the Canadian Academic Coordinators of Clinical Education (CACCE) from all twelve audiology and speech-language pathology university programs across the country.

The National Competency Profiles specifying clinical competencies required of each clinician upon entry-to-practice in Canada, with the goal of safe and effective practice were created in 2018. These competencies form the foundation for accredited audiology and speech-language pathology curriculum in Canada. Other regulated professions, such as medicine, occupational therapy, and physiotherapy, also utilize similar assessment frameworks.

The ACC was developed using these professional competencies and adapting them to allow for assessment of students across various stages of clinical learning. The ACC tool assesses seven roles required of an entry-to-practice speech-language pathologist or audiologist: Expert (Knowledge and Clinical), Communicator, Collaborator, Advocate, Scholar, Manager, and Professional. Each role contains one or more essential competencies (with several sub-competencies) that the student clinician must demonstrate by the time they complete their studies.

A rating scale accompanies the tool and describes the expected performance of a student along a continuum from "Early Novice" to "Entry-to-Practice". with "Unsatisfactory" as an option to reflect students with significant difficulties. Over the course of a master's program, students are expected to progress from Early Novice (early stages of first placement) to Entry-to-Practice (when they finish their final placement). Individual university programs will identify required achievement levels along this continuum. Please refer to your university program's communication to determine the achievement level requirements for the student's placement.

Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice

A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty.

Getting Ready to Use the ACC

In the traditional education approach, emphasis is placed on what knowledge students' need and how clinical educators will teach them that knowledge. In the competency-based education approach, the focus is on the abilities of the student and the competencies they are expected to demonstrate. Assessing student performance using the traditional method focuses on the assessment of learning and knowledge. Competency-based assessment involves assessment for student learning and their application of that learning.

The ACC requires a change in thinking for clinical educators to a competency-based educational approach. This involves a shift in focus from disorder or population-specific knowledge and skills to abilities that transfer across disorders/placement, such as clear communication and applying academic knowledge.

Instructions

Using ACC Essential Competencies, Sub-Competencies, Milestones, & Rating Scale

Using the accompanying rating scale, you will assign the student a rating for each essential competency. In doing so, consider the applicable sub-competencies listed below each essential competency and make an overall determination on how to rate the student on that competency. When needed, you may use the milestones to inform this rating. The milestones are stages in the development of specific competencies along the continuum from Novice to Intermediate to Entry-to-Practice. They form a road map and provide explicit performance expectations for each competency. Milestones enable better assessment, as well as a pathway to support, learning for the clinical educator and the student.

The rating scale is designed to be flexible enough to assess performance on all the essential competencies. Level descriptors vary along three parameters:
- Amount of assistance required,
- Amount of time required and
- Complexity of clients/situations managed.

Choose how to weigh the relative importance of the three parameters of the rating scale and of the sub-competencies within your own context when choosing a final rating of the essential competency. After assigning a rating for each essential competency within a role, provide comments on the student's strengths and areas for development within that role.

Using the *Not Applicable (N/A)* Rating

In cases where an essential competency is not applicable to a particular setting or there has been no opportunity to assess a competency, *Not Applicable (N/A)* should be selected. Clinical educators are strongly encouraged to review both sub-competencies **and** milestones before selecting *N/A* to ensure that there has not been an opportunity for the student to demonstrate the competency within the practice setting.
MOVE TO FAQS

Using the *Unsatisfactory* Rating

A rating of *Unsatisfactory* is available for the rare instances where a student experiences significant difficulty during familiar/routine cases, even when provided with specific direction from the clinical educator. These students may demonstrate little to no evidence of self-reflection or insight over time into their strengths and weaknesses, fail to seek knowledge or support, struggle with basic reasoning and/or demonstrate difficulty applying prior learning. This rating differs from *Early Novice* in that students who are demonstrating *Unsatisfactory* performance continually struggle to improve their skill set, whereas students in the *Early Novice* level are new to clinical practice, but demonstrate the ability to begin to change their performance in response to feedback.

Rating Inconsistent Student Performance Within an Essential Competency

There may be instances where students demonstrate inconsistent performance and perform poorly on a particular sub-competency that impacts the overall rating of the entire essential competency. It is reasonable for clinical educators to emphasize this area for improvement when rating the essential competency. For example, in the role of professional, if a student maintains client confidentiality, but does not maintain professional boundaries with clients, it would be reasonable to rate the student lower on the overall essential competency.   In these cases, please add specific comments regarding your rationale to the Comments section.

Case Example A:

Amie is an audiology student on her third clinical placement; she is over half-way through her master's program. She has planned and completed several assessments in the first half of her placement with growing responsibility. She requires specific cueing (i.e., modelling) to complete new and unfamiliar assessments with complex cases or when there are behaviour difficulties, but performs familiar assessments with only general guidance from the clinical educator (CE). Her assessment plans show consideration of appropriate deviations during formal and informal assessment and she is able to make on-line changes. She struggles with writing accurate assessment reports. She recognizes appropriate information for documentation, has challenges utilizing structured templates and examples of written reports from the CE, is unable to explain complex assessment results and takes extra time to write all reports. Reports usually require three revisions before they meet requirements to release to the client.

Amie's CE completed her midterm assessment with the following ratings for essential competencies 1.2.b (Plans, conducts, and adjusts an assessment) and 2.b (Completes documentation thoroughly and accurately, in a timely manner):

1.2.b   Plans, conducts, and adjusts an assessment.
- In partnership with the client, substitute decision-maker, and family, as appropriate, collects and analyzes pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions)
- Plans a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client
- <mark>Conducts the assessment, modifying as necessary</mark>

Appendix C-2

Milestone Example:

- <mark>1.2.b.iii Conducts the assessment, modifying as necessary</mark>

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Explains the purpose and procedures of assessment methods to client. Utilizes procedures required by the standardized assessment tool or method. Utilizes planned informal assessment and procedures. Identifies need for adjustments to assessment and procedures.	Plans appropriate deviations from standardized assessment with justification, evaluating possible implications. Plans appropriate deviations from informal assessment with justification, evaluating possible implications. After reflection, adjusts assessment.	Routinely implements standardized assessment, including any necessary deviations. Routinely implements informal assessment, including any necessary deviations. Effectively adjusts assessment during the session.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice
Midterm	☐	☐	☐	☐	☐	☒	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

Appendix C-2

2.b   **Completes documentation thoroughly and accurately, in a timely manner.**
- <mark>Accurately documents informed consent, services provided and outcomes</mark>
- Ensures reports clearly integrate results, client input, analysis, recommendations, goals and outcomes, in a manner understandable to the target audience(s)
- Documents in all professional contexts in a clear, concise, organized and grammatically acceptable manner
- Completes and disseminates documentation in a timely manner
- Complies with regulatory, legislative and facility requirements related to documentation

Milestone Example:

<mark>2.b.i. Accurately documents informed consent, services provided and outcomes</mark>

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies clinically relevant information that describes services and outcomes in samples of documentation. Identifies key information required for documentation of informed consent.	Follows a template for documenting services and outcomes. Following a plan, documents necessary elements of informed consent as required by legislation and agency policies.	Adjusts a template for documenting services and outcomes. Maintains records that accurately and thoroughly describe services and outcomes. Maintains standards for required documentation of informed consent.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice
Midterm	☐	☒	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Appendix C-2

Case Example B:

Stefan is finishing his first placement. He has been a pleasure to have on placement. Stefan demonstrated an excellent work ethic and professional behaviour at all times. He hasn't had an opportunity to manage conflict, but he did observe a significant difference of opinion between a physician and physiotherapist on the team and demonstrated insight into how this could have been better managed in a later discussion with the CE. This included resources he had learned about in the interprofessional conflict learning activity. The CE had previously completed a large number of assessments and Stefan has been participating in providing a mix of 1:1 and group intervention for adults with acquired brain injuries. The CE had summarized the patterns of strengths and challenges for each client and then they worked together to translate the assessment results into goals, approaches and likely activities. Stefan could choose holistic goals from relevant information, however, needed frequent support to select and word short -vs long-term goals, but he was then able to identify good ideas for how to target the goals in 1:1 sessions. Stefan required assistance to determine how to approach group intervention. He also was unsure of how outcomes might be measured, but once given one to two examples, he was usually able to generate one to two additional measures.

The CE completed the final assessment with the following ratings for essential competencies 7.a (Maintains professional demeanour in all clinical interactions and settings) and 1.3.a (Develops a realistic, evidence-informed and measurable intervention plan):

7.a   Maintains professional demeanour in all clinical interactions and settings.
- Maintains confidentiality (e.g., follows consent procedures to share information with other parties).
- <mark>Demonstrates professionalism in managing conflict</mark>
- Maintains personal and professional boundaries in relationships with clients, colleagues and other professionals
- Displays a positive, professional image (e.g., follows dress code)
- Demonstrates professionalism in all communications, including those involving electronic platforms
- Demonstrates responsible, reliable behaviour and accountability for actions and decisions
- Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician

Milestone Example:

- <mark>7.a.ii Demonstrates professionalism in managing conflict</mark>

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies possible conflict from basic situational information.	Identifies possible conflict situations.	Identifies actual conflict.
Describes how conflict can impact a relationship and client care.	Anticipates potential need to address conflict.	Implements a plan to address own behaviours.
Communicates about conflict with honesty and tact.	Identifies useful resources for addressing conflict.	
Accurately reflects on own behaviour in conflict situations.		
Identifies own behaviours that can contribute to conflict (e.g., defensiveness).	Identifies own behaviours that do contribute to conflict (e.g., defensiveness).	Adjusts own behaviour to the mutual benefit of self and others.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☒	☐

1.3.a   Develops a realistic, evidence-informed and measurable intervention plan.
  ● <mark>Establishes and prioritizes long-term intervention goals that reflect the client's strengths, needs, values, expectations and constraints</mark>
  ● Develops specific, measurable, realistic, time-limited, short-term goals to reach the functional long-term intervention goals
  ● Selects direct and/or indirect service delivery model(s), as appropriate
  ● Determines the resources and timelines required for the intervention
  ● Develops activities and outcome measures that align with the client's goals

Milestone Example:

1.3.a   Develops a realistic, evidence-informed and measurable intervention plan

  ● <mark>1.3.a.i Establishes and prioritizes long-term intervention goals that reflect the client's strengths, needs, values, expectations and constraints.</mark>

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies types and sources of information required to develop goals (e.g., assessment results, client perspectives). Identifies global areas to be targeted for intervention.	Develops long-term goals considering assessment results, including client's perspectives. Proposes long-term goals/goal areas that should be prioritized based on assessment results, including client's perspectives, with rationale.	Develops realistic long-term goals considering current research, assessment results and client's perspectives. Prioritizes long-term goals considering assessment results, including client's perspectives.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☒	☐	☐	☐	☐

Case Example C:

Genevieve is at the midterm point of her final placement, providing services to children in a regional children's treatment centre. While some of the children are straightforward, many have complex physical, cognitive and emotional needs. Genevieve has been doing well in planning the assessment and getting the materials and room ready. She completes clinical interviews with the parents effectively and on her own. When assessing the child, she is reasonably comfortable administering and adapting standardized tests, however, she struggles with informal assessment techniques. Although she plans for a range of methods to elicit responses, "in the moment" she needs specific prompts. She has done well managing "regular" behavioural issues in assessment sessions, but doesn't implement effective techniques for the more significant behavioural concerns and needs to reflect afterwards before planning changes for the next session. Except for the informal assessment techniques, she is usually accurate in recording the children's responses. Genevieve has a strong awareness of her strengths and areas for development. At the end of each day, she prepares a list of two to three skills she wants to focus on improving the next day and the CE has always agreed with her choices. Prior to this week's midterm assessment, Genevieve completed a formal analysis of her challenges on her own, with informal assessment techniques and complex behaviour management highlighted, along with a plan with next steps to advance skills in these areas, including a few questions for CE input.

