

UBC School of
Audiology and
Speech Sciences

Minor Externship in Speech Language Pathology

**Information for
Clinical Educators
and
Students**



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TABLE OF CONTENTS

SECTION 1 – THE MINOR EXTERNSHIP

General Goals	1
Role of Clinical Coordinators	1
Suggested Content Areas	1
Strategies for Including Students	2
Ideas for Student Involvement	2

SECTION 2 – EVALUATION AND CLINICAL HOURS

Evaluation of Student Performance.....	4
Student Assignment.....	4
SAC Expectations for Clinical Hours	4
Guidelines for Recording Clinical Hours.....	4
Definition of Hours Categories.....	5

SECTION 3 - FORMS

Hours Form (for students to complete, Clinical Educator to sign)	7
Minor Evaluation (Clinical Educator complete and return)	8
Student Assignment (students complete and return to UBC)	9

SECTION 1 – THE MINOR EXTERNSHIP

This practicum in **Speech-Language Pathology** will be completed by students who have chosen Audiology as their major area of study. This practicum will be an extension of the core course AUDI 522: Communication Disorders: Assessment and Intervention

GENERAL GOALS

- The externship will provide exposure to the minor area in actual clinical practice
- The student will gain an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills

ROLE OF CLINICAL COORDINATORS

The Clinical Coordinators are available for consultation to both students and Clinical Educators during the minor. You will be contacted by telephone, or you may wish to phone the School to speak to one of the Clinical Coordinators. We welcome your questions:

Marcia Choi, SLP	(604) 822-4533	marciac@audiospeech.ubc.ca
Sandy Taylor, SLP	(604) 827-4485	taylor@audiospeech.ubc.ca
Cheryl McGee, SLP	(604) 822-3318	Cheryl.McGee@audiospeech.ubc.ca
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SUGGESTED CONTENT AREAS

Because the externship is brief, listed below are suggested areas of learning which were based on surveys of Clinical Educators and Students following a minor externship:

Referral to a Speech-Language Pathologist

- Symptoms that indicate when to make a referral
- The process from referral to discharge

Client communication

- Adjusting language level to match client's needs
- Understanding confidentiality issues (including talking about clients outside the clinic/office, obtaining consent for use of audio or videotapes)
- Educating and counselling clients (opportunities might include taking a case history, explaining diagnostic results, explaining therapy or management plans, counselling clients or families, etc.)

Management of communication disorders

- Understanding how communication behaviour changes both during the session and over time
- Understanding the rationale for management decisions
- Techniques and strategies for behaviour management during sessions discussing a variety of techniques and strategies for managing a client with behavioural issues.
- Discussing counselling strategies for emotional and/or grieving clients.

Models of Service Delivery

- Observing or discussing a variety of service delivery models

STRATEGIES FOR INCLUDING STUDENTS

In the minor externship, we want to maximize learning for students who have a relatively short time to develop their clinical skills. They also need to obtain the 20 hours required by SAC. To help meet this challenge, we have compiled some suggestions for student participation.

Active Involvement: Students will benefit from interacting with the client and participating in each session in any way that is possible. Active involvement also includes client discussion with the Clinical Educator.

Shared Responsibility: Students are encouraged to share responsibility with the Clinical Educator. It is recognized that shared responsibility is a valuable clinical experience. Students may be included as team members and may assist Clinical Educators working with clients.

The students may perform some part of the assessment or treatment session under direction of the Clinical Educator. During the rest of the session, they may assist or make guided observations in order to understand how their part contributed to the session.

IDEAS FOR STUDENT INVOLVEMENT

Guided Observations

- When playing with a child, the student could observe the child's communication (e.g. make general observations about receptive, expression or pronunciation skills.)
- The Clinical Educator could suggest a list of behaviours that the student could record (e.g. client's responses to reinforcement, client's initiations during conversation, responses to history questions, etc.).

Case History

- Have the students ask a parent "I know you have seen Clinician for some time, but I'm wondering if you can explain for me why your child is seeing..." This gives you a chance to listen to what information your client has retained and learned so far from the assessment and treatment process.
- Students could note information that relates to the assessment preparation (e.g. language level used, language level understood, responses to questions, parent-child interactions)

Assessments

- Students could record or assist with test procedures (e.g. administering standardized assessments, completing observation forms)
- Students could record data on a particular behaviour that would add to the Clinical Educator's information (e.g. correct/incorrect production of a specific speech sound identification of responses as imitated or solo, patterns of conversational breakdowns).
- Student could record an on-line language sample during the session.

Clinical Reasoning

- Students could look for specific examples in the areas of: comprehension, expressive language, and pronunciation. Follow up with the student and discuss what they observed and provide feedback about any additional examples you observed as a clinician. Discuss alternatives of how they might complete a more detailed assessment. If this was the first time the client came in, do they need to come back? What areas do you need to know more about? As soon as the student is looking for something specific, this counts as assessment hours.

