SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS

CLINICAL PRACTICUM HANDBOOK 2023-2024

Speech-Language Pathology

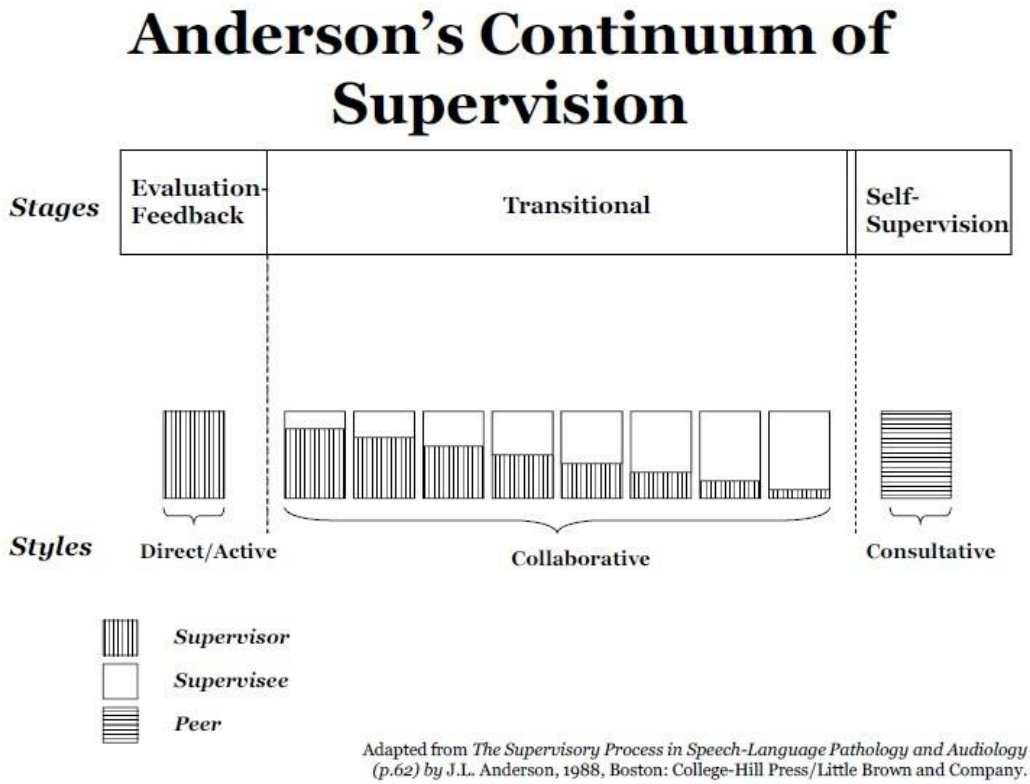
Table of Contents

APPENDICES

CLINICAL EDUCATION STATEMENT OF PHILOSOPHY

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

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



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

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

ROLES AND RESPONSIBILITIES OF THE STUDENT

Student participation in the clinical education experience can be thought of as a dual role. First, the student is responsible for completing the appropriate administrative and professional duties that are demanded from the practicum placement process, including responsibility for transportation, accommodation, and associated practicum costs, completion of all placement requirements such as immunizations and criminal record checks, obtaining a list of recommended readings and/or materials to review prior to commencement of the placement, and ensuring required forms are signed and returned to the School. Second, the student is also responsible for developing the competencies that will allow for successful completion of the program and the beginning of independent practice. The student plays an active and changing role in the clinical education process. In order for that role to evolve as the student does, the student needs to recognize both his/her strengths and limitations as each practical experience is approached. In addition, students are expected:

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

ROLES AND RESPONSIBILITIES OF THE CLINICAL EDUCATOR

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

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

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

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

ROLES AND 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 for:

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

COURSE AND PRACTICUM SCHEDULE

COURSE SCHEDULE	PRACTICUM SCHEDULE
Year 1 – Fall Term	
CMSD 5050 - Fundamentals of Speech Science CMSD 5130 - Introduction to Audiology & S-LP CMSD 5150 - Speech and Language Acquisition CMSD 5290 - Neurosciences for Communication Disorders CMSD 6310 - Audition IPHE 5900 - Interprofessional Health Education Portfolio	SLP Observation via CMSD5130 Practicum Preparation Classes: clinical education process and interprofessional education and practice
Year 1 – Winter Term	
CMSD 5020 - Phonetics CMSD 5120 - Hearing Measurement CMSD 5260 - Hearing Disorders CMSD 6350 - Assessment of Neurogenic Disorders - Adult CMSD 6980 - Research Design IPHE 5900 - Interprofessional Health Education Portfolio	Pre-Practicum Placement: Speech-language-literacy screenings with preschool-aged children in the community following the April exam period
Year 2 – Fall Term	
CMSD 5250 - Speech Disorders - Children CMSD 5270 - Language Disorders in Preschool Children CMSD 6460 - Treatment of Neurogenic Disorders – Adults CMSD 6612 - Dysphagia CMSD 5070 - Clinical Methods – Speech-Language Pathology IPHE 5900 - Interprofessional Health Education Portfolio	Fall Practicum Placement: 10 half days or 5 full days with pediatric and/or adult population; uses 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, interprofessional collaboration, etc.
Year 2 – Winter Term	
CMSD 5070 - Clinical Methods – Speech-Language Pathology CMSD 6390 - Voice/Resonance Disorders CMSD 6450 - Speech Disorders Adults CMSD 6470 - Language Disorders in School Age Children CMSD 7001 - Research Project IPHE 5900 - Interprofessional Health Education Portfolio	Winter Practicum Placement: 10 half days or 5 full days with pediatric and/or adult population; uses reciprocal peer coaching model. Practicum Preparation/Clinical Methods Classes: clinical education process and interviewing and counselling skills
Year 2 – Spring/Summer Term	
No courses offered	CMSD 7061 - Internship Practicum: 10–12-week, full-time placement from April to July within Atlantic Canada
Year 3 – Fall Term	
CMSD 5140 - Aural (Re)Habilitation with Children CMSD 6490 - Advanced Language Disorders in Children CMSD 6550 - Seminars in Adult Communication Disorders CMSD 6611 - Augmentative & Alternative Communication CMSD 6370 - Fluency Disorders CMSD 7002 - Research Project IPHE 5900 - Interprofessional Health Education Portfolio	Practicum Preparation Classes: interviewing, resume writing, certification and licensure, preparation for final externship placement
Year 3 – Winter Term	
No courses offered	CMSD 7062 - Externship Practicum: 12-week, full-time placement from January to March in Canada or internationally

PRACTICUM DESCRIPTIONS, OBJECTIVES AND EXPECTATIONS

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

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

Students move through these activities in incremental steps, eventually achieving greater responsibility for the care of clients.

OBSERVATIONS AND PRESCHOOL SCREENINGS

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

At the end of the first year of the program, students participate in speech-language-literacy screenings of preschool-aged children at local family resource and community health centres. The purpose of this pre-practicum activity is to introduce students to clinical practice with the pediatric population and to support the preschool screening process within the local community. Student clinical skills and competencies are not formally assessed within the preschool screening experience; however, students are expected to demonstrate *emerging* understanding and application of professionalism, interpersonal & communication skills, clinical skills required for screening, and collaboration skills. Furthermore, students are expected to be able to adjust their behaviour following specific feedback/guidance from a supervisor or mentor.

FALL PRACTICUM PLACEMENT

The first practicum placement occurs in the first semester of the second year of study. The placement consists of 10 half days or 5 full days of clinical experience and uses the reciprocal peer coaching model, whereby pairs of students observe each other and provide consultative assistance throughout the placement. In addition to clinical placements, students are required to participate in Clinical Methods classes and practicum preparation meetings.

All fall practicum placements take place in Halifax or surrounding areas (typically within 1 hour commute of Halifax), at sites within Hearing and Speech Nova Scotia (formerly Nova Scotia Hearing and Speech Centres), Halifax Regional Centre for Education, Chignecto Central Regional Centre for Education, Conseil scolaire acadien provincial (CSAP), the School's Speech-Language Clinics, or private practice clinics. Students are responsible for transportation and all costs associated with these placements.

The purpose of this practicum placement is to introduce students to clinical practice with pediatric and/or adult populations. Students are expected to obtain hands-on experiences with clients during this practicum placement, by actively engaging in clinical activities under the supervision of the clinical educator (please see Appendices B-20 and B-21 for clinical activity ideas and suggestions for fall practicum students). Students typically obtain approximately 20 client-direct/client-related hours during this practicum. During this first practicum placement, students will most often require supervision 100% of the time when they are providing direct client care. The clinical educator's role will be to teach, explain, model, and provide feedback to the students.
Please refer to Appendix B-6 for a list of clinical competencies students are expected to meet by the end of the fall practicum placement. More specifically, fall practicum students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form*:

- Interpersonal & Communication Skills = More than half of all ratings are *developing* or higher
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *emerging* or higher
- Professionalism = More than half of all ratings are *developing* or higher
- Administrative & Technical Skills = More than half of all ratings are *emerging* or higher
- Clinical Skills: Identification/Assessment = More than half of all ratings are *emerging* or higher
- Clinical Skills: Intervention/Treatment = More than half of all ratings are *emerging* or higher
- Collaboration Skills = More than half of all ratings are *developing* or higher

In addition, assignment of *absent* ratings for any skills would indicate unsatisfactory performance in the fall practicum placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

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

WINTER PRACTICUM PLACEMENT

This practicum placement occurs in the winter term of the second year of study. The placement consists of ten half days or five full days of clinical experience and uses the reciprocal peer coaching model, whereby pairs of students observe each other and provide consultative assistance throughout the placement. In addition to clinical placements, students are required to participate in Clinical Methods classes and practicum preparation meetings.

All winter practicum placements take place in Halifax or surrounding areas (typically within 1 hour commute of Halifax), at sites within Hearing and Speech Nova Scotia (formerly Nova Scotia Hearing and Speech Centres), Halifax Regional Centre for Education, Chignecto Central Regional Centre for Education, Conseil scolaire acadien provincial (CSAP), the School's Speech-Language Clinics, or private practice clinics. Students are responsible for transportation and all costs associated with these placements.

The purpose of this practicum placement is to expand upon the clinical experiences obtained within the fall practicum placement and to further develop clinical skills with pediatric and/or adult populations. Students are expected to obtain hands-on experiences with clients during this practicum placement, by actively engaging in clinical activities under the supervision of the clinical educator (please see Appendices B-20 and B-21 for clinical activity ideas and suggestions for winter practicum students). Students typically obtain approximately 20 client-direct/client-related hours during this practicum. Great effort is made to provide students with a different population than the one they had in the fall practicum placement; however, this is not always possible and is dependent upon the opportunities offered by the practicum sites. During this practicum placement, students will most often require 100% supervision when engaged in direct client care. The clinical educator's role will be to teach, explain, model, and provide feedback to the students.

Please refer to Appendix B-7 for a list of clinical competencies students are expected to meet by the end of the winter practicum placement. More specifically, winter practicum students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form*:

- Interpersonal & Communication Skills = More than half of all ratings are *nearly acquired* or higher
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *developing* or higher
- Professionalism = More than half of all ratings are *nearly acquired* or higher
- Administrative & Technical Skills = More than half of all ratings are *developing* or higher
- Clinical Skills: Identification/Assessment = More than half of all ratings are *developing* or higher
- Clinical Skills: Intervention/Treatment = More than half of all ratings are *developing* or higher
- Collaboration Skills = More than half of all ratings are *nearly acquired* or higher

In addition, assignment of *absent* ratings for any skills would indicate unsatisfactory performance in the winter practicum placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

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

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 but not limited to, housing and transportation.

The purpose of the internship is to continue to expand upon previous clinical experiences, providing students with the opportunity to further develop their clinical competence. Students typically obtain between 150-250 client-direct/client-related hours during the internship. The clinical educator is expected to actively provide supervision and support, while allowing the student to obtain increasing responsibility over the course of the internship. 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 *Supervision Guidelines* section on page 16 for more details).

Please refer to Appendix B-8 for a list of clinical competencies students are expected to meet by the end of the internship placement. More specifically, internship students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form*:

- Interpersonal & Communication Skills = More than half of all ratings are *acquired*
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *nearly acquired* or higher
- Professionalism = More than half of all ratings are *acquired*
- Administrative & Technical Skills = More than half of all ratings are *nearly acquired* or higher
- Clinical Skills: Identification/Assessment = More than half of all ratings are *nearly acquired* or higher
- Clinical Skills: Intervention/Treatment = More than half of all ratings are *nearly acquired* or higher
- Interprofessional Collaboration Skills = More than half of all ratings are *nearly acquired* or higher

In addition, assignment of *absent* ratings for any skills and/or *emerging* ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple, or consistent opportunities to practice a skill within the placement) would indicate unsatisfactory performance in the internship placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

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

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

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 but not limited to, housing and transportation. Students interested in completing an international externship should review the international placement guidelines on pages 9 and 10.

The purpose of the externship is to develop a student's clinical competence to meet entry-level professional standards for 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 *Supervision Guidelines* section on page 16 for more details).

Please refer to Appendix B-9 for a list of clinical competencies students are expected to meet by the end of the externship placement. More specifically, externship students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form*:

- Interpersonal & Communication Skills = More than half of all ratings are *acquired*
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *acquired*
- Professionalism = More than half of all ratings are *acquired*
- Administrative & Technical Skills = More than half of all ratings are *acquired*
- Clinical Skills: Identification/Assessment = More than half of all ratings are *acquired*
- Clinical Skills: Intervention/Treatment = More than half of all ratings are *acquired*
- Interprofessional Collaboration Skills = More than half of all ratings are *acquired*

In addition, assignment of *absent* or *emerging* ratings for any skills and/or *developing* ratings for any skills in which the student had the opportunity for routine practice (i.e., multiple, or consistent opportunities to practice a skill within the placement) would indicate unsatisfactory performance in the externship placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

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

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

PRACTICUM PROCESS

ARRANGING PRACTICUM PLACEMENTS

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

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

For fall and winter practicum placements, students are assigned to practicum sites at the discretion of the Clinical Coordinator. These assignments are made based on settings or populations of interest each student specified on the *Practicum Planning Table - S-LP Students* document provided at the end of first year, as well as the practicum placements offered by sites/facilities. All attempts are made to provide students completing winter practicum placements with a different population than the one they had in the fall practicum placement; however, this is not always possible and depends upon the opportunities offered by the practicum sites. Once the practicum assignments have been made, the Clinical Coordinator will notify clinical educators and students about the tentative dates of the practicum period and provide both parties with all relevant information and documentation needed for the practicum placement. The Clinical Coordinator will also provide clinical educators and students with a class schedule/timetable, which indicates the dates/times available for practicum. The clinical educator and student will arrange a suitable schedule based on the available dates/times.

For internship placements, students will be provided with a menu of offers of possible practicum placements. This menu of offers will be distributed to students at the beginning of the winter term of the second year. For the externship placement, the Clinical Coordinator and students will individually discuss possible placement options. A list of offers will not be provided, but rather discussion of student interests and hourly requirements will determine possible practicum site requests to be made by the Clinical Coordinator. Discussion of externship placements typically begins following internship placement assignment. Students considering externships placements outside of Nova Scotia are strongly encouraged to submit their requests before or during their summer internship. For both internship and externship placements, students rank their top 5 desired placement sites/areas using the *Practicum Site Request Form* (See: Appendix A-1). The Clinical Coordinator will use this form to assign students to practicum placement sites. Once the practicum assignments have been made, the Clinical Coordinator will notify clinical educators and students about the tentative dates of the practicum period and provide both parties with all relevant information and documentation necessary for completion of the practicum placement. Students agree not to request a change to that assignment except under conditions of extreme, unforeseen hardship.

PROCEDURES FOR INTERNATIONAL PRACTICUM PLACEMENTS

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

Step 1: The Student will review Dalhousie University's *Guidelines for Students Participating in International Activities* (See: Appendix A-7) and contact the International Centre as necessary to discuss their plans for international placements.

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 letters of support at the next scheduled faculty meeting for academic review. Following academic review of the proposal, the Clinical Coordinator will notify the student of the outcome of the review.

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

Additional Student Responsibilities:

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

Step 5: The Clinical Coordinator will contact the site to provide confirmation of the placement. The Clinical Coordinator will provide 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 (https://www.dal.ca/campus_life/international-centre.html) for more information on financial support (such as the *Study/Work International Fund (SWIF)* and *Howard C. Clark International Study Award*), pre-departure checklists/preparing to leave Canada, re-entering Canada post-experience, and to register emergency contact information.

