School of Communication Sciences and Disorders
Dalhousie University

Clinical Practicum Handbook

2026-2027

Audiology & Speech Language Pathology Programs

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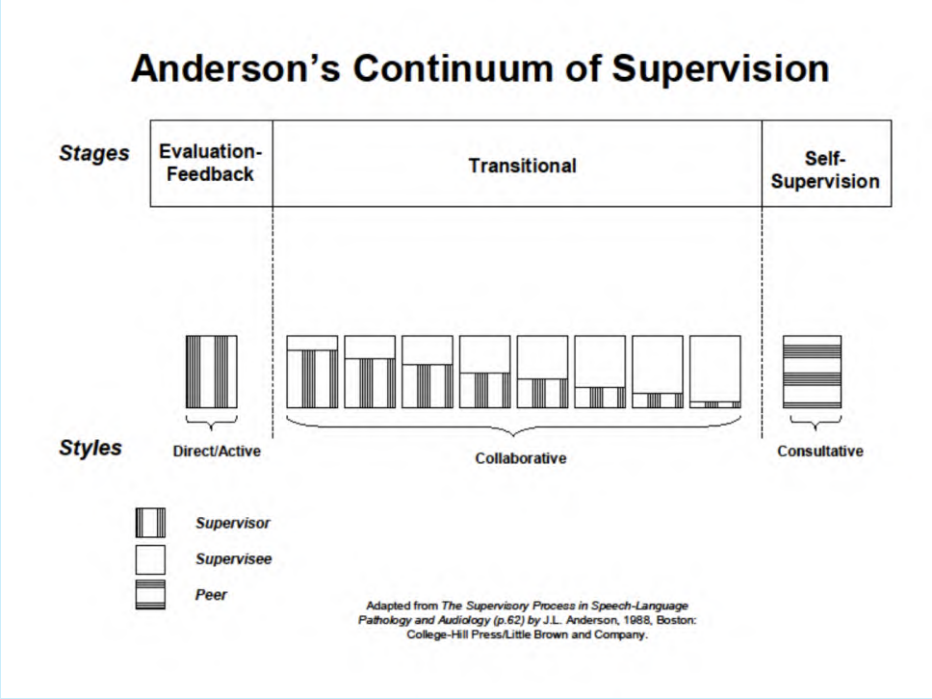
CLINICAL EDUCATION STATEMENT OF PHILOSOPHY

Clinical education is the process through which students develop the knowledge and skills necessary for the assessment and treatment of speech, language, and hearing difficulties. It is a guided learning experience distinct from the acquisition of academic knowledge. Following Anderson (1988), clinical education is recognized as a dynamic and evolving process. In the clinical setting, the degree of student involvement depends on their level of knowledge and clinical sophistication. Early experiences are typically more structured and evaluative, whereas later experiences afford students greater responsibility for planning, implementing, and evaluating their own clinical performance.

Clinical education generally includes three overlapping phases:

1. **Cognitive apprenticeship**, characterized by observation and modelling;
2. **Direct training and active evaluation**, where students engage in hands-on practice under supervision; and
3. **Self-supervision**, in which students progressively assume independent responsibility for clinical activities.

Throughout all phases, the client's needs remain paramount. Clinical educators, students, and faculty each play essential, complementary roles in supporting optimal clinical education.



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

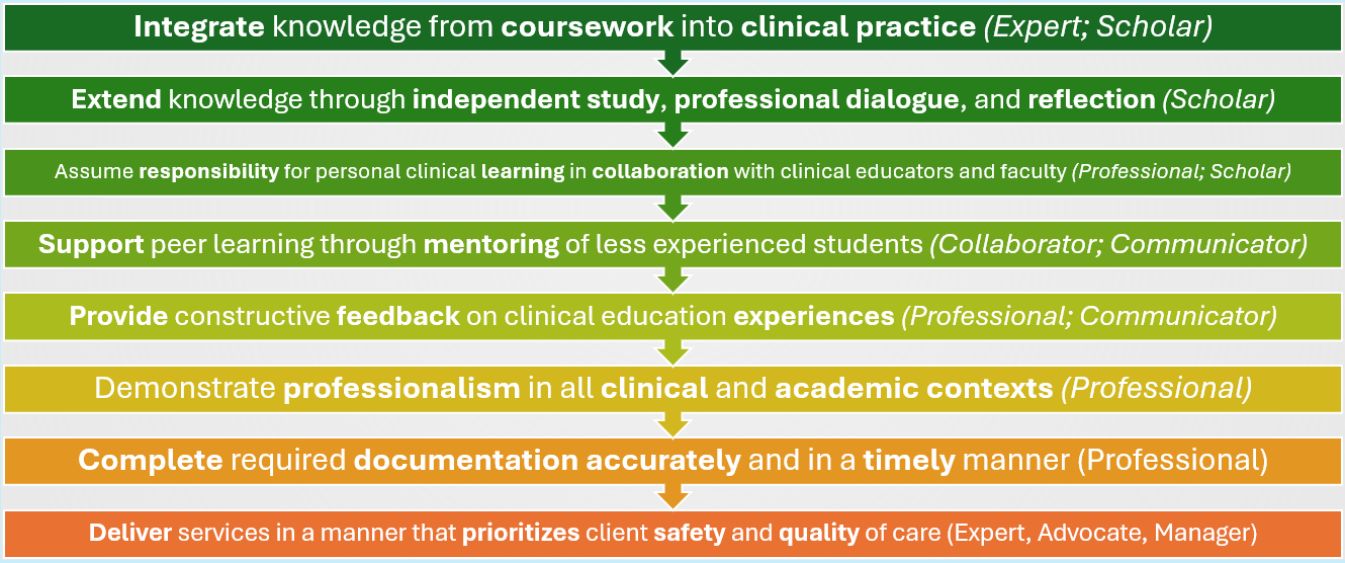
Roles and Responsibilities of the Faculty

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 faculty recognize this fact and present information in class accordingly. The primary faculty contributions to the clinical education experience are to:

Roles and Responsibilities of the Student

Student participation in clinical education involves a dual role. First, students are responsible for completing the administrative and professional requirements of their practicum placements, including arranging transportation and accommodation, covering associated costs, fulfilling all placement prerequisites (such as immunizations and criminal record checks), reviewing recommended readings or materials prior to the placement, and submitting all required forms to the School.

Second, students are responsible for developing the clinical competencies necessary for successful program completion and the transition to independent practice. The student's role in clinical education is active and evolving. To grow effectively, students must recognize both their strengths and limitations as they approach each practical experience. In addition, students are expected to:

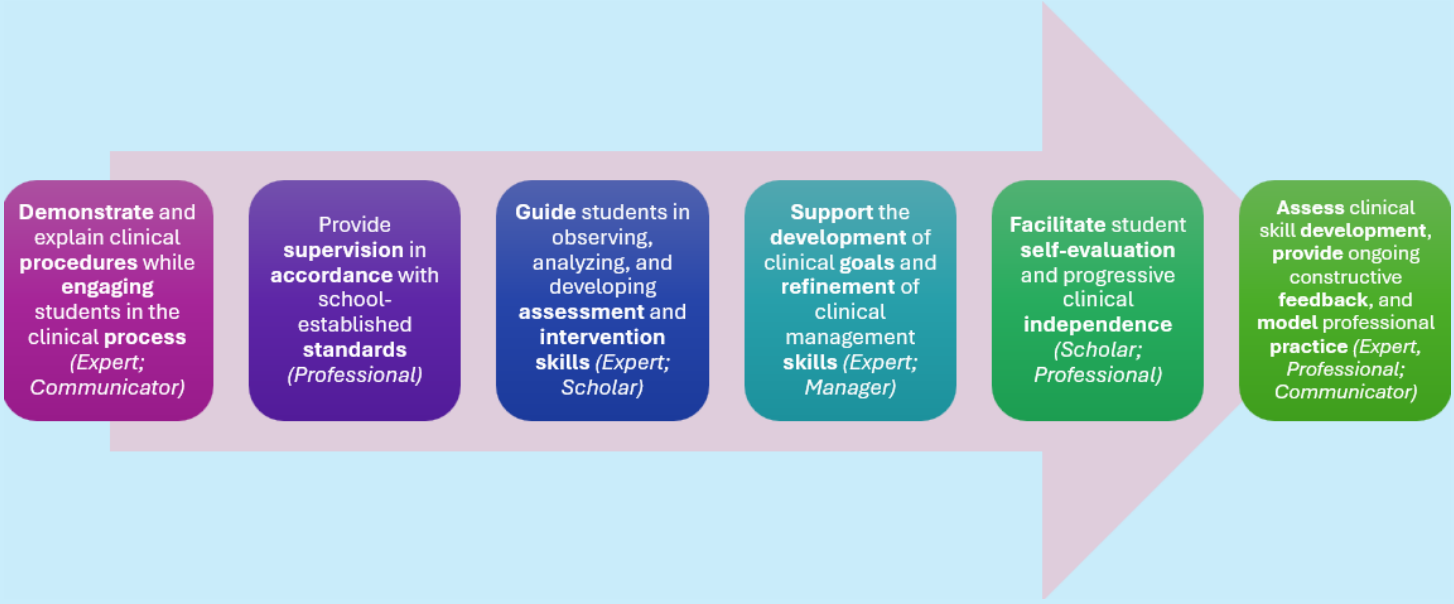


Roles and Responsibilities of the Clinical Educator

As a student's clinical skills develop, the clinical educator's role in the practicum must evolve accordingly. At the outset, the educator provides direct teaching and guidance, gradually shifting toward a more collaborative relationship. The educator supports the student's growing involvement in clinical activities while fostering increasing independence. Eventually, the educator transitions to a consultative role, engaging in information-sharing and joint problem-solving with the student.

In addition, the clinical educator is responsible for evaluating the student's clinical development. This assessment identifies strengths and areas for growth, guiding the planning of individualized learning experiences that meet the student's unique needs.

In summary, the clinical educator is responsible for:

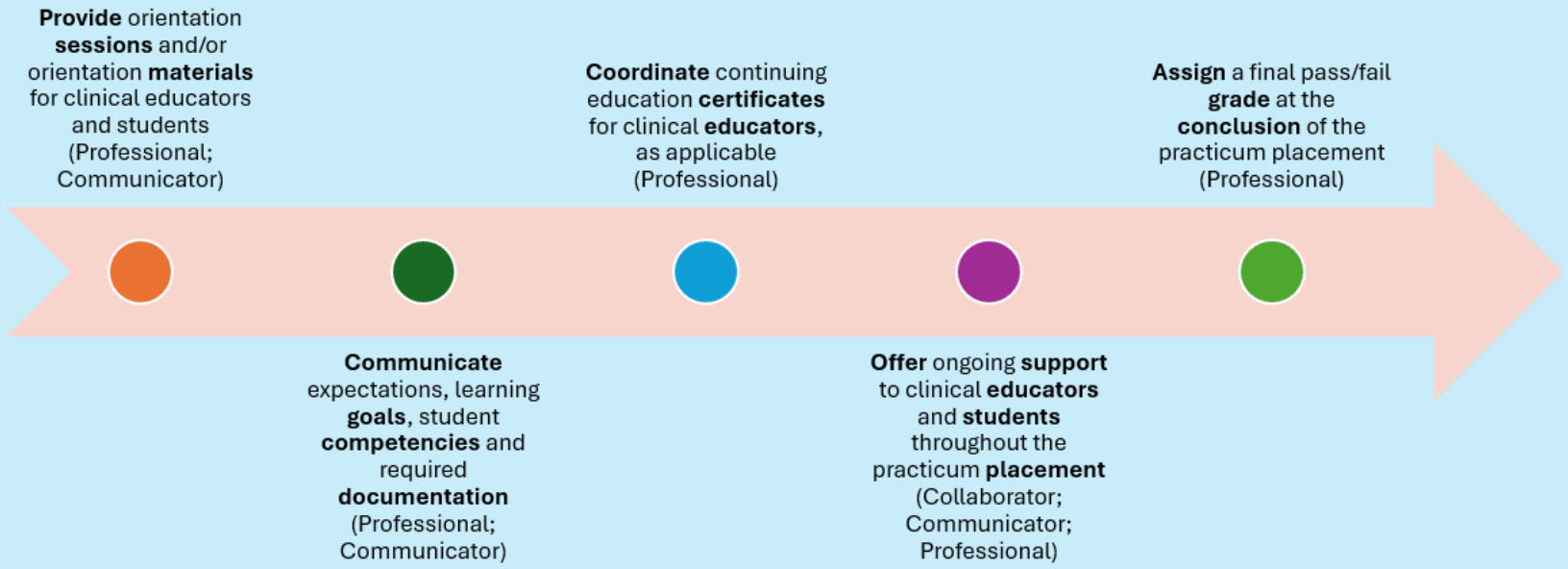


Please Note: The School discourages practicum sites and clinical educators from actively recruiting students for employment before or during a practicum placement, as this may create a conflict of interest within the evaluative relationship. Sites may share information about employment opportunities, and students may independently decide whether to apply. Any employment discussions or arrangements are considered separate from the practicum placement and must not influence the student's evaluation or learning experience.

Roles & Responsibilities of the Academic Coordinator of Clinical Education

The Academic Coordinators of Clinical Education at the School of Communication Sciences and Disorders (SCSD) serve as the link between clinical education sites and the school and act as the liaison between the clinical education site coordinator, clinical educator, and student. They organize, coordinate, and evaluate the clinical education component of the Speech-Language Pathology and Audiology programs.

In addition, the Clinical Coordinators are responsible to:



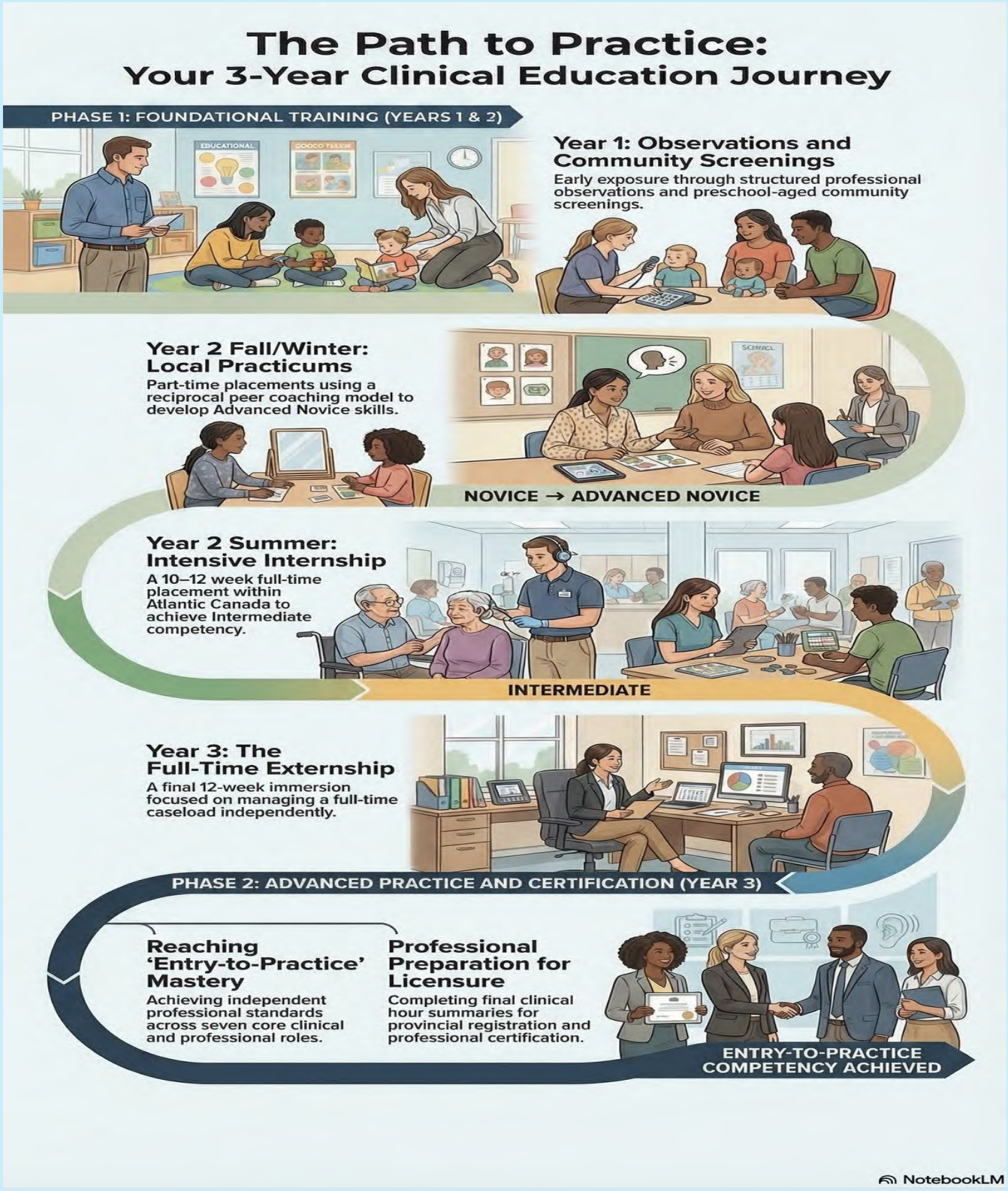
Roles and Responsibilities of the Clinical Education Assistant

The Clinical Education Assistant (CEA) at the School of Communication Sciences and Disorders (SCSD) is the student's point of contact for practicum document tracking.

The Clinical Education Assistant is responsible for:

01	02	03	04	05
Prepare Practicum **Documents**	**Collect** and **File** all **Documentation**	**Act** as a **witness** to any documents	**Oversee** document **submission** compliance	**Assist** with clinic **scheduling**

CLINICAL EDUCATION TIMELINE (by program year)



Year 1 – Fall Term

Observation Session via CMSD5130
Practicum Preparation Class: Introduction to Practicum I

Year 1 – Winter Term

Practicum Preparation Class: Introduction to Practicum II
Pre-Practicum Placement: Screenings with preschool-aged children in the community following the April exam period

Year 2 – Fall Term

Fall Practicum Placement: Up to 10 half days or 5 full days with pediatric and/or adult population using reciprocal peer coaching model

Practicum Preparation/Clinical Methods Classes: clinical education process, professionalism, assessment and treatment preparation & planning, goal setting, report writing, behaviour management, infection control, etc.

