

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 community of practice 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 of Audiology and Speech Sciences 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.

Course List with Brief Descriptions

Year 1 Term 1

AUDI 514A Hearing Science I	The goal of this course is for students to learn about and evaluate the role of hearing in human communication. The course provides an integrated overview of three key areas of knowledge required for appreciating the role of hearing in everyday communication: physical acoustics, auditory physiology, and auditory perception/psychoacoustics.
AUDI 547A Directed Studies - Clinical Practice Lecture/Lab	This course provides an introduction to the clinical practice of language and communication assessment of preschool-aged children using standardized procedures as well as observations in natural contexts: 1) language sampling elicitation and transcription; 2) standardized test administration, scoring, and interpretation; and 3) structured observation of language and communication. The content and activities of this course are coordinated with AUDI 571 Developmental Language Disorders, and offer additional opportunity for the application of clinical knowledge and information specific to preschool-aged children.
AUDI 518S Fundamentals of Audiology for Speech Language Pathology Majors	This course has two separate sections with common goals, but with somewhat different objectives and content: 518A for Audiology Majors and 518S for SLP Majors. The course provides application of principles for working with hearing-impaired individuals for SLP Majors. The goals of this course are to appreciate the significance of hearing loss on human communication and interpersonal relationships, understand the impact audiologists have on deaf and hard-of-hearing individuals and community, conduct an audiologic assessment at a level appropriate for the major field of SLP, and be aware of habilitation and rehabilitation approaches in audiology.
AUDI 571 Developmental Language Disorders	This course considers principles and methods of assessment and intervention with children, with a particular focus on the language and communication development that generally occurs during the preschool period.
AUDI 520 Phonological Development, Assessment, and Intervention	This course examines typical and atypical spoken phonological development during childhood, methods for assessment and analysis, and identification of goals for intervention. Primarily, the approach is from the perspective of constraint-based nonlinear phonological theories. The

	relationship of the phonological system to oral-motor structure and function is also explored, in addition to the relationship to early literacy-related skills.
AUDI 530A Research Methods I: Evidence Based Practice	This course is the first in a two-course sequence on Research Methods. This one-credit course explains the foundational concepts of research methods and applies them to evidence-based practice within the field of communication sciences and disorders. The Research Methods sequence provides a foundation and conceptual framework for both conducting (e.g., thesis) and critiquing research evidence. It also is designed to address objectives specified in the CASLPA (now SAC) Foundations for Clinical Practice (2004). From Section 1.9 Research Methodology of the CASLPA Foundations document, it is required that: The audiologist and speech-language pathologist demonstrate basic knowledge of: 1) the scientific method, 2) basic statistical concepts and theories, 3) commonly used research designs, 4) how to critically evaluate research, and 5) systematic evaluation of the reliability and validity of assessment procedures, and of treatment efficacy.
AUDI 545 Clinical Practice and Externship Preparation	This course has been designed to support students' readiness for clinical externship learning. By the end of this course, students will be able to effectively demonstrate developing competencies as a Professional, Communicator, Scholar and Collaborator who: works appropriately with Clinical Coordinators during their externship program, demonstrates understanding of professional competencies, skills and regulations required in professional practice, is prepared to engage in reflective practice and assume responsibility for their personal-professional development and self-care in the SASS program, articulates self-awareness of their own communication and how to effectively communicate with others, uses appropriate approaches in professional oral and written communication, understands how to give and receive feedback as a learner during externships, applies beginning knowledge of counseling principles and managing challenging behavior.
AUDI 585 Language Development Across the Life Span	The goals of this course are for students to: describe how language abilities change across the life span, explain how language development in bilinguals is similar and different from language development in monolinguals, name and describe recurring key concepts, theoretical issues, models and themes that are relevant to understanding normal and impaired language use at any age, and reflect on the importance of developmental language processing issues for other course work and clinical practice.

Year 1 Term 2

AUDI 516A Discourse Analysis	This course examines the structure and purposes of language use above the single sentence level with a focus on children. The main topics will include conversation, narrative and expository discourse, and in addition, pragmatics. Assessment and intervention approaches for children with language disorders will be considered, using data from case studies.
AUDI 524 Disorders of Speech Production – Part 1	This course focuses on the pathophysiology, speech characteristics, assessment, differential diagnosis, and treatment of motor speech disorders (dysarthrias and apraxia of speech).
AUDI 524 Disorders of Speech Production – Part 2: Disorders of the Voice and Larynx	This course provides case-based learning experiences for assessment and management of voice disorders, including laryngeal voice. Students have the opportunity to explore a variety of approaches to evaluating, classifying and treating individuals with a wide assortment of voice problems, through class discussions, group assignments and simulated clinical situations.
AUDI 526 Acquired Language Disorders	AUDI 526 provides a foundation for clinical work with clients with acquired language disorders. The course is underpinned by the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) and evidence-based practice. The course should be viewed as an introduction to clinical work; you will be able to integrate knowledge and skills from this course with the clinical experiences in your externships to further explore and evaluate pertinent issues in this practice area.
AUDI 527 Introduction to Dysphagia	Students will acquire knowledge and/or skills in the following areas and be able to apply them to clinical contexts: 1) anatomical, physiological and neural controls involved in normal swallowing, swallowing biomechanics and components of abnormal swallowing physiology, 3) evidenced-based methods for clinical swallowing assessments, 4) utilization of clinical assessment findings for planning management, and 5) report writing for clinical swallowing assessments.
AUDI 540 Approaches To Speech-Language Pathology And Audiology For People of First Nations, Métis and Inuit Heritage	This course concerns both process and content for working as audiologists and speech- language pathologists with Aboriginal peoples. The course has two overarching goals: 1. to take steps on the lifelong journey to culturally safe interaction and practice, and 2. to develop discipline-specific knowledge, skills and approaches for working with people of Aboriginal heritage.
AUDI 576 Topics in Fluency Disorders	This course is an introduction to the nature, assessment and management of fluency disorders including developmental stuttering, acquired stuttering and cluttering. The application of the World Health Organization's ICF framework (International Classification of Function, Disability and Health) is introduced as a way to critically consider the overall experience of stuttering from the individual's perspective. This course is designed to give students a foundation for

	clinical work with clients of all ages for whom fluency is, or may be, a problem.
AUDI 583 Advanced Speech Sciences	This course focuses on the following goals: 1) to be able to describe current theories and models of phonatory and respiratory physiology; 2) to apply theory to clinical cases to assist in planning assessment; and 3) to be able to identify appropriate instrumental approaches to evaluating disorders of phonation and vocal tract function.

Year 2 Term 1

AUDI 530C Research Methods II	This is the second course on Research Methods. The course builds on the foundations from the first module, introduces new concepts, and applies them to research within the field of communication sciences and disorders. This module extends some of the topics initiated in the first module by looking at additional research designs and methods of evaluating research. In addition, students continue to build on their knowledge of evidence-based practice and increase their skills in critically evaluating research.
AUDI 555 Issues in Professional Practice	This course has been designed to develop students' readiness for entry level professional practice. Learning outcomes are developed to build on ongoing professional skills in preparation for the last two externships in the SASS program. By the end of this course, in conjunction with externship learning, students will be able to demonstrate entry to practice level competencies as a Professional, Communicator, Collaborator, Scholar, and Leader who: Effectively works with Clinical Coordinators in their externship program. Applies professional competencies, skills and regulations required for entry into professional practice. Demonstrates reflective practice around Professional and ongoing Scholar role as a mentee. Effectively communicates with other professionals, support personnel and fellow students Uses appropriate language and approaches to professional oral and written communication, including correspondence and feedback. Demonstrates self-awareness in application of counseling principles and skills.
AUDI 575 Language Development and Disorders in the School Years	This course examines spoken and literate language development between early elementary school-age and adolescence, and the influence of less and more formal childhood communicative contexts, i.e. social and educational, respectively. Language/literacy acquisition and disorders are considered in terms of the increasing complexities and interactions of cognitive, phonological, semantic, syntactic, discourse, pragmatic and meta-linguistic skills. In addition to specific SLP assessment and treatment approaches for children with language disorders, psycho-educational assessment practices and classroom approaches to literacy instruction are introduced. The relationship of language impairment to learning disabilities is also explored.
AUDI 581 Perceptual, Cognitive and Social-affective Issues in Communication Development, Assessment and Intervention	This course considers interactions between perceptual, cognitive, and social-affective factors, and communication development and functioning in clients with diverse profiles of strengths and challenges. Although much of the content is broadly applicable across diagnostic categories, the course focuses particularly on issues related to assessment and intervention for individuals with hearing loss, intellectual disability, and autism.

Year 2 Term 2

AUDI 546 Advanced Communication Sciences and Disorders - Augmentative and Alternative Communication	This course prepares future speech-language pathologists to provide team-based services for individuals 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.
AUDI 516C Applied Discourse Analysis/AUDI 572 Cognitive Processing and Acquired Language Disorders/ AUDI 586 Advanced Studies in Acquired Language Disorders	This integrated module (572/586/516) uses a case-based/problem-based learning approach to build on topics introduced in previous courses addressing adult communication and acquired language and cognitive communication disorders. In revisiting these topics, this course provides the students with the opportunity to consider their own clinical experiences in terms of different conceptual models. The module is underpinned by the World Health Organization International Classification of Functioning, Disability, and Health (ICF), evidence-based practice, and dynamic systems frameworks in order to provide a more comprehensive and informed approach to client management for acquired language and cognitive communication disorders.
AUDI 577 Advanced Studies in Acquired Speech and Swallowing Disorders	In this course, students acquire knowledge and/or skills in the following areas to be able to apply them to clinical contexts: 1) anatomical, physiological and neural controls involved in normal speech and swallowing across the life span, 2) primary physiological systems associated with speech/swallowing, such as respiratory, gastrointestinal, musculoskeletal, and sensory systems, 3) etiologies and components of abnormal speech and swallowing physiology, 4) evidenced-based methods for various clinical and instrumental assessments, 5) evidenced-based methods for diagnosis and treatment across settings, age spans and conditions, 6) utilization of clinical and instrumental assessment findings for planning management, 7) indications and methods for non-oral feeding. 8) various management strategies and therapy techniques, 9) report writing for clinical and instrumental assessments, and 10) interprofessional approaches and ethical issues.