MENCHER FAMILY AWARD

Audiology and Speech-Language Pathology students completing an externship placement in an international setting will be considered for the Mencher Family Award. The annual value of the Award is dependent on the interest generated by the endowment fund but is estimated to be approximately $500.00 at current interest rates. The criteria for the Award are as follows:

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

Since all international placements must be approved by the faculty, there is no requirement for interested students to apply for this Award. If there is more than one applicant, the Committee on Studies will select the successful awardee and, in this instance, may contact candidates for additional information. The award will be conferred after the international practice education experience for the student is confirmed. If there are no suitable recipients for a given year, the spending allocation will be reinvested.

PRACTICUM POLICIES

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

BECOMING A CLINICAL EDUCATOR

The school requires that Speech-Language pathology clinical educators have a minimum of one year of work experience, hold a master's degree (or equivalent) in speech-language pathology, and are licensed to practice as a speech-language pathologist in their province/country of residence (if applicable).

PRACTICUM DOCUMENT 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* or *Doe, John Criminal Record Check with Vulnerable Sector Search*).

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
- Review and sign the *Student Acknowledgement form* (see Appendix A-3) and *Criminal Record Check, Child Abuse Registry, & Immunization Record Waiver* (see Appendix A-4)
- Complete and send *Student Placement Profile* to clinical educator (see Appendix A-2)
- 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 that are specific to a practicum site/facility. The coordinator will provide all students with information about any additional requirements upon confirmation of the practicum placement. Failure to complete practicum requirements may result in postponement or even cancellation of the practicum experience, which would likely mean a delay of graduation.

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

- Student Evaluation Form (see Appendix B-10 or B-11)
- Student Feedback to Clinical Educator Form (See Appendix B-12)
- Clinical Practicum Hours Form (see Appendix B-13)

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

STUDENT CODES OF CONDUCT

Students are expected to follow the *SCSD Code of Conduct* (see pages 6-8 of the Student Handbook *https://www.dal.ca/faculty/health/scsd/current-students/Student-Handbook-Current-Students.html* and the *Dalhousie University Code of Student Conduct* (*https://www.dal.ca/dept/university_secretariat/policies/student-life/code-of-student-conduct.html*) during their time at Dalhousie University, including within practicum placements.

CODES OF ETHICS

Students are required to adhere to the *Speech-Language & Audiology Canada Code of Ethics* (https://www.sac-oac.ca/sites/default/files/resources/2016_sac_Code_of_Ethics_en.pdf) and the *Code of Ethics* of the regulatory body (e.g., NSCASLP, CASLPO, NBASLPA) in the province where a practicum placement is completed, at all times.

SOCIAL MEDIA AND ELECTRONIC COMMUNICATION IN PRACTICUM SETTINGS

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

SCENT-FREE POLICY

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

DRESS CODE

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

PERSONAL IDENTIFICATION

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

ATTENDANCE AT PRACTICUM

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

PRACTICUM SCHEDULES

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

CHANGES TO PRACTICUM

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

PRIVACY AND CONFIDENTIALITY

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

CLIENT/PATIENT FILES

Students will have access to the files (paper and/or electronic) kept on clients who are part of a practicum experience. Students are to follow the procedures outlined by each site for accessing patient files. Students must log out of electronic record systems each time they leave the office/room. Electronic record systems should only be accessed by students on secure approved computers on site (they are not to be accessed from a student's personal laptop or from the student's home) unless the clinical educator/practicum site has provided written approval. Files must be reviewed on the premises of the facility in which they are maintained; **under no circumstances should they be removed from the facility.** The information in a client's file is of a confidential nature and should be treated as such. Clients should not be able to access medical records (there will be a process of consent to request records). In some instances, students may consider it important to keep a copy of a report on a client (i.e., assessment or treatment report written by the student him/herself). In this case, the student must first request permission from the clinical educator to keep a copy and then delete any information which specifically identifies the client (e.g., first and last name, address, date of birth, etc.) before removing it from the practicum site. **Failure to follow confidentiality guidelines at a practicum site may result in termination of the practicum placement.**

CONSENT TO RELEASE INFORMATION

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

USE OF MATERIALS AND EQUIPMENT DURING PRACTICUM ACTIVITIES

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

PRACTICUM SITE POLICIES AND PROCEDURES

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

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

Dalhousie University's Faculty of Health does not require criminal record checks or other screening procedures (e.g., vulnerable sector search, child abuse registry, etc.) as a condition of admission into its programs. However, students should be aware that practicum sites/facilities often require such checks and may not accept students with unclear criminal record checks, criminal records, or who have failed vulnerable sector searches or child abuse registry searches. Students who are unable to complete a practicum placement due to failure to meet the record check or screening requirements of the site/facility, or who are refused access to the site/facility based on the information provided, may fail the practicum placement, and as a result, in some instances, may not be eligible for progression through the program or graduation from the program. Please see Appendices A-4 and A-5 for more information.

PRACTICUM PROCEDURES

STUDENT PRE-PLACEMENT PREPARATION

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

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

CLINICAL EDUCATOR PRE-PLACEMENT PREPARATION

All Speech-Language Pathologists 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: Speech-Language Pathology document, information about the clinical education process at SCSD, how to effectively provide feedback to students, how to evaluate student clinical competencies, how to assist struggling students, and the roles and responsibilities of the clinical educator, student, and Coordinator.

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

- Guidelines for Clinical Placement documents (See: Appendices B-3, B-4, and/or B-5)
- Student Clinical Competencies (See: Appendices B-6, B-7, B-8, or B-9)
- Student Evaluation document (See: Appendices B-10 or B-11)
- Student Placement Profile (to be provided to the clinical educator by the student prior to the start of the placement; see Appendix A-2)
- Clinical Skills Checklists and Feedback Forms and Student Self-Evaluation Form (See Appendices B-15, B-16, B-17, and B-18; please note that the use of these forms during the placement is optional)
- Clinical Hours requirements (See Appendix B-13)
- Clinical Activity Ideas for Fall & Winter Placements (See Appendices B-20 or B-21) and Clinical Activity Ideas for Internship & Externship (See Appendix B-22)

ORIENTATION DURING PRACTICUM PLACEMENT

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

CLINICAL EDUCATION CONTRACT

During the initial practicum meeting, the clinical educator and student are expected to outline the goals for the practicum term by completing the *Clinical Education Contract* (See: Appendix B-2). Use of the contract helps to define the expectations of both the clinician and the student for the placement. This contract may be reviewed and updated throughout the term.

PRACTICUM TIMELINE GUIDELINES

Suggested guidelines for practicum timelines have been developed to help guide the clinical education process. The guidelines can be found in Appendices B-3, B-4, and B-5, and include suggestions such as the amount of direct client contact time students should be obtaining each day over the course of the practicum placement and when formal evaluations should be conducted. As a general guideline, SAC suggests 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 each assessment session.
- 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 he/she is providing clinical services to clients. The clinical educator should typically be on-site or delegate to an on-site alternate clinical educator who meets the requirements for student supervision if he/she plans to be away.

RECIPROCAL PEER COACHING MODEL

Reciprocal peer coaching is a form of cooperative learning that encourages pairs or small groups of students to observe and provide consultative assistance to each other within practicum placements. This model may be used within the fall and winter practicum placements and internship placements. Peer coaching provides students with space to explore solutions as they examine clinical problems and their own clinical performance. The reciprocal peer coaching model facilitates development of students' problem-solving, communication, and collaboration skills, while enhancing self-confidence. When implementing the peer coaching model, students are encouraged to discuss the plan for giving and receiving feedback (e.g., verbal or written, focus on positive, using active listening, calm and non-threatening, emphasis on problem solving, etc.), individual roles and responsibilities within the practicum placement, and even sharing of costs associated with the placement (e.g., money for gas, bridge tolls, etc.). In practice, the reciprocal peer coaching model often involves students sharing tasks within assessment and treatment sessions, co-creating therapy plans, and completing special projects together. Clinical educators are also encouraged to participate in discussions of how the reciprocal peer coaching model will work within the practicum placement, including student responsibilities, expectations for individual and joint sessions, feedback post-sessions, etc.

TREATMENT PLANNING DURING PRACTICUM

Students are expected to prepare a treatment plan prior to each session and complete a treatment log following each session. The objectives and procedures of the therapy session are specified in the plan; the log provides a synopsis of the essential features of the session as well as analysis of this information and the implications for future sessions. The plans and logs provide a means for communication between the student and clinical educator. Plans are due to the supervising clinical educator prior to the therapy session on a schedule arranged between the student and clinical educator. They are to be returned to the student prior to the session so that the student may make changes in his/her expectations of the client's performance or in the procedures to be implemented, as recommended by the clinical educator. Logs may be regularly submitted to the clinician for comments on a schedule jointly determined by the student and clinical educator. Through preparation of therapy plans and logs, the student clinician is provided training in writing, planning, and keeping records, and responsibilities required in professional clinical performance. Therapy programs benefit in efficiency and effectiveness from the constant evaluation of client performance relative to specified goals and subsequent revision of these goals as appropriate. The format for therapy plans and logs can be found in Appendices C-1 and C-2.

REPORT WRITING DURING PRACTICUM

Students are expected to practice writing reports and/or chart notes during their practicum placements. Evaluation report templates and samples can be found in Appendix C-3 and treatment summary templates and samples can be found in Appendix C-4 of this handbook. 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.

DEVELOPMENT OF CLINICAL REASONING SKILLS

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

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

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

- Use the *Student Self-Evaluation Form* (see Appendix B-18) 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.
- Try to answer your own clinical questions.
- Ask yourself "What will I do?" and "Why am I doing it?" when planning for a client.

EVALUATION AND FEEDBACK

Students and clinical educators provide and receive feedback during the supervisory process. Students evaluate and provide feedback regarding a clinical educator's professional, clinical, and supervisory skills, while clinical educators evaluate and provide feedback on a student's clinical, professional, and technical skills. Students and clinical educators are expected to complete formal evaluations using Appendices B-10 or B-11 and B-12 at the end of each practicum placement. Students and clinical educators may choose to complete informal evaluations at mid-term of the practicum placement or use the more formal evaluation documents. The Academic Coordinator of Clinical Education (Clinical Coordinator) will provide suggestions for giving and receiving effective feedback, to students (in practicum preparation classes) and clinical educators (through handouts and/or a presentation upon confirmation of a placement), prior to commencement of the practicum placement. Please see Appendices B-10 or B-11 and B-12 for formal evaluation forms and Appendices B-15, B-16, B-17, and B-18 for informal checklists, session and weekly feedback forms, and student self-evaluation forms.

STUDENT FEEDBACK TO CLINICAL EDUCATOR

Students provide 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 at the end of the placement. Students are required to complete the *Student Feedback to Clinical Educator Form* (See: Appendix B-12) at the end of the practicum and to provide copies to both the clinical educator and the Clinical Coordinator.

STUDENT EVALUATION

An important part of the practicum experience involves evaluation of the student's interpersonal & communication skills, practical knowledge & clinical reasoning skills, professionalism, administrative & technical skills, clinical skills, and interprofessional collaboration skills. Evaluations are performed at midterm (usually the fifth week of the fall and winter practicum placements and the sixth week of the internship and externship placements) and at the end of the placement. Clinical educators are required to complete the appropriate evaluation forms (See: Appendices B-10 or B-11). Please refer to the evaluation of clinical skills rubric located on the second page of the *Student Evaluation Form* for guidance in completing the forms.

Prior to submission of the form, the student and clinical educator(s) will arrange an appointment to discuss and review the evaluation. To complete the evaluation, it is recommended that the clinical educator review the clinical competency expectations for the placement, refer to Appendices B-6, B-7, B-8, or B-9. These competencies indicate how the student is expected to perform by the end of the practicum term. Specific clinical competency expectations (i.e., minimal ratings required in each competency area) for each practicum placement (fall practicum, winter practicum, internship, and externship) can be in the *Practicum Description, Objectives, & Expectations* section (see pages 5-8).

DIFFICULTIES WITH STUDENT PERFORMANCE IN PRACTICUM

If, and as soon as, a clinical educator determines that a student is performing below an acceptable standard and is not on track to meet clinical competency expectations (as defined in Appendices B-6, B-7, B-8, or B-9), or if other difficulties arise, they initiate a discussion **with the student**. The clinical coordinator should be contacted following the clinical educator's discussion with the student, to provide necessary support and/or ensure a remediation plan is developed to help the student meet the defined clinical competency expectations for their level of practicum placement. If appropriate, the clinical coordinator may consult with select School faculty members with expertise in the deficient areas to assist with development of the remediation plan. After the remediation plan is developed, the clinical coordinator will inform the Director and/or the Graduate

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

If the student continues to have difficulty achieving defined clinical competency expectations after implementation of the remediation plan, the clinical educator and/or clinical coordinator may decide to meet jointly with the student to discuss the ongoing concerns, update or revise the remediation plan as needed, and agree on a timeline for the goals/competencies in the plan to be achieved. Following the meeting with the student, the clinical educator and clinical coordinator will closely monitor the student's progress and ability to meet the goals described within the remediation plan, reporting the student's progress to the Director and/or the Graduate Coordinator.

If the student meets all the clinical competency expectations by the end of the practicum placement, a grade of 'Pass' may be assigned. If the student is not meeting the objectives within the remediation plan and is not showing sufficient improvement toward meeting clinical competencies, a grade of 'Fail' may be assigned for the practicum placement. If the clinical coordinator judges that the student demonstrates the ability to meet the objectives outlined in the remediation plan, but will require additional time to do so, an extension of the practicum placement may be granted (with the same clinical educator or with a different clinical educator). An extension of the practicum placement may result in a delay in graduation. An extension of the practicum placement does not guarantee that a student will meet the clinical competency expectations necessary to receive a passing grade. If a pattern of poor performance continues and the student has difficulty achieving the outlined goals and competencies by the end of the placement, a grade of 'Fail' may be assigned. Please see Appendix B-19 for more information.

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

- Unsatisfactory performance in one or more clinical competencies (i.e., minimal ratings in competency area(s) are not achieved)
- Insufficient improvement after constructive feedback and opportunities for practice
- Absence or withdrawal from practicum without prior approval from the clinical coordinator and graduate coordinator
- Breaches of confidentiality, unsafe practice, ethical misconduct, serious and/or continuous breaches of professionalism, and/or violation of student or professional codes of conduct
  Please note any of these behaviours may result in immediate removal from the practicum site, termination of the practicum, and a grade of *'*Fail*',* even if other clinical competency expectations for the placement are met. In these cases, it may not be appropriate for a remediation plan to be put in place.

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

DIFFICULTIES WITH SUPERVISION IN PRACTICUM

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

MANAGING CONFLICT/DIFFICULT SITUATIONS WITHIN PRACTICUM PLACEMENTS

Conflict and/or difficult situations within the practice setting may arise for several reasons, including unclear roles and expectations, miscommunication, inadequate knowledge, skills or competencies, personality differences, time and caseload demands, lack of resources or space, different learning and/or working styles, and/or generational differences, to name a few. Inability to resolve conflict or manage difficult situations within the practice setting can significantly impact the overall learning experience. Possible resolution strategies that may be utilized within the practice setting include identifying and dealing with conflicts/issues early, using open and direct communication, developing a contract (See: Appendix B-2), sharing responsibility in finding solutions, demonstrating flexibility, negotiating, and accepting differences (generational differences, learning style differences, etc.). Clinical educators and students are encouraged to work together to resolve any issues/conflicts that may arise within the practicum placement. Students have a responsibility to communicate any concerns regarding a placement to their clinical educator and/or Clinical Coordinator. The clinical educator has a reciprocal responsibility to communicate any of his/her concerns to the student, Clinical Coordinator, and/or designated manager. If the issues/conflict cannot be resolved between the student and clinical educator, the Clinical Coordinator should be notified as soon as possible. The Clinical Coordinator will provide suggestions/ideas to help with conflict resolution/remediate any issues. The student may be withdrawn from a supervisory situation by the Clinical Coordinator if there is sufficient reason to do so.

OMBUDSPERSON

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

CLINICAL HOURS REQUIREMENTS

Students are required to record all hours of clinical contact by completing the *Clinical Practicum Hours* form (See: Appendix B-13). It is the responsibility of the student to submit this to their clinical educator(s) at the end of each practicum term for the clinical educator's signature, verifying the practicum experience. Students should then submit these forms to the Clinical Coordinator. It is the responsibility of the student to keep a record of all clinical contact time during each practicum placement.