Year 2 – Winter Term

Winter Practicum Placement: 10 half days or 5 full days with pediatric and/or adult population using reciprocal peer coaching model

Practicum Preparation/Clinical Methods Classes: interviewing and counselling skills, preparation for internship placement

Year 2 – Spring/Summer Term

CMSD7061 Internship Practicum: 10–12-week, full-time placement from April to July within Atlantic Canada

Year 3 – Fall Term

Practicum Preparation Classes: interviewing, resume writing, certification and licensure, preparation for final externship placement

Year 3 – Winter Term

CMSD7062 Externship Practicum: 12-week, full-time placement from January to March in Atlantic Canada, possibly in other provinces of Canada or internationally on occasion

ARRANGING PRACTICUM PLACEMENTS

The Academic Coordinators of Clinical Education (Clinical Coordinators) are solely responsible for arranging all practicum placements. Students **must not** contact sites or clinical educators directly—by phone, email, in person, or via family/friends/professional contacts—regarding potential placements**.** This includes sites where the student has previously volunteered, even if invited to "return for practicum." The only exception is for international externship placements, which follow a separate process (see below).

Both SLP and Audiology programs use an informal *Practicum Planning Table* to guide the placement process. Introduced at the end of the first year, it allows students to indicate their preferences and areas of interest.

Fall/Winter Practicum

- SLP placements are arranged at the Clinical Coordinator's discretion, based on:
    - Availability and scope of placements offered by sites
    - Student preference and area of interest
    - Whenever possible, students completing both fall and winter placements will experience different client populations. This cannot be guaranteed.
    - Once placements are finalized, the Clinical Coordinator provides tentative practicum dates, all necessary documentation, and a class timetable with eligible dates/times. Students and clinical educators are responsible for finalizing a mutually acceptable schedule.
- Audiology placements at the in-school clinics are arranged with a schedule with assigned dates and time at the beginning of each term.

Internship

- Students receive a list of available placement locations within Atlantic Canada at the start of the Winter Term of second year. Internship placements can occur at any time following April examinations through August 31 of the same academic year.

Externship Placements

- The majority of externship placements take place in the Atlantic Canada region. Externships are coordinated through established partnerships and formal agreements. In regions with an Audiology or Speech-Language Pathology program, approval from the host university is required before a visiting student can be placed within their clinical catchment area. As a result, placement opportunities in other provinces or countries may be limited or unavailable.
- Externships are arranged individually with the Clinical Coordinator based on each student's competency development needs and remaining clinical hour requirements. Planning discussions typically begin once internship assignments have been finalized. Students interested in completing an externship outside Atlantic Canada are strongly encouraged to discuss their request with the Clinical Coordinator before or during their summer internship to allow sufficient time for placement planning and coordination.

Additional Considerations

- For both internships and externships, students rank their top five preferences using the *Practicum Site Request Form* (Appendix A-1). Assignments are made based on these rankings, site availability, and program requirements. **Once assigned, changes may only be requested in cases of extreme, unforeseen hardship.**

- Practicum placements may not follow identical timelines for all students. Variations in site availability and placement sequencing can result in some students completing placements later than others, which may delay program completion or graduation.

- The internship and externship placements may require temporary relocation and involve financial, transportation, or logistical planning. While student preferences are considered, certain locations (e.g., Halifax Regional Municipality) are limited and highly competitive. Students must be prepared to relocate if necessary.

Procedures for International Practicum Placements

Externship placements in countries with educational models and professional certification standards equivalent to those in Canada may be considered for students in good academic standing who seek exposure to a specialized clinical caseload and have identified a site offering a unique learning experience. The process for arranging international practicum placements is as follows:

Step 1: The Student will review Dalhousie University's *International Learning Experiences: Before You Go* page https://www.dal.ca/campus_life/ile/before-you-go.html and contact the International Centre as necessary to discuss their plans for international placements: https://www.dal.ca/campus_life/international-centre.html.

Step 2: The student will complete the standard ***Practicum Site Request Form*** 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 supporting letters at the next scheduled faculty meeting for academic review. After the review, the Clinical Coordinator will inform the student of the outcome.

Step 4: Following a positive academic review, the student will research potential international sites that offer unique academic and clinical opportunities. The student will gather information regarding the site's ability to meet clinical goals and required placement hours. Details—including the site name, address, website, and contact person's email and phone number—must be submitted to the Clinical Coordinator. In collaboration with the Clinical Coordinator, the student will ensure that clinical supervision at the international site meets the same standards as Canadian placements. Clinical educators must hold the 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 the 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 for more information on financial support (such as the *Study/Work International Fund (SWIF)* and *Howard C. Clark International Study Award*), 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/ile/before-you-go.html.

Step 7: Third-year Audiology and Speech-Language Pathology students completing an approved international externship may be considered for the Mencher Family Award, valued at approximately $500, depending on endowment interest.

Eligibility:

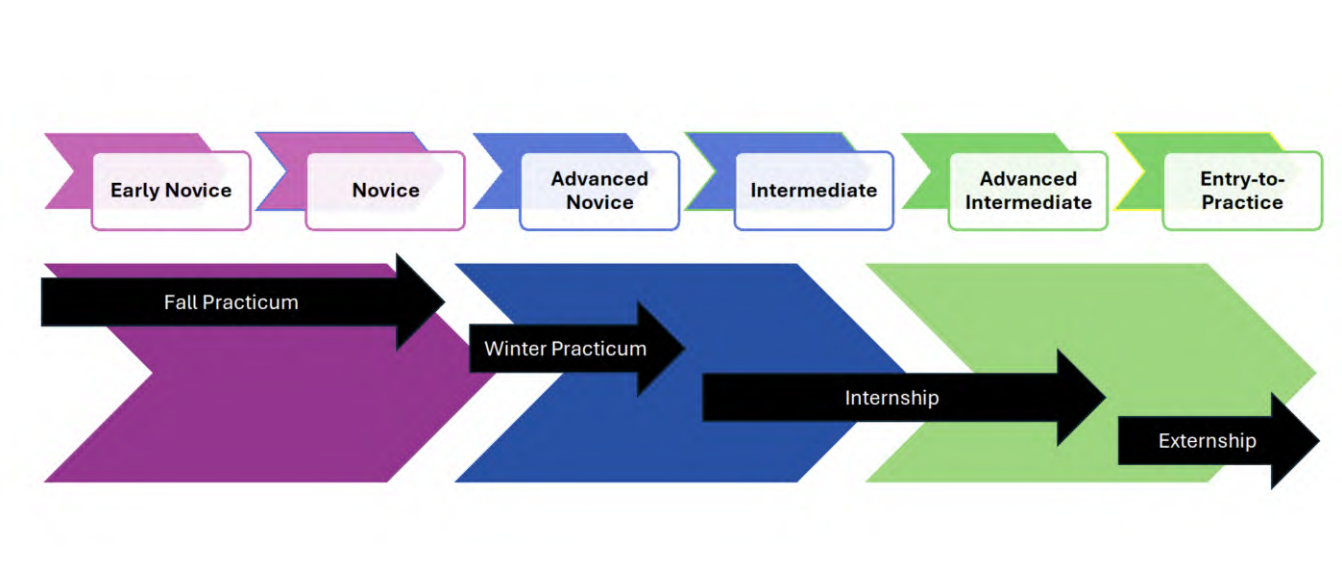
- Enrolled in the third year of the Audiology or Speech-Language Pathology program.
- Accepted for a supervised international practicum approved by the Faculty of the School of Communication Sciences and Disorders (SCSD).
- Demonstrates academic and clinical excellence and leadership potential.

Selection:
Students are automatically considered once their international placement is approved; a separate application is not required. If multiple students qualify, the Committee on Studies will select the awardee and may request additional information. The award is conferred once the international placement is confirmed. If no suitable recipient is identified in a given year, the funds are reinvested.

INTRODUCTION TO THE CLINICAL COMPETENCY FRAMEWORK

Competency Roles: Clinical and professional competencies progress across practicum experiences, from initial observation through internship to final externship. Early placements emphasize foundational skills such as observation, knowledge integration, and emerging professional behaviours (Knowledge Expert, Professional), with guided participation in clinical tasks. As students advance, they assume increasing responsibility for assessment and intervention, strengthening clinical reasoning, communication, and collaboration within interprofessional teams (Clinical Expert, Communicator, Collaborator). By the final externship, students are expected to function with greater independence and accountability, demonstrating integration of all competency roles—including effective caseload management, reflective practice, and application of evidence to practice (Manager, Scholar)—at a level consistent with entry-to-practice.

Rating scale: The rating scale (Early Novice, Novice, Advanced Novice, Intermediate, Advanced Intermediate, Entry-to-Practice) reflects the expected developmental progression of clinical and professional competencies across practicum experiences, from observation through internship to externship. In early placements, students are expected to perform at the Early Novice to Novice levels, demonstrating emerging skills with substantial guidance and support. As students gain experience, ratings should progress to Advanced Novice and Intermediate levels, reflecting increased consistency, clinical reasoning, and participation in assessment and intervention. In later placements, students are expected to achieve Advanced Intermediate performance, demonstrating integration of competencies with reduced supervision. By the final externship, students should demonstrate Entry-to-Practice competence, characterized by effective, consistent, and independent application of clinical and professional skills across competency domains, with appropriate consultation for complex cases.



PRACTICUM DESCRIPTIONS, OBJECTIVES AND EXPECTATIONS

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

Observations and Preschool Screenings

Students engage in structured observations of speech-language pathologists, audiologists, and other health professionals across multiple courses throughout the program. The initial observation occurs in the Introduction to Audiology and Speech-Language Pathology course during the fall semester of the first year. As part of this course, all students complete an observation with a practicing speech-language pathologist and/or audiologist, supporting early exposure to professional roles, scopes of practice, and clinical contexts.

At the end of the first year, students participate in speech-language, audiology, and literacy screening activities with preschool-aged children at local family resource and community health centres, where appropriate. This pre-practicum experience provides an introductory clinical learning opportunity with pediatric populations while supporting community-based screening initiatives.

These early clinical learning activities reflect a developmental competency progression, moving from exposure (observation of professional practice) to guided participation (supported involvement in screening activities), and ultimately toward independent practice in later practicum placements.

The screening experience is formative in nature and does not include formal summative assessment of clinical competence. Instead, students are expected to demonstrate emerging competencies appropriate to their stage of training, including professionalism, interpersonal and communication skills, collaboration, and foundational clinical skills relevant to screening in speech-language pathology and/or audiology. Students are also expected to demonstrate responsiveness to feedback, including reflection on guidance provided by supervisors or mentors and adjustment of behaviour and practice accordingly.

Fall Practicum Placement

The Fall Practicum Placement occurs during the first semester of the second year of study and represents students' first summative clinical placement within the program. The placement consists of up to 10 half-days or 5 full days of supervised clinical experience and may employ a reciprocal peer coaching model, in which student pairs observe one another and provide structured, consultative feedback to support reflective learning and skill development. In addition to on-site clinical experience, students are required to participate in Clinical Methods coursework and practicum preparation meetings, which support the integration of academic content with clinical practice.

All Fall Practicum Placements for SLP students are located in Halifax or surrounding areas (typically within a one-hour commute) and may take place within the School's Clinics, Hearing and Speech Nova Scotia, or private

practice clinics. Students are responsible for transportation and all costs associated with practicum participation. All Fall Practicum Placements for Audiology students are located at the in-school clinics.

Students are expected to actively engage in clinical activities under the direct supervision of a clinical educator, with opportunities for guided participation in assessment and intervention tasks appropriate to their stage of training (see **Appendix D-4**) for examples of suitable clinical activities). Students typically accrue approximately **20–30 clinical hours** during this placement.

Consistent with a competency-based framework, students are expected to demonstrate **entry-level novice to advanced novice competencies** and will typically require **100% supervision** when providing direct client care. The clinical educator's role during this placement is to **teach, explain, model, observe, and provide ongoing formative feedback**, supporting the student's progression from observation and guided participation toward increased clinical independence in subsequent placements.

Fall practicum students are expected to achieve the following clinical competency ratings in each section of the final Assessment of Clinical Competence Tool:

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

Unsatisfactory ratings in any core competency role indicate that **expected performance has not been achieved** for the Fall Practicum Placement. Clinical educators are encouraged to select **"not applicable (N/A)"** only when there has been **insufficient opportunity** for a student to develop or demonstrate a specific competency.

A **grade of Pass** may be assigned when expectations are met across the assessed clinical competency areas. A **grade of Fail** may be assigned when expectations are not met in one or more competency areas. In cases where expectations are not met, reference should be made to the **Management of Competency Concerns and Remediation** section and Appendix **B-7** for additional guidance, procedures, and examples that may result in a failing grade.

Winter Practicum Placement

The Winter Practicum Placement occurs during the winter term of the second year of study and builds upon the clinical learning achieved in the Fall Practicum Placement. The placement consists of up to 10 half-days or 5 full days of supervised clinical experience and continues to employ a reciprocal peer coaching model, in which

student pairs observe one another and provide structured, consultative feedback to support reflective practice and skill development. In addition to on-site clinical experience, students are required to participate in Clinical Methods coursework and practicum preparation meetings.

All Winter Practicum Placements for SLP Students are in Halifax or surrounding areas (typically within a one-hour commute) and may occur within the School's Clinics, Central Nova Scotia Health Authority; Hearing and Speech Nova Scotia, or private practice clinics. Students are responsible for transportation and all costs associated with practicum participation. All Fall Practicum Placements for Audiology students are located within the school in-house clinics.

This placement provides continued, developmentally progressive hands-on clinical experience with pediatric and/or adult populations. Students are expected to actively engage in clinical activities under the supervision of a clinical educator, with opportunities to further develop assessment and intervention skills appropriate to their stage of training (see Appendix D-4 for examples of suitable clinical activities). Students typically accrue approximately **20–30 clinical hours** during this placement.

Consistent with a competency-based framework, students at this stage typically continue to require **100% supervision** when providing direct client care. The clinical educator's role is to **teach, explain, model, observe, and provide ongoing formative feedback**, supporting the student's continued progression toward greater clinical competence in subsequent placements.

Winter practicum students are expected to achieve the following clinical competency ratings in each section of the final Assessment of Clinical Competence 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 in any core competency role indicate that **expected performance has not been achieved** for the Winter Practicum Placement. Clinical educators are encouraged to select **"not applicable (N/A)"** only when there has been **insufficient opportunity** for a student to develop or demonstrate a specific competency.

A **grade of Pass** may be assigned when expectations are met across the assessed clinical competency areas. A **grade of Fail** may be assigned when expectations are not met in one or more competency areas. In cases where expectations are not met, reference should be made to the **Management of Competency Concerns and**

Remediation section and Appendix B-7 for additional guidance, procedures, and examples that may result in a failing grade.

Internship Placement

This intensive practicum placement occurs in the spring/summer term of the second year of study. The full-time (minimum of 4 days/week), 10–12-week practicum placement takes place within Atlantic Canada (NS, NB, PEI, or NFLD) 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.

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. In general, students in the internship placement should be provided with direct or close supervision during all client care. At a minimum, the school 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 ((see Appendix D-5 for examples of suitable clinical activities)).

Internship students are expected to achieve the following clinical competency ratings in each section of the final Assessment of Clinical Competence Student Evaluation Form:

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

Unsatisfactory ratings in any core competency role indicate that **expected performance has not been achieved** for the Internship Practicum Placement. Clinical educators are encouraged to select **"not applicable (N/A)"** only when there has been **insufficient opportunity** for a student to develop or demonstrate a specific competency.

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 **Management of Competency Concerns and Remediation** Section and Appendix B-7 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 (minimum of 4 days/week), 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 should review the international placement guidelines.

The purpose of the externship is to develop a student's clinical competence to meet entry-level professional standards for audiologists and speech-language pathologists. 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 an entry-level clinician, capable of managing a full-time (or close to full-time) caseload. At a minimum, the school 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 (see **Appendix D-5** for examples of suitable clinical activities).

Externship students are expected to achieve the following clinical competency ratings in each section of the final Assessment of Clinical Competence Student Evaluation Form:

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

Unsatisfactory ratings in any core competency role indicate that **expected performance has not been achieved** for the Externship Practicum Placement. Clinical educators are encouraged to select **"not applicable (N/A)"** only when there has been **insufficient opportunity** for a student to develop or demonstrate a specific competency.

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 **Management of Competency Concerns and Remediation** section and Appendix B-7 for more details and specific examples that may result in a failing grade).

Placement structures (e.g., split placements) may affect a student's ability to meet standard competency expectations. In such cases, the Clinical Coordinator will consult with the clinical educator(s) to determine if the student is meeting competencies appropriate to the experience gained. Minimum competency expectations may be adjusted accordingly.

Entry-to-Practice Competence:
Entry-to-practice does not mean the student can perform the full role of a clinical educator. By the end of the final placement, students should demonstrate the skills of a new graduate: competent, still learning, refining efficiency, and seeking mentorship for complex cases.

PRACTICUM POLICIES

From the administrative perspective, the following policies are essential for navigating the practicum process at the School of Communication Sciences and Disorders:

Becoming a Clinical Educator

SCSD requires that clinical educators have a minimum of one year of work experience, hold a master's degree (or equivalent) in audiology, and are licensed to practice as a audiologist in their province/country of residence (if applicable).

Document Submission Requirements

When submitting documents for practicum, students will use the following naming convention:

Last Name, First Name – Document Name (e.g., Doe, Jane – Student Acknowledgement Form; Doe, John – Criminal Record Check with Vulnerable Sector Search).

Please note: Photographs of practicum documents or forms are not accepted; please provide documents in pdf format.

Prior to each practicum placement, students will comply with the following document requirements:

- Clear Criminal record check with vulnerable sector search
- Clear Child abuse registry check
- Up-to-date immunizations and TB test
- Complete and send ***Student Placement Profile*** to clinical educator (Appendix A-2)
- Review and sign the *Student Acknowledgement form* (Appendix A-3) and ***Record Check & Immunization Waiver*** (Appendix A-4)
- Review relevant course notes and any readings, materials, tests, etc. recommended by the clinical educator.

