

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS



CLINICAL PRACTICUM HANDBOOK 2023-2024

Audiology

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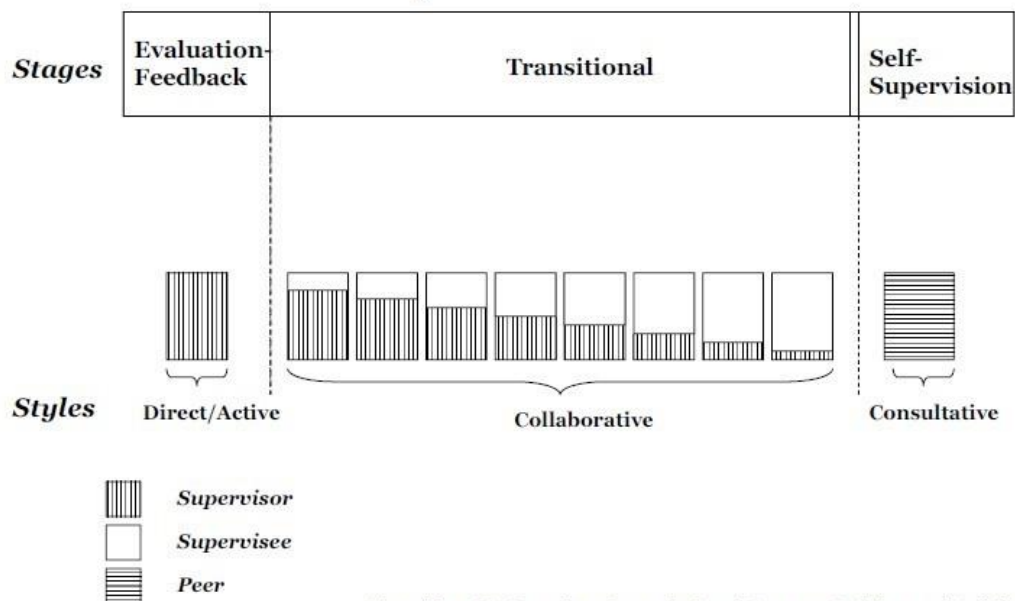
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CLINICAL EDUCATION PHILOSOPHY: GENERAL

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, input to the student varies with the knowledge and degree of clinical sophistication that has been 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



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.

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 as well as completing the appropriate administrative and professional duties that are 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. It is the responsibility of the student to adhere 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 take place at any point following completion of exams 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.

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
- Assisting the student in observing and analyzing assessment and treatment activities.
- Helping the student to develop clinical goals and learning objectives.
- Facilitating the student's self-evaluation of clinical performance while enhancing the student's clinical independence.
- Assessing the student's development
- Demonstrating and modelling professionalism to students; helping them refine their own professional attitudes and behaviors.

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 Speech-Language pathology and audiology programs. In addition, the clinical coordinators are 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.

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 a variety of 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.

OBSERVATIONS AND PRESCHOOL SCREENINGS

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

At the end of the first year of the program, audiology students participate in hearing screenings of preschool-aged children at local preschools and community health centers. The purpose of this pre-practicum activity is to introduce students to clinical practice with the pediatric population and to support 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.

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 [Appendix C-2](#) for a list of

clinical competencies students are expected to meet by the end of the fall practicum placement. 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.

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

- Professionalism = More than half of all ratings are *developing* or higher
- Audiological Expertise = More than half of all ratings are emerging or higher
- Communication = More than half of all ratings are emerging or higher
- Collaboration = More than half of all ratings are *developing* or higher
- Management = More than half of all ratings are emerging or higher
- Lifelong Learning and Advocacy = More than half of all ratings are emerging or higher

Assignment of *absent* 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 unsatisfactory performance. 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. Please refer to [Appendix C-2](#) for a list of clinical competencies students are expected to meet by the end of the Winter Practicum.

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

- Professionalism = More than half of all ratings are nearly acquired or higher
- Audiological Expertise = More than half of all ratings are developing or higher
- Communication = More than half of all ratings are developing or higher
- Collaboration = More than half of all ratings are nearly acquired or higher
- Management = More than half of all ratings are developing or higher
- Lifelong Learning and Advocacy = More than half of all ratings are developing or higher

Assignment of *absent* 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 unsatisfactory performance. 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 sheltered practicum, students are also required to 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 but not limited to 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 in advance of a summer internship placement.

The purpose of the internship is to continue to expand upon previous clinical experiences, providing students with 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. Please refer to [Appendix C-3](#) for a list of clinical competencies students are expected to meet by the end of the internship placement.

More specifically, internship students are expected to demonstrate the following clinical competency expectations in each section of the final Student Evaluation Form:

- Professionalism = More than half of all ratings are acquired.
- Audiological Expertise = More than half of all ratings are nearly acquired or higher
- Communication = More than half of all ratings are nearly acquired or higher

- Collaboration = More than half of all ratings are nearly acquired or higher
- Management = More than half of all ratings are nearly acquired or higher
- Lifelong Learning and Advocacy = More than half of all ratings are nearly acquired or higher

Assignment of *absent* ratings for any skills or *emerging* 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 unsatisfactory performance 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 but not limited to 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 purpose of the externship 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. Please refer to [Appendix C-4](#) for a list of clinical competencies students are expected to meet by the end of the externship placement.

More specifically, externship students are expected to demonstrate the following clinical competency expectations in each section of the final Student Evaluation Form:

- Professionalism = More than half of all ratings are acquired
- Audiological Expertise = More than half of all ratings are acquired
- Communication = More than half of all ratings are acquired
- Collaboration = More than half of all ratings are acquired
- Management = More than half of all ratings are acquired
- Lifelong Learning and Advocacy = More than half of all ratings are acquired

Assignment of *absent* ratings for any skills; *emerging* or *developing* 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 unsatisfactory performance 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).

For Fall and Winter "Sheltered" 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 winter term of the second year. For the externship placement, the Clinical Coordinator and students will individually discuss possible placement options. A list of offers will not be provided, but rather discussion of student interests and hours requirements will determine possible practicum site requests to be made by the Clinical Coordinator. Discussion of externship placements typically begins during internship placement.

Students considering externship 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](#))
- 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 is dependent on the interest generated by the endowment fund but is estimated to be approximately \$500.00 at current interest rates.

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 demonstrated academic and clinical excellence as well as 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:

- Criminal record check with vulnerable sector search
- Submit up-to-date immunizations and TB test (Appendix E)
- 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 that are 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](#))

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 that is suitable for the completion of these duties, remaining 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**. Absences from practicum for sickness or bereavement are considered legitimate, but absences due to academic or part-time employment commitments are not acceptable. 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 are expected to be made up at a later date (such as by adding extra days to the end of the placement) to ensure that students complete practicum placements in their entirety.** Extended absences should be discussed with the Clinical Coordinator.