Ask your student to look for specific examples of symptoms that relate to what the client has been diagnosed with. For example, provide examples of behaviours or symptoms that might indicate Autism or ADHD. (i.e.-discuss a specific disorder type & its characteristics).

Treatment Sessions

- Students could participate in an activity that you have planned for the client and take turns with you throughout the activity.
- Students could record client information (e.g. type of reinforcement used, when/why tasks were modified, client's behaviour)
- Students could participate in free play with children or conversational tasks with adults. Suggest what techniques the student might try applying based on observations the student has already made, either of you or the client or both.

When Clients are Not Being Seen

- Client-related discussion may take place during this time.
- Case files may be reviewed with the Clinical Educator. Such file review could allow for discussion of the clinical process and decision-making that occurred prior to the student's arrival. It could be used to predict what will happen after the student leaves
- Case files can allow the student to review a type of case that might otherwise be unavailable at the present time.
- Students could simulate clinical procedures by reviewing video or audio recordings.
- Students could assist other speech-language pathologists in the clinic.

SECTION 2 - EVALUATION AND CLINICAL HOURS

EVALUATION FOR STUDENT PERFORMANCE

Students will be graded as “satisfactory/unsatisfactory” and will obtain a “pass/fail” on the practicum, rather than a percentage score. The grade is based on:

- Your completion of the Minor Evaluation (included in the forms section).
- The student’s completion of an assignment (which they submit to UBC)

STUDENT ASSIGNMENT

A copy of the student assignment is included for your information only. The student is responsible for completing the assignment and returning it to the School within 2 weeks of finishing the placement.

SAC EXPECTATIONS -

Clinical externships include both supervised clinical practice hours and a wide range of related clinical experiences. Each student completes a minimum of 350 hours of supervised clinical practice. It is expected that 20 hours of the total requirement will be obtained in the minor area of study. While some direct clinical hours in the minor area are achieved in the SASS curriculum, externships in the minor area continue to provide valuable exposure and learning outcomes for students.

GUIDELINES FOR RECORDING CLINICAL HOURS

Students will keep track of their clinical hours during the placement. The student will ask you to sign the form and the student will return the original to the UBC (a copy of the hours form is attached).

- If students participate in part of the session, and are present to observe and record information for the rest of the session, they can count the entire session as clinical hours.
- Client-related discussion between student and clinical educator can count as clinical time.
- It is important that students capture all the time spent. Small amounts of time can be combined at the end of each day and rounded up to the nearest quarter-hour.

DEFINITIONS OF HOURS CATEGORIES

In the following, the "client" is identified as the individual presenting with a speech, language, and/or hearing disorder; "family member" is defined as any family member or care giver (e.g. parent, grandparent, child, sibling, spouse, legal guardian, foster parent, attendant, etc.).

<p>Client Specific</p>	<p>Refers to clinical activities for which the client or family member is present and the focus of the clinical activity.</p> <p>For example:</p> <ul style="list-style-type: none"> a. Screening, Identification, Assessment (<i>screening should not comprise the majority of hours obtained in this section</i>) b. Intervention, Therapy, Management c. Interviewing, Counseling
<p>Client Related</p>	<p>Refers to clinical activities related to a specific client, for which the client or family is not present. Such service involves face-to-face contact with those involved in a client's care. Case conference, rounds, team meetings, and consultation or exchange of information related to a specific client in a one-to-one or group situation.</p> <p>For example:</p> <ul style="list-style-type: none"> a. Case Conference, Rounds, Team Meetings b. Consultation with other professionals, support personnel c. Case Discussion (between supervisor and student, related to specific client)
<p>Clinical Professional</p>	<p>Participation in activities that are clinically relevant and meaningful learning experiences, and may or may not be related to communication disorders and/or other professional issues. These activities are not directed toward specific clients. <i>Preparation</i> for these activities is not counted. Hours include time spent in form of the group only, and do not include hours involved in preparation. "</p> <p>For example:</p> <ul style="list-style-type: none"> a. Simulated Clinical Activities b. Promotion c. Giving Presentations (e.g. Workshops, In-Service) d. Interprofessional Activities (time spent with allied professionals to enhance scope of practice and understanding of collegial relationships) e. Program Development (see "f" below) f. Planning/Analysis (Program Development" and "Planning and Analysis" activities refer to complex activities and do not include general therapy preparation, materials development, or follow up) g. Other – e.g. special project approved by the Clinical Educator & the Clinical Coordinator.