There may be additional requirements/documents 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 by the deadline may result in postponement or even cancellation of the practicum experience, which would likely mean a delay of graduation.

During the first week of placements, the **Clinical Education Contract** (Appendix B-1) must be filled out by the student and clinical educator. This document formalizes objectives, activities, methods of instruction, and feedback/evaluation expectations.

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

- **ACC Assessment of Clinical Competence Tool** (Appendix C-1 SLP) (Appendix C-2 AUD)
- **Student Feedback to Clinical Educator Form** (Appendix C-3)
- **Clinical Practicum Hours Form** (Appendix C-4 for SLP; Appendix C-5 for AUD)

It is the student's responsibility to ensure that completed 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 completed documentation within the required timeframe could delay the posting of a grade for the practicum experience, thereby potentially delaying graduation.

Code of Conduct

Students are expected to follow the *SCSD Code of Conduct* and the *Dalhousie University Code of Student Conduct* during their time at Dalhousie University, including within practicum placements. ***(Professional (7.b))***

Code 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) in the province where a practicum placement is completed, at all times. ***(Professional (7.b))***

Professional and Practice Standards

Students are required to adhere to the *Practice Standards* and *Professional Standards* outlined by the regulatory body (e.g., NSCASLP) in the province where a practicum placement is completed, at all times. Professional and practice standards define the minimum expectations that guide the practice of speech-language pathologists and audiologists. ***(Professional (7.c))***

Social Media and Electronic Communication

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* during all practicum placements. Further, students are expected to review the document prior to beginning each practicum placement. ***(Professional (7.c))***

Use of Generative Artificial Intelligence (AI)

While the use of generative artificial intelligence (AI) is growing within our profession, practicum placements require that students develop clinical reasoning, problem solving and self-reflection skills to achieve clinical competencies. Student use of generative AI in practicum settings is possible, under the following strict guidelines:

- Students must demonstrate foundational competencies and clinical skills before incorporating AI into clinical practice. For example, students must first demonstrate the ability to independently produce appropriate reports and chart notes before being permitted to use AI-enabled tools within electronic medical record systems.
- Students may only use generative AI tools in practicum with the **consent** of their clinical educator
- Students must follow all practicum site and university guidelines around the use of generative AI, failing to do so would constitute plagiarism and violate site policies and/or professional ethics resulting in possible dismissal from a practicum placement
- Any patient health information (PHI) is **not** to be shared within generative AI tools, such sharing is a breach of patient confidentiality
- Students must disclose or reference all use of generative AI, while also showing clear evidence that they have reflected upon its results

AI misuse or failure to disclose is evaluated under "Professional" (7.b Practices Ethically) and that successful AI integration is evaluated under "Scholar" (5.a Professional learning).

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. ***Professional (7.a)***

Dress Code

As outlined in the section ***Roles and Responsibilities of the Student*****,** students are responsible for fulfilling all administrative and professional obligations associated with their practicum placement. Professional attire is an essential component of meeting these obligations. Students are expected to dress in a manner that is appropriate to the clinical environment and consistent with site-specific policies. Attire must align with safety requirements established by the placement setting (e.g., closed-toe shoes, infection control standards, mobility considerations). Students are also expected to exercise sound professional judgment in selecting clothing that supports safe, effective, and respectful client care, while considering reasonable personal financial constraints. ***Professional (7.a)***

If there is any uncertainty regarding appropriate attire for a specific site, students must seek clarification in advance from their clinical educator or the Clinical Coordinator.

Personal Identification

While participating in any observation or practicum experience, students must wear an official identification badge issued by Dalhousie University or by the practicum site. The badge must be always worn and clearly visible while on site. Failure to wear required identification may result in the student being asked to leave the clinical setting for that day. Repeated non-compliance may be addressed as a professionalism concern.

Students who lose or damage their identification badge must arrange for a replacement promptly by contacting the Administrative Secretary. It is the student's responsibility to ensure valid identification is in place before attending practicum. ***Professional (7.a)***

Attendance

Attendance at practicum is mandatory. Full participation is a core professional expectation and a requirement for successful completion of clinical coursework. Legitimate absences include illness or bereavement. Absences due to academic workload, exams outside the scheduled practicum term, part-time employment, travel, or personal commitments are not acceptable.

Students are expected to arrive on time for all scheduled shifts. Repeated lateness may be addressed as a professionalism concern and can impact evaluation. If a student must be absent due to illness or emergency, they are required to notify the clinical educator as soon as possible so that client appointments can be cancelled or rescheduled appropriately. Failure to provide timely notification may be addressed as a professionalism issue. Extended or repeated absences must be discussed with the Clinical Coordinator and may affect course progression or completion timelines. ***Professional (7.a)*** *and* ***Manager (6.a)***

Please refer to **Student's Responsibilities during Clinical Educator Absence** (Appendix D-5) for additional information.

Practicum Schedules

The specific schedule for each practicum placement is determined by the practicum site and/or the clinical educator. Factors such as caseload demands, clinical educator availability, organizational workflow, and staffing patterns will dictate when and how a site can accommodate a student.

Students are required to comply fully with the schedule established by the site. Availability to meet the site's scheduling requirements is a condition of placement. Any circumstance that limits a student's ability to participate within the site's designated timeframe may result in cancellation of the placement.

Examples of scheduling conflicts that may jeopardize a placement include, but are not limited to:

- Pre-planned or unplanned vacations
- Weddings or family events
- Employment commitments
- Transportation limitations
- Housing or relocation issues
- Non-urgent personal obligations

While illness and emergencies will be managed in accordance with program and site policies, students are expected to proactively plan their personal, employment, and travel commitments around practicum requirements.

Changes to Practicum

Any unilateral change initiated by a student to a confirmed practicum placement (e.g., withdrawal, schedule alteration, refusal of assigned site, or modification of agreed-upon dates) may result in cancellation of that placement. If a placement is cancelled on this basis, the associated practicum course will be considered cancelled, and an alternate clinical experience will not be arranged during that term.

A replacement placement may be scheduled later, subject to site availability and the academic calendar. In practical terms, this may require resequencing of clinical courses. For example, a summer internship could be deferred and initiated in the Winter Term of Year 3, with the externship postponed until completion of the internship. Such changes will likely delay progression through the clinical sequence and may result in a delayed graduation date.

Circumstances beyond the control of the School of Communication Sciences and Disorders (SCSD) may disrupt confirmed practicum placements. Disruptions may include, but are not limited to:

- Changes in site staffing or preceptor availability
- Changes in site ownership or operational structure
- Changes in a student's academic or professional standing
- Health care system restructuring or service delivery interruptions
- Public health emergencies, disease outbreaks, or natural disasters
- Broader institutional or governmental directives

In the event of a disruption, the Clinical Coordinator will work directly with the student to mitigate the impact on course sequencing and clinical hour accumulation wherever reasonably possible. However, some

circumstances may be unavoidable and may result in additional financial costs to the student, delayed course completion, delayed progression to the next year of study, or delayed graduation from the program.

Privacy and Confidentiality

One of the most fundamental components of clinical performance—and therefore student performance—is the protection of client/patient privacy and confidentiality. Students are required to comply fully and consistently with all practicum site policies and procedures related to privacy, security, and confidentiality.

Prior to the start of each placement, students must review the applicable standards of the regulatory body in the jurisdiction where the placement occurs (e.g., NSCASLP Standard Statement Privacy and Confidentiality, NSCASLP Standard Statement Record Keeping and Documentation). Students may also be required to complete site-specific training or policy review related to privacy and security before beginning clinical activities.

Client/Patient Files

Students may have access to paper and/or electronic records for clients involved in their practicum. Access is strictly limited to what is necessary for clinical learning and service provision and must follow the procedures established by the practicum site.

- Electronic health record systems must be accessed only on secure, site-approved computers.
- Students must log out of electronic systems whenever leaving the room or workstation.
- Access from personal devices or from home is prohibited unless explicit written authorization has been provided by the clinical educator and/or site.
- Client files must be reviewed only on the premises where they are maintained. Under no circumstances may files (paper or electronic) be removed from the facility.

All information contained in a client record is confidential and must be treated accordingly.

In limited circumstances, a student may wish to retain a copy of a report they authored (e.g., assessment or treatment report) for educational or professional portfolio purposes. In such cases:

1. The student must obtain prior permission from the clinical educator; and
2. If permission is granted, all direct and indirect identifiers (e.g., name, address, date of birth, health card number, unique clinical details) must be permanently removed to ensure full de-identification.

Consent to Release Information

No reports or client information may be released without a current, signed consent to release information form completed by the client or, where applicable, a caregiver, parent, or legal guardian.

Before transmitting any written report to an external agency or individual, the student clinician must:

- Confirm that a valid, current consent form is on file; and
- Verify whether the client has specified any limitations regarding who may or may not receive information.

Clients may authorize disclosure to certain individuals or organizations while restricting others; these limitations must be strictly respected. If a student is contacted directly—by phone, email, or in person—by someone requesting information about a client, the student must not provide any information and must refer the inquiry to the clinical educator or appropriate site supervisor.

Non-Compliance

Failure to adhere to privacy, security, and confidentiality requirements may constitute professional misconduct and may result in disciplinary action, including immediate termination of the practicum placement. ***Professional (7.b)***

Use of Materials and Equipment

Practicum sites maintain clinical materials and equipment for the assessment and treatment of clients. Students are expected to use the resources available at the site where services are being delivered (e.g., standardized test protocols, stimulus materials, therapy tools, toys) rather than removing materials for use elsewhere. Clinical materials must not be removed from the facility without prior approval from the clinical educator. If a student is granted permission to use materials off-site, the student assumes responsibility for their appropriate care and timely return. Materials that are lost, damaged, or destroyed while in a student's possession may be the student's financial responsibility to replace. All materials must be returned promptly to their designated storage locations to ensure availability for other clinicians and students.

Electronic devices and systems owned by the practicum site (e.g., computers, tablets, external storage devices, clinical software platforms) must be used strictly in accordance with site policies, including privacy, security, and infection control requirements. Students are responsible for reviewing and complying with site-specific policies governing the use of electronic devices for clinical and educational purposes prior to engaging in clinical activities. ***Manager (6.a)***

Site Specific 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. ***Professional (7.c)***

Unclear or Failed Record Checks

Dalhousie University's Faculty of Health does not require criminal record checks or other screening procedures (e.g., vulnerable sector search, child abuse registry) for admission to its programs. However, students should be aware that many practicum sites and facilities require these checks and may refuse placement to students with unclear criminal record checks, criminal convictions, or failed vulnerable sector or child abuse registry searches. Students who are unable to complete a practicum due to failure to meet a site's screening requirements, or who are denied access based on these checks, may fail the practicum and, in some cases, may be ineligible to progress in or graduate from their program.

Please see the Faculty of Health's *Statement Regarding Criminal Record Checks* at https://www.dal.ca/faculty/health/current-students/student-policies-and-procedures.html for more information.

PRACTICUM PROCEDURES

The following procedures aim to guide both students and clinical educators engaged in practicum placements via the School of Communication Sciences and Disorders:

Pre-Placement Preparation

Student Preparation

Prior to commencing each practicum, students are asked to complete the **Student Placement Profile form** (SPP) (Appendix A-2) and send it directly to their clinical educator. This form allows the clinical educator to prepare for the placement and determine what experiences/knowledge the student has gained prior to beginning the placement. The SPP should be given to the student's clinical educator prior to each placement.

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

Clinical Educator Preparation

All speech-language pathologists and 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 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 clinical coordinator.

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

- **Student Placement Profile** (Appendix A-2)
- Formative Clinical Skills Checklists; Session or Weekly Feedback Forms and Student Self-Evaluation Form (Appendices B-2;B-3;B-4) (optional)
- Assessment of Clinical Competence Tool (ACC) (Appendix C-1 for SLP; C-2 for AUD)
- Clinical Hours requirements (Appendix C-4 for SLP; C-5 for AUD)
- Timeline Guidance for Competency Progression (Appendices D-1; D-2; D-3)
- Clinical and Professional Activity Ideas (Appendix D-4)
- SCSD Competency Expectations by Placement (Appendix D-6)

Site Orientation

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 expected to outline the goals for the practicum term by completing the **Clinical Education Contract** (Appendix B-1). Use of the contract helps define the expectations of the clinician and student for the placement. This contract may be reviewed and updated throughout the term.

Practicum Progression Guidelines

Suggested guidelines for practicum progression have been developed to help guide the clinical education process. The guidelines can be found in Appendices D-1; D-2; D-3 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, Speech-Language & Audiology Canada suggests that 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 (fall practicum, winter practicum, internship, or externship placement). Supervision should include direct observation, positive and constructive feedback, and guidance to allow the student to evaluate and improve his/her performance and ultimately develop clinical competence.

As a 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 all 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, tracheoesophageal puncture care/voice prosthesis placement, and dysphagia assessment

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 speech-language pathology students completing fall and winter practicum placements 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 they are 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 the clinical educator plans to be away.

Reciprocal Peer Coaching Model

Reciprocal peer coaching is a cooperative learning model in which pairs or small groups of students observe one another and provide structured, consultative feedback within practicum placements. This model may be implemented during fall and winter practicums as well as internships. Peer coaching supports clinical reasoning by creating space for students to analyze cases, reflect on performance, and collaboratively generate solutions. It promotes development of problem-solving, communication, collaboration, and professional confidence.

When participating in reciprocal peer coaching, students are expected to establish clear agreements regarding:

- Methods of feedback (e.g., verbal or written; balanced, solution-focused, respectful communication)
- Roles and responsibilities within sessions
- Expectations for individual versus shared clinical tasks
- Practical considerations (e.g., shared travel costs, scheduling logistics)

In practice, students may divide responsibilities during assessment and treatment sessions, co-develop therapy plans, and collaborate on clinical projects.

- Clinical educators should be involved in determining how the peer coaching model will function within the placement, including expectations for supervision, documentation, individual performance evaluation, and post-session feedback.

(***Communicator 2.a; Collaborator 3.a; Scholar 5.a; Professional 7.a)***

Treatment Planning During Practicum

Students may be expected to prepare a session plan prior to each client appointment and complete appropriate clinical documentation (e.g., treatment log, medical record entry, or SOAP note) following the session. The session plan outlines the objectives and procedures for the appointment, while the SOAP or medical record note summarizes key elements of the session, including observations, clinical analysis, and implications for future care.

These plans and notes support communication between the student and the clinical educator. Session plans are to be submitted to the supervising clinical educator prior to the appointment, according to a schedule established by the student and clinical educator. Plans should be reviewed and returned before the session so the student can adjust expectations regarding client performance or modify procedures based on the clinical educator's feedback.

SOAP notes or other clinical documentation may be submitted regularly for review or comment, according to a schedule determined jointly by the student and clinical educator. Preparing session plans and clinical documentation provides students with essential training in clinical reasoning, professional writing, care planning, and record-keeping—core competencies required for effective professional practice. Structured planning and documentation also support efficient and effective client care by facilitating ongoing evaluation of progress toward goals and appropriate modification of those goals when needed.

(***Clinical Expert (1.3.a) and Communicator (2.b))***

Report Writing During Practicum

Students are expected to practice writing reports and/or chart notes during their practicum placements. Evaluation report templates and samples will be provided to students within coursework, including the Clinical Methods course. Students and clinical educators should discuss which templates should be used during the practicum placement, as many sites will have their own report templates that students may be expected to use. (***Communicator (2.b))***

Clinical Reasoning Skill Development

Students Strategies

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

- Use the **Student Self-Evaluation Form** (see Appendix B-5) to evaluate your skills and performance on a session-by-session or weekly basis
- Use treatment plans and logs to help plan each session and to determine when and how to make changes for the next session
- 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 – ensuring client confidentiality
- Try to answer your own clinical questions
- Ask yourself, "What will I do?" and "Why am I doing it?" when planning for a client

Clinical Educator Strategies

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
- Encourage your student to make predictions about a client or clinical case

(Role of Knowledge Expert (1.1); Role of Scholar 5.a)

Competency Development Through Evaluation and Feedback

Clinical education is a competency-based process in which students progressively develop the clinical, professional, and technical skills required for entry-level practice. Ongoing feedback and evaluation from clinical educators support this development and help students monitor their progress toward competency.

Formative Feedback During Practicum

Students and clinical educators engage in regular feedback exchanges throughout the practicum. Clinical educators provide guidance and feedback on the student's developing competencies, including clinical reasoning, client interaction, technical procedures, documentation, and professional conduct.

Students are expected to engage in reflective practice by evaluating their own performance and identifying areas for improvement. Informal feedback tools (e.g., session feedback forms, weekly feedback forms, and self-evaluation checklists) may be used throughout the placement to support ongoing learning and development. Students are expected to reflect on their clinic and professional skills on an ongoing basis. Students may complete and share the self-evaluation (B-5) form anytime during the placement.

Formal Competency Evaluations

Formal evaluations are required from both the student and the Clinical Educator at the end of each practicum placement. Midterm evaluations must be completed if performance concerns arise. Evaluations assess the student's performance across relevant competency domains and document progress toward entry-level clinical practice.

As part of the formal evaluation process, students also provide feedback on the Clinical Educator's professional, clinical, and supervisory practices, contributing to continuous improvement in practicum experiences.

Preparation for Effective Feedback

The Academic Coordinator of Clinical Education (Clinical Coordinator) provides guidance to both students and clinical educators on effective feedback practices prior to the start of the placement. Students receive this preparation during practicum preparation courses, while clinical educators receive supporting materials and/or a presentation once a placement has been confirmed.

Evaluation and Feedback

Formative feedback tools, including performance checklists, session and weekly feedback forms, and student self-evaluation forms, are available in **Appendices B-2, B-3, B-4, and B-5**. These tools can be used during practicum to support competency development between formal evaluations. Formal Assessment of Clinical Competency Tools are provided in **Appendix C-1 (SLP)** and **Appendix C-2 (AUD)**. The **Feedback to Clinical Educator form** is provide in Appendix C-3.