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. It is the responsibility of the student to adhere 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. All students are 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 premises of the facility 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. Prior to 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 possession of the student that become damaged or destroyed may be the responsibility of the student 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.

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 prior to beginning the placement. 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, it is the responsibility of the clinical educator to orient 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 to define the expectations of both the clinician and the 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-10](#)) to evaluate your skills and performance on a session-by-session or weekly basis. Use the **Student Self-Evaluation Form** ([Appendix C-11](#)).
- 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 [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.

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 are required to complete the **Student Feedback to Clinical Educator Form** (see [Appendix C-7](#)) at the end of the internship and externship and to provide copies to both the clinical educator and the Clinical Coordinator.

STUDENT EVALUATION

An important part of the practicum experience involves evaluation of the student’s technical, interpersonal, and interprofessional collaboration skills. Evaluations are performed at midterm (usually the sixth week of the internship and externship placements) and at the end of the placement. Clinical educators are required to complete the appropriate evaluation forms (see [Appendix C-6](#)). Please refer to the evaluation of clinical skills rubric located on the second page of the **Student Evaluation Form** for guidance in completing the forms.

Prior to submission of 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 provide an indication of how the student should be performing by the end of the practicum term.

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

- Student Evaluation Form ([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 SCS D 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 at this time, to provide necessary support and/or ensure a remediation plan is in place to help the student meet the defined competencies/standards for his/her level of practicum placement. 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 have a responsibility to communicate any concerns regarding 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 withdraw from a practicum placement, without legitimate cause, a grade of 'Fail' will be assigned.

OMBUDSPERSON

The Ombudsperson serves as a neutral party providing information and assistance to students who have questions and/or complaints pertaining to the SCSD and/or the program in which they are enrolled or concerns that affect their performance in the program. Regarding practicum placements, there may be times when one of the Academic Coordinators of Clinical Education (AUD or S-LP) participates in student supervision. In instances such as these, **the other** Academic Coordinator of Clinical Education (AUD or S-LP) will act as the students' Ombudsperson (e.g., their Academic Coordinator of Clinical Education) to provide necessary support should any issues arise. The Ombudsperson shall receive, examine, and channel complaints of students to the appropriate parties and work toward resolution of problems in an expeditious manner.

CLINICAL HOURS REQUIREMENTS

Students are required to record all hours of clinical contact by completing the **Clinical Practicum Hours Form** (see *Appendix C-7*). It is the responsibility of the student to submit 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 responsibility of the student to keep a record of all clinical contact time during each practicum placement.**

Students are required to obtain 350 clinical hours for graduation. The School of Communication Sciences and Disorders stipulates those hours be distributed amongst a variety of practice areas and populations. Following completion of all practicum requirements – and prior to graduation, students are required to 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 course of 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.

OBTAINING MINOR S-LP HOURS

Audiology students are required to obtain a minimum of 20 S-LP hours over the course of 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 a total of 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 provide students with 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

Accommodations aim 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 provided to the Administrative Secretary prior to the start of the first year. 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. If you are required to complete the check for a practicum placement, start the process as soon as you are notified it is a pre-requirement for your practicum.

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 (flu shot and TB test) on a yearly basis thereafter. 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 prior to commencement of a practicum placement. 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: <https://www.canada.ca/en/health-canada/services/health-risks-safety/radiation/occupational-exposure-regulations/about.html>

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

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. It should be noted that occupational disability insurance would not apply if a student were injured while commuting to or from his or her 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.

Transportation to Practicum Sites: Most second year observations 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.

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. Prior to starting a practicum placement, each student will be required to 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](#)) prior to commencement of each practicum placement.

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)

- 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 available opportunities for audiology students to complete practicum experiences in the province of 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 of Nova Scotia may be completed in a number of 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 IN NOVA SCOTIA AUDIOLOGY

Hearing and Speech Nova Scotia (HSNS)

- Amherst
- Antigonish
- Bridgewater
- Dartmouth
- Halifax
- Lower Sackville
- New Glasgow
- Sydney
- Truro
- Yarmouth

Dalhousie Hearing Aid Assistance Program
Halifax NS

Hearing Institute Atlantic
Halifax, Dartmouth, Bedford & Clayton Park, New Minas NS

Highland Hearing Clinic
Port Hawkesbury & Antigonish

Connect Hearing
Halifax, Dartmouth, Yarmouth, Truro and Kentville, NS

Sackville and Alderney Hearing Centres
Lower Sackville & Dartmouth, NS

Costco
Dartmouth, NS

Wolfville Hearing Clinic
Wolfville, NS

Hearing Life Canada
Sydney, Cape Breton

CLINICAL SETTINGS OUTSIDE OF NOVA SCOTIA AUDIOLOGY

Saint John Regional Hospital, Saint John, NB
Dr. Everett Chambers Hospital, Fredericton, NB
Moncton Hospital, Moncton, NB
Hopital Regional d'Edmundston, NB
Hopital Regional de Campbellton, NB
Audiocorp, Ltd, Fredericton, NB
Saint John Audiology Clinic, Saint John NB

Heath PEI, Charlottetown, PEI
PEI Audiology Clinic, Charlottetown, PEI
Campbell Audiology, Charlottetown, PEI

Eastern Health (Janeway Hospital), St. John's NL
Newlife Hearing, St. John's NL
Maico Hearing Services, Various Sites, NL
Central Health (Grand Falls- Windsor) NL
Western Memorial Hospital, CornerBrook, Stephenville, NL
James Paton Memorial Hospital, Gander, NL

The following sites are applicable for Externship Practicum (other sites may be available upon request):

The Hospital for Sick Kids, Toronto, ON
Hotel Dieu Hospital, Kingston, ON
Toronto General Hospital, Toronto, ON
Hamilton Health Sciences, Hamilton, ON
Toronto Hearing Services, Markam, ON
Bentley Hearing, London ON
Canadian Hearing Services (formerly Canadian Hearing Society), Various sites in ON

Public Regional Health Centres- Various sites in MB (financial support may be applicable for Northern Manitoba)
Central Speech and Hearing Clinic, Winnipeg, MB
Prairie Mountain Health, Brandon, MB

Alberta Health Services- Various Locations in AB
Eligible Private Practice Facilities- Various facilities and Locations in AB

Saskatchewan Health Authority- Various Locations in SK
Eastside Audiology and Rehab, Regina SK