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 prepare students to transition from classroom learning to professional training in clinical externship environments. 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 support real-life, solution-focused applications. This two term course also provides specific guidelines and tools to prepare students for clinical training, with an ongoing emphasis on effective communication and professionalism. This class also informs students about the range of UBC resources available to support 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 topics that will prepare students for eventual entry into professional practice. By this time, students have completed two clinical externships so this course has an emphasis on active peer learning and integration of recent clinical experiences. This one –term class provides opportunities for students to interact with members of the clinical community on topics including interviewing skills, counseling applications and working with interpreters. Furthermore, this course reinforces the SASS’s graduation requirement instructions.

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

<p>Hands-on labs with community volunteers</p>	<ul style="list-style-type: none"> • 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.
<p>Fieldwork Assignment examples:</p>	<ul style="list-style-type: none"> • Kindergarten screening: AUDI 518: All students provide Kindergarten Hearing Screening tests in the community. • 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.
<p>Case-based learning:</p>	<ul style="list-style-type: none"> • 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. • 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.
<p>Client-led clinic:</p>	<ul style="list-style-type: none"> • 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 practice for students, based on the Canadian Stroke Best Practice Recommendations for Community-Based Stroke Rehabilitation (2016). • 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.
<p>Student-hosted clinic:</p>	<ul style="list-style-type: none"> • WorkSafeBC Hearing Clinic – AUDI 552: Audiology students evaluate and counsel hearing-impaired clients at the WorkSafeBC Audiology Unit. • Hearing Health Fair: AUDI 569: Audiology students host a clinical day targeting seniors in the community. Students provide hearing screening, counselling, and individualized information.

<p>Clinical Faculty assisted Coursework/Simulations</p>	<ul style="list-style-type: none"> • 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. • “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 Faculty Audiologist who acts as facilitator. • Hearing Aid Fittings: AUDI 556: Audiology students practice hearing aid fitting using clinical assessment data, coached by clinical educators from the community. • “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.
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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.

Externship Overview

Externship Schedule and Goals: Speech-Language Pathology

Externship 1: May – June (5 days per week; 5 weeks)

The first externship provides students with their first intensive opportunity to link classroom material to the clinical world. There are several areas of clinical skill that students should begin to develop at this point in their training:

- administering basic assessment procedures specific to the setting
- planning and implementing treatment for typical clients
- understanding of the role of the speech-language pathologist
- evaluating their interactions with clients, families and other professionals
- observing and describing client's communication behaviour
- observing and differentiating techniques used by the Clinical Educator
- developing an awareness of the client as a whole person

Externship 2: June – July (5 days per week; 7 weeks)

This placement builds on the skills developed in Externship 1. Each student will be ready to move into either an adult setting or pediatric setting, having completed foundational coursework in each of these areas. At this point, students will have a good sense of their learning style, strengths and the areas they will need to develop to become professional Speech-Language Pathologists.

Externship 3: September – December (2 days per week; 11 weeks)

This placement is two days/week during the fall term and runs concurrently with coursework presented on the alternate days. Students are able to take part in any type of externship setting. Goals will be tailored to individual students according to previous experience. In some settings, because of the extended length of the placement (11 weeks), students may have the opportunity to see the same clients many times and therefore be able to achieve increased independence.

Externship 4: April-June (5 days per week; 8 weeks)

The final placement is 8 weeks in length. Students will start with observation and shared sessions but are expected to move quickly into more independence in the clinic. Rate of progress will depend on individual student's strengths and past experiences. At the end of the placement, each student should be responsible for approximately 80% of the Clinical Educator's caseload. Following this placement, students may need to return to UBC to complete any optional graduating requirements (e.g., essay, research project or thesis).

At Graduation

In addition to having acquired entry-level competence as an Audiologist or Speech-Language Pathologist, our goal is to graduate clinicians who:

- Have the knowledge base, clinical skills, and personal characteristics necessary to be capable clinicians
- Can translate classroom knowledge into clinical skills
- Have acquired the appropriate number of clinical hours to meet SAC certification requirements
- Have the ability to work as a generalist with preschool children, school-age children or adults, in a variety of different settings
- Have understanding of professional behaviours and skills that are necessary in the workplace
- Are reflective practitioners that assume responsibility for their life-long personal and professional development
- Are self-aware and able to effectively communicate with diverse groups
- Are professionals with the capacity to constructively and collaboratively approach conflict
- Are collaborative, interprofessional team members who make a positive impact

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

Timeline	UBC Clinical Coordinator Roles & Responsibilities	Clinical Educator Roles & Responsibilities	Student Roles & Responsibilities
Pre-Externship	<p>Coordinates externship sites</p> <p>Prepares student for clinical experience</p> <p>Ensures access to online materials e.g. orientation and learning modules</p>	<p>Plans orientation for student</p> <p>Informs colleagues of upcoming students</p> <p>Becomes familiar with student ePortfolio requirements</p> <p>Review UBC SASS Clinical Educator Community of Practice website: http://clinicaled.audiospeech.ubc.ca</p>	<p>Sends introduction email as soon as notification of the placement site is known</p> <p>Calls the Clinical Educator approximately one week prior to the Externship</p> <p>Prepares for the clinic setting by acquiring information about the site, reviewing assessments, class notes, and any other relevant sources of information</p>

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.

Week 1	<p>Checks in with Clinical Educator and student via email or phone</p>	<p>Provides site orientation including health & safety practices and emergency procedures</p> <p>Determines what experience the student has had prior to this externship so scaffolding support can be implemented</p> <p>Sets expectations:</p> <ul style="list-style-type: none"> • Hours • Dress code • Clientele • Culture of Organization • Meetings • Feedback <p>Provides Guided Observations</p>	<p>In one of the first conversations with the Clinical Educator, student discusses the following:</p> <ul style="list-style-type: none"> • Goals for the placement • Preferred learning style • Any learning accommodations or strategies that are helpful • Preferred method of feedback • Any prior clinical experiences <p>Gives and discusses these forms with the CE:</p> <ul style="list-style-type: none"> • Looking Ahead: Goals for the Next Placement form (for Externships 2, 3 and 4) • Goals for First Placement with Children or Adults (if applicable) • Clinical Skills Summary form (for Externships 2, 3 and 4) • List of ePortfolio requirements
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			<p>Completes Occupational Health & Safety survey on Canvas and any other placement-specific forms/online modules</p> <p>Participates in Guided Observation and discusses the observations with the CE</p>
<i>Week 2- midterm</i>		<p>Model techniques, explicit description of what you are doing and why you are doing what you are doing</p> <p>Regular meetings with student(s) for updates and provision of feedback</p> <p>Active observations of student(s)</p> <p>Shared participation</p> <p>*Increased student participation is expected over the course of these weeks. Collaborative practice between clinician and student continues and support to student can be reduced as they become more independent.</p>	<p>Observations continue and student begins to assume more responsibility</p> <p><u>Documentation:</u> Session plans Chart notes Video record yourself during sessions, where possible Written reflections uploaded to ePortfolio (if applicable)</p>
<i>Midterm</i>	<p>Reviews Midterm Evaluation</p> <p>Connects with CE and student via email or phone</p> <p>If any issues are highlighted, Clinical Coordinator will respond accordingly</p>	<p>Midterm Evaluation is completed with the student, including Goal Setting for the Remainder of the Placement</p> <p>Clinical Coordinator to be contacted with any questions or concerns</p>	<p>Midterm Evaluation is completed with CE and uploaded to the ePortfolio</p> <p><u>Documentation:</u> Following evaluation, review and modify learning objectives and learning plan. Set goals with help from the CE.</p> <p>Self-reflective assignment for ePortfolio</p>
<i>Midterm – Final Week</i>	<p>Supports are available for any comments or concerns from both the CE and student</p>	<p>Actively observes student</p> <p>Some indirect supervision may be appropriate at this time</p> <p>Modeling continues – at this stage expect students to begin explaining to you why you’re doing what you’re doing</p> <p>Regular meetings with students for updates and provision of feedback</p>	<p>Student assumes more responsibility for clients. Expectation is for greater independence with familiar/regular clients.</p> <p>Further development of clinical reasoning skills (clear and concise rationale)</p> <p>Student-initiated collaboration for any new clients and/or clinical scenarios</p>

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

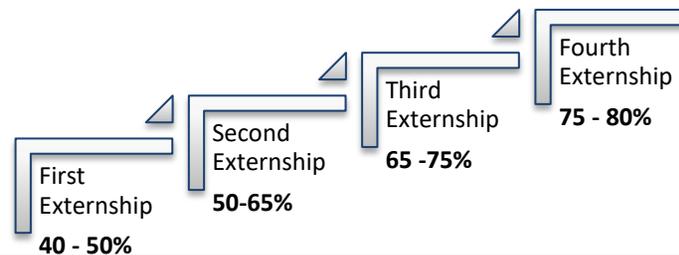
Supervision Guidelines for Clinical Educators

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?
<ul style="list-style-type: none"> • Direct contact with clients • Active participation and involvement • Specific observations made independently by the student or as guided by the CE • Any case discussions, including the use of documentation to enhance or inform the discussion 	<ul style="list-style-type: none"> • Report writing • Session preparation • Attendance at professional development workshops/seminars/webinars, etc.

Week by Week Guide: Inclusion Timeline

5-Week Placement: Externship 1

	Hours to build towards	Strategies for Including a student in your sessions:
	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 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. Introduce themselves to clients/families. Ask introductory questions (develop rapport – <i>“I know you have seen SLP for some time but wondered if you would tell me why you have been seeing SLP”</i>).
Week 2	½ -1 clinical hour/day	Begin to conduct 1 activity for 1-2 clients per day (<i>for the clients that you are planning for this student to work with independently by the end of the externship</i>). The number of activities/clients might be higher if the student has an opportunity to re-use the same activity. Have your student use written session plans. Review the Goals for First Placement with Children or Adults for specific areas for development. Continue to share the more complex clients.
Week	1-1 ½ clinical hours/ day	Plan 2 activities per assigned client, per day.
Week	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. Students assume 40-50% of your caseload.

