

CLINICAL PRACTICUM HANDBOOK 2024-2025

# Audiology

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS



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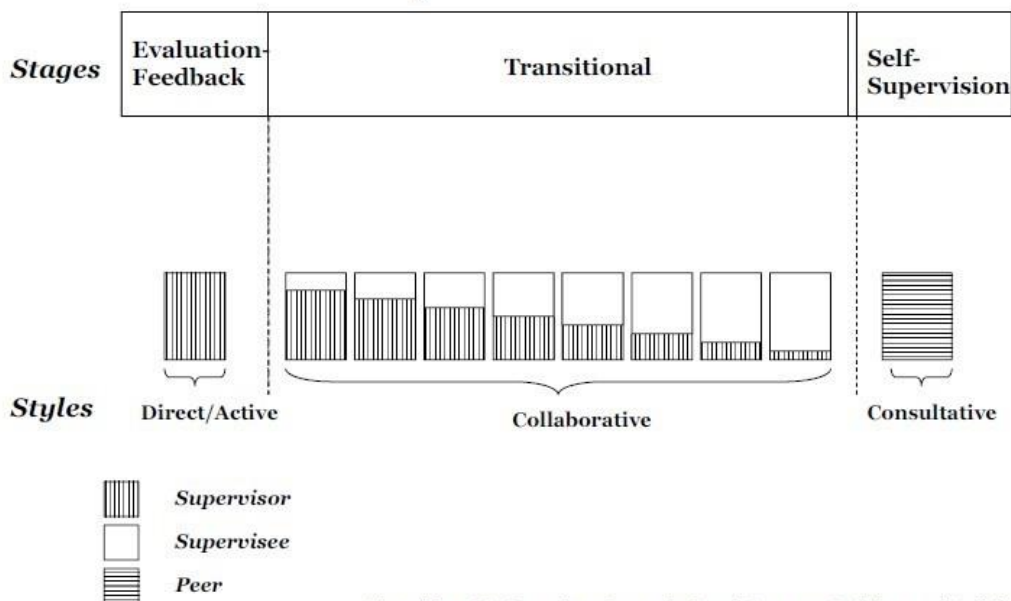
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## CLINICAL EDUCATION PHILOSOPHY: GENERAL

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)<sup>1</sup> Clinical education is considered a process in flux. In the clinical environment, student input varies with the knowledge and degree of clinical sophistication attained. Early experiences are considered more directed and evaluative than those occurring later, when the student has greater responsibility for planning and evaluating his/her own performance.

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

### Anderson's Continuum of Supervision



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.

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

# ROLES AND RESPONSIBILITIES

## THE FACULTY

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

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

## THE STUDENT

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

- **Students will not contact or arrange practicum placements on their own.** Any arrangements or contact with clinical sites must be made by the appropriate school clinical coordinator. [The process for international placements is the exception: please see *Procedures for International Placements* for information on this topic.]
- **Specific details of a placement's schedule will be determined by the site.** Caseload requirements, clinical educator availability, work schedules, or other factors can be affected when sites are prepared to host students. The student is responsible for adhering to the specific demands of a particular site's schedule requirements.
- **Anything that prevents a student from working within a particular site's timeframe may cause the placement to be cancelled.** This could include items such as a student's vacation (scheduled in advance or otherwise), weddings, family reunions, illness, work schedule, transportation challenges, living arrangements, etc. It is the responsibility of the student to work within a site's location and schedule. Students must be prepared that the internship may occur after exam completion until August 31st of that year.
- **Students will submit risk management documentation as required by placement sites and/or school administration.** Failure to do by the deadline may result in suspension of in-school clinic participation and/or cancellation of external site practicum placement.
- **Any changes made by a student to an arranged placement may cause that placement to be cancelled.** If this occurs, the total practicum experience for that student will effectively be cancelled and an alternate clinical experience will not be arranged at that time. An alternate clinical practicum might be arranged in the future as the academic calendar permits. This would likely mean that a summer internship would start in the winter term of the third year and the externship is postponed until the internship is completed. Cancellation of a practicum in this manner will likely mean a delay of graduation.

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

- To integrate the information presented in class lectures and readings.
- To seek to extend that knowledge via additional readings, professional dialogue, etc.
- To take responsibility for their own clinical education, in conjunction with clinical educators and faculty to ensure an experience that is adequate and appropriate to their individual needs.
- To assist other students in developing clinical abilities by actively mentoring those with less experience.
- To provide evaluative feedback regarding their clinical education experience to improve the training of future students and foster the development of clinical educators.
- To develop professionalism and professional integrity.
- To submit pre-practicum/risk management documentation as required by practicum sites and/or School administration. Failure to do so by the established deadline(s) may result in suspension and/or cancellation of practicum placement(s).