Assessment of Clinical Competence (ACC)

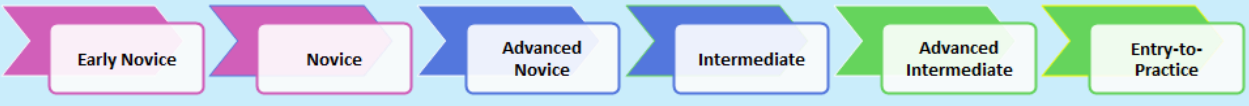
The **Canadian Assessment of Clinical Competence (ACC) Tool** (Appendix C-1 for SLP; Appendix C-2 for AUD) is a competency-based assessment tool used to evaluate student performance during clinical placements in speech-language pathology and audiology.

The ACC was developed by the Canadian Academic Coordinators of Clinical Education (CACCE), representing all twelve Canadian university programs in speech-language pathology and audiology. The tool is based on the national entry-to-practice competency profiles developed in 2018, which define the knowledge, skills, and professional behaviours required for safe and effective clinical practice in Canada. These competencies form the foundation of accredited audiology and speech-language pathology curricula across the country.

The ACC translates these professional competencies into a framework suitable for evaluating students across different stages of clinical training. It assesses performance across seven professional roles expected of entry-to-practice clinicians: **Expert (Knowledge and Clinical), Communicator, Collaborator, Advocate, Scholar, Manager, and Professional.** Each role includes essential competencies and associated sub-competencies that students are expected to progressively demonstrate throughout their clinical education.

The tool uses a developmental rating scale that describes performance along a continuum from **Early Novice** to **Entry-to-Practice**, with **Unsatisfactory** available to indicate significant performance concerns. Over the course of the master's program, students are expected to progress from Early Novice (typically during their first practicum experiences) to Entry-to-Practice by the completion of their final placement.

Specific expectations for performance at different stages of practicum are outlined in the **Practicum Descriptions, Objectives, and Expectations** section.



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

Clinical educators are required to complete the **ACC Assessment of Clinical Competency** at the end of the placement. Prior to submission, the student and clinical educator(s) must schedule a meeting to review and discuss the evaluation, providing an opportunity for clarification, reflection, and feedback on the student's progress.

When completing the evaluation, clinical educators are encouraged to review the **performance targets for the specific placement (Appendix D-6)**, which outlines the expected level of competency development by the end of each practicum. These benchmarks support consistent evaluation of student performance relative to the developmental stage of the placement.

For the Dalhousie School of Communication Sciences and Disorders (SCSD) program, the **minimum expected achievement levels for each competency role by the end of each placement** are outlined below:

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

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

- Assessment of Clinical Competence Student Evaluation Tool (Appendix C-1 for SLP; Appendix C-2 for AUD)
- Student Feedback to Clinical Educator Form (Appendix C-3)
- Clinical Hours Form (Appendix C-4 for SLP, Appendix C-5 for AUD)

Copies of these forms, in full, must be submitted to the Clinical Coordinator, as instructed, **within one week from the last day of placement.** Failure to provide fully completed documentation within the required timeframe could delay the posting of a grade for the practicum experience, thereby potentially delaying graduation.

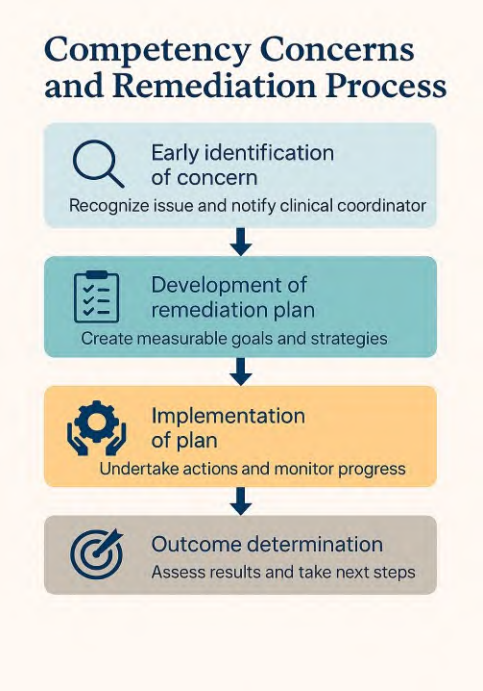
Practicum performance at the school is based on a pass/fail grading system. Clinical Educators are not required to provide a grade, as this is assigned by the SCSD Academic Coordinator of Clinical Education.

Student Feedback to Clinical Educator

Students provide informal feedback to their clinical educator regarding the practicum experience at midterm (usually the fifth week of the fall and winter practicum placements and the 6th week of the internship and

externship placements) and formally at the end of the placement. Students must complete the Student **Feedback to Clinical Educator Form** (Appendix C-3) at the end of the practicum and provide copies to the clinical educator and the Clinical Coordinator.

Management of Competency Concerns and Remediation



The Dalhousie SCSD program follows a **competency-based approach** to clinical education. Student performance is assessed against the clinical competency expectations defined in Appendix D-6 and the **Canadian Assessment of Clinical Competence (ACC)** competency roles. The following procedures apply when a student is not meeting expected competencies during a practicum placement.

Early Identification of Competency Concerns

If a clinical educator observes that a student is performing below the expected standard or is not progressing toward the required competencies, they will **discuss the concern with the student immediately**. Early identification allows for timely feedback and supports the student's opportunity for growth. Following this discussion, the Academic Coordinator of Clinical Education (Clinical Coordinator) must be notified to provide guidance and determine if a formal remediation plan is needed.

Competency Development and Remediation Plan

A remediation plan is developed collaboratively by the Clinical Coordinator and clinical educator, with input from the student. The plan:

- Clearly identifies **specific ACC competency roles and associated competencies** that require improvement.
- Outlines **measurable goals** and **targeted strategies** to support skill development.
- Specifies a **timeline for achieving the identified competencies**.
- Defines **methods for monitoring progress** during the placement.

When appropriate, the Clinical Coordinator may consult faculty members with expertise in areas of deficiency. In some cases, a remediation plan may be initiated prior to the start of a clinical placement or between placements, if concerns arise from coursework or School-based clinical activities (e.g., preschool screenings). Relevant information may be shared with future clinical educators to ensure continuity of support.

The Clinical Coordinator will inform the Director and/or Graduate Coordinator once the remediation plan is established. The clinical educator and Clinical Coordinator will monitor the student's progress toward the goals and competencies throughout the placement.

Outcome Determination

At the end of the practicum placement, the student's progress is evaluated relative to the remediation plan and ACC competency expectations:

- **Pass:** The student demonstrates the required competencies for the placement.
- **Placement Extension:** If the student can achieve the competencies but requires additional time, the placement may be extended with the same or a different clinical educator. Extensions may result in a delay in program completion and do **not guarantee successful attainment** of competencies.
- **Fail:** If the student does not demonstrate sufficient progress toward the remediation goals or fails to achieve the required competencies by the end of the placement, a grade of **Fail** may be assigned.

Throughout this process, the clinical educator and Clinical Coordinator maintain ongoing documentation and communication regarding the student's progress. Updates are provided to the Director and/or Graduate Coordinator as needed.

For additional details, please see **Appendix B-7****.**

Managing Conflict/Difficult Situations

Conflict or difficult situations may arise in the practicum setting for a variety of reasons, including unclear roles or expectations, miscommunication, gaps in knowledge, skills, or competencies, personality differences, time or caseload pressures, limited resources or space, differing learning or working styles, and generational differences. Unresolved conflicts can significantly affect the quality of the learning experience.

Students and clinical educators are encouraged to address conflicts early and collaboratively. Effective strategies may include:

- Identifying and addressing issues promptly
- Communicating openly and directly
- Developing mutually agreed-upon expectations or contracts
- Sharing responsibility in finding solutions
- Demonstrating flexibility and adaptability
- Negotiating and respecting differences in learning, working, or generational styles

Students are responsible for communicating any concerns about a placement to their clinical educator and/or the Clinical Coordinator rather than hoping things will get better over time. Clinical educators have a reciprocal responsibility to communicate any concerns regarding the student's performance or the learning environment to the student, Clinical Coordinator, and/or designated manager.

If a conflict or issue cannot be resolved between the student and clinical educator, the Clinical Coordinator should be notified promptly. The Clinical Coordinator will provide guidance, suggestions, and strategies to help resolve the issue and support remediation as needed.

In exceptional circumstances, the Clinical Coordinator may withdraw a student from a supervisory situation if it is necessary to maintain a safe or effective learning environment. Similarly, if a student chooses to withdraw from a practicum placement without legitimate cause or through bypassing official procedures, a grade of Fail may be assigned.

In the competency framework, conflict management is explicitly evaluated under the Role of Professional (7.a), which assesses the maintenance of a professional demeanor during difficult situations, and the Role of Collaborator (3.a), which focuses on resolving misunderstandings and conflicts to enhance team collaboration and client outcomes.

Clinical Hours Records

Students are required to record all clinical contact hours using the Clinical Practicum Hours form. At the end of each practicum term, students must submit the form to their clinical educator(s) for review and signature, verifying the practicum experience. The signed forms should then be submitted to the Clinical Coordinator. It is the student's responsibility to maintain an accurate and complete record of all clinical contact hours throughout each placement.

A minimum of 350 clinical hours is required for graduation. The School of Communication Sciences and Disorders adheres to accreditation standards, which mandate that hours be distributed across a variety of practice areas and client populations. Detailed requirements can be found in **Appendix C-4 (SLP) and Appendix C-5 (AUD).**

Prior to graduation, students must complete the **Summary of Clinical Practice Hours form (Appendix E-1 for SLP; E-2 for AUD)** and submit a copy to the Clinical Coordinator for verification and signature. In addition, students should complete the **Document Request Form for Certification and Provincial Licensure** (Appendix E-3) following the externship placement to ensure that all required forms and letters are sent to the appropriate regulatory body or professional college.

Students are responsible for reviewing and understanding the licensing requirements of the college in the province where they plan to practice after graduation (e.g., NSRASLP, CASLPO).

Counting Clinical Hours

Students accumulate clinical hours throughout the program by actively participating in clinical activities. Only time spent in direct engagement with clients or client-related activities can be recorded on the Clinical Practicum Hours form.

Student participation exists on a **continuum of involvement**:

1. **Observer:** No active participation — hours do **not** count.
2. **Guided or Active Observation:** Student participates at some level under supervision.
3. **Shared Supervised Clinical Activity:** Student shares responsibility for client care under supervision.
4. **Solo Supervised Clinical Activity:** Student independently implements sessions under supervision.

Examples of activities that may count as clinical hours include:

- Collecting language samples or phonetic repertoires
- Recording assessment data (formal or informal) and comparing results with the clinical educator
- Scoring or completing assessments under the supervision of the clinical educator
- Making structured observations of client communication
- Developing potential goals or rationales for review by the clinical educator

Note: This list is not exhaustive; other active clinical activities may also be counted.

Ancillary activities—such as report writing, record keeping, materials preparation, e-learning modules and session planning—are **not counted as clinical hours**, although they are recognized as an important indirect component of client care. For detailed clinical hour forms and requirements, see **Appendix C-4 (SLP)** and **Appendix C-5 (AUD)**.

When a client's needs span multiple clinical areas (e.g., a client with both aphasia and apraxia or a pediatric or special population), hours may be allocated across categories based on the proportion of time spent addressing each area. Students with questions about recording hours for varied caseloads should contact the Clinical Coordinator for guidance.

Minor Hours

Speech-language pathology students are required to complete a minimum of **20 audiology hours** over the course of the program, while audiology students must complete a minimum of **20 speech-language pathology hours**.

The purpose of these minor area experiences is to develop a broad understanding and appreciation of the complementary discipline, rather than to achieve independent clinical proficiency. Competencies in the minor area may include, for example:

- Interpreting assessment results
- Recognizing when referral to a specialist is required
- Adjusting communication approaches for clients with disorders in the minor area

Whenever possible, minor area clinical hours should be supervised by a clinician certified in that discipline. Students are encouraged to seek opportunities to complete minor area hours during their internship and externship placements, as well as through SCSD minor hour opportunities offered throughout the academic year.

Grades for Practicum

Practicum placements at the School of Communication Sciences and Disorders are evaluated on a **Pass/Fail** basis. Clinical educators provide formal feedback and assessment of the student's performance, but the final grade is assigned by the Clinical Coordinator.

Grades are assigned at key points in the program:

- Upon completion of the Clinical Methods course in the second year (including part-time fall and winter placements)
- At the end of the internship
- At the end of the externship

A student receives a Pass or Fail grade based on their ability to demonstrate the expected clinical competencies for each placement, as reported by the clinical educator(s) and verified by the Clinical Coordinator.

Interprofessional Collaborative Practice (IPCP) & Interprofessional Education (IPE)

Students will participate in at least six meaningful interprofessional collaborative learning experiences during their studies, as determined and approved by the School. These experiences must involve undergraduate/graduate students or professionals from at least four different health professions with natural linkages to speech-language pathology or audiology. At least one IPE experience will occur in a practice setting.

Practicum placements provide additional opportunities for students to engage in interprofessional teams, which may include parents/caregivers, teachers, resource staff, psychologists, early education specialists, occupational therapists, physiotherapists, otolaryngologists, radiologists, and other professionals.

Students are required to complete the IPE tracking form annually, which will be graded on a Pass/Fail basis by the School. A completed IPHE Tracking Form should be given to the SCSD Administrative Secretary at the end of each academic year. ***Collaborator (3.a)***

Scope of Practice

S-LPs and Audiologists 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, refer to SAC's Scope of Practice for Audiologists Sand SAC's Scope of Practice for Speech-Language Pathology document. SCSD students are expected to adhere to the S-LP or Audiology scope of practice.

Assistant Scope of Practice

SAC defines S-LP or 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." S-LP assistants are responsible for supporting and facilitating the S-LP/AUD in client service and administrative/support activities. For detailed information about the areas within and outside the S-LP/AUD assistant's scope of practice, refer to SAC's Audiology Assistant Guidelines and SAC's Speech-Language Pathology Assistant Guidelines document.

Collaboration between Students and S-LP/AUD Assistants

Some practicum sites employ Speech-Language Pathology (S-LP) or Audiology (AUD) assistants, creating opportunities for collaborative service delivery. SCSD students are preparing for entry-level practice and are expected to gain hands-on experience across the full scope of S-LP/AUD practice, including appropriate collaboration with and supervision of assistants.

The structure of this collaboration is determined by the clinical educator and may vary based on the competencies of both the student and the assistant. Models may include:

- The assistant continuing direct service to their caseload while the student provides services to the clinical educator's caseload, with opportunities for joint activities (e.g., co-facilitated groups, shared planning, delegated tasks).
- The student and assistant jointly delivering services to the assistant's caseload under supervision, while the student also maintains responsibilities with the clinical educator's caseload.

The extent and nature of student involvement with S-LP/AUD assistants is at the discretion of the clinical educator and/or site. However, meaningful exposure to collaborative practice with assistants is strongly encouraged to support role clarity and readiness for professional practice. ***(Collaborator (3.a) Manager 6.a)***

Mental Health & 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, Mindfulness, Resilience Program, Eating Disorder Support, etc.)
- Peer support (provided by a peer support worker with personal experience with mental health issues)

Additional information about these services is available on Dalhousie's Student Health & Wellness website.

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). 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.

Life-Long Learning

Life-long learning can be modeled by clinical educators and demonstrated by students through ongoing engagement with current knowledge and professional development. Clinical educators model life-long learning by staying current with the literature, sharing recently read articles, discussing evidence-based practices, and conveying insights gained from continuing education activities.

Students demonstrate life-long learning by actively engaging in these discussions, reflecting on new information, applying evidence to clinical decision-making, and seeking opportunities to expand their knowledge and skills. Such engagement reinforces the importance of life-long learning as a core component of professional practice in clinical settings. (***Scholar 5.a)***

Within the competency framework, life-long learning is operationally evaluated through the Role of Scholar in the Assessment of Clinical Competence (ACC), where students must demonstrate reflective practice, professional currency, and self-directed growth to achieve Entry-to-Practice targets by their Internship placement.

Requests for Accommodation in Practicum

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 Accommodations policy. The request for accommodation must be made in advance of the start of the practicum placement so that a decision can be made as to what is needed and available and proper supports can be accessed.

Student should ensure that any required formal accommodations from the Student Accessibility Centre are identified and discussed when completing the Clinical Education Contract during orientation, as the agreed-upon expectations will form the basis of the performance assessment. Please note, students are not required or expected to disclose the reason for the accommodation plan to their clinical educator(s).

SCSD strongly advises any student who might need accommodation and/or advising to contact the Student Accessibility Centre, as early as possible. Except in rare circumstances there should be no "after-the-fact" accommodation requests, 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 that 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.

Discrimination and Harassment in Practicum

As per Dalhousie University's Statement on Prohibited Discrimination, Sexualized Violence Policy 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, Sexualized Violence Policy, and Personal Harassment Policy for detailed information.

Information for Students: Practicum placements can sometimes contribute to high stress, anxiety, depression, or other mental health challenges. It is important to prioritize your well-being throughout your placement. Strategies to support mental health include regular exercise, healthy nutrition, adequate sleep, and maintaining a supportive network of classmates, friends, family, faculty, and clinical educators.

If you experience difficulties or need support, contact your Academic Coordinator of Clinical Education, Academic Advisor, or Dalhousie's Student Health & Wellness Centre. Services available to students include:

- Individual counselling and therapy with trained counsellors or psychologists
- Groups and workshops (e.g., Self-Care Skills, Overcoming Anxiety, Mindfulness, Resilience Program, Eating Disorder Support)
- Peer support from trained peer support workers with lived mental health experience

Prioritizing self-care helps ensure a successful and sustainable learning experience during practicum placements.

Information for Clinical Educators: If issues of discrimination or harassment arise during a practicum, the clinical educator may be the first point of contact. Practicum sites typically have policies and procedures for addressing such concerns. Clinical educators are encouraged to follow these policies and seek guidance from their manager or Human Resources as needed.

If a student reports, or a clinical educator witnesses, discrimination or harassment, the educator is expected to take appropriate steps to stop the behavior, which may include educating the individual involved or initiating corrective action in accordance with the organization's policies. Students' concerns must be treated seriously and not minimized or ignored.

