UBC School of Audiology and Speech Sciences

# Speech Language Pathology Externship Handbook

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Dear Clinical Educators:

We would like to welcome you warmly and thank you for joining the dedicated group of Clinical Educators who provide learning opportunities for our students.

**Who we are:**

The Clinical Teaching and Coordinator Team will be your primary source of support for the duration of your role as Clinical Educators within the School of Audiology and Speech Sciences (SASS).

The team members are:

- Marcia Choi (RSLP)
- Sandy Taylor (RSLP)
- Cheryl McGee (RSLP)
- Eavan Sinden (RSLP)
- Jamie Lee Baudru (Clinical Program Assistant)

**Our promise to you:**

We are committed to providing you with rewarding experiences and meaningful outcomes. Through the Clinical Educators Development Program, we aim to provide:

1. **Clarity**: ensuring that all stakeholders (e.g. the School, the Clinical Coordinators, the Clinical Educators and the Students) roles and responsibilities are clear and concise, and that expectations of the various stakeholders are consistent and explicit.

2. **Quality**: ensuring that our students are prepared for their externships and their role within your work setting, while also ensuring that you are supported through the continuing education opportunities provided by the CTCTeam.

3. **Culture**: ensuring a sense of community through dedicated orientations and fostering relationships through ongoing communications, webinars and workshops.

**Our thanks:**

Our students are excited about their clinical externships and look forward to them with eager anticipation. It is through your guidance that students learn to put their knowledge into practice, to reflect on their successes and their setbacks, and to grow as young professionals. We thank you for your commitment to the next generation of speech-language pathologists and audiologists.

Sincerely,

The Clinical Teaching and Coordinator Team School
of Audiology & Speech Sciences University of
British Columbia

# School Overview

# Curriculum Overview:

## What have students covered in their academic coursework by the time they begin their externship with you?

Below you will find the various courses and the terms in which they are taught. Brief descriptions of the key-learning areas for each course, as well as the student learning outcomes have been included for your reference.

**NOTE:** To ensure you have the most recent information, we will also be sending **"Just in Time"** emails.

These emails will be sent to you just before the beginning of the externship, and will apprise you of the most recent coursework and clinical preparedness sessions completed by the students.

**Year 1**

| Term | Coursework | Description: |
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| Term 1<br><br>***Sept - December*** | Hearing Sciences I | **Key learning areas**: physical acoustics, auditory physiology and auditory perception/psychoacoustics.<br>**Students will**: apply concepts about auditory structure, function and perception to natural listening or clinical scenarios, in order to explore aspects of hearing for both individuals with normal hearing and individuals with a hearing loss |
| | Fundamentals of Audiology | **Key learning areas:** the significance of hearing loss on human communication and interpersonal relationships, the impact Audiologists have on deaf and hard-of-hearing individuals and community<br>**Students will:** conduct an audiological assessment at a level appropriate to the major field (either Audiology or Speech/Language Pathology), as well as being made aware of habilitation and rehabilitation approaches in Audiology |
| | Phonological Development Assessment and Intervention | **Key learning areas:** theories, processes and facts of normal phonological and phonetic acquisition, and to develop a basis for identifying protracted phonological development (monolingual and multilingual)<br>**Students will:** gain introductory knowledge and skills concerning phonological assessment and intervention |
| | Directed Studies – Clinical Practice Lectures and Labs | **Key learning areas**: linked to content from Developmental Language Disorders (see below)<br>**Students will**: identify and use effective techniques to elicit a language sample from a preschool child, recognize the characteristics of well- designed standardized assessment tools, interpret standardized test scores, administer a standardized language test to a typically developing child and score test results, understand the content and format of the written narrative report |
| | Research Methods I | **Key learning areas**: research and clinical practice within the field of communication sciences and disorders.<br>**Students will**: demonstrate basic knowledge of:<br>i. The scientific method.<br>ii. Basic statistical concepts and theories.<br>iii. Commonly used research designs.<br>iv. How to critically evaluate research.<br>v. Systematic evaluation of the reliability and validity of assessment procedures, and of treatment efficacy |

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| | Developmental Language Disorders | **Key learning areas**: theoretical underpinnings of clinical practice, and approaches and procedures for assessment and intervention with a specific focus on children at language levels usually attained in the preschool period. **Students will**: understand principles of language assessment and intervention based upon a developmental-descriptive model and research with language disordered children, assessment planning and assessment procedures for meeting various goals, principles for developing well- designed intervention activities, current approaches to language intervention based on research evidence, adapting assessment and intervention for clients form different linguistic and cultural backgrounds. |
| | Language Development Across the Lifespan | **Key learning areas**: changes to sensory, language and cognitive systems as adults get older, focusing particularly on how these changes impact communication **Students will**: learn about bilingual language development, key concepts, theoretical issues, models and themes that are relevant to understanding normal and impaired language use at any age |
| | *[Audiology Minor Externships for SLP Majors]* | |
| Term 2 ***January - April*** | Discourse Analysis | **Key learning areas**: the development of discourse skills in children, the speech acts theory, narrative development and analysis, and transcription and analysis of discourse data **Students will**: acquire basic discourse research skills in order to analyze speech/language samples and develop an understanding of how the study of discourse can inform clinical practice, including assessment & intervention. |
| | Disorders of Speech Production | **Key learning areas**: motor speech disorders, differential diagnosis of dysarthrias & apraxia of speech, cranial nerves, assessment & management of motor speech disorders. Assessment and management of voice disorders inducing alaryngeal voice, introduction to fluency disorders **Students will**: acquire knowledge of the anatomical, physiological and psycho-social bases of selected disorders of speech, resonance and voice; acquiring and understanding of clinical-research problems and procedures for evaluation and treatment for selected disorders of speech production; developing clinical insights, knowledge & problem solving skills, using problem-based learning strategies |
| | Acquired Language Disorders | **Key learning areas**: assessment and treatment of aphasia, cognitive communication disorders following brain injury, right hemisphere-related language disorders, apraxia of speech and dementia as well as etiology of these disorders, demographics, continuum of care, and team composition **Students will**: practice administering standardized assessments, be exposed to treatment approaches such as TUF, VNeST, SFA, phonological approaches, scripting, ORLA, complexity theory, CILT, MORR, Rosenbek's 8 step continuum, Sound Production Treatment, PROMPT, Supported Communication, use of technology, and group therapy |
| | Introduction to Dysphagia | **Key learning areas:** normal and abnormal swallowing across the lifespan; physiological systems associated with swallowing (e.g. gastrointestinal, muscoskeletal, and respiratory); various etiologies and pathophysiological processes which underlie and/or contribute to dysphagia. **Students will:** identify anatomical, physiological and neural controls |

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| | | involved in normal swallowing; understand the biomechanics of the swallowing system; and describe how mechanical, systemic and pathophysiological processes affect the swallow and potentially contribute to the development of dysphagia. |
| | Research Methods II | **Key learning areas**: principles of responsible conduct of research (basic and clinical)<br>**Students will**: be exposed to longitudinal and single-subject research designs, as well as expected to critically evaluate a meta-analysis or a systematic review |
| | Issues in Professional Practice | **Key learning areas**: effective and self-aware communication, constructive approaches to conflict and interpersonal and intra-professional team skills, topics related specifically to clinical practice e.g. report writing, goal- setting, counselling skills<br>**Students will**: write SMART/SMARTER goals, be introduced to charting, report writing and online data collection , understand the SLP scope of practice and the SLP's role in counselling in communication disorders, be exposed to conflict management styles and professional communication |
| | Approaches to Audiology and Speech-Language Pathology for Aboriginal People in Canada | **Key learning areas**: First Nations, Métis and Inuit heritage and culture, culturally sensitive interaction and practice styles for clinicians<br>**Students will**: develop an awareness of identity and location of oneself in relation to people of Aboriginal heritage in Canada and begin to consider approaches to audiology and speech-language pathology for people of First Nations, Metis and Inuit heritage |
| | Advanced Speech Science | **Key learning areas**: Phonatory and respiratory physiology and acoustics, theory and application. Speech perception. Phonetics and resonance, cleft palate<br>**Students will**: develop knowledge and evaluation skills in the areas of speech production in terms of areas highlighted above. |
| | Topics in Fluency Disorders | **Key learning areas:** nature of fluency disorders, assessment and management of developmental stuttering, acquired stuttering and cluttering, benefits of using WHO ICF framework to guide assessment and treatment; importance of risk of persistence and recovery framework in assessment of young children.<br>**Students will:** understand how models of stuttering inform assessment and treatment; identify and demonstrate speech and non-speech behaviours characteristic of stuttering, and basic speech restructuring strategies; develop assessment and treatment plans for children and adults; understand interaction or counselling strategies used with children and adults who stutter. |
| | Case Studies in Phonological Intervention | **Key learning areas**: linked to content from Phonological Development Assessment and Intervention<br>**Students will**: analyze speech perception, production and oral mechanism data from people with protracted phonological/phonetic development with and without hearing impairment, design and implement a short-term phonological intervention program with a client from assessment to outcomes evaluation |

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| Externship 1<br><br>***May - June*** | 5 weeks, 5 days per week<br><br>**Setting:**<br>Preschool, School, Adult | |
| Externship 2<br><br>***June -Aug*** | 7 weeks, 5 days per week<br><br>**Setting:**<br>Preschool, Adult | |

**Year 2**

| Term | Coursework | Description |
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| Term 1<br><br>***Sept - December*** | **Part-time**<br><br>Issues in Professional Practice | **Key learning** areas: importance of life long personal and professional development, benefit to client and positive impact of collaborative, Interprofessional team approach, importance of awareness of own communication style and strategies for effective communication with diverse groups<br>**Students will:** apply basic knowledge of team development to analyze team experiences for effective or ineffective team work, reflect on the effectiveness of one's own individual role and participation in present and past team experiences, apply conflict learning to identify own role and initial approaches in managing conflict, use collaborative working skills with other colleagues, apply an ethical decision-making framework and principles to appropriately understand an ethical situation |
| | Language Development and Disorders in the School Years | **Key learning areas**: language and literacy development from the late pre-school through the secondary school years, with a particular emphasis on the demands and challenges that an academic context places on these children, covering written as well as spoke language<br>**Students will**: learn about the nature, assessment and treatment of individuals with language disorders |
| | Perceptual, Cognitive and Social – Affective Effects on Communication Performance: Assessment & Treatment | **Key learning areas**: focus on impairments such as intellectual disability, autism, and hearing impairment, and<br>**Students will**: learn how these impairments influence social relationships, experiences, cognitive achievements, executive functions, and perceptual integrity, speech and language development and communicative ability |
| | Approaches to Audiology and SLP for Aboriginal People in Canada (Part II) | **Key learning areas**: continuation of Part I, Year I<br>**Students will**: partake in an arts night dedicated to educating fellow students and others in First Nations, Métis and Inuit heritage and culture |

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| Externship 3<br><br>***September – December*** | **Part-time**<br>11 weeks, 2 days per week<br><br>**Setting:** Preschool, School, Adult | |
| Term 2 Part I<br><br>***January - March*** | Applied Discourse Analysis<br><br>Cognitive Processing and Acquired Language Disorders<br><br>Advanced Studies in Acquired Speech and Swallowing Disorders<br><br>Acquired Language Disorders –<br><br>Advanced Augmentative and Alternative Communication | **Key learning areas**: impact of acquired language disorders on the everyday discourse of persons with these disorders<br>**Students will**: explore impact in relation to the WHO-ICF framework, with a specific focus on social activity and participation<br><br>**Key learning areas**: cognitive processing principles and mechanisms and connectionist models of language processing<br>**Students will**: explore how these theoretical principles and dynamic models can inform clinical assessment and remediation of acquired language disorders.<br><br>**Key learning areas:** principles, techniques, evidence-based and multidisciplinary approaches to the assessment and management of acquired speech and swallowing disorders across ages and settings; overview of key components for disorder specific report writing and management program creation; introduction to diagnostic and rehabilitative instrumentation; non-oral feeding, ethical issues and palliative care practices will also be discussed.<br>**Students will:** enhance their knowledge/skills in the assessment/differential diagnosis and management of acquired speech and swallowing disorders; engage in disorder specific case-based learning activities focusing on: building interpretation skills for clinical and instrumental assessments, the creation of clinical profiles, case-driven management programs and outcome measurement.<br><br>**Key learning areas**: holistic management of acquired language disorders **Students will**: apply knowledge of theoretical concepts, the ICF, and evidence-based practice to the development of appropriate intervention plans for individuals with a variety of acquired language disorders<br><br>**Key learning areas**:<br>**Students will**: prepare to provide team-based services for individuals across the lifespan who are restricted in their ability to communicate using spoken or written modes, and who would thus benefit from augmentative and alternative means of communication |
| Externship 4<br><br>***April - June*** | 8 weeks, 5 days per week<br><br>Setting: Preschool, School, Adult | |
| Term 2 Part II | • Graduating Essay/ Thesis | |

## Emphasizing Links between Clinical Training and Coursework

**What is included in the clinical preparation workshops for students?**

Clinical practice and professional issues are the key topics of two courses (AUDI 545, Year 1, Clinical Practice and Externship Preparation; AUDI 555, Year 2, Issues in Professional Practice).

The main objective of the **Year 1 Course, Audi 545** is to serve as a bridge between classroom learning and professional training. The course content has been designed to align directly with the professional core competencies, with each class drawing on experiences from the teaching team to ensure real-life examples and solution-focused discussions. The course also provides information that prepares students to learn in a clinical setting, and informs students about the range of clinical resources that are available to them to enhance their learning while in clinical externships.

The main objective of the **Year 2 course, Audi 555**, is to provide an opportunity for learning and reflection on a broad range of professional practice topics (e.g., interprofessional team work, ethics in clinical practice, etc.) Upon starting this course, students have experienced two clinical externships, therefore Audi 555 relies heavily on using the students' clinical experiences to inform class discussions. Furthermore, this course provides guidance to the students to assist them in continuing their professional development after graduating from the program.