7-Week Placement: Externship 2

	Hours to build towards	Strategies for Including a student in your sessions:
	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 playpartner. 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. Have your student begin with written session plans. 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. 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. Conduct 1-2 activities for 1-2 clients in your day. (or more if appropriate)
Week	1-1 ½ clinical hours/ day	Plan 2 activities per client, 2-3 clients/day
Week	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	Strategies for Including students in your sessions:
	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. Potential areas to expand on with 2nd year students: Integration of assessment findings and impressions to form a diagnosis Making recommendations & referrals 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 playpartner. 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. Have your student begin with written session plans. Review the Goals for First Placement with Adults for specific areas for development (if relevant). Continue to share the more complex clients.
Week 2	½ -1 clinical hour/day	For familiar tasks, deliver independently. 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. Conduct 1-2 activities for 1-2 clients in your day This might be more if it's the same activity or similar goals.
Week	1-1 ½ clinical hours/ day	Plan 2 activities per client, 2-3 clients/day
Week	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. 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. Shared participation in complex clients. Assume 65-75% of caseload

8-week placement: Externship 4

	Hours to build towards	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. Continue to work on Integrate of assessment findings and form a diagnosis 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. 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 playpartner. 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. Have your student begin with written session plans. Continue to share complex clients, assigning specific tasks for independent completion.
Week 2	½ -1 clinical hour/day	For familiar tasks, deliver independently. 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. Conduct 1-2 activities for 1-2 clients in your day.
Week	1-1 ½ clinical hours/ day	Plan 2 activities per client, 2-3 clients/day
Week	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. 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. Shared participation in complex clients, with specifically assigned tasks for completion. Assume 75-80% of caseload

Clinical Educator Preparation

Clinical Educator Role:

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

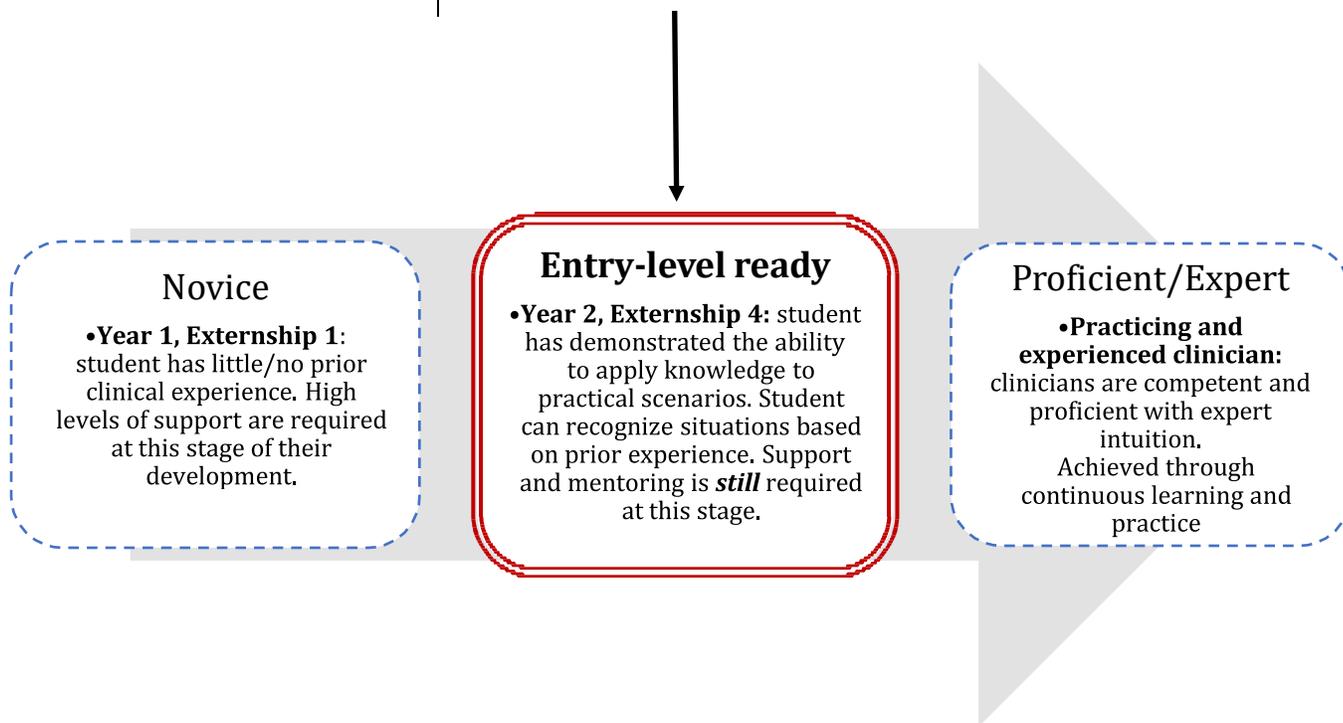
When students leave the Speech and Language Pathology Program, the expectation is that they are Entry-Level Ready generalists with a broad range of skills that they can hone in on and specialize, depending on their preferred clinical population.

To teach and develop students':	
	<p style="text-align: center;"><u>Interpersonal & Professional Skills:</u></p> <ul style="list-style-type: none"> • Provide students with opportunities to build rapport with clients and family members. • Encourage students to reflect on and self-evaluate their knowledge, skills and attitude throughout the placement • Provide opportunities for discussions re: ethical and/or culturally sensitive issues within caseload • 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 • Facilitate students to develop their time management skills including preparation for sessions • Facilitate students to develop their professional clinical identity. • Encourage effective collaboration
	<p style="text-align: center;"><u>Assessment Skills:</u></p> <ul style="list-style-type: none"> • 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. • Provide opportunities for the development of critical thinking—development of assessment plan and rationale for same
	<p style="text-align: center;"><u>Treatment Skills:</u></p> <ul style="list-style-type: none"> • Provide students with the opportunities for planning and performing therapy tasks that are client-centered, with sound rationale • Encourage students to develop their skills in giving feedback to clients and their families. • Provide opportunities for the student to understand the scope of practice e.g. their role as educator, facilitator, counsellor etc.

	<p><u>Communication Skills:</u></p> <ul style="list-style-type: none"> • 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 • Provide opportunities for students to collaborate with other health professionals
<p>In order for students to have the:</p>	
	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 educators 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 acquired, 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!

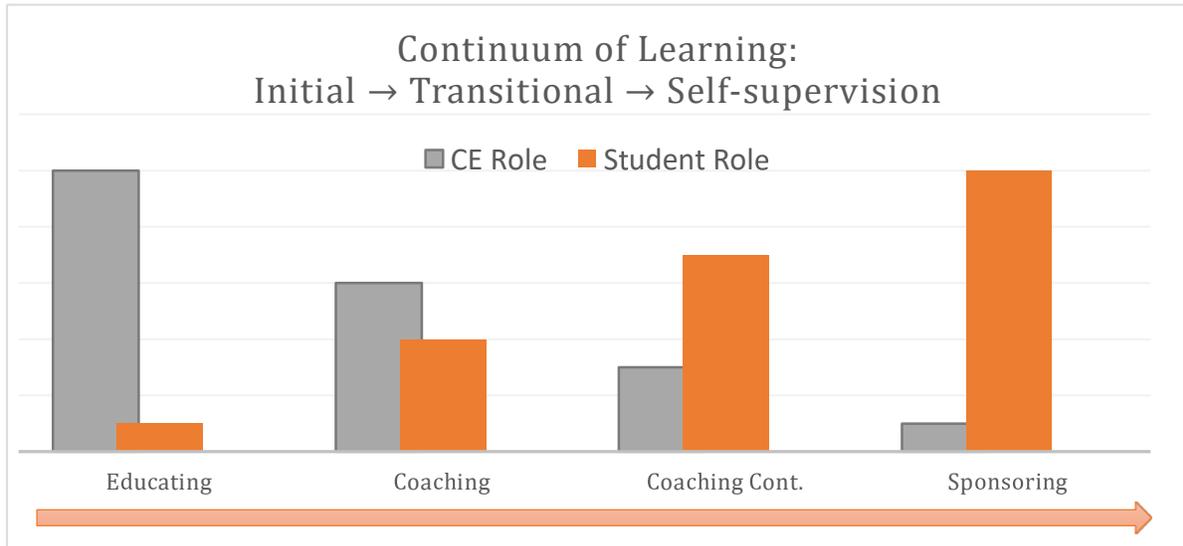
The table below outlines the 4 stages, and the characteristics associated with each stage. The table also provides strategies that you can employ to guide the student through each phase of learning.

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 to maintain ongoing collaboration, a place where the roles meet and overlap.



	Educating	Coaching	Sponsoring
When	<ul style="list-style-type: none"> ▪ at the beginning of each externship ▪ when introducing a new procedure ▪ when working with a new type of client 	<ul style="list-style-type: none"> ▪ as the student gains clinical experience and skill 	<ul style="list-style-type: none"> ▪ when the student is familiar with procedures and types of clients ▪ at the end of the final externship
How	<ul style="list-style-type: none"> ▪ provide student with information, direct instruction, and modeling prior to sessions ▪ provide student with direct feedback regarding what went well during the session, what needs to be modified and how to make those modifications 	<ul style="list-style-type: none"> ▪ encourage student to evaluate own sessions ▪ engage in joint problem-solving with student ▪ encourage the student to be innovative ▪ expect and allow mistakes 	<ul style="list-style-type: none"> ▪ encourage the student to make most decisions on their own ▪ provide guidance as requested by the student ▪ act as a resource

Getting set up: Who does what when?

A. Pre-externship Training:	
<i>Provided by</i>	Clinical Coordinator at UBC
<i>For</i>	Clinical Educators
<i>What</i>	<ul style="list-style-type: none"> • Provide clinical educator with education re: the role of clinical educator, as well as info re: goals for externships, externship processes and evaluations • Confirm externships and students attending the various sites • Individualized email and telephone support for all clinical educators
<i>When</i>	Prior to commencement of Externship.

B. Pre-externship Introduction:	
<i>Provided by</i>	Student
<i>For</i>	Clinical Educators
<i>What</i>	<ul style="list-style-type: none"> • Provide clinical educator with introductory email, no later than one month pre-externship • Contact clinical educator re: any preparation he/she might like you to undertake prior to beginning of externship e.g. articles, assessments etc.
<i>When</i>	Prior to commencement of Externship.

C. Pre-externship Preparation:	
<i>Provided by</i>	Clinical Educator
<i>For</i>	Students
<i>What</i>	<ul style="list-style-type: none"> • Provide student(s) with readings and/or information re: your clinical setting. • 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. • Prepare your colleagues and clients for the arrival of your student • 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
<i>When</i>	Prior to commencement of Externship.