Genevieve's CE completed the midterm assessment with the following ratings for essential competencies 1.2.c (Conducts an assessment) and 5.a (Maintains currency of professional knowledge and performance to provide optimal care):

1.2.c   Conducts an assessment.
- Organizes the environment for optimal interaction
- Conducts a clinical interview with the client and other relevant individuals
- Administers valid, accurate and reliable assessment measures and/or procedures (quantitative and/or qualitative) as appropriate
- Demonstrates flexibility and creativity in adapting to unexpected circumstances
- Actively listens to, observes and documents all components of communication and/or feeding and swallowing
- Manages behaviours within the assessment session

Milestone Example:

- 1.2.c.vi Manages behaviours within the assessment session.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies behaviours impacting the assessment.	Considers possible causes, including triggers, of behaviours.	Recognizes causes, including triggers, of behaviours as they occur.
Manages client behaviour using pre-planned strategies to engage and motivate.	Adjusts behaviour management strategies between sessions.	Adjusts behaviour management strategies effectively within the assessment session.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice
Midterm	☐	☐	☐	☐	☐	☒	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

5.a   Maintains currency of professional knowledge and performance in order to provide optimal care.
- <mark>Identifies own professional strengths and areas for development</mark>
- Determines own goals for competency development
- Develops a plan and implements strategies for continued development in all seven competency roles

Milestone Example:

- <mark>5.a.i Identifies own professional strengths and areas for development</mark>

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies areas for development based on feedback received. Identifies areas of strength based on feedback received.	Accurately identifies specific areas for development. Accurately identifies specific areas of strength.	

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice
Midterm	☐	☐	☐	☐	☐	☐	☒
Final	☐	☐	☐	☐	☐	☐	☐

Appendix C-2

Milestones – Audiology

1. Expert

1.1. Knowledge Expert

1.1.a. Applies profession-specific knowledge to prevent, identify and manage auditory disorders across the lifespan.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates profession-specific academic knowledge relevant to site, population or client. Reviews relevant profession-specific knowledge as necessary.	Applies profession-specific knowledge. Compares and contrasts profession-specific knowledge with clinical experiences.	Integrates profession-specific knowledge with clinical experience and multiple sources of evidence (e.g., current research literature, client performance, client values and perspective).

1.1.b. Applies profession-specific knowledge to prevent, identify and manage vestibular and balance system disorders across the lifespan.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates profession-specific knowledge relevant to site, population or client. Reviews relevant profession-specific knowledge as necessary.	Applies profession-specific knowledge. Compares and contrasts profession-specific knowledge with clinical experiences.	Integrates profession-specific knowledge with clinical experience and multiple sources of evidence (e.g., current research literature, client performance, client values and perspective).

1.1.c. **Applies basic knowledge from relevant fields (e.g., Speech-Language Pathology, physiology, psychology) to clinical practice.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Determines what basic knowledge is relevant from other fields to site, population or client. Reviews relevant basic knowledge as necessary.	Applies basic knowledge from relevant fields (e.g., typical and disordered speech and language). Compares and contrasts basic knowledge with clinical experiences.	Integrates basic knowledge with clinical experiences and multiple sources of evidence (e.g., current research literature, client performance, client values and perspective).

1.1 d. **Uses evidence and clinical reasoning to guide professional decisions.**

- 1.1.d.i. Critically appraises research and other available evidence to inform clinical practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies appropriate sources for information relevant to clinical practice.	Accurately appraises appropriate sources of evidence.	Justifies the choice of selected evidence.
Conducts basic appraisal of evidence.	Considers variables that impact clinical application of evidence.	Integrates multiple sources of evidence with academic knowledge and clinical experience.
Describes possible application of evidence.	Incorporates evidence in practice after reflection.	Applies evidence appropriately.

● 1.1.d.ii. Applies clinical reasoning skills to clinical practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Makes hypotheses about clinical educator (CE) rationale for clinical decisions, based on observation of practice.	Hypothesizes reasons for client performance.	
Identifies which data are relevant for making specific clinical decisions from a basic set of information.	Recognizes conflicting results during an assessment.	Justifies clinical decisions using relevant data.
Anticipates how client may perform on specific tasks, based on relevant data.	Proposes alternative courses of action.	Demonstrates flexibility in approach to client needs and intervention options.
Prepares for possible clinical decisions ahead of sessions (i.e., "If client does x, I will do y.").	Between sessions, makes appropriate clinical decisions, based on client performance.	Adapts clinical activities during an assessment, based on client performance. Integrates academic knowledge and clinical experiences with new variables and perspectives in order to make clinical decisions.

1.2. Clinical Expert - Assessment

1.2.a. Identifies individuals requiring audiology services.

● 1.2.a.i. Collects and reviews information from relevant sources (e.g., referrals, reports, consultations) to determine an individual's need for an audiology assessment.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies relevant sources of information.		
Establishes a plan for collecting information.	Collects required information to determine need for assessment.	
Prioritizes information from client file through a structured review.	Makes a preliminary judgment about need for assessment while accounting for risk factors, including concerns.	Integrates various information sources to determine need for assessment.
Identifies risk factors, including concerns.		

● 1.2.a.ii. Engages in screening programs (e.g., infant, industrial, school, community) to identify individuals requiring audiology services.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Conducts a pre-determined screening protocol.	Analyzes components that are necessary to develop a well-designed screening protocol.	
Describes how a screening program fits into a larger service delivery model.	Analyzes need for screening programs in placement site or community.	Devises appropriate screening protocol for identified purposes.
Identifies when the outcome of a screening indicates the need for services.	Selects appropriate screening tools to identify the need for services.	Evaluates the basic effectiveness of the screening protocol.

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1.2.b. **Plans, conducts and adjusts an assessment.**

● 1.2.b.i. In partnership with the client, substitute decision-maker and family, as appropriate, collects and analyzes pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Records pertinent information from client file through a structured review.	Assesses the relevance, including quality, of information in client file.	Selects key information to inform assessment. Synthesizes information obtained from all pertinent sources.
Collects information from client, substitute decision-maker and family, as appropriate, by following a structured case history document.	Implements variations to the case history process according to information available in the file. Determines the need for additional information or reports.	Adjusts interview style, based on client/caregiver responses.

● 1.2.b.ii. Plans a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Uses all available information to identify areas in need of assessment. Identifies possible assessment tools, equipment and techniques. Uses an established template for creating a plan of assessment.	Compares and contrasts tools, equipment and techniques. Justifies deviation from standardized procedures, evaluating the implications of those deviations.	Adapts the assessment plan, taking into consideration unique client needs, with justification.

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● 1.2.b.iii. Conducts the assessment, modifying as necessary.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Explains the purpose and procedures of assessment methods to client.		
Utilizes procedures required by the standardized assessment tool or method.	Plans appropriate deviations from standardized assessment with justification, evaluating possible implications.	Routinely implements standardized assessment, including any necessary deviations.
Utilizes planned informal assessment and procedures.	Plans appropriate deviations from informal assessment with justification, evaluating possible implications.	Routinely implements informal assessment, including any necessary deviations.
Identifies need for adjustments to assessment and procedures.	After reflection, adjusts assessment.	Effectively adjusts assessment during the session.

1.2.c.   Analyzes and interprets assessment results.

● 1.2.c.i. Interprets assessment data using knowledge, skill and judgment.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies level of auditory and vestibular function.	Considers gaps in assessment data.	Integrates all assessment data into a coherent interpretation.
Describes inconsistent assessment data.	Explains inconsistencies in assessment data.	

- 1.2.c.ii. Integrates the data and formulates a conclusion (e.g., regarding site of lesion, functionality, reliability).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies factors that affect reliability. .	Analyzes test reliability.	Formulates conclusions about the impact of test reliability.
Identifies salient information from all sources to summarize client abilities and needs.	Synthesizes information from sources (e.g., file, assessment) to determine the presence, nature and/or severity of the auditory and/or vestibular condition, including strengths and needs.	Synthesizes information from all sources (e.g., file, assessment, input from other providers) using a holistic framework (e.g., WHO ICF Social Determinants of Health) to formulate, summarize and rationalize conclusions regarding abilities, needs and trajectories.
Identifies applicable components of a holistic framework (e.g., WHO ICF Social Determinants of Health).	Links salient information to some components of a holistic framework (e.g., WHO ICF Social Determinants of Health).	

1.2.d. Develops and shares recommendations based on assessment results.

- 1.2.d.i. Develops evidence-informed recommendations for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Based on assessment findings, including other available evidence, identifies whether intervention is indicated.	Compares and contrasts evidence-informed interventions, including scope (e.g., acoustic environmental modifications, appropriate technology).	Recommends appropriate type of evidence-informed intervention, including scope (e.g., technologies, modifications to the acoustic environment).
Discusses the need for referrals, including their value.	Identifies specific need for referrals.	Makes appropriate referrals, as needed.
Identifies typical services to which referrals are made.	Seeks services to which referrals can be made.	

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● 1.2.d.ii. Discusses the assessment findings, recommendations and implications with the client and other relevant individuals and/or organizations.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Presents essential assessment findings to client, based on a script, including interpretations and recommendations. Establishes a plan for providing essential assessment findings to other relevant individuals (e.g., physician, psychologist, social worker). Applies content knowledge in response to questions after time for reflection (e.g., auditory/vestibular function to client/family).	Discusses assessment findings with client, including interpretations and recommendations. Discusses assessment findings with other relevant individuals, including interpretations and recommendations. Responds to questions from the client and others after time for reflection. Anticipates questions client and others may have, preparing answers in advance.	Discusses assessment findings with client and other relevant individuals, including interpretations, recommendations and implications. Responds to questions from client and others during the session.

1.3 Clinical Expert – Intervention

1.3.a. Develops a realistic, evidence-informed and measurable intervention plan.

● 1.3.a.i. Develops objectives for the intervention reflecting the client's goals, needs, values, expectations and constraints.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies types and sources of information required to develop goals [e.g., assessment results, options available in community, client expectations/perspectives, resources (support, financial)]. Identifies global areas to be targeted for intervention.	Develops goals considering assessment results, including client/family perspective. Proposes strategies/approaches considering client needs, values, expectations, assessment results and constraints.	Develops realistic goals (i.e., specific, measurable, functional) considering current research, assessment results and client perspectives.

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● 1.3.a.ii. Determines the resources and projected timelines required for the intervention.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies essential resources required for intervention (e.g., client/family, financial, organizational).	Proposes probable timelines, including resources, with consideration given to limits/constraints.	Flexibly selects available resources while adapting intervention timelines with consideration given to limits/constraints.

● 1.3.a.iii. Prioritizes the intervention objectives.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies potential factors that may impact intervention priorities.	Proposes priorities for intervention objectives, based on assessment findings, including client perspective. Justifies intervention objectives.	Prioritizes goals with rationale, accounting for client perspectives, assessment results and resources.
Demonstrates an understanding of possible intervention barriers (e.g., resources, motivation).	Problem-solves potential intervention barriers.	Addresses barriers to intervention.

● 1.3.a.iv. Develops an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates knowledge about direct and indirect service delivery. Obtains and integrates pertinent information from relevant sources (e.g., class notes, readings, templates, previous reports, CE discussions, client interviews) to guide the selection of direct and/or indirect service delivery model(s).	Proposes, with rationale, possible service delivery models.	Appropriately selects with rationale, possible service delivery models. Collaborates with others to manage barriers to service delivery options, based on their identification.

● 1.3.a.v. Consults with others, as required.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies other healthcare providers who might be involved in hearing healthcare. Identifies non-healthcare individuals who might be involved in hearing healthcare.	Analyzes the reasons to consult with other audiologists or appropriate providers for consultation.	With consent, consults with appropriate providers.

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● 1.3.a.vi. Identifies and recommends alternative services for a client whose needs are beyond the personal limitations of the audiologist.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes when client needs are beyond the expertise of the assessing audiologist.	Explains to client the ways in which her/his/their needs are beyond the expertise of the assessing audiologist.	Ensures client understands need for alternative services.
Identifies possible alternative services.	Recommends, with rationale, alternative services to client.	Discusses appropriate alternative services with the client.