**What direct clinical experience is offered to students throughout the academic term?**

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| **Hands-on labs with community volunteers** | • **Masking practice**: AUDI 518: Audiology students practice masking on volunteers with unilateral hearing loss and/or significant conductive components. This experience provides Audiology students with early exposure to clients with complex hearing loss. |
| **Fieldwork Assignment examples:** | • **Kindergarten screening**: AUDI 518: All students provide Kindergarten Hearing Screening tests in the community.<br>• **Preschool Language Sampling**: As part of Audi 547A, students visit preschool-age children in their homes and record a language sample. This activity also provides one of the first opportunities for students to interact with the parents of clients in a safe learning environment. |
| **Case-based learning:** | • Cases are compiled based on authentic clients and clinical scenarios. Courses adopting this approach include Audi 586, 572, 575, and 571. Case based learning facilitates the development of students' clinical reasoning and decision making, further preparing them for the clinical environment.<br>• **Simulations labs** ("Sim Lab"): AUDI 527 and AUDI 577. Students participate in on-line modules to learn information and concepts in a variety of ways including 3D high-fidelity anatomy modules and avatars that present with various deficits to provide students with understanding of the client's experience, and assessment and management plans. |
| **Client-led clinic:** | • **Aphasia Mentors**: The Aphasia Mentors meet every week at the School and provide learning opportunities to students, supporting student learning through feedback and guidance around Supported Communication for people with aphasia and group facilitation for people with aphasia. This clinic provides an excellent model of best |

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| | practice for students, based on the Canadian Stroke Best Practice Recommendations for Community-Based Stroke Rehabilitation (2016).<br>• **The ALL Group**: The Advanced Language and Literacy Group meet weekly at the School. The program's objective is to provide support to young adults with histories of developmental delay and with speech, language, and literacy problems. Students are invited to join and learn from the group participants and practice their clinical skills in a safe learning environment. |
| **Student-hosted clinic:** | • **WorkSafeBC Hearing Clinic** – AUDI 552: Audiology students evaluate and counsel hearing-impaired clients at the WorkSafeBC Audiology Unit.<br>• **Hearing Health Fair**: AUDI 569: Audiology students host a clinical day targeting seniors in the community. Students provide hearing screening, counselling, and individualized information. |
| **Clinical Faculty assisted Coursework/Simulations** | • **AAC** – Course was developed in consultation with Clinical Faculty and has full- and half-day labs led by clinical faculty and conducted at clinics (GF Strong and Sunnyhill, respectively), so that students obtain hands-on experience with different devices, systems and access methods and understand the role of the SLP in the interdisciplinary team.<br>• **"Grand rounds":** AUDI 518: All students participate in mock "grand rounds" in which they prepare for various cases for discussion with their classmates and a Clinical<br>Faculty Audiologist who acts as facilitator.<br>• **Hearing Aid Fittings**: AUDI 556: Audiology students practice hearing aid fitting using clinical assessment data, coached by clinical educators from the community.<br>• **"SimDay**" – Clinical Faculty members mentor teams of Speech Language Pathology students while they conduct different components of the assessment process, from interview to clinical speech and/or swallowing assessment. |

A "Clinical Readiness and Externship Preparation" Guideline and Checklist was developed for Audiology majors to ensure that students gain the clinical skills necessary to excel in their externships and as clinicians after graduation. The document was developed based on feedback from Clinical Coordinators, Clinical Educators and students and highlights course content specific to clinical skills deemed important for clinical externships. The checklist provides a means of identifying any skills that need further development before a student begins their clinical externships. Given the success of this tool, a "Clinical Readiness and Externship Preparation" Guideline and Checklist for Speech-Language Pathology Majors is currently in development.

## Week-By-Week Externship Overview: Speech-Language Pathology

| *Timeline* | *UBC Clinical Coordinator Roles & Responsibilities* | | *Clinical Educator Roles & Responsibilities* | | *Student Roles & Responsibilities* | |
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| *Pre-Externship* | Coordinates externship sites<br><br>Prepares student for clinical experience<br><br>Provides orientation to Clinical Educator | | Plans orientation for student<br><br>Informs colleagues of upcoming students<br><br>Becomes familiar with student ePortfolio requirements | | Sends introduction email as soon as notification of the placement site is known<br><br>Calls the Clinical Educator approximately one week prior to the Externship<br><br>Prepares for the clinic setting by acquiring information about the site, reviewing assessments, class notes, and any other relevant sources of information | |

**The Clinical Coordinator provides ongoing support and mentorship to both the Clinical Educator and the student throughout the Externship.**

**If there are any concerns regarding the Externship, placement site, or the Clinical Educator, contact your Clinical Coordinator as soon as a concern arises.**

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| *Week 1* | Checks in with Clinical Educator and student via email or phone | | Provides site orientation including health & safety practices and emergency procedures<br><br>Determines what experience the student has had prior to this externship so scaffolding support can be implemented<br><br>Sets expectations:<br>• Hours<br>• Dress code<br>• Clientele<br>• Culture of Organization<br>• Meetings<br>• Feedback<br><br>Provides Guided Observations | | In one of the first conversations with the Clinical Educator, student discusses the following:<br>• Goals for the placement<br>• Personal learning objectives<br>• Preferred learning style<br>• Any learning accommodations or strategies that are helpful<br>• Preferred method of feedback<br>• Any prior clinical experiences<br><br>Give and discuss these forms with the CE:<br>• *Looking Ahead: Goals for the Next Placement form* (for Externships 2, 3 and 4)<br>• *Goals for First Placement with Children or Adults* (if applicable)<br>• *Clinical Skills Summary form* (for Externships 2, 3 and 4)<br>• List of ePortfolio requirements | |

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| | | | | | Completes Occupational Health & Safety survey on Canvas and any other placement-specific forms/online modules<br><br>Participates in Guided Observation and discusses the observations with the CE | |
| *Week 2- midterm* | | | Model techniques, **explicit description** of **what** you are doing and **why** you are doing what you are doing<br><br>Regular meetings with student(s) for updates and provision of feedback<br><br>Active observations of student(s)<br><br>Shared participation<br><br>*Increased student participation is expected over the course of these weeks in consultation with the Clinical Educator. **Collaborative practice** between clinician and student continues and support to student can be reduced as they become more independent. | | Observations continue and student begins to assume more responsibility<br><br><u>Documentation:</u><br>Session plans<br>Chart notes<br>Video record yourself during sessions, where possible<br>Written reflections uploaded to ePortfolio (if applicable) | |
| *Midterm* | Reviews Midterm Evaluation<br><br>Connects with CE and student via email or phone<br><br>If any issues are highlighted, Clinical Coordinator will respond accordingly | | Midterm Evaluation is completed with the student, including Goal Setting for the Remainder of the Placement<br><br>Clinical Coordinator to be contacted with any questions or concerns | | Midterm Evaluation is completed with CE and uploaded to the ePortfolio<br><br><u>Documentation:</u><br>Following evaluation, review and modify learning objectives and learning plan.<br>Set goals with help from the CE.<br><br>Self-reflective assignment for ePortfolio | |
| *Midterm – Final Week* | Supports are available for any comments or concerns from both the CE and student | | Actively observes student<br><br>Some indirect supervision may be appropriate at this time<br><br>Modeling continues – at this stage expect students to begin explaining to you why you're doing what you're doing | | Student assumes more responsibility for clients. Expectation is for greater independence with familiar/regular clients. Further development of clinical reasoning skills (clear and concise rationale)<br><br>Student-initiated collaboration for any new clients and/or clinical scenarios | |

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| | | | Regular meetings with students for updates and provision of feedback<br><br>*Increased independent self-initiated student participation is expected throughout these weeks | | <u>Documentation:</u><br>Complete assessment report(s)<br>Complete session plans | |
| *Final Week* | | | Complete *Final Evaluation of Clinical Skills* with student, based on student performance during last 20% of placement | | <u>Documentation:</u><br>Self-reflective assignment(s) for ePortfolio<br><br>Completes Summary of *Clinical Practice Hours form* and obtain necessary signatures<br><br>Uploads *Final Evaluation of Clinical Skills* to ePortfolio | |
| *Post-externship* | Clinical Coordinator will collect feedback from Clinical Educators and students, and shares same.<br><br>Clinical Coordinator to review student ePortfolio<br><br>Provides grade for externship, based on Final Evaluation form and student's completion of ePortfolio requirements | | Provide any feedback to Clinical Coordinator | | Provide any feedback to Clinical Coordinator and/or Clinical Educator<br><br>Ensures completion of all externship ePortfolio requirements **no later than 1 week** post-placement | |

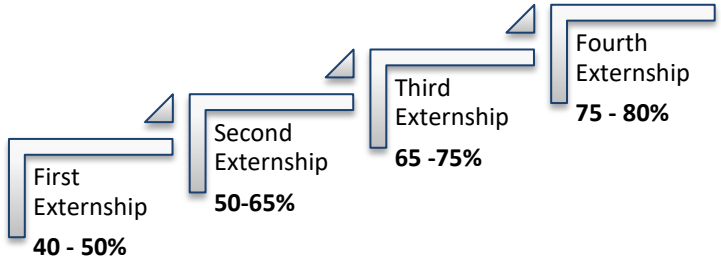
## Supervision Guidelines for Clinical Educators

As a general rule, the following guidelines for supervision are recommended:

- Supervise at least **50% of each assessment session**
- Supervise at least **25% of all treatment sessions**
- 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 and/or treatment
- 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

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, students on their first placements may require more supervision than the minimum standards listed above. In addition, supervision needs to be sufficient in order for you to feel that you can provide the necessary feedback and evaluation.

**Minimum Caseload Guidelines (approximate values, Clinical Educator's discretion is advised)**




## What Counts as a Clinical Hour?

- Students are required to have 350 supervised hours of practice for registration with the College of Speech and Hearing Health Professionals of BC (CSHHPBC)
- It is the **STUDENT'S** responsibility to keep track of hours and the CE will sign the form at the end of the placement

| What Can Be Counted? | What Cannot Be Counted? |
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| • Direct contact with clients<br>• Active participation and involvement<br>• Specific observations made independently by the student or as guided by the CE<br>• Any case discussions, including the use of documentation to enhance or inform the discussion | • Report writing<br>• Session preparation<br>• Attendance at professional development workshops/seminars/webinars, etc. |

# Week by Week Guide: Inclusion Timeline

**5 Week Placement: Externship 1**

| | **Hours to build towards independence** | **Strategies for Including a student in your sessions:** |
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| | What to expect: | Students are learning introductory clinical tasks, such as the basics of delivery assessment and treatment. Common tasks to introduce at this level are learning to give instructions, giving feedback, planning activities, administering standardized and non-standardized assessment tools. |
| Week 1 | Days 1 & 2: orientation<br>Days 3 to 5: **½ hour per day** | Guided observation, shared participation in all client sessions, take turns with a client, copy an activity they have seen you do already, be a conversational or play partner, collect data, online speech/language samples.<br>Introduce themselves to clients/families. Ask introductory questions (develop rapport – *"I know you have seen SLP for some time, but wondered if you would tell me why you have been seeing SLP")*. |
| Week 2 | **½ -1 clinical hour/day** | Begin to conduct 1 activity for 1-2 clients per day *(for the clients that you are planning for this student to work with independently by the end of the externship).*<br>The number of activities/clients might be higher if the student has an opportunity to re-use the same activity.<br>Have your student use written session plans.<br>Review the Goals for First Placement with Children or Adults for specific areas for development.<br>Continue to share the more complex clients. |
| Week 3: | **1-1 ½ clinical hours/ day** | Plan 2 activities per assigned client, per day. |
| Week 4: | **2 – 3 clinical hours/day** | Plan 3 activities per assigned client, per day. |
| Week 5: | **3-4 clinical hours/day** | Plan full sessions for several clients per day.<br>Students assume 40-50% of your caseload. |

**7 Week Placement: Externship 2**

| | **Hours to build towards independence** | **Strategies for Including a student in your sessions:** |
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| | What to expect | Continue to introduce the basics of assessment and treatment. Expand on areas covered in Externship 1. This is a new population for your student, so discuss similarities and differences with the new population. |
| Week 1 | Days 1 & 2: orientation | Guided observation, shared participation, take turns with a client, copy an activity they have seen you do already, be a conversational or play partner.<br>Introduce to clients/families. Ask introductory questions (develop rapport). |
| | Days 3 to 5: **½ hour per day** *(or higher)* | Review info from prior placements (Looking Ahead & Clinical Skills Checklist). Discuss what tasks your student has done in prior placements. Have them identify which tasks they feel comfortable to take on. They might feel be able to do a type of treatment they have already done or complete an assessment they did in a prior placement. For these tasks, assign as with minimal support. For new tasks, provide shared support. Shared participation in complex cases.<br>Have your student begin with written session plans.<br>Review the Goals for First Placement with Children or Adults for specific areas for development (if relevant). |
| Week 2 | **½ -1 clinical hour/day** | For familiar tasks, deliver independently.<br>For repeated tasks: introduce & let them observe/share, then copy the task with other clients (ex. Bedside assessment, site specific screening, standardized assessment). Provide support as needed.<br>Conduct 1-2 activities for 1-2 clients in your day. (or more if appropriate) |
| Week 3: | **1-1 ½ clinical hours/ day** | Plan 2 activities per client, 2-3 clients/day |
| Week 4: | **2 – 3 clinical hours/day** | Plan 3 activities per client, 3-4 clients/day |
| Week 5: | **3-4 clinical hours/day** | Plan full sessions for clients, gradually assuming a higher percentage of your caseload. Gradually increase the range and type of clients seen. |
| Week 6: | **4 clinical hours/day** | Plan full sessions for clients, for multiple clients in the day. Increase the percentage of your caseload they work with each week. Shared participation in complex clients. |
| Week 7: | **4 clinical hours/day** | Plan full sessions for clients for all the clients you want them to take on independently by the end of the placement. Shared participation in complex clients. Assume 50-65% of caseload |

**11 week placement: Externship 3:**

| | **Hours to build towards independence** | **Strategies for Including students in your sessions:** |
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| | What to expect: | Continue to develop areas introduced in Externships 1 & 2. This is a new population for your student. Discuss similarities and differences, areas that they are comfortable to begin with and areas still to develop.<br>**Potential areas to expand on with 2nd year students:**<br>Integration of assessment findings and impressions to form a diagnosis<br>Making recommendations & referrals<br>Giving homework assignments. Talk to families, explain results. Do rounds/presenting results. Report writing. |
| Week 1 | Days 1 & 2: orientation | Guided observation, shared participation, take turns with a client, copy an activity they have seen you do already, be a conversational or play partner.<br>Introduce to clients/families. Ask introductory questions (develop rapport). |
| | Days 3 to 5: **½ hour per day** *(or higher)* | Review info from prior placements (Looking Ahead & Clinical Skills Checklist). Discuss what tasks your student has done in prior placements. Have them identify which tasks they feel comfortable to take on. They might feel be able to do a type of treatment they have already done or complete an assessment they did in a prior placement. For these tasks, assign as with minimal support. For new tasks, provide shared support.<br>Have your student begin with written session plans.<br>Review the Goals for First Placement with Adults for specific areas for development (if relevant).<br>Continue to share the more complex clients. |
| Week 2 | **½ -1 clinical hour/day** | For familiar tasks, deliver independently.<br>For repeated tasks: introduce & let them observe/share, then copy the task with other clients (ex. Bedside assessment, site specific screening, standardized assessment). Provide support as needed.<br>Conduct 1-2 activities for 1-2 clients in your day<br>This might be more if it's the same activity or similar goals. |
| Week 3: | **1-1 ½ clinical hours/ day** | Plan 2 activities per client, 2-3 clients/day |
| Week 4: | **2 – 3 clinical hours/day** | Plan 3 activities per client, 3-4 clients/day |
| Week 5: | **3-4 clinical hours/day** | Plan full sessions for clients, assuming a higher percentage of your caseload and increased range of tasks completed independently each week.<br>Anticipate that you can increase the range and type of clients seen more quickly. |
| Week 6 - 11: | **4 clinical hours/day** | Plan full sessions for clients, for multiple clients in the day. Increase the percentage of your caseload they work with each week.<br>Shared participation in complex clients.<br>Assume 65-75% of caseload |