D. On-site Orientation	
<i>Provided by</i>	Clinical Educator
<i>For</i>	Students
<i>What</i>	<ul style="list-style-type: none"> • Provide physical overview of clinical setting • Coordinate team/staff introductions • Provide overview of caseload • Describe clinical organization and administration procedures (referral process, record keeping, confidentiality) • Discuss expectations re the culture of the clinical setting: <ul style="list-style-type: none"> ✓ Hours ✓ Appropriate Dress ✓ Lunchtime expectations • Outline Health and Safety/Emergency Procedures
<i>When</i>	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 checklist can help ensure that you have all the points covered from the very first day:

Have you discussed:	<input type="checkbox"/>
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 have requested to:
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 the 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:	<ul style="list-style-type: none"> • 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. • Phonological/Articulation assessment and analysis: The student will collect and analyze phonological/articulation data for at least one child. • Oral mechanism examination: The student will carry out an oral mechanism examination for at least one child. • 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 • 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). • 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:	<ul style="list-style-type: none"> • The student will develop skills in planning and implementing articulation and/or phonology therapy for at least one child. • The student will develop skills in planning and implementing language therapy for at least one child. • The student will write at least one assessment, progress, or discharge report with guidance from the Clinical Educator. • The student will gradually assume responsibility for evaluating his/her sessions with guidance from the Clinical Educator. • 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 have requested to:	
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:

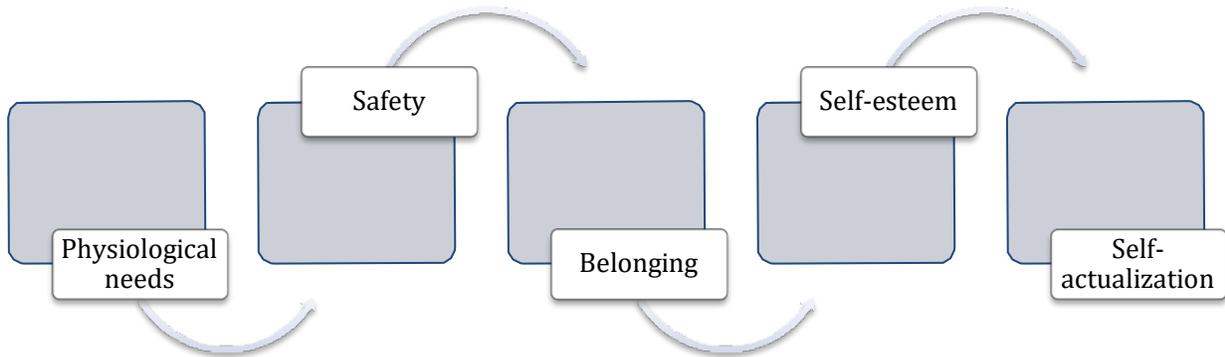
Client-clinician interaction:	The student will learn to interact effectively with adults with communication/swallowing disorders and their families.
Roles:	The student will develop an understanding of the speech-language pathologist's role in the setting and as part of an inter-professional health care 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: <ul style="list-style-type: none"> • Conduct at least two chart reviews of clients with dysphagia • Complete at least two bedside dysphagia assessments, including an oral mechanism examination • 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: <ul style="list-style-type: none"> • Develop a motor speech treatment plan for at least one client • Plan and implement a language intervention session for at least one client • Take primary responsibility for at least two typical communication clients, while assisting the Clinical Educator with other clients • Develop basic skills in swallowing management by: <ul style="list-style-type: none"> • Make appropriate recommendations (with guidance from Clinical Educator) for at least two patients with dysphagia • Following at least one patient's dysphagia management plan (where possible) • 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.

Self-actualization can be defined as realizing personal potential, self-fulfillment, seeking personal growth and peak experiences. Becoming everything one is capable of becoming



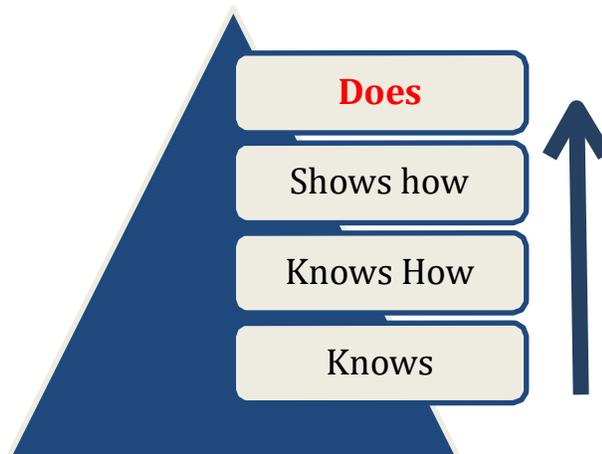
Maslow’s hierarchy of	Things you can do
Physiological needs:	Things that may seem obvious such as adequate breaks, being mindful of physical environment such as temperature, privacy, seating arrangements
Safety:	Learners must feel safe to experiment, voice their concerns, identify their lack of knowledge 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 (1) being an observer of your practice, to (2) sharing in that practice, to (3) 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 <i>understand</i> how to apply knowledge to practice. This is acquired through observations of clinical educator, and other peers.
Shows how:	Student begins to <i>demonstrate</i> 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 an assessment plan and a treatment plan as part of their externship. These completed plans are uploaded to the student's online ePortfolio.

Collaborative Practice with your Clinical Educator

Collaborative Practice

- Is a process-orientated approach to clinical education
- Occurs through guided observations and shared sessions, where the student moves from being an observer of the CE's practice, to sharing in that practice, to practicing independently over the course of the Externship

The Student Observes the Clinical Educator...

Purpose:

- To introduce the student to the procedures and approaches of the clinic
- To develop the student's ability to observe specific client behaviours/characteristics and use these observations in planning assessment and treatment
- To model techniques that the student will be using
- To begin involvement. For example, the student may record the results that the Clinical Educator is obtaining during immittance testing/speech sampling/administration of a standardized test

Notes:

- The student may be provided with specific tasks while observing
- Observations may occur at any point during the externship
- How much observation? Refer to guidelines in the [Week-by-Week Externship Overview](#) and consult with the Clinical Educator

The Student Becomes More Involved...

Purpose:

- To develop basic preparation and clinical skills, or to further develop and refine skills as the student gains experience.

Notes:

- The student will be given **clear expectations** regarding their role with client and expectations for preparation
- Review the client's file and discuss test protocol or management plans with the Clinical Educator
- Initially the student might share in activities and then carry out an activity or administer a test that is suggested by the Clinical Educator. For example, for Audiology, you may conduct the tympanogram and pure tone audiogram, though the Clinical Educator conducts much of the rest of the evaluation. Or, for SLP, the student may administer certain subtests of a standardized assessment and then discuss the results/interpretation with the CE afterwards
- Solo or shared? Consult with the Clinical Educator.

The Clinical Educator Observes The Student...

Purpose:

- To provide the student with specific information about performance
- For planning subsequent client sessions
- To meet UBC standards for student supervision

Procedures:

- For Speech-Language Pathology, UBC advises that the Clinical Educator supervise at least **50% of all assessment sessions and 25% of all treatment sessions**
- Jointly choose the area of focus for the student's observation
- On-line written comments from the CE can be discussed after the session

Post-Session Discussion and Feedback...

Purpose:

- To develop the student's clinical skills
- To provide the student with specific suggestions and ideas
- To develop the student's self-evaluation ability

Notes regarding Discussion:

- The student's role will vary depending on their experience and time frame within the placement
- Discussion may range from specific direct comments from the Clinical Educator to independent self-evaluation
- The student's active participation is recommended and we encourage them to contribute specific points for discussion

Notes regarding Feedback:

- Format (written or verbal) will vary depending on the student and their Clinical Educator. Videotaping of sessions provide an excellent basis for discussion and opportunity for the student to self-evaluate

Types of Feedback can include:

- Evaluative: constructive criticism and suggestions for change
- Objective: data collection for the client, data collection regarding the student's performance
- Questioning:
 - Interpretation (Why does the student think the client did X?)
 - Reporting (What happened when the student did X?)
 - Feeling (How did the student feel when the client said X?)
 - Alternative (What else could the student have done when X?)
 - Comparative (Has the student had a similar experience with another client?)

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:

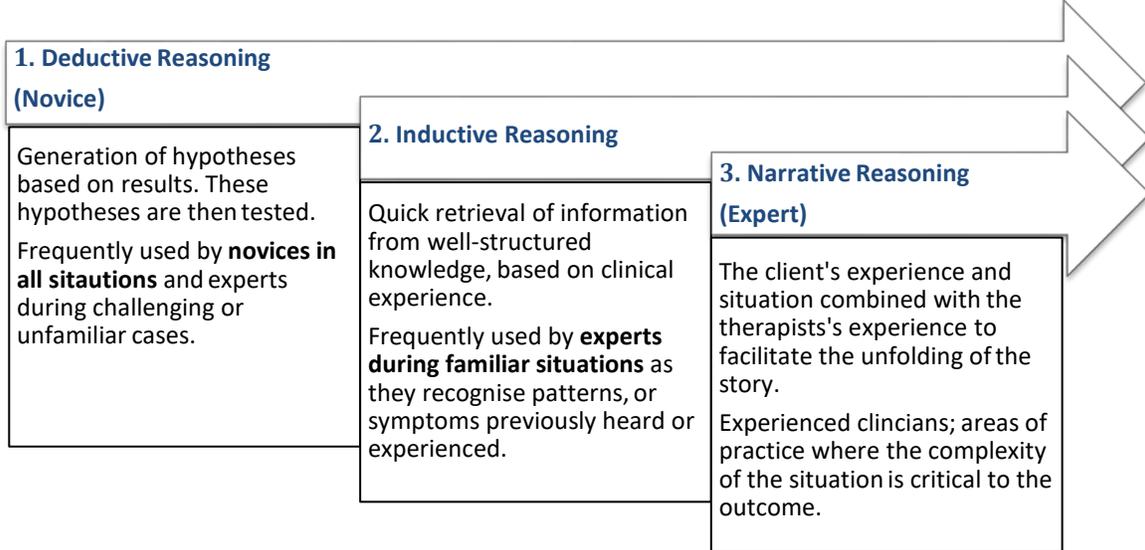
• Evidence
- How do you know that?
- What evidence is there to support that position?
• Clarification
- Can you put that another way?
- Can you give me an example?
- Can you explain that term?
• Explanation
- Why might that be the case?
- How would we know that?
- Who might be responsible for...?
• Linking 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).