● 1.3.a.vii. Incorporates outcome measures in the intervention plan.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Selects appropriate outcome measures when provided with a variety of options.	Proposes possible appropriate outcome measures.	Develops individualized methods to determine client outcomes.

1.3.b.   Implements an intervention plan.

● 1.3.b.i. Prescribes technology, as appropriate to the client's needs.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies the need for amplification or audiologic intervention.	Implements a prescriptive approach, based on client needs.	Modifies prescriptive approach, based on research and client needs.
Identifies different technological options for the degree of hearing loss and client needs.	Identifies non-electroacoustic and electroacoustic characteristics for prescribing technology.	Accurately prescribes technology given the unique needs of the client.

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- 1.3.b.ii. Dispenses technology safely and accurately, troubleshooting as necessary (including verification and validation procedures).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes an appropriate earmold impression. Demonstrates the steps required to safely obtain an earmold impression.	Safely obtains earmold impressions efficiently.	
Calibrates verification test systems. Demonstrates basic knowledge regarding verification methods.	Performs basic electroacoustic verification tests. Performs basic probe-tube measurements. Performs basic troubleshooting adjustments.	Effectively uses hearing instrument software to meet client needs. Troubleshoots and/or modifies hearing instrument systems.
Demonstrates basic knowledge regarding validation procedures.	Implements validation measures.	Utilizes appropriate methods and tools effectively in order to validate the benefits of amplification.

● 1.3.b.iii. Provides the client and appropriate caregivers with information, support, training and/or counselling.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Provides scripted information, education and/or training with client, family and/or significant others.	Plans scripted information, education and/or training with client, family and/or significant others.	Adapts provision of information, education and/or training within the session, based on the response of client, family and/or significant others.
Identifies possible client perspectives/needs.		
Identifies the role of audiologist in counselling (e.g., provide information, support, facilitate, empower, prepare, educate).	Identifies the specific role of audiologist in counselling related to client needs/perspectives.	Effectively implements basic counselling techniques considering role of audiologist and client needs/perspectives.
Identifies basic counselling techniques (e.g., provide content, active listening, validate, reframe).	Incorporates basic counselling techniques, based on client needs/perspectives.	
Reflects on effectiveness of observed clinician-led counselling.	After reflection, proposes optimal approach to counselling.	After reflection, adapts counselling techniques within the session, based on client responses.

- 1.3.b.iv. Provides hearing conservation and hearing loss prevention programs.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies why hearing conservation is essential to hearing healthcare. Demonstrates knowledge of noise-induced hearing loss. Identifies important components of hearing loss prevention programs.	Provides information to client regarding hearing conservation programs. Recommends appropriate modifications for safety in noisy environments. Implements existing programs related to hearing loss prevention programs.	Creates a hearing loss prevention program, including all essential components (e.g., risk assessment; outcome measures; monitoring recommendations).

- 1.3.b.v. Demonstrates the appropriate use of equipment, instruments and/or devices.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates knowledge of technology. Identifies barriers to successful client use of technology.	Demonstrates the use of technology to client (e.g., pairing devices, changing program). Discusses methods to overcome barriers for successful use of technology.	Implements adjustments to the technology to meet client needs. Ensures client independently uses technology.

- 1.3.b.vi. Refers to other healthcare or educational professionals, as required.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Discusses needs of client and possible professionals required to target those needs.	Proposes potential referrals.	Makes appropriate referrals to other professionals, providing a suitable rationale.

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1.3.c.   Monitors, adapts and/or redesigns an intervention plan based on the client's responses and needs.

- 1.3.c.i. Evaluates the outcomes of the intervention on an ongoing basis.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies that intervention requires ongoing assessment.	Describes patterns of client responses that indicate changes to intervention are needed.	Synthesizes all information regarding client progress that indicate changes to intervention are needed.
Incorporates suggestions to evaluate intervention outcomes.	Proposes methods to evaluate intervention outcomes.	Implements methods to evaluate intervention outcomes.

- 1.3.c.ii. Modifies, limits, or discontinues an intervention, as appropriate.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Implements suggested modifications.	Proposes modifications to intervention plan according to ongoing intervention results, client progress and client needs.	Modifies intervention plan according to ongoing intervention results, client progress and client needs.
Recognizes that intervention may need to be discontinued.	Explains why intervention should be discontinued. Plans to discontinue intervention.	Anticipates discontinuation of intervention, with rationale. Discontinues intervention.
Presents scripted information to client/family about transition to other services.	Provides client/family with information about transition to or availability of other services.	Involves client/family in discharge/transition planning.

● 1.3.c.iii. Consults with the client when considering a change in the course of action.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Asks client scripted questions about possible changes to intervention.	Encourages client to self-assess to identify need for changes. Generates ideas for modification, based on client responses.	Adapts proposed modifications, based on client input/concerns.

1.3.d. **Provides training, tasks and feedback to support personnel to meet the clinical objectives, as appropriate to the jurisdiction, clinical activity and individual competencies.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Describes the role of support personnel, based on scope of practice and parameters of the setting. Discusses whether use of support personnel may be a suitable approach for client care needs.	Identifies the need for changing goals or treatment approaches for support personnel.	Discusses changes in goals and/or treatment approaches with support personnel.
Identifies tasks that support personnel may implement.	Proposes appropriate tasks for support personnel.	Provides support personnel with appropriate tasks.
Observes support personnel providing service to consider areas of possible feedback.	Discusses delivery of feedback to support personnel.	When appropriate to the setting and situation, provides feedback to support personnel.
	Discusses training options for support personnel.	
Observes support personnel providing service to consider areas of possible training.	Contributes to the training of support personnel.	When appropriate to the setting and situation, provides training to support personnel.

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2. Communicator

2.a.   Communicates respectfully and effectively using appropriate modalities.

- 2.a.i. Uses language appropriate to the client and context, taking into account all aspects of diversity (e.g., age, culture, gender identification, linguistic abilities, education level, cognitive abilities, emotional state).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Reflects on observation of CE sessions to recognize how and why language was modified. Identifies in own sessions when language used was not appropriate to client and context. Plans to modify language (e.g., technical language).	Modifies language for client in context.	Uses language that is appropriate to client context.

● 2.a.ii. Demonstrates active listening skills.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Listens attentively with appropriate eye contact.		
After reflection, identifies where non-verbal cues may have enhanced the interaction.	Uses appropriate non-verbal techniques, including facial expression, nods, posture and eye contact.	
After reflection, identifies where verbal cues may have enhanced the interaction.	Uses a limited repertoire of basic active listening responses, including acknowledgement, affirmation and paraphrasing. After the interaction, reflects where further use of verbal responses may have been beneficial.	Uses a range of active listening responses, including acknowledgement, paraphrasing, affirmation, balanced use of open-ended and specific questions and appropriate self-disclosure.
Demonstrates awareness that client requires time to express self. Demonstrates patience.	Allows adequate time for client expression.	
Demonstrates openness and non-judgment while listening.	Demonstrates openness and non-judgment while listening and reflecting.	Demonstrates openness and non-judgment while listening, responding and reflecting.

● 2.a.iii. Relates comfortably and in a socially appropriate manner with others.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Responds in clinical interactions with CE, client, caregiver and other providers appropriate to the context, displaying reasonable comfort.	Responds to clinical interactions with CE, client, caregiver and other providers appropriate to the context, with reduced hesitation.	Responds to all interactions with CE, client, caregiver and other providers appropriate to the context, with confidence.
Responds to social interactions with CE, client, caregiver and other providers appropriate to the context, displaying reasonable comfort.	Responds to social interactions with CE, client, caregiver and other providers appropriate to the context, with reduced hesitation.	
Initiates clinical interactions with CE and other providers appropriate to the context, displaying reasonable comfort.	Following plan, initiates clinical interactions with CE and other providers appropriate to the context, with confidence.	Initiates interactions with CE, client, caregiver and other providers appropriate to the context, with confidence.
Initiates social interactions with CE and other providers appropriate to the context, displaying reasonable comfort.	Following plan, initiates social interactions with CE and other providers appropriate to the context with confidence.	

Appendix C-3

● 2.a.iv. Adapts communication in response to verbal and nonverbal cues from communication partners.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
After session, identifies communication partners' verbal and non-verbal cues. Discusses future adaptations to communication, based on interpretation of the meaning of verbal and non-verbal cues post-session.	Adapts communication (e.g., tone, manner, approach) to acknowledge non-verbal and verbal cues of communication partners, based on monitoring of these cues.	Adapts own non-verbal and verbal (e.g., reflects, reformulates, redirects, reframes) communication appropriately in session, based on accurate monitoring of non-verbal and verbal cues.

● 2.a.v. Communicates in all professional contexts in a positive, clear, concise and grammatically acceptable manner.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Shares information in a grammatically acceptable manner. In session plans, identifies the main points to be presented in communications. In reflecting on a session, identifies presence of non-communicative output (e.g., um, like).	Presents the main points in a clear and concise manner following plan. Reduces use of non-communicative output.	Communicates in a clear and concise manner.

● 2.a.vi. Communicates in a respectful manner, demonstrating empathy and openness.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Plans approaches to ensure respectful communication in all interactions.	Evaluates own communication regarding respectful communication.	
Identifies ways to demonstrate respect, empathy and openness, based on post-session reflection.	Identifies own perspective and its impact on capacity to communicate respectfully and/or empathically.	Adjusts own communication to achieve mutual respect.
Discusses the level of formality used with client/family/caregiver to convey respect.	Uses appropriate level of formality with client/family/caregiver.	
Describes examples of how CE was respectful and showed empathy towards client/family/caregiver/other providers.	Communicates respectfully with client/family/caregiver/other providers following a plan.	Uses empathy and non-judgemental language with client/family/caregiver/other providers.

● 2.a.vii. Employs environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, sign, electronic) and by using translators/interpreters, as required.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies need for a translator/interpreter.	Uses planned strategies with a translator/interpreter.	Uses a translator/interpreter.
Follows instructions to use one or two specific techniques (e.g., visual enhancement, language adjustments, gestures, inflection) to enhance communication with client.	Plans for the use of specific techniques (e.g., visual enhancement, language adjustments, gestures, inflection) to enhance communication with client.	Independently, flexibly and creatively uses a variety of communication strategies across a range of clients.
Identifies potential environmental and communication strategies to minimize barriers.	Uses planned environmental and communication strategies for anticipated barriers.	Modifies environmental and communication strategies when unanticipated barriers are apparent.

● 2.a.viii. Participates respectfully in challenging conversations.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies potential for challenging conversations during session preparation.	Manages anticipated challenging conversations with family/caregiver and other providers.	Manages challenging conversations with client/family/caregiver and other providers (e.g., differences of opinion, challenging clinical conversations, language barriers and strong emotional reactions).
Identifies possible management strategies for challenging conversations.	Describes examples of how CE managed unanticipated challenging conversations.	
Identifies possible impacts of peer/client/family member/caregiver or own emotions on communication.	Reflects on the impact of peer/client/family member/caregiver or own emotions on communication.	Addresses peer/client/family/caregiver emotions in conversation.
Identifies possible impacts of peer/client/family member/caregiver or own perspectives on communication.	Reflects on the impact of peer/client/family member/caregiver or own perspectives of on communication.	Addresses peer/client/family/caregiver perspectives in conversation.
		Uses collaborative approaches to develop solutions to communication breakdowns.
Identifies when there are communication breakdowns.	Reflects on own role in communication breakdowns.	Assumes ownership of communication repair required in follow-up to difficult conversations.

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● 2.a.ix. Effectively receives and provides feedback (e.g., CEs, peers, clients, team members).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates open, positive and non-defensive attitude to feedback.	Adjusts behaviour in future sessions following feedback.	Integrates feedback immediately.
Solicits general feedback.	Solicits feedback on adjustments made, based on previous suggestions.	Solicits feedback on self-identified areas for development.
Provides general positive and constructive feedback.	Provides specific positive and constructive feedback.	
Reflects on approaches to giving feedback.		