## THE CLINICAL EDUCATOR

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

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

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

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

## THE ACADEMIC COORDINATOR OF CLINICAL EDUCATION

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

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

## THE CLINICAL EDUCATION SECRETARY

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

The Clinical Education Secretary is responsible for:

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



# COURSE AND PRACTICUM SCHEDULE

## COURSE SCHEDULE

## PRACTICUM SCHEDULE

### Year 1 – Fall Term

CMSD 5050 - Fundamentals of Speech Science  
 CMSD 5130 - Intro to Audiology and SLP  
 CMSD 5150 - Speech and Language Acquisition  
 CMSD 5290 - Neurosciences for Communication Disorders  
 CMSD 6310 - Audition I  
 IPHE 5900 - Interprofessional Health Education Portfolio

½ day clinical observation (CMSD 5130)  
 Practicum Preparation and Orientation: clinical education process and interprofessional education and practice

### Year 1 – Winter Term

CMSD 5020 - Phonetics  
 CMSD 5120 – Hearing Measurement  
 CMSD 5260 - Hearing Disorders  
 CMSD 5280 - Audition II  
 CMSD 6980 - Research Design  
 IPHE 5900 - Interprofessional Health Education Portfolio

Sheltered Practicum-Observation  
 Pre-Practicum Placement: Hearing screenings with preschool-aged children in the community following the April exam period

### Year 2 – Fall Term

CMSD 5071X - Clinical Methods - Audiology  
 CMSD 5140 - Aural (Re)Habilitation with Children  
 CMSD 5220 - Diagnostic Audiology  
 CMSD 6360 - Amplification  
 IPHE 5900 - Interprofessional Health Education Portfolio

Sheltered Practicum- Audiology Clinic Practicum Preparation/Clinical Methods Classes Community Based Observation Practicum  
 Meetings: Internship Presentations by third year students and Internship Planning

### Year 2 – Winter Term

CMSD 5071Y - Clinical Methods - Audiology  
 CMSD 6070 - Topics in Audiology Procedure  
 CMSD 6320 - Pediatric Audiology  
 CMSD 6380 - Electrophysiological Audiometric Measures  
 CMSD 6560 - Amplification II  
 CMSD 7001 - Research Project

IPHE 5900 - Interprofessional Health Education Portfolio  
 Sheltered Practicum- Audiology Clinic Practicum Preparation/Clinical Methods Classes Community Based Observation Practicum  
 Meetings: Case Studies and Internship Planning Simulated Clinic Event

### Year 2 – Spring/Summer Term

No courses offered

CMSD 7061 - Internship Practicum: 12-week, full-time placement from April to July within Atlantic Canada

### Year 3 – Fall Term

CMSD 6420 - Advanced Diagnostic Audiology  
 CMSD 6440 - Noise in Industry and the Community\*  
 CMSD 6630 - CI and Other Implantable Technologies  
 CMSD 6640 - Advanced Audiologic Rehabilitation  
 CMSD 7002 - Research Project  
 IPHE 5900 - Interprofessional Health Education Portfolio

Sheltered Practicum- Mentorship Role Practicum Preparation Class  
 Internship Presentations to second Year Class HSNS Presentation  
 Externship Planning

### Year 3 – Winter Term

No courses offered

CMSD 7062 – Externship Practicum: 12-week, full-time placement from January to March in Canada or internationally.