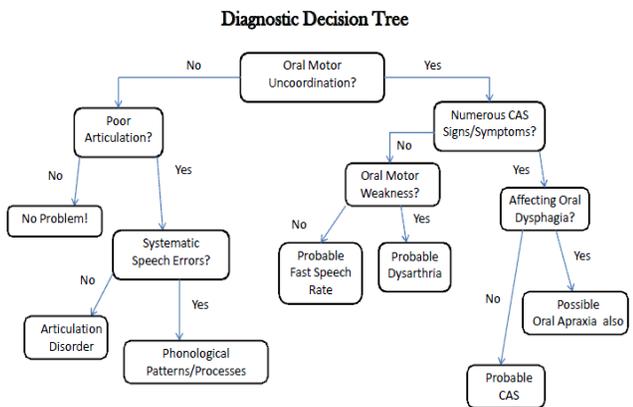
- **“I don't know”** are three incredibly important words. They are the beginning of the learning process for clinicians and students alike. Setting the above questions in a safe and important environment is vital to success.

- **Clinical reasoning also develops overtime.**

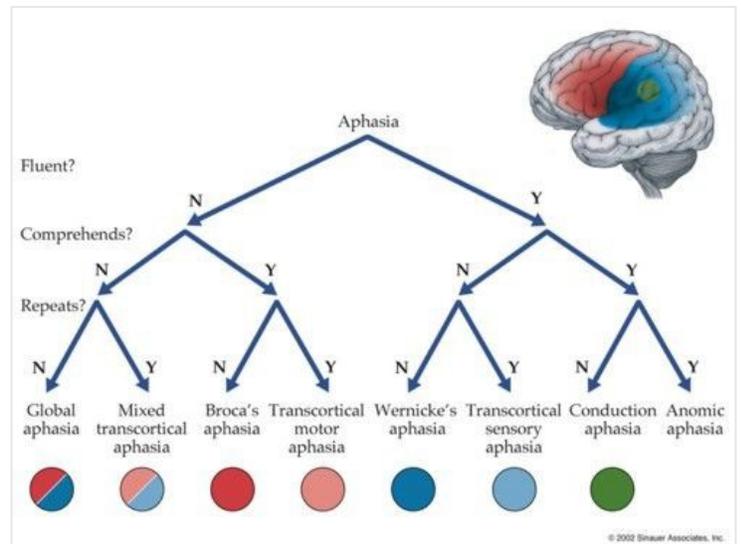
As a Clinical Educator, reflect on your own practice, and the steps you took from novice to expert. How can this be broken down for a student?



- 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.



Communicationstationspeech.com



<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 a 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
<p><u>1. Student initiates discussion</u></p> <p>This facilitates the development of the students self-evaluation skills, promoting their reflective learning</p>	<p>The clinician can ask various probing questions, based on the students self-report. For example:</p> <ul style="list-style-type: none"> • How did they feel during the session? • How do they think the patient felt? Why do they think that? • What did they learn from the session? Any critical learning opportunities? 	<p>NOTE: The students should have some time to reflect ahead of feedback session.</p> <p>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.</p> <p>Structured questions can facilitate this process for students and provide a good starting point for ensuing discussion (See student post session analysis form):</p> <ol style="list-style-type: none"> 1. What went well that you would do again? Why? 2. What observations did you make throughout the session? Based on these observations, would you make any adaptations to your original session plan? 3. What would you like to change? How will this change improve the outcome? 4. What would you not do again and why? <p>The student(s) will respond accordingly.</p>
<p><u>2. Clinician follows up with probing questions</u></p> <p>This provides the opportunity for the clinician to go deeper into some of the areas of strength or weakness</p>		

<p>3. <u>Clinician provides direct, specific feedback to student</u></p> <p><u>This can be given verbally, written or other</u></p>	<p>Direct feedback should be:</p> <p>Constructive Objective Specific Timely</p> <p>Did the student accurately interpret the feedback given? Ask the student to summarize the feedback back to you. <i>See Feedback Interpretation Form.</i></p>	
<p>Additional thoughts and comments</p>	<p>Suggestions for future sessions can be discussed.</p>	<p>The student(s) can ask further questions here. The student(s) should repeat the feedback that they have interpreted to ensure accuracy. <i>See Feedback Interpretation Form.</i></p>
<p>Action Plan</p>	<p>This should be initiated by the student, and agreed upon jointly.</p>	<p>The student(s) should have a clear plan of what to work on during the next session.</p>

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 includes 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 provide 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.

Electronic copies of this evaluation can be found at <http://clinicaled.audiospeech.ubc.ca/resources-2/externship-goals-and-forms/slp-externship-package/>.

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**.

Electronic copies of this evaluation can be found at <http://clinical.ed.audiospeech.ubc.ca/resources-2/externship-goals-and-forms/slp-externship-package/>.

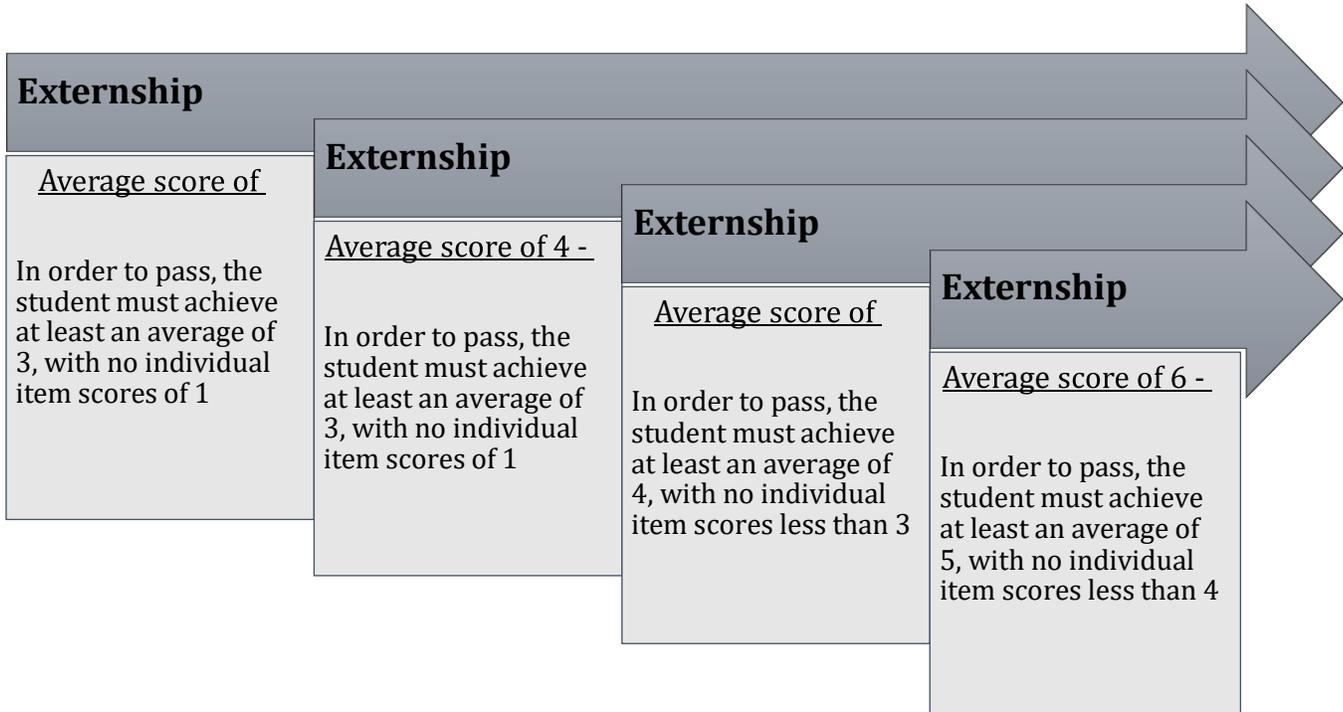
Evaluation rating scale: What do the numbers stand for?

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://clinical.ed.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.*





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 strategies 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

(available online on the UBC SASS Clinical Education Community of Practice website)

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

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

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
(available online on the UBC SASS Clinical Education Community of Practice website)

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 Name: _____

Clinical Educator Signature: _____

Clinical Educator Signature: _____

Student Clinician's Signature: _____

Date of Evaluation: _____

The Challenging Learning Situation - What to do and when:

Some signs that students may be struggling:			
1. Student is defensive to feedback <input type="checkbox"/> 2. Student is not effectively time managing <input type="checkbox"/> 3. Student appears tired/low energy <input type="checkbox"/>	4. Student appears anxious/worried <input type="checkbox"/> 5. Student is having difficulty applying feedback <input type="checkbox"/> 6. Student lacks insight and awareness <input type="checkbox"/>		
When to be concerned?			
When/if the problems interfere with performance			
Types of Problems Encountered:			
<i>Define the problem where possible:</i>	Knowledge/Skill?	Personal Nature (e.g. illness, stress)?	Interpersonal skills?
<i>Can it be solved by:</i>	1. Clarifying communication styles between you and the student?		
	2. Creation of an Education Plan?		
	3. Adjusted expectations?		
	4. Renegotiated learning objectives?		
	5. Bringing in another party e.g. Clinical Coordinator?		
What if the problem persists, in spite of your guidance and feedback?			
1. Contact one of the clinical coordinators for discussion and support	2. Plan of action with student and clinical coordinator may be redefined	3. Externship may be modified, responsibilities redefined	4. Student may need to withdraw from externship
<i>Please contact the Clinical Coordinator as soon as possible to ensure the best possible outcome for you and your student</i>			
What is the Externship Modification Process?			
<i>Three steps:</i>	1. Remediation When: If student's performance is unsatisfactory, as determined by Clinical Coordinator in consultation with Clinical Educator. Ideally, weaknesses will be identified by mid-term evaluation or sooner. Who: Clinical Coordinator, in consultation with Clinical Educator and Student. 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.		
	2. Probation When: If student does not meet goals for remediation and/or pass practicum at expected level. Who: Probation Committee What: Appropriate next steps will be determined: <ol style="list-style-type: none"> 1. Probationary period 2. Extended program 3. Exiting program 		
	3. Immediate Termination of Clinical Externship Who: Director of Program What: The director will meet with the student to discuss decision and its rationale.		
	<i>For further information, please read our <u>Policy Addressing Unsatisfactory Performance in Clinical Externships</u></i>		