2.b.   **Completes documentation thoroughly and accurately, in a timely manner.**

● 2.b.i. Accurately documents informed consent, services provided and outcomes.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies clinically relevant information that describes services and outcomes in samples of documentation.	Follows a template for documenting services and outcomes.	Adjusts a template for documenting services and outcomes. Maintains records that accurately and thoroughly describe services and outcomes.
Identifies key information required for documentation of informed consent.	Following a plan, documents necessary elements of informed consent, as required by legislation and agency policies.	Maintains standards for required documentation of informed consent.

● 2.b.ii. Ensures reports clearly integrate results, client input, analysis, recommendations, goals and outcomes, in a manner understandable to the target audience(s).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies required elements of clinical reports provided in samples from CE.	Produces draft reports that include all required elements.	
Accurately describes formal results in written drafts.	Writes a report that demonstrates basic reasoning and integration of assessment results, including recommendations, goals and outcomes.	Produces complete reports that clearly demonstrate reasoning and integration of results, client input, analysis, recommendations, goals and outcomes.
Writes notes describing informal results.	Prepares appropriate draft documentation that describes informal results.	
Hypothesizes about which elements of client input are relevant to include in reports.	Accurately describes relevant client input.	
Identifies target audience for reports.	Suggests appropriate wording, style, level and tone to use in reports, based on target audience.	Uses language appropriate for target audience in written reports.

● 2.b.iii. Documents in all professional contexts in a clear, concise, organized and grammatically acceptable manner.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Submits draft documentation and reports demonstrating grammatically acceptable writing. Modifies writing in all documents after feedback.	Using samples, completes documents in clear, concise and organized manner.	Maintains professional standard of writing in all formal and informal documentation.

● 2.b.iv. Completes and disseminates documentation in a timely manner.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Meets timelines provided by CE for completing documentation. Meets timelines provided by CE for dissemination of documentation.	Identifies reasonable timelines for completion of documentation.	Completes and disseminates documentation following organization's standards.

● 2.b.v. Complies with regulatory, legislative and facility requirements related to documentation.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Plans strategies for determining requirements for facility-specific documentation. Utilizes resources for determining regulatory and legislative requirements.	Complies with all regulatory/legislative/facility requirements related to documentation.	

Appendix C-3

3. Collaborator

3.a. Establishes and maintains effective team collaborations to optimize client outcomes.

- 3.a.i. Interacts effectively and positively with all team members, including clinical educator.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Collaborates effectively with fellow students in peer learning context.	Identifies opportunities to contribute to a fellow student's success in peer learning context.	Contributes positively towards a fellow student's success in peer learning context.
Builds a positive relationship with CE.	Describes own roles in contributing to CE's clinical practice.	Collaborates* effectively with CE.
Interacts positively with other team members.	Identifies opportunities to collaborate with other team members.	Fully participates in carrying out collaborative work with team.

* "to work together with somebody in order to produce or achieve something"

[Collaborate. (n.d.). In *Oxford advanced learner's dictionary*. Retrieved 2021 from https://www.oxfordlearnersdictionaries.com/definition/english/collaborate]

- 3.a.ii. Communicates own professional roles, responsibilities and scope of practice in collaborative interactions.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies own role within the team.	Describes own roles, responsibilities and scope of practice to others.	Performs planning, joint assessment and joint intervention with others.
Hypothesizes about appropriate Audiology information to share with team members.	Identifies appropriate Audiology information to share with team members.	Shares appropriate Audiology information with team members.

● 3.a.iii. Recognizes and respects the roles and perspectives of other professionals.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies potential team players in client care.	Identifies distinctness between/among different team roles.	Acknowledges the value of team member roles for optimal client care.
Actively learns about other professions/providers in relation to own role.	Identifies areas of role overlap and opportunities for collaboration, as well as areas of unique scope amongst the team.	Adjusts role flexibly in relation to care priorities and team roles.
Identifies information gaps that may be provided by other team members.	Seeks out clinically relevant information from other professionals/providers.	Incorporates clinically relevant information from other professionals/providers into assessment and intervention.

● 3.a.iv. Participates actively and respectfully in shared responsibilities and decision-making.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Listens to others while participating in shared responsibilities and decision-making.	Identifies opportunities for shared responsibilities and decision-making.	Integrates different perspectives into shared responsibilities and decision-making.
Hypothesizes about information that will contribute to shared responsibilities and decision-making. Summarizes shared responsibilities and decision-making following team discussion.	Compares and contrasts different perspectives in the shared responsibilities and decision-making.	Works respectfully in consultation with team members and client in shared responsibilities and decision-making.
Conducts all shared responsibilities and decision-making in a respectful manner.		

● 3.a.v. Manages misunderstandings, limitations and conflicts to enhance collaborative practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies misunderstandings, limitations and conflicts following interactions with others.		Addresses misunderstandings, limitations and conflicts to find solutions or ways to deal with them.
Describes possible reasons behind disagreements, misunderstandings and conflicts.	Presents a plan to address misunderstandings, limitations and conflicts, based on conflict management principles.	Takes ownership for misunderstandings.

● 3.a.vi. Facilitates transfer of care within and across professions.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Hypothesizes about plan for transfer of care.	Presents a plan to collaborate with other providers in determining plan for transfer of care.	Collaborates with other providers when determining appropriate plan for transfer of care.
Describes regulations and processes involved in transfer of care.	Presents a plan to address regulations and processes involved in transfer of care.	Complies with regulatory conditions and processes for appropriate transfer of care.

3.b.   Demonstrate client-centered practice.

● 3.b.i. Engages and supports the client in identifying concerns, priorities, values, beliefs, assumptions, expectations and desires in order to inform assessment and intervention.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies strategies used by CE for supporting client to inform assessment and intervention.	Applies pre-planned strategies for supporting client to inform assessment and intervention.	Applies own planned strategies for supporting client to inform assessment and intervention.
Describes possible strategies for supporting client to inform assessment and intervention.	Adjusts strategies for supporting client, based on reflection between sessions.	During sessions, adjusts strategies, based on client reactions.

● 3.b.ii. Demonstrates respect for the client's rights, dignity, uniqueness and equal opportunity.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies ways to demonstrate respect for client rights, dignity, uniqueness and equal opportunity (e.g., ethnographic interviewing, adapting assessment protocols, carefully considering treatment materials). Hypothesizes about the potential for differences between client and student that could impact communication and work with client.	Applies pre-planned ways to demonstrate respect for client rights, dignity, uniqueness and equal opportunity. Communicates from a position of empathy, respect and curiosity with client when learning about differences impacting client-centred care.	Incorporates approaches that demonstrate respect for client rights, dignity, uniqueness, and equal opportunity.

● 3.b.iii. Considers the client's personal, social, educational and vocational contexts.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies approaches used by CE for examining personal, social, educational and professional contexts of client. Hypothesizes about the specific impact of contexts in meeting client needs.	Plans approaches that address personal, social, educational and vocational contexts of client.	Incorporates approaches that consider personal, social, educational and vocational contexts of client.

● 3.b.iv. Promotes and supports the client's (or substitute decision maker's) participation in decision-making.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies approaches used by CE for promoting and supporting client participation in decision-making.	Plans approaches for promoting and supporting client participation in decision-making. Adjusts approaches, based on reflection between sessions.	Incorporates approaches for promoting and supporting client participation in decision-making. Adjusts approaches, based on client participation.

Appendix C-3

4. Advocate

4.a. Enables the client to identify and address the barriers that impede or prevent access to services and resources, according to the client's goals.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Describes the value of the professional role in client advocacy.	Based on client identification of barriers, describes them and their impact on goal attainment.	Works collaboratively with client to facilitate identification of barriers.
Brainstorms possible barriers to accessing services and resources, not necessarily specific to given client.	Researches possible solutions to barriers.	Directs client to a range of tools and information sources to facilitate identification of possible solutions.

4.b. Shares professional knowledge with others.

- 4.b.i. Promotes the value of the profession.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Describes general roles, skills and impact of the profession in layperson's terms.	Uses layperson terms and meaningful examples to explain the unique roles, skills and impact of the profession pertinent to client/team member and site contexts.	Implements planned educational activities to enhance the general public's and/or colleagues' awareness of the unique value, impact, scope of practice and roles of the profession.

- 4.b.ii. Identifies the need for education related to Audiology services.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Reflects on possible knowledge gaps in team members and clients.	Describes witnessed knowledge gaps after they occur.	Addresses knowledge gaps as they occur.

● 4.b.iii. Plans and delivers prevention, promotion and education programs and activities related to communication and/or feeding and swallowing disorders.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Uses available interaction opportunities to provide basic prevention, promotion and educational information.	Participates in delivering existing promotion and educational opportunities.	Initiates opportunities for wider public dissemination (e.g., media, public venues, recruitment).
Reviews existing materials and presentations for promotion and educational opportunities.	Creates materials to support existing promotion and educational opportunities.	Creates and delivers new educational or promotional materials and presentations.

5. Scholar

5.a.   Maintains currency of professional knowledge and performance in order to provide optimal care.

- 5.a.i. Identifies own professional strengths and areas for development**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies areas for development, based on feedback received. Identifies areas of strength, based on feedback received.	Accurately identifies specific areas for development. Accurately identifies specific areas of strength.	

- 5.a.ii. Determines own goals for competency development**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Develops general goals for development. Incorporates feedback to set own goals.	Develops specific goals for development. Adjusts goals, as needed.	Determines competency goals that will impact the quality of practice.

● 5.a.iii. Develops a plan and implements strategies for continued development in all seven competency roles**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Develops an action plan related to identified goals, incorporating feedback.	Seeks additional information for the action plan, including a review of existing resources. Modifies action plan, as needed, based on reflection and feedback.	Builds in accountability for continued development and implementation of the action plan (e.g., reviews regularly, involves others, seeks feedback).
Seeks feedback from CE.	Seeks feedback from CE and others regularly.	Refines performance through self-reflection, information-seeking, information-testing and collaboration with CE, rather than waiting for feedback.
Implements key feedback.	Implements feedback quickly. Demonstrates increased generalization of feedback.	Incorporates all feedback with ease.
Recognizes ways to develop competencies in clinical practice (e.g., review of course material and research literature).	Recognizes opportunities to use new competencies in practice.	Takes advantage of opportunities to use new competencies to enhance practice.
Recognizes the need to seek opportunities for competency development.	Identifies possible opportunities for continued future competency development.	Plans for continued future competency development across all seven roles.
Acknowledges the range of competency roles required within the profession.	Recognizes the need for continued development in all seven competency roles.	

Appendix C-3

6. Manager

6.a. Manages the clinical setting.

- 6.a.i. Balances competing demands to manage time, caseload, resources and priorities.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Prioritizes work that has been assigned. Meets assigned deadlines.	Manages client-related priorities, making necessary adjustments.	Manages all priorities (e.g., client-related, administrative, research, other assigned tasks), making necessary adjustments.

- 6.a.ii. Demonstrates an understanding of the structure, funding and function of Audiology service within the organization and broader health and education system.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Asks informed questions about the structure, funding and function of the Audiology service and the organization.	Describes the structure, funding and function of the Audiology service within the organization.	Describes linkages between the Audiology service within the organization and other services external to the organization. Describes how service delivery is impacted by the structure, funding and function of the Audiology service within the organization and within the broader health and education system.

● 6.a.iii. Applies appropriate precautions, risk management and infection control measures, as required.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Follows routine protocols specified by the clinical site. Complies with updated safety procedures and protocols.	Seeks information on risk management. Identifies circumstances requiring risk management. Reacts to risks effectively/safely.	Anticipates potential risks (e.g., behavioural, environmental, health-related).

● 6.a.iv. Ensures equipment, materials, instruments and devices are regularly calibrated, up to date and in good working condition, according to the required standards.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Discusses calibration and working condition standards for equipment and materials on-site. Follows routine protocols specified by the site.	Determines whether materials, equipment, instruments and devices are calibrated, up to date and/or in good working condition, according to the required standards. Reports problems or challenges.	Identifies when changes or enhancements to protocols are necessary. Troubleshoots problems or challenges (e.g., repairs or replaces damaged materials).