Students are required to obtain 350 clinical hours for graduation. The School of Communication Sciences and Disorders complies with accreditation requirements which stipulate that hours be distributed amongst a variety of practice areas and populations. Please see Appendix B-13 for clinical hours requirements and details.

Prior to graduation, students are required to complete the *Speech-Language Pathology Summary of Clinical Practice Hours* form (See: Appendix E) and submit two original copies to their Clinical Coordinator for verification and signature. Students are also asked to review and complete the Clinical Certification & Provincial Registration Document Request Form (See: Appendix E) following completion of the externship placement, to ensure required forms and letters are sent to the correct organization(s) and/or college. Students should ensure they check the licensing requirements of college (e.g., NSCASLP, CASLPO, etc.) in the province they wish to practice following graduation.

COUNTING CLINICAL HOURS

Students obtain clinical hours throughout the course of the program. For clinical hours to be counted on the *Clinical Practicum Hours* form (Appendix B-13), the student must be actively involved in clinical activity. Student participation can be seen as a continuum, whereby students move from observation with no active involvement, to active or guided observation where the student clinician participates at some level, to shared supervised clinical activity, and finally to solo supervised clinical activity. When the student clinician is an observer, not an active participant, the hours do not count toward overall clinical hour totals. Students can ensure they are actively involved in clinical activities during practicum placements in any number of ways. For example, students can take language samples or phonetic repertoires, take data, keep track of formal and informal assessment information, and compare their results with that of the clinical educator, photocopy test forms and score them as the clinical educator completes them with the client, make informal observations of client communication, take formal and informal assessment data, and develop possible goals and rationalization for clinical educator review, etc. Please note that this list is not exhaustive, there may be other activities that the student participates in that can count as clinical hours. Ancillary clinical activities, such as report writing, record keeping, materials development, and planning for sessions are not considered clock hours and may not be counted. It is acknowledged that these essential activities comprise an indirect component of specific client service. Please see Appendix B-13 for detailed information about clinical hours requirements.

It is recognized that work with a client may fall within more than one clinical disorder area. For example, when working with a client with aphasia and apraxia, hours may be counted under the Acquired Language and Motor Speech categories. Hours should be divided between categories according to the amount of time spent on each disordered area. Questions about recording hours with varied caseloads should be directed to the Clinical Coordinator.

OBTAINING MINOR AUDIOLOGY HOURS

Speech-language pathology students are required to obtain a minimum of 20 audiology hours over the course of the program. Expectations for students gaining clinical experience in the minor area focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, and understanding how to adjust communication for a client who has a communication disorder in the minor area. Most minor area hours should be supervised by a clinician certified in that area (i.e., S-LPs can supervise hearing screenings). S-LP students are encouraged to seek out opportunities for minor audiology hours during their internship and externship placements and during the academic year via the School's Audiology Clinics (emails will be sent offering minor hour opportunities).

GRADES FOR PRACTICUM PLACEMENTS

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

PRACTICUM PLACEMENT FEEDBACK FORM

At the end of their practicum, students participating in a clinical setting new to SCSD are asked to complete the *Practicum Placement Feedback Form – Speech-Language Pathology* (See: Appendix B-14). Students will then submit this form to the Clinical Coordinator in order to provide further information on the setting to future students.

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

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

S-LP SCOPE OF PRACTICE

S-LPs perform and provide a broad range of activities and services to their clients and are ethically bound to provide services that are consistent with their competence, education, and experience. For detailed information about the scope of practice for speech-language pathologists, refer to SAC's Scope of Practice for Speech-Language Pathology document: https://www.sac-oac.ca/wp-content/uploads/2023/01/scope_of_practice_speech-language_pathology_en-1.pdf. S-LP students are expected to adhere to the S-LP scope of practice.

S-LP ASSISTANT SCOPE OF PRACTICE

SAC defines S-LP 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 in client service and administrative/support activities. For detailed information about the areas within and outside the S-LP assistant's scope of practice, refer to SAC's Speech-Language Pathology Assistant Guidelines document: https://www.sac-oac.ca/wp-content/uploads/2023/01/CHA_Guidelines_SLP-Assistant_EN-3.pdf

COLLABORATION BETWEEN STUDENTS AND S-LP ASSISTANTS

Students may complete practicum placements at sites that employ S-LP assistants, resulting in opportunities for the student and S-LP assistant to work together on certain aspects of service delivery. S-LP students are training to become entry level clinicians and are therefore expected to obtain hands-on clinical experience in all aspects of service delivery under the S-LP scope of practice, including collaboration with/supervision of S-LP assistants.

Depending on the level of competency of the S-LP student and S-LP assistant, clinical educators may decide to manage supervision of both parties in different ways. The clinical educator may have the S-LP assistant continue to provide direct services to clients on his/her caseload, while the S-LP student provides direct services to clients on the clinical educator's caseload. The clinical educator would demonstrate to the S-LP student how S-LP assistants' function within the clinical setting and provide opportunities for the S-LP student to work collaboratively with the S-LP assistant on tasks (e.g., providing group therapy together, having the S-LP student provide the S-LP assistant with administrative or clinical tasks, etc.). Alternatively,

the S-LP assistant and S-LP student may work together in providing direct services to clients on the S-LP assistant's caseload (under the supervision of the clinical educator), while the S-LP student also provides direct services to clients on the clinical educator's caseload. A student's level of interaction with the S-LP assistant is at the discretion of the clinical educator and/or practicum site, though providing the student with opportunities to collaborate with S-LP assistants is strongly recommended.

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

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

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

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

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

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

MODELING LIFE-LONG LEARNING FOR STUDENTS

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

REQUESTS FOR ACCOMMODATION

Accommodations aim to remove barriers to learning and ensure equitable access to classroom and practicum activities. Accommodation is introduced when a protected characteristic (see: https://humanrights.novascotia.ca/know-your-rights/individuals) may place a student at a disadvantage compared to other students (e.g., (dis)ability). It is the student's responsibility to make a request for accommodation in accordance with the Dalhousie University policy (https://www.dal.ca/campus_life/academic-support/accessibility/accommodations-.html) 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.

We strongly advise any student who might need accommodation and/or advising to contact the Student Accessibility Centre (https://www.dal.ca/campus_life/academic-support/accessibility/contact-us.html), 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
- https://www.dal.ca/campus_life/academic-support/accessibility/accommodations-.html

DISCRIMINATION AND HARASSMENT IN PRACTICUM PLACEMENTS

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

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

Information for Clinical Educators: When issues related to discrimination or harassment in practicum placements arise, the clinical educator may be the first to respond. Practicum placement organizations and agencies often have their own policies and procedures in place for dealing with issues of discrimination and harassment. Clinical educators are encouraged to follow those policies and procedures and seek support from their manager(s) or Human Resources department as necessary. If someone witnesses an act of

discrimination or harassment against a practicum student or the student discloses such issues to the clinical educator, the clinical educator is expected to take steps to stop the inappropriate or discriminatory behaviour (e.g., educate the individual making discriminatory remarks/displaying harassing behaviour, take corrective action by reporting such behaviour as per the organization's policies and procedures). It is important that if a student raises issues about discrimination or harassment in the practicum setting that their concerns are not minimized or ignored.

Clinical educators are encouraged to:

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

TELEPRACTICE

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

- American Speech-Language-Hearing Association (ASHA). (n.d.). *Telepractice*. https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/
- SAC. (2006). *SAC Position Paper on the Use of Telepractice for S-LPs and Audiologists*. https://sac-oac.ca/wp-content/uploads/2023/02/sac_telepractice_position_paper_english.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-2.pdf

TELESUPERVISION

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

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

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

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

RISK MANAGEMENT

CRIMINAL RECORD CHECK WITH VULNERABLE SECTOR SEARCH

Students are required to 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 provided to the Administrative Secretary prior to the start of the first year. Please see: Appendix A-5 for more details about criminal record checks.

CHILD ABUSE REGISTRY

Students who will be working directly with children under the age of 18 within Nova Scotia may be required to have a search of the Child Abuse Register completed, to determine if the student has been found to have abused a child. The Child Abuse Registry 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 the check 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 second-year fall practicum 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 *Immunization Record* and *Mandatory Tuberculosis Skin Test* (TB test) forms prior to commencement of clinical work at SCSD (see Appendix E) and update necessary immunizations (flu shot and TB test) on a yearly basis thereafter. Students are responsible for all costs incurred. Completed forms must be submitted to the Clinical Education Secretary, prior to commencement of observations or practicum placements.

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

Some practicum placement sites require copies of a student's criminal record check with vulnerable sector search, child abuse registry check, and/or immunization document prior to commencement of a practicum placement. Students are therefore asked to review and sign the *Criminal Record Check, Child Abuse Registry, & Immunization Record Waiver* (see Appendix 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 are required to adhere to the infection prevention and control guidelines outlined by the Canadian Interorganizational Group Speech-Language Pathology and Speech-Language Pathology (See https://www.sac-oac.ca/wp-content/uploads/2023/02/Infection_Prevention_control_Guidelines_SLP.pdf).

Furthermore, students are expected to follow all Public Health guidelines and safety protocols issued by the province in which they will be completing a practicum placement, in addition to policies and procedures outlined by Dalhousie University and practicum site(s). These policies and guidelines include, but are not limited to, students self-monitoring for symptoms of illness prior to attending practicum each day, staying home if they feel sick, engaging in hand hygiene including frequent handwashing, risk assessment related to client symptoms and care, risk reduction strategies such as respiratory etiquette, physical distancing guidelines, client placement, and use of personal protective equipment (PPE), cleaning, disinfection, and sterilization of equipment, appropriate waste handling, and healthy workplace practices such as ensuring up-to-date immunizations and staying home from work when ill. Failure to adhere to provincial public health guidelines and practicum site policies and procedures regarding infection control and public health protocols, may result in dismissal 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 College of Audiologists and Speech Language Pathologists of Ontario (CASLPO) website https://www.caslpo.com/sites/default/uploads/files/PSG_EN_Dysphagia.pdf.

DISABILITY INSURANCE

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

STUDENTS TRAVELLING IN VEHICLES DURING PRACTICUM

Insurance: Students or clinical educators who use their own vehicle while travelling to or from a clinical education activity or event should be aware that there is no automobile coverage provided under Dalhousie's automobile policy. If a clinical educator or student were driving a student or clinical educator somewhere while on a clinical placement, the driver's automobile insurance policy would be the policy that would respond to an accident claim. They should notify their broker/insurer to make sure they have adequate coverage. Dalhousie University recommends that anyone using their own vehicle for university business/study carry a minimum liability of $2 million on their automobile policy. It should be noted that the occupational disability insurance would not apply if a student was injured while commuting to or from his or her clinical placement. The occupational disability insurance would only apply in a motor vehicle accident where the student was travelling as part of their clinical placement experience.

Transportation to Practicum Sites: 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. Prior to starting a practicum placement, each student will be required to read and sign a *Student Acknowledgement* form (See 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 prior to commencement of each practicum placement.

PRACTICUM SITES

CLINICS AT THE SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS

The School of Communication Sciences and Disorders (SCSD) operates the Dalhousie Speech-Language Clinic and the Dalhousie Accent Clinic, which provide several practicum placement opportunities for SCSD speech-language pathology students. The Speech-Language Clinic offers a variety of programs, including Communication Group, Aphasia Book Club, Primary Progressive Aphasia and Augmentative and Alternative Communication. Second year students can complete fall and winter practicum placements within these programs.

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 most 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 & Amherst Community Clinic
- Antigonish – St. Martha's Regional Hospital
- Bridgewater – Bridgewater Community Clinic & South Shore Regional Hospital
- Dartmouth – Dartmouth Community Clinic & Dartmouth General Hospital
- Digby – Digby General Hospital
- Evanston – Strait Richmond Hospital
- Halifax – Halifax Community Clinic, IWK Health Centre, & QEII Health Sciences Centre (Dickson Building, Halifax Infirmary, & Nova Scotia Rehabilitation Centre)
- Kentville – Kentville Community Clinic & Valley Regional Hospital
- Liverpool – Queens General Hospital
- Lower Sackville – Cobequid Community Health Centre

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

NOVA SCOTIA REGIONAL CENTRES FOR EDUCATION

Dalhousie University's School of Communication Sciences and Disorders (SCSD) is affiliated with many Regional Centres for Education within Nova Scotia. They provide a number of 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:

- Mi'kmaw Kina'matnewey
- 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
- South Shore Regional Centre for Education
- Strait Regional Centre for Education
- Tri-County Regional Centre for Education

PRACTICUM SITES OUTSIDE OF NOVA SCOTIA

Numerous sites outside Nova Scotia provide clinical education opportunities for SCSD students during the intensive, 12-week practicum placements (internship and externship). Placements outside of Nova Scotia may be completed in a number of settings, including schools, hospitals/healthcare sites, and private 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. Please see Appendix D for a list of facilities/sites that have taken our students in the past.

PRACTICUM SITE REQUEST FORM

Student: Home Province:

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

Practicum Level: ❑ Internship ❑ Externship

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

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

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

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

4. **The student submits Appendix A-1 by the deadline indicated by the Clinical Coordinator.**

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

   A.

   B.

   C.

   D.

   E.

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

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

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

STUDENT CLINICIAN **ACADEMIC COORDINATOR OF CLINICAL EDUCATION**

DATE **DATE RECEIVED**

STUDENT PLACEMENT PROFILE (SPP)[10]

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:

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

I agree to allow the School of Communication Sciences and Disorders to disclose the results of my criminal record check, vulnerable sector search, and/or child abuse registry to organizations/sites where I am to complete observations and/or practicum placements (CMSD 5070, CMSD 7061, and CMSD 7062), if requested as a condition of processing me as an observer or learner at that organization/site. I understand that these documents will be archived at SCSD. I understand that the results of the criminal record check, vulnerable sector search, and/or child abuse registry search will be reviewed by the School's Administrative Secretary in conjunction with the Academic Coordinator of Clinical Education and/or the Director or Acting Director.

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

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

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

Print Name: _____

Signature: _____

Student Number: **B00** _____

Date Signed: _____

Revised: July 9, 2019

FACULTY OF HEALTH STATEMENT REGARDING CRIMINAL RECORDS CHECK

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

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

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

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

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

PRIVACY, SECURITY, AND CONFIDENTIALITY

(Adapted from Vancouver Coastal Health, 2012)

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

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

What is personal information?
Personal information is any recorded information that identifies a person, including:

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

What can I do to protect personal information?
By following the tips below, you can help to better protect personal information:

- Do not share your username and password to any application, including e-mail
- Log off when you are finished using a workstation
- Do not discuss confidential information in public areas
- Do not "surf" for information you do not need to know
- Never leave confidential information unattended
- Do not discuss confidential information outside your job
- Assume that anything you write can be released - therefore, keep your documentation factual and objective
- Wear your identification tag/badge at all times
- If a client requests access to their information, refer them to your Clinical Educator
- Consider the necessity prior accessing confidential information

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

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

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

Confidentiality Overview
During the course of your placement, you will likely have access to confidential information regarding clients, staff, and organizational operations. You are obliged not to disclose any confidential information or records to anyone in any manner except when authorized by the client/caregiver. Information is considered confidential if it is not intended for the general public.