Clinical educators are encouraged to:

- Respond with compassion and patience
- Listen actively and offer support and reassurance
- Document the discussion
- Suggest resources, such as university support services
- Explain options for resolution:
    - **Informal:** The educator addresses the behavior directly with the individual and reinforces that it is unacceptable
    - **Formal:** File a complaint with the organization, agency, or the provincial 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. Telepractice performance is evaluated through the integrated roles of **Professional 7.a**, **Communicator 2.a** and **Clinical Expert** within the ACC tool, specifically focusing on electronic etiquette, barrier mitigation, and the effective use of digital intervention technologies.

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 Virtual Care in Speech-Language Pathology and Audiology Services. https://www.sac-oac.ca/wp-content/uploads/2023/02/Virtual_Care_Position_Paper_EN.pdf

- SAC. (2020). SAC Telepractice Checklist for Speech-Language Pathology Services. https://www.sac-oac.ca/wp-content/uploads/2023/02/SAC_Telepractice_Checklist_for_Speech-Language_Pathology_Services.pdf

Telesupervision

Telesupervision is clinical supervision conducted remotely using videoconferencing, email, or phone. Students may be supervised by their clinical educator while in a different location. All principles of clinical supervision still apply, but additional considerations include; scheduling structured meetings and planning extra time to build rapport; using videoconferencing whenever possible; establishing a clear system for sharing materials; preparing for technical issues and minimizing distractions; demonstrating empathy and maintaining open communication; and setting clear expectations for goals, responsibilities, and timelines. Telesupervision supports effective clinical learning while ensuring safe, competent, and supervised client care.

RISK MANAGEMENT

The following section outlines pre-practicum requirements often required by practicum sites or organizations prior to beginning placements. It also details important topics in practicum placement risk management for students. **Professional (7.c)** and **Manager (6.a)**

Criminal Record Check with Vulnerable Sector Search

Students are required to a complete criminal record check with vulnerable sector search to participate in some clinical observation experiences and most practicum placements. A criminal record check 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. Please see the Faculty of Health's *Statement Regarding Criminal Record Checks* at https://www.dal.ca/faculty/health/current-students/student-policies-and-procedures.html for more information.

Child Abuse Registry Search

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 is operated by the Nova Scotia Department of Community Services and can be applied for online from https://beta.novascotia.ca/apply-child-abuse-register-search. The check is free of charge but can take up to 2 months to be returned. If you are required to complete an updated child abuse registry search for a practicum placement, allow at least 2-3 months for it to be completed. A copy of the child abuse registry check should be provided to the Clinical Education Secretary at least 8 weeks prior to the start of the placement.

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 Faculty of Health Immunization Record prior to commencement of clinical work at SCSD and update necessary immunizations (flu shot and TB test) on a yearly basis thereafter. Students are responsible for all costs incurred. Completed forms must be submitted to the Clinical Education Secretary before observations or practicum placements begin.

Record Check & Immunization 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 **Record Check & Immunization Waiver** (Appendix A-4) 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 must adhere to infection prevention and control guidelines outlined by the Canadian Interorganizational Group Speech-Language Pathology and Speech-Language Pathology, as well as all applicable provincial public health directives. Students are also expected to follow Dalhousie University and practicum site policies and procedures.

Key expectations include, but are not limited to:

- Self-monitoring for illness symptoms and staying home if unwell
- Practicing proper hand hygiene and respiratory etiquette
- Conducting risk assessments related to client symptoms and care
- Implementing risk reduction strategies such as physical distancing, appropriate client placement, and use of personal protective equipment (PPE)
- Cleaning, disinfecting, and sterilizing equipment and handling waste safely
- Maintaining up-to-date immunizations and following healthy workplace practices

Failure to comply with public health guidelines or site infection control policies may result in removal from the practicum placement and/or program.

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 American Speech-Language-Hearing Association (ASHA) website at https://www.asha.org/practice-portal/clinical-topics/adult-dysphagia/radiation-safety/.
A video on protecting yourself from radiation exposure along with a reference sheet can be found at these links: https://www.youtube.com/watch?v=3pV6rj7Utmw and https://www.olympichp.com/wp-content/uploads/2021/08/IAEA-10-Pearls-Fluoro-Staff-Safety.pdf.

Disability Insurance

Dalhousie has secured occupational accident coverage for students in all faculties who participate in unpaid placements, except in provinces where workers' compensation coverage is mandatory. The policy is designed to mirror workers' compensation benefits as closely as possible. If a student is injured during an unpaid placement, they must follow the placement site's incident reporting procedures and notify their Academic Coordinator of Clinical Education as soon as possible so the insurer can be informed. Students are required to maintain active DSU Health Insurance (or equivalent extended health coverage), as this policy provides disability-related benefits only and does not include health insurance.

Please note: This occupational accident coverage does not apply to international placements.

Students Travelling in Vehicles During Practicum

Driving and Vehicle Access for Practicum: Many practicum placements will require that students have a valid driver's license and access to a reliable vehicle with automobile insurance coverage to complete placements. This is necessary for traveling between practicum sites, to preschools/daycares, to client's homes, etc. Lack of access to transportation may limit placement opportunities or delay graduation if a student is not able to complete a placement due to lack of driver's license or access to a reliable vehicle.

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. Note that the occupational disability insurance would not apply if a student was 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.

Transportation to Fall and Winter Practicum Sites (SLP): All second-year fall and winter practicum placements take place in Halifax or surrounding areas (within 1-hour commute of Halifax) and may require travel by vehicle or public transit. Students are responsible for transportation to these placements. Given that students complete the fall and winter placements in pairs, the Academic Coordinator of Clinical Education attempts to assign at least one student who has access to a vehicle to a placement that requires travel. In these cases, students are expected to carpool. Students should discuss the carpool arrangement prior to the start of the placement, including pick-up and drop-off expectations, sharing the cost of gas, etc.

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** (Appendix A-3). The document describes the student's responsibilities during the placement and other important information. Students will review, sign, and submit the Student Acknowledgement form before each practicum placement begins.

Additional Pre-Practicum Requirements

There may be additional pre-practicum requirements or documentation required by a particular practicum site, facility or organization. The clinical coordinator will provide all students with information about any additional pre-practicum requirements upon confirmation of a practicum placement. Failure to complete practicum requirements by the deadline may result in postponement or even cancellation of the practicum experience, which would likely mean a delay of graduation.

PRACTICUM SITES

The School of Communication Sciences and Disorders partners with many organizations to provide practicum placements to students. Below is not an exhaustive list.

Clinics at the School of Communication Sciences and Disorders

The School of Communication Sciences and Disorders (SCSD) operates the Dalhousie Adult Speech-Language Clinic and the Dalhousie Accent Clinic, which provide several practicum placement opportunities primarily for SCSD speech-language pathology students. The Adult Speech-Language Clinic offers various programs, including Communication Group, Aphasia Book Club, Primary Progressive Aphasia and Augmentative and Alternative Communication groups. SCSD operates the Dalhousie Hearing Aid Assistance Program, Hear@Dal program and Sheltered Practicum clinic, which provide several practicum placement opportunities primarily for SCSD Audiology students.

Hearing and Speech Nova Scotia (HSNS)

Hearing and Speech Nova Scotia, formerly the Nova Scotia Hearing and Speech Centres, 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. It is the healthcare agency responsible for providing hearing services to Nova Scotians of all ages and speech-language services to preschool aged children and adults. The organization provides services at more than 30 sites across the province, including:

- Amherst – Cumberland Regional Health Care Centre
- Antigonish – St. Martha's Regional Hospital
- Bedford – Bedford NeuroCommons (SLP only)
- Bridgewater – Bridgewater Community Clinic & South Shore Regional Hospital
- Dartmouth – Dartmouth Community Clinic & Dartmouth General Hospital
- Digby – Digby General Hospital (SLP only)
- Eskasoni – Old Eskasoni Health Centre (SLP only)
- Evanston – Strait Richmond Hospital (SLP only)
- Halifax – Halifax Community Clinic, IWK Health Centre, & QEII Health Sciences Centre sites including Victoria General - Dickson Building, Halifax Infirmary, & Nova Scotia Rehabilitation Centre)
- Kentville – Kentville Community Clinic & Valley Regional Hospital
- Liverpool – Queens General Hospital (SLP only)
- Lower Sackville – Cobequid Community Health Centre
- Lunenburg – Fisherman's Memorial Hospital (SLP only)
- Middleton – Soldiers Memorial Hospital (SLP only)
- Musquodoboit Harbour – Twin Oaks/Birches Continuing Care Centre (SLP only)
- New Glasgow – Aberdeen Hospital
- Pictou – Sutherland Harris Memorial Hospital (SLP only)
- Sheet Harbor – Eastern Shore Memorial Hospital (SLP only)
- Shelburne – Roseway Hospital (SLP only)

- Springhill – All Saints Hospital (SLP only)
- Sydney – Cape Breton Regional Hospital & Sydney Community Clinic
- Sydney Mines – Harbor View Hospital
- Truro – Colchester East Hants Health Centre
- Waterville – Kings Regional Rehabilitation Centre (SLP only)
- Windsor – Hants Community Hospital (SLP only)
- Yarmouth – Western Regional Health Centre

Nova Scotia Regional Centres for Education (SLP only)

Dalhousie University's School of Communication Sciences and Disorders (SCSD) is affiliated with many Regional Centres for Education within Nova Scotia. They provide practicum placements for our students each year. The Department of Education and Early Childhood Development is responsible for overseeing the publicly funded school system within Nova Scotia. Therefore, speech-language pathologists within Nova Scotia schools are responsible for providing services to school-aged children. There are nine Regional Centres for Education or school boards in Nova Scotia, including:

- Annapolis Valley Regional Centre for Education
- Cape Breton-Victoria Centre for Education
- Chignecto-Central Regional Centre for Education
- Conseil scolaire acadien provincial (CSAP)
- Halifax Regional Centre for Education
- Mi'kmaw Kina'matnewey
- South Shore Regional Centre for Education
- Strait Regional Centre for Education
- Tri-County Regional Centre for Education

Private Practice Clinics in Nova Scotia

Many Speech-Language Pathologists (S-LPs) and Audiologists in private practice across Nova Scotia provide practicum placements for SCSD students each year.

Private S-LP Clinics have included:

- Allied Therapy
- At Home Speech and Language Services
- Bridges Speech and Language
- Dartmouth Speech and Language Services
- Shoreline Therapy

Private Audiology Clinics have included:

- Amplifon Canada
- Connect Hearing
- Costco Canada
- HearingLife Canada
- Eastcoast Hearing
- HearRight Canada
- Clayton Park Audiology

Practicum Sites in Atlantic Canada (NB, PEI & NL)

Atlantic Canada, including the provinces of Nova Scotia, New Brunswick, Prince Edward Island, and Newfoundland and Labrador, serves as the catchment area for Dalhousie SCSD practicum placements. Numerous sites in New Brunswick, Prince Edward Island, and Newfoundland and Labrador provide clinical education opportunities for SCSD students during the intensive, 12-week practicum placements (internship and externship). Placements in these provinces may be completed in many settings, including schools, hospitals/healthcare sites, and private speech-language pathology clinics. Availability at these sites varies from year to year and must be arranged and confirmed by the Academic Coordinator of Clinical Education.

Practicum Sites Outside of Atlantic Canada

Given that Atlantic Canada serves as the catchment area for Dalhousie SCSD practicum placements, most SCSD student placements may occur within the Atlantic provinces. Availability of placement sites outside of Atlantic Canada vary from year to year and must be requested and arranged by the Academic Coordinator of Clinical Education. Students are not to contact clinical educators or practicum sites directly about practicum placements.

Appendices

Appendix A-1: Practicum Site Request Form

Appendix A-2: Student Placement Profile

Appendix A-3: Student Acknowledgement Form

Appendix A-4: Criminal Background Check and Immunization Waiver

Appendix A-5: Student Responsibilities Checklist

Appendix B-1: Clinical Education Contract

Appendix B-2: Formative Competency Skills Checklist

Appendix B-3: Formative Session Feedback

Appendix B-4: Formative Weekly Feedback

Appendix B-5: Student Self-Evaluation Form

Appendix B-6: SLP Therapy Plan Format

Appendix B-7: Management of Competency Concerns and Remediation

Appendix C-1: Assessment of Clinical Competence (SLP)

Appendix C-2: Assessment of Clinical Competence (AUD)

Appendix C-3: Student Feedback to Clinical Educator Form

Appendix C-4: Clinical Practicum Hours (SLP)

Appendix C-5: Clinical Practicum Hours (AUD)

Appendix D-1: Suggested Day-by-Day Schedule – Fall & Winter Practicum

Appendix D-2: Suggested Week-by-Week Schedule-Internship

Appendix D-3: Suggested Week-by-Week Schedule - Externship

Appendix D-4: Clinical and Professional Activity Ideas

Appendix D-5: Student Responsibilities during Clinical Educator absence

Appendix D-6: SCSD Competency Expectations by Placement

Appendix E-1: Summary of Clinical Hours- SLP

Appendix E-2: Summary of Clinical Hours- AUD

Appendix E-3: Document Request Form for Certification & Provincial Licensure

DALHOUSIE UNIVERSITY

Appendix A-1

PRACTICUM REQUEST FORM

Student: Home Province:

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

Practicum Level: ☐ Internship ☐ Externship

Hours still required for graduation (Externship Only):

___Adult ___Pediatric ___Assessment___Treatment ___Minor Hours (total=350)

Formal Accommodation Plan for Practicum: Yes ☐ No ☐

The undersigned student agrees to the following conditions regarding the arrangement of the internship or externship placement:

Review of Placement Options: The student will review potential placement sites or geographic locations by consulting information provided by the Clinical Coordinator, and/or speaking with students who have previously completed placements. Summer internship placements are arranged solely within **Atlantic Canada**. Please note, Halifax Regional Municipality (HRM) is considered one preference site. Cities with Audiology and/or SLP programs across Canada do not have the capacity to offer our student's a placement. **No Direct Contact:** The student **must not contact prospective institutions, placement sites, or clinical educators** directly until the placement has been officially confirmed in writing. **Placement Assignment:** The student submits **Appendix A-1** by the deadline indicated by the Clinical Coordinator. The Clinical Coordinator will assign placements based on site availability, clinical learning requirements, and program needs (e.g., distribution of students, supervision resources, and curriculum requirements). Placement at a site or geographic location not listed among the student's preferred choices may be necessary. The student agrees to accept the assigned placement and **will not request a change** except in cases of extreme, unforeseen hardship (e.g., serious illness).

Confirmation with Clinical Educator: Upon receiving written confirmation of the placement from the Clinical Coordinator, the student will contact the clinical educator **within one week** to confirm the start date and address practicum details. If unable to contact the clinical educator within this timeframe, the student must notify the Clinical Coordinator immediately. **Professional Responsibility:** The student remains responsible for fulfilling all practicum requirements and meeting professional standards regardless of the assigned placement. **Placement Changes:** If a placement must be changed due to unforeseen site closures or circumstances beyond the School's control, the student will be notified as soon as possible.

Preferred Sites/Areas (in order of preference)

1. _____
2. _____
3. _____
4. _____
5. _____

STUDENT NAME _____ **ACCE SIGNATURE**_____

STUDENT SIGNATURE_____ **DATE RECEIVED**_____

DATE SUBMITTED _____

STUDENT PLACEMENT PROFILE (SPP)[1]

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

Student Name: Pronouns:

Language(s) spoken:

Placement Dates:

List any accommodations the practicum site or clinical educator(s) should be aware of (i.e., formal accommodation plan from the Dalhousie Accessibility Office):

List and describe previous pre-practicum and clinical placements:

Placement	Population(s)	Setting/Service	Caseload	Hours Obtained
Pre-Practicum				
Fall Practicum				
Winter Practicum				
Internship				

List other experiences that may relate to this placement:

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

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

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

What are your clinical, interpersonal, and professional strengths?

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

How often do you prefer meetings with your clinical educator?
- ☐ 2-3 times daily
- ☐ Once daily
- ☐ Weekly
- ☐ Scheduled as needed
- ☐ Impromptu

How often do you prefer to receive feedback from your clinical educator?
- ☐ Several times near the start and infrequently after that
- ☐ Fairly frequently until you have made substantial progress in mastery, then infrequently
- ☐ Frequently, even after you seem to have mastered the skill

Which do you prefer?
- ☐ Immediate feedback
- ☐ Delayed feedback

Which do you prefer?
- ☐ Verbal feedback
- ☐ Written feedback

If you are completing a placement using the reciprocal peer coaching model (2 or more students per clinical educator), how do you prefer to receive feedback from your clinical educator about your individual performance?
- ☐ In a one-on-one setting (without the other student(s) present) In a
- ☐ group setting (with the other student(s) present)

How much outside reading and preparation for evaluation, treatment and progress do you expect to do?
- ☐ None
- ☐ 3 or more hours per week
- ☐ 1-2 hours per evening
- ☐ Other (please explain) _____

How best do you learn? Check any that apply.
- ☐ Reading
- ☐ Observing
- ☐ Discussion
- ☐ Hands-on experience
- ☐ Other (please explain) _____

When learning something new, do you usually prefer:
- ☐ To find the rationale for it first, understand the whole process and then start work on practical specifics? To
- ☐ learn theory after you have gotten your “feet wet” on specifics?

How do you prefer to be supervised for new tasks?
- ☐ Direct supervision and discussion during technique
- ☐ Direct supervision during technique with discussion before and/or after
- ☐ Distant supervision during technique with discussion before and/or after
- ☐ Discussion before and after with no direct supervision individual

STUDENT ACKNOWLEDGEMENT FORM

_____
(Name of Student)
with respect to a placement at

_____
(the "Facility")
through

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

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

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

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

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

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

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

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

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

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

8. The University carries malpractice insurance in the event that a client is injured through negligence on my part in the course of my placement.