**8 week placement: Externship 4**

| | **Hours to build towards independence** | **Strategies for Including students in your session** |
|---|---|---|
| | What to Expect: | At this time, your student will have chosen placement to fill gaps in experience and to develop speed & independence in clinical practice. Discuss similarities & differences to populations/sites already seen. Anticipate that your students will complete full assessments, & interpret findings in full.<br>Continue to work on<br>Integrate of assessment findings and form a diagnosis<br>Making recommendations & referrals. Initial support may be to provide teaching on site specific procedures or in any areas that may not have been covered at other sites and clinical experiences so far.<br>Report writing of full reports. |
| Week 1 | Days 1 & 2: orientation | Guided observations, shared participation, take turns with a client, copy an activity they have seen you do already, be a conversational or play partner.<br>Introduce to clients/families. Ask introductory questions (develop rapport). |
| | Days 3 to 5: **½ hour per day** *(or higher)* | Review info from prior placements (Looking Ahead & Clinical Skills Checklist). Discuss what tasks your student has done in prior placements. Have them identify which tasks they feel comfortable to take on. For familiar tasks, assign these with minimal support. For new tasks, provide shared support.<br>Have your student begin with written session plans.<br>Continue to share complex clients, assigning specific tasks for independent completion. |
| Week 2 | **½ -1 clinical hour/day** | For familiar tasks, deliver independently.<br>For repeated tasks: introduce & let them observe/share, then copy the task with other clients (ex. Bedside assessment, site specific screening, standardized assessment). Provide support as needed.<br>Conduct 1-2 activities for 1-2 clients in your day. |
| Week 3: | **1-1 ½ clinical hours/ day** | Plan 2 activities per client, 2-3 clients/day |
| Week 4: | **2 – 3 clinical hours/day** | Plan 3 activities per client, 3-4 clients/day |
| Week 5: | **3-4 clinical hours/day** | Plan full sessions for clients, assuming a higher percentage of your caseload and increased range of tasks completed independently each week.<br>Anticipate that you can increase the range and type of clients seen more quickly. |
| Week 6-8 | **4 clinical hours/day** | Plan full sessions for clients, for multiple clients in the day. Increase the percentage of your caseload they work with each week.<br>Shared participation in complex clients, with specifically assigned tasks for completion.<br>Assume 75-80% of caseload |

# Clinical Educator Preparation

# Clinical Educator Role:

## 1. What are you expected to teach students throughout their externships?

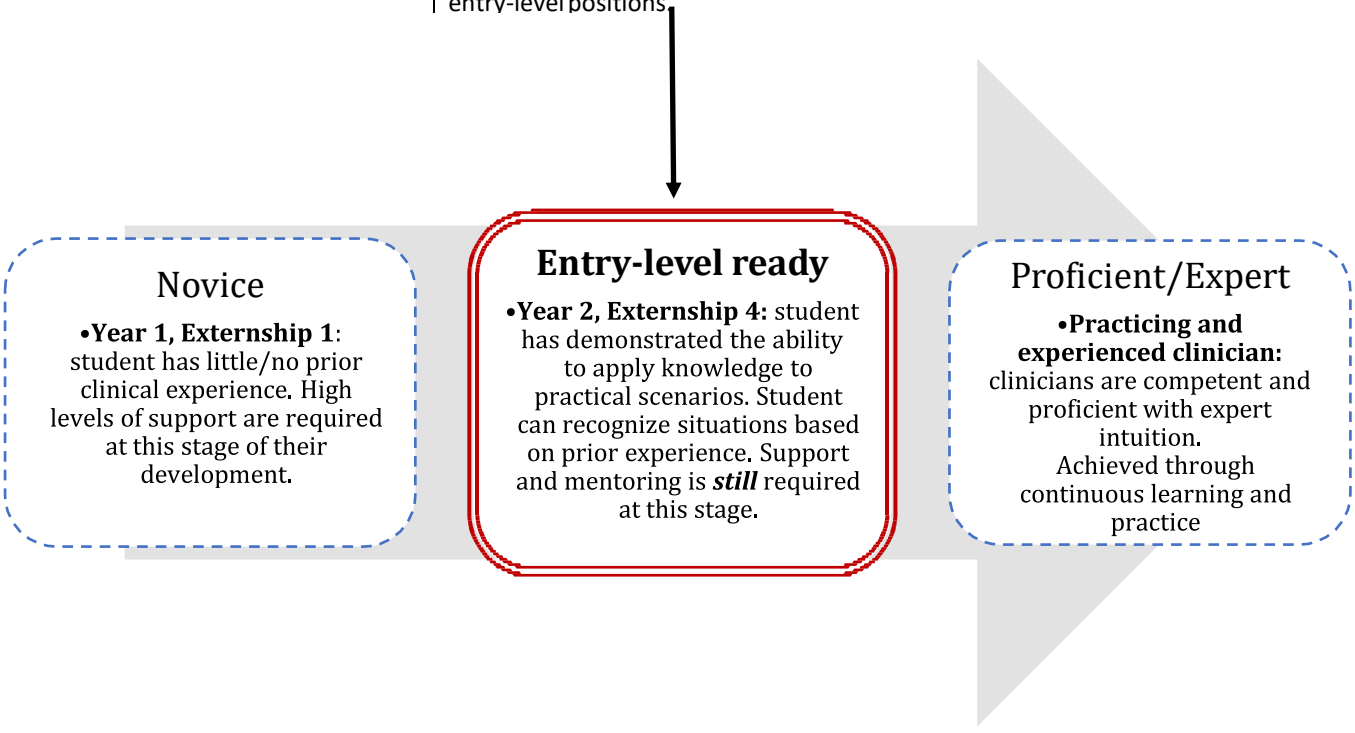
When students leave the Speech and Language Pathology Program, the expectation is that they are Entry-Level Ready generalists with a broad range of skills that they can hone in on and specialise, depending on their preferred clinical population.

| To teach and develop students': | |
|---|---|
| | **Interpersonal & Professional Skills:**<br>• Provide students with opportunities to build rapport with clients and family members.<br>• Encourage students to reflect on and self-evaluate their knowledge, skills and attitude throughout the placement<br>• Provide opportunities for discussions re: ethical and/or culturally sensitive issues within caseload<br>• Provide a safe environment for students to examine their own personal preferences and biases and the impact such preferences and/or biases may have on their clinical encounters<br>• Facilitate students to develop their time management skills including preparation for sessions<br>• Facilitate students to develop their professional clinical identity.<br>• Encourage effective collaboration |
| | **Assessment Skills:**<br>• Provide exposure to informal and formal assessment tools and techniques, as well as providing opportunities for administration and scoring of said assessment tools and techniques.<br>• Provide opportunities for the development of critical thinking– development of assessment plan and rationale for same |
| | **Treatment Skills:**<br>• Provide students with the opportunities for planning and performing therapy tasks that are client-centered, with sound rationale<br>• Encourage students to develop their skills in giving feedback to clients and their families.<br>• Provide opportunities for the student to understand the scope of practice e.g. their role as educator, facilitator, counsellor etc. |

| | |
|---|---|
| | **Communication Skills:**<br>• Provide opportunities for the development of oral and written communication skills with a range of individuals, including but not limited to health professionals, family and clients<br>• Provide opportunities for students to collaborate with other health professionals |
| In order for students to have the: | |
| | 1. Necessary knowledge base, clinical skills and personal characteristics |
| | 2. Ability to work as a **generalist** with preschool children, school-aged children and/or adults (see diagram below) |
| | 3. Requisite number of **clinical hours** to meet BC provincial requirements |

**2. How "expert" are students likely to be by the end of Externship 4?**

The diagram below clarifies where on the continuum of "novice to expert" students are expected to be upon graduation. This also serves to highlight the standard to which clinical faculty are preparing students for entry-level positions.



### 3. How are you expected to bring a student from Novice to Entry-Level Ready

To develop from novice to entry-level ready, the student will go through a series of stages as a learner. With every new skill requires the student will move from one stage to the next.

Some skills may be more advanced than others, depending on the students strengths and challenges.

It is important to note that students who are entry-level ready are mostly likely to demonstrate skills at the conscious competent level. They are not experts yet – and won't be without many more years of practice under their belt!

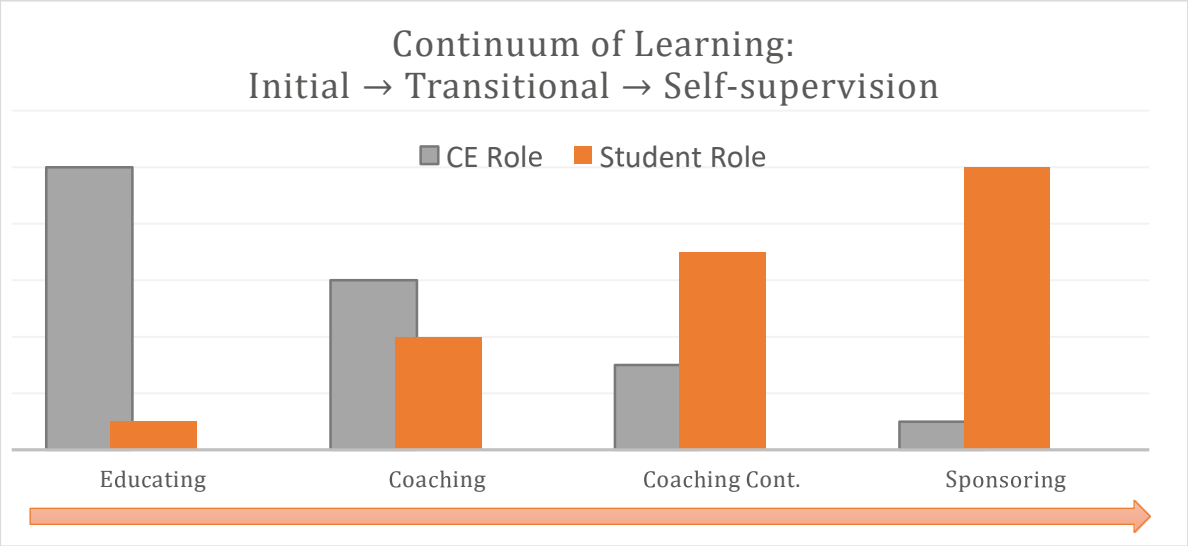
The table below outlines the 4 stages, and the characteristics associated with each stage. The table also provides strategies that you can employ to guide the student through each phase of learning.

| **Supporting the development of professional competence:** | | | | |
|---|---|---|---|---|
| | **Unconscious incompetence** | **Conscious incompetence** | **Conscious competence** | **Unconscious competence** |
| **Learner characteristics:** | Low level of competence Unaware of failings | Low level of competence. Aware of failings but not skills to correct them | Demonstrates competence but skills not fully internalized or integrated. Has to think about activities | Carries out tasks without conscious thought. Skills internalized and routine. Little or no conscious awareness of detailed processes involved in activities |
| **Clinical educator role:** | Supportively helps learner to recognize weaknesses identify areas for development and become aware of learning or development needs and thus conscious of 'incompetence' | Uses range of skills and techniques, to assess learners' development in relation to defined expectations for the level and stage of learning. Helps learner to develop and refine self-assessment skills. Reassures and supports | Helps learner to develop and refine skills, reinforces good practice and competence through positive regular feedback and a focus on areas for development and refinement of skills, additional knowledge required and integration of competences | Raise awareness of detail and unpack processes for more advanced learning, help learner to identify any areas of weakness or bad habit that he/she may not be aware of |

## The Continuum of Learning

The CE's role can be seen as inversely proportionate to the student's role as the externships progress over time. The CE develops from Educator to Sponsor as the student becomes more independent over the course of the 4 Externships.

As the CE and student relationship evolves, it is important not to maintain ongoing collaboration, a place where the roles meet and overlap.




| | ***Educating*** | **Coaching** | **Sponsoring** |
|---|---|---|---|
| ***When*** | ▪ at the beginning of each externship<br>▪ when introducing a new procedure<br>▪ when working with a new type of client | ▪ as the student gains clinical experience and skill | ▪ when the student is familiar with procedures and types of clients<br>▪ at the end of the final externship |
| ***How*** | ▪ provide student with information, direct instruction, and modeling prior to sessions<br>▪ provide student with direct feedback regarding what went well during the session, what needs to be modified and how to make those modifications | ▪ encourage student to evaluate own sessions<br>▪ engage in joint problem-solving with student<br>▪ encourage the student to be innovative<br>▪ expect and allow mistakes | ▪ encourage the student to make most decisions on their own<br>▪ provide guidance as requested by the student<br>▪ act as a resource |

# Getting set up: Who does what when?

| A. Pre-externship Training: | ☒ |
|---|---|
| ***Provided by*** | Clinical Coordinator at UBC |
| ***For*** | Clinical Educators |
| ***What*** | • Provide clinical educator with education re: the role of clinical educator, as well as info re: goals for externships, externship processes and evaluations<br>• Confirm externships and students attending the various sites<br>• Individualized email and telephone support for all clinical educators |
| ***When*** | Prior to commencement of Externship. |

| B. Pre-externship Introduction: | ☒ |
|---|---|
| ***Provided by*** | Student |
| ***For*** | Clinical Educators |
| ***What*** | • Provide clinical educator with introductory email, no later than one month pre-externship<br>• Contact clinical educator re: any preparation he/she might like you to undertake prior to beginning of externship e.g. articles, assessments etc. |
| ***When*** | Prior to commencement of Externship. |

| C. Pre-externship Preparation: | ☒ |
|---|---|
| ***Provided by*** | Clinical Educator |
| ***For*** | Students |
| ***What*** | • Provide student(s) with readings and/or information re: your clinical setting.<br>• Take some time to consider what you as a clinician and your clinical setting can uniquely provide the student during their externship. Use this to begin forming a learning plan for your student.<br>• Prepare your colleagues and clients for the arrival of your student<br>• Ask whether this is your student's first externship with children or adults – First Goals Document (see Appendix) will need to be reviewed in this case |
| ***When*** | Prior to commencement of Externship. |

| D. On-site Orientation | ☒ |
|---|---|
| ***Provided by*** | Clinical Educator |
| ***For*** | Students |
| ***What*** | • Provide physical overview of clinical setting<br>• Coordinate team/staff introductions<br>• Provide overview of caseload<br>• Describe clinical organization and administration procedures (referral process, record keeping, confidentiality)<br>• Discuss expectations re the culture of the clinical setting:<br>✓ Hours<br>✓ Appropriate Dress<br>✓ Lunchtime expectations<br>• Outline Health and Safety/Emergency Procedures |
| ***When*** | First day, if possible. No later than Week One. |

# Setting Expectations:

Setting expectations with the student right from the beginning is an important step in fostering the student-clinical educator relationship.

The following list can help ensure that you have all the points covered from the very first day:

| **Have you discussed**: | ☐ |
|---|---|
| 1. The student's perceived strengths? | |
| 2. Any current concerns? | |
| 3. Areas the student would like to develop? (*The **Looking Ahead Form** can facilitate this part of the discussion, if the student has had previous externships) | |
| 4. How the student learns best? | |
| 5. The level of support the student feels they may need at this point? | |
| 6. Things that have worked/not worked before on placements? | |
| 7. The unique learning opportunities that your externship site provides? | |
| | |
| **The student's expectations of the Clinical Educator, including but not limited to:** | |
| 1. The frequency of one-to-one supervision sessions | |
| 2. Availability to be contacted as assistance is required | |
| 3. The best way to access advice on a day-to-day basis | |
| | |
| **The Clinical Educator's expectations of the student, including but not limited to:** | |
| 1. Punctuality | |
| 2. Procedures for absences | |
| 3. Willingness to share and participate (in both direct service work, as well as staff interactions) | |

*There are two forms that can facilitate the initial meeting between Clinical Educators and students. These are the Looking Ahead: Goals for Next Placement Form and the Clinical Skills Summary Form. These are forms that are completed at the end of an externship; they provide a summary of skills practiced, as well as goals for further learning on subsequent externships.

Students are expected to bring these forms on Day 1 of their Externship for discussion with the Clinical Educator.

**How much homework are students expected to complete throughout the Externships?**

Students can be expected to complete up to 2 hours of homework/self-study per day of externship, totaling a maximum of 10 hours per week.