For example, information about an organization that can be found on their website is NOT considered to be confidential. In contrast, information that exposes internal operations (e.g., internal memos or information regarding suppliers or contracts) is not meant for public knowledge and consequently must be treated as CONFIDENTIAL. **All information regarding clients, clients' families, and staff is considered confidential and must be treated as such.**

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

It is your responsibility to ensure that:

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

Confidentiality Breaches
Students can breach patient confidentiality without intending to. Below are examples of such breaches:

- *Removing client information from the academic or clinical setting (e.g., taking client information home for an assignment)*
- *Accessing information not related to your duties or not within your scope of client care duties (e.g., looking up the client record of someone not on your clinical caseload, looking up your own client record or the record of someone you know)*
- Copying, altering, interfering with, destroying, or taking client information or records
- *Discussing client information in an inappropriate area where your conversation can be overheard (e.g., hallway, elevator, cafeteria)*
- *Carrying/delivering information in a way that exposes client details* (e.g., visible client names or information while carrying charts within a practicum setting) *or leaving information in inappropriate areas*
- *Giving out client information that is considered confidential*
- *E-mailing client information via the Internet*
- *Discussing client cases with fellow students in a way that reveals clients' identifying information*
- Initiating conversation with clients in a public setting (e.g., approaching a client in the grocery store or another public area)

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

GUIDELINES FOR STUDENTS PARTICIPATING IN INTERNATIONAL ACTIVITIES

Dalhousie University (May 2017)

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

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

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

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

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

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

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

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

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

CLINICAL EDUCATION CHECKLIST – SPEECH-LANGUAGE PATHOLOGY

Prior to Commencement of Placement:

- ❑ Ensure practicum requirements have been met (i.e., criminal record check with vulnerable sector search, child abuse registry document, immunizations, etc.)
- ❑ Contact Clinical Educator – Arrange start date/request readings
- ❑ Send introductory email and Student Placement Profile to Clinical Educator Review recommended readings/test preparation
- ❑ Read and sign Student Acknowledgement form (Appendix A-4) and give copy to Clinical Coordinator Review Clinical Competencies (Appendix B-6, B-7, B-8, or B-9)

Beginning of Practicum:

- ❑ Give copy of Student Acknowledgement form to Clinical Educator
- ❑ Complete and sign Clinical Education Contract (Appendix B-2)

End of Term Paperwork for Fall & Winter Practicum Placements and Summer Internship (give original documents to Clinical Coordinator by end of semester):

- ❑ Student Evaluation Form (Appendix B-10 or B-11)
- ❑ Student Feedback to Clinical Educator Form (Appendix B-12)
- ❑ Clinical Hours Form (Appendix B-13)

End of Term Paperwork for Externship Placement (give original documents to Clinical Coordinator as soon as externship placement is completed):

- ❑ Student Evaluation Form (Appendix B-11)
- ❑ Student Feedback to Clinical Educator Form (Appendix B-12)
- ❑ Clinical Hours Form (Appendix B-13)
- ❑ Speech-Language Pathology: Summary of Clinical Practice Hours (Appendix E)
- ❑ Clinical Certification & Provincial Registration Document Request Form (Appendix E)

CLINICAL EDUCATION CONTRACT[11]
SPEECH-LANGUAGE PATHOLOGY

OBJECTIVES

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

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

ACTIVITIES

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

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

11 *Adapted from J.S. Fish, October 1980*

METHODS

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

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

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

FEEDBACK/EVALUATION

Type of feedback (e.g., formative, summative, etc.)

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

Mode of evaluation (e.g., self, peer, clinical educator(s), etc.)

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

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

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

Student Emergency Contact Information – In case of an emergency situation 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, as long as it is negotiated to our mutual satisfaction.

Signatures:

Clinical Educator Speech-Language Pathology Student

Date:

GUIDELINES FOR FALL & WINTER PRACTICUM PLACEMENTS – SPEECH-LANGUAGE PATHOLOGY

DAY 1 (Orientation to the Setting/Placement & Direct Supervision)

- Discuss the supervision contract (including the students' goals for the placement)
- Discuss the caseload which the students will assume and the students' previous clinical and/or relevant work or volunteer experiences
- Describe administrative and organizational procedures (i.e., referral procedures, statistics and recordkeeping, charting and report writing)
- Review practicum schedule
- Familiarize students with assessment and treatment materials available
- Introduce students to colleagues and orient students to physical setting
- Students will observe clinical educator working with clients who are presently on the clinical educator's caseload
- Students may participate in assessment or treatment sessions with clients, completing tasks such as obtaining language samples, making informal observations about clients' communication abilities, playing with a pediatric client while the clinical educator speaks with the parent/caregiver, taking data, etc.

DAY 2 (Direct Supervision)

- Students may participate in assessment or treatment sessions with clients, completing tasks such as obtaining language samples, making informal observations about clients' communication abilities, playing with a pediatric client while the clinical educator speaks with the parent/caregiver, taking data, etc.
- Students may take responsibility for part of an assessment or treatment session; students will prepare plans and select materials for any assessment and/or treatment sessions for which they are responsible
- Feedback will be provided by the clinical educator following all sessions

DAY 3 to 5 (Direct Supervision)

- Students will take responsibility for approximately 1-2 hours/day of direct client contact (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Feedback will be provided by the clinical educator following all sessions

DAY 5 (Midterm Evaluation)

- Clinical educators may wish to complete an informal midterm discussion about progress to date and plans for the remaining half of the placement

DAYS 6 to 10 (Direct Supervision)

- Students will take responsibility for approximately 2-3 hours/day of direct client contact (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Feedback will be provided by the clinical educator following all sessions, within schedule constraints

DAY 10 (Final Evaluation)

- Final evaluation

**Direct supervision at all times during the fall & winter practicum placements is strongly recommended.*

GUIDELINES FOR INTERNSHIP PLACEMENT – SPEECH-LANGUAGE PATHOLOGY

WEEK 1 (Orientation to the Setting/Placement & Direct Supervision)

- Discuss the supervision contract (including the student's goals for the placement)
- Discuss the caseload which the student will assume and the student's previous clinical experiences
- Describe administrative and organizational procedures (i.e., referral procedures, statistics and recordkeeping, charting and report writing)
- Review schedule and weekly appointments (i.e., rounds, departmental meetings)
- Familiarize student with assessment and treatment materials available
- Introduce student to colleagues and orient student to physical setting (if possible, provide a "work space" for the student)
- Student will observe clinical educator working with clients who are presently on the clinical educator's caseload
- Student may participate in and/or administer all or part of an assessment or treatment session with clients, depending on the student's familiarity with the client population
- Feedback will be provided by the clinical educator following all sessions, within schedule constraints

WEEK 2 (Direct Supervision)

- Student will take responsibility for approximately 2 hours/day of direct client contact (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Feedback will be provided by the clinical educator following all sessions

WEEKS 3 to 6 (Direct Supervision)

- Student will take responsibility for approximately 3 hours/day of direct client contact (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Feedback will be provided by the clinician following all sessions

WEEK 6

- Midterm Evaluation

WEEKS 6 to 12 (Close Supervision)

- Student should be responsible for 3-4 hours of direct client contact per day (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Student must be supervised for at least 25% of all treatment sessions, 50% of EACH assessment session, and 100% of interventions that carry risk of harm (such as dysphagia assessment, taking initial case history, communicating results and recommendations following initial assessment, etc.)
- Feedback will be provided by the clinician following all sessions, within schedule constraints

WEEK 12

- Final evaluation

GUIDELINES FOR EXTERNSHIP PLACEMENT – SPEECH-LANGUAGE PATHOLOGY

WEEK 1 (Orientation to the Setting/Placement & Direct Supervision)

- Discuss the supervision contract (including the student's goals for the placement)
- Discuss the caseload which the student will assume and the student's previous clinical experience
- Describe administrative and organizational procedures (i.e., referral procedures, statistics and recordkeeping, charting and report writing)
- Review schedule and weekly appointments (i.e., rounds, departmental meetings)
- Familiarize student with assessment and treatment materials available
- Introduce student to colleagues and orient student to physical setting (if possible, provide a "work space" for the student)
- Student will observe clinician working with clients who are presently on the clinician's caseload
- Student may participate in and/or administer all or part of an assessment or treatment session with clients
- Feedback will be provided by the clinician following all sessions, within schedule constraints

WEEK 2 (Close Supervision)

- Student will take responsibility for at least 2 direct client contact hours per day (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Feedback will be provided by the clinician following all sessions

WEEKS 3 to 6 (Close Supervision)

- Student will have 3-4 direct client contact hours per day (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Feedback will be provided by the clinician following all sessions, within schedule constraints

WEEK 6

- Midterm Evaluation

WEEKS 6 to 12

- Student should obtain a minimum of 4 direct client contact hours per day (i.e., prepare plans, select materials, and implement assessment and/or treatment sessions)
- Student must be supervised for at least 25% of all treatment sessions, 50% of EACH assessment session, and 100% of interventions that carry risk of harm (such as dysphagia assessment, taking initial case history, communicating results and recommendations following initial assessment, etc.)
- Feedback will be provided by the clinician following all sessions, within schedule constraints

WEEK 12

- Final evaluation

STUDENT CLINICAL COMPETENCIES
FALL PRACTICUM PLACEMENT – PRACTICUM I FALL II

Interpersonal & Communication Skills

1. Is articulate and communicative with clients, family members, and other professionals.
2. Listens courteously and in a patient manner with clients, family members, clinical educator, and professionals.
3. Builds rapport with clinical educator, clients, families, and other professionals.
4. Treats clients and their families with warmth and understanding.
5. Adjusts communication to suit recipient (e.g., child client vs. adult client, peer vs. professional).
6. Provides clear instructions; adapts instructions based on client and/or family limitations.
7. Interacts with others using socially appropriate verbal and non-verbal communication.
8. Is aware of, observes, and responds appropriately to clients' non-verbal cues.

Practical Knowledge & Clinical Reasoning Skills

1. Is able to effectively translate academic knowledge into practice.
2. Demonstrates knowledge and appropriate use of terminology.
3. Takes initiative to direct own learning; asks effective learning questions.
4. Reads and comprehends materials that have been recommended by the clinical educator.
5. Draws accurate post-session conclusions about client performance and overall success.
6. Is able to self-evaluate, identifying strengths and weaknesses in own performance and skills.
7. Demonstrates problem solving and clinical reasoning skills.
8. Following observation demonstrates an understanding of the technique used by the clinical educator when interviewing, assessing, treating, or counselling clients and their families.
9. Demonstrates awareness of the clinical environment and its impact upon sessions/clients.

Professionalism

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

Administrative & Technical Skills

1. Hands in plans and reports on time.
2. Writes in an organized, concise, clear, and grammatically correct style.
3. Writes reports, chart notes, and/or treatment plans that include all pertinent information.
4. Demonstrates a consistent approach for accurate data collection.

Clinical Skills: Identification/Assessment

1. Reviews referral and/or pertinent client information; takes a basic case history with form.
2. Familiarizes self with test administration procedures.
3. Administers and scores informal and formal assessment tools specific to the practicum placement.
4. Completes test forms as warranted.
5. Draws accurate conclusions about communication abilities of clients based on formal and informal observations.
6. Employs interview and counselling techniques.

Clinical Skills: Intervention/Treatment

1. Demonstrates an understanding of the relationship between short- and long-term goals in discussion.
2. Generates short- & long-term goals and appropriate sub- & super-steps based on assessment or session analysis.

3. Plans and conducts treatment sessions (individual and/or group therapy).
4. Uses appropriate treatment techniques, activities, and materials within treatment sessions.
5. Is able to differentiate between correct vs. incorrect responses.
6. Demonstrates an understanding of behaviour management techniques and attempts to implement them.
7. Displays flexibility and adaptability within treatment sessions.

Collaboration Skills

1. Effectively collaborates and shares responsibilities with reciprocal peer learner.
2. Communicates with clients, families, and other professionals in a collaborative, responsive, and responsible manner.

More specifically, fall practicum students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form – Fall & Winter Practicum* (Appendix B-10 in the Clinical Practicum Handbook):

- Interpersonal & Communication Skills = More than half of all ratings are *developing* or higher
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *emerging* or higher
- Professionalism = More than half of all ratings are *developing* or higher
- Administrative & Technical Skills = More than half of all ratings are *emerging* or higher
- Clinical Skills: Identification/Assessment = More than half of all ratings are *emerging* or higher
- Clinical Skills: Intervention/Treatment = More than half of all ratings are *emerging* or higher
- Collaboration Skills = More than half of all ratings are *developing* or higher

In addition, assignment of *absent* ratings for any skills would indicate unsatisfactory performance in the fall practicum placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

STUDENT CLINICAL COMPETENCIES
WINTER PRACTICUM PLACEMENT – PRACTICUM II WINTER II

Interpersonal & Communication Skills

1. Is articulate and communicative with clients, family members, and other professionals.
2. Listens courteously and in a patient manner with clients, family members, clinical educator, and professionals.
3. Builds rapport with clinical educator, clients, families, and other professionals.
4. Treats clients and their families with warmth and understanding.
5. Adjusts communication to suit recipient (e.g., child client vs. adult client, peer vs. professional).
6. Provides clear instructions; adapts instructions based on client and/or family limitations.
7. Interacts with others using socially appropriate verbal and non-verbal communication.
8. Is aware of, observes, and responds appropriately to clients' non-verbal cues.

Practical Knowledge & Clinical Reasoning Skills

1. Is able to effectively translate academic knowledge into practice.
2. Demonstrates knowledge and appropriate use of terminology.
3. Takes initiative to direct own learning; asks effective learning questions.
4. Reads and comprehends materials that have been recommended by the clinical educator.
5. Draws accurate post-session conclusions about client performance and overall success.
6. Is able to self-evaluate, identifying strengths and weaknesses in own performance and skills.
7. Demonstrates problem solving and clinical reasoning skills.
8. Following observation demonstrates an understanding of the technique used by the clinical educator when interviewing, assessing, treating, or counselling clients and their families.
9. Demonstrates awareness of the clinical environment and its impact upon sessions/clients.

Professionalism

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

Administrative & Technical Skills

1. Hands in plans and reports on time.
2. Writes in an organized, concise, clear, and grammatically correct style.
3. Writes reports, chart notes, and/or treatment plans that include all pertinent information.
4. Demonstrates a consistent approach for accurate data collection.

Clinical Skills: Identification/Assessment

1. Reviews referral and pertinent client information, takes a basic case history, and expands on a client's responses if necessary.
2. Familiarizes self with test administration procedures.
3. Administers and scores informal and formal assessment tools specific to the practicum placement.
4. Completes test forms as warranted.
5. Draws accurate conclusions about the communication abilities of clients based on formal/informal observations.
6. Employs interview and counselling techniques.

Clinical Skills: Intervention/Treatment

1. Demonstrates an understanding of the relationship between short- and long-term goals in discussion.

2. Generates short- & long-term goals and appropriate sub- & super-steps based on assessment or session analysis.
3. Plans and conducts treatment sessions (individual and/or group therapy).
4. Uses appropriate treatment techniques, activities, and materials within treatment sessions.
5. Is able to differentiate between correct vs. incorrect responses.
6. Demonstrates an understanding of behaviour management techniques and attempts to implement them.
7. Displays flexibility and adaptability within treatment sessions.

Collaboration Skills

1. Effectively collaborates and shares responsibilities with reciprocal peer learner.
2. Communicates with clients, families, and other professionals in a collaborative, responsive, and responsible manner.

More specifically, winter practicum students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form – Fall & Winter Practicum* (Appendix B-10 in the Clinical Practicum Handbook):

- Interpersonal & Communication Skills = More than half of all ratings are *nearly acquired* or higher
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *developing* or higher
- Professionalism = More than half of all ratings are *nearly acquired* or higher
- Administrative & Technical Skills = More than half of all ratings are *developing* or higher
- Clinical Skills: Identification/Assessment = More than half of all ratings are *developing* or higher
- Clinical Skills: Intervention/Treatment = More than half of all ratings are *developing* or higher
- Collaboration Skills = More than half of all ratings are *nearly acquired* or higher

In addition, assignment of *absent* ratings for any skills would indicate unsatisfactory performance in the winter practicum placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

STUDENT CLINICAL COMPETENCIES
INTERNSHIP – PRACTICUM III SUMMER II

Interpersonal & Communication Skills

1. Is articulate and communicative with clients, family members, and other professionals.
2. Listens courteously and in a patient manner with clients, family members, clinical educator, and professionals.
3. Builds rapport with clinical educator, clients, families, and other professionals.
4. Treats clients and their families with warmth and understanding.
5. Adjusts communication to suit recipient (e.g., child client vs. adult client, peer vs. professional).
6. Avoids or defines jargon in communication (spoken or written) with client, family members, and other professionals.
7. Adapts to the needs and concerns of the client and/or family.
8. Provides clear instructions; adapts instructions based on client and/or family limitations (with minimal support).
9. Interacts with others using socially appropriate verbal and non-verbal communication.
10. Is aware of, observes, and responds appropriately to clients' non-verbal cues.

Practical Knowledge & Clinical Reasoning Skills

1. With guidance, is able to effectively translate academic knowledge into practice.
2. Demonstrates knowledge and appropriate use of terminology.
3. Takes initiative to direct own learning; asks effective learning questions.
4. Reads and comprehends materials that have been recommended by the clinical educator.
5. Draws accurate post-session conclusions about client performance/overall success.
6. Is able to self-evaluate, identifying strengths and weaknesses in own performance and skills.
7. Demonstrates ability to make effective clinical judgments (e.g., clinical reasoning).
8. Demonstrates ability to incorporate and synthesize feedback across clients, cases, and/or contexts.
9. Demonstrates problem-solving skills and is able to implement solutions with guidance.
10. Is able to evaluate the effectiveness of solutions and outcomes with minimal support.
11. Recognizes environmental, behavioural, and emotional factors that may impact clinical practice.