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

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

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

Signed by:

✍	B00
Student	
✍	
Witness Signature (School Administrator/Faculty Member)	Witness Name
Witness Title	Date

CRIMINAL RECORD CHECK, CHILD ABUSE REGISTRY & IMMUNIZATION RECORDS WAIVER

Class of _____

I consent to allow the **School of Communication Sciences and Disorders (SCSD)** *to release my immunization records to organizations or sites where I will complete* **observations and/or practicum placements (CMSD 5070, CMSD 7061, CMSD 7062)**, *if requested as a condition of my participation as an observer or learner. I understand that my immunization record will be securely archived at SCSD.*

I also consent to allow the SCSD to disclose the results of my **criminal record check, vulnerable sector search, and/or child abuse registry check** *to organizations or sites where I will complete observations and/or practicum placements, if requested as a condition of participation. I understand that these documents will be securely archived at SCSD and that the results will be reviewed by the* **School's Administrative Secretary in consultation with the Academic Coordinator of Clinical Education and/or the Director or Acting Director**.

I understand that if my criminal record check is unclear, shows a criminal record, or if I fail a vulnerable sector search or child abuse registry check, the observation or practicum site **may refuse to accept me as a learner**. *If I am unable to complete a placement due to these requirements or am refused access to a facility, I may fail the course, which could affect my progression or eligibility for graduation.*

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

I understand that incomplete immunization records or any issues identified in a criminal record check, vulnerable sector search, or child abuse registry check **may delay or prevent my placement**, *which could in turn delay my graduation*

Print Name: _____

Signature: _____

Student Number: **B00** _____

Date Signed: _____

Revised: July 9, 2019

Appendix A-5

STUDENT RESPONSIBILITY CHECKLIST

Prior to Commencement of Placement:

- ☐ Ensure practicum pre-requirements have been met (i.e., criminal record check with vulnerable sector search, child abuse registry document, immunizations, etc.)
- ☐ Send introductory email and **Student Placement Profile** to Clinical Educator Review. Arrange start date/request readings
- ☐ Read and sign **Student Acknowledgement form** and upload into Brightspace
- ☐ Review **Assessment of Clinical Competency Tool (ACC)** (**SLP** or **AUD** version)

Beginning of Practicum:

- ☐ Give copy of **Student Acknowledgement Form** to Clinical Educator
- ☐ Complete and sign **Clinical Education Contract**

End of Term Paperwork for Fall & Winter Practicum Placements and Summer Internship (upload into Brightspace by end of placement):

- ☐ **Assessment of Clinical Competency Tool** (**SLP** or **AUD** version)
- ☐ **Student Feedback to Clinical Educator Form**
- ☐ **Clinical Hours Form** (**SLP** or **AUD** version)

End of Term Paperwork for Externship Placement (Submit to Brightspace within 1 week of last day of placement, or as agreed in consultation with clinical coordinator)

- ☐ **Assessment of Clinical Competence Tool** (**SLP** or **AUD** version)
- ☐ **Student Feedback to Clinical Educator Form**
- ☐ **Clinical Hours Form** (**SLP** or **AUD** version)
- ☐ **Summary of Clinical Practice Hours** (**SLP** or **AUD** version)
- ☐ **Document Request for Clinical Certification & Provincial Registration Form**

Revised March 2026

Appendix B-1

CLINICAL EDUCATION CONTRACT[1]

This contract supports the student's development of **clinical and professional competencies** (Clinical Expert, Knowledge Expert, Communicator, Collaborator, Manager, Scholar, & Professional) through shared expectations, structured supervision, and feedback. The student and clinical educator should review and complete this together at the start of the placement.

Clinical Educator Expectations: What are the key expectations for the student in this placement?
Examples: participation in assessment/treatment, documentation, caseload responsibilities, teamwork, professionalism.

Student Learning Objectives: What are the most important competencies you would like to develop during this placement? *Examples: clinical reasoning and clinical skills; communication with clients and families; collaboration with other professionals; Professionalism, organization, time management; application of knowledge in clinical settings.*

By the end of this placement, what would you like to be able to do more independently?

What are the <u>required</u> activities? *Examples: assessment, treatment, team meetings, community outreach, special projects*

Are there <u>optional</u> activities that may enhance the student's learning during the placement?
Examples: staff meetings; grand rounds; professional development activities; interprofessional education opportunities

[1] This supervision tool and interview prompt structure are based on Canadian clinical education standards for speech-language pathology and audiology, emphasizing competency-based learning, structured supervision, and reflective goal-setting.
See: Dalhousie University School of Communication Sciences and Disorders. (2026). Clinical Practicum Handbook, Dalhousie University.
See: Optional supporting reference for regulatory standards: Alberta College of Speech-Language Pathologists and Audiologists. (2022). Standard 4.4: Clinical Supervision. https://www.acslpa.ca/wp-content/uploads/2022/06/Area-4.0-Combined-Jan2023-1.pdf

Appendix B-1

Supervisory Meetings: When and how will supervisory meetings occur? *Examples: after each session, at the beginning or end of the day, and/or scheduled weekly.*

Student Preparation: What preparation is expected prior to supervisory meetings? *Examples: session plans; written reflections or self-evaluations; clinical review or documentation.*

Teaching Approach: How will clinical teaching typically occur? *Examples: modelling, guided practice or scaffolding, coaching during sessions*

Feedback: What type of feedback will be provided? *Examples: immediate feedback during sessions, verbal feedback after sessions, written feedback, scheduled feedback discussions.*

Evaluation Criteria: What competencies or areas of performance will be emphasized in evaluation? *Examples: clinical skills and reasoning; communication with clients and families; collaboration with the clinical team; professionalism and organization.*

Process for Addressing Concerns: If concerns arise regarding performance or evaluation, what steps should be taken? *Examples: discussion between student & clinical educator, site manager or Clinical Coordinator*

Appendix B-1

Student Accommodations: This section outlines the student's formal practicum accommodation plan and how it will support achievement of clinical competencies while maintaining confidentiality. The Clinical Educator and student should discuss strategies to integrate accommodations effectively without compromising competency expectations. **Please note: This section should be completed only if the student has a formal accommodation plan from the University that has been shared with the Clinical Educator.**

Is there a formal accommodation plan? ☐Yes ☐No Strategies Discussed:

Use of Artificial Intelligence in Practicum: Please discuss what is acceptable and not acceptable use of artificial intelligence during practicum activities.

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

Name of Emergency Contact: _____ Phone Number: _____

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

Clinical Educator Signature:

Student Signature:

Date:

Student Name Date

CLINICAL SKILLS CHECKLIST

This form provides **formative feedback** to support the student's development toward **entry-level clinical competencies**. Ratings should reflect the student's performance **relative to their stage of training**. Used during practicum to support competency development between formal evaluations. Comments should focus on **specific observable behaviours and suggestions for improvement**.

RATING GUIDE

☐ Meets Expectations – Performance is appropriate for the student's stage of training
☐ Needs Improvement – Performance requires additional guidance, practice, or supervision

Competency	Meets Expectations	Needs Improvement	Comments
Clinical Expert – Assessment – Plans and conducts assessments, administers tests accurately, and demonstrates appropriate clinical reasoning when interpreting results.	☐	☐	
Clinical Expert – Intervention – Plans and implements intervention effectively and adjusts strategies based on client needs and response.	☐	☐	
Knowledge Expert – Demonstrates understanding of relevant theoretical and clinical knowledge and applies it appropriately.	☐	☐	
Communicator – Communicates clearly and effectively with clients, families, and professionals.	☐	☐	
Collaborator – Works effectively with the clinical educator and members of the healthcare team.	☐	☐	
Manager – Demonstrates organization, preparation, time management, and effective session management.	☐	☐	
Scholar – Demonstrates reflective practice, integrates feedback, and engages in self-directed learning.	☐	☐	
Professional – Demonstrates professionalism, reliability, ethical conduct, and respect for clients and colleagues.	☐	☐	

Overall Progress

☐ **Progressing as expected** for stage of training
☐ **Some concerns** – additional feedback and support recommended

Summary Feedback

Key strengths:

Areas for improvement:

Suggested goals for upcoming sessions:

Appendix B-3

CLINICAL SKILLS SESSION FEEDBACK FORM

Student: Date:

Client's initials: Clinical activity:

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

Strengths	Skills/Areas to Work On

Plan for Next Session(s)

Appendix B-4

CLINICAL SKILLS WEEKLY FEEDBACK FORM

Student: *Date:*

Practicum Placement: *Week of Practicum:*

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

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

Appendix B-5

STUDENT SELF-EVALUTION FORM

Student: *Date:*

Client's initials: *Clinical activity:*

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

What went well and why? What was successful about the session(s)?
What did not go well and why? What made the session(s) less successful?
What will I keep the same and why? What will I do differently next time and why?

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

- *Professionalism*
- *Behaviour management*
- *Interpretation of test results*
- *Treatment implementation*
- *Counselling/interviewing*
- *Assessment planning/preparation*
- *Communicating results to client*
- *Data collection*
- *Interaction with client/family*
- *Test administration*
- *Treatment planning/preparation*
- *Session analysis*

THERAPY PLAN TEMPLATE

Client(s) initials: Date:

S-LP Student(s):

Treatment Objectives

Long-term Goals:
State what you hope to achieve with the patient over the course of the semester or therapy period. Identify areas to be worked on and degree of improvement thought realistic for the time allotted. Long-term goals are written in general rather than specific terms. *Example:* The client will produce /s/ in all word positions at the conversation level, 85% of the time.

Short-term Goals:
State your specific goals for each session. Include in each objective: the specific behaviour the client is expected to perform (performance or "do" statement), under what conditions the behaviour/action is supposed to be performed (condition), and the level at which performance is considered successful or how accurately a client is expected to perform a target behaviour (accuracy/criterion). For example, "The client will follow multi-step commands (performance or "do" statement) during familiar routines (condition) with 90% accuracy (accuracy/criterion)"; *Example*: The client will imitate initial /s/ words with 90% consistency.

Procedures

Activity/Materials: State clearly and specifically the activity and materials you plan to use to achieve each short-term objective. *Example:* Drill using Webber Picture articulation cards, while playing "Wake Up Daddy" Game. The client gets a turn at the game after three articulation cards are completed.

Stimulus: Should contain a description of the stimulus conditions, both verbal and non-verbal (e.g., verbal – "What is this?" non-verbal – 20 pictures of common objects, repeated a minimum of 2x). *Example:* Present a card and say the word: "This is soap…say soap."

Response: Should indicate a description of what the client will say or do (e.g., Client says "sock")

Cues: Include both verbal and non-verbal cues which precede or will elicit a response. *Example:* Say, "It's your snake sound", "put your teeth together".

Feedback: The events which follow the response including information regarding response accuracy. *Example:* "That's a good try, I'm hearing a "th" sound, not the snake sound. Try saying "soap" with your tongue behind your upper teeth and your teeth together like this."

Reinforcement: Techniques to maintain correct response output. *Example:* Verbal. e.g., "That's a great /s/ sound." Tangible. e.g., Child gets a turn at the game after every three picture cards.

Sub-steps: Anticipate how you will modify the task to make it easier for the client if it initially proved too difficult for him/her. *Example:* Decrease to the elicited syllable level; provide visual feedback with a mirror to show her how the sound should look when she's producing it.

Super-steps: Specify what your next step will be if the client achieves immediate success on the goal. *Example:* Increase complexity of the task by requiring production of the /s/ sound at the elicited word level.

THERAPY PLAN

Client(s) initials: Date:

S-LP Student(s):

Treatment Objectives

Long-term Goals:

Short-term Goals:

Procedures

Activity/Materials:

Stimulus:

Response:

Cues:

Feedback:

Reinforcement:

Sub-steps:

Super-steps:

Appendix B-7

Management of Competency Concerns and Remediation[1]

Clinical practicum placements support the development of required clinical competencies. If concerns arise regarding a student's progress, the following process will be used:

1. Early Concern

When performance concerns arise, the Clinical Educator meets with the student promptly to:

- Describe specific behaviours or performance concerns
- Identify competencies or objectives requiring improvement
- Invite reflection on performance and insight
- Discuss strategies for improvement

The Clinical Educator informs the Clinical Coordinator, who may provide guidance. Most concerns are addressed through feedback, supervision, and targeted learning strategies. If issues are significant or noted across multiple competency domains, a formal remediation plan may be implemented immediately.

2. Formal Remediation

If concerns persist, the Clinical Coordinator, with input from the Clinical Educator and student, develops a remediation plan that includes:

- Competencies requiring improvement
- Performance objectives and expectations
- Strategies and supports
- Timelines and monitoring methods
- Consequences if competencies are not met
- The School Director and/or Graduate Coordinator will be notified.

3. Monitoring Progress

The Clinical Educator provides ongoing feedback and monitors the student's progress. The Clinical Coordinator checks periodically to review progress and provide additional guidance.

4. Outcome

Placement outcomes are based on achievement of required competencies:

- **Pass**: Competencies are met.
- **Incomplete / Extension**: Progress is evident, but additional time is needed; extension depends on site availability.
- **Fail**: Insufficient progress despite remediation; may result in dismissal per program policy.

5. Immediate Action

For client safety, serious professionalism issues, or major conduct breaches, the program may bypass Early Concern and move directly to formal remediation or removal from placement.

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

DALHOUSIE UNIVERSITY

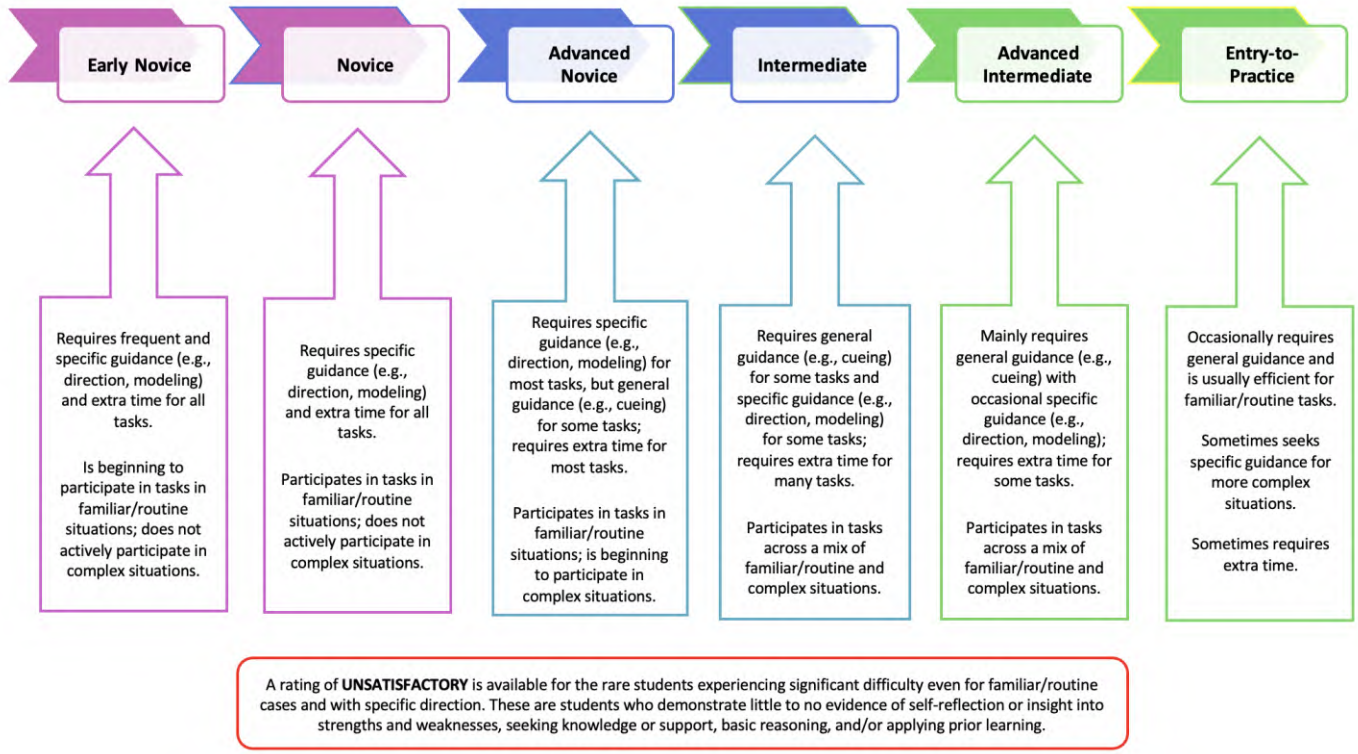
Appendix C-1

Assessment of Clinical Competence (ACC) – Speech-Language Pathology

School of Communication Sciences and Disorders
Faculty of Health
Dalhousie University

Student Name				
Clinical Education Name(s)				
Dates of Practicum				
Practicum Site				
City/Town & Province				
Practicum Level	☐ Fall Practicum	☐ Winter Practicum	☐ Internship	☐ Externship
Population(s)	☐ Infant/toddler ☐ Adult	☐ Preschool-age ☐ Geriatric	☐ School-age ☐ Other:	☐ Adolescent
Setting(s)	☐ Hospital ☐ Clinic	☐ School ☐ Private practice	☐ Childcare centres ☐ Other:	☐ Client homes
Service(s)	☐ Inpatients ☐ Individual therapy	☐ Outpatients ☐ Group therapy	☐ Consultation ☐ Other:	☐ Parent/caregiver coaching
Clinical Area(s)	☐ Language ☐ Dysphagia	☐ Speech ☐ Fluency	☐ Voice/resonance ☐ Other:	☐ Social communication

ACC Rating Scale



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

DALHOUSIE UNIVERSITY

Appendix C-1

1. ROLE OF EXPERT: Speech-language pathologists apply their knowledge of the development and disorders of communication, as well as feeding and swallowing, together with their assessment and intervention skills to provide professional, client-centred care to individuals across the lifespan. This role is central to the function of speech-language pathologists.

1.1 KNOWLEDGE EXPERT

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

1.1.a. Applies profession-specific knowledge to prevent, identify and manage communication disorders and feeding and swallowing disorders.

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

1.1.b. Applies basic knowledge from relevant fields (e.g., audiology, physiology, psychology) to guide decisions in regards to communication and feeding and swallowing.

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

1.1.c. Uses evidence and clinical reasoning to guide professional decisions.

- Critically appraises research and other available evidence to inform clinical practice.
- Applies clinical reasoning skills to clinical practice.

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

Role of Knowledge Expert Midterm Comments:

Strengths	Areas for Development

Appendix C-1

Role of Knowledge Expert Final Comments:

Strengths	Areas for Development

DALHOUSIE UNIVERSITY

Appendix C-1

1.2 CLINICAL EXPERT: ASSESSMENT

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

1.2.a. Identifies individuals requiring speech-language pathology services.