Appendix C-3

7. Professional

7.a.   Maintains professional demeanour in all clinical interactions and settings.

- 7.a.i. Maintains confidentiality (e.g., follows consent procedures to share information with other parties).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Follows confidentiality guidelines, as per university and practicum site requirements. Seeks clarification, as required (e.g., consent within shared custody arrangements).	Confirms plans to address confidentiality.	Utilizes principles of ethical practice to address all situations related to confidentiality.

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● 7.a.ii. Demonstrates professionalism in managing conflict.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies possible conflict from basic situational information.	Identifies possible conflict situations.	Identifies actual conflict.
Describes how conflict can impact a relationship and client care.	Anticipates potential need to address conflict. Identifies useful resources for addressing conflict.	
Communicates about conflict with honesty and tact.		
Accurately reflects on own behaviour in conflict situations.	Identifies own behaviours that do contribute to conflict (e.g., defensiveness).	Implements a plan to address own behaviours. Adjusts own behaviour to the mutual benefit of self and others.
Identifies own behaviours that can contribute to conflict (e.g., defensiveness).		

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- 7.a.iii. Maintains personal and professional boundaries in relationships with clients, colleagues and other professionals**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes personal and professional boundaries, including those that are unprofessional.	Anticipates need to address issues with professional boundaries.	Implements a plan to address issues with professional boundaries.
Identifies need to maintain personal and professional boundaries in relationships.	Maintains personal and professional boundaries in relationships.	
Describes how issues with professional boundaries can impact relationships and client care.	Describes how own behaviours can impact personal and professional boundaries. Identifies useful resources for addressing issues with professional boundaries.	

● 7.a.iv. Displays a positive, professional image (e.g., follows dress code).

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Dresses professionally following organization's dress code guidelines. Prepares for all practicum commitments. Is punctual for all practicum commitments. Demonstrates a positive attitude toward learning within all practicum activities.		

●   7.a.v. Demonstrates professionalism in all communications, including those involving electronic platforms**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes examples of professional communication, including unprofessional communication. Describes how professional communication impacts relationships and client care (e.g., addressing client, speaking respectfully about organizations). Identifies importance of maintaining professional communication. Anticipates need to ensure professional communication. Develops a plan to ensure professional communication. Recognizes organizational efforts in service delivery, including clinical education.	Identifies actual professional/unprofessional communication. Identifies useful resources for addressing unprofessional communication. Implements a plan to ensure professional communication. Adjusts own behaviour to ensure professional communication, thereby demonstrating ownership. Demonstrates professionalism in all communications (e.g., respectful, thoughtful, courteous communication with s, organization staff, clients, families, other professionals/providers).	

Appendix C-3

● 7.a.vi. Demonstrates responsible, reliable behaviour and accountability for actions and decisions.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies timelines for practicum requirements and commitments.	Responds in a timely manner to requirements and commitments.	
Prioritizes tasks in order of importance from a basic set of information.	Appropriately prioritizes tasks in order of importance.	
Utilizes appropriate time management skills to complete tasks on time.		
Describes how unreliable behaviour impacts relationships and client care.	Takes ownership for decisions made.	
Demonstrates reliable behaviour (e.g., consistent attendance).		
Discusses the importance of general self-care strategies in relation to supporting a range of client needs (e.g., compassion fatigue).	Identifies and attempts to implement self-care strategies, based on personal needs.	Implements and adapts self-care strategies, based on reflection about personal response to client needs.

Appendix C-3

- 7.a.vii. Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes the presence of an inherent power differential in client-clinician relationship from examples.	Recognizes the presence of the inherent power differential. Describes how this power differential can impact relationships and client care. Anticipates the need to address the power differential. Identifies useful resources to address the power differential.	Identifies the power differential. Implements a plan to address the power differential.

7.b.   Practices ethically.

- 7.b.i. Adheres to professional code of ethics, as defined within the jurisdiction.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Demonstrates awareness of Codes of Ethics and the need to abide by them. Demonstrates behaviour consistent with relevant Codes of Ethics.	Considers how Codes of Ethics inform clinical practice.	Applies ethical principles to address situations requiring further consideration.

- 7.b.ii. Obtains informed consent.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Reviews common organizational resources for obtaining informed consent. Knows that informed consent is necessary.	Identifies organizational resources for obtaining informed consent. Ensures that informed consent is obtained.	Obtains informed consent using a structured approach. Obtains informed consent that requires additional consideration (e.g., substitute decision makers, shared custody arrangements, fluctuating level of client consciousness).

- 7.b.iii. Recognizes and uses critical judgment to respond to ethical issues encountered in practice.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes possible ethical issues in clinical practice (e.g., personal relationships with client). Describes framework for ethical decision-making. Analyzes possible ethical issues in clinical practice guided by an ethics framework.	Identifies ethical issues in practice. Synthesizes information from various sources to develop a plan for dealing with ethical issue.	Effectively uses a framework for ethical decision-making to respond to issues in practice.

●   7.b.iv. Recognizes and uses critical judgment to respond to actual or perceived conflicts of interest.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes actual or perceived conflicts of interest in clinical practice (e.g., clinician providing services in both public and private settings).	Identifies conflicts of interest.	
Describes how actual or perceived conflicts of interest can impact relationships and client care.	Analyzes actual or perceived conflicts of interest. Identifies useful resources for addressing conflicts of interest.	Effectively responds to conflicts of interest.
Anticipates need to address actual or perceived conflicts of interest.	Synthesizes information from various sources to develop a plan to address conflicts of interest.	Evaluates response to conflict of interest to guide future practice.

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7.b.v. Demonstrates honesty and integrity and acts in the best interests of the client.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies the need for integrity, including honesty, in clinical practice to act in the best interests of client.	Reflects on own integrity, including honesty, in practice.	Demonstrates integrity, including honesty, in practice.
Recognizes possible dishonesty in clinical practice (e.g., lack of accountability, misinformation).	Identifies dishonesty.	
Anticipates need to address dishonesty.	Develops a plan to address any dishonesty.	Implements a plan to address any dishonesty.
Describes how dishonesty can impact relationships and client care.	Adjusts own behaviour to demonstrate honesty, displaying ownership.	

● 7.b.vi. Identifies and mitigates one's own biases, as they relate to the care of a client.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Recognizes bias in clinical practice from basic situational information. Describes how bias can impact relationships, including client care.	Anticipates need to address one's own biases in clinical practice.	Identifies own biases in clinical practice.
	Identifies useful resources for mitigating one's own biases in clinical practice.	Implements a plan to mitigate own biases.
Identifies the need to mitigate bias.	Develops a plan to mitigate own biases.	Adjusts own behaviour to mitigate biases in clinical practice, demonstrating ownership.

7.c **Adheres to professional standards and regulatory requirements.**

● 7.c.i. Stays informed of and complies with professional standards and regulatory and legislative requirements within one's jurisdiction.

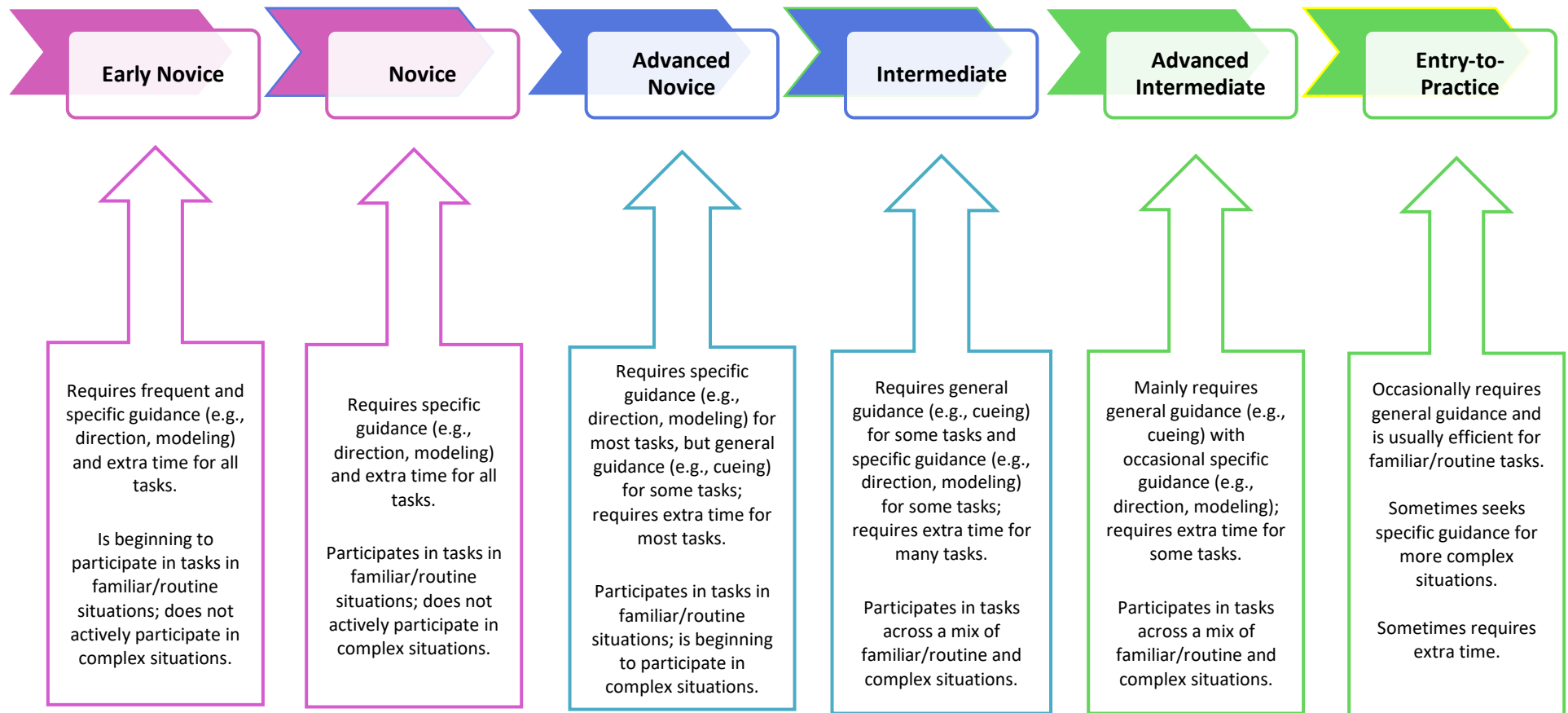| NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies regulatory and legislative requirements (e.g., PIPEDA, provincial regulatory acts, required reporting standards).	Complies with basic regulatory and legislative requirements (e.g., respects client confidentiality).	Complies with regulatory and legislative requirements.
Identifies professional standards that apply to the clinical setting (e.g., practice guidelines for disorder type).	Seeks clarification on professional standards relevant to client.	Complies with professional standards.

● 7.c.ii. Practices within the profession's scope of practice and own personal capabilities**.**

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies the range of services and activities one is qualified to perform and provide. Recognizes the need to provide services that are consistent with one's own competence, education and experience. Recognizes when client Hearing and vestibular needs are beyond the expertise of the assessing audiologist.	Seeks clarification on scope of practice or role delineation. Provides service within one's own level of competence, education and experience. Explains to client the ways in which her/his/their needs are beyond the expertise of the assessing audiologist.	Provides service consistent with scope of practice. Discusses appropriate alternative Audiology services with client.

● 7.c.iii. Adheres to site and university standards and requirements.

NOVICE	INTERMEDIATE	ENTRY-TO-PRACTICE
Identifies site and university standards and requirements. Adheres to site and university standards and requirements.		

CANADIAN ASSESSMENT OF CLINICAL COMPETENCE (ACC) – RATING SCALE

Early Novice

Novice

Advanced Novice

Intermediate

Advanced Intermediate

Entry-to-Practice

Requires frequent and specific guidance (e.g., direction, modeling) and extra time for all tasks.