Professionalism

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

Administrative & Technical Skills

1. Uses session time effectively with minimal support.
2. Manages daily tasks with minimal support.
3. Hands in plans and reports on time.
4. Writes in an organized, concise, clear, and grammatically correct style.
5. With minimal guidance, writes reports, chart notes, and/or treatment plans that include all pertinent information.
6. Demonstrates a consistent approach for accurate data collection.
7. Demonstrates an awareness of administrative/facility procedures and makes an effort to follow through (i.e., filing, forms).

Clinical Skills: Identification/Assessment

1. Collects and analyzes pertinent information prior to assessment, including case history, reports, and client/family perspectives.
2. Develops appropriate assessment plans to evaluate all pertinent areas and conducts assessments in accordance with plans.
3. Selects appropriate diagnostic tools with minimal support.
4. After collaboration with clinical educator, requires minimal assistance in provision of appropriate interview and counselling techniques within assessment sessions.
5. Is familiar with test administration procedures and conducts test according to standardization criterion.
6. With minimal-moderate assistance, interprets formal and informal evaluation results and formulates realistic prognosis.
7. Clearly communicates results of assessment to clinical educator, client, family members, and/or professionals.
8. Formulates goals, recommendations, and referrals based on integration and interpretation of all assessment information, with minimal-moderate support.

Clinical Skills: Intervention/Treatment

1. Develops treatment plans that meet client/family goals and needs.
2. Carries through treatment plan effectively; demonstrates flexibility.
3. Uses appropriate treatment techniques, activities, and materials within treatment sessions.
4. Utilizes a variety of treatment techniques; demonstrates creativity.
5. With minimal assistance, develops short- and long-term goals that are specific, measurable, functional, and realistic.
6. With minimal assistance, formulates short-and long-term goals that consider current research, clinical expertise, and the client/family perspective.
7. With minimal assistance, prioritizes goals considering both assessment results and priorities of the client/family.
8. Considers barriers to intervention and proposes possible solutions.
9. With guidance from the clinical educator, considers the most appropriate service delivery model for the client.
10. Has procedures, materials, equipment, and room prepared in advance; adapts physical environment to facilitate intervention.
11. Gives explanations directly, clearly, and concisely.
12. Applies meaningful, consistent, and effective reinforcement and feedback.
13. Provides effective cues and models.
14. Implements appropriate behaviour management techniques with minimal to moderate clinical educator support.
15. Demonstrates consistent, valid approach to data collection; collects and records appropriate data.
16. Analyzes each session in terms of response rate and response accuracy rate.
17. Monitors, adapts or redesigns intervention plans, with minimal assistance.
18. With minimal support, draws accurate post-session conclusions about ongoing performance of the client.
19. Effectively coaches and supports parent/caregiver/professional in implementing therapy goals.
20. Plans and delivers prevention and education programs/workshops related to communication and/or swallowing.
21. After one or two observations, plans and conducts remaining therapy sessions for the client.

Interprofessional Collaboration Skills

1. Communicates with clients, families, and team members in a collaborative, responsive, and responsible manner.
2. Obtains, incorporates, and respects the input of the client, family, and community.
3. Understands their own role, as well as the role of other professionals, and uses this knowledge appropriately.
4. Understands the principles of teamwork and engages in effective interprofessional team collaboration.
5. Works with client/family/team to formulate, implement, and evaluate services to enhance client outcomes.
6. Actively engages self and client/family/team to deal effectively with interprofessional conflict.
7. Effectively collaborates with supportive personnel in clinical setting.

More specifically, internship students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form – Internship & Externship Practicum* (Appendix B-11 of the Clinical Practicum Handbook):

- Interpersonal & Communication Skills = More than half of all ratings are *acquired*
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *nearly acquired* or higher
- Professionalism = More than half of all ratings are *acquired*
- Administrative & Technical Skills = More than half of all ratings are *nearly acquired* or higher
- Clinical Skills: Identification/Assessment = More than half of all ratings are *nearly acquired* or higher

- Clinical Skills: Intervention/Treatment = More than half of all ratings are *nearly acquired* or higher
- Interprofessional Collaboration Skills = More than half of all ratings are *nearly acquired* or higher

In addition, assignment of *absent* ratings for any skills and/or *emerging* ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple or consistent opportunities to practice a skill within the placement) would indicate unsatisfactory performance in the internship placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

STUDENT CLINICAL COMPETENCIES
EXTERNSHIP – PRACTICUM IV WINTER III

Interpersonal & Communication Skills

1. Is articulate and communicative with clients, family members, and other professionals.
2. Listens courteously and in a patient manner with clients, family members, clinical educator, and professionals.
3. Builds rapport with clinical educator, clients, families, and other professionals.
4. Treats clients and their families with warmth and understanding.
5. Adjusts communication to suit recipient (e.g., child client vs. adult client, peer vs. professional).
6. Avoids or defines jargon in communication (spoken or written) with client, family members, and other professionals.
7. Adapts to the needs and concerns of the client and/or family.
8. Provides clear instructions; adapts instructions based on client and/or family limitations.
9. Interacts with others using socially appropriate verbal and non-verbal communication.
10. Is aware of, observes, and responds appropriately to clients' non-verbal cues.

Practical Knowledge & Clinical Reasoning Skills

1. Is able to effectively translate academic knowledge into practice.
2. Demonstrates knowledge and appropriate use of terminology.
3. Takes initiative to direct own learning; asks effective learning questions.
4. Reads and comprehends materials that have been recommended by the clinical educator.
5. Independently draws accurate post-session conclusions about client performance and overall success.
6. Is able to self-evaluate, identifying strengths and weaknesses in own performance and skills.
7. Demonstrates the ability to make effective clinical judgments (e.g., clinical reasoning).
8. Incorporates and synthesizes feedback across clients, cases, and/or contexts.
9. Demonstrates problem-solving skills and is able to implement solutions.
10. Is able to evaluate the effectiveness of solutions and outcomes.
11. Recognizes environmental, behavioural, and emotional factors that may impact clinical practice.

Professionalism

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

Administrative & Technical Skills

1. Uses session time effectively.
2. Manages daily tasks.
3. Hands in plans and reports on time.
4. Writes in an organized, concise, clear, and grammatically correct style.
5. Writes reports, chart notes, and/or treatment plans that include all pertinent information.
6. Demonstrates a consistent approach for accurate data collection.
7. Demonstrates an awareness of administrative/facility procedures and follows through (i.e., filing, forms).

Clinical Skills: Identification/Assessment

1. Collects and analyzes pertinent information prior to assessment, including case history, reports, and client/family perspectives.
2. Develops appropriate assessment plans to evaluate all pertinent areas and conducts assessments in accordance with plans.
3. Selects appropriate diagnostic tools.
4. Employs appropriate interview and counselling techniques and accurately self-evaluates skills.
5. Is familiar with test administration procedures and conducts test according to standardization criterion.
6. Interprets formal and informal evaluation results and formulates realistic prognosis.
7. Clearly communicates results of assessment to clinical educator, client, family members, and/or professionals.
8. Formulates goals, recommendations, and referrals based on integration and interpretation of all assessment information.

Clinical Skills: Intervention/Treatment

1. Develops treatment plans that meet client/family goals and needs.
2. Carries through treatment plan effectively; demonstrates flexibility.
3. Uses appropriate treatment techniques, activities, and materials within treatment sessions.
4. Utilizes a variety of treatment techniques; demonstrates creativity.
5. Independently develops short- and long-term goals that are specific, measurable, functional, and realistic.
6. Independently formulates short-and long-term goals that consider current research, clinical expertise, and the client/family perspective.
7. Prioritizes goals considering both assessment results and priorities of the client/family.
8. Considers barriers to intervention and proposes possible solutions.
9. Selects and implements the most appropriate service delivery model for the client, with client/family input.
10. Has procedures, materials, equipment, and room prepared in advance; adapts physical environment to facilitate intervention.
11. Gives explanations directly, clearly, and concisely.
12. Applies meaningful, consistent, and effective reinforcement and feedback.
13. Provides effective cues and models.
14. Implements appropriate behaviour management techniques.
15. Demonstrates consistent, valid approach to data collection; collects and records appropriate data.
16. Analyzes each session in terms of response rate and response accuracy rate.
17. Monitors, adapts or redesigns intervention plans.
18. Draws accurate post-session conclusions about ongoing performance of the client.
19. Effectively coaches and supports parent/caregiver/professional in implementing therapy goals.
20. Plans and delivers prevention and education programs/workshops related to communication and/or swallowing.
21. Independently plans and conducts therapy sessions for clients.

Interprofessional Collaboration Skills

1. Communicates with clients, families, and team members in a collaborative, responsive, and responsible manner.
2. Obtains, incorporates, and respects the input of the client, family, and community.
3. Understands their own role, as well as the role of other professionals, and uses this knowledge appropriately.
4. Understands the principles of teamwork and engages in effective interprofessional team collaboration.
5. Works with client/family/team to formulate, implement, and evaluate services to enhance client outcomes.
6. Actively engages self and client/family/team to deal effectively with interprofessional conflict.
7. Effectively collaborates with supportive personnel in clinical setting.

More specifically, externship students are expected to achieve the following clinical competency ratings in each section of the final *Student Evaluation Form – Internship & Externship Practicum* (Appendix B-11 of the Clinical Practicum Handbook):

- Interpersonal & Communication Skills = More than half of all ratings are *acquired*
- Practical Knowledge & Clinical Reasoning Skills = More than half of all ratings are *acquired*
- Professionalism = More than half of all ratings are *acquired*

- Administrative & Technical Skills = More than half of all ratings are *acquired*
- Clinical Skills: Identification/Assessment = More than half of all ratings are *acquired*
- Clinical Skills: Intervention/Treatment = More than half of all ratings are *acquired*
- Interprofessional Collaboration Skills = More than half of all ratings are *acquired*

In addition, assignment of *absent* or *emerging* ratings for any skills and/or *developing* ratings for any skills in which the student had the opportunity for routine practice (i.e., multiple or consistent opportunities to practice a skill within the placement) would indicate unsatisfactory performance in the externship placement. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

STUDENT EVALUATION FORM – FALL & WINTER PRACTICUM
SPEECH-LANGUAGE PATHOLOGY

Student: Clinical Educator(s):

Practicum Site(s): Dates of Practicum Period:

Practicum Level: ☐ Fall Practicum (Practicum I Fall II) ☐ Winter Practicum (Practicum II Winter II)

Population(s)	Setting(s)	Service(s)	Clinical Area(s)
❑ Adult ❑ Preschool ❑ School Age	❑ Hospital ❑ Clinic ❑ School ❑ Long-Term Care Facility ❑ Private Practice ❑ Childcare Centre ❑ Community Centre ❑ Client Home	❑ Acute Care ❑ Rehabilitation ❑ In-patients ❑ Out-patients ❑ Individual therapy ❑ Group therapy ❑ Consultation ❑ Parent/caregiver coaching ❑ Parent program/ workshop ❑ Other: _____	❑ Developmental Language ❑ Acquired Language ❑ Articulation/Phonology ❑ Literacy/Pre-Literacy ❑ Social Communication ❑ Fluency ❑ Voice ❑ Resonance ❑ AAC ❑ Motor Speech ❑ Dysphagia/Feeding ❑ Other: _____

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

Interpersonal & Communication Skills Fall Practicum = More than half of all ratings are *developing* or higher Winter Practicum = More than half of all ratings are *nearly acquired* or higher	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Is articulate and communicative with clients, family members, and other professionals.							
Listens courteously and in a patient manner with clients, family members, clinical educator, and other professionals.							
Builds rapport with clinical educator, clients, families, and other professionals.							
Treats clients and their families with warmth and understanding.							
Adjusts communication to suit recipient (e.g., child client vs. adult client, peer vs. professional).							
Provides clear instructions; adapts instructions based on client and/or family limitations.							
Interacts with others using socially appropriate verbal and non-verbal communication.							
Is aware of, observes, and responds appropriately to clients' non-verbal cues.							

Practical Knowledge & Clinical Reasoning Skills Fall Practicum = More than half of all ratings are *emerging* or higher Winter Practicum = More than half of all ratings are *developing* or higher	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Is able to effectively translate academic knowledge into practice.							
Demonstrates knowledge and appropriate use of terminology.							
Takes initiative to direct own learning.							
Asks effective learning questions.							
Reads and comprehends materials that have been recommended by the clinical educator.							
Draws accurate post-session conclusions about client performance and overall success.							
Is able to self-evaluate, identifying strengths and weaknesses in own performance and skills.							
Demonstrates problem solving and clinical reasoning skills.							
Following observation demonstrates an understanding of the technique used by the clinical educator when interviewing, assessing, treating, or counseling clients and their families.							
Demonstrates awareness of the clinical environment and its impact upon sessions/clients.							

Professionalism Fall Practicum = More than half of all ratings are *developing* or higher Winter Practicum = More than half of all ratings are *nearly acquired* or higher	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Is punctual for practicum and all related activities; notifies clinical educator if unable to attend practicum.							
Projects professional image, demeanour, and appearance in all situations.							
Demonstrates responsible conduct – abiding by Codes of Ethics and facility policies and procedures.							
Complies with privacy practice standards; maintains client confidentiality.							
Follows infection control procedures.							
Recognizes the potential impact of cultural differences in meeting clients' needs.							
Positively and actively participates in the clinical and supervisory process.							
Demonstrates emotional stability in response to constructive criticism.							
Responds appropriately and promptly to feedback and implements recommended changes.							
Shows enthusiasm and interest in clinical activities.							
Recognizes need to seek help and advice from clinical educator.							
Demonstrates a willingness to attempt novel or less familiar clinical activities.							

Administrative & Technical Skills Fall Practicum = More than half of all ratings are *emerging* or higher Winter Practicum = More than half of all ratings are *developing* or higher	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Hands in plans and reports on time.							
Writes in an organized, concise, clear, and grammatically correct style.							
Write reports, chart notes, and/or treatment plans that include all pertinent information.							
Demonstrates a consistent approach for accurate data collection.							

Clinical Skills: Identification/Assessment Fall Practicum = More than half of all ratings are *emerging* or higher Winter Practicum = More than half of all ratings are *developing* or higher	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Reviews referral and/or pertinent client information, takes a basic case history, and expands upon a client's responses if necessary.							
Familiarizes self with test administration procedures.							
Administers and scores informal and formal assessment tools.							
Completes test forms as warranted.							
Draws accurate conclusions about the communication abilities of clients based on formal and informal observations.							
Employs interview and counselling techniques (e.g., obtains case history information, counsels family re: at-home practice, etc.).							

Clinical Skills: Intervention/Treatment Fall Practicum = More than half of all ratings are *emerging* or higher Winter Practicum = More than half of all ratings are *developing* or higher	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Demonstrates an understanding of the relationship between short- and long-term goals.							
Generates short- and long-term goals and appropriate sub- and super-steps based on assessment and/or session analysis.							
Plans and conducts treatment sessions (individual and/or group therapy).							
Uses appropriate treatment techniques, activities, and materials within treatment sessions.							
Is able to differentiate between correct vs. incorrect responses.							
Demonstrates an understanding of behaviour management techniques and attempts to implement them.							
Displays flexibility and adaptability within treatment sessions.							

Collaboration Skills Fall Practicum = More than half of all ratings are *developing* or higher Winter Practicum = More than half of all ratings are *nearly acquired* or higher	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Effectively collaborates and shares responsibilities with reciprocal peer learner(s).							
Communicates with clients, families, and other professionals in a collaborative, responsive, and responsible manner.							

