

**UBC School of
Audiology and
Speech Sciences**

Student Externship Handbook

**Information for
Major Externships in
Audiology and
Speech-Language
Pathology**



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SECTION 1: OVERVIEW OF CLINICAL EXTERNSHIPS

PROGRAM OVERVIEW

- Student Participation in Externship Planning
- Externship Schedule and Goals
 - Audiology
 - Speech-Language Pathology
- Roles of the Clinical Educator and Clinical Coordinators
- Week-by-Week