# Goals for First Externship with Children

**Examples of General Learning Objectives:**

| **By the end of this placement students will:** |
|---|
| 1. Understand the process of therapy, from referral to discharge |
| 2. Learn to interact with young children, their families, teachers or other team members |
| 3. Develop an understanding of the role of the speech-language pathologist within the setting |
| 4. Develop ability to observe and interpret children's behaviours |
| 5. Develop skills in basic speech and language assessment with children |
| 6. Develop skills in planning and implementing treatment with children |
| 7. Develop skills in report writing and documentation |
| 8. Develop self-evaluation skills |

**Specific Course Objectives:**

| | |
|---|---|
| **Process of Therapy:** | The Clinical Educator will orient the student to the service delivery model and clinical management process used in the agency. |
| **Caseload:** | The student will gradually assume primary responsibility for two to three representative clients (i.e., typical of the caseload) while assisting the Clinical Educator with other clients. |
| **Role of the Speech-Language Pathologist:** | the Clinical Educator will orient the student to the role of the speech-language pathologist within the agency |
| **Assessment:** | • Case history taking/interviewing: The student will take a case history from a family member or interview a professional (e.g. teacher, psychologist) regarding one child.<br>• Phonological/Articulation assessment and analysis: The student will collect and analyze phonological/articulation data for at least one child.<br>• Oral mechanism examination: The student will carry out an oral mechanism examination for at least one child.<br>• Language sample and analysis: The student will collect and analyze (using the SALT program or another language analysis system) language data for at least one child<br>• Standardized Language Assessment: The student will administer at least two standardized tests (e.g., PPVT, portions of the CELF, portions of the PLS, EOWPVT or EVT).<br>• Hearing Screening: The student will complete one or two hearing screenings (if this is typically done by the Clinical Educator as part of an assessment). |
| **Treatment:** | • The student will develop skills in planning and implementing articulation and/or phonology therapy for at least one child.<br>• The student will develop skills in planning and implementing language therapy for at least one child.<br>• The student will write at least one assessment, progress, or discharge report with guidance from the Clinical Educator.<br>• The student will gradually assume responsibility for evaluating his/her sessions with guidance from the Clinical Educator.<br>• The student will be introduced to complex case management through discussion with the Clinical Educator and through observation of children with complex issues. |

# Goals for First Externship with Adults

**Examples of General Learning Objectives:**

| **By the end of this placement the student will:** |
|---|
| 1. Develop an understanding of the role of the speech-language pathologist within the setting (i.e. acute care, rehabilitation, extended care, adult-focused private practice settings) |
| 2. Develop skills in basic speech and language assessment with adults with acquired speech, language, voice, swallowing, and/or fluency disorders |
| 3. Develop skills in basic assessment with adults |
| 4. Develop skills in planning and implementing treatment with adults |
| 5. Learn to interact with clients/patients, their families and/or other team members |
| 6. Develop skills in documentation and report writing |
| 7. Develop self-evaluation skills |

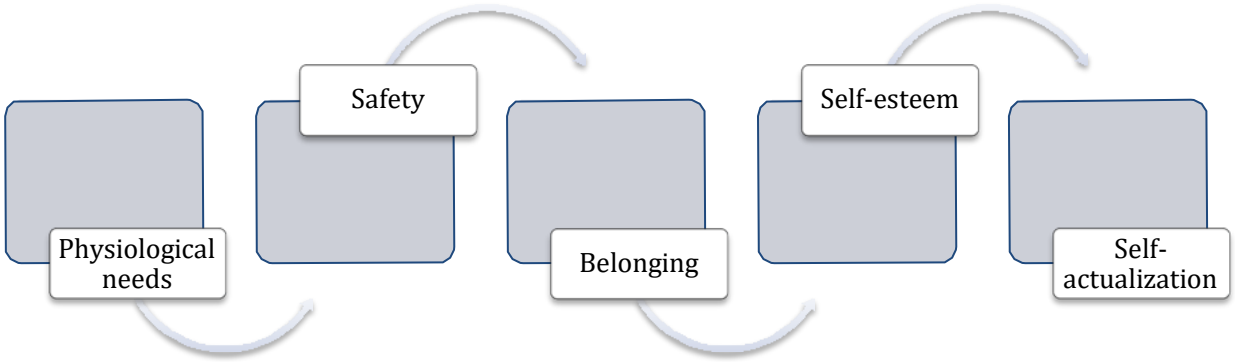
**Specific Course Objectives:**

| | |
|---|---|
| **Client-clinician interaction:** | The student will learn to interact effectively with adults with communication/swallowing disorders and their families. |
| **Roles:** | The student will develop an understanding of the speech-language pathologist's role in the setting and as part of an inter-professional health care team. |
| **Service delivery:** | The student will develop an understanding of the process of assessment and management from referral to discharge, including the ways in which contextual factors (e.g. acute vs. palliative care) influence care approaches. |
| **Assessment:** | The student will develop skills in basic assessment procedures specific to the setting, for example: |
| **Case history taking/ interviewing:** | The student will complete at least **one** case history with a client and/or family. |
| **Oral mech. exam:** | The student will complete at least **two** oral mechanism screenings or examinations. |
| **Standardized test administration:** | The student will administer at least **two** standardized speech and/or language tests (e.g., BDAE, AIDS, BNT, WAB) or structured standard speech/ language screening tool. |
| **Swallowing:** | The student will develop basic skills in swallowing assessment including:<br>• conduct at least **two** chart reviews of clients with dysphagia<br>• complete at least **two** bedside dysphagia assessments, including an oral mechanism examination<br>• where possible, observe modified barium swallow (MBS) or fiber optic endoscopic evaluation of swallowing (FEES) for at least **one** patient |
| **Documentation:** | The student will document assessment results as per agency requirements. |
| **Management:** | The student will develop skills in planning and implementing treatment for clients typically seen at this setting; for example:<br>• Develop a motor speech plan for at least **one** client<br>• Plan and implement a language intervention session for at least **one** client<br>• Take primary responsibility for at least **two** typical communication clients, while assisting the Clinical Educator with other clients<br>• Develop basic skills in swallowing management by:<br>• making appropriate recommendations (with guidance from Clinical Educator) for at least **two** patients with dysphagia<br>• following at least **one** patient's dysphagia management plan (where possible)<br>• Chart/report progress or treatment plan as appropriate |
| **Self-evaluation:** | The student will develop self-evaluation skills, specifically in interactions with clients, and with families and other professionals. |

# Creating Learning Environments

Maslow's hierarchy of needs for motivating learning (as cited in Hutchinson, 2003) suggests that for learners to be truly successful, the external environments need to match the student's intrinsic motivation to achieve and do well.

The diagram below outlines the elements that are considered the "building blocks" of motivation. Each layer is required before the ultimate goal of self-actualization can be reached.




| Maslow's hierarchy of needs: | Things you can do |
|---|---|
| Physiological needs: | Things that may seem obvious such as adequate breaks, being mindful of physical environment such as temperature, privacy, seating arrangements |
| Safety: | Learners must feel safe to experiment, voice their concerns, identify their lack of knowledge and stretch their limits. Building trust and rapport with the student is an important step in creating successful learning outcomes |
| Belonging: | Inclusion and consultation, e.g. asking if they have anything to add in team meetings, seeking their opinion or asking them to share knowledge with you and other team members |
| Self-esteem: | Provide praise, appreciation and constructive feedback |
| Self-actualization: | This is the outcome of following the preceding steps. By ensuring all the previous needs have been met, a student can flourish in your environment |

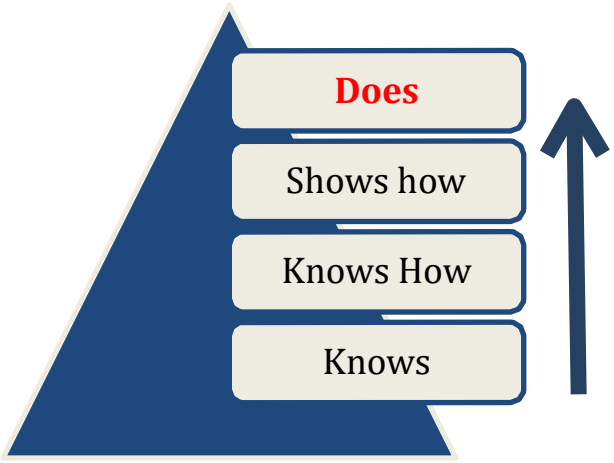
# Student Clinical Skill Development

# Collaborative Practice:

## A tool for developing students' skills through externships

- Collaborative Practice is a process-oriented approach to clinical education.
- Collaborative Practice is through guided observations and shared sessions, where the student moves from being an observer of your practice, to sharing in that practice to practicing independently over the course of their externship.
- One such process is highlighted below through the depiction of the learning pathway that students take through their externships. A student moves from a theoretical knowledge base to incorporating and applying that knowledge in practical ways:

| | |
|---|---|
| ***Knows:*** | Student has the knowledge, gained through academic coursework. This is the foundation for clinical practice. |
| ***Knows how:*** | Student begins to *understand* how to apply knowledge to practice. This is acquired through observations of clinical educator, and other peers. |
| ***Shows how:*** | Student begins to *demonstrate* how to apply knowledge to practice. This is achieved through the presentation of session plans and through shared sessions with clinical educators. |
| ***Does:*** | Student actually applies theory to practice, highlighted through direct clinical contact with clients. |




*1 Miller's Pyramid (as cited in Norcini, 2003)*

- An example of a useful tool to demonstrate the stages outlined above are the **session plan guidelines**. Students are required to complete a document which asks for the following information relating to their session plans:

| |
|---|
| Goals (SMART) |
| Rationale |
| Activities |
| Outcomes |
| Online data collection and documentation |
| Potential problems areas and possible solutions |
| Student reflections |

# Session Plan Guidelines

This guide is designed to help students structure their direct service session with clients. By going through the steps and completing each component of the session plan, students begin to internalize a framework for session planning. Students are expected to complete these session plans as part of their externship. The templates for the session plan can be found on Connect.

| Item | Description |
|---|---|
| **Goal** | ▪ *Using SMART acronym, write a client-centered goal.*<br>▪ *Specify the target behavior that the client is to demonstrate and the degree of accuracy expected* |
| **Rationale** | ▪ *Explain why you have chosen the goal – make decisions based on literature and research as well as your own clinical reasoning* |
| **Activity description** | ▪ *Describe your activity and the steps involved* |
| **Materials** | ▪ *Indicate what you need for the session* |
| **Participants** | ▪ *Identify who will participate in activity* |
| **Room Set-up** | ▪ *Indicate location of participants and materials* |
| **Instruction to introduce activity to client** | ▪ *Use appropriate language*<br>▪ *Be clear and specific.*<br>▪ *Be prepared to give more than one explanation if your client does not understand – are there other ways you can describe this activity to them?* |
| **Responding to client's responses/ turns/ productions** | ▪ *If the client **achieves the target** on their turn, what will you say to reinforce success before moving on to next turn?*<br>▪ *If the client **misses the target** on their turn, what will you say?*<br>▪ *What **re-instructions** will you give that will help the client produce an accurate response on the subsequent attempt at the same item?* |
| **Recording client's responses (data- keeping)** | ▪ *Indicate how you will track client performance for each stimulus/item. Some kind of a chart is helpful. Keeping track will help you to decide when to make on-line modifications.*<br>▪ *Consider expected accuracy identified in goal and decide how you will decide if the activity is at the right level of difficulty for the client. What are you counting? What % or number of accurate responses do you expect client to achieve in the first few turns?*<br>▪ *Modifying the activity:*<br>  ▪ **Stay at the same level:** *What % or number of accurate responses does the client need to achieve so that you stay at this level?*<br>  ▪ **Step up to a harder goal:** *What % or number of accurate responses does the client need to achieve before you decide to move up a step because what you are doing is too easy? What is the new goal/target for the activity? Consider a hierarchy of difficulty for the goal and move one-step.* **Instructions:** *What will you say/do to instruct the client about change in activity?*<br>  ▪ **Step down to an easier goal:** *What % or number of accurate responses (or inaccurate) does the client need to achieve before you decide to move down because what you are doing is too hard? Consider a hierarchy of difficulty for the goal and move one step down.* **Instructions:** *What will you say/do to instruct the client about change in activity?* |

| | |
|---|---|
| **Closing instructions for client** | ▪ *How will you finish the activity? Write what you will say to the client in closing.* |
| **Potential problems and possible solutions** | ▪ *Think about other things that could come up, not related to the activity/target. As you begin your clinical practice, brainstorming ideas with your Clinical Educator can be helpful. Your CE has seen many clients and can imagine possible issues that might occur.*<br>▪ *Thinking of possible solutions prior to the session can help you feel more confident about what you might do if something "unexpected" happens. You will already have some idea of what you can do to manage the situation.* |
| **Possible goals for next session** | ▪ *Did the client perform at the expected level of accuracy? Or did you need to step-up or step-down? If so, does the client need more practice? And at what level?*<br>▪ *Determine the goal that would be appropriate for the next session; e.g. what is a logical next step based on the client needs, hierarchy or diagnosis.*<br>▪ *Consult the data you collected* |
| **Student reflections** | ▪ *Write your own reflections of the session – how do you feel after this session? What went well and what might you like to do over? What was the "part" you played in this session?* |

# Clinical Reasoning:

Another way of facilitating students' growth through the *[knows → knows how → shows → does]* process is the **development of clinical reasoning**.

- As a Clinical Educator, making explicit your own actions and your rationale behind those decisions is often the first step in helping a student along this continuum. We can take for granted how "routine" some of our clinical tasks and hypotheses have become. What seems obvious to an experienced Clinical Educator has often left a student stumped!

- As a student, making explicit your own thought processes can also be helpful. There are certain **question strategies** that can be used by both clinical educators and students to elicit different responses, stimulate deeper thinking and reflection, and promote critical thinking and discussion such as:

| |
|---|
| • **Evidence** |
| - How do you know that? |
| - What evidence is there to support that position? |
| • **Clarification** |
| - Can you put that another way? |
| - Can you give me an example? |
| - Can you explain that term? |
| • **Explanation** |
| - Why might that be the case? |
| - How would we know that? |
| - Who might be responsible for…? |
| • **Linking and extending** |
| - Is there any connection between what you have just said and what Y said earlier? |
| - How does this idea support or challenge what we explored earlier in the session? |
| • **Hypothetical** |
| - What might happen if? |
| - What would be the potential benefits of X? |
| • **Cause and effect** |
| - How is this response related to management? |
| - Why is or isn't Treatment X suitable in this condition? |
| - What would happen if we…? |
| • **Summary and synthesis** |
| - What remains unsolved or uncertain? |
| - What else do we need to know or do to understand this better or be better prepared? |

*(Adapted from Brookfield, 2006, Discussion as a way of teaching).*

- **"I don't know"** are three incredibly important words. They are the beginning of the learning process for clinicians and students alike. Setting the above questions in a safe and important environment is vital to success.

- **Clinical reasoning also develops overtime.**
  As a Clinical Educator, reflect on your own practice, and the steps you took from novice to expert. How can this be broken down for a student?

**1. Deductive Reasoning (Novice)**

Generation of hypotheses based on results. These hypotheses are then tested.

Frequently used by **novices in all sitautions** and experts during challenging or unfamiliar cases.

**2. Inductive Reasoning**

Quick retrieval of information from well-structured knowledge, based on clinical experience.

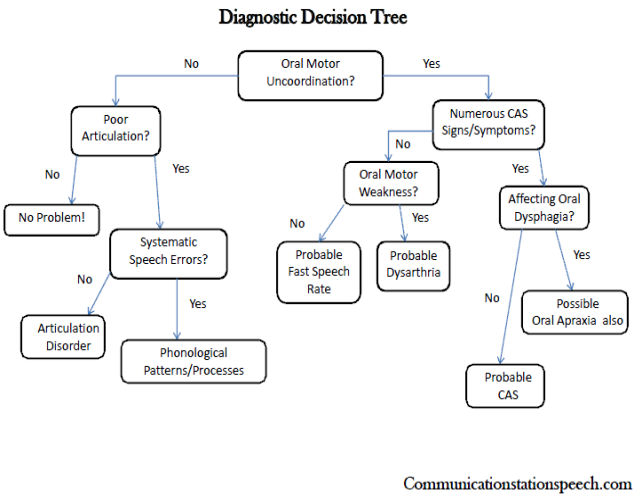
Frequently used by **experts during familiar situations** as they recognise patterns, or symptoms previously heard or experienced.

**3. Narrative Reasoning (Expert)**

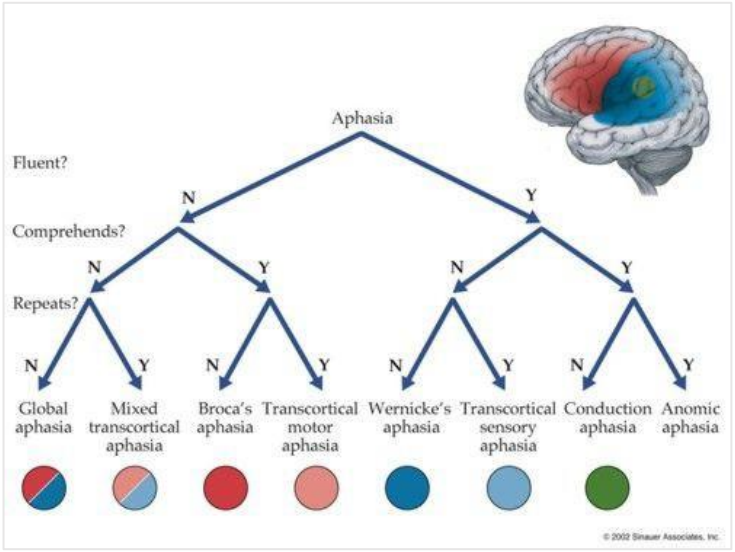
The client's experience and situation combined with the therapists's experience to facilitate the unfolding of the story.

Experienced clincians; areas of practice where the complexity of the situation is critical to the outcome.

- Written exercises such as **decision trees** can also be helpful for students, showcasing the information that is at their fingertips, whilst even more importantly, highlighting what they don't yet know.




*http://www.communicationstationspeech.com/product/cas-differential-diagnostic-checklist/*




*http://almat.tumblr.com/post/13529815874/partsofspeech-classical-aphasia-scheme-via*

## Feedback Conversation:

The table below provides an template for a feedback conversation between a Clinical Educator and student (Cantillon & Sargeant, 2008). In this model, the student shares first, having had time to reflect post-session. The Clinical Educator responds and expands on what the student has shared, delving deeper if necessary. Following this, the Clinical Educator provides their own specific feedback to the student. It is suggested that the student make notes of this feedback, and prior to creating an action plan, the student reflects back their interpretation of what the Clinical Educator has shared. This solidifies mutual understanding and limits the risk of any miscommunication. The action plan is then created and agreed upon between Clinical Educator and student.

| | Clinician role | Student role |
|---|---|---|
| 1. *Student initiates discussion*<br><br>This facilitates the development of the students self-evaluation skills, promoting their reflective learning | | NOTE: The students should have some time to reflect ahead of feedback session.<br><br>Student(s) should begin the discussion by self-evaluating their performance. This can be written and/or verbal. Students have access to a post session analysis form available to facilitate this reflection.<br><br>Structured questions can facilitate this process for students and provide a good starting point for ensuing discussion (See student post session analysis form):<br><br>1. **What went well that you would do again? Why?**<br>2. **What observations did you make throughout the session? Based on these observations, would you make any adaptations to your original session plan?**<br>3. **What would you like to change? How will this change improve the outcome?**<br>4. **What would you not do again and why?** |
| 2. *Clinician follows up with probing questions*<br><br>This provides the opportunity for the clinician to go deeper into some of the areas of strength or weakness | The clinician can ask various probing questions, based on the students self-report. For example:<br><br>• **How did they feel during the session?**<br>• **How do they think the patient felt? Why do they think that?**<br>• **What did they learn from the session? Any critical learning opportunities?** | The student(s) will respond accordingly. |

| | | |
|---|---|---|
| *3. Clinician provides direct, specific feedback to student*<br><br>***This can be given verbally, written or other*** | Direct feedback should be:<br><br>**C**onstructive<br>**O**bjective<br>**S**pecific<br>**T**imely<br><br>Did the student accurately interpret the feedback given? Ask the student to summarize the feedback back to you. *See Feedback Interpretation Form.* | |
| **Additional thoughts and comments** | Suggestions for future sessions can be discussed. | The student(s) can ask further questions here.<br>The student(s) should repeat the feedback that they have interpreted to ensure accuracy. *See Feedback Interpretation Form.* |
| **Action Plan** | This should be initiated by the student, and agreed upon jointly. | The student(s) should have a clear plan of what to work on during the next session. |

**General feedback strategies:**

- Allow space for response and interaction in all feedback meetings.
- Where possible, take a few minutes to do a general check-in with the student(s). This will help gauge where the student is "at". This in turn will facilitate the delivery of meaningful feedback that can be processed by that that student in that moment.
- Consider other sources for feedback – another peer, or a client can be useful sources.
- Consider the methods of feedback you will employ: verbal, written, video, audio, direct, indirect.
- Try to limit your feedback to one or two points per session. This makes the feedback and ensuing suggestion for change more actionable on the part of the student.
- Deliberately seek the learners own perceptions of their performance
- Ensure that feedback include discussion around how the student can apply the feedback to practice.
- Always include positive feedback – what is something that went well, or that you were impressed by?
- Remember you are always working at developing your students' clinical reasoning skills: if a student doesn't know something that you are asking them, resist the temptation to give the answer. Such gaps in knowledge can be homework, and revisited the next day.

# Evaluations:

**Process for Evaluation:**

☞ **Tip 1:** Plan this meeting early. Externships can fly by, and time is needed to both prepare and participate in the evaluation conversation.

☞ **Tip 2:** Both Clinical Educators and students may want to complete the evaluation form, both at midterm and final. This can provides insight for both parties alike.

Students have the opportunity to further develop their self-evaluation skills, while Clinical Educators get a greater understanding of how the students believe they are performing.

Any discrepancy in ratings can be discussed by asking students to provide rationale or examples of behaviours/skills they believe they have demonstrated for the items rated, and aligning this with the Clinical Educator's rationale. This shared process ensures rich conversation, involving both Clinical Educators and students equally.

**NOTE:** While the process of collaborative evaluations are recommended, it is important to understand that final grades are still awarded at the discretion of the Clinical Educator and these grades are not to be considered negotiable by students.

1. **Midterm Evaluation:**

Midterm evaluation is a formative evaluation tool – it provides a point in the externship to examine the development of skills so far, while creating a learning pathway in order to move forward.
Formative evaluation supports feedback and the application of that feedback to effect improvement at the next stage of learning.

The Clinical Coordinators at the School use this tool as a means of checking in with both the Clinical Educator and the student, identifying areas of strengths as well as items that may become a challenge.

2. **Goal-Setting**

These are completed as part of the midterm evaluation –they list the goals for the remainder of the placement, as well as strategies to achieve each goal. These are created in collaboration with the student and are also sent to the Clinical Coordinator at the School.

### 3. Final Evaluation

Final evaluation is a summative tool – it is a culminated result, and provides a rating that the student requires in order to move on through the program, and ultimately to graduation. The final evaluation of any clinical externship should be based on the last 20% of that externship.

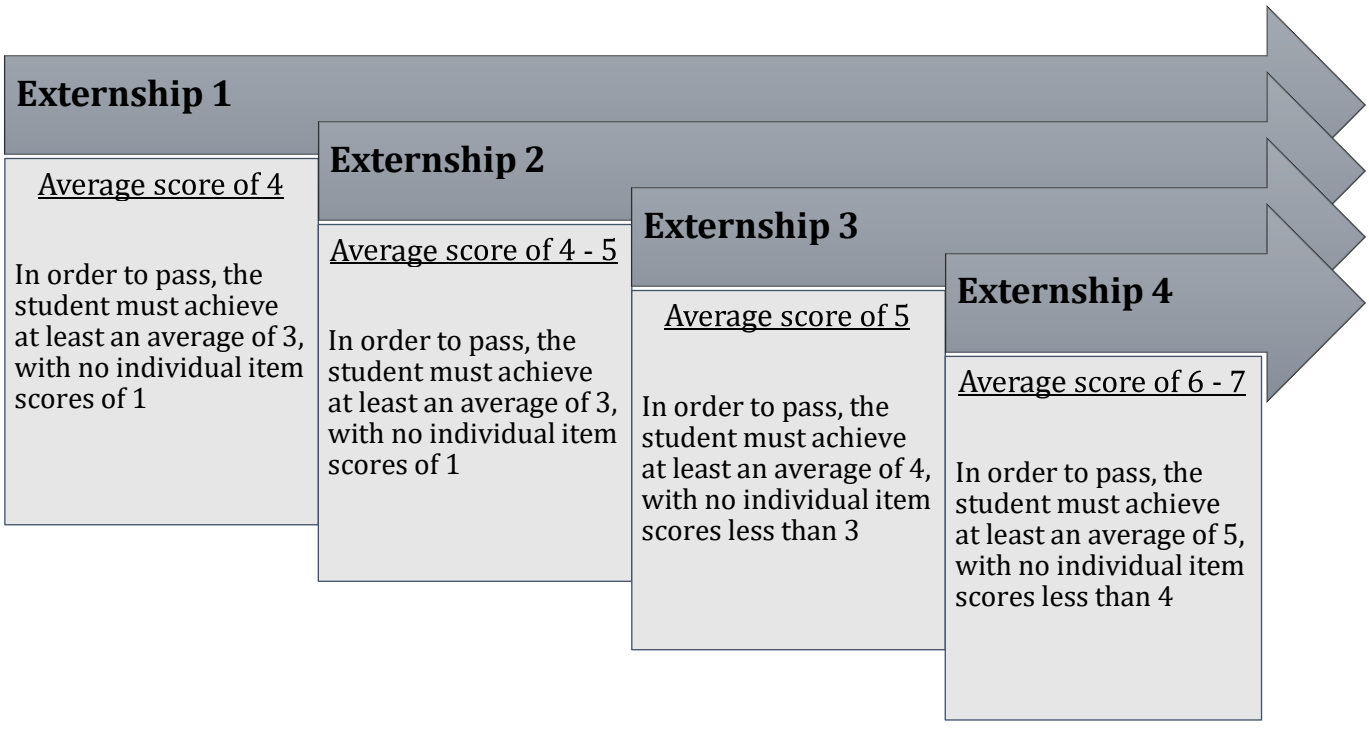
**Evaluation rating scale: What do the numbers stand for?**

| | |
|---|---|
| **7** | acquired skill; proficient and independent in applying skill; entry level clinician |
| **6** | nearly acquired skill; present >75% of time; student arrives at solutions/alternatives following only general discussion with clinical educator |
| **5** | developing skill; student arrives at solutions/alternatives following clinical educator's prompting questions; student carries through effectively |
| **4** | developing skill; student arrives at solutions/alternatives following clinical educator's prompting questions; student carries through needing additional guidance |
| **3** | emerging skill; clinician provides solutions/alternatives; student carries through needing additional guidance |
| **2** | emerging skill; clinical educator provides specific direction and demonstration; student carries through needing additional guidance |
| **1** | skill not evident; specific direction and demonstration does not alter performance or alters marginally |
| **NA** | no or insufficient opportunity to evaluate |

***Specific scoring examples are available on the Orientation Module, available at http://clinicaled.audiospeech.ubc.ca/orientation**

**Grading students along the continuum of externships – what can you expect to be the average rating at the end of every externship?**

**Please note that these are averages and ratings should be given at the discretion of the Clinical Educator.*



**SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES**

## MIDTERM EVALUATION

### Instructions for Completion:

Halfway through the placement, a broad review of progress is required. When completing the Midterm Evaluation, the final evaluation form may be used as a guide. The mid-term evaluation matches the areas described in detail in the final evaluation, but is intended to be a more general assessment of how the student is progressing given opportunities to observe, practice and receive feedback. Goals are set for the remainder of the externship.

### The mid-term is divided into three sections:

A. Requirements for Professional Practice
B. Skill Development Evaluation
C. Goal Setting For Remainder of Externship

**Sections A and B:** Complete the rating scale.

**Grading:**

**NOTE: Please notify the Clinical Coordinator immediately if a rating of an "I" or "U" is obtained in Section A or more than two "As" (Progress slow but acceptable) are obtained in Section B.**

**Section C:** Create goals for the remainder of the externship.

Together, the Clinical Educator and the student clinician identify goals within specific skill areas, and brainstorm strat for achieving these goals during the remainder of the placement. Goals may be prioritized.

### Goals:

1. focus on specific skills that require practice for continued development
2. develop specific areas where weaknesses are identified
3. even out development across the continuum of clinical skills
4. provide steps aimed at developing more advanced clinical skills, where strengths are identified.

Goals may include interpersonal and professional abilities, as well as assessment, treatment, and communication skills. Broader domains for development, such as problem solving and self-evaluation may cross more than one skill area.

### Strategies:

Strategies are the specific steps that will be most effective in achieving a goal. Strategies are developed collaboratively between clinical educator and student, and specify the role that each person will take.

*Please review the Clinical Action Plan on a weekly basis in order to ensure progress towards goals.*

## MIDTERM EVALUATION

*Students to **upload** completed evaluation form to **ePortfolio.***
***Students** must **keep originals** and return them to the school.*

| **Student's Name:** | **Site:** |
|---|---|
| | |

| **A. Requirements for Professional Practice:** | |
|---|---|
| *The following characteristics are basic requirements for success in the workplace.*<br>*Rate the following five items as **(S)** Satisfactory **(I)** Inconsistent, or **(U)** Unsatisfactory* | |
| 1. Preparation for all clinical assignments | |
| 2. Punctuality | |
| 3. Confidentiality | |
| 4. Professional appearance | |
| 5. Language appropriate to professional setting | |

| **B. Skill Development Evaluation:** |
|---|
| *Rating key:*<br><br>**! = A particular strength for this student**<br>**√ = Progress as expected**<br>**A = Progress slow but acceptable**<br>**C = Progress minimal, and of concern**<br>**U = Unsatisfactory performance**<br>**N/A = Insufficient opportunity to evaluate** |

| | | |
|---|---|---|
| 1. **Interpersonal and Professional Skills** | Relates to client, client's family | |
| | Interacts with clinical educator, other professionals | |
| | Evaluates own professional knowledge and limits | |
| | Participates as a team member | |
| 2. **Assessment Skills** | Plans and prepares for assessments | |
| | Implements appropriate assessment procedures | |
| | Makes accurate clinical impressions | |
| | Makes appropriate recommendations/referrals | |
| 3. **Treatment Skills** | Determines goals and objectives | |
| | Plans and prepares prior to treatment sessions | |
| | Manages sessions as they are in progress | |
| | Forms accurate clinical impressions and adjusts treatment plans accordingly | |
| 4. **Communication Skills** | Oral communication | |
| | Written communication | |

## C. Goal Setting for the Remainder of the Externship

*Identify 3-4 specific goals to focus on clinical skill development for the remainder of the placement. The focus may be: any gaps in clinical experience so far, any areas to build independence or any special opportunities specific to your site. Include specific strategies and actions needed to support skill development.*

1. AREA:

   GOAL:

   STRATEGIES:

2. AREA:

   GOAL:

   STRATEGIES:

3. AREA:

   GOAL:

   STRATEGIES:

4. AREA:

   GOAL:

   STRATEGIES:

Clinical Educator(s) Name(s) _____ _____

Clinical Educator(s) Signature(s) _____ _____

Student Extern Signature _____ DATE: _____

***PLEASE SUBMIT MIDTERM EVALUATION VIA e-PORTFOLIO***

SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES
Faculty of Medicine
University of British Columbia
2177 Wesbrook Mall
Vancouver, B.C. V6T 1Z3
Fax: 604-822-6569

# FINAL EVALUATION OF CLINICAL SKILLS IN SPEECH-LANGUAGE PATHOLOGY

*Students to **upload** completed evaluation form to **ePortfolio**.*
***Students** must **keep originals** and return them to the school.*

This evaluation is a means of charting the development of clinical skills over the course of several externships, as well as a means to measure the level of independence in clinical skills at the end of a placement. Development of clinical skills is based on the development of both *knowledge* (i.e., knowing about disorders and about clinical procedures) and **clinical** *performance* (i.e. the ability to apply this knowledge effectively). The scale is as follows, **with 7 representing the skills of an entry level clinician**.

## Rating Scale:

**7=**acquired skill; proficient and independent in applying skill; entry level clinician

**6=**nearly acquired skill; present >75% of time; student arrives at solutions/alternatives following only general discussion with clinical educator

**5=**developing skill; student arrives at solutions/alternatives following clinical educator's prompting questions; student carries through effectively

**4=**developing skill; student arrives at solutions/alternatives following clinical educator's prompting questions; student carries through needing additional guidance

**3=**emerging skill; clinician provides solutions/alternatives; student carries through needing additional guidance

**2=**emerging skill; clinical educator provides specific direction and demonstration; student carries through needing additional guidance

**1=**skill not evident; specific direction and demonstration does not alter performance or alters marginally

**NA=**no or insufficient opportunity to evaluate

*Tear this sheet off for quick reference*

## GRADING EXPECTATIONS FOR EACH PLACEMENT

### A. Requirements for Professional Practice

Students are expected to achieve a rating of **"Satisfactory"** for each item in this section. If an **"Inconsistent"** or **"Unsatisfactory"** rating appears on the final evaluation, the student's grade for the externship will be lowered unless there are extenuating circumstances.

### B. Skill Development Evaluation

**Externship 1:**
An average of all items scored should result in a typical average score of 4
To Pass*, a student must achieve at least an average of 3 with no individual item scores of 1

**Externships 2:**
An average of all items scored should result in a typical average score of 4 - 5
To Pass*, a student must achieve at least an average of 3.5 with no individual item scores of 1

**Externship 3:**
An average of all items scored should result in a typical average score of 5
To Pass*, a student must achieve at least an average of 4 with no individual item scores less than 3

**Externship 4:**
An average of all items scored should result in a typical average score of 6-7
To Pass*, a student must achieve at least an average of 5.3 with no individual item scores less than 4

** a "Pass" is equivalent to a "C+" for Externships 1 to 3 and a B- for Externship 4. Of the 4 major externships, a student may not have more than one "C+" score, and it may not occur in Externship 4. If an externship is failed, the hours accumulated will NOT count toward the student's total number of clinical hours.*

## Instructions for Completion:

1. Base your evaluation on the student's performance during the last 20% of the externship.
2. Complete the form and review with the student a day or two before the end of the externship.
3. Specific skills should be rated only if the student has had adequate opportunity to develop ability in this area.
   For example, if the student had two opportunities to complete an assessment, than this section should not be rated.

*Tear this sheet off for quick reference*

Faculty of Medicine
University of British Columbia
2177 Wesbrook Mall
Vancouver, B.C. V6T 1Z3
Fax: 604-822-6569

**FINAL EVALUATION OF CLINICAL SKILLS IN SPEECH-LANGUAGE PATHOLOGY**

**Student:** **Dates: From** **To:**

**# of Days Absent**

**Externship #: 1 2 3 4**

**Site:**

**Clinical Educator(s):**

## A. Requirements for Professional Practice

The following characteristics are basic requirements for success in the professional workplace:

| | Satisfactory (S) | Inconsistent (I) | Unsatisfactory (U) |
|---|---|---|---|
| 1. Is adequately prepared for sessions | | | |
| 2. is punctual with respect to appointments, meetings and clinical assignments | | | |
| 3. respects confidentiality of all professional activities | | | |
| 4. presents a professional appearance | | | |
| 5. uses appropriate voice, speech and language | | | |

## B. Skill Development Evaluation

| 1. Interpersonal and Professional Skills: | N/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|
| 1. relates comfortably to the client and client's family | | | | | | | | |
| 2. accurately observes and interprets verbal and non-verbal behaviour | | | | | | | | |
| 3. effectively manages behaviour of client and client's family | | | | | | | | |
| 4. is responsive to issues and concerns raised by client and family | | | | | | | | |
| 5. demonstrates flexibility in adjusting to different people/situations | | | | | | | | |
| 6. is open and responsive to direction/suggestions from the clinical educator | | | | | | | | |
| 7. requests assistance from clinical educator and other professionals when appropriate | | | | | | | | |
| 8. presents an appropriately confident manner | | | | | | | | |
| 9. recognizes own strengths and weaknesses and professional limits | | | | | | | | |
| 10. works cooperatively and supportively as a team member | | | | | | | | |
| **Comments:** | | | | | | | | |

| 2. Assessment skills: | N/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|
| 1. applies theoretical knowledge to the assessment process | | | | | | | | |
| 2. gathers relevant case history information | | | | | | | | |
| 3. develops an appropriate assessment plan which includes viable alternatives to planned procedures | | | | | | | | |
| 4. administers and scores tests according to standardized criteria | | | | | | | | |
| 5. is able to make pertinent behavioural observations during assessment | | | | | | | | |
| 6. utilizes non-standardized procedures appropriately | | | | | | | | |
| 7. interprets assessment results and integrates with other relevant information to form an accurate clinical impression | | | | | | | | |
| 8. makes appropriate recommendations and/or referrals | | | | | | | | |
| **Comments:** | | | | | | | | |

| 3. Treatment Skills: | N/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|
| 1. applies theoretical knowledge to the treatment process | | | | | | | | |
| 2. on basis of assessment determines appropriate long term objectives | | | | | | | | |
| 3. develops appropriate short term goals to meet those objectives | | | | | | | | |
| 4. develops an appropriate session plan to achieve goals | | | | | | | | |
| 5. plans strategies to maintain on-task behaviour | | | | | | | | |
| 6. selects appropriate tasks and stimuli, keeping in mind age level | | | | | | | | |
| 7. gives clear instructions to client | | | | | | | | |
| 8. uses feedback to client which is consistent, discriminating and meaningful | | | | | | | | |
| 9. recognizes when task should be modified | | | | | | | | |
| 10. modifies tasks appropriately when change is indicated | | | | | | | | |
| 11. manages the environment and tasks to maintain client interest | | | | | | | | |
| 12. appropriately and effectively includes significant others in session | | | | | | | | |
| 13. continues to assess client across sessions and adjusts goals and objectives accordingly | | | | | | | | |
| 14. accurately identifies own areas of strength and weakness in the session | | | | | | | | |
| **Comments:** | | | | | | | | |

| 4. Communication Skills: | N/A | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|
| **Oral Communication** | | | | | | | | |
| 1. selects pertinent information to convey verbally to client, family and other professionals | | | | | | | | |
| 2. clearly conveys information verbally to clients and family; modifies communication style when necessary | | | | | | | | |
| 3. discriminates when to listen and when to talk | | | | | | | | |
| 4. communicates appropriately with other professionals | | | | | | | | |
| 5. reacts appropriately when conflicting information/viewpoints are presented | | | | | | | | |
| **Written Communication** | | | | | | | | |
| 1. conveys pertinent information in written reports that reflect a clear understanding of the client and the disorder and the management plan | | | | | | | | |
| 2. maintains regular and complete client records | | | | | | | | |
| 3. writes in an organized, concise, clear and grammatically correct style | | | | | | | | |
| 4. style; modifies communication style when necessary | | | | | | | | |
| **Comments:** | | | | | | | | |

**Overall Comments**

Clinical Educator Name: _____

Clinical Educator Signature: _____

Clinical Educator Name: _____

Clinical Educator Signature: _____

Student Clinician's Signature: _____

Date of Evaluation: _____

## The Challenging Learning Situation - What to do and when:

<table>
<tr><th colspan="4">Some signs that students may be struggling:</th></tr>
<tr><td colspan="4">1. Student is defensive to feedback ☐<br>2. Student is not effectively time managing ☐<br>3. Student appears tired/low energy ☐<br>4. Student appears anxious/worried ☐<br>5. Student is having difficulty applying feedback ☐<br>6. Student lacks insight and awareness ☐</td></tr>
<tr><th colspan="4">When to be concerned?</th></tr>
<tr><td colspan="4">When/if the problems interfere with performance</td></tr>
<tr><th colspan="4">Types of Problems Encountered:</th></tr>
<tr><td>Define the problem where possible:</td><td>Knowledge/Skill?</td><td>Personal Nature (e.g. illness, stress)?</td><td>Interpersonal skills?</td></tr>
<tr><td rowspan="5">Can it be solved by:</td><td colspan="3">1. Clarifying communication styles between you and the student?</td></tr>
<tr><td colspan="3">2. Creation of an Education Plan?</td></tr>
<tr><td colspan="3">3. Adjusted expectations?</td></tr>
<tr><td colspan="3">4. Renegotiated learning objectives?</td></tr>
<tr><td colspan="3">5. Bringing in another party e.g. Clinical Coordinator?</td></tr>
<tr><th colspan="4">What if the problem persists, in spite of your guidance and feedback?</th></tr>
<tr><td>1. Contact one of the clinical coordinators for discussion and support</td><td>2. Plan of action with student and clinical coordinator may be redefined</td><td>3. Externship may be modified, responsibilities redefined</td><td>4. Student may need to withdraw from externship</td></tr>
<tr><td colspan="4">Please contact the Clinical Coordinator as soon as possible to ensure the best possible outcome for you and your student</td></tr>
<tr><th colspan="4">What is the Externship Modification Process?</th></tr>
<tr><td rowspan="4">Three steps:</td><td colspan="3">1. Remediation<br>When: If student's performance is unsatisfactory, as determined by Clinical Coordinator in consultation with Clinical Educator. Ideally, weaknesses identify by mid-term evaluation or sooner.<br>Who: Clinical Coordinator, in consultation with Clinical Educator and Student.<br>What: Written action plan developed for student to include learning objectives, learning strategies, time frame and evidence of accomplishment. Plan signed by CC, CE and SC.</td></tr>
<tr><td colspan="3">2. Probation<br>When: If student does not meet goals for remediation and/or pass practicum at expected level.<br>Who: Probation Committee<br>What: Appropriate next steps will be determined:<br>1. Probationary period<br>2. Extended program<br>3. Exiting program</td></tr>
<tr><td colspan="3">3. Immediate Termination of Clinical Externship<br>Who: Director of Program<br>What: The director will meet with the student to discuss decision and its rationale.</td></tr>
<tr><td colspan="3">For further information, please read our Policy Addressing Unsatisfactory Performance in Clinical Externships</td></tr>
</table>

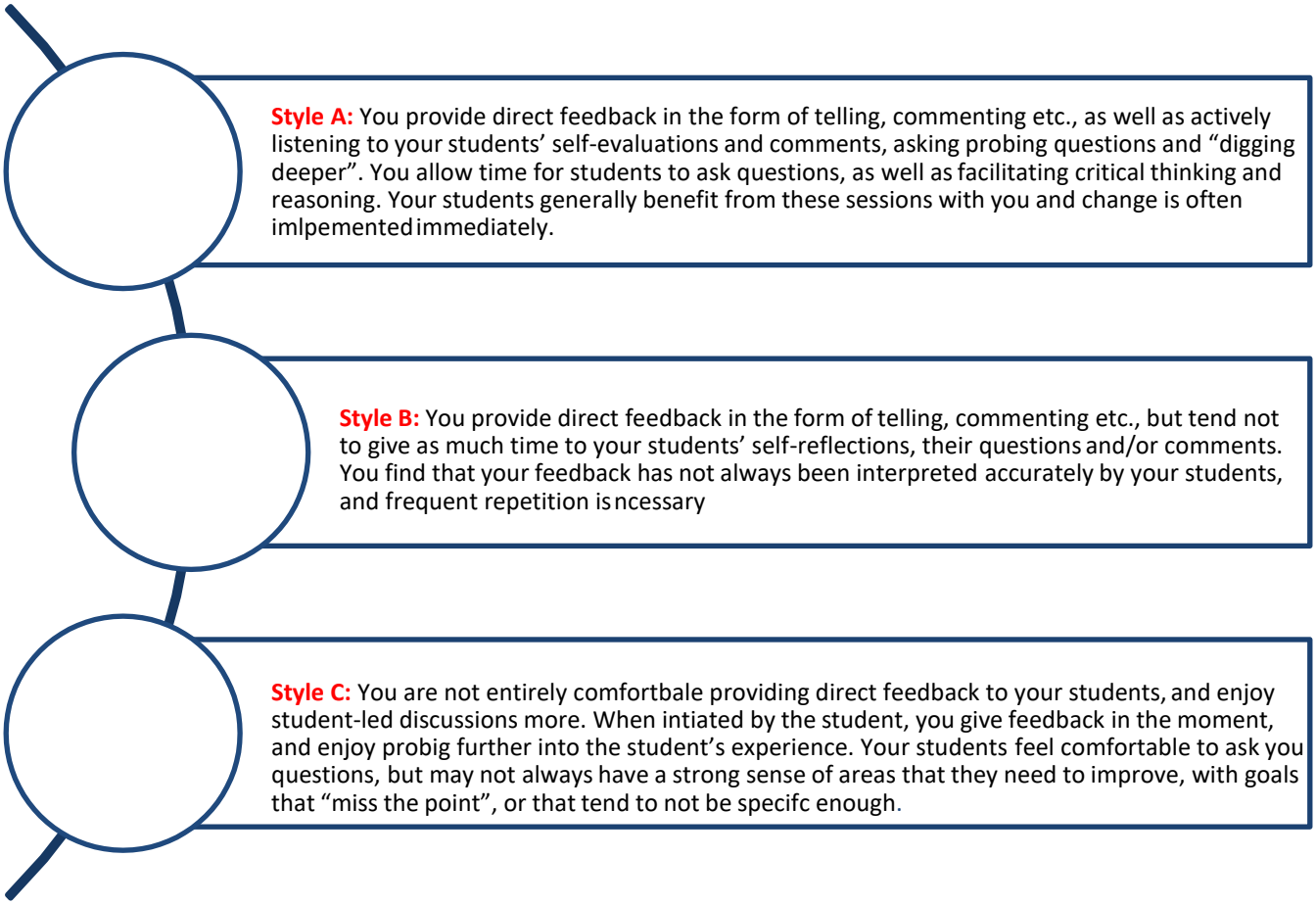
*See Policy for Addressing Unsatisfactory Performance for more details at clinicaled.audiospeech.ubc.ca

# Reflective Practice

# Clinical Educator Continuing Development

## 1. Your feedback style:

In order to deliver sucessful feedback, it is important for you to understand your own feedback style, especially in relation to how your student receives feedback. This introspection will allow for clear expectations from the very beginning of the externship.



## 2. Clinical Educator Self-Evaluation

Use the following check list to pinpoint areas of strength and weakness.

| | | |
|---|---|---|
| **Overall Evaluation** | | ✓ |
| | I established clear expectations | |
| | I was responsive to the students' learning styles | |
| | I incorporated the students learning agenda and objectives | |
| | I was readily accessible, given workplace limitations | |
| | I demonstrated enthusiasm for teaching | |
| | I demonstrated a caring attitude for clients and families | |
| | I demonstrated sensitivity to the needs of students | |
| | I took time for questions and discussion | |
| | I asked questions that stimulated problem-solving | |
| | I answered questions clearly | |
| | I explained my rationale for actions and decisions | |
| | I acknowledged when I did not know information and suggested alternative sources to obtain information | |
| | I maintained an atmosphere that encouraged differing points of view (i.e. open to ideas, suggestions and constructive feedback) | |
| | I provided regular, specific, constructive feedback | |
| | I promoted self-assessment and self-responsibility for learning | |
| | I shared my relevant knowledge and experience | |
| | I was an effective role model | |
| | I regularly corresponded with SASS re: successes and concerns | |

**Follow up:**

- Are there areas that have been identified above that you would like further develop? Please let the CTCTeam know at the School, and this could be included as one or part of an upcoming resource for the Virtual Community of Practice website (clinicaled@audiospeech.ubc.ca)

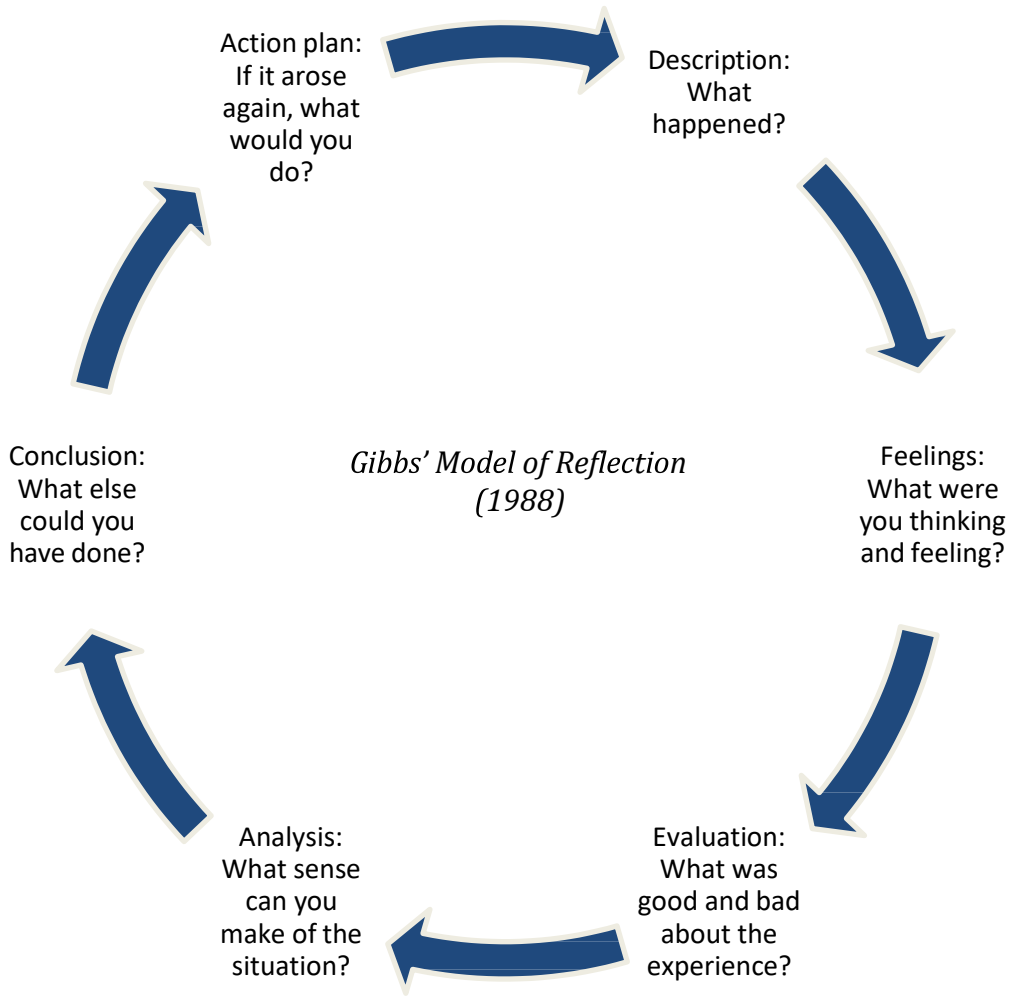
- Students are asked to complete a feedback form on their practicum experience. You can ask your student if they are comfortable to share this feedback with you.

**Facilitating student reflection: Some ideas**

Other than reflecting on their performance in client sessions, students can be encouraged to reflect on the learning opportuities listed below. This list is not definitive and other areas for reflection can be suggested by both the clinical educator, and the student alike.

| | Learning Opportunities |
|---|---|
| Ask students to identify a practice situation that: | 1. Made a significant difference to the patient outcome |
| | 2. Exceeded expectations |
| | 3. Did not go well |
| | 4. Challenged the accepted way of doing things |
| | 5. Affirmed the value of academic theory to practice |
| | 6. Demonstrated the need for integration of theory with practice |

Students are asked to structure their written reflections according to the following model.




*Gibbs' Model of Reflection (1988)*

# ePortfolio

**What is an ePortfolio?**

The ePortfolio is a developmental, reflective and representational tool of the student's development throughout their Externships. The ePortfolio can be viewed as both a product and a process.

Students will be required to upload various documents during each of the Externships, which will be reviewed throughout the Externships by the CTCTeam.

IMPORTANT NOTES

- Due to the individual nature of all clinic sites, adaptations can be made to the document requirements on an as-needed basis
- Remove all identifying personal information about the client
- Forms must be uploaded as a PDF or a Word document. Pictures taken of forms will not be accepted.
- Please ensure to keep the originals of your Midterm Evaluation, Final Evaluation, Clinical Hours Form and Clinical Skills Summary form

**Who views the ePortfolio?**

- The ePortfolio can only be viewed by the student and the Clinical Coordinators.
- Clinical Educators may also ask students to share items from their ePortfolio in order to view the student's progress to date. This can facilitate the identification of goals for the Externship.

**Why have an ePortfolio?**

- ePortfolios allow for a certain standardization of Externship experiences across the various sites. This will benefit students as they move through the Externships.

***For Clinical Coordinators***

- Facilitates student advising and support while in the field
    - Upon reading your reflections throughout the externships, your Clinical Coordinator may follow up with you. This may be via email, phone call or a direct comment on the reflection itself.
- Archives student coursework
- Facilitates student career advising and support
- Provides timely access to externship documents and progress

***For Clinical Educators:***

- Supports clear expectations and guidelines per externship (e.g., number of assessments per student)
- Provides evidence of growth over externships
- Note that Clinical Educators DO NOT have access to your ePortfolio but you can choose to share certain documents/information with them, if you desire

***For Students:***

- Archives student coursework and externship documents
- Promotes student reflection on academic and professional goals
- Highlights progression and development

**How will the ePortfolio work?**

You will be asked to upload the various documents to Canvas, a UBC secure online portal. Please note that under no circumstance must identifying information pertaining to clients and their families be submitted to this ePortfolio.

**When will documents be uploaded?**

Documents are to be uploaded throughout the externship and completed no later than one week post-completion of externship. Timelines are provided under each requirement.

## ePortfolio Requirements

**NOTE**: Forms must be uploaded as a PDF or Word document. Pictures taken of forms will not be accepted.

**IMPORTANT**: Please ensure to keep the originals of your Midterm Evaluation, Final Evaluation, Clinical Hours Form and Summary of Clinical Activities

**Spring/Summer Externships Year 1**

| | |
|---|---|
| ***Externship 1*** | By the end of this externship you will upload:<br><br>1. A written reflection of your feelings prior to starting your first externship.<br>➢ This should be written during your first week and uploaded at the end of week 1<br><br>2. 1 session plan using SASS template (available on Canvas)<br>3. 1 written interpretation of feedback received from CE (Please use *Feedback Interpretation Form*).<br>➢ Both of these must be uploaded prior to your final week<br><br>4. MID-TERM EVALUATION, once completed by CE<br>5. Written reflection on externship experience to date.<br>➢ Both of these forms must be uploaded at midterm<br><br>6. FINAL EVALUATION, once completed by CE<br>7. Clinical Hours Form, signed by CE<br>8. SLP Summary Chart of Clinical Activities<br>➢ These forms must be uploaded prior to/on your final day on placement |
| ***Externship 2*** | By the end of this externship, you will upload:<br><br>1. 1 written interpretation of feedback received from CE<br>➢ These must be uploaded prior to your Midterm<br><br>2. MID-TERM EVALUATION, once completed by CE<br>3. Written reflection on externship experience to date<br>➢ Both of these forms must be uploaded at Midterm<br><br>4. 1 Assessment Plan<br>5. 1 Treatment Plan<br>6. Five things you learned about written documentation<br>7. Written reflection, having completed two externships<br>➢ These must be uploaded prior to your final week<br><br>8. FINAL EVALUATION, once completed by CE<br>9. Clinical Hours Form, signed by CE<br>10. SLP Summary Chart of Clinical Activities<br>➢ These forms must be uploaded prior to/on your final day on placement |

**Fall Externship Year 2**

| | |
|---|---|
| ***Externship 3*** | By the end of this externship, you will upload:<br><br>1. A written reflection on "Your Professional Identity and Values"<br>➢ This should be written during your first week and uploaded at the end of week 1<br><br>2. 1 written interpretation of feedback received from CE<br>➢ These must be uploaded prior to your Midterm<br><br>3. MID-TERM EVALUATION, once completed by CE<br>4. Written reflection on externship experience to date<br>➢ Both of these forms must be uploaded at Midterm<br><br>5. 1 Assessment plan<br>➢ This must be uploaded prior to your final week<br><br>6. FINAL EVALUATION, once completed by CE<br>7. Clinical Hours Form, signed by CE<br>8. SLP Summary Chart of Clinical Activities<br>➢ These forms must be uploaded prior to/on your final day on placement |

**Final Externship Year 2**

| | |
|---|---|
| ***Externship 4*** | By the end of this externship you will upload:<br><br>1. A written reflection on your feelings prior to starting your final externship.<br>➢ This should be written during your first week and uploaded at the end of week 1<br>2. 1 written interpretation of feedback received from CE<br>➢ These must be uploaded prior to your Midterm<br><br>3. MID-TERM EVALUATION, once completed by CE<br>4. Written reflection on externship experience to date<br>➢ Both of these forms must be uploaded at Midterm<br><br>5. 1 Assessment Plan<br>6. 1 Treatment Plan<br>7. Written exit reflection<br>➢ This must be uploaded prior to your final week<br><br>8. FINAL EVALUATION, once completed by CE<br>9. Clinical Hours Form, signed by CE<br>➢ These forms must be uploaded prior to/on your final day on placement |

# Forms

Clinical Feedback Form

Student Post-Session Self-Evaluation

Feedback Interpretation

Looking Ahead

SLP Summary Chart of Clinical Activities

Student Feedback on Practicum Experience

Clinical Hours Form

**SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES**

## Clinical Feedback Form

This form may be used by the **Clinical Educator** to provide comments and suggestions to the student following a session.

Date: _____ Client: _____

Activities:_____

| **Things that you did well** | **Things to try next time** |
|---|---|
| | |

**SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES**

## Student Post-Session Self-Evaluation

To be completed by the **student**

### Purpose:

- This form has been designed to facilitate student reflection and evaluation **after an assessment or therapy session**
- Students should complete this form immediately after a session (e.g., assessment, treatment, family meeting, case conference, rounds, etc.)
- Once completed, this form should be shared with your CE as part of your feedback discussion

| |
|---|
| **What went well that you would do again?** |
| **Why?** |
| **What observations did you make throughout the session?** |
| **Based on these observations, did you make any adaptations to your original session plan?** |

## Student Post-Session Self-Evaluation (page 2)

| |
|---|
| **What would you like to change?** |
| **How will this change improve the outcome?** |
| **What would you not do again?** |
| **Why?** |

**SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES**

## Feedback Interpretation Form

This form is to be completed by the **student**

**Purpose:**

- Use this form immediately after a Clinical Educator provides you with feedback after a session
- Students are required to upload ONE completed form to the eportfolio during EACH of the externships
- Students should use this form throughout the entire placement to guide self-reflections after receiving feedback, but only ONE form needs to be uploaded

| | |
|---|---|
| **What I did well** | |
| **What I can improve** | |
| **Suggestions/strategies provided by the CE for improvement** | |
| **What I need to do to before the next session** | |

**SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES**

## LOOKING AHEAD
## Goals & Ideas for the Next Placement

*Clinical Educator and Student Clinician: Please complete this form at the end of the externship for the student to take to the next placement.*

Student's Name: _____

Current Placement: _____

Current Caseload: _____

| |
|---|
| **1. Description of Clinical Experience:** |
| **2. Strengths:** |
| **3. Areas for Further Development:** |
| **4. Learning Style:** |

Student Signature_____ Clinical Educator Signature _____ Date _____

**SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES**

## Clinical Skills Summary Form: Speech-Language Pathology

This form is to be completed by the **student**

**Purpose:**

- This form is to be completed at the end of all externships. Following completion, this form must be uploaded to the ePortfolio
- Students are to bring this form on the first day of Externships 2, 3 and 4 to share with their CE
- This form will provide a summary of the clinical skills you have experienced to date. This will facilitate transition through externships, CE expectations, and applicable goal-setting.

**Student Clinician: _____**

| **Clinical Experience** | **Location/site** | **Client population** |
|---|---|---|
| **Practicum 1**<br>Dates: | | |
| **Practicum 2**<br>Dates: | | |
| **Practicum 3**<br>Dates: | | |
| **Practicum 4**<br>Dates: | | |

| **Activity** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
|---|---|---|---|---|
| Review client chart | | | | |
| Take a case history | | | | |
| Other | | | | |
| Comments: | | | | |

| **Non-standardized assessment** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
|---|---|---|---|---|
| Make observations about verbal & non-verbal skills. | | | | |
| Take a language sample | | | | |
| Analyze the sample or use SALT | | | | |
| Take a speech sample | | | | |
| Analyze the sample or use SCAN analysis | | | | |
| Hearing screening | | | | |
| Oral Mechanism Examination | | | | |
| Motor Speech Assessment | | | | |
| Other | | | | |
| **Standardized assessment** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
| Plan an assessment and select tools to be used | | | | |
| Administer and score the test | | | | |
| For specific tests, please complete test chart | | | | |
| Use assessment results to indicate a diagnosis | | | | |
| Use assessment results to recommend management | | | | |
| Other | | | | |
| Comments: | | | | |

| **Dysphagia** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
|---|---|---|---|---|
| Perform oral mechanism examination | | | | |
| Develop an assessment plan which includes items to test, in order, and creates a decision tree, based on possible outcomes of each item trialed | | | | |
| Observe MBS or FEES. | | | | |
| Identify potential recommendations based on results of MBS or FEES | | | | |
| Explain typical swallow to client | | | | |
| Complete bedside dysphagia assessment | | | | |
| Other | | | | |
| Comments: | | | | |

| **Treatment Planning** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
|---|---|---|---|---|
| Identify short term goals | | | | |
| Identify long term goals | | | | |
| Plan an activity | | | | |
| Plan a full session | | | | |
| Adapt goals based on client needs | | | | |
| Modify tasks | | | | |
| Manage behaviour | | | | |
| Plan homework for client | | | | |
| Other | | | | |
| **Treatment Implementation** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
| Give instructions | | | | |
| Give feedback to client | | | | |
| Provide reinforcement | | | | |
| Provide scaffolding / prompting / cuing | | | | |
| Modify tasks online | | | | |
| Data collection online (client responses) | | | | |
| Manage behavior | | | | |
| Provide instruction for homework | | | | |
| Self-evaluate | | | | |
| Other | | | | |
| Comments: | | | | |

| **Written Communication** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
|---|---|---|---|---|
| Full written assessment report | | | | |
| Section(s) of written assessment report | | | | |
| Full treatment progress report | | | | |
| Section(s) of treatment progress report | | | | |
| Full discharge report | | | | |
| Section discharge report | | | | |
| Letter of referral to another professional | | | | |
| Maintain client session records | | | | |
| On-line charting in client file | | | | |
| Other | | | | |
| **Oral Communication** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this with minimum support from CE* | *I can do this independently* |
| Review assessment results with client, family or team member | | | | |
| Review treatment progress with client, family or team member | | | | |
| Review treatment session with client or family | | | | |
| Participate in team rounds or meetings (i.e. provide client update) | | | | |
| Other | | | | |
| Comments: | | | | |

**Standardized Tests and Procedures**

| **I have experience with the following assessment tools:** | *I have observed this only* | *I can do this with maximum support from CE* | *I can do this minimum support from CE* | *I can do this independently* |
|---|---|---|---|---|
| Apraxia Battery for Adults -2nd Ed. (ABA-2) | | | | |
| Assessment of Intelligibility of Dysarthric Speech (AIDS) | | | | |
| Assessment for Living with Aphasia (ALA) | | | | |
| Boston Naming Test (BNT) | | | | |
| Boston Assessment of Severe Aphasia | | | | |
| Boston Diagnostic Aphasia Exam–3 (BDAE-3) | | | | |
| Bracken Basic Concept Scale—Revised (BBCS–R) | | | | |
| Childhood Autism Rating Scale (CARS) | | | | |
| Child Development Inventory (CDI) | | | | |
| Clinical Evaluation of Language Fundamentals-P2 (CELF-P2) | | | | |
| Clinical Evaluation of Language Fundamentals-4 (CELF-4) | | | | |
| Cognitive Linguistic Quick Test (CQLT) | | | | |
| Communication Ability in Daily Living (CADL) | | | | |
| Communication and Symbolic Behaviour Scales (CSBS) | | | | |
| Comprehensive Assessment of Spoken Language (CASL) | | | | |
| Diagnostic Evaluation of Articulation and Phonology (DEAP) | | | | |
| Diagnostic Evaluation of Language Variation (DELV) | | | | |
| Discourse Comprehension Test | | | | |
| Expressive One Word Picture Vocabulary Test (EOWPVT) | | | | |
| Expressive Vocabulary Test (EVT) | | | | |
| Frenchay Dysarthria Assessment – 2nd Ed. (FDA-2) | | | | |
| Functional Assessment of Communication Skills (FACS) | | | | |
| Functional Assessment of Verbal Reasoning and Executive Strategies (FAVRES) | | | | |
| Functional Behaviour Assessment (FBA) | | | | |
| Gulliam Autism Rating Scale -2 | | | | |

| | | | | |
|---|---|---|---|---|
| Goldman Fristoe Test of Articulation-2 (GFTA-2) | | | | |
| Hodson Assessment of Phonological Patterns -3 (HAPP) | | | | |
| Inpatient Functional Communication Interview (IFCI) | | | | |
| Kent Inventory of Development Skills (KIDS) | | | | |
| Language Processing Test-3 | | | | |
| Language Use Inventory (LUI) | | | | |
| MacArthur Communicative Development Inventories (MCDI) | | | | |
| Montgomery Assessment of Vocabulary Acquisition (MAVA) | | | | |
| Mt Wilga high Level Aphasia Test | | | | |
| Oral Speech Mechanism Screening Examination -3 (OSMSE-3) | | | | |
| Overall Assessment of the Speaker's Experience of Stuttering (OASES) | | | | |
| Peabody Picture Vocabulary Test – 4 | | | | |
| Phonological Awareness Test -2 (PAT-2) | | | | |
| Photo Articulation Test (PAT) | | | | |
| Preschool Language Assessment Instrument-2 | | | | |
| Preschool Language Scales-3 or 4 (PLS-4) | | | | |
| Psycholinguistic Assessment of Language Processing in Aphasia (PALPA) | | | | |
| Pyramids and Palm Trees Test | | | | |
| Quality of Communication Life Scale | | | | |
| Reading Comprehension Battery for Aphasia (RCBA) | | | | |
| Renfrew Language Scales: Action Picture Test | | | | |
| Receptive-Expressive Emergent Language Test-Third Edition (REEL-3) | | | | |
| Rice/Wexler Test of Early Grammatical Impairment | | | | |
| Rossetti Infant-Toddler Language Scale | | | | |
| Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI) | | | | |
| Sentence Intelligibility Test (SIT) | | | | |
| Social Language Development Test (SLDT) | | | | |
| Structured Photographic Articulation Test -2 (SPAT-2) | | | | |
| Structured Photographic Expressive Language Test-Preschool (SPELT-P) | | | | |
| Structured Photographic Expressive | | | | |

| | | | | |
|---|---|---|---|---|
| Language Test-3 (SPELT-3) | | | | |
| Stuttering Severity Instrument-4 (SSI-4) | | | | |
| Test of Aided Communication Symbol Performance (TASP) | | | | |
| Test of Auditory Comprehension of Language -3 (TACL-3) | | | | |
| Test of Auditory Processing | | | | |
| Test of Language Competence (TLC) | | | | |
| Test of Language Development – 3 (TOLD-3) | | | | |
| Test of Narrative Language (TNL) | | | | |
| The Word Test -2 | | | | |
| Western Aphasia Battery (WAB) | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

School of Audiology and Speech Sciences

*Blending real-life learning with sound science.*

# Student Feedback on Practicum Experience

| | | | |
|---|---|---|---|
| **Clinical Site** | | **Clinical Educator** | |
| **Dates of Practicum** | | **Academic Coordinator of Clinical Education** | |

| **Practicum** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|
| **Course: AUDI** | AUDI 565 | AUDI 566 | AUDI 567 | AUDI 568 |
| **Course: SLP** | AUDI 590 | AUDI 591 | AUDI 593 | AUDI 594 |

**THE PURPOSE OF THIS FORM IS TO:**

1. Foster communication between the **Clinical Educator (CE)** and **Student.**
2. Provide constructive feedback to the **CE**
3. Provide to the **CE** a record of teaching excellence for appointment and promotion, as desired.
4. Provide feedback to the **Academic Coordinator of Clinical Education (ACCE)** on the clinical experience.

**INSTRUCTIONS FOR USE: (Please note amendments to instructions will be provided in AUDI 545 and AUDI 555)**

1. There are three areas to consider: Orientation; Caseload and Practice; CE and Supervision
2. Students are to complete and discuss this form with their CE at midterm and at the end of the practicum.
3. Please provide your feedback using the following categories:

   SD = strongly disagree
   D = disagree
   N = neutral
   A = agree
   SA = strongly agree
   NA = not applicable

4. Comments are extremely valuable and are strongly encouraged.
5. A copy of this form should be kept by the **Student** and the **CE**.
6. An additional copy of this form should be sent to:

   Academic Coordinator of Clinical Education
   School of Audiology and Speech Sciences 2177
   Wesbrook Mall
   Vancouver, BC, Canada V6T 1Z3

ORIENTATION

| *Note to CE: For information about orienting a student to a clinical setting, refer to www.practiceeducation.ca e-tips Module 1; and www.preceptor.ca Preceptor Education Program Module 1* | SD | D | N | A | SA |
|---|---|---|---|---|---|
| I was adequately oriented to the Site/Organization (e.g. physical layout; general policies). | | | | | |
| I was adequately oriented to the Program (e.g. services; policies and procedures). | | | | | |
| I was adequately oriented to staff, and other Interprofessional team members or disciplines | | | | | |
| I was adequately oriented to materials, supplies and equipment. | | | | | |
| I was adequately oriented to emergency and safety procedures. | | | | | |
| I was adequately oriented to my work schedule and space. | | | | | |
| Comments: | | | | | |

**CASELOAD and SKILL DEVELOPMENT**

| | Midterm | | | | | | Final | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SD | D | N | A | SA | NA | SD | D | N | A | SA | NA |
| There was a sufficient and appropriate caseload for my level. | | | | | | | | | | | | |
| The variety of clients seen provided a useful learning experience. | | | | | | | | | | | | |
| There was adequate opportunity to perform an initial client interview. | | | | | | | | | | | | |
| There was adequate opportunity to conduct assessments. | | | | | | | | | | | | |
| There was adequate opportunity to use standardized and non-standardized procedures. | | | | | | | | | | | | |
| There was adequate opportunity to identify problem(s) or make a diagnosis. | | | | | | | | | | | | |
| There was adequate opportunity to identify management goals. | | | | | | | | | | | | |
| There was adequate opportunity to implement intervention strategies. | | | | | | | | | | | | |
| There was adequate opportunity to evaluate effectiveness of management goals. | | | | | | | | | | | | |
| There was adequate opportunity to plan for discharge. | | | | | | | | | | | | |
| There was adequate opportunity to communicate with the client, family members and/or caregivers. | | | | | | | | | | | | |
| There was adequate opportunity to communicate with members of the inter-professional team. | | | | | | | | | | | | |
| There was adequate opportunity to attend in-services or clinical education activities. | | | | | | | | | | | | |
| There was adequate opportunity to participate in program/department/team activities. | | | | | | | | | | | | |

Comments:

## CLINICAL EDUCATOR and SUPERVISION

| *Note to CE: For information about enhancing clinical teaching skills, refer to www.practiceeducation.ca e- tips Modules 2, 3, 4, and 5; and www.preceptor.ca Preceptor Education Program Modules 2, 3, 4, and 5a & b.* | **Midterm** | | | | | **Final** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | SD | D | N | A | SA | SD | D | N | A | SA |
| The Clinical Educator (CE) discussed general expectations within the first week of the practicum. | | | | | | | | | | |
| The CE discussed my learning objectives, preferred learning style and methods of feedback within the first 5 days of the practicum (i.e. “Looking Ahead” form) | | | | | | | | | | |
| The CE provided timely and appropriate positive reinforcement. | | | | | | | | | | |
| The CE provided timely and appropriate constructive feedback. | | | | | | | | | | |
| The CE scheduled adequate time for discussions regarding my progress, rationales and client care. | | | | | | | | | | |
| The CE allowed me appropriate progressive independence/responsibilities. | | | | | | | | | | |
| The CE encouraged me to critically think through problems. | | | | | | | | | | |
| The CE encouraged me to critically evaluate my own performance. | | | | | | | | | | |
| The CE created an open environment and was receptive and responsive to my questions and feedback. | | | | | | | | | | |
| The CE helped me meet my learning objectives. | | | | | | | | | | |
| Comments: | | | | | | | | | | |

## MIDTERM AND FINAL EVALUATION OF CLINICAL SKILLS

| *Note to CE: For information about the evaluation process, refer to www.practiceeducation.ca e-tips Module 6; and www.preceptor.ca Preceptor Education Program Module 7* | **Midterm** | | | | | **Final** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | SD | D | N | A | SA | SD | D | N | A | SA |
| The Mid-Term and Final Evaluation of Clinical Skills were completed at the appropriate time. | | | | | | | | | | |
| At mid-term, learning objectives and goals for the rest of the practicum were discussed and identified. | | | | | | | | | | |
| The Final Evaluation of Clinical Skills accurately reflected my performance. | | | | | | | | | | |
| I met my learning objectives in this practicum. | | | | | | | | | | |
| Goals and ideas for future clinical experiences were discussed (i.e. “Looking Ahead” form completed) | | | | | | | | | | |
| Comments: | | | | | | | | | | |

**OVERALL EVALUATION**

| | Final | | | | |
|---|---|---|---|---|---|
| | SD | D | N | A | SA |
| Overall, this practicum enabled me to learn clinical skills in this area of practice, as appropriate for my current level of competence. | | | | | |

**The most positive aspects of this practicum were:**

**Some suggestions for adding to the learning experience are:**

| Midterm Signatures | | Final Signatures | |
|---|---|---|---|
| Student Name: | | Student Name: | |
| Student Signature: | | Student Signature: | |
| CE Name(s): | | CE Name(s): | |
| CE Signature: | | CE Signature: | |
| CE Signature: | | CE Signature: | |
| ACCE Name: | | ACCE Name: | |
| ACCE Signature: | | ACCE Signature: | |
| Date: | | Date: | |

This draft document was created by SASS representatives in consultation with Clinical Faculty representatives. December 2009

## SUMMARY OF CLINICAL PRACTICE HOURS - SPEECH-LANGUAGE PATHOLOGY

*TOTAL HOURS OF CLIENT CONTACT (hours to be rounded up to nearest quarter hour)*

Name: _____ Dates: _____ Site/Ext #: _____

| ***AGE GROUP:*** ***C = Child*** ***A = Adult*** | | **ASSESSMENT/ IDENTIFICATION (Ax)** | | **TREATMENT/ MANAGEMENT (Tx)** | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Client Specific Services | Client Related Services | Client Specific Services | Client Related Services | Clinical/Professional Activities | Sub-Total Hours | Total All Age | | Min. Req. Hours |
| LANGUAGE Developmental | C | | | | | | | | | 40 |
| | A | | | | | | | | | |
| LANGUAGE Acquired | C | | | | | | | | | 30 |
| | A | | | | | | | | | |
| DYSPHAGIA | C | | | | | | | | | 10 |
| | A | | | | | | | | | |
| ARTICULATION/ PHONOLOGY | C | | | | | | | | | 20 |
| | A | | | | | | | | | |
| MOTOR SPEECH | C | | | | | | | | | 10 |
| | A | | | | | | | | | |
| FLUENCY | C | | | | | | | | | 10 |
| | A | | | | | | | | | |
| VOICE/RESONANCE | C | | | | | | | | | 10 |
| | A | | | | | | | | | |
| OTHER – approval needed Clinical Education Coordinator | C | | | | | | | | | |
| | A | | | | | | | | | |
| AUDIOLOGY-MINOR | C | | | | | | | | | 20 |
| | A | | | | | | | | | |

**Ax Min. Req.** **Tx Min. Req.** **Max. 50 Hrs**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TOTAL HOURS | C/20 | | | C/20 | | | C | | | | 50 |
| TOTAL HOURS | A/20 | | | A/20 | | | A | | | | 50 |
| **TOTAL CLIENT HOURS** | **ASSESSMENT HOURS (Min Req.Hr.= 100) :** | | | **TREATMENT HOURS (Min.Req.Hr.= 100):** | | | **GRAND TOTAL:** | | | | 350 |

Signature (Clinical Educator): _____

D esentatives. December 2009