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

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

1.2.b. Plans an assessment.

- Collects and analyzes pertinent information prior to the assessment, including intake information and previous reports.
- Formulates hypotheses regarding the nature of the client's communication and/or feeding and swallowing abilities and needs.
- Selects appropriate tools, strategies and resources that will address the unique needs of the client (e.g., multilingualism, hearing impairment, attention).

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

1.2.c. Conducts an assessment.

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

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

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1.2.d. Analyzes and interprets assessment results.

- Scores and interprets standardized tests according to test protocols.
- Analyzes formal, informal, quantitative and qualitative assessment results.
- Formulates conclusions regarding the client's diagnosis, prognosis, abilities, resources and needs.

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

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

- Develops evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings.
- Discusses the assessment results, recommendations and implications with the client and other relevant individuals.

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

Role of Clinical Expert – Assessment Midterm Comments:

Strengths	Areas for Development

Role of Clinical Expert – Assessment Final Comments:

Strengths	Areas for Development

DALHOUSIE UNIVERSITY

Appendix C-1

1.3 CLINICAL EXPERT: INTERVENTION

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

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

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

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

1.3.b. Implements an intervention plan.

- Organizes the environment for optional interaction.
- Conducts the intervention using the appropriate modalities, materials and technologies, modifying as appropriate.
- Demonstrates flexibility and creativity in adapting to unexpected circumstances.
- Measures and records the client's response to intervention.
- Manages behaviours within the intervention session.
- Provides appropriate feedback and modelling to the client.
- Provides the client, family and/or significant others with education, support, training and counselling, relating to communication, feeding and/or swallowing.
- Refers to other healthcare or educational professionals, as required.

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

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

- Evaluates the outcomes of the intervention on an ongoing basis.
- Modifies the goals and/or intervention approach, as appropriate and in consultation with the client.
- Discontinues the intervention, as appropriate, and plans for transition to other services, as needed.

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

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

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

Role of Clinical Expert – Intervention Midterm Comments:

Strengths	Areas for Development

Role of Clinical Expert – Intervention Final Comments:

Strengths	Areas for Development

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

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

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

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

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

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

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

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

Role of Communicator Midterm Comments:

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Strengths	Areas for Development

Role of Communicator Final Comments:

Strengths	Areas for Development

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

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

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

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

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

3.b. Demonstrates client-centred practice.

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

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

Role of Collaborator Midterm Comments:

Strengths	Areas for Development

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Role of Collaborator Final Comments:

Strengths	Areas for Development

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4. ROLE OF ADVOCATE: Speech-language pathologists use their expertise to advance the health and well-being of a client by assisting them to navigate the healthcare or educational system and access support and resources in a timely manner. Speech-language pathologists also use their expertise to advance the profession and educate others about communication and feeding and swallowing.

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

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

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

4.b. Shares professional knowledge with others.

- Promotes the value of the profession.
- Identifies the need for education related to speech-language pathology services.
- Plans and delivers prevention, promotion and education programs and activities related to communication and/or feeding and swallowing disorders.

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

Role of Advocate Midterm Comments:

Strengths	Areas for Development

Role of Advocate Final Comments:

Strengths	Areas for Development

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

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

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

- Identifies own professional strengths and areas for development.
- Determines own goals for competency development.
- Develops a plan and implements strategies for continued development in all seven competency roles.

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

Role of Scholar Midterm Comments:

Strengths	Areas for Development

Role of Scholar Final Comments:

Strengths	Areas for Development

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

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

6.a. Manages the clinical setting.

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

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

Role of Manager Midterm Comments:

Strengths	Areas for Development

Role of Manager Final Comments:

Strengths	Areas for Development

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

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

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

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

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

7.b. Practices ethically.

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

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

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

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

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

Role of Professional Midterm Comments:

Strengths	Areas for Development

Role of Professional Final Comments:

Strengths	Areas for Development

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Strengths:

Areas for Improvement/Skills to Work On:

Objectives/Goals for Next Practicum:

Clinical Educator(s) Signature:

Student Signature:

Date:

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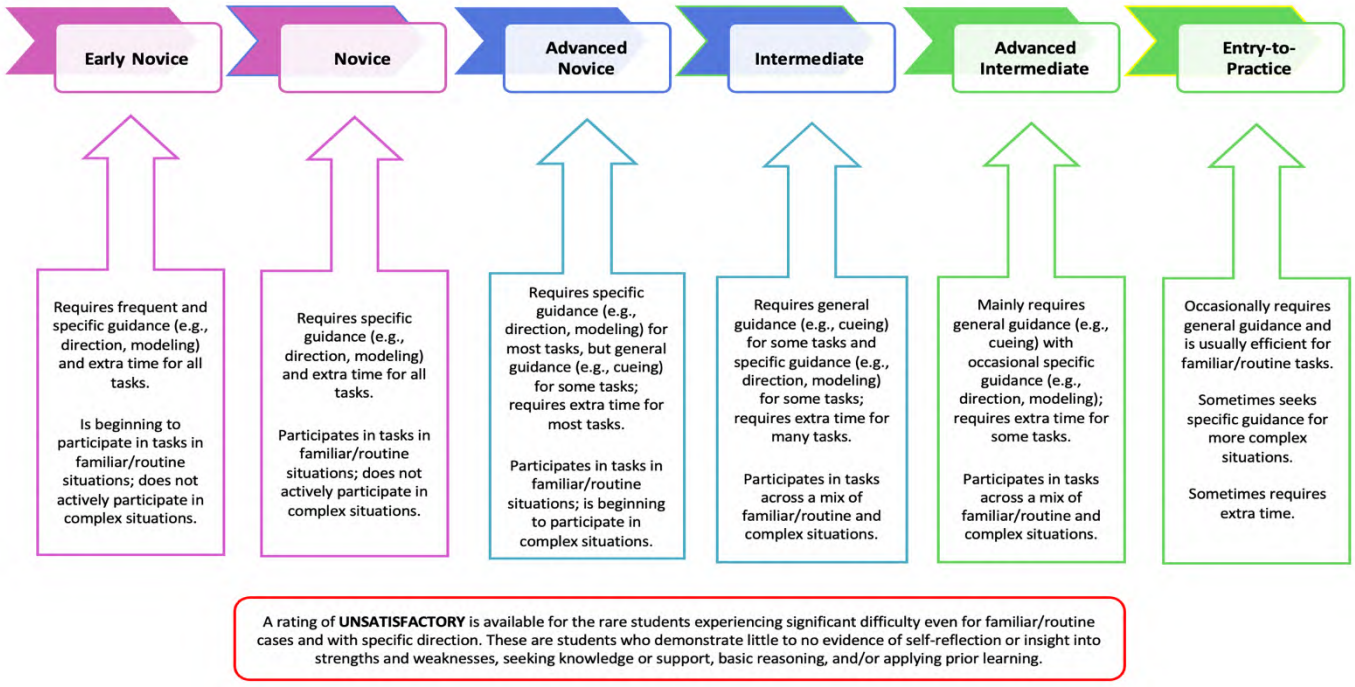
Appendix C-2

Assessment of Clinical Competence (ACC) – AUDIOLOGY

School of Communication Sciences and Disorders
Faculty of Health
Dalhousie University

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

ACC Rating Scale



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

Revised July 2024

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Appendix C-2

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

1.1 KNOWLEDGE EXPERT

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

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

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

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

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

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

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

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

- Critically appraises research and other available evidence to inform clinical practice.
- Applies clinical reasoning skills to clinical practice.

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

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Role of Knowledge Expert Midterm Comments:

Strengths	Areas for Development

Role of Knowledge Expert Final Comments:

Strengths	Areas for Development

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Appendix C-2

1.2 CLINICAL EXPERT: ASSESSMENT

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

1.2.a. Identifies individuals requiring audiology services.

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

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

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

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

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

1.2.c. Analyzes and interprets assessment results.

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

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

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

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

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

Role of Clinical Expert – Assessment Midterm Comments:

Strengths	Areas for Development

Role of Clinical Expert – Assessment Final Comments:

Strengths	Areas for Development

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Appendix C-2

1.3 CLINICAL EXPERT: INTERVENTION

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

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

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

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

1.3.b. Implements an intervention plan.

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

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

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

- Evaluates the outcomes of the intervention on an ongoing basis.
- Modifies, limits or discontinues an intervention, as appropriate.
- Consults with the client when considering a change in the course of action.

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

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

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

Role of Clinical Expert – Intervention Midterm Comments:

Strengths	Areas for Development

Role of Clinical Expert – Intervention Final Comments:

Strengths	Areas for Development

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Appendix C-2

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

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

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

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

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

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

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

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

DALHOUSIE UNIVERSITY

Appendix C-2

Role of Communicator Midterm Comments:

Strengths	Areas for Development

Role of Communicator Final Comments:

Strengths	Areas for Development

DALHOUSIE UNIVERSITY

Appendix C-2

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

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

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

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

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

3.b. Demonstrates client-centred practice.

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

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

Role of Collaborator Midterm Comments:

Strengths	Areas for Development

Role of Collaborator Final Comments:

Strengths	Areas for Development

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Appendix C-2

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

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

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

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

4.b. Shares professional knowledge with others.

- Promotes the value of the profession.
- Identifies the need for education related to audiology services.
- Plans and delivers prevention, promotion and education programs and activities related to audiology and/or vestibular difficulties.

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

Role of Advocate Midterm Comments:

Strengths	Areas for Development

Role of Advocate Final Comments:

Strengths	Areas for Development

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Appendix C-2

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

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

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

- Identifies own professional strengths and areas for development.
- Determines own goals for competency development.
- Develops a plan and implements strategies for continued development in all seven competency roles.

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

Role of Scholar Midterm Comments:

Strengths	Areas for Development

Role of Scholar Final Comments:

Strengths	Areas for Development

Appendix C-2

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

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

6.a. Manages the clinical setting.

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

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

Role of Manager Midterm Comments:

Strengths	Areas for Development

Role of Manager Final Comments:

Strengths	Areas for Development

Appendix C-2

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

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

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

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

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

7.b. Practices ethically.

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

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

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

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

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

Role of Professional Midterm Comments:

Strengths	Areas for Development

Role of Professional Final Comments:

Strengths	Areas for Development

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Appendix C-2

Strengths:

Areas for Improvement/Skills to Work On:

Objectives/Goals for Next Practicum:

Clinical Educator Signature:

Student Signature:

Date:

Appendix C-3

STUDENT FEEDBACK TO CLINICAL EDUCATOR

Student's Name:

Clinical Educator:

Practicum Site(s): Dates:

This feedback form is intended to support clinical educator development and program quality improvement. Responses will be shared with the clinical educator and clinical coordinator. The student should provide feedback with the clinical educator during the mid-term and/or final evaluation meetings.

Rating Scale: 1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

SUPERVISORY & TEACHING. *"The clinical educator....."*	**1**	**2**	**3**	**4**	**5**
Clearly communicated expectations					
Clearly explained clinical reasoning process					
Matched learning opportunities to my level					
Organized clinical activities effectively					
Respected agreed upon work schedule					

FEEDBACK QUALITY	**1**	**2**	**3**	**4**	**5**
Gave timely feedback					
Gave feedback that was specific and actionable					
Encouraged self-reflection on performance					

PROFESSIONAL MODELING	**1**	**2**	**3**	**4**	**5**
Demonstrated professional behaviour					
Modeled ethical and patient-centered care					

ORGANIZATION & STRUCTURE	**1**	**2**	**3**	**4**	**5**
Provided orientation to site, resources and equipment					
Organized clinical sessions well					

Rating Scale: 1 = Strongly Disagree | 2 = Disagree | 3 = Neutral | 4 = Agree | 5 = Strongly Agree

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LEARNING ENVIRONMENT	1	2	3	4	5
I felt comfortable asking questions					
Mistakes were treated as learning opportunities					
The educator was approachable and respectful					
I was given adequate support in challenging clinical situations					
I was given increased independence as appropriate					

Open-Ended Feedback

What did this educator do particularly well?

What is one thing they could improve?

Any additional comments?

Clinical Educator Student Signatures

DALHOUSIE UNIVERSITY

Appendix C-4

CLINICAL PRACTICUM HOURS
SPEECH-LANGUAGE PATHOLOGY

Student's Name: Dates of Practicum Period:

Practicum Site:

*Hours should be rounded to the nearest quarter hour.

Activity		Assessment & Identification		Intervention & Management		Simulated Practice
		Adults	Children	Adults	Children	
Articulation & Phonology						
Preschool/School-Age Language & Literacy						
Developmental Language						
Acquired Language						
Cognitive Communication						
Motor Speech						
Augmentative & Alternative Communication						
Voice & Resonance						
Fluency						
Dysphagia						
Prevention & Identification						
S-LP Hours	**Total Hours:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**
Minor Audiology Hours	**Total Hours:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**	**Subtotal:**

Name of Clinical Educator	Signature of Clinical Educator	Date

Appendix C-4

DESCRIPTION OF CLINICAL HOURS REQUIREMENTS – SPEECH-LANGUAGE PATHOLOGY

Articulation & Phonology – Delays or disorders of speech sound production including errors in production of individual speech sounds (articulation) and predictable, rule-based error patterns (phonology)

Preschool/School-Age Language & Literacy – Delayed or disordered literacy development (in preschool or school-aged children) including difficulty with phonological awareness, knowledge of print, reading, spelling, and/or writing

Developmental Language – Delayed or disordered morpho-syntax, semantics, pragmatics, and/or discourse in oral, graphic, and/or manual modalities; includes work with any client who has a developmental language delay or disorder, regardless of cause (e.g., Developmental Language Disorder, Autism Spectrum Disorder, intellectual disability, hearing impairment, cerebral palsy)

Acquired Language – Neurogenic disorders of expression and/or comprehension in verbal, graphic, and/or manual modalities resulting from stroke, traumatic brain injury, neurodegenerative, or other neurological conditions.

Cognitive Communication – Disorders of communication resulting from an underlying cognitive deficit due to stroke, traumatic brain injury, neurodegenerative, or other neurological conditions; domains of cognitive functioning affected include attention, memory, perception, and executive control functions

Motor Speech – Neurological disorders of speech motor planning/programming (i.e., apraxia of speech) and/or speech motor execution (i.e., dysarthria); includes regular examination of oral peripheral structures for speech production

Augmentative and Alternative Communication – Use of unaided and aided augmentative and alternative communication systems to develop, rehabilitate or maintain communication; includes training of communication partners

Voice & Resonance – Abnormalities in vocal quality, pitch, loudness, and/or resonance resulting from neurologic, organic, functional, or hyperfunctional causes; also includes gender affirming voice training and the production of voicing post-laryngectomy (e.g., use of electro-larynx, tracheoesophageal puncture, esophageal speech) and tracheostomy (e.g. use of speaking valve)

Fluency – Disordered repetition of speech sounds, syllables, words, and/or phrases, difficulty with speech rate, difficulty with pacing/juncture between syllable/word boundaries

Dysphagia – Disorders of swallowing and oral function for feeding

Prevention and Identification – Prevention or identification of communication and/or swallowing disorders (e.g., speech-language-swallowing screenings, lectures on healthy voice usage and vocal hygiene, developmental of materials and presentations on early literacy or language facilitation strategies for parents/caregivers)

Audiology (Minor Hours for S-LP students) – Expectations for students gaining clinical experience in the minor area (audiology) 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, understanding how to adjust communication for a client with a hearing impairment

*****Aural rehabilitation may be categorized as articulation/phonology, developmental language, acquired language, and/or minor audiology hours depending on the onset of the hearing loss (early-onset in childhood or late-onset in adulthood), who is providing the service (audiologist or speech-language pathologist), and the goals/targets of the assessment or treatment sessions

****Please note –** Work with a client may fall within more than one clinical disorder area. For example, when working with a client who requires an AAC system, hours may be counted under the category of Augmentative and Alternative Communication and may also fall under the category of Motor Speech Disorders, Developmental Language, or Acquired Language (depending on etiology). Hours should be divided between categories according to the amount of time spent on each.

Appendix C-4

CLINICAL HOURS REQUIREMENTS – SPEECH-LANGUAGE PATHOLOGY

Provincial regulators require a minimum of 350 hours of supervised clinical education, including:

- Minimum 300 direct contact hours in speech-language pathology
- Minimum 20 direct contact or simulated practice hours in audiology (audiology hours do not count in the 300 direct contact hours and can include assessment, intervention, and/or prevention)
- Maximum of 50 simulated practice hours

The 300 direct contact S-LP hours must also include:

- Minimum 50 hours with children
- Minimum 50 hours with adults
- Minimum 50 hours assessment
- Minimum 100 hours intervention
- Variety of disorder types from the following (no specific hours requirements for each category):
    - Articulation/phonological disorders
    - Preschool/school-age language development and literacy
    - Developmental language disorders
    - Acquired language disorders
    - Cognitive communication disorders
    - Voice disorders
    - Resonance disorders or structurally related disorders (e.g. Cleft lip and palate)
    - Fluency disorders
    - Neurologically based speech disorders
    - Augmentative and alternative communication
    - Dysphagia
    - Prevention and identification activities

Clinical Activity Definitions:

Direct Contact	A supervised practical learning experience where the student clinician actively participates in patient/client service. The patient/client or significant communication partner (i.e., spouse, parent, work colleague) need not be present for all activities, but these should be focused on the client's specific needs (e.g., team meetings, discussion with supervisor). This category is not meant to capture activities that are of a general nature (e.g., delivering a presentation on a disorder type). The participation may be unaided or assisted: • Unaided participation – patient/client services provided by student where the student's supervisor is readily available to assist or support the student but does not directly participate in services provided. • Assisted participation – patient/client services provided by student where the student's supervisor directs or guides the services provided.
Simulation	A practical learning experience where the student clinician participates in an activity that utilizes a real-life imitation of a patient/client with a set of problems. Simulations may be computerized or may involve an individual who is trained to act as a real patient/client.
Child Hours	Refers to clients from 0-18 years of age (i.e., includes infant, toddler, preschool-age, school-age, and adolescent populations)
Adult Hours	Refers to clients over 18 years of age (i.e., includes adult and geriatric populations)

Appendix C-5

CLINICAL PRACTICUM HOURS
AUDIOLOGY

Student's Name: Dates of Practicum Period:

Practicum Site:

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

Name of Clinical Educator | Signature of Clinical Educator | Date

Appendix C-5

DESCRIPTION OF CLINICAL HOURS ACTIVITIES – AUDIOLOGY

Hearing Measurement – Basic pure tone assessment including hearing screens.