# PRACTICUM DESCRIPTIONS, OBJECTIVES AND EXPECTATIONS

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

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

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

## OBSERVATIONS AND PRESCHOOL SCREENINGS

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

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

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

## FALL TERM PRACTICUM

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

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

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

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

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

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

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

## WINTER TERM PRACTICUM

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

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

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

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

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

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

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

## INTERNSHIP PLACEMENT

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

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

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

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

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

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

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

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

## EXTERNSHIP PLACEMENT

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

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

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

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

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

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

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

## PRACTICUM PROCESS

### ARRANGING PRACTICUM PLACEMENTS

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

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

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

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

Students considering 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](#)) and contact the International Centre as necessary to discuss their plans for international placements. ([https://www.dal.ca/campus\\_life/international-centre.html](https://www.dal.ca/campus_life/international-centre.html)).
- Step 2:** The student will complete the standard Practicum Site Request form ([Appendix B-3](#)) indicating placements in rank order of preference. The student will submit the form and a proposal to the Clinical Coordinator, including the following: 1) A statement of rationale for selection of an international placement and specific clinical goals and 2) two letters of recommendation from clinical educators who have supervised the student.
- Step 3:** The Clinical Coordinator will present the proposal and letters of support at the next scheduled faculty meeting for academic review. Following academic review of the proposal, the Clinical Coordinator will notify the student of the outcome of the review.
- Step 4:** Following a positive academic review, the student will research potential sites based on unique academic and clinical opportunities. The student will obtain information about the potential site's ability to fulfil clinical goals and clinical hours requirements. The student will submit the name, address, and phone number of the international site and contact person to the Clinical Coordinator. The student, in conjunction with the Clinical Coordinator, will ensure that clinical supervision in the international placement meets the same standards as those within placements in Canada. Clinical educators must also have the appropriate qualifications required by the School of Communication Sciences and Disorders.

### **Additional Student Responsibilities:**

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



- Step 5:** The Clinical Coordinator will contact the site to provide confirmation of the placement. The Clinical Coordinator will provide standard monitoring of the placement.
- Step 6:** Following confirmation of the placement, the student should contact Dalhousie University's International Centre and/or visit their website ([https://www.dal.ca/campus\\_life/international-centre.html](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](https://www.dal.ca/campus_life/international-centre/outbound_exchange.html)).

## MENCHER FAMILY AWARD

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

The criteria for the Mencher Family Award are as follows:

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

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

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

# PRACTICUM POLICIES

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

## BECOMING A CLINICAL EDUCATOR

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

## PRACTICUM DOCUMENT REQUIREMENTS

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

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

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

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

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

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

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

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

## STUDENT CODES OF CONDUCT

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

## CODES OF ETHICS

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

## SOCIAL MEDIA AND ELECTRONIC COMMUNICATION IN PRACTICUM SETTINGS

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

## SCENT-FREE POLICY

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

## DRESS CODE

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

## PERSONAL IDENTIFICATION

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

## ATTENDANCE AT PRACTICUM

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

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

## PRACTICUM SCHEDULES

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

## CHANGES TO PRACTICUM

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

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

## PRIVACY AND CONFIDENTIALITY

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

## CLIENT/PATIENT FILES

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

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

## CONSENT TO RELEASE INFORMATION

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

## USE OF MATERIALS AND EQUIPMENT DURING PRACTICUM ACTIVITIES

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

## PRACTICUM SITE POLICIES AND PROCEDURES

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

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

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

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

# PRACTICUM PROCEDURES

## STUDENT PRE-PLACEMENT PREPARATION

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

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

## CLINICAL EDUCATOR PRE-PLACEMENT PREPARATION

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

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

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

## ORIENTATION DURING PRACTICUM PLACEMENT

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

## CLINICAL EDUCATION CONTRACT

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

## PRACTICUM TIMELINE GUIDELINES

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

## SUPERVISION GUIDELINES

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

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

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

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

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



## RECIPROCAL PEER COACHING MODEL

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

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

## REPORT WRITING DURING PRACTICUM

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

## DEVELOPMENT OF CLINICAL REASONING SKILLS

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

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

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

- Use the **Audiology Clinical Skills Checklist** (see [Appendix C-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 6<sup>th</sup> week of the internship and externship placements) and at the end of the placement. Students must complete the Student Feedback to Clinical Educator Form (see Appendix C-7) at the end of the internship and externship and provide copies to the clinical educator and the Clinical Coordinator.

## STUDENT EVALUATION

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

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

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

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

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



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

Evaluations are performed at midterm (usually the sixth week of the internship and externship placements) and at the end of the placement. Clinical educators must complete the new ACC Tool (see [Appendix C-6](#)).

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

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

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

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

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

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

## DIFFICULTIES WITH STUDENT PERFORMANCE IN PRACTICUM

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

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

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

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

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

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

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

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

## DIFFICULTIES WITH SUPERVISION IN PRACTICUM

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

## MANAGING CONFLICT/DIFFICULT SITUATIONS WITHIN PRACTICUM PLACEMENTS

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

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

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

## CLINICAL HOURS REQUIREMENTS

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

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

Please note: Photographs of forms are not accepted.

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

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

## COUNTING CLINICAL HOURS

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

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

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

Here is a guideline on how to designate various clinical hours activities for Audiology:

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

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

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

## OBTAINING MINOR S-LP HOURS

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

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

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

## GRADES FOR PRACTICUM PLACEMENTS

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

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

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



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

## AUDIOLOGIST SCOPE OF PRACTICE

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

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

## AUDIOLOGY ASSISTANT SCOPE OF PRACTICE

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

## COLLABORATION BETWEEN STUDENTS AND AUDIOLOGY ASSISTANTS

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

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

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

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

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

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

Additional information about these services is available on Dalhousie's Student Health & Wellness website at [https://www.dal.ca/campus\\_life/health-and-wellness.html](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](https://www.dal.ca/campus_life/health-and-wellness.html)). The Academic Coordinator of Clinical Education is also readily available to help with any issues or concerns that arise and contacting him/her is strongly encouraged.

## MODELING LIFE-LONG LEARNING FOR STUDENTS

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

## REQUESTS FOR ACCOMMODATION

Accommodation aims to remove barriers to learning and ensure equitable access to classroom and practicum activities. Accommodation is introduced when a protected characteristic (see: <https://humanrights.novascotia.ca/know-your-rights/individuals>) may place a student at a disadvantage compared to other students (e.g., (dis)ability). It is the student's responsibility to make a request for accommodation in accordance with the Dalhousie University policy. The request for accommodation must be made in advance of the start of the field placement so that a decision can be made as to what is needed and available and proper support can be accessed. We strongly advise any student who might need accommodation and/or advise to contact the Student Accessibility Centre ([https://www.dal.ca/campus\\_life/academic-support/accessibility/contact-us.html](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](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](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](https://sac-oac.ca/wp-content/uploads/2023/02/sac_telepractice_position_paper_english.pdf)

## TELESUPERVISION

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

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

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

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

# RISK MANAGEMENT

## CRIMINAL RECORD CHECK WITH VULNERABLE SECTOR SEARCH

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

## CHILD ABUSE REGISTRY

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

<http://www.gov.ns.ca/coms/families/abuse/ChildAbuseRegister.html>.

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

## IMMUNIZATIONS

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

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

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

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

## INFECTION PREVENTION & CONTROL

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

Some of the more common cold/flu (including Covid-19) symptoms may include:

- Fever (i.e., chills, sweats)
- New or worsening cough
- Sore throat
- Headache
- Nasal congestion or runny nose
- Shortness of breath or difficulty breathing

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

For more information, please see the following reference:

Canadian Interorganizational Group Speech-Language Pathology and Speech-Language Pathology (See [https://www.sac-oac.ca/wp-content/uploads/2023/02/Infection\\_Prevention\\_control\\_Guidelines\\_SLP.pdf](https://www.sac-oac.ca/wp-content/uploads/2023/02/Infection_Prevention_control_Guidelines_SLP.pdf))

## RADIATION EXPOSURE

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

## DISABILITY INSURANCE

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

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

## STUDENTS TRAVELLING IN VEHICLES DURING PRACTICUM

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

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

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

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

## STUDENT ACKNOWLEDGEMENT FORM

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



# CLINICAL SITES

## CLINICS AT THE SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS

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

## HEARING AND SPEECH NOVA SCOTIA (HSNS)

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

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

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

The organization provides services at more than 30 sites across the province, including:

**[\*Asterisk next to the site have audiology facility.]**

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

- Halifax - QEII Health Sciences Centre (Nova Scotia Rehabilitation Centre)
- Kentville - Kentville Community Clinic\*
- Kentville - Valley Regional Hospital
- Liverpool - Queens General Hospital
- **Lower Sackville - Cobequid Community Health Centre\***
- Lunenburg - Fisherman's Memorial Hospital
- Middleton - Soldiers Memorial Hospital
- Musquodoboit Harbour - Twin Oaks/Birches Continuing Care Centre
- New Glasgow - Aberdeen Professional Centre
- New Glasgow - New Glasgow Community Clinic
- Pictou - Sutherland Harris Memorial Hospital
- Sheet Harbour - Eastern Shore Memorial Hospital
- Shelburne - Roseway Hospital
- Springhill - All Saints Hospital
- **Sydney - Cape Breton Regional Hospital\***
- **Sydney - Sydney Community Clinic\***
- Sydney Mines - Harbour View Hospital
- **Truro - Colchester East Hants Health Centre\***
- Waterville - Kings Regional Rehabilitation Centre
- Windsor - Hants Community Hospital

## OTHER AUDIOLOGY PRACTICE SETTINGS

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

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

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

## PRACTICUM SITES OUTSIDE OF NOVA SCOTIA

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