Eligible Private Clinics- Various Locations in BC

Yukon Government- Whitehorse, YK
Northwest Territories- Health and Social Services Authority- Yellowknife, NWT (Bursary may be available)
Inuvik Health Authority- Regional Hospital

HearLife Canada- Locations across Canada
Connect Hearing- Locations across Canada
Costco Canada- Locations across Canada

International Sites
Australia
New Zealand
United Kingdom

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 (Appendices [C-2](#), [C-3](#), and [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.**

- | | |
|--|--------------|
| <input type="checkbox"/> Evaluation Form | Appendix C-5 |
| <input type="checkbox"/> Student Feedback Form | Appendix C-6 |
| <input type="checkbox"/> Clinical Hours Form | Appendix C-7 |

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

- | | |
|---|--------------|
| <input type="checkbox"/> Evaluation Form | Appendix C-5 |
| <input type="checkbox"/> Student Feedback Form | Appendix C-6 |
| <input type="checkbox"/> Clinical Hours Form | Appendix C-7 |
| <input type="checkbox"/> Clinical Certification & Provincial Registration Document Request Form | Appendix E |
| <input type="checkbox"/> Summary of Clinical Hours (Electronic or Original) | Appendix E |

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 original or electronic 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 (see Page 16).

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:

¹ Adapted from Grey-Bruce Regional Health Centre/D'Youville College Student Placement Profile

What were your specific objectives from previous clinical experiences? How did you achieve them?

What are your specific 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 (without the other student(s) present)
- In a group setting (with 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

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 CONTRACT⁹ 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.)

² 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:

STUDENT CLINICAL COMPETENCIES (SCC) LIST

AUDIOLOGY: SHELTERED PRACTICUM – FALL & WINTER – YEAR II

Professional skills (for all practicum levels)

1. Is punctual for practicum and all related activities; notifies clinical educator if unable to attend practicum.
2. Projects professional image, demeanour, and appearance in all situations.
3. Demonstrates responsible conduct, complies with privacy practice standards, and maintains client confidentiality.
4. Follows infection control procedures as directed.
5. Recognizes the potential impact of cultural differences in meeting clients' needs.
6. Positively and actively participates in the clinical and supervisory process.
7. Demonstrates emotional stability in response to constructive criticism.
8. Responds appropriately and promptly to feedback and implements recommended changes.
9. Shows enthusiasm and interest in clinical activities.
10. Recognizes need to seek help and advice from clinical educator and has developed the skill to do so.
11. Demonstrates a willingness to attempt novel or less familiar clinical activities.

Diagnostic Skills: Fall Term

1. Reviews referral information and/or pertinent information.
2. Completes and documents basic case history with form.
3. Performs otoscopy correctly
4. Gives clear and efficient instructions for basic battery.
5. Has a good knowledge of equipment including listening check.
6. Administers basic battery including SRT, pure tone AC, BC testing, and speech recognition score
7. Obtains immittance tests including tympanograms and acoustic reflexes and EOAE screen.

Administrative Skills

1. Ensures consent forms are signed
2. Write note in chart to document activity
3. Written reports focused on audiologic findings (due within 6 days).
4. Performs infection control procedures as instructed

All tasks under 100% direct supervision.

Diagnostic Skills: Winter Term

All skills as described above plus:

1. Attempts to perform more complex case history (form optional)
2. Shows an increasing mastery of the basic audiometric equipment.
3. Has a basic understanding of masking concepts.
4. Performs a Speech in Noise Test.
5. Shows an increasing awareness of time management possibilities.
6. Participates in case management discussions.
7. Provides results/recommendation to patient after consultation with CE.
8. Written reports are due within 48 hours.

All tasks performed with a minimum of 50% of direct supervision.

STUDENT CLINICAL COMPETENCIES (SCC) LIST AUDIOLOGY INTERNSHIP – SUMMER II

Professional Skills: See above section on Page 57

Diagnostic Skills

1. Reviews referral information and/or pertinent information.
2. Takes full case history without direct supervision.
3. Performs basic battery and most special tests with accuracy and within a reasonable time with minimal supervision.
4. Knows how to obtain audiometric measures for hearing aid selection, select an appropriate aid, complete basic verification and validation measures, counsel patient on use and trouble-shooting a hearing aid.
5. Performs paediatric evaluations using COR, VRA, play audiometry, and impedance and interprets the combined results to form an impression of the child's auditory function.
6. Operates ABR equipment (with supervision) and does a basic threshold or neurologic evaluation, understands rationale and interpretative considerations.
7. Recognizes the need for referral to Psychology, Neurology, Speech Pathology, etc., by observing developmental areas of motor, social, and emotional or communication skills.
8. Recognizes the need for further evaluation, special procedures, or ENT referral.
9. Gives feedback on any evaluation to patients or parents.

Direct Supervision is minimal in routine situations. Student should seek supervision when unsure of how to proceed.

Feedback/Self-Evaluation/Professionalism

1. Draws accurate post-session conclusions about ongoing performance (self and client) with moderate-minimal independence.
2. After collaboration with supervisor, requires minimal-moderate assistance in provision of direct counselling and accurately self-evaluates counselling skills.
3. Following observation, demonstrates an understanding of the technique used by the supervisor when interviewing, assessing, treating, or counselling clients and their families.
4. Demonstrates knowledge and appropriate use of terminology.
5. Incorporates and synthesizes feedback across clients, cases, and/or contexts.
6. Reads and comprehends materials that have been recommended by the supervisor.
7. Positively and actively participates in the clinical and supervisory process.
8. Recognizes the need to seek help and advice from the supervisor and has developed the skill to do so.
9. Self-evaluates own performance (strengths and weaknesses).
10. Is punctual for all related activities.

Administrative/Technical

1. Independently writes reports including all pertinent information.
2. Demonstrates a consistent valid approach to accurate data collection.
3. Demonstrates an awareness of administrative and facility procedures and makes an effort to follow through (e.g., filing, service log completions, appropriate forms, etc.).

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

- Professionalism = More than half of all ratings are acquired.
- Audiological Expertise = More than half of all ratings are nearly acquired or higher
- Communication = More than half of all ratings are nearly acquired or higher
- Collaboration = More than half of all ratings are nearly acquired or higher
- Management = More than half of all ratings are nearly acquired or higher
- Lifelong Learning and Advocacy = More than half of all ratings are nearly acquired or higher

Assignment of *absent* ratings for any skills or *emerging* 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 unsatisfactory performance 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.