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

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

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

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

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

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

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

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

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

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

Appendix C-5

CLINICAL HOURS REQUIREMENTS – AUDIOLOGY

Provincial regulators require a minimum of 350 hours of supervised clinical education, including:

- Minimum 300 direct contact hours in audiology
- Minimum 20 direct contact or simulated practice hours in SLP (SLP hours do not count in the 300 direct contact hours and can include assessment, intervention, and/or prevention)
- Maximum of 50 simulated practice hours

The 300 direct contact AUD hours must also include:

- Minimum 50 hours with children
- Minimum 50 hours with adults
- Minimum 100 hours assessment
- Minimum 50 hours intervention

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

Direct Contact	A supervised practical learning experience where the student clinician actively participates in patient/client service. The patient/client or significant communication partner (i.e., spouse, parent, work colleague) need not be present for all activities, but these should be focused on the client's specific needs (e.g., team meetings, discussion with supervisor). This category is not meant to capture activities that are of a general nature (e.g., delivering a presentation on a disorder type). The participation may be unaided or assisted: • Unaided participation – patient/client services provided by student where the student's supervisor is readily available to assist or support the student but does not directly participate in services provided. • Assisted participation – patient/client services provided by student where the student's supervisor directs or guides the services provided.
Simulation	A practical learning experience where the student clinician participates in an activity that utilizes a real-life imitation of a patient/client with a set of problems. Simulations may be computerized or may involve an individual who is trained to act as a real patient/client.
Child Hours	Refers to clients from 0-18 years of age (i.e., includes infant, toddler, preschool-age, school-age, and adolescent populations)
Adult Hours	Refers to clients over 18 years of age (i.e., includes adult and geriatric populations)

Appendix D-1

SUGGESTED DAY-BY-DAY SCHEDULE
FALL & WINTER PRACTICUM PLACEMENTS

Day 1 – Orientation & Direct Supervision

- Review the practicum schedule and supervision contract, including student learning goals.
- Discuss the caseload students will assume and review prior clinical, work, or volunteer experience.
- Explain administrative and organizational procedures (referrals, recordkeeping, charting, report writing, statistics).
- Familiarize students with assessment and treatment materials.
- Introduce colleagues and orient students to the physical setting.
- Students observe the clinical educator working with clients on the current caseload.
- Students may assist in assessment or treatment tasks, such as:
    - Obtaining language samples
    - Making informal observations of communication abilities
    - Supporting pediatric clients during caregiver discussions
    - Collecting session data

Day 2 – Direct Supervision

- Students continue participating in assessment or treatment sessions.
- Students may take responsibility for part of a session, including preparing plans and selecting materials.
- Feedback is provided by the clinical educator following each session.

Days 3–5 – Direct Supervision

- Students assume approximately **1–2 hours/day** of direct client contact: planning, selecting materials, and implementing assessment or treatment sessions.
- Feedback provided after each session.

Day 5 – Midterm Evaluation

- Informal discussion of student progress and learning goals.
- Plan adjustments for the remaining portion of the placement.

Days 6–10 – Direct Supervision

- Students assume approximately **2–3 hours/day** of direct client contact.
- Continue planning, implementing, and reflecting on assessment or treatment sessions.
- Feedback provided after sessions, as scheduling allows.

Day 10 – Final Evaluation

- Clinical educator completes final evaluation of student performance and competencies.

Note: Direct supervision is required at all times during fall and winter practicum placements.

Appendix D-2

SUGGESTED WEEK-BY-WEEK SCHEDULE
INTERNSHIP PLACEMENT

Week 1 – Orientation & Direct Supervision

- Review supervision contract and set learning goals.
- Discuss caseload and prior clinical experience.
- Review administrative procedures (referrals, recordkeeping, charting, report writing) and schedule (rounds, departmental meetings, appointments).
- Familiarize with assessment and treatment materials.
- Introduce colleagues and orient to physical setting; provide workspace if possible.
- Observe clinical educator with clients.
- Participate in or administer all or part of sessions, depending on familiarity with client population.
- Feedback provided by clinical educator after each session, as schedule allows.

Week 2 – Direct Supervision

- Take responsibility for ~2 hours/day of direct client contact: planning, selecting materials, and implementing assessment/treatment.
- Feedback provided after each session.

Weeks 3–6 – Direct Supervision

- Take responsibility for ~3 hours/day of direct client contact.
- Plan, implement, and reflect on assessment/treatment sessions.
- Feedback provided after each session.

Week 6 – Midterm Evaluation

- Clinical educator completes informal midterm evaluation and discusses progress, strengths, and goals for remainder of placement.

Weeks 6–12 – Close Supervision & Progressive Responsibility

- Assume ~3–4 hours/day of direct client contact.
- Planning, preparation, and implementation of assessment/treatment sessions.
- Supervision requirements:
  - → ≥25% of all treatment sessions
  - → ≥50% of each assessment session
  - → 100% of high-risk interventions (e.g., dysphagia assessments, initial case histories, communicating results/recommendations)
  - → Feedback provided after sessions, as scheduling allows.

Week 12 – Final Evaluation

- Clinical educator completes final evaluation of student performance and competencies.

Notes:

- Supervision is progressive, based on competency and confidence.
- Feedback is continuous to support learning, professional growth, and client safety.
- Responsibilities increase as students demonstrate competence and readiness.

Appendix D-3

SUGGESTED WEEK-BY-WEEK SCHEDULE
EXTERNSHIP PLACEMENT

Week 1 – Orientation & Direct Supervision

- Review the supervision contract, including student learning goals.
- Discuss caseload and previous clinical experience.
- Review administrative and organizational procedures (referrals, recordkeeping, charting, report writing).
- Review weekly schedule and appointments (rounds, departmental meetings).
- Familiarize with assessment and treatment materials.
- Introduce colleagues and orient to physical setting; provide a workspace if possible.
- Observe the clinician working with clients on the current caseload.
- Participate in or administer all or part of assessment or treatment sessions, as appropriate.
- Feedback provided by the clinician following all sessions.

Week 2 – Close Supervision

- Assume at least 2 hours/day of direct client contact: planning, selecting materials, and implementing assessment or treatment sessions.
- Feedback provided after each session.

Weeks 3–6 – Close Supervision

- Increase to 3–4 hours/day of direct client contact.
- Continue planning, implementing, and reflecting on assessment or treatment sessions.
- Feedback provided after each session.

Week 6 – Midterm Evaluation

- Clinician conducts midterm evaluation and discusses progress, strengths, and learning goals for the remainder of the placement.

Weeks 6–12 – Progressive Responsibility

- Maintain a minimum of 4 hours/day of direct client contact.
- Planning, preparation, and implementation of assessment or treatment sessions.
- Supervision requirements:
    - ≥25% of treatment sessions
    - ≥50% of each assessment session
    - 100% of high-risk interventions (e.g., dysphagia assessment, initial case history, communicating results and recommendations)
    - Feedback provided after sessions, within scheduling constraints.

Week 12 – Final Evaluation

- Clinician completes final evaluation of student performance and competencies.

Notes:

- Supervision is **progressive**, increasing as competence and confidence develop.
- Feedback is provided **continuously** to support learning, professional growth, and client safety.
- Responsibilities are adjusted based on student readiness and the level of risk associated with clinical activities.

Appendix D-4

CLINICAL AND PROFESSIONAL ACTIVITY IDEAS

The following list provides examples of clinical, assessment, and administrative activities in which students may participate during their practicum placements. Participation should be supervised appropriately by a qualified Speech-Language Pathologist or Audiologist.

Assessment Activities

- Administer a portion of an assessment tool (one or more subtests)
- Administer an entire assessment tool (paired students may share responsibilities; e.g., one conducts the assessment while the other collects data, then switch roles)
- Obtain informal assessment information relevant to the client's needs (e.g., speech, language, hearing, voice, fluency, resonance, auditory skills)
- Obtain samples of client performance (e.g., language sample, speech sample, auditory responses)
- Conduct oral mechanism, auditory, or other relevant examinations (students may perform components under supervision or share responsibilities with the clinical educator)
- Participate in specialized assessments under direct supervision (e.g., swallowing assessment, hearing screening, amplification checks)
- Score and interpret informal or formal assessment tools, under supervision

Treatment / Intervention Activities

- Conduct a portion of a session (focus on one goal or task)
- Conduct an entire session (paired students may share responsibilities for multiple goals/tasks)
- Develop or revise therapy, intervention, or client education materials for clients and their families/caregivers
- Develop workshops or presentations for clients, caregivers/families, or other professionals (e.g., communication strategies for caregivers, hearing aid management for educators, swallowing care for nursing staff)
- Deliver part or all of a workshop or presentation to clients, caregivers/families, or other professionals
- Collect session data (e.g., response to intervention, task completion)
- Develop short-term or long-term goals based on assessment results
- Implement behaviour or session management techniques under supervision

Administrative / Professional Activities

- Write chart notes, session documentation, and/or reports
- Complete referral forms, intake paperwork, or other required documentation
- Prepare materials, handouts, or presentations for clients, caregivers, or professional teams
- Engage in professional development or research relevant to client care
- Participate in interprofessional meetings, rounds, or team discussions

PLEASE NOTE: This list is not exhaustive; it is simply a list of possible suggestions/ideas to ensure active student participation within placements.

Appendix D-5

STUDENT RESPONSIBILITIES DURING CLINICAL EDUCATOR ABSENCE

Students completing **internship or externship practicum placements** are expected to participate fully in clinical practice with their clinical educators. This includes client assessment and management, interviewing and counselling, interprofessional collaboration, client and caregiver education, report writing, documentation, materials development, session planning, and other professional activities.

Tele supervision may be used when a qualified supervisor provides real-time oversight using secure audio/video technology, in compliance with professional, regulatory, and site policies.

Occasionally, a clinical educator may be unavailable due to illness, vacation, professional development, or other commitments. During these periods, students may continue clinical or professional activities **only under appropriate supervision by a qualified regulated professional**.

Supervision Requirement:
If the primary clinical educator is unavailable, **another qualified Speech-Language Pathologist or Audiologist must be clearly designated as the supervising clinician for the student**. Students must not provide services without such supervision.

Activities students may participate in during a clinical educator's absence include:

- Client service delivery under supervision (on the student's or clinical educator's caseload)
- Participation in clinical activities with another Speech-Language Pathologist or Audiologist
- Interprofessional clinical activities with other healthcare or education team members
- Assessment or intervention planning for upcoming clients
- Report writing and clinical documentation
- Development of therapy or client education materials
- Preparation or revision of workshops/presentations for clients, caregivers, or other professionals
- Development of materials promoting awareness of the professions and communication/hearing disorders
- Administrative or clinic-related tasks
- Independent research on a clinical topic
- Other projects as determined by the clinical educator

Students are responsible for **understanding who is supervising them at all times**. If there is any uncertainty regarding supervision arrangements, the student must **consult the Clinical Educator or Clinical Coordinator** immediately. Refer to Handbook for more information on tele supervision.

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Appendix D-6

Assessment of Clinical Competence (ACC) Expectations by Placement

By the end of each practicum placement, speech-language pathology students are expected to achieve the following clinical competency ratings in each section of the final *Assessment of Clinical Competence (ACC) Student Evaluation Form*:

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

Unsatisfactory ratings for any skills in any practicum placement (i.e., Fall Practicum, Winter Practicum, Internship, Externship) would indicate unmet expectations in the 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 role areas, a grade of fail may be assigned (see the Difficulties with Student Performance in Practicum section and Appendix B-18 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 internship or externship placements 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.

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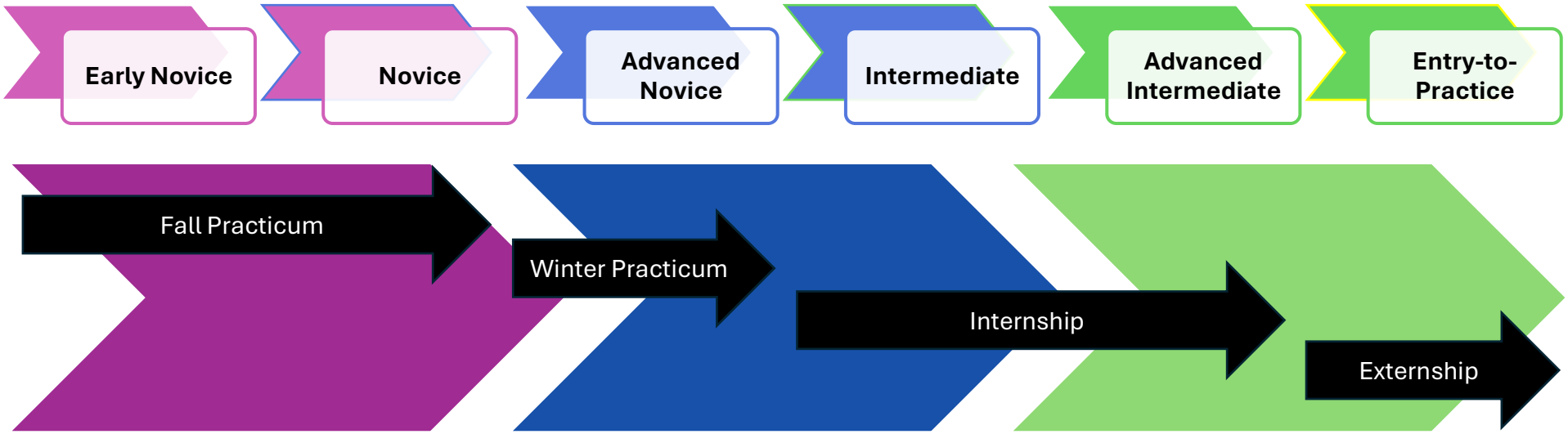
Appendix D-6



DALHOUSIE UNIVERSITY

Appendix E-1

SUMMARY OF CLINICAL PRACTICE HOURS – SPEECH-LANGUAGE PATHOLOGY

Name of Student: _____ *University:* _____

Degree/Program: _____ *Date of Graduation:* _____

Activity		Assessment & Identification		Intervention & Management		Simulated Practice
		Adults	Children	Adults	Children	
Articulation & Phonology						
Preschool/School-Age Language & Literacy						
Developmental Language						
Acquired Language						
Cognitive Communication						
Motor Speech						
Augmentative & Alternative Communication						
Voice & Resonance						
Fluency						
Dysphagia						
Prevention & Identification						
Ⓐ **S-LP**	**Total:**	**Subtotal❶:**	**Subtotal❷:**	**Subtotal❸:**	**Subtotal❹:**	**Subtotal❺:**
AUD minor hours						
Ⓑ **AUD**	**Total:**	**Subtotal❻:**	**Subtotal❼:**	**Subtotal❽:**	**Subtotal❾:**	**Subtotal❿:**

Distribution of Clinical Practice Hours	Total Hours	Hours Requirements
Total Hours with Adults = *sum of subtotals* ❶&❸		*Minimum of* **50** *Hours*
Total Hours with Children = *sum of subtotals* ❷&❹		*Minimum of* **50** *Hours*
Total Hours in AUD = *sum of subtotals* ❻❼❽❾❿		*Minimum of* **20** *Hours*
Total Hours in Assessment/Identification = *sum of subtotals* ❶&❷		*Minimum of* **50** *Hours*
Total Hours in Intervention/Management = *sum of subtotals* ❸&❹		*Minimum of* **100** *Hours*
Total Hours in Simulated Practice = *sum of subtotals* ❺&❿		*Maximum of* **50** *Hours*
Total Direct Contact Hours in S-LP = *sum of subtotals* ❶❷❸&❹		*Minimum of* **300** *Hours*
FINAL TOTAL HOURS = *sum of sections* Ⓐ&Ⓑ		*Minimum of* **350** *Hours*

Name of Clinical Coordinator _____ *Signature of Clinical Coordinator* _____

Email Address _____ *Date* _____

DALHOUSIE UNIVERSITY

Appendix E-2

SUMMARY OF CLINICAL PRACTICE HOURS – AUDIOLOGY

Name of Student: _____ University: _____

Degree/Program: _____ Date of Graduation: _____

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

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

Name of Clinical Coordinator _____ Signature of Clinical Coordinator _____

Email Address _____ Date _____

Appendix E-3

DOCUMENT REQUEST FORM FOR PROVINCIAL LICENSURE

Program Director Letter and Signed Summary of Clinical Hours Form

Students may wish to begin employment after completing their externship but prior to formal degree conferral (i.e., before May/June graduation). In such cases, some provincial regulatory bodies require confirmation from the Program that all degree requirements have been met. This typically includes a letter from the Program Director and/or a signed Summary of Clinical Hours Form.

If you require these documents to be sent directly from the School, please specify the provincial regulatory body/college to which the letter and Summary of Clinical Hours Form should be forwarded:

- ☐ Nova Scotia Regulator of Audiology and Speech-Language Pathology (NSRASLP) https://nsraslp.ca
- ☐ College of Audiology and Speech-Language Pathology of Prince Edward Island (CASLPPEI) https://caslppei.ca
- ☐ The Regulatory College of Audiologists and Speech-Language Pathologists of New Brunswick (RCASLPNB) https://rcaslpnb.ca
- ☐ College of Audiologists and Speech-Language Pathologists – Newfoundland and Labrador (CASLP-NL) https://caslpnl.ca
- ☐ Ordre des orthophonistes et audiologistes du Québec (OOAQ) https://ooaq.qc.ca
- ☐ College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) https://caslpo.com
- ☐ College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM) https://caslpm.ca
- ☐ The College of Speech-Language Pathologists and Audiologists of Saskatchewan (CSASK) https://csask.ca
- ☐ Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) https://acslpa.ca
- ☐ College of Health and Care Professionals of British Columbia (CHCPBC) https://chcpbc.org
- ☐ Other: _____

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

Name: Date:

Signature: