

CLINICAL PRACTICUM HANDBOOK 2024-2025

Speech-Language Pathology

CLASS OF 2025

SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS



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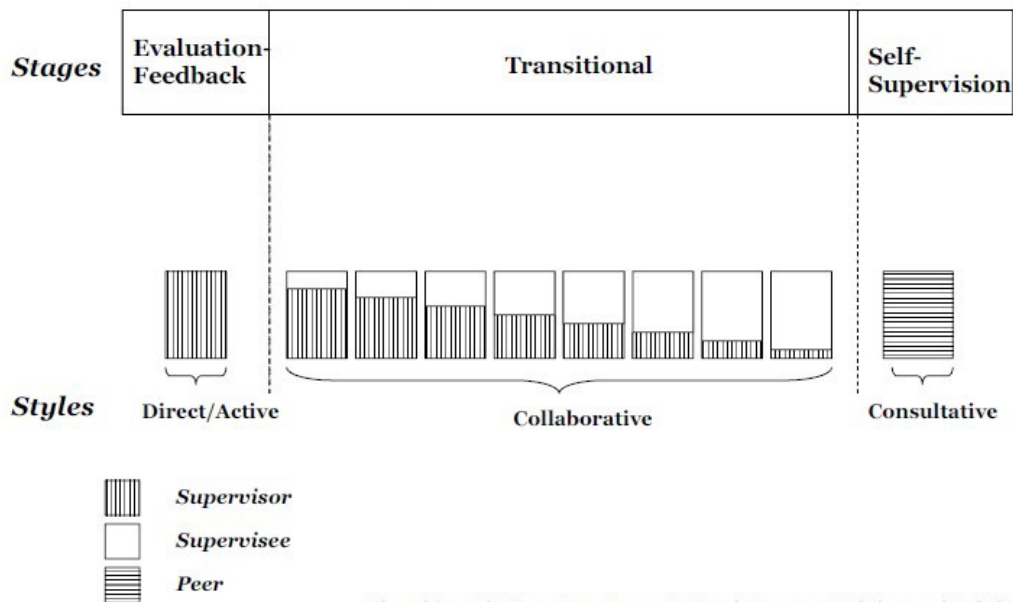
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CLINICAL EDUCATION STATEMENT OF PHILOSOPHY

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.

Anderson's Continuum of Supervision



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

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

Your Academic Coordinator for 2024-2025 is Emily Balkam.
You can reach her at ceslp@dal.ca.

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.

ROLES AND RESPONSIBILITIES OF THE CLINICAL EDUCATION SECRETARY

Your Clinical Education Secretary for 2024-2025 is Riina Vahertimo.
You can reach her part-time at cescsd@dal.ca or 902-494-5155.

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

She is responsible for:

- Filing all practicum, pre-practicum & post-practicum documentation.
- Acting as a witness to any documents that require a witness signature
- Communicating with Academic Coordinators or Clinical Education of students of any incomplete compliance.

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.
(https://www.dal.ca/campus_life/international-centre.html).

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

Step 3: The Clinical Coordinator will present the proposal and 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 (see page 27)
- Clear Child abuse registry check (see page 27)
- Up-to-date immunizations and TB test (see page 27)
- 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.

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

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.

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

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

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