STUDENT CLINICAL COMPETENCIES (SCC) LIST AUDIOLOGY EXTERNSHIP – WINTER III

Professional Skills: See above section on Page 57

Diagnostic Skills

1. Continues development of more sophisticated interviewing skills.
2. Completes all basic battery, special tests, and communication needs assessments independently, accurately, and within an average time period.
3. Recognizes and resolves test inconsistencies with minimal supervision.
4. Performs hearing aid evaluation, selection, verification, validation, counselling, and follow-up on adults and children.
5. Performs ABR evaluations with increased proficiency including interpretation of results and report writing.
6. Performs paediatric evaluation on any age, interprets results and makes recommendations.
7. Conveys audiologic information accurately, gives clear-cut audiologic or management recommendations, brings developing responsiveness to issues and concerns that arise during feedback sessions.
8. Makes appropriate referrals.

Direct Supervision is minimal in routine situations. Student should seek supervision when unsure of how to proceed.

Feedback/Self-Evaluation/Professionalism

1. Draws accurate post-session conclusions about ongoing performance (self and client) with minimal to no supervision and follows through with appropriate procedures.
2. Independently provides direct counselling and accurately self-evaluates counselling skills.
3. Following observation, demonstrates an understanding of the technique used by the supervisor when interviewing, assessing, treating, or counselling clients and their families.
4. Demonstrates knowledge and appropriate use of terminology.
5. Incorporates and synthesizes feedback across clients, cases, and/or contexts.
6. Reads and comprehends materials that have been recommended by the supervisor.
7. Positively and actively participates in the clinical and supervisory process.
8. Recognizes the need to seek help and advice from the supervisor and has developed the skill to do so.
9. Self-evaluates own performance (strengths and weaknesses).
10. Is punctual for all related activities.

Administrative/Technical

1. Writes sophisticated, cohesive, comprehensive reports. Reports incomplete or complicated findings showing an awareness of relationships between daily function and clinical findings.
2. Demonstrates a consistent valid approach to accurate data collection.
3. Awareness of administrative and facility procedures and follows through (e.g., filing, service log completions, appropriate forms, etc.)

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

- Professionalism = More than half of all ratings are acquired
- Audiological Expertise = More than half of all ratings are acquired
- Communication = More than half of all ratings are acquired
- Collaboration = More than half of all ratings are acquired
- Management = More than half of all ratings are acquired
- Lifelong Learning and Advocacy = More than half of all ratings are acquired

Assignment of *absent* ratings for any skills; *emerging* or *developing* 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 unsatisfactory performance 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

STUDENT EVALUATION FORM AUDIOLOGY

STUDENT: _____

 SHETLERTED PRACTICUM 2ND YEAR INTERNSHIP 3RD YEAR EXTERNSHIP

CLINICAL EDUCATOR(S): _____

 DATE OF EVALUATION: _____ [MID-TERM FINAL]

EVALUATION OF CLINICAL SKILLS RUBRIC

Score	Description	Student Performance	Clinical Educator Input
A	Acquired Independent skill	Proficient and independent in applying skill	Provides guidance intermittently for more complex situations.
N	Nearly acquired Nearly acquired skill	Applies skill with little or no input from CE. Arrives at solutions and/or alternatives following general discussion with CE; Participates in tasks across a mix of familiar/routine and complex situations.	Provides minimal or occasional assistance
D	Developing Developing skill	Applies skill with some input from CE; Arrives at solutions and/or alternatives with moderate input from CE; Performs well with guidance; Requires some specific direction or modelling; Participates in familiar/routine tasks; is beginning to participate in complex situations.	Provides moderate input and/or prompting
E	Emerging Emerging skill	Applies skill with extensive CE support and guidance; Attempts but frequently requires specific direction or modelling; Participates in familiar/routine tasks but not in complex situations; Relies on CE for solutions and alternatives	Provides all or nearly all solutions and alternatives; Frequently provides specific direction and demonstration
AB	Absent Skill not evident	Performance changes marginally in response to specific direction and demonstration	Provides extensive support and specific direction and demonstration
N/A	Not applicable	Insufficient opportunity to evaluate	Not applicable to clinical setting

PROFESSIONALISM	N/A	AB	E	D	N	A	COMMENT
PROFESSIONAL BEHAVIOUR							
Is punctual for practicum; notifies CE if unable to attend practicum.							
Professional demeanor maintained with CE, patients, and others in the work environment.							
PROFESSIONALISM IN THE CLINICAL SETTING							
Keeps files, clinical data organized and up to date.							
Complies with privacy practice standards; maintains client confidentiality.							
Is aware of the risk of propagation of infections in audiology.							
CLINICAL EDUCATION AND PROFESSIONALISM							
Can effectively translate academic knowledge into practice.							
Appropriately asks the clinical educator questions.							
PROFESSIONALISM ISSUES AND CONCEPTS							
Respects, knows, understands, and applies the code of ethics of the profession.							
Maintains appropriate relationships and professional boundaries with patients/clients.							
Develops relationships with caregivers and translators/interpreters that support the needs of the client.							
Recognizes the potential impact of cultural differences in meeting patient/client needs.							

AUDIOLOGICAL EXPERTISE	N/A	AB	E	D	N	A	COMMENT
CORE KNOWLEDGE							
Demonstrates understanding of sensorineural, mixed, and conductive hearing loss.							
DIAGNOSTICS							
Completes otoscopy, immittance, speech testing, air/bone threshold testing.							
Appropriately completes and interprets audiometric masking measures.							
Appropriately completes and interprets measures for behavioural pediatric assessment.							
Appropriately completes and interprets behavioural tests of central auditory function.							
Effectively administers physiological test procedures (e.g., otoacoustic emissions, evoked potentials.)							
Appropriately completes and interprets measures of vestibular function.							
Completes effective and appropriate otoscopic examination.							
Executes and interprets acoustic immittance battery effectively and accurately.							
Demonstrates excellence with pure-tone threshold testing (air and bone-conduction.)							
Completes measures of speech audiometry efficiently; demonstrates understanding of clinical implications.							

AUDIOLOGICAL EXPERTISE	N/A	AB	E	D	N	A	COMMENT
PATIENT MANAGEMENT							
Makes appropriate recommendations/referrals.							
Understands the connections between evaluation results and recommendations for intervention.							
Considers audiological and non-audiological factors in deciding on management options.							
Makes preventative recommendations to patients, families, and other professionals.							
AURAL REHABILITATION							
Makes appropriate selection of aural rehab options (hearing aids, ALDs, CI, implantable devices, etc.)							
Recommends communication strategies, environmental modifications, speech-reading information, etc.							
Executes accurate earmold impressions efficiently.							
Provides effective counseling on amplification issues.							
Communicates effectively/assists in the management of tinnitus.							
CLINICAL JUDGEMENT							
Reviews patient file and pertinent information effectively and appropriately.							
Formulates appropriate conclusions regarding the site of lesion.							
Demonstrates effective problem-solving skills and judgement.							
Effectively integrates and interprets assessment results.							
TECHNOLOGY							
Has the necessary skills and knowledge-level required to use the technological tools available in the clinic.							
Completes hearing aid fittings efficiently and appropriately.							
Uses appropriate tools effectively to evaluate/verify the benefits of amplification.							
Demonstrates effective application of hearing instrument software.							
Troubleshoots and/or makes effective modifications to hearing instrument systems when required.							