Is beginning to participate in tasks in familiar/routine situations; does not actively participate in complex situations.

Requires specific guidance (e.g., direction, modeling) and extra time for all tasks.

Participates in tasks in familiar/routine situations; does not actively participate in complex situations.

Requires specific guidance (e.g., direction, modeling) for most tasks, but general guidance (e.g., cueing) for some tasks; requires extra time for most tasks.

Participates in tasks in familiar/routine situations; is beginning to participate in complex situations.

Requires general guidance (e.g., cueing) for some tasks and specific guidance (e.g., direction, modeling) for some tasks; requires extra time for many tasks.

Participates in tasks across a mix of familiar/routine and complex situations.

Mainly requires general guidance (e.g., cueing) with occasional specific guidance (e.g., direction, modeling); requires extra time for some tasks.

Participates in tasks across a mix of familiar/routine and complex situations.

Occasionally requires general guidance and is usually efficient for familiar/routine tasks.

Sometimes seeks specific guidance for more complex situations.

Sometimes requires extra time.

A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning, and/or applying prior learning.

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Appendix C-4

Clinical Competency Skills- SCSD Expectations for each Practicum level (SLP and AUD)

ROLE	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
Knowledge Expert	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Assessment	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Intervention	Novice	Advanced Novice	Intermediate	Entry to Practice
Communicator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Collaborator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Advocate	Novice	Advanced Novice	Intermediate	Entry to Practice
Scholar	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice
Manager	Novice	Advanced Novice	Intermediate	Entry to Practice
Professional	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice

Assessment of Clinical Competence (ACC) – AUDIOLOGY

School of Communication Sciences and Disorders
Faculty of Health
Dalhousie University

Student Name	
Clinical Educator Name(s)	
Practicum Site	
City/Town & Province	
Practicum Level	☐ Fall Practicum ☐ Winter Practicum ☐ Internship ☐ Externship

ACC Rating Scale

Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry-to-Practice
Requires frequent and specific guidance (e.g., direction, modeling) and extra time for all tasks. Is beginning to participate in tasks in familiar/routine situations; does not actively participate in complex situations.	Requires specific guidance (e.g., direction, modeling) and extra time for all tasks. Participates in tasks in familiar/routine situations; does not actively participate in complex situations.	Requires specific guidance (e.g., direction, modeling) for most tasks, but general guidance (e.g., cueing) for some tasks; requires extra time for most tasks. Participates in tasks in familiar/routine situations; is beginning to participate in complex situations.	Requires general guidance (e.g., cueing) for some tasks and specific guidance (e.g., direction, modeling) for some tasks; requires extra time for many tasks. Participates in tasks across a mix of familiar/routine and complex situations.	Mainly requires general guidance (e.g., cueing) with occasional specific guidance (e.g., direction, modeling); requires extra time for some tasks. Participates in tasks across a mix of familiar/routine and complex situations.	Occasionally requires general guidance and is usually efficient for familiar/routine tasks. Sometimes seeks specific guidance for more complex situations. Sometimes requires extra time.

A rating of **UNSATISFACTORY** is available for the rare students experiencing significant difficulty even for familiar/routine cases and with specific direction. These are students who demonstrate little to no evidence of self-reflection or insight into strengths and weaknesses, seeking knowledge or support, basic reasoning, and/or applying prior learning.

*Note to Clinical Educators: Please review the ACC Instructions and professional development materials before completing the ACC tool.

1. **ROLE OF EXPERT:** Audiologists are able to apply their knowledge of auditory and vestibular development and disorders, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of audiologists.

1.1 KNOWLEDGE EXPERT

	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
ROLE OF KNOWLEDGE EXPERT Rating Expectations	Novice	Advanced Novice	Intermediate	Entry to Practice

1.1.a. **Applies profession-specific knowledge to prevent, identify and manage audiology disorders across the lifespan.**

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

1.1.b. **Applies profession-specific knowledge to prevent, identify and manage vestibular and balance system disorders across the lifespan.**

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

1.1.c. **Applies basic knowledge from relevant fields (e.g., speech-language pathology, physiology, psychology) to clinical practice.**

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

1.1.d. **Uses evidence and clinical reasoning to guide professional decisions.**
- Critically appraises research and other available evidence to inform clinical practice.
- Applies clinical reasoning skills to clinical practice.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Role of Knowledge Expert Midterm Comments:

Strengths	Areas for Development

Role of Knowledge Expert Final Comments:

Strengths	Areas for Development

1.2 CLINICAL EXPERT: ASSESSMENT

	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
ROLE OF CLINICAL EXPERT: **ASSESSMENT Rating Expectations**	Novice	Advanced Novice	Intermediate	Entry to Practice

1.2.a. **Identifies individuals requiring audiology services.**
- Collects and reviews information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for an audiology assessment.
- Engages in screening programs (e.g., infant, school-aged, feeding and swallowing) to identify individuals requiring audiology services.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

1.2.b. **Plans, conducts, and adjusts an assessment.**
- In partnership with the client, substitute decision-maker and family, as appropriate, collects and analyzes pertinent personal information about the client (e.g., case history, client goals, expectations, motivations, needs, activity limitations, participation restrictions).
- Plans a valid, accurate and reliable assessment, selecting the tools, equipment and techniques that will address the unique needs of the client.
- Conducts the assessment, modifying as necessary.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

1.2.c. **Analyzes and interprets assessment results.**
- Interprets the assessment data using knowledge, skill and judgment.
- Integrates the data and formulates a conclusion (e.g., regarding site of lesion, functionality, reliability).

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

1.2.d.   Develops and shares recommendations based on assessment results.
- Develops evidence-informed recommendations, for intervention, including appropriate technology, modifications to the acoustic environment and/or referrals.
- Discusses the assessment results, recommendations and implications with the client and other relevant individuals.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

Role of Clinical Expert – Assessment Midterm Comments:

Strengths	Areas for Development

Role of Clinical Expert – Assessment Final Comments:

Strengths	Areas for Development

1.3 CLINICAL EXPERT: INTERVENTION

	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
ROLE OF CLINICAL EXPERT: INTERVENTION Rating Expectations	Novice	Advanced Novice	Intermediate	Entry to Practice

1.3.a. Develops a realistic, evidence-informed and measurable intervention plan.

- Develops objectives for the intervention reflecting the client's goals, needs, values, expectations and constraints.
- Determines the resources and projected timelines required for the intervention.
- Prioritizes the intervention objectives.
- Develops an evidence-informed intervention plan with direct and/or indirect service delivery, as appropriate, to address the goals identified in the assessment.
- Consults with others, as required.
- Identifies and recommends alternative services for a client whose needs are beyond the personal limitations of the audiologist.
- Incorporates outcome measures in the intervention plan.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

1.3.b. Implements an intervention plan.

- Prescribes technology, as appropriate to the client's needs.
- Dispenses technology safely and accurately, troubleshooting as necessary (including verification and validation procedures).
- Provides the client and appropriate caregivers with information, support, training and/or counselling.
- Provides hearing conservation and hearing loss prevention programs.
- Demonstrates the appropriate use of equipment, instruments and/or devices.
- Refers to other healthcare or educational professionals, as required.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

1.3.c. **Monitors, adapts and/or redesigns an intervention plan based on the client's responses and needs.**
- Evaluates the outcomes of the intervention on an ongoing basis.
- Modifies, limits or discontinues an intervention, as appropriate.
- Consults with the client when considering a change in the course of action.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

1.3.d. **Provides training, tasks and feedback to support personnel to meet the clinical objectives, as appropriate to the jurisdiction, clinical activity and individual competencies.**

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

Role of Clinical Expert – Intervention Midterm Comments:

Strengths	Areas for Development

Role of Clinical Expert – Intervention Final Comments:

Strengths	Areas for Development

2. ROLE OF COMMUNICATOR: Audiologists facilitate the therapeutic relationship and exchanges that occur before, during, and after each encounter. The competencies of this role are essential for establishing rapport and trust, sharing information, developing a mutual understanding and facilitating a shared plan of client-centred care.

	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
ROLE OF COMMUNICATOR Rating Expectations	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice

2.a. Communicates respectfully and effectively using appropriate modalities.
- Uses language appropriate to the client and context, taking into account all aspects of diversity (e.g., age, culture, gender identification, linguistic abilities, education level, cognitive abilities, emotional state).
- Demonstrates active listening skills.
- Relates comfortably and in a socially appropriate manner with others.
- Adapts communication in response to verbal and nonverbal cues from communication partners.
- Communicates in all professional contexts in a positive, clear, concise and grammatically acceptable manner.
- Communicates in a respectful manner, demonstrating empathy and openness.
- Employs environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., oral, non-verbal, written, sign, electronic) and by using translators/interpreters, as required.
- Participates respectfully in challenging conversations.
- Effectively receives and provides feedback (e.g., clinical educators, peers, clients, team members).

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

2.b. Completes documentation thoroughly and accurately, in a timely manner.
- Accurately documents informed consent, services provided and outcomes.
- Ensures reports clearly integrate results, client input, analysis, recommendations, goals and outcomes, in a manner understandable to the target audience(s).
- Documents in all professional contexts in a clear, concise, organized and grammatically acceptable manner.
- Completes and disseminates documentation in a timely manner.
- Complies with regulatory, legislative and facility requirements related to documentation.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Role of Communicator Midterm Comments:

Strengths	Areas for Development

Role of Communicator Final Comments:

Strengths	Areas for Development

3. ROLE OF COLLABORATOR: Audiologists seek out and develop opportunities to work effectively with other professionals, the client and their family, caregiver, significant others and/or the community to achieve optimal client-centred care, as well as continuity of care when clients change providers and/or caregivers.

	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
ROLE OF COLLABORATOR Rating Expectations	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice

3.a.   Establishes and maintains effective team collaborations to optimize client outcomes.
- Interacts effectively and positively with all team members, including clinical educator.
- Communicates own professional roles, responsibilities, and scope of practice in collaborative interactions.
- Recognizes and respects the roles and perspectives of other professionals.
- Participates actively and respectfully in shared responsibilities and decision-making.
- Manages misunderstandings, limitations, and conflicts to enhance collaborative practice.
- Facilitates transfer of care within and across professions

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

3.b.   Demonstrates client-centred practice.
- Engages and supports the client in identifying concerns, priorities, values, beliefs, assumptions, expectations and desires in order to inform assessment and intervention.
- Demonstrates respect for the client's rights, dignity, uniqueness and equal opportunity.
- Considers the client's personal, social, educational and vocational contexts.
- Promotes and supports the client's (or substitute decision maker's) participation in decision-making.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Role of Collaborator Midterm Comments:

Strengths	Areas for Development

Role of Collaborator Final Comments:

Strengths	Areas for Development

4. ROLE OF ADVOCATE: Audiologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner. Audiologists also use their expertise to advance the profession and educate others about audiology, vestibular and balance disorders.

ROLE OF ADVOCATE Rating Expectations	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
	Novice	Advanced Novice	Intermediate	Entry to Practice

4.a. **Enables the client to identify and address the barriers that impede or prevent access to services and resources, according to the client's goals.**

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

4.b. **Shares professional knowledge with others.**
- Promotes the value of the profession.
- Identifies the need for education related to speech-language pathology services.
- Plans and delivers prevention, promotion and education programs and activities related to audiology and/or vestibular difficulties.

	Not Applicable	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐	☐

Role of Advocate Midterm Comments:

Strengths	Areas for Development

Role of Advocate Final Comments:

Strengths	Areas for Development

	5. ROLE OF SCHOLAR: Audiologists demonstrate a lifelong commitment to professional learning and self-reflection, as well as to the creation, dissemination, application and translation of current evidence-informed knowledge related to the profession of audiology.