Activities that are not counted	<p>It is recognized that there are ancillary activities that comprise an indirect component of clinical services; however, these are not counted as clinical hours. It is recognized that for each countable hour there are three hours of ancillary clinical activities that related to the countable hour.</p> <p>For example:</p> <ul style="list-style-type: none">a. report writingb. record keepingc. materials developmentd. planning for sessionse. discussion of student’s clinical skill developmentf. attending workshop or conferences
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SUMMARY OF CLINICAL PRACTICE HOURS - AUDIOLOGY
School of Audiology and Speech Sciences, University of British Columbia



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				
BASIC AUDIOMETRIC MEASUREMENTS	C								50
	A								
ELECTROPHYSIOLOGICAL MEASUREMENTS	C								10
	A								
OTHER SPECIAL DIAGNOSTIC MEASUREMENTS	C								
	A								
AMPLIFICATION	C								65
	A								
AURAL REHABILITATION EDUCATION AUDIOLOGY	C								25
	A								
OTHER – approval needed Clinical Education Coordinator	C								
	A								
SPEECH LANGUAGE PATHOLOGY - MINOR	C								20
	A								

	Ax Min. Req.	Tx Min. Req.	Max. 50 Hrs							
TOTAL HOURS	C/20			C/20			C			50
TOTAL HOURS	A/20			A/20			A			50

TOTAL CLIENT HOURS	ASSESSMENT HOURS (Min Req.Hr.= 100) :	TREATMENT HOURS (Min.Req.Hr.= 100):	GRAND TOTAL:	350
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Signature (Clinical Educator) _____

Date _____



SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES
Faculty of Medicine
University of British Columbia

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Vancouver, B.C. V6T 1Z3
Tel: (604) 827-4500
Fax: (604) 822-6569

**EVALUATION OF PERFORMANCE
MINOR EXTERNSHIP in SPEECH LANGUAGE PATHOLOGY AUDI 559**

The Minor Externship provides students an opportunity to gain clinical experience in the minor area to gain an overall understanding and appreciation of the minor area as opposed to developing independence in the specific skills. ¹ In fulfilling this requirement for the College of Speech and Hearing Health Professionals of BC and for Speech and Audiology Canada, this include exposure to audiology assessment, intervention, and/or prevention² and includes clinical skills listed below.

Student: _____

Clinical Educator (s): _____

Agency/Clinic: _____

Externship Dates: _____

Please complete this form and review it with the student clinician.

Fax or mail the completed form to Clinical Assistant within one week of the completed externship. Fax (604)-822-6569

Grading guidelines

"E": "Excellent" - particular strength for this student

"S": "Satisfactory" - Overall the student's performance is acceptable. Represents a range that spans from a need for consistent observation and feedback to only occasional observation. With greater focus and feedback, would develop appropriately in time.

"U": "Unsatisfactory" - this student's performance is not acceptable. No evidence that this is present in any context.

If a "U" is obtained in Professional skills, the student will not pass the Minor. In the Clinical Skills section, one "U" is allowable but will be followed up at the School.

Professional Skills:			
Respects confidentiality in all professional activities.	U	S	E
Projects professional manner in appearance, preparation, punctuality, and communication with other staff/clients.	U	S	E
Demonstrates interest in the clinical placement. Listens, asks questions, participates and contributes to discussion with Clinical Educator.	U	S	E
Knows professional limits and stays within boundaries of experience.	U	S	E
Clinical Skills:			
Demonstrates understanding of the role of the speech-language pathologist and the indicators for referral.	U	S	E
Demonstrates basic understanding of assessment and/or intervention.	U	S	E
Offers relevant observations about clients' communication challenges.	U	S	E
Communicates and interacts appropriately with client.	U	S	E

Comments:

Clinical Educator Signature

Student Signature

¹ Description Of Clinical Hours Requirements, Audiology and Speech Language Pathology documents, Speech and Audiology Canada
 Available at <https://www.sac-oac.ca/sac-clinical-certification>

²Summary of Clinical Hours, A-14 and 1-16 forms, Speech and Hearing Health Professionals of B.C.

Available at <https://www.cshbc.ca/applicants/canadian-educated-applicants/>



**STUDENT ASSIGNMENT
MINOR EXTERNSHIP IN SPEECH-LANGUAGE PATHOLOGY**

RETURN TO: **SLP CLINICAL COORDINATOR, UBC**
School of Audiology and Speech Sciences
University of British Columbia
2177 Wesbrook Mall
Vancouver, BC V6T 1Z3
Fax: (604) 822-6569

DUE DATE: **TWO WEEKS FOLLOWING COMPLETION OF EXTERNSHIP**
LENGTH: **Maximum length of response - 1 or 2 single pages**

QUESTIONS:

1. Give a brief overview of the process of service delivery from referral to discharge. Be specific to the agency in which you are training.
2. Consider one case/client/patient with whom you have worked during your externship and respond to the following questions:
 - a. Describe the communication disorder and its effect on the patient, on the family, and on others in the environment.
 - b. Identify client/family goals and how these were addressed. What role did the speech-language pathologist play in addressing the problem(s)?

NOTE: Be sure to remove ALL identifying client information in order to respect the confidentiality of his/her appointment(s).