COMMUNICATION	N/A	AB	E	D	N	A	COMMENT
PATIENT/CLIENT RAPPORT							
Provides clear instructions; adapts instructions based on client/patient limitations.							
Adapts to the needs and concerns of the client/family.							
Shows interest and an empathetic attitude to patients and families.							
Observes for signs of comprehension from patients/families.							
COMMUNICATION AND EMOTION							
Conveys a communication style that acknowledges a patient's emotional state and needs.							
Shows signs of empathy, compassion, trustworthiness to patients/families.							

COMMUNICATION	N/A	AB	E	D	N	A	COMMENT	
LISTENING/OBSERVING								
Shows effective use of verbal and non-verbal communication.								
Is aware of, observes, and responds appropriately to patients' nonverbal cues.								
USE OF LANGUAGE								
Adjusts the level of language and verifies comprehension.								
INTERVIEWING AND COUNSELLING								
Effectively elicits appropriate case history information that is relevant and accurate.								
Produces appropriate documentation for case history information.								
Communicates diagnostic information effectively.								
Employs approaches that encourage participation in decision-making.								
REPORT WRITING								
Writes reports that are appropriate to the referral source/reader.								
Makes and clearly states appropriate recommendations in reports.								

COLLABORATION	N/A	AB	E	D	N	A	COMMENT	
COLLABORATION AND PROFESSIONAL ISSUES								
Understands and can explain his/her role as an audiologist.								
INTERPROFESSIONAL COLLABORATION								
Participates effectively within an inter-professional healthcare team dynamic.								
Reports relevant information effectively to other professionals.								
Solicits the collaboration of other professionals, if required.								
Communicates appropriate information to other professionals regarding hearing loss and its implications.								
COLLABORATION AND CLINICAL EDUCATION								
Shows initiative in learning about current practicum placement.								
Effectively implements feedback from clinical educator into clinical practice.								
Accepts feedback without being defensive.								
Seeks out assistance and guidance from clinical educator when appropriate.								
Works independently when appropriate.								
WORKPLACE COLLABORATION								
Demonstrates a respectful, productive attitude towards colleagues and staff.								
Applies collaborative strategies and negotiation techniques to resolve conflicts.								

MANAGEMENT	N/A	AB	E	D	N	A	COMMENT
MANAGEMENT							
Expresses some knowledge of the structure of the healthcare system as it relates to audiology.							
Shows some understanding of, and an interest in, caseload management issues.							
TIME AND BEHAVIOUR MANAGEMENT							
Considers time-management issues within the setting, making progress in becoming efficient in this regard.							
Effectively facilitates a structured clinical encounter.							
Effectively divides time between providing care and performing required administrative tasks.							
Interacts effectively with children (effective behaviour shaping and reinforcement techniques used).							
Adapts to the patient/client during the evaluation process.							
Adopt effective behaviour management techniques with adults when appropriate.							

LIFELONG LEARNING AND ADVOCACY	N/A	AB	E	D	N	A	COMMENT
AUDIOLOGIST AS LIFELONG LEARNER AND ADVOCATE							
Asks effective learning questions.							
Identifies gaps in their own knowledge base.							
Shows initiative by finding necessary information independently.							
Identifies how individual patients can sometimes be in a vulnerable position and responds appropriately.							
Communicates information related to the promotion of general hearing health, hearing loss prevention, etc.							
Assists the patient/client to understand different recommendations and access available resources.							
Identifies situations where the profession of audiology might be the best entry point to healthcare.							

Student Evaluation Form [Mason; Dalhousie University, 2017]

References

- "A Framework for the Development of Competency-Based Assessment Tools." Canadian Alliance of Audiology and Speech-Language Pathology Regulators, 2011.
- "Profile of Essential Competencies of Audiologists in Canada." The Canadian Interorganizational Steering Group, 2008.
- "The CanMEDS 2005 Physician Competency Framework." The Royal College of Physicians and Surgeons of Canada, 2005.
- "Assessing and Certifying Clinical Competency." CASLPA-ACOA, 2004.
- "Committee on Professionalism Report." Dalhousie University Faculty of Health, 2004.
- "Frame of Reference for the Evaluation of the Student's Competencies." Université de Montréal École d'orthophonie et d'audiologie.
- "Audiology Student Evaluation Forms: Externship/Internship Clinical Placements." Dalhousie University School of Communication Sciences and Disorders.

SUMMARY NOTES

STRENGTHS:

AREAS FOR IMPROVEMENT/ SKILLS TO WORK ON:

NAMES/SIGNATURES:

CLINICAL EDUCATOR(S):

STUDENT:

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.					

Did you feel adequately prepared for the practicum placement (e.g., preparation through academic coursework and/or

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.					

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

Revised June 12, 2018

CLINICAL PRACTICUM HOURS AUDIOLOGY

Student's Name: _____

Dates of Practicum Period: _____

Practicum Site: _____

*****Round 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 Hours	Total:	Subtotal:	Subtotal:	Subtotal:	Subtotal:
SLP Minor Hours	Total:	Subtotal:	Subtotal:	Subtotal:	Subtotal:

Name of Clinical Educator	Signature of Clinical Educator	Date
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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	<p>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).</p> <p style="text-align: center;">The participation may be <u>unaided</u> or <u>assisted</u>:</p> <ul style="list-style-type: none"> • <u>Unaided participation</u> – 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. • <u>Assisted participation</u> – patient/client services provided by student where the student's supervisor directs or guides the services provided.
Simulation	<p>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.</p>

ASSISTING THE STRUGGLING STUDENT IN A PRACTICUM PLACEMENT⁹

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.