Please note: In addition to the clinical competency expectations listed in each section above, assignment of *absent* ratings for any skills would indicate unsatisfactory performance in the fall or winter practicum placement. Please see the *Practicum Descriptions, Objectives, and Expectations* section (pg. 5-7), the *Student Clinical Competencies – Fall or Winter Practicum* documents (Appendix B-6 or B-7), and the *Difficulties with Student Performance in Practicum* section (pg. 20) in the *Clinical Practicum Handbook for Speech-Language Pathology* for further information about clinical competency expectations. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

Strengths:

Areas for Improvement/Skills to Work On:

Objectives/Goals for Next Practicum Placement:

Signatures: _____

Clinical Educator S-LP Student

Date: _____

STUDENT EVALUATION FORM – INTERNSHIP & EXTERNSHIP SPEECH-LANGUAGE PATHOLOGY

Student: Clinical Educator(s):

Practicum Site(s): Dates of Practicum Period:

Practicum: ❑ Internship (2nd year) ❑ Externship (3rd year) Evaluation: ❑ Mid-term ❑ Final

Population(s)	Setting(s)	Service(s)	Clinical Area(s)
❑ Adult ❑ Preschool ❑ School Age	❑ Hospital ❑ Clinic ❑ School ❑ Long-Term Care Facility ❑ Private Practice ❑ Childcare Centre ❑ Community Centre ❑ Client Home	❑ Acute Care ❑ Rehabilitation ❑ In-patients ❑ Out-patients ❑ Individual therapy ❑ Group therapy ❑ Consultation ❑ Parent/caregiver coaching ❑ Parent program/ workshop ❑ Other: _____	❑ Developmental Language ❑ Acquired Language ❑ Articulation/Phonology ❑ Literacy/Pre-Literacy ❑ Social Communication ❑ Fluency ❑ Voice ❑ Resonance ❑ AAC ❑ Motor Speech ❑ Dysphagia/Feeding ❑ Other: _____

EVALUATION OF CLINICAL SKILLS RUBRIC			
Score	**Description**	**Student Performance**	**Clinical Educator Input**
N/A	Not applicable	Insufficient opportunity to evaluate	Not applicable to clinical setting
AB	Absent Skill not evident	Performance changes marginally in response to specific direction and demonstration	Provides extensive support and specific direction and demonstration
E	Emerging Emerging skill	Applies skill with extensive CE support and guidance; attempts but frequently requires specific direction or modelling; relies on CE for solutions and alternatives. Participates in familiar/routine tasks; does not participate in complex situations	Provides all or nearly all solutions and alternatives; frequently provides specific direction and demonstration
D	Developing Developing skill	Applies skill with some input from CE; arrives at solutions and/or alternatives with moderate input from CE; performs well with guidance; requires some specific direction or modelling. Participates in familiar/routine tasks; is beginning to participate in complex situations	Provides moderate input and/or prompting
N	Nearly acquired Nearly acquired skill	Applies skill with little or no input from CE; arrives at solutions and/or alternatives following general discussion with CE. Participates in tasks across a mix of familiar/routine and complex situations	Provides minimal or occasional assistance
A	Acquired Independent skill	Proficient and independent in applying skill the majority of the time (entry-level practice)	Provides guidance intermittently for more complex situations

Interpersonal & Communication Skills Internship = More than half of all ratings are *acquired* Externship = More than half of all ratings are *acquired*	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Is articulate and communicative with clients, family, and other professionals.							
Listens courteously and in a patient manner with clients, families, clinical educators, and other professionals.							
Builds rapport with clinical educator, clients, families, and other professionals.							
Treats clients and their families with warmth and understanding.							
Adjusts communication to suit recipient (e.g., child client vs. adult client, peer vs. professional).							
Avoids or defines jargon in communication (spoken or written) with client, family members, and other professionals.							
Adapts to the needs and concerns of the client and/or family.							
Provides clear instructions; adapts instructions based on client and/or family limitations.							
Interacts with others using socially appropriate non-verbal and verbal communication.							
Is aware of, observes, and responds appropriately to clients' non-verbal cues.							

Practical Knowledge & Clinical Reasoning Skills Internship = More than half of all ratings are *nearly acquired* or higher Externship = More than half of all ratings are *acquired*	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Is able to effectively translate academic knowledge into practice.							
Demonstrates knowledge and use of appropriate terminology.							
Takes initiative to direct own learning.							
Asks effective learning questions.							
Reads and comprehends materials recommended by the clinical educator.							
Draws accurate post-session conclusions about client performance and overall success.							
Is able to self-evaluate, identifying strengths and weaknesses in own performance and skills.							
Demonstrates the ability to make effective clinical judgments (i.e., clinical reasoning).							
Incorporates and synthesizes feedback across clients, cases, and/or contexts.							

Demonstrates problem solving skills and the ability to independently implement solutions.							
Is able to independently evaluate the effectiveness of solutions and outcomes.							
Recognizes environmental, behavioural, and emotional factors that may impact clinical practice.							

Professionalism Internship = More than half of all ratings are *acquired* Externship = More than half of all ratings are *acquired*	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Is punctual for practicum and all related activities; notifies CE if unable to attend practicum.							
Presents professional image, demeanour and appearance in the work environment.							
Demonstrates professional responsibility and conduct – abiding by Codes of Ethics and facility policies and procedures.							
Complies with privacy practice standards; maintains client confidentiality.							
Follows infection control procedures.							
Maintains appropriate relationships and professional boundaries with clients and their families.							
Recognizes the potential impact of cultural differences in meeting clients' needs.							
Positively and actively participates in the clinical and supervisory process.							
Demonstrates emotional stability in response to constructive criticism.							
Responds appropriately and promptly to feedback and implements recommended changes.							
Shows enthusiasm and interest in clinical activities.							
Reads and comprehends materials that have been recommended by the clinical educator.							
Recognizes need to seek help and advice from clinical educator.							
Daily performance elicits level of trust to allow greater independence in clinical situations.							

Administrative & Technical Skills Internship = More than half of all ratings are *nearly acquired* or higher Externship = More than half of all ratings are *acquired*	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Uses session time effectively.							
Manages daily tasks.							
Hands in plans and reports on time.							
Writes in an organized, concise, clear, and grammatically correct style.							
Writes reports, chart notes, and/or treatment plans that include all pertinent information.							
Demonstrates awareness of administrative and facility procedures (e.g., filing, use of appropriate forms, etc.).							

Clinical Skills: Identification/Assessment Internship = More than half of all ratings are *nearly acquired* or higher Externship = More than half of all ratings are *acquired*	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Collects and analyzes pertinent information prior to assessment, including case history, reports, and client/family perspectives.							
Develops appropriate assessment plans to evaluate all pertinent areas of communication and/or swallowing.							
Selects appropriate diagnostic tools.							
Conducts assessments in accordance with plans.							
Employs appropriate interview and counselling techniques within assessment sessions.							
Is familiar with test administration procedures and conducts test according to standardization criterion.							
Skillfully interprets formal and informal evaluation results and formulates realistic prognosis.							
Clearly communicates results of assessment to clinical educator, client, family members, and/or other professionals.							
Formulates goals, recommendations, and referrals based on integration and interpretation of all assessment information.							

Clinical Skills: Intervention/Treatment Internship = More than half of all ratings are *nearly acquired* or higher Externship = More than half of all ratings are *acquired*	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Develops treatment plans that meet client/family goals and needs.							
Carries through treatment plan effectively; demonstrates flexibility.							
Uses appropriate treatment techniques, activities, and materials within treatment sessions.							
Utilizes a variety of treatment techniques; demonstrates creativity.							
Develops short- and long-term goals that are specific, measurable, functional, and realistic.							
Formulates short-and long-term goals that consider current research, clinical expertise, and the client/family perspective.							
Prioritizes goals considering both assessment results and priorities of the client/family.							
Considers barriers to intervention and proposes possible solutions.							
Selects and implements the most appropriate service delivery model, with client/family input.							
Has procedures, materials, equipment, and room prepared in advance; adapts physical environment to facilitate intervention.							
Gives explanations directly, clearly, and concisely.							
Applies meaningful, consistent, and effective reinforcement and feedback.							
Provides effective cues and models.							
Implements appropriate behaviour management techniques.							
Demonstrates consistent, valid approach to data collection; collects and records appropriate data.							
Analyzes each session in terms of response rate and response accuracy rate.							
Monitors, adapts or redesigns intervention plans, as required.							
Draws accurate post-session conclusions about ongoing performance of the client.							
Effectively coaches and supports parent/caregiver/professional in implementing therapy goals.							
Plans and delivers prevention and education programs/workshops related to communication and/or swallowing.							

Interprofessional Collaboration Skills Internship = More than half of all ratings are *nearly acquired* or higher Externship = More than half of all ratings are *acquired*	**N/A**	**AB**	**E**	**D**	**N**	**A**	**Comments**
Communicates with clients, families, and team members in a collaborative, responsive, and responsible manner.*							
Obtains, incorporates, and respects the input of the client, family, and community.*							
Understands their own role, as well as the role of other professionals, and uses this knowledge appropriately.*							
Understands the principles of team work and engages in effective interprofessional team collaboration.*							
Works with client/family/team to formulate, implement, and evaluate services to enhance client outcomes.*							
Actively engages self and client/family/team to deal effectively with interprofessional conflict.*							
Effectively collaborates with supportive personnel in the clinical setting.							

*Information for these "Interprofessional Collaboration" items was obtained from the Canadian Interprofessional Health Collaborative's (CIHC) document entitled "A National Interprofessional Competency Framework" (February 2010). Please use the following link if you require more information on each competency domain: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Please note:

Internship: In addition to the clinical competency expectations listed in each section above, assignment of *absent* ratings for any skills and/or *emerging* ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple or consistent opportunities to practice a skill within the placement) would indicate unsatisfactory performance in the internship placement. Please see the *Practicum Descriptions, Objectives, and Expectations – Internship Placement* section (pg. 7), the *Student Clinical Competencies – Internship* document (Appendix B-8), and the *Difficulties with Student Performance in Practicum* section (pg. 20) in the *Clinical Practicum Handbook for Speech-Language Pathology* for further information about internship clinical competency expectations. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

Externship: In addition to the clinical competency expectations listed in each section above, assignment of *absent* or *emerging* ratings for any skills and/or *developing* ratings for any skills in which the student had the opportunity for routine practice (e.g., multiple or consistent opportunities to practice a skill within the placement) would indicate unsatisfactory performance in the externship placement. Please see the *Practicum Descriptions, Objectives, and Expectations – Externship Placement* section (pg. 8), the *Student Clinical Competencies – Externship* document (Appendix B-9), and the *Difficulties with Student Performance in Practicum* section (pg. 20) in the *Clinical Practicum Handbook for Speech-Language Pathology* for further information about externship clinical competency expectations. Clinical educators are encouraged to use 'n/a' if there was insufficient or no opportunity to develop or assess a specific skill.

Additional Comments:

Strengths:

Areas for Improvement/Skills to Work On:

Signatures:

Clinical Educator S-LP Student

Date:

STUDENT FEEDBACK TO CLINICAL EDUCATOR
SPEECH-LANGUAGE PATHOLOGY

Student's Name:

Clinical Educator(s):

Practicum Site(s): Dates:

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

RATING SCALE:

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

PROFESSIONAL/CLINICAL SKILLS	N/A	D	C	B	A
Conveys positive regard for the student.					
Conveys positive regard for clients and their families.					
Demonstrates professionalism and consistent regard for the highest standards of practice.					
Collaborates effectively with clients, families, and team members.					
Creates an atmosphere for open communication and discussion.					
Communicates information in a timely and effective manner.					
Accepts questions and comments without defensiveness.					
Demonstrates expertise and skill proficiency in practice.					
Relates knowledge and theory to practice.					
Manages conflict appropriately; responds to student's concerns.					
Maintains boundaries between professional and non-professional roles and relationships.					
Demonstrates enthusiasm for student education.					

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

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

What were the most positive aspects of the practicum experience?

What could be improved for future student experiences?

Signatures:

Clinical Educator S-LP Student

Date:

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

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.

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.

PRACTICUM PLACEMENT FEEDBACK FORM
SPEECH-LANGUAGE PATHOLOGY

Student's Name:

Dates of Practicum Period:

Clinical Educator(s):

Practicum Site:

Population(s)	Setting(s)	Service(s)	Clinical Area(s)
❑ Adult ❑ Preschool ❑ School Age	❑ Hospital ❑ Clinic ❑ School ❑ Long-Term Care Facility ❑ Private Practice ❑ Childcare Centre ❑ Community Centre ❑ Client Home	❑ Acute Care ❑ Rehabilitation ❑ In-patients ❑ Out-patients ❑ Individual therapy ❑ Group therapy ❑ Consultation ❑ Parent/caregiver coaching ❑ Parent program/ workshop ❑ Other: _____	❑ Developmental Language ❑ Acquired Language ❑ Articulation/Phonology ❑ Literacy/Pre-Literacy ❑ Social Communication ❑ Fluency ❑ Voice ❑ Resonance ❑ AAC ❑ Motor Speech ❑ Dysphagia/Feeding ❑ Other: _____

CLINICAL SETTING

1. Was the physical setting conducive to learning (e.g., appropriate space in which to work, etc.)?

2. Did you have ample access to materials, references, etc.?

3. Did you feel that the size of the caseload was appropriate for your level of experience?

4. In addition to conducting assessment and treatment sessions, did you have the opportunity to observe or participate in interprofessional activities?

5. What suggestions would you make for preparing students for this placement in the future?

SUPERVISION

1. Was there sufficient orientation to the clinical setting, assessment/treatment materials, caseload, etc?

2. Were the clinical educator's expectations made clear to you?

3. Were these expectations in accordance with your expectations? If not, in what way did they differ?

4. How much supervision was there? Did you feel this was sufficient?

5. Was there adequate time for conferencing? How much was there?

6. What sort of feedback did you receive (e.g., written, oral, both)? Did you feel this was sufficient?

7. Please comment on your clinical educator's strengths as clinical educator.

8. Would you recommend this placement to other students? Why or why not?

9. Additional comments:

S-LP Student Signature: Date:

S-LP CLINICAL SKILLS CHECKLIST

Student: Date:

Client's Initials: Clinical Activity:

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

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

S-LP 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

S-LP 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.)

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

ASSISTING THE STRUGGLING STUDENT IN A PRACTICUM PLACEMENT[12]

Step 1: Clinical Educator (or Clinical Coordinator) Meets with Student to Discuss Concerns (as soon as issues arise)

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

Step 2: Clinical Educator Contacts Clinical Coordinator to Discuss Concerns

- Clinical educator describes concerns, behaviours and/or issues and reviews details of initial discussion with student
- Clinical Coordinator assesses concerns/behaviours and possible consequences

Step 3: Clinical Coordinator Contacts Student to Discuss Concerns, Remediation Plan, and Consequences

- Clinical Coordinator reviews clinical educator concerns and obtains student input into the issues
- Clinical Coordinator provides overview of remediation plan process and consequences of not meeting clinical competencies (must meet necessary clinical competencies to obtain a passing grade for the practicum placement)

Step 4: Remediation Plan Developed and Implemented

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

Step 5: Clinical Educator (and/or Clinical Coordinator) Monitors Student's Ability to Follow the Remediation Plan

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

Step 6: Determining Outcome

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

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/*

CLINICAL ACTIVITY IDEAS FOR FALL & WINTER PRACTICUM STUDENTS: PLACEMENTS WITH PEDIATRIC POPULATIONS (PRESCHOOL AND SCHOOL AGE)

The fall and winter practicum placements take place during the first and second semesters of the students' second year of study. These placements consist of 10 half days or 5 full days of practical experience and are intended to introduce students to clinical practice. Students are expected to obtain hands-on experiences with clients during these practicum placements, by actively engaging in clinical activities under the supervision of the clinical educator. The following is a list of suggestions/ideas for ensuring active student participation within these practicum placements:

Students may participate in the following treatment activities:

- Conduct a portion of a treatment session (work on one goal or target within the session)
- Conduct an entire treatment session (paired students share the responsibilities for each goal/task or alternate being responsible for each goal/task)
- Develop or revise therapy materials for clients and their families/caregivers
- Develop workshops or presentations for clients, caregivers/families, or other professionals (e.g., literacy suggestions for classroom teachers, articulation or language workshops for parents of preschool aged children, etc.)
- Deliver part or all of a workshop/presentation to clients, caregivers/families, or other professionals (e.g., literacy workshop for classroom teachers, sections of All Together Now program for parents of preschoolers with Autism, etc.)
- Collect data throughout the session
- Develop a list of possible long-term and/or short-term goals based on assessment information
- Implement behaviour management techniques with support

*see Appendix C-1 in the Clinical Practicum Handbook for a "Therapy Plan Template"

Students may participate in the following assessment activities:

- Administer a portion of an assessment tool (one or more subtests)
- Administer an entire assessment tool (paired students can share the responsibilities – for example one student could conduct the assessment while the other collects the data and then they could switch roles)
- Obtain informal assessment information about voice, resonance, fluency, articulation/phonology, etc. during the session
- Obtain a language sample during the session
- Conduct an oral mechanism examination (students conduct OME while clinician collects data or have students share the responsibility of conducting the OME and collecting the data)
- Conduct a hearing screening
- Score informal and formal assessment tools following completion of the assessments

Students may participate in the following administrative tasks:

- Write chart notes and/or reports
- Fill out referral forms

PLEASE NOTE: This list is not exhaustive; it is simply a list of possible suggestions/ideas to ensure active student participation within the fall and winter practicum placements. Clinical educators may have students participate in additional clinical activities during their fall and winter practicum placements.