	By the end of Fall Practicum	**By the end of Winter Practicum**	**By the end of Internship**	**By the end of Externship**
ROLE OF SCHOLAR Rating Expectations	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice

5.a.   Maintains currency of professional knowledge and performance in order to provide optimal care.
- Identifies own professional strengths and areas for development.
- Determines own goals for competency development.
- Develops a plan and implements strategies for continued development in all seven competency roles.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Role of Scholar Midterm Comments:

Strengths	Areas for Development

Role of Scholar Final Comments:

Strengths	Areas for Development

6. ROLE OF MANAGER: Audiologists are integral participants in decisions relating to the service provided to clients in the healthcare or educational system. The decision process may involve co-workers, resources and organizational tasks.

	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
ROLE OF MANAGER Rating Expectations	Novice	Advanced Novice	Intermediate	Entry to Practice

6.a.   Manages the clinical setting.
- Balances competing demands to manage time, caseload, resources and priorities.
- Demonstrates an understanding of the structure, funding and function of speech-language pathology services within the organization and broader health and education system.
- Applies appropriate precautions, risk management and infection control measures, as required.
- Ensures equipment, materials, instruments and devices are regularly calibrated, up to date and in good working condition, according to the required standards.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Role of Manager Midterm Comments:

Strengths	Areas for Development

Role of Manager Final Comments:

Strengths	Areas for Development

7. ROLE OF PROFESSIONAL: Audiologists are guided by a code of ethics, professional standards, regulatory requirements and a commitment to clinical competence in the service they provide to their clients.

	By the end of Fall Practicum	By the end of Winter Practicum	By the end of Internship	By the end of Externship
ROLE OF PROFESSIONAL Rating Expectations	Advanced Novice	Intermediate	Entry to Practice	Entry to Practice

7.a.   Maintains professional demeanour in all clinical interactions and settings.
- Maintains confidentiality (e.g., follows consent procedures to share information with other parties).
- Demonstrates professionalism in managing conflict.
- Maintains personal and professional boundaries in relationships with clients, colleagues and other professionals.
- Displays a positive, professional image (e.g., follows dress code).
- Demonstrates professionalism in all communications, including those involving electronic platforms.
- Demonstrates responsible, reliable behaviour and accountability for actions and decisions.
- Recognizes and responds appropriately to the inherent power differential in the relationship between the client and the student-clinician.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

7.b.   Practices ethically.
- Adheres to professional code of ethics, as defined within the jurisdiction.
- Obtains informed consent.
- Recognizes and uses critical judgment to respond to ethical issues encountered in practice.
- Recognizes and uses critical judgment to respond to actual or perceived conflicts of interest.
- Demonstrates honesty and integrity and acts in the best interests of the client.
- Identifies and mitigates own biases, as they relate to the care of a client.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

7.c. **Adheres to professional standards and regulatory requirements.**
- Stays informed of and complies with professional standards and regulatory and legislative requirements within one's jurisdiction.
- Practices within the profession's scope of practice and own personal capabilities.
- Adheres to site and university standards and requirements.

	Unsatisfactory	Early Novice	Novice	Advanced Novice	Intermediate	Advanced Intermediate	Entry to Practice
Midterm	☐	☐	☐	☐	☐	☐	☐
Final	☐	☐	☐	☐	☐	☐	☐

Role of Professional Midterm Comments:

Strengths	Areas for Development

Role of Professional Final Comments:

Strengths	Areas for Development

Strengths:

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Areas for Improvement/Skills to Work On:

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Objectives/Goals for Next Practicum:

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Clinical Educator Signature:

Student Signature:

Date:

STUDENT FEEDBACK TO CLINICAL EDUCATOR
AUDIOLOGY

Student's Name: _____

Clinical Educator(s): _____

Practicum Site(s): _____ Dates: _____

The student can identify any skills/behaviours which he/she feels warrants special attention. If modifications are being recommended, comments should be detailed and specific enough to be useful to the clinical educator in making the desired changes. **The student will discuss his/her comments with the Clinical Educator during the mid-term and/or final evaluation meetings.**

RATING SCALE:

Score	Description
N/A	Not applicable
D	Clinical educator unresponsive to student's needs
C	More demonstration/examples/ opportunities would be beneficial
B	Clinical educator meets student's expectations
A	Clinical educator exceeds student's expectations

PROFESSIONAL/CLINICAL SKILLS	N/A	D	C	B	A
Conveys positive regard for the student.					
Conveys positive regard for clients and their families.					
Demonstrates professionalism and consistent regard for the highest standards of practice.					
Collaborates effectively with clients, families, and team members.					
Creates an atmosphere for open communication and discussion.					
Communicates information in a timely and effective manner.					
Demonstrates expertise and skill proficiency in practice.					
Relates knowledge and theory to practice.					
Manages conflict appropriately; responds to student's concerns.					
Maintains boundaries between professional and non-professional roles and relationships.					

SUPERVISORY/TEACHING SKILLS	N/A	D	C	B	A
Provides orientation to clinical setting, resources, materials, equipment, and caseload.					
Provides clear expectations of student's role in the setting.					
Demonstrates specific techniques when requested by student.					
Cites useful references or resources when indicated.					
Provides clear, motivating feedback.					
Guides student in developing a systematic method of session analysis.					
Facilitates student understanding of progression of treatment from a long-term perspective.					
Has appropriate expectations of the student (based on program and expected clinical competencies).					
Provides adequate information and preparation time prior to student assuming new responsibilities.					
Provides increased responsibilities as rapidly as student is capable of assuming them and encourages independence.					
Reinforces desirable and improved student performance.					
Is receptive to questions, comments, and/or new approaches suggested by the student.					
Fosters growth of self- confidence and self-evaluation skills in student.					
Fosters development of student's clinical reasoning and problem-solving skills.					
Adapts teaching to meet student learning style needs.					
Is available for regular conferencing.					
Provides student with adequate support in challenging situations (e.g., clients with behavior challenges, difficult clients, or family members, etc.).					
Considers the student's work-life balance; has realistic expectations about the amount of preparation completed outside of scheduled work hours.					

Did you feel adequately prepared for the practicum placement (e.g., preparation through academic coursework and/or **preparation through review of materials recommended by your clinical educator prior to beginning the placement)? If no, what would have helped you to prepare for the practicum placement? Please give specific examples.**

What were the most positive aspects of the practicum experience?

What could be improved for future student experiences?

Signatures:

_____

Clinical Educator   Student

_____

Date

CLINICAL PRACTICUM HOURS
AUDIOLOGY

Student's Name: _____   Dates of Practicum Period: _____

Practicum Site: _____   *Hours should be rounded to the nearest quarter hour.

Activity	Assessment & Identification		Intervention & Management		Simulated Practice
	Adults	**Children**	**Adults**	**Children**	
Hearing Measurement					
Audiological Assessment					
Electrophysiological & other Diagnostic Measurements					
Amplification					
Implantable Hearing Devices					
Calibration & Instrument Maintenance					
Auditory & Vestibular Disorders					
Tinnitus & Hyperacusis					
(Re) Habilitation					
Special Populations					
AUD Section — Total:	Subtotal:	Subtotal:	Subtotal:	Subtotal:	Subtotal:
SLP Minor Hours					
SLP Section — Total:	Subtotal:	Subtotal:	Subtotal:	Subtotal:	Subtotal:

Round to the nearest quarter hour

_____   _____   _____
Name of Clinical Educator   Signature of Clinical Educator   Date

DESCRIPTION OF CLINICAL HOURS ACTIVITIES –
AUDIOLOGY

Hearing Measurement – Basic pure tone assessment including hearing screens.

Audiological Assessment – Case history interview, otoscopy, immittance, speech testing, interpretation of results and basic recommendation and referrals.

Electrophysiological – Auditory evoked response testing and evaluation/interpretation, otoacoustic emission testing/screening and interpretation.

Amplification – Hearing Aid consultations, device recommendations, earmold impressions, verification of hearing aid fittings, follow-ups, and adjustments. Hearing aid orientation and troubleshooting. Cerumen management.

Implantable Devices – Testing, evaluation, fitting and follow up for cochlear implants, bone anchored hearing aids and middle ear implants.

Calibration and Maintenance of Instrumentation – General procedures for biologic calibration of equipment, assessment of equipment function and equipment troubleshooting.

Auditory & Vestibular Disorders – Auditory processing assessment/treatment; vestibular test procedures/treatment. Interpretation and analysis of test results.

(Re) Habilitation – Facilitate or conduct aural rehabilitation counselling, communication strategies. Advanced recommendations. Outcome measurements. Educational audiology counselling.

Special Populations – Autism, developmental delay, dementia, genetic disorders, nicu, occupational hearing loss, syndromes, craniofacial abnormalities, etc.

SLP (Minor Hours for AUD students) – Expectations for students gaining clinical experience in the minor area (SLP) focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, warning signs that would suggest a referral to an SLP is warranted; observational skills in relation to warning signs.

*Please note – Choose the activity most strongly associated with the client. Hours can be divided between activities according to the amount of time spent on each.

CLINICAL HOURS REQUIREMENTS –
AUDIOLOGY

Provincial regulators require a minimum of 350 hours of supervised clinical education, including:
- Minimum 300 direct contact hours in audiology
- Minimum 20 direct contact or simulated practice hours in SLP (SLP hours do not count in the 300 direct contact hours and can include assessment, intervention, and/or prevention)
- Maximum of 50 simulated practice hours

The 300 direct contact AUD hours must also include:
- Minimum 50 hours with children
- Minimum 50 hours with adults
- Minimum 100 hours assessment
- Minimum 50 hours intervention

Clinical Activity Definitions: There is a minimum 1-hour requirement for the first six activities; the last four activities are optional.

Direct Contact	A supervised practical learning experience where the student clinician actively participates in patient/client service. The patient/client or significant communication partner (i.e., spouse, parent, work colleague) need not be present for all activities, but these should be focused on the client's specific needs (e.g., team meetings, discussion with supervisor). This category is not meant to capture activities that are of a general nature (e.g., delivering a presentation on a disorder type). The participation may be unaided or assisted: • Unaided participation – patient/client services provided by student where the student's supervisor is readily available to assist or support the student but does not directly participate in services provided. • Assisted participation – patient/client services provided by student where the student's supervisor directs or guides the services provided.
Simulation	A practical learning experience where the student clinician participates in an activity that utilizes a real-life imitation of a patient/client with a set of problems. Simulations may be computerized or may involve an individual who is trained to act as a real patient/client.

ASSISTING THE STRUGGLING STUDENT IN A PRACTICUM PLACEMENT[9]

Step 1: Clinical Educator or Clinical Coordinator Meets with Student to Discuss Concerns (as soon as issues arise)
- Get the student's perspective on their progress within the practicum placement and determine their own insight into any issues
- Describe your concerns and the behaviours observed, as well as the student's strengths
- Be objective; avoid interpretation
- Reflect on your own teaching style and expectations
- Brainstorm with student around ways to remediate concerns
- Inform the student that you will be contacting the Clinical Coordinator
- Keep notes during the meeting, including feedback you provided, student response to described concerns, what clinical competencies and objectives need to be targeted, and the strategies for meeting these competencies /objectives that were discussed

Step 2: Clinical Educator Contacts Clinical Coordinator to Discuss Concerns
- Clinical educator describes concerns, behaviours and/or issues and reviews details of initial discussion with student
- Clinical Coordinator assesses concerns/behaviours and consequences

Step 3: Clinical Coordinator Contacts Student to Discuss Concerns, Remediation Plan, and Consequences
- Clinical Coordinator reviews clinical educator concerns and obtains student input into the issues
- Clinical Coordinator provides an overview of remediation plan process and consequences of not meeting clinical competencies (must meet necessary clinical competencies to obtain a passing grade for the practicum placement)

Step 4: Remediation Plan Developed and Implemented
- Clinical Coordinator takes lead on developing the remediation plan, seeking input from the Clinical Educator and Student. If appropriate, the Clinical Coordinator may consult with select School faculty members with expertise in the deficient areas to assist with development of the remediation plan.
- The remediation plan will include clinical competencies and objectives to be targeted, strategies for working on each objective and clinical competency, feedback and evaluation schedule, timelines for meeting objectives, outcomes that need to be achieved by the end of the placement, and consequences of not meeting clinical competencies
- Clinical Coordinator informs the School's Director and/or Graduate Coordinator of the current situation and remediation plan

Step 5: Clinical Educator (and/or Clinical Coordinator) Monitors Student's Ability to Follow the Remediation Plan
- Keep daily notes and closely monitor the student's ability to follow the plan of action
- Provide the student with frequent feedback on their progress toward the defined goals/clinical competencies
- Clinical Coordinator checks in on a weekly basis with Clinical Educator and Student (via email or phone) on the student's progress toward meeting the defined objectives and clinical competencies

Step 6: Determining Outcome
- Grade of Pass: If the Clinical Educator determines that the student has met all clinical competencies by the end of the placement, a passing grade will be assigned by the Clinical Coordinator.
- Grade of Incomplete: If the Student has demonstrated the ability to significantly improve their skills, but requires more time to meet all clinical competencies, an extension of the placement may be granted. The extension is dependent on the clinical educator's availability. The placement may need to be completed at a different site and with a different clinical educator (when one is available). As a result, it will be necessary to share information about the student's remediation plan with the extension clinical educator to ensure they can continue to support the student in implementation of strategies/goals.The student will be assigned a grade of pass or fail at the end of the practicum placement extension, depending on his/her ability to meet clinical competencies.
- Grade of Fail: If the student is not meeting the objectives within the remediation plan and is not showing sufficient improvement toward meeting clinical competencies, the student will be assigned a failing grade for the practicum placement and dismissed from the program.