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/>)

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	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Counselling/ Interviewing	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Interaction with Client/Family/Professionals	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Behaviour Management	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Self-Evaluation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Assessment/Diagnostic Skills	
Planning/ Preparation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Test Administration	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Interpretation of Results	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Communicating Results to Family/Client	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Treatment/Intervention Skills	
Planning/ Preparation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Treatment Implementation	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Data Collection	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:
Session Analysis	<input type="checkbox"/> Appropriate <input type="checkbox"/> Suggestions for improvement:

STUDENT SELF-EVALUATION 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

**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

APPENDIX E
SUPPLEMENTAL FORMS AND DOCUMENTS

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)
- Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR)
- 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)
- Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR)
- 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:	Subtotal 1 :	Subtotal 2 :	Subtotal 3 :	Subtotal 4 :	Subtotal 5 :
B SLP SLP minor hours	Total:	Subtotal 6 :	Subtotal 7 :	Subtotal 8 :	Subtotal 9 :	Subtotal 10 :

Distribution of Clinical Practice Hours	Total Hours	Hours Requirements
Total Hours with Adults = sum of subtotals 1 & 3		Minimum of 50 Hours
Total Hours with Children = sum of subtotals 2 & 4		Minimum of 50 Hours
Total Hours in SLP = sum of subtotals 6 7 8 9 10		Minimum of 20 Hours
Total Hours in Assessment/Identification = sum of subtotals 1 & 2		Minimum of 100 Hours
Total Hours in Intervention/Management = sum of subtotals 3 & 4		Minimum of 50 Hours
Total Hours in Simulated Practice = sum of subtotals 5 & 10		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 _____

Dalhousie University Faculty of Health

Occupational Health and Infectious Diseases: Preclinical Placement Requirements for Health Care Worker Students

This document outlines immunization and other occupational health requirements that health care worker students need before they begin any clinical placement in a health facility through the course of their health professional program. Health Canada in their guideline “Prevention and Control of Occupational Infections in Health Care” use the term health care worker (HCW) to include any individual who has the potential to acquire or transmit infectious agents during their work in health care and includes students and researchers.¹ Students should verify required forms and deadlines with their clinical, fieldwork or residency department/program contacts. Deadlines and forms may vary by program.

The medical literature and our own work experience document the potential for healthcare workers to acquire infections, both in and outside the workplace, and for them to transmit the infection to patients, co-workers, and family members.^{2 3 4} These infections may be spread through the airborne route (e.g., tuberculosis, varicella, measles, COVID-19), droplets (e.g., respiratory syncytial virus, influenza, rubella, pertussis), contact (e.g., hepatitis A, group A streptococcus), and mucosal or percutaneous exposure (e.g., hepatitis B and C, HIV).⁵ Several of these infections are vaccine preventable. Most of these vaccine-preventable infections may be transmitted from person-to-person. With that in mind, the Steering Committee on Infection Control Guidelines, Health Canada, and the National Advisory Committee on Immunization (NACI) have provided recommendations for health care worker immunization, including COVID-19.^{6,7, 8}

The following form (Dalhousie University Faculty of Health – Infectious Disease Preclinical Requirements) is to be completed by a health care professional (physician, nurse practitioner, registered nurse, or pharmacist) prior to your commencement of clinical learning experiences at Dalhousie University. It is advised that all your immunizations be up to date before you begin your program as some immunization schedules take several months to complete. Please read the form carefully as there are different documentation requirements for some of the diseases, please see Appendix A for a full explanation of the requirements for each disease. You will be required to comply with all requests for documentation. Please present the completed forms to the university official responsible for your program when you begin, or by the deadline outlined by your specific school/college.

We hope that you enjoy your program!

¹ Health Canada. Prevention and control of occupational infections in health care. CDR 2002; 28S1.

² Sepkowitz K.A. Occupationally acquired infections in health care workers. Part I. Ann Intern Med 1996; 125:826-34.

³ Sepkowitz K.A. Occupationally acquired infections in health care workers. Part II. Ann Intern Med 1996; 125:917-28.

⁴ Patterson W.B., Craven D.E., Schwartz D.A., Nardell E.A., Kasmer J., Noble J. Occupation hazards to hospital personnel. Ann Intern Med 1985; 102:658-80.

⁵ Health Canada. Routine practices and additional precautions for preventing the transmission of infection in health care. CDR 1999; 25S4.

⁶ Health Canada. Canadian Immunization Guide <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html> accessed Nov 1, 2022

⁷ NACI- Varicella Proof of Immunity – 2015 Update <https://www.canada.ca/en/public-health/services/publications/healthy-living/varicella-proof-immunity-2015-update.html> accessed Nov, 1 2022

⁸ Health Canada. COVID-19 vaccine: Canadian Immunization Guide. <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a5> accessed Nov 1, 2022

Students must provide proof of vaccinations and tests **outlined in Appendix A upon entry to each program**, or according to the deadline set by your program. Submit this form - completed and signed by a Physician, Nurse Practitioner, Registered Nurse, or Pharmacist; only when fully completed.

Student Name: _____ **Date of Birth:** _____
Last Name First Name Middle initial (DD/MM/YYYY)

	Date Vaccine Given (DD/MM/YYYY)	Serology Date (DD/MM/YYYY)	Serology Result
Varicella – 2 doses (Serology not required if proof of 2 doses, serology for immunity to naturally acquired varicella acceptable)	1) 2)		
Tdap Tetanus/Diphtheria/Pertussis (Must have 1 Tdap booster documented in adulthood and be within 10 years)	1) (Please administer booster if needed)		**serology is not accepted
Td (Td – once every 10 years)	1)		**serology is not accepted
MMR – documented TWO doses OR serology proving immunity to EACH measles, mumps, and rubella.	1) 2)	Measles Date:	Measles results:
		Mumps Date:	Mumps results:
		Rubella Date:	Rubella results:
COVID-19 See Appendix A for what is considered fully vaccinated, be aware different agencies may require differing number of vaccine doses.	1) 2) Booster:	Name of Vaccine #1: Name of Vaccine #2: Name of Vaccine #3:	
	(See appendix A for information regarding booster doses and additional PPE)		
The Student / Learner has met all immunization requirements above: (Please place "X" in box)			YES:
			NO:

Hepatitis B (proof of immunization AND bloodwork required)		Date Vaccine Given (DD/MM/YYYY)		
Part A	Hepatitis B Primary Series	1)	2)	3)
	AND			
	Hepatitis B serology (date): _____ (at least 4-8 weeks after immunization)	HBsAb (Anti-HBs): _____ (serology result)** (Please attach copy of serology results)		

****If titre (serology) results above show you are not immune to Hepatitis B, it is MANDATORY to complete Part B below****

Part B	Hepatitis B REPEAT Series	1)	2)	3)
	Hepatitis B serology (date): _____ (at least 4-8 weeks after repeat immunization) **Serology may be taken one month after first dose of repeat series to assess immunity if original series was completed more than 6 months prior to a negative/non-reactive HBsAB titre.	HBsAb (Anti-HBs): _____ (serology result)		

Polio – Mandatory if lived/visited a country in which there has been a recent polio outbreak

Documentation of Primary series:

Tuberculosis (TB skin test) – required proof of negative 2-step skin test, if more than 6 months ago an updated 1-step needed within 6 months of entry into the program, or per specific program’s deadline (see appendix for TB skin test algorithm)

Date 1 st step given:	Date of read:	Result:	mm
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Date 2 nd step given:	Date of read:	Result:	mm
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UPDATED 1-step given: (Required if above 2-step is >6months at point of entry into the program)	Date of read:	Result:	mm
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BCG Date (if applicable): <small>*No longer recommended in Canada*</small>	CXR Result (if applicable): <small>*Attach proof of negative CXR, if positive TB skin test*</small>
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The Student/Learner does not have tuberculosis as evidenced from a negative TST or chest X-ray: (Please place “X” in box)	YES:	NO:
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Please DO NOT sign this form until ALL requirements above have been met.

Name of Health Care Provider:	Title:
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Signature of Health Care Provider:	Date:
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Office Address:	Phone:
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Frequently Asked Questions

Where can I obtain a Mantoux Test/TB Test?

Students are advised to contact their primary health care provider's office to determine where they can obtain a two-step Mantoux/TB test in their area of the Maritimes/Canada. **Students should note:** that a two-step Mantoux/TB test requires four separate visits to a health care provider trained to administer and read the test over a required period.

Various Mantoux (TB-Tuberculosis) Testing locations in Halifax are available. Please Note: you should call ahead to verify pricing and book an appointment.

Dalhousie University Health Services (Telephone: **902-494-2171**)

Website: https://www.dal.ca/campus_life/health-and-wellness.html

How can I find out if my vaccinations are up-to-date, or get a copy of my vaccination record in Prince Edward Island?

If you received your vaccinations in PEI and need to determine if your vaccinations are up-to-date, or need a copy of your vaccination record, call a Public Health Nursing Office in your area. It takes approximately **two weeks to process your request** for a copy of your record. Call: 902-368-4530 (Charlottetown).

<https://www.princeedwardisland.ca/en/information/health-pei/public-health-nursing>

Looking for your immunization records in New Brunswick?

To obtain an NB immunization record, you need to contact the immunization provider as below:

- If you received your immunizations from a doctor, contact them.
- If you received your immunizations at a Public Health clinic, contact your local clinic.

http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/public_health_clinics.html.

Where can I locate my immunization records in Nova Scotia?

In the NS Health Authority Central Zone most childhood and adult immunizations are given by your family doctor and school immunizations are given by Public Health Nurses, so your immunization records may be at both your doctor's office and at the Public Health Office.

If you lived in other areas of Nova Scotia, you could contact the Public Health Office in your area to request your immunization records. Please see the list of Public Health Offices in Nova Scotia: <http://www.nshealth.ca/public-health-offices>.

How can I access copies of my immunization records if I am from Newfoundland?

Individuals who wish to receive a certified copy of their Newfoundland Labrador Immunization Record should contact the Regional Health Authority of current residence. For a list of regional health authorities, and contacts, please see:

<https://www.gov.nl.ca/hcs/publichealth/cdc/immunizations/>

If you lived in another Canadian province, you should contact that province's Public Health Department for immunization records.

If you receive an immunization from a community pharmacist, please contact the community pharmacy location where you received the immunization for a copy of your record.

Please Note: Additional documentation may be required at the site you are assigned to for your clinical coursework, especially out-of-province placements.

APPENDIX A

Immunization and Infectious Disease Screening for Students

Requirements are to be met within 6 months of entry into the program, or as per each specific program's designated deadline, as a pre-requisite/condition. Students must have met the requirements prior to placements commencing, as per applicable Nova Scotia Health, IWK, and other Student and Learner Placement Affiliation Agreements, policy, and process.

1. Requirements:

i. The following vaccinations (or proof of immunity) are **required for all** Faculty of Health learning placements:

- Measles, Mumps, Rubella
- Tetanus, Diphtheria, Pertussis
- Varicella
- COVID-19
- Hepatitis B
- Polio
- Tuberculosis

Due to the risk of false negative test results, live vaccines (MMR, Varicella etc.) as well as mRNA or viral vector COVID-19 vaccines should not be given within 28 days of TB skin tests

ii. The following vaccination is recommended:

- Influenza (seasonal)

2. Description of immunizations and immunity status:**i. Measles Mumps Rubella (MMR):**

Consider immune with **one** of the following, regardless of year of birth:

- Documentation of having received two doses of the following vaccines, on or after their first birthday
 - o Measles-containing vaccine,
 - o Mumps-containing vaccine
 - o Rubella-containing vaccine
- Laboratory evidence of immunity
 - o Proof of serology required for each Measles, Mumps, & Rubella
- Documentation of laboratory-confirmed
 - o Measles
 - o Mumps
 - o Rubella

NOTE:

- If verification of two doses of MMR vaccine is received, then no further testing/verification is required.
- In the event that the individual who has had two documented doses of MMR vaccine is tested serologically, and is negative, an additional dose is not recommended; the student should be considered immune.

Tetanus, Diphtheria, Acellular Pertussis:

Consider immune with documentation of primary series (minimum 3 doses) and booster dose every 10 years.

ii. Acellular Pertussis:

Recommended once in adulthood (given in conjunction with Tetanus diphtheria (**Td**) vaccine.

Notes re Acellular Pertussis:

- All individuals, regardless of age, should receive a single dose of Tdap vaccine for pertussis protection if they have not been immunized previously with this vaccine in adulthood, even if they are not due for a tetanus and diphtheria booster.

iii. Varicella

Consider immune with **one** of the following, regardless of year of birth:

- Documentation of having received two doses of Varicella vaccine at least 6 weeks apart on or after their first birthday (serology not required if documented 2 doses)
- Laboratory evidence of immunity
- Documentation of laboratory-confirmed Varicella

NOTE:

- Individuals with a self-provided history of chickenpox or zoster should no longer be assumed to be immune.

iv. **COVID-19 (adapted from NSHA-AD-OHS-055 COVID-19 Vaccination for Team Members)****Consider fully vaccinated 14 days or more after receipt of:**

- Two doses of a two-dose series of a Health Canada authorized COVID-19 vaccine (Moderna, Pfizer/BioNTech, AstraZeneca/COVISHIELD). This is inclusive of mixed vaccine schedules.
- One dose of a one-dose series of a Health Canada authorized COVID-19 vaccine (Janssen/Johnson & Johnson).
- Complete series of a non-Health Canada, World Health Organization authorized COVID-19 vaccine (e.g., Sinopharm or Sinovac)
- Booster doses: NSHA requires additional PPE (ie. Eye protection) in Tiers 2 and 3 of their [Nova Scotia Health COVID-19 Protocols for a Safe Recovery](#), if the student does not have at least 3 doses of a Health Canada approved vaccine for COVID-19.

Exceptions: A medical exception **can ONLY be granted** by your nurse practitioner or family doctor if they determine that you qualify based on a very limited and specific list of criteria.

- A history of severe allergic reaction (e.g. anaphylaxis) after previous administration of a COVID-19 vaccine using a similar platform (mRNA or viral vector)
- An allergy to any component of the specific COVID-19 vaccine or its container (polyethylene glycol for the Pfizer-BioNTech and Moderna vaccines)
- A history of major venous and/or arterial thrombosis with thrombocytopenia following vaccination with the AstraZeneca COVID-19 vaccine
- A history of capillary leak syndrome following vaccination with the AstraZeneca vaccine
- A history of myocarditis and/or pericarditis after a first dose of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna)
- Experienced a serious adverse event after receiving a first dose of COVID-19 vaccine. A serious adverse event is defined as life-threatening, requires in-patient hospitalization or prolongs an existing hospitalization, results in persistent or significant disability/incapacity, or in a congenital anomaly/birth defect.

Please note: Immunosuppression, auto-immune disorders, pregnancy and breastfeeding are not medical reasons that prevent people from getting COVID-19 vaccine.

Hepatitis B

Dalhousie Faculty of Health and our placing agencies (ie. NSH, IWK) requires that students complete a full series of Hepatitis B immunizations and achieve HBsAb immunity **prior** to any clinical placement.

Minimum Hepatitis B requirements for Dalhousie Faculty of Health learning placements: Prior to starting a learning placement, students are required to meet **one** of the two options below:

Option A: Show proof of completing a full series of Hepatitis B vaccinations, **AND** proof of HBsAb immunity (based on ranges provided by lab). If initial serology following primary Hepatitis B series, shows non-immunity, students are required to complete an additional repeat series. However, after **the first dose of a repeat series** students may test for immunity (serology) after 4 weeks. If immunity is shown at this time, the remainder of the repeat series can be arrested. If serology is non-immune, then the remaining 2 doses of the repeat series need to be completed. A final serology is required after all 3 repeat series doses, at least 4-8 weeks after the final dose.

OR

Option B: For those without a primary series completed, or no proof is available, students are required to provide proof of receiving at least one dose in a Hepatitis B vaccine series, provide a schedule for completion of the primary series, followed by acquiring proof of serology showing immunity, at least 4-8 weeks after last dose (must provide serology result upon completion); plus sign a Hepatitis B Immunity Waiver (see Appendix B).

NOTE: Expectation for Student/Learners who have not achieved Hepatitis B (HBsAB) immunity

- Students are expected to acquire Hepatitis B vaccinations and document results of immunity status during their academic study.
- If a student has not achieved Hepatitis B immunity prior to starting their learning placement, the student will be provided with the risks of non-immunity to Hepatitis B and the risks associated with working in a health care setting.
- If students are to sign the Hepatitis B Waiver – the student agrees to complete their Hepatitis B requirements in a timely manner.

Tuberculosis:

To confirm that the student does not have tuberculosis as evidenced from a negative TST or chest X-ray (in the event of a positive TST).

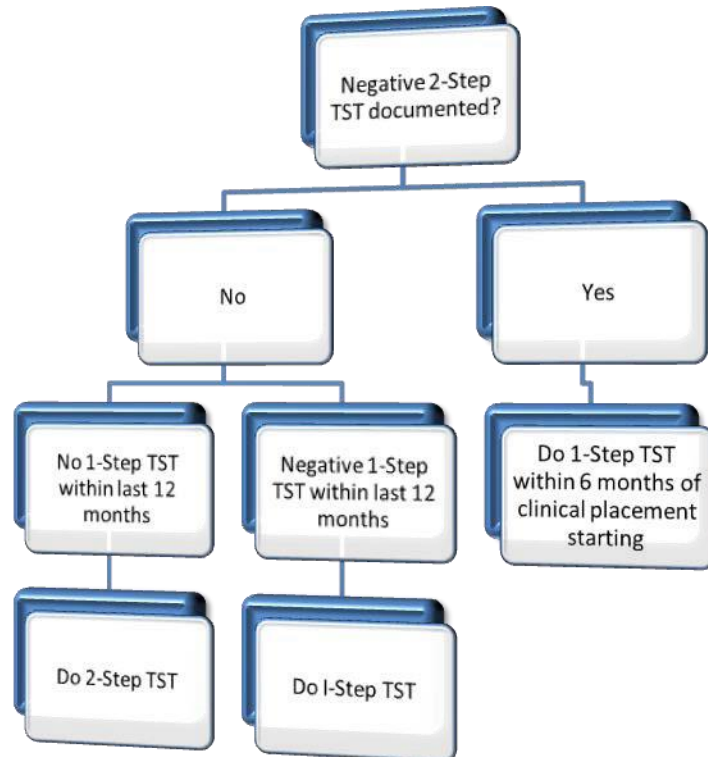
BCG vaccine is no longer recommended in Canada, including documentation in the form above is for informational purposes only.

Within 6 months of entry into the program, or as per the specific program's designated deadline to be collected as a pre-requisite / condition of the learning program:

- If no history of a negative 2-step Tuberculin skin test (TST): a 2-step Tuberculin skin test must be completed and must be negative.
- If there is documentation of a prior negative 2-step TST, a 1-step TST test is completed, within 6 months of entry to the learning program.
- If there is a documented prior positive TST or any prior treatment for active or latent TB, or previous treatment for latent TB, a TST is not required; however, providing proof of treatment AND negative CXR (non-active TB) is required.
- Please refer to the following algorithm, on the next page.

NOTE: TB testing within 28 days of a COVID-19 mRNA vaccine

There is a theoretical risk that mRNA or viral vector COVID-19 vaccines may result in a false-negative TB skin test if given within 28 days of each other. Because of this theoretical possibility, we are asking students to plan ahead to ensure the timing of their COVID-19 vaccine and 2-step TB test are not within 28 days of each other.



Performing a 2-Step TST:

- A TST is applied and read within 48-72 hours of being administered.
- The measurement of induration (not erythema), in mm, must be recorded.
- If the first test is negative, a second test is applied 7-21 days later.
- If either the 1st or 2nd step TST is positive, the individual is considered positive.