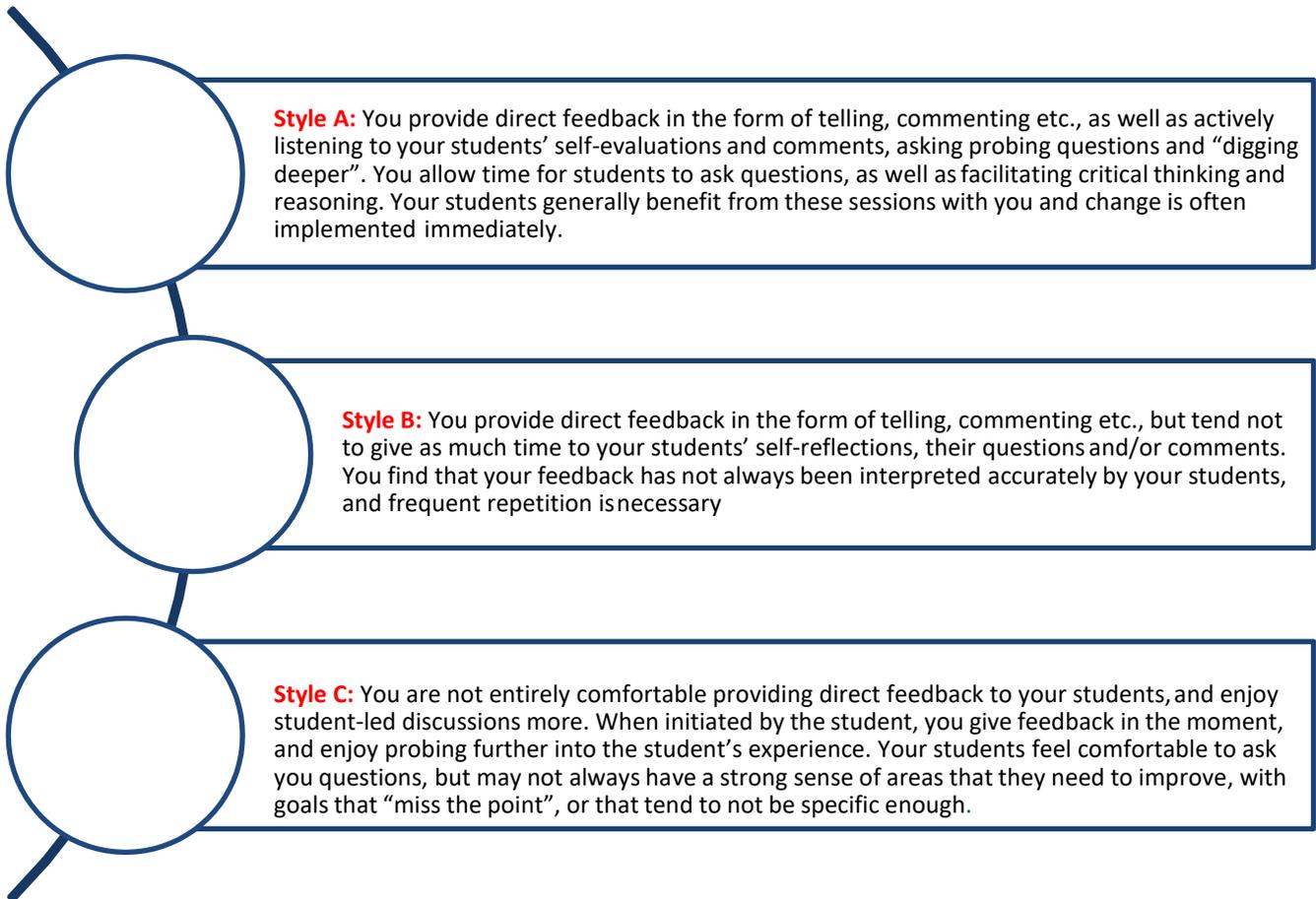
*See Policy for Addressing Unsatisfactory Performance under the "Policies" section of this handbook

Reflective Practice

Clinical Educator Continuing Development

1. Your feedback style:

In order to deliver successful 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 areas for growth.

Overall Evaluation		✓
	I establish clear expectations	
	I am responsive to the students' learning styles	
	I incorporate the students learning agenda and objectives	
	I am readily accessible, given workplace limitations	
	I demonstrate enthusiasm for teaching	
	I demonstrate a caring attitude for clients and families	
	I demonstrate sensitivity to the needs of students	
	I take time for questions and discussion	
	I ask questions that stimulated problem-solving	
	I answer questions clearly	
	I explain my rationale for actions and decisions	
	I acknowledge when I do not know information and suggest alternative sources to obtain information	
	I maintain an atmosphere that encourages differing points of view (i.e. open to ideas, suggestions and constructive feedback)	
	I provide regular, specific, constructive feedback	
	I promote self-assessment and self-responsibility for learning	
	I share my relevant knowledge and experience	
I am an effective role model		
I regularly correspond 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

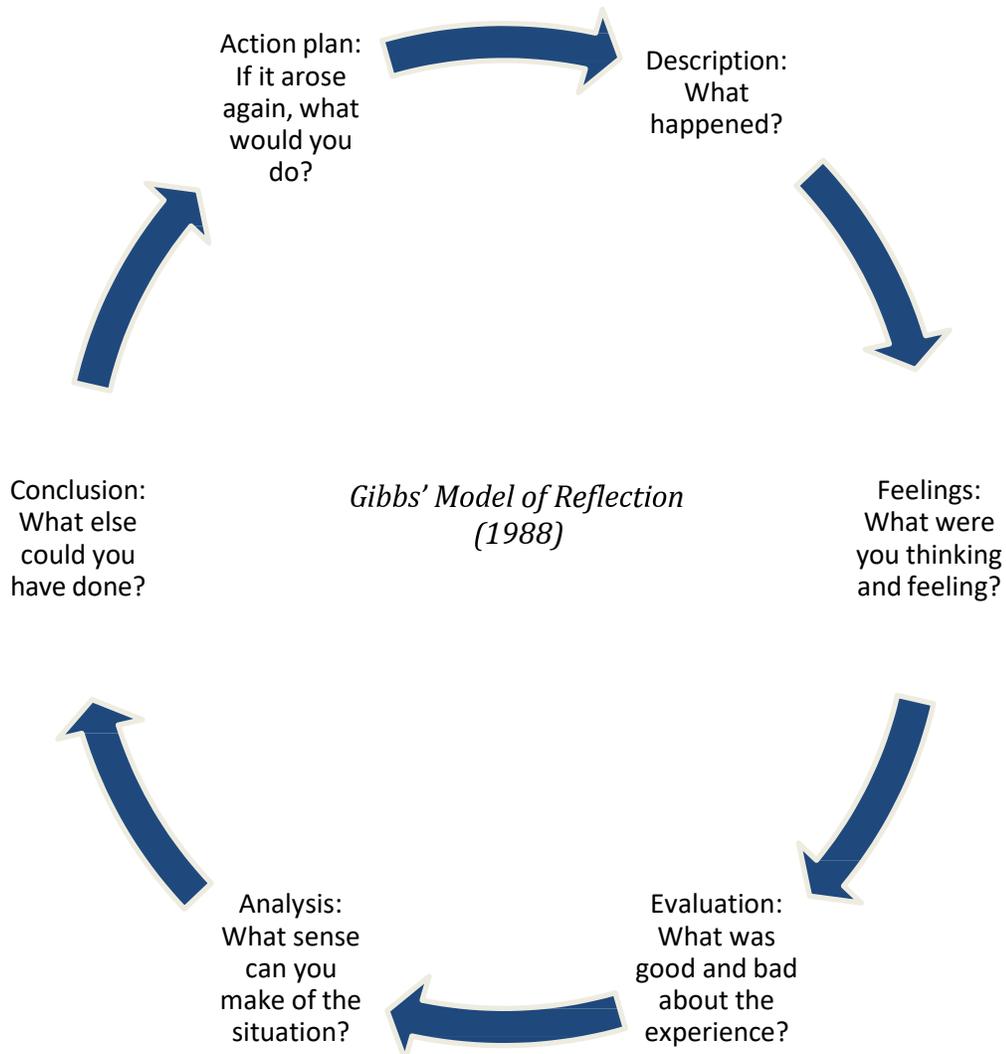
Other than reflecting on their performance in client sessions, students can be encouraged to reflect on the learning opportunities listed below. This list is not definitive and other areas for reflection can be suggested by both the clinical educator, and the student alike.

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.



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

Frequently Asked Questions

1. Who views the ePortfolio?	<i>The ePortfolio can only be viewed by the individual student and the Clinical Coordinators.</i>
2. Why have an ePortfolio?	<i>ePortfolios allow for some standardization of Externship experiences across the various sites. This will benefit students as they move through the Externships.</i>
3. How will the ePortfolio work?	<i>Students are asked to upload the various documents to Canvas, a UBC secure online portal. Students are aware that <u>under no circumstance</u> must identifying information pertaining to clients and their families be submitted to this ePortfolio.</i>
4. When will documents be uploaded?	<i>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.</i>

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**

Year 1 Externships

Externship 1 <i>Spring/ Summer</i>	<p>By the end of this externship you will upload:</p> <ol style="list-style-type: none"> 1. A written reflection of your feelings prior to starting your first externship. <ul style="list-style-type: none"> ➤ This should be written during your first week <u>and</u> uploaded at the end of week 1 2. 1 session plan (assessment OR treatment (with sign-off from CE) Please use <u>SASS templates available on Canvas</u> 3. 1 written interpretation of feedback received from CE (with sign-off from CE) Please use <u>Feedback Interpretation Form</u> <ul style="list-style-type: none"> ➤ Both of these must be uploaded <u>prior to</u> your final week 4. MID-TERM EVALUATION, once completed by CE 5. Written reflection on externship experience to date. <ul style="list-style-type: none"> ➤ Both of these forms must be uploaded at <u>midterm</u> 6. FINAL EVALUATION, once completed by CE 7. SLP Summary Chart of Clinical Activities <ul style="list-style-type: none"> ➤ These forms must be uploaded <u>prior to/on</u> your final day on placement
Externship 2 <i>Summer</i>	<p>By the end of this externship, you will upload:</p> <ol style="list-style-type: none"> 1. 1 written interpretation of feedback received from CE (with sign-off from CE) <ul style="list-style-type: none"> ➤ This must be uploaded <u>prior to</u> your Midterm 2. MID-TERM EVALUATION, once completed by CE 3. Written reflection on externship experience to date <ul style="list-style-type: none"> ➤ Both of these forms must be uploaded at <u>Midterm</u> 4. 1 session plan: assessment OR treatment (with sign-off from CE) Please use <u>SASS templates available on Canvas</u> 5. Written reflection, having completed two externships <ul style="list-style-type: none"> ➤ Both of these must be uploaded <u>prior to</u> your final week 6. FINAL EVALUATION, once completed by CE 7. Summary of Updated Clinical Hours 8. SLP Summary Chart of Clinical Activities <ul style="list-style-type: none"> ➤ These forms must be uploaded <u>prior to/on</u> your final day on placement