CLINICAL ACTIVITY IDEAS FOR FALL & WINTER PRACTICUM STUDENTS: PLACEMENTS WITH ADULT POPULATIONS

The fall and winter practicum placements take place during the first and second semesters of the students' second year of study. These placements consist of 10 half days or 5 full days of practical experience and are intended to introduce students to clinical practice. Students are expected to obtain hands-on experiences with clients during this practicum placement, by actively engaging in clinical activities under the supervision of the clinical educator. The following is a list of suggestions/ideas for ensuring active student participation within these practicum placements:

Students may participate in the following treatment activities:

- Conduct a portion of a treatment session (work on one goal or target within the session)
- Conduct an entire treatment session (paired students share the responsibilities for each goal/task or alternate being responsible for each goal/task)
- Develop or revise therapy materials for clients and their families/caregivers
- Develop workshops or presentations for clients, caregivers/families, or other professionals (e.g., workshop on dysphagia care for nursing staff, workshop on communicating with clients with aphasia for caregivers/families, etc.)
- Provide part or all of a workshop or presentation to clients, caregivers/families, or other professionals
- Collect data throughout the session
- Develop a list of possible long-term and/or short-term goals based on assessment information
- Implement behaviour management techniques with support

*see Appendix C-1 in the Clinical Practicum Handbook for a "Therapy Plan Template"

Students may participate in the following assessment activities:

- Administer a portion of an assessment tool (one or more subtests)
- Administer an entire assessment tool (paired students can share the responsibilities – for example one student could conduct the assessment while the other collects the data and then they could switch roles)
- Obtain informal assessment information about voice, resonance, fluency, articulation/phonology, etc. during the session
- Obtain a language sample during the session
- Conduct an oral mechanism examination (students conduct OME while clinician collects data or have students share the responsibility of conducting the OME and collecting the data)
- Participate in a bedside swallow assessment, MBS evaluation, or FEES examination (student can feed the client, palpate one side of the client's neck during the swallowing assessment, collect data for the clinician, or conduct all of these tasks under the direct supervision of the clinical educator)
- Conduct a hearing screening
- Score informal and formal assessment tools following completion of the assessments

Students may participate in the following administrative activities:

- Write chart notes and/or reports
- Fill out referral forms

PLEASE NOTE: This list is not exhaustive; it is simply a list of possible suggestions/ideas to ensure active student participation within the fall and winter practicum placements. Clinical educators may have students participate in additional clinical activities during their fall and winter practicum placements.

CLINICAL AND PROFESSIONAL ACTIVITY IDEAS FOR INTERNSHIP & EXTERNSHIP STUDENTS

Students completing their internship and externship practicum placements are expected to participate in all aspects of clinical practice with their clinical educators, including identification and assessment, intervention and treatment, interviewing and counselling, team meetings and rounds, interprofessional activities and consultation, parent/caregiver coaching and workshops, report writing, record keeping, materials development, session planning, and so forth.

On occasion, clinical educators may be out of the office during the internship or externship practicum placements due to illness, vacation, professional development, or for some other reason. In these instances, students may participate in the following clinical or professional activities during their clinical educator's absence:

- Provision of service delivery to clients on the student's or clinical educator's caseload, under the supervision of another on-site Speech-Language Pathologist (please note: the student MUST be supervised by another S-LP if he/she is to see clients in the clinical educator's absence)
- Participation in clinical activities with another Speech-Language Pathologist
- Participation in clinical activities with an Audiologist
- Treatment and/or assessment planning for upcoming clients
- Report writing
- Development of therapy materials for clients and their families/caregivers
- Development or revision of workshops/presentations for clients, caregivers/families, or other professionals (e.g., workshop on dysphagia care for nursing staff, workshop on communicating with clients with aphasia for caregivers/families, literacy suggestions for classroom teachers, articulation or language workshops for parents of preschool aged children, etc.)
- Development of materials/presentations that promote awareness of the profession and communication disorders
- Administrative tasks
- Research on a topic or area of interest
- Completion of another project (at the discretion of the clinical educator)

PLEASE NOTE: This list is not exhaustive; clinical educators may have internship and externship students participate in other clinical or professional activities (with appropriate supervision arranged for client direct activities).

THERAPY PLAN FORMAT

Client(s): Date:

Student: Location:

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.

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:

1. The client will imitate initial /s/ with 90% consistency at the elicited word level.
2. The client will refer to the memory book to initiate conversation with clinician 8/10 times within a 30-minute treatment session.

Procedures

Activity/Materials:
State clearly and specifically the activity and materials you plan to use to achieve each short-term objective.

Stimulus:
A procedure 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).

Response:
A procedure 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.

Feedback:
The events which follow the response including information regarding response accuracy.

Reinforcement:
Techniques to maintain correct response output.

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.

Super-steps:
Specify what your next step will be if the client achieves immediate success on the goal.

Sample Therapy Plan:

LTG: The client will produce /s/ in all word positions at the conversation level, 85% of the time.

STG: The client will imitate /s/ in word-initial position with 90% accuracy over 40 trials.

Activity & Materials: 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: Present a card and say the word: "This is soap…say soap."

Response: Client says, "thoap."

Cues: Say, "It's your snake sound," "put your teeth together".

Feedback: "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: Verbal. e.g., "That's a great /s/ sound." Tangible. e.g., Child gets a turn at the game after every three picture cards.

Substep: 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.
e.g., The client will produce initial /s/ in syllables with 90% accuracy over 40 trials at the elicited level.

Superstep: Elicit production at the elicited word level.
e.g., The client will correctly produce initial /s/ in words with 90% accuracy over 40 trials at the elicited level.

Homework: Activities to facilitate carry-over.
e.g., Send initial /s/ picture cards home for practice. Have parents practice words at the imitated level five minutes per day, keeping a checklist of practice and reward schedule.

EVALUATION REPORT TEMPLATE
SPEECH-LANGUAGE PATHOLOGY

Client's Name: (state client's full name, including middle
name) Date(s) Seen:
Date of Birth: (Day/Month/Year)
Chronological Age:
Parent(s)/Caregiver(s):
Address:
Phone Number:
Chart #:
Date of Report:

Background Information:
Statement of source of referral. Include summary of reasons for referral and description of the problem. If the referral source is not the caregiver, note any caregiver concerns or lack thereof.

History – Include only pertinent information; do not include history information in evaluation portion of report.

Medical – Include case history information related to pregnancy, birth, neonatal complications, feeding history, childhood health, medical diagnoses, illnesses, operations, prosthetic devices, examinations, medication, investigations re: assessment and treatment of otitis media (if medical information is non-contributing to problem it would be sufficient to say that "pregnancy and birth were reportedly normal").

Developmental – Gross/fine motor development not including speech and language; if normal, state this; if atypical, make a statement to this effect and cite examples to elaborate and/or clarify your statement.

Speech and Language – Statement re: acquisition/development, unusual occurrences in development of communication skills, when problem was first noticed, occasions when speech is better or worse, history of previous treatment, progress noted, reason for dismissal; how informant describes problem; how the family handles problem at home.

Educational – Include the patient's school history, day care, nursery school, elementary, years in school, present grade placement, name of school, grades repeated or accelerated, subject failures or difficulty, interactions with peers/teachers. Include only pertinent information.

Social – Who lives in the home, children, occupation of client.

Service from Other Professional – Results of non-medical professional testing, treatment; note professional title, agency, progress in treatment, length and frequency of treatment.

Evaluation:

Hearing – Include audiometric test results related to frequencies tested and loudness level. Include impedance results if appropriate. Include results of hearing screening questionnaire as appropriate.

Oral Peripheral Speech Mechanism – Report observations of oral examination including structural as well as mobility (functional adequacy) for speech purposes.

Articulation/Phonology – Include name and results of articulation test used, types of errors, stimulability, intelligibility of conversational speech. (Examples – "Completely intelligible", "Intelligible within a known context", "Completely unintelligible.")

Language: Receptive – Include name and type of test as well as results of formal tests and subjective assessment (give example of item) and interpretation; relate results to chronological age; describe and give examples of errors and types of errors if possible.

Language: Expressive – Include name and type of test, results of formal tests and informal observations. Report length of utterance, observations re: pragmatics, syntax and semantics/content; relate to normative data, comment on current mode of communication and effectiveness.

Voice – Describe vocal characteristics relating to pitch, loudness, and quality.

Resonance – presence of hypo – and/or hypernasality, degree (i.e., mild, moderate, severe).

Fluency – Include rate abnormalities; note type and frequency of dysfluency; note awareness and presence of secondary features.

Other – Note other observations of patient's behavior in the session including significant deviancy from the testing situation, inattentiveness, crying, non-compliance with tasks, etc., attempts to modify behavior and consequent response, comment regarding social interaction, play skills, reading, writing, cognition, factors which may have influenced reliability of testing results.

Impressions:

Impressions – Make a statement including age of child, type of problem (s), degree of severity, characteristics (example – John, aged five years, four months, exhibited a mild articulation delay characterized by substitution of /s/ in all positions in words). If possible, state concomitant factors related to the cause and/or maintenance of the problem.

Include statement regarding impressions of patient as treatment candidate including factors which may promote or adversely affect process. Include impression of guardian including capability and desire to participate in the treatment program, specific suggestions made to parents. Although this section of the report is subjective, your impressions should be documented through examples of your observations.

Recommendations:

Recommendations – make a statement regarding the need for intervention, frequency, home-program provided, information given to parents. Additional testing required or referral to other agencies. Goals may also be included.

Speech-Language Pathology Student | Speech-Language Pathologist/Clinical Educator

cc: (Specify who should receive a copy)

EVALUATION REPORT – SAMPLE
SPEECH-LANGUAGE PATHOLOGY

Name: JT
DOB: March 21, 1996
Parent(s)/Caregiver(s): MT
Address: New Town, NS
Phone: 555-1234

Date(s) seen: January 27, 2005
Chronological Age: 8 years, 10 months
Chart Number: 00-012345

Date of Report: February 25, 2005

Background Information

JT, aged 8 years, 10 months, was seen for assessment of articulation and resonance on January 27, 2005 in conjunction with the Cleft Palate Clinic. JT was born with a left-sided cleft lip, notching into the alveolus, and a cleft of the soft palate. His lip was repaired on May 17, 1996, followed by a palate repair on September 18, 1996. JT is the second of three children, and other than issues related to his cleft lip and palate, his development has been unremarkable.

JT was accompanied to the current assessment by his mother, who did not report any concerns about his speech. Currently, he is in Grade 3 at _____ School, where he receives speech therapy once per month. JT's mother indicated that his reading and writing are improving, and that he receives additional speech therapy and literacy support from Mariposa Learning Centre three times per week.

Evaluation

Oral Mechanism Exam

An oral mechanism examination was performed in order to assess the structure and function of the oral mechanism. Some scarring was present on the left lip. JT was missing a left maxillary tooth, and wore a retainer. Maxillary and mandibular structures were unremarkable, as was tongue structure and function. Both the hard and soft palate showed evidence of the repaired cleft. The soft palate was seen to elevate during phonation. JT was noted to be a nose breather, with both the left and right nares patent.

Language

Receptive and expressive languages were not assessed during this session. Previous assessment revealed abilities within normal limits and subjective impressions on this occasion suggested no areas of concern.

Articulation/Phonology

The Goldman-Fristoe Test of Articulation (GFTA-2) was administered to assess articulation and phonology. Results indicated a mild developmental phonological delay. Errors were noted in production of the dental fricatives [θ] and [ð] (e.g., [bæf] for 'bath' and [feder] for 'feather'), and the liquids [r] and [l] (e.g., [wln] for 'ring' and [jewo] for 'yellow'). In addition, [l] was occasionally backed. Stimulability for each of these sounds was found to be excellent in all word positions. Intelligibility of conversational speech was good.

Resonance

Informally, resonance was judged to be within normal limits. Tests of visible nasal air emission were conducted to better assess velopharyngeal closure. Nasal air escape was appropriate bilaterally.

Voice

Vocal quality and pitch were unremarkable.

Fluency

Fluency was judged to be within normal limits at the conversational level.

Hearing

Hearing was tested by the audiologist at the Cleft Palate Clinic on the date of the assessment, and was found to be within normal limits.

Impressions

JT demonstrated significant improvement in articulation abilities and now presents with a mild articulation delay. He was stimulable for all sounds in error. Perceptually, he was consistently intelligible, his voice quality and fluency were unremarkable, and his resonance was judged as normal.

Recommendations

It was recommended that JT continue with speech therapy at Mariposa, and return to the Cleft Palate Clinic for re-evaluation in one year.

CV CV

Speech-Language Pathology Student Speech-Language Pathologist/Clinical Educator

cc: Parents
Family Physician

TREATMENT SUMMARY REPORT TEMPLATE
SPEECH-LANGUAGE PATHOLOGY

Client's Name:
Date of Birth:
Chronological Age:
Parent(s)/
Caregiver(s): Address:
Phone Number:

Treatment Period: (e.g., Aug 2013 – July 2014) Number of Sessions Attended:
Number of Sessions Absent:

Chart #:
Date of Report:

Background Information:
History of problem, maintaining conditions, previous test results, past treatment, results of past treatment (do not repeat history information which is detailed in previous report; instead refer the reader to the earlier report).

Status of speech and language at the beginning of therapy. Statement of current concerns.

Treatment Goals:
Statement of therapy objectives and general procedures for each.

Progress:
Data or test results which compare performance at the beginning and the conclusion of therapy; brief description of performance pertaining to each of the treatment goals at the conclusion of treatment; indicate techniques which may be helpful in future; evaluation of behavioral factors/attitudes and changes in treatment.

Current Status:
Patient's level of functioning as related to environment, peers, age level; factors contributing to the maintenance of the problems.

Conferences:
Synopsis and results of meetings with parents, teachers, professionals; give date, setting, summary of important points of discussion, recommendations, decisions reached, programs demonstrated.

Recommendations:
Candidacy for further treatment, review, or dismissal; referral to another agency.

Signature Block:
Specify who should receive a copy; it is appropriate to send a copy to those persons who are currently following the child and would find the information pertinent and useful.

TREATMENT SUMMARY REPORT – SAMPLE
SPEECH-LANGUAGE PATHOLOGY

Re: CB
D.O.B.: April 4, 1994
C.A.: 9 years, 2 months
Parents: Jack and Jill
Address: Hill St., Dartmouth, NS
Phone: 222-1234

Treatment Period: 08/01/99 – 09/04/99
Sessions attended: 8
Sessions absent: 3

Chart #: 00-54321
Date of Report: 09/14/99

Background Information:
CB has been followed by the Nova Scotia Hearing and Speech Centres at the IWK Health Centre since March 1995, for assessment and treatment of articulation deficits associated with a repaired lip and palate. Surgery to repair CB's cleft lip was completed in July, 1994, while palate repair was completed on March 24, 1995. CB continues to have a fistula located behind two posteriorly displaced central incisors to the right of midline. Due to speech concerns related to air escape through the fistula, CB was fitted with a palatal appliance on January 14, 1999, which he now wears throughout the day. CB has received speech therapy over the past two years during which time he made consistent progress with the targeted goals.

Treatment Goals:

1. To increase accurate production of /n/ in medial and final position of words.

2. To increase accurate production of /l/ blends in initial position of words.

3. To decrease behavioral throat clearing and reduce periodic use of a harsh voice quality.

Progress:
CB attended 8 of 11 scheduled treatment sessions, and was accompanied regularly by his mother. Overall process was satisfactory. Progress specific to each treatment goal was as follows:

1. CB continued to substitute /m/ for /n/ in medial and final position on a frequent basis at the beginning of the treatment term. He now consistently produces /n/ with accurate articulatory placement at the word level during treatment activities. CB maintains good effort levels during focused activities, although production errors are corrected only when specific feedback is provided. Analysis of medial and final /n/ production during a free play activity revealed approximately 50% accurate generalization to spontaneous speech.

2. CB was found to be stimulable for initial and medial /l/ with 100% accuracy in elicited single words close to the middle of the treatment term. Consequently, initial /l/ blends were targeted with CB capable of over 90% accurate elicited production during structured therapy and approximately 70% accurate generalization during a free play activity.

3. Elimination of use of a harsh voice quality and throat clearing were both targeted during therapy. CB was provided with information concerning vocal fold structure and function and methods by which to reduce harshness and throat clearing. These behaviors were monitored during weekly sessions and by his family at home. Currently, throat clearing is only periodically noted, however, CB continues to use a harsh vocal quality during play and for vocal emphasis.

Current Status:
CB continues to make progress with his articulation development, although a mild articulation disorder persists. At present, he demonstrates use of developmental errors in production of /v/ and /r/, and his production of lingual alveolar fricatives is mildly distorted. Overall speech intelligibility is good.