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[9] *Adapted from "Preparing to be a Preceptor: A Handbook for Health Care Aide Preceptors", Alberta Health Services, 2011 (http://www.albertahealthservices.ca/hr-student-hca-preceptor-handbook.pdf), "Supporting the Struggling Student", BC Preceptor Development Initiative, 2012 (http://www.practiceeducation.ca/modules.html), & "Preceptor eLearning Course", Dalhousie University, Faculty of Health, 2013 (http://preceptor.healthprofessions.dal.ca/)*

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Sciences and Disorders

Appendix C-8

CLINICAL EDUCATOR TOOL
AUDIOLOGY

Student   Date:

Client's Initials: Clinical Activity:

This checklist may be used to provide written feedback to the student following his/her participation in clinical activities (e.g., assessment, treatment, etc.).

Professional Skills	
Professionalism	❑ Appropriate ❑ Suggestions for improvement:
Counselling/ Interviewing	❑ Appropriate ❑ Suggestions for improvement:
Interaction with Client/Family/Professionals	❑ Appropriate ❑ Suggestions for improvement:
Behaviour Management	❑ Appropriate ❑ Suggestions for improvement:
Self-Evaluation	❑ Appropriate ❑ Suggestions for improvement:
Assessment/Diagnostic Skills	
Planning/ Preparation	❑ Appropriate ❑ Suggestions for improvement:
Test Administration	❑ Appropriate ❑ Suggestions for improvement:
Interpretation of Results	❑ Appropriate ❑ Suggestions for improvement:
Communicating Results to Family/Client	❑ Appropriate ❑ Suggestions for improvement:
Treatment/Intervention Skills	
Planning/ Preparation	❑ Appropriate ❑ Suggestions for improvement:
Treatment Implementation	❑ Appropriate ❑ Suggestions for improvement:
Data Collection	❑ Appropriate ❑ Suggestions for improvement:
Session Analysis	❑ Appropriate ❑ Suggestions for improvement:

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Appendix C-9

STUDENT SELF-EVALUTION FORM

Student   Date:

Client's initials: Clinical activity:

This form may be used by the student for self-evaluation of clinical skills/performance on a session-by-session or weekly basis. This form should be reviewed with the clinical educator.

What went well and why? What was successful about the session(s)?

What did not go well and why? What made the session(s) less successful?

What will I keep the same and why? What will I do differently next time and why?

Areas to consider when self-evaluating your own skills and performance:

- Professionalism
- Behaviour management
- Interpretation of test results
- Treatment implementation

- Counselling/interviewing
- Assessment planning/preparation
- Communicating results to client
- Data collection

- Interaction with client/family
- Test administration
- Treatment planning/preparation
- Session analysis

DALHOUSIE UNIVERSITY

CLINICAL SKILLS WEEKLY FEEDBACK FORM
AUDIOLOGY

Student: Date:

Practicum Placement: Week of Practicum:

This form may be used to provide feedback to the student regarding his/her clinical skills over the past week and to determine a plan of action for the following week. This form should be reviewed with the student in person.

Strengths

Skills/Areas to Work On

Plan of Action (e.g., clinical skills to target next week, material/test preparation for next week, etc.)

STUDENT ACKNOWLEDGEMENT

_____

(Name of Student)
with respect to a placement at

_____

(the "Facility")
through

**Dalhousie University on behalf of the
School of Communication Sciences and Disorders**

The Facility and the University have signed an Agreement about the placement programs in which you wish to participate. Prior to starting a placement in the Facility, you are required to read and sign this Acknowledgement. This document describes your responsibilities during your placement and other important information you should know.

By signing this Acknowledgement, the undersigned agrees to the following:

1. Placement programs cannot compromise the client/patient care or client service objectives of the Facility. Facility staff are the final authority for all aspects of client/patient care or client service and for the integration of the placement programs into the Facility.

2. The Facility has the right to require me to leave their facilities or programs because of my performance or conduct. This right will not be exercised without prior discussion with the appropriate School or College except in extraordinary circumstances.

3. I am aware of my responsibility to maintain appropriate behaviour while in the Facility's facilities and programs, particularly concerning patients'/clients' privacy and confidentiality of patients'/clients' records and all other Facility related information and matters. All such information is confidential and cannot be communicated except as outlined in the Facility policy. I will not disclose what I see or hear or pass on information from written records concerning any client/patient, except for the purposes of client/patient care or service. I will not discuss patients/clients publicly, either within or outside the Facility. If confidentiality is breached, the penalty may include termination of my placement.

4. I acknowledge that a client/patient has the right to refuse to be a participant in placement programs.

5. I will be assigned client/patient care or service responsibilities only to the degree commensurate with my level of ability, and optimum learning will be provided without diminishing the quality of client/patient care or service.

6. I am subject to the policies, procedures, and regulations of the Facility while I am participating in the placement program within the Facility.

7. The Facility does not accept any responsibility for the risk of accidental injury not caused by the Facility, its agents, or employees that I may suffer during this placement. Specifically, the Facility does not carry health insurance or disability insurance that provides coverage for students. Students must have DSU health insurance, or equivalent, while on placement. The University purchases accidental and disability insurance or workers' compensation coverage, depending on the location of the placement, for students while they are on placement.

8. The University carries malpractice insurance if a client is injured through negligence on my part during my placement.

9. I acknowledge that I am solely responsible for the financial costs I incur during the term of my placement, including, but not limited to travel to the location of my placement, local travel, accommodation, meals, and emergency care.

10. I acknowledge that due to circumstances beyond the control of the Facility and the University there may be a last-minute change to the location of my placement and that I am responsible for any costs I may incur because of such a change.

11. I understand that in March 2020 the World Health Organization declared a global pandemic of the virus leading to COVID-19. It is uncertain how long the pandemic, and the related government and organizational responses, will continue, and it is unknown whether there may be a resurgence of the virus leading to COVID-19 or any mutation thereof (collectively, the "Virus") and resulting or supplementary renewed government and organizational responses. I understand that I am required to follow any procedures or protocols that are communicated to me regarding client/patient charting or other measures put in place to prevent access, use, modification, collection, or disclosure of confidential information. I also understand that my student placement may be modified (e.g., some or all of it may be carried out remotely) or terminated on short notice because of the Virus or related government or organizational responses, and that I am responsible for any costs I may incur because of any such changes.

Signed by:

✍ _____ B00 _____

Student

✍ _____

Witness Signature (School Administrator/Faculty Member)   Witness Name

_____

Witness Title   Date

CLINICAL CERTIFICATION & PROVINCIAL REGISTRATION DOCUMENT REQUEST FORM

Letter from the Program Director

Students often wish to begin employment following completion of the externship placement, but before their program degree has been officially conferred (i.e., before graduation in May). In this case, some provincial regulatory bodies require a letter from the Program Director indicating that the student has met requirements for completion of his/her graduate degree, before being able to commence work in that province. If you require a letter from the Program Director, please indicate which provincial regulatory body/college the letter should be sent to:

- ❑ Nova Scotia College of Audiologists and Speech-Language Pathologists (NSCASLP)
- ❑ New Brunswick Association of Audiologists and Speech-Language Pathologists (NBASLPA)
- ❑ College of Audiologists and Speech-Language Pathologists – Newfoundland and Labrador (CASLP-NL)
- ❑ College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
- ❑ College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM)
- ❑ Saskatchewan Association of Audiologists and Speech-Language Pathologists (SASLPA)
- ❑ Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)
- ❑ College of Speech and Hearing Health Professionals of British Columbia (CSHHPBC)
- ❑ Other: _____

Clinical Hours Form

Provincial regulatory bodies/colleges will require a copy of their own Summary of Clinical Hours form be sent directly from the school. If a college specific hours form is required, please complete the document, and provide a signed copy to the Clinical Coordinator. Please indicate which regulatory body/college your Summary of Clinical Hours form should be sent to:

- ❑ Nova Scotia College of Audiologists and Speech-Language Pathologists (NSCASLP)
- ❑ New Brunswick Association of Audiologists and Speech-Language Pathologists (NBASLPA)
- ❑ College of Audiologists and Speech-Language Pathologists – Newfoundland and Labrador (CASLP-NL)
- ❑ College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
- ❑ College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM)
- ❑ Saskatchewan Association of Audiologists and Speech-Language Pathologists (SASLPA)
- ❑ Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)
- ❑ College of Speech and Hearing Health Professionals of British Columbia (CSHHPBC)
- ❑ Other: _____

⚠️ **Please note:** Some provincial regulatory bodies require receipt of an official transcript indicating that your degree has been conferred (i.e., you have graduated). Please contact the Registrar's Office post-graduation to request an official transcript, or request one directly from the Dal Online website, as the school does not provide such documentation. There may be a cost associated with requesting an official transcript.

Name: _____   Date: _____

Signature: _____

SUMMARY OF CLINICAL PRACTICE HOURS – AUDIOLOGY

Name of Student: _____

University: _____

Degree/Program: _____

Date of Graduation: _____

Activity	Assessment & Identification		Intervention & Management		Simulated Practice
	Adults	Children	Adults	Children	
Hearing Measurement					
Audiological Assessment					
Electrophysiological & other Diagnostic Measurements					
Amplification					
Implantable Hearing Devices					
Calibration & Instrument Maintenance					
Auditory & Vestibular Disorders					
Tinnitus & Hyperacusis					
(Re) Habilitation					
Special Populations					
A AUD — Total:	Subtotal❶:	Subtotal❷:	Subtotal❸:	Subtotal❹:	Subtotal❺:
SLP minor hours					
B SLP — Total:	Subtotal❻:	Subtotal❼:	Subtotal❽:	Subtotal❾:	Subtotal❿:

Distribution of Clinical Practice Hours	Total Hours	Hours Requirements
Total Hours with Adults = sum of subtotals ❶&❸		Minimum of **50** Hours
Total Hours with Children = sum of subtotals ❷&❹		Minimum of **50** Hours
Total Hours in SLP = sum of subtotals ❻❼❽❾❿		Minimum of **20** Hours
Total Hours in Assessment/Identification = sum of subtotals ❶&❷		Minimum of **100** Hours
Total Hours in Intervention/Management = sum of subtotals ❸&❹		Minimum of **50** Hours
Total Hours in Simulated Practice = sum of subtotals ❺&❿		Maximum of **50** Hours
FINAL TOTAL HOURS = sum of sections **A**&**B**		Minimum of **350** Hours

Name of Clinical Coordinator _____

Signature of Clinical Coordinator _____

Email Address _____

Date _____