Year 2 Externships

<p>Externship 3 Fall</p>	<p>By the end of this externship, you will upload:</p> <ol style="list-style-type: none"> 1. 1 written interpretation of feedback received from CE (with sign-off from CE) <ul style="list-style-type: none"> ➤ These must be uploaded <u>prior to</u> your Midterm 2. MID-TERM EVALUATION, once completed by CE 3. Written reflection on externship experience to date <ul style="list-style-type: none"> ➤ Both of these forms must be uploaded at <u>Midterm</u> 4. 1 session plan: assessment OR treatment (with sign-off from CE) Please use SASS templates available on Canvas <ul style="list-style-type: none"> ➤ This must be uploaded <u>prior to</u> your final week 5. FINAL EVALUATION, once completed by CE 6. Summary of Updated Clinical Hours 7. SLP Summary Chart of Clinical Activities <ul style="list-style-type: none"> ➤ These forms must be uploaded prior to/on your final day on placement
<p>Externship 4 Spring/ Summer</p>	<p>By the end of this externship you will upload:</p> <ol style="list-style-type: none"> 1. A written reflection on your feelings prior to starting your final externship. <ul style="list-style-type: none"> ➤ This should be written during your first week <u>and</u> uploaded at the end of week 1 2. 1 written interpretation of feedback received from CE (with sign-off from CE) <ul style="list-style-type: none"> ➤ These must be uploaded <u>prior to</u> your Midterm 3. MID-TERM EVALUATION, once completed by CE 4. Written reflection on externship experience to date <ul style="list-style-type: none"> ➤ Both of these forms must be uploaded at <u>Midterm</u> 5. 1 session plan: assessment OR treatment (with sign-off from CE) Please use SASS templates available on Canvas <ul style="list-style-type: none"> ➤ This must be uploaded <u>prior to</u> your final week 6. Written exit reflection <ul style="list-style-type: none"> ➤ This must be uploaded <u>prior to</u> your final week 7. FINAL EVALUATION, once completed by CE <ul style="list-style-type: none"> ➤ This form must be uploaded prior to/on your final day on placement

Forms

Electronic copies of this evaluation can be found at <http://clinical.ed.audiospeech.ubc.ca/resources-2/externship-goals-and-forms/slp-externship-package/>.



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



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)

<p>What would you like to change?</p>
<p>How will this change improve the outcome?</p>
<p>What would you not do again?</p>
<p>Why?</p>



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	

Student Signature _____ Clinical Educator Signature _____ Date _____



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 _____



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 Dates:		
Practicum 2 Dates:		
Practicum 3 Dates:		
Practicum 4 Dates:		

Activity	<i>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
Review client chart				
Take a case history				
Other				

Comments:

Non-standardized assessment	<i>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
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>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
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>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
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>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
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>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
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>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
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>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this with minimum support from CE</i>	<i>I can do this independently</i>
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>I have observed this only</i>	<i>I can do this with maximum support from CE</i>	<i>I can do this minimum support from CE</i>	<i>I can do this independently</i>
Apraxia Battery for Adults - 2 nd 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 – 2 nd 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				



Student Feedback to Clinical Educator at Midterm

Clinical Site: _____

Clinical Educator(s): _____

Dates of Externship: _____

Externship	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 process is to:

1. Support an effective learning partnership with a midterm check-in for the **Clinical Educator (CE)** and **Learner**
2. Identify strengths and opportunities for CE learning and development.

Instructions for Form use:

1. Students will introduce this tool to their CE at the beginning of the externship and commit to completing the midterm and final forms if requested by their CE.
2. The forms are intended to be presented at the same time as the students receive their evaluations.
3. Student comments are valuable and strongly encouraged as a means to facilitate discussion.
4. Copies should be kept by the **Student** and the **CE**.

Rate the below criteria as follows:

1 (Did not occur) 2 (Minimal) 3 (Partially) 4 (Mostly) 5 (Fully)

ORIENTATION

I received the necessary information for understanding how to navigate the workspace and clinical site.

I was oriented to staff, and other Interprofessional team members or disciplines

I was oriented to materials, supplies and equipment.

I was able to complete my UBC Faculty of Medicine OHS survey in the first 48 hours.

TEACHING AND FACILITATING My Clinical Educator...

Shared her/his expectations about schedule, workload and professionalism during the first week of the Externship.

Discussed with me my learning objectives, preferred learning style and a system for feedback.

Provided positive reinforcement that supported my confidence and skill development

Provided timely and appropriate constructive feedback that supported my attempts to improve and meet our shared learning objectives.

Protected time for us to discuss my progress and specific client care.

Allowed me to appropriately increase my independence/responsibilities.

Used methods that required me to critically think through problems.

Required me to evaluate my own performance

Created an open, receptive and responsive to my questions and feedback.

Established a safe environment for learning from mistakes

ADDITIONAL COMMENTS



Student Feedback to Clinical Educator at Final

Clinical Site: _____

Clinical Educator(s): _____

Dates of Externship: _____

Externship	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 process is to:

- 3. Support the **Clinical Educator (CE)** and **Learner** in the externship experience
- 4. Identify strengths and opportunities for CE learning and development.

Instructions for Form use:

- 5. Students will introduce this tool to their CE at the beginning of the externship and commit to completing the midterm and final forms if requested by their CE.
- 6. The forms are intended to be presented at the same time as the students receive their evaluations.
- 7. Student comments are valuable and strongly encouraged as a means to facilitate discussion.
- 8. Copies should be kept by the **Student** and the **CE**.
- 9. The School encourages the CE to submit completed final feedback forms when applying for Promotion to fulfil the requirement for proof of CE development and excellence in clinical teaching.

Rate the below criteria as follows:

1 (Did not occur) 2 (Minimal) 3 (Partially) 4 (Mostly) 5 (Fully)

TEACHING AND FACILITATING

My Clinical Educator...

Discussed with me my learning objectives, preferred learning style and a system for feedback.

Provided timely and appropriate constructive feedback that supported my attempts to improve and meet our shared learning objectives.

Protected time for us to discuss my progress and specific client care.

Allowed me to appropriately increase my independence/responsibilities.

Used methods that required me to critically think through problems.

Required me to evaluate my own performance

Created an open, receptive and responsive to my questions and feedback.

Helped me meet my learning objectives

Comments:

LEARNING OPPORTUNITIES

The variety of clients seen provided a useful learning experience.

There were opportunities to perform an initial client interview.

There were opportunities to conduct assessments.

There were opportunities to use standardized and non-standardized tools (SLP)/ specialized tests (AUDI)

There were opportunities to assess and/or make a diagnosis.

There were opportunities to develop client goals.

There were opportunities to deliver treatment and intervention

There were opportunities to evaluate the effectiveness treatment and intervention plans.

There were opportunities to learn about how to plan for discharge.

There were opportunities to work with the client, family members and/or caregivers on identify their needs, collaborate on goal setting and treatment approaches

There were opportunities to collaborate with members of the inter-professional team.

Comments

EVALUATION OF MY CLINICAL SKILLS

At mid-term, learning objectives and goals for the rest of the Externship were discussed and identified.

The Final Evaluation of Clinical Skills provided me with useful formative and evaluative information that will support my future learning.

I feel I made progress towards meeting my learning objectives in this Externship.

Comments

The most positive aspects of this Externship were:

Some suggestions for adding to the learning experience are:

Final Signatures

Student Signature

Clinical Educator Signature

Student Name

Clinical Educator Name

Date

Date



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)		Clinical/Professional Activities	Sub-Total Hours	Total All Age	Min. Req. Hours	
		Client Specific Services	Client Related Services	Client Specific Services	Client Related Services					
LANGUAGE Developmental	C								40	
	A									
LANGUAGE Acquired	C								30	
	A									
DYSPHAGIA	C								10	
	A									
ARTICULATION/ PHONOLOGY	C								20	
	A									
MOTOR SPEECH	C								10	40
	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						50
TOTAL HOURS	A/20			A/20						50
TOTAL CLIENT HOURS	ASSESSMENT HOURS (Min Req.Hr.= 100) :			TREATMENT HOURS (Min.Req.Hr.= 100):			GRAND TOTAL:			350

Signature (Clinical Educator): _____

Policies

School of Audiology and Speech Sciences
Guidelines on Student Absence from Externships

January 2, 2019

Clinical externships are a required element of the M.Sc. program which are developed to facilitate students' clinical skills development.

It is important that students have ample opportunity to develop clinical skills and achieve learning goals within a full externship. Externships are intentionally designed in lengths to support this development.

It is also important that attendance during externships aligns with the workplace standards of attendance. Attendance at a job is not optional.

If a student is absent for more than 10% of the externship, the time must be made up by either:

- Extending the externship by the amount of time missed as determined by the Clinical Coordinator and Clinical Educator together
- Completion of a clinical project agreed upon by Clinical Educator, Clinical Coordinator and the student when it is not possible to extend the externship

If a student misses more than 20% of a scheduled externship, the externship may be discontinued at the discretion of the School.

1. Absence from an externship: Health or personal reasons

For all requests for an planned absence that falls on a clinic day, the student **must** forward his/her request to the **Clinical Coordinator not the Clinical Educator**. The student is not to approach the Clinical Educator directly with their request.

- For requests for planned absence from externship due to **medical reasons or appointments**, the request must be made to your Clinical Coordinator in advance whenever possible. You may be required to provide a medical note/evidence of a medical appointment.
- For absence due to unexpected illness, the student must **directly contact their CE and CC** as soon as possible, and communicate the expected duration of absence and day of return, so that the CE can plan accordingly. The student should also verify that the CE has received this communication to ensure receipt of the message.
- For requests for absence that are **not due to medical reasons or appointments**, the request will be reviewed and subject to nonapproval with the reinforced expectation of attendance in externship. Examples of denied requests for absence include those for social events or holiday travel. The Clinical Coordinator is again the point of contact on these requests, not the Clinical Educator.

If a students proceeds with an unapproved absence, the grade in Requirements for Professional Practice for that externship will be lowered by the School to an I (Inconsistent) and with repeated occurrence, a U (Unsatisfactory), lowering the externship mark by one increment for Inconsistent and

two for Unsatisfactory (e.g., A+ dropped to A, or A+ dropped to A-, respectively).

2. Absences from Externship for Educational Reasons

Professional education opportunities such as workshops or conferences are part of a healthy culture of ongoing professional development. However, while in the program, the priority for students is first and foremost the fulfilling their academic and externship commitments. Attendance, participation or volunteering at said events require approval of the School.