Recommendations:
CS will continue to be seen for weekly treatment at this facility.

C V C V

Speech-Language Pathology Student Speech-Language Pathologist/Clinical Educator

cc: Parents; Family Physician

PAST PRACTICUM SITES OUTSIDE OF NOVA SCOTIA

For students interested in completing practicum placements with culturally and/or linguistically diverse populations, the following key is used within this appendix to denote known client populations served within a practicum placement site:

***F** = French client population
***B** = Bilingual client population
***A** = Indigenous client population (Inuit, Metis, First Nations)

New Brunswick

Moncton Hospital **(*B)**
Moncton, NB

Dr. Everett Chalmer's Hospital **(*B)**
Fredericton, NB

Stan Cassidy Centre for Rehabilitation **(*B)**
Fredericton, NB

Hôpital Georges Dumont **(*F)**
Moncton, NB

Hotel-Dieu Saint Joseph
Perth-Andover, NB

Oromocto Public Hospital
Oromocto, NB

NB Extra Mural Program
Fredericton Unit, NB

NB Extra Mural Program
Kennebecasis Valley Unit, NB

NB Extra Mural Program
Miramichi, NB

NB Extra Mural Program
Bathurst Unit, NB

NB Extra Mural Program
Moncton, NB

Anglophone East School District
Moncton, NB

Anglophone South School District
Rothesay & Quispamsis, NB

Saint John Regional Hospital
Saint John, NB

Sussex Health Centre
Sussex, NB

Hôpital général de Grand-Sault **(*B)**
Grand Falls, NB

Campbellton Regional Hospital
Campbellton, NB

Miramichi Regional Hospital
Miramichi, NB

Carleton Memorial Hospital
Woodstock, NB

NB Extra Mural Program
Saint John Unit, NB

NB Extra Mural Program
Perth-Andover Unit, NB

NB Extra Mural Program
Sussex Unit, NB

NB Extra Mural Program
Restigouche Unit, NB

NB Extra Mural Program
Tantramar Unit, NB

NB Extra Mural Program
Woodstock Unit, NB

Anglophone North School District
Miramichi, NB

Prince Edward Island

Queen Elizabeth Hospital
Charlottetown, PE

Child and Family Services
Souris, PE

Health PEI
O'Leary, PE

Health PEI
Charlottetown, PE

Health PEI
Montague, PE

English Language School Board
Stratford, PE

Newfoundland/Labrador

Western Memorial Hospital
Corner Brook, NL

Baie Verte, Central, Connaigre School District
Springdale, NL

Avalon East School Board
St. John's, NL

Health and Community Services Western
Stephenville, NL

St. Clare's Mercy Hospital
St. John's, NL

School District No. 1
Labrador City, NL

Health Care Corporation of St. John's,
St. John's, NL

School District No. 4
Stephenville, NL

Janeway Children's Health and Rehab Centre
St. John's, NL

School District, No 3.
Corner Brook, NL

School District No. 4
Port aux Basques, NL

Central Newfoundland Regional Health Centre
Grand Falls, NL

Labrador Health Centre **(*A)**
Happy Valley-Goose Bay, NL

Health and Community Services Western
Corner Brook, NL

James Paton Memorial Hospital
Gander, NL

Dr. Charles L. LeGrow Health Centre
Port aux Basques, NL

Alexander Street School
St. John's, NL

Dr. L. A. Miller Centre
St. John's, NL

Quebec

Jewish Rehabilitation Hospital **(*B)**
Laval, QC

Centre de Réadaptation InterVal **(*F)**
Trois Rivières, QC

Commission Scolaire Marguerite-Bourgeoys **(*F)**
LaSalle, QC

Ontario

Speech Foundation of Ontario
Toronto, ON

Ottawa-Carleton District School Board
Nepean, ON

Ottawa Children's Treatment Centre
Ottawa, ON

KFL&A Public Health – Infant Hearing Program
Kingston, ON

Markham Stouffville Hospital
Markham, ON

Community Care Access Centre
Haileybury, ON

Hotel Dieu Hospital
Kingston, ON

Hotel Dieu Shaver Health & Rehabilitation Centre
St. Catherine's, ON

St. Joseph's Healthcare Hamilton
Hamilton, ON

William Osler Health Centre
Georgetown, ON

George Jeffrey Children's Treatment Centre
Thunder Bay, ON

Hamilton-Wentworth District School Board
Hamilton, ON

Champlain Community Care Access Centre
Pembroke, ON

Children First
Windsor, ON

Ottawa Children's Rehabilitation Centre
Cornwall, ON

Durham District School Board
Whitby, ON

Five Counties Children's Treatment Centre
Peterborough, ON

St. Joseph's Health Centre
Guelph, ON

The Hospital for Sick Children
Toronto, ON

Niagara Children's Centre
St. Catherine's, ON

Kaymar Rehabilitation
Kingston, ON

Haldimand-Norfolk Health Unit
Caledonia & Dunnville, ON

Five Counties Children's Centre
Peterborough, ON

Hamilton Health Sciences Centre
Hamilton, ON

Ottawa Catholic School Board
Nepean, ON

Hotel Dieu Shaver Health and Rehab Centre
St. Catherine's, ON

Holland Bloorview Kids Rehab Hospital
Toronto, ON

West Park Healthcare Centre
Toronto, ON

Vox Cura Voice Care Specialists
Toronto, ON

Firefly
Sioux Lookout, ON

Manitoba

Winnipeg Health Sciences Centre
Winnipeg, MB

Bethesda Regional Health Centre
Steinbach, MB

Riverview Health Centre
Winnipeg, MB

St. James-Assiniboia School Division
Winnipeg, MB

Saskatchewan

Royal University Hospital
Saskatoon, SK

Saskatoon City Hospital
Saskatoon, SK

Cypress Health Region
Swift Current, SK

Alvin Buckwold Child Development Program
Saskatoon, SK

Good Spirit School Division
Yorkton, SK

Alberta

Alberta Children's Hospital
Calgary, AB

Connect Society
Edmonton, AB

Red Deer 49th St. Community Health Centre
Red Deer, AB

Peter Lougheed Hospital
Calgary, AB

Northwest Health Centre Preschool Services
Edmonton, AB

Foothills Medical Centre
Calgary, AB

Calgary Board of Education
Calgary, AB

Glenrose Rehabilitation Centre
Edmonton, AB

Innisfail Health Centre
Innisfail, AB

Renfrew Educational Services
Calgary, AB

Carewest Fanning Day Hospital
Calgary, AB

Royal Alexandra Hospital
Edmonton, AB

Centennial Centre for Mental Health and Brain Injury
Ponoka, AB

Institute for Stuttering Treatment and Research
Edmonton, AB

Renfrew Educational Services
Calgary, AB

Foothills School Division
High River, AB

Vegreville Community Health Centre
Vegreville, AB

Grande Prairie Public School District
Grande Prairie, AB

Black Gold Regional Schools
Nisku, AB

South Health Campus
Calgary, AB

British Columbia

Kelowna General Hospital **(*A)**
Kelowna, BC

School District #23 **(*A)**
Kelowna, BC

Summerland Health Centre
Summerland, BC

Queen Charlotte Islands Northern Health Authority
Queen Charlotte Islands, BC

Mission Public Schools
Mission, BC

Terrace Child Development Centre
Terrace, BC

Interior Health
Williams Lake, BC

School District #27
Williams Lake, BC

Northern Health
Masset, BC

Private Practice (pediatric population)
Victoria, BC

Yukon

Boreal Clinic
Whitehorse, YK

Government of Yukon – Department of Education
Whitehorse, YK

United States

Boston University Medical Center
Speech & Hearing Sciences Dept.
Boston, MA

The Lab School of Washington
Washington, DC

United Kingdom

The Children's Trust
Tadworth, Surrey
England

Australia & New Zealand

Capital & Coast District Health Board
Wellington Hospital
Wellington, New Zealand

Camira Speech Language Therapy Centre
Queensland, Australia

Whakatane Hospital
Whakatane, New Zealand

Barbados

EasySpeak Enterprises
St James. Barbados

CLINICAL CERTIFICATION & PROVINCIAL REGISTRATION DOCUMENT REQUEST FORM

Letter from the Program Director

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

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

Clinical Hours Form

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

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

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

Name: Date:

Signature:

SUMMARY OF CLINICAL PRACTICE HOURS – 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 Faculty of Health

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

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

The medical literature and our own work experience document the potential for healthcare workers to acquire infections, both in and outside the workplace, and for them to transmit the infection to patients, co-workers, and family members.2 3 4 These infections may be spread through the airborne route (e.g., tuberculosis, varicella, measles, COVID-19), droplets (e.g., respiratory syncytial virus, influenza, rubella, pertussis), contact (e.g., hepatitis A, group A streptococcus), and mucosal or percutaneous exposure (e.g., hepatitis B and C, HIV).5 Several of these infections are vaccine preventable. Most of these vaccine-preventable infections may be transmitted from person-to-person. With that in mind, the Steering Committee on Infection Control Guidelines, Health Canada, and the National Advisory Committee on Immunization (NACI) have provided recommendations for health care worker immunization, including COVID-19.6,7, 8.

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

We hope that you enjoy your program!

1 Health Canada. Prevention and control of occupational infections in health care. CCDR 2002; 28S1.
2 Sepkowitz K.A. Occupationally acquired infections in health care workers. Part 1. Ann Intern Med 1996; 125:826-34.
3 Sepkowitz K.A. Occupationally acquired infections in health care workers. Part II. Ann Intern Med 1996; 125:917-28.
4 Patterson W.B., Craven D.E., Schwartz D.A., Nardell E.A., Kasmer J., Noble J. Occupation hazards to hospital personnel. Ann Intern Med 1985; 102:658-80.
5 Health Canada. Routine practices and additional precautions for preventing the transmission of infection in health care. CCDR 1999; 25S4.
6 Health Canada. Canadian Immunization Guide https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-11-immunization-workers.html accessed Nov 1, 2022
7 NACI- Varicella Proof of Immunity – 2015 Update https://www.canada.ca/en/public-health/services/publications/healthy-living/varicella-proof-immunity-2015-update.html accessed Nov, 1 2022
8 Health Canada. COVID-19 vaccine: Canadian Immunization Guide. https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html#a5 accessed Nov 1, 2022

DALHOUSIE UNIVERSITY

Dalhousie University - Faculty of Health
Infectious Disease Preclinical Requirements

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

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

	Date Vaccine Given (DD/MM/YYYY)	**Serology Date** (DD/MM/YYYY)	**Serology Result**
Varicella – 2 doses (Serology not required if proof of 2 doses, serology for immunity to naturally acquired varicella acceptable)	1) 2)		
TdaP Tetanus/Diphtheria/Pertussis (Must have 1 TdaP booster documented in adulthood and be within 10 years)	1) (Please administer booster if needed)		**serology is not accepted
Td (Td – once every 10 years)	1)		**serology is not accepted
MMR – documented TWO doses OR serology proving immunity to **EACH** measles, mumps, and rubella.	1) 2)	Measles Date: Mumps Date: Rubella Date:	Measles results: Mumps results: Rubella results:
COVID-19 See Appendix A for what is considered fully vaccinated, be aware different agencies may require differing number of vaccine doses.	1) 2) Booster: (See appendix A for information regarding booster doses and additional PPE)	Name of Vaccine #1: Name of Vaccine #2: Name of Vaccine #3:	

The Student / Learner has met all immunization requirements above: (Please place "X" in box)	**YES:**	**NO:**

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

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

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

Documentation of Primary series:

Tuberculosis (TB skin test) – required proof of negative 2-step skin test, if more than 6 months ago an updated 1-step needed within 6 months of entry into the program, or per specific program's deadline (see appendix for TB skin test algorithm)			
Date 1st step given:	Date of read:	Result:	mm
Date 2nd step given:	Date of read:	Result:	mm
UPDATED 1-step given: (Required if above 2-step is >6months at point of entry into the program)	Date of read:	Result:	mm
BCG Date (if applicable): *No longer recommended in Canada*	CXR Result (if applicable): *Attach proof of negative CXR, if positive TB skin test*		
The Student/Learner does not have tuberculosis as evidenced from a negative TST or chest X-ray: (Please place "X" in box)		**YES:**	**NO:**

Please DO NOT sign this form until *ALL* requirements above have been met.	
Name of Health Care Provider:	Title:
Signature of Health Care Provider:	Date:
Office Address:	Phone:

DALHOUSIE UNIVERSITY

Dalhousie University - Faculty of Health
Infectious Disease Preclinical Requirements

Frequently Asked Questions

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

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

Dalhousie University Health Services (Telephone: **902-494-2171**)
Website: https://www.dal.ca/campus_life/health-and-wellness.html

How can I find out if my vaccinations are up-to-date, or get a copy of my vaccination record in Prince Edward Island?
If you received your vaccinations in PEI and need to determine if your vaccinations are up-to-date, or need a copy of your vaccination record, call a Public Health Nursing Office in your area. It takes approximately **two weeks to process your request** for a copy of your record. Call: 902-368-4530 (Charlottetown).
https://www.princeedwardisland.ca/en/information/health-pei/public-health-nursing

Looking for your immunization records in New Brunswick?

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

• If you received your immunizations from a doctor, contact them.
• If you received your immunizations at a Public Health clinic, contact your local clinic.
http://www2.gnb.ca/content/gnb/en/departments/ocmoh/healthy_people/content/public_hea lth_clinics.html.

Where can I locate my immunization records in Nova Scotia?

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

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

How can I access copies of my immunization records if I am from Newfoundland?
Individuals who wish to receive a certified copy of their Newfoundland Labrador Immunization Record should contact the Regional Health Authority of current residence. For a list of regional health authorities, and contacts, please see:
https://www.gov.nl.ca/hcs/publichealth/cdc/immunizations/

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

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

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

APPENDIX A
Immunization and Infectious Disease Screening for Students

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

1. Requirements:

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

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

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

ii. The following vaccination is recommended:

- ☐ Influenza (seasonal)

2. Description of immunizations and immunity status:

i. **Measles Mumps Rubella (MMR):**

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

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

NOTE:

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

Tetanus, Diphtheria, Acellular Pertussis:

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

ii. **Acellular Pertussis:**

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

Notes re Acellular Pertussis:

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

iii. **Varicella**

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

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

NOTE:

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

iv. **COVID-19** *(adapted from NSHA-AD-OHS-055 COVID-19 Vaccination for Team Members)*

Consider fully vaccinated 14 days or more after receipt of:

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

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

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

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

Hepatitis B

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

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

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

OR

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

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

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

Tuberculosis:

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

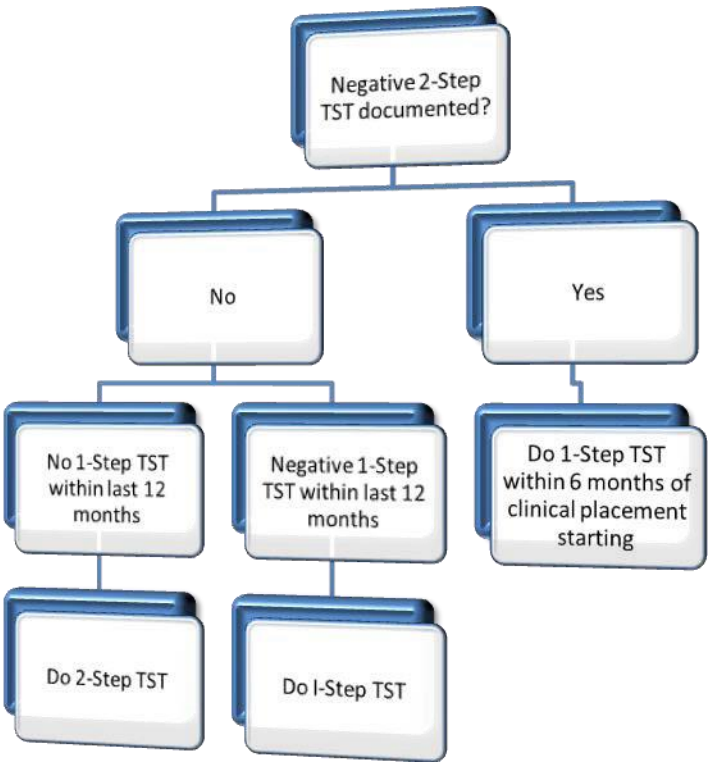
BCG vaccine is no longer recommended in Canada, including documentation in the form above is for informational purposes only.

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

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

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

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



Performing a 2-Step TST:

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