Students requests for absence from externships to attend, participate or volunteer at professional education when not offered as part of the externship **must make this request with advance notice to their Clinical Coordinator prior to further discussion with their Clinical Educator.** When these requests involve absence from an academic class, the student should consult the SASS Policy on Attendance and Missed Classes.



Policy Addressing Unsatisfactory Performance in Clinical Externships

Preamble: The School of Audiology and Speech Sciences is committed to supporting students during clinical externships and to ensuring that graduates meet or exceed minimum standards of clinical competence. To this end:

1. If unsatisfactory performance (as determined by the Clinical Coordinator with reference to externship expectations, see Evaluation sections of Clinical Educator and Student Externship Handbooks) and in consultation with the Clinical Educator(s) is identified during an externship a student will move to *remediation (Section I)* during the externship.
2. If a student declines remediation, the student will move to *probation. (Section II)*
3. If a student receives a final grade **equivalent to a P** on a major externship, and since only one P is allowed on a major externship, the student will move to *remediation (Section I)* on the subsequent externship.
4. If a student receives an F on an externship, the Probation Committee will determine appropriate action. *(Section II)*
5. If a student demonstrates *unsuitability for the externship*, the externship may be immediately terminated. *(Section III)*
6. Since each externship is a prerequisite to the subsequent externship, remediation and/or probation could affect the timing of a student's next externship and almost certainly lengthen the duration of his/her program of study.
7. Students are allowed a maximum of one Remediation and one Probation in their program at the SASS, and if they exceed this limit, they will be recommended for dismissal from the program.

I. Remediation

A. Definition

Remediation is a defined period of structured practical clinical training with defined learning objectives targeted to address an area or areas of weaknesses identified by the Clinical Educator(s) and Clinical Coordinator. The length and location of the remediation rotation or assignment will be set by the Clinical Coordinator and will be contingent on both operational factors and targeted learning outcomes.

B. Procedures

1. If unsatisfactory performance (as determined by the Clinical Coordinator with reference to externship expectations and in consultation with the Clinical Educator(s)) is identified during an externship, it is the **responsibility of a Clinical Coordinator** to develop a remediation plan in collaboration with the Clinical Educator(s). The plan will be reviewed with the student and will identify areas of weakness, goals to address these weaknesses, a timeline to achieve the goals set out in the plan, and frequency and format

of evaluation. The student, Clinical Educator(s) and Clinical Coordinator will sign the plan, indicating their agreement on the goals and methods for remediation. The student will be given a copy of the plan to retain for his/her records and reference. A copy of this communication will be kept in the student's file.

2. After having received notice of weakness(es), and agreed to a plan for remediation, the student will take part in remedial training. The student is expected to meet the goals as identified in the plan, to address the identified area or areas of weakness.

3. At the end of the specified remediation period, the Clinical Coordinator and the Clinical Educator(s), in consultation with the student, will determine whether the goals have been met and the Clinical Coordinator will either:

a. notify the student that the goals of the remediation plan have been met within the specified period of time and the student will continue to complete the externship and will go on to the subsequent externship. A copy of this communication will be kept in the student's file.

or

b. if the goals of the remediation plan have not been met, request that the Director strike a Probation Committee for action. The Director will notify the student in writing that he or she has failed to meet the goals of the remediation plan, specifying the particulars and indicating next steps. The student will be asked to acknowledge that he/she has received this notice of failed remediation. A copy of the Director's letter and the student's notice of receipt of the letter will be kept in the student's file.

II. Probation

A. Definition

The probationary period is a defined period of time, following a failed remediation period or failed externship, structured to address identified areas of weakness. Goals for probation will be established to address the specific areas of weakness that the student must address within the defined probationary period. The Probation Committee will determine the length of the probationary period, appropriate to the learning goals of the students and the expectation of the program.

The Probation Committee must include the Director, a Clinical Coordinator (**Chair**), the Graduate Advisor, and one other faculty member. The Clinical Coordinator as Chair is responsible for organizing the meetings and facilitating meetings. The role of the Probation Committee is to determine appropriate next steps to support the learning and success of the student in meeting the goals for program completion.

B. Procedure

1. The Probation Committee will meet with the student to review the reasons the student has been brought before the Committee, and allow the student an opportunity to present his/her views regarding learning goals and possible next

steps. The student may choose to bring a fellow student, colleague or friend to accompany him/her to this meeting. Following this meeting, the Committee will determine appropriate next steps, which may include, but are not limited to, placing the student on probation, recommending an extended program for the student, or counseling the student to withdraw from the program. The Director will communicate the Committee's decision, and the student will receive a copy of this decision in writing. A copy of this communication will be kept in the student's file.

2. If the decision is to place the student on probation, the Probation Committee will develop terms of the probation and communicate these terms to the student in person and in writing. A copy of this communication will be kept in the student's file.

3. During the probation period, the Clinical Educator(s) and the Clinical Coordinator will evaluate the student's performance according to the plan set out in the terms of probation. A member or members of the School's academic faculty may also participate in evaluating student performance. The student will have the opportunity to read and discuss each evaluation with the evaluator(s) before it is signed by the student, the evaluator(s) and the Clinical Coordinator.

4. At the end of the probationary period the Probation Committee will meet again to discuss the student's progress. The Probation Committee will then decide whether to allow the student to continue to the next clinical externship, and the M.Sc. program, or whether the student will be recommended for dismissal from the program.

5. If the Probation Committee recommends dismissal from the program, their recommendation will be taken to the School's Faculty and Director for a final decision. The Director will communicate the School Faculty's decision to the student in writing. A copy of this communication will be kept in the student's file. A decision to dismiss the student must include the specific weaknesses that have not been successfully addressed by the student within the period of probation.

III. Immediate Termination of a Clinical Externship

1. Although the School makes every effort to accommodate students with particular learning needs, as required by the university's policy on Academic Accommodation for Students with Disabilities, there may be instances in which a student may be deemed by the Faculty to be unsuitable for the externship for reasons that cannot be accommodated. Such reasons may include, but are not limited to, the following:

- A. the presence of a personality and/or physical limitation that limits the student's ability to perform satisfactorily in a clinical setting and/or endangers client safety

B. conduct unbecoming a member of the profession, as defined in the SAC and College of Speech and Hearing Health Professionals Canon of Ethics.

2. If such a problem is identified by the Clinical Coordinator and Clinical Educator(s) during an externship, the externship may be immediately terminated. The Director will be notified and a Probation Committee will be struck. The Probation Committee will determine the next steps to take (See Section II).

3. If the Probation Committee recommends dismissal from the program because of unsuitability for clinical externships, their recommendation will be taken to the School's Faculty and Director for a final decision. The Director will meet with the student to communicate the School Faculty's decision and rationale and the student will receive a copy of this decision in writing. A copy of this communication will be kept in the student's file.

IV. Appeal of Dismissal

Please refer to Senate Appeals on Academic Standing in the UBC Calendar.

Insurance: Coverage for students on Externships

<p style="text-align: center;">1. UBC Liability Insurance</p> <p>UBC provides <i>General Liability</i> and <i>Professional Liability</i> insurance that is in effect for students when they are at externship sites, assigned to a placement for UBC. This coverage applies across Canada (and worldwide). UBC’s policy can be viewed at: http://rms.ubc.ca/insurance/insurance-programs/insurance-student-automatic/</p> <p>Sometimes, an organization will request proof of insurance for a student or faculty member from UBC. In that case, contact the Insurance team in Risk Management Services. They will be able to produce a certificate of insurance.</p> <p>Volunteering UBC’s policy covers liability for volunteering if it is part of the clinical placement and is under the supervision of the Clinical Educator.</p> <p>The policy also covers volunteer activities that are sanctioned by SASS where students are under direction of the faculty member who is acting on behalf of UBC. The activity does not need to take place at UBC and coverage is automatic.</p> <p>The policy does not cover other volunteer work or volunteer work that is paid. Accident or injury coverage is not provided for volunteer activities. A student may wish to purchase their own liability insurance for any such volunteer activities.</p> <p>More information can be viewed at: http://rms.ubc.ca/insurance/insurance-programs/volunteer-insurance/</p>	<p style="text-align: center;">2. WorksafeBC Coverage while on a Placement in BC</p> <p>Students are covered by WorksafeBC while on a clinical placement within BC. You can review the coverage at: http://rms.ubc.ca/health-safety/student-safety/practicumclinical-placement-student-safety/</p> <p><i>NOTE: Students are not covered by WorksafeBC when on placements outside of BC.</i></p> <p>If an accident or incident occurs while on a student placement, the student must report it within 24 hours to SASS, UBC and WorksafeBC. Contact your Clinical Coordinator at UBC and complete the reporting form for WorksafeBC. On the form, for students “UBC” is considered the employer (not the clinical site).</p> <ol style="list-style-type: none"> 1. If you, as a student in a placement have seen a doctor or missed time from work as a result of a work-related injury/illness, the student must start a WCB claim by calling the WorkSafeBC Teleclaim Contact Centre at 1.888.WORKERS (1.888.967.5377). 2. Students must complete an incident form within 24 hours: <ol style="list-style-type: none"> a. Go to https://www.cairs.ubc.ca/ b. Indicate you are Practicum/Clinical Placement Student when completing the form 3. The Clinical Educator/supervisor completes a form as well: <ol style="list-style-type: none"> a. Go to https://www.cairs.ubc.ca/ Indicate you are the Supervisor filling in a form for a Practicum/Clinical Placement Student 	<p style="text-align: center;">3. Student Accident Insurance</p> <p>Your school fees include an additional Student Accident Insurance policy. This plan applies during involvement in a placement/course across Canada. Like a life insurance policy, this coverage is for accidental death and dismemberment. BC Medical or medical from another province must be in place and this plan covers some extras above MSP. This coverage is not a 24 hour/day plan and does not include travel on chartered flights.</p> <p>If an accident occurs while on placement outside of BC, please contact your Clinical Coordinator at UBC, who will contact our SASS administrator. Ask your Clinical Educator about the site processes for reporting.</p> <p>The general policy can be viewed at: http://riskmanagement.sites.olt.ubc.ca/files/2016/02/UBC-Student-Accident-Insurance-Policy_Updated-Feb-4-2016.pdf</p> <p>The coverage information is available at: http://rms.ubc.ca/insurance/insurance-programs/student-insurance-optional/</p> <p><i>Note: If your personal timing in the program is longer than two years or on a different schedule than most students, remind your Clinical Coordinator to have the plan extended. This is at the student’s expense of an additional \$7/year.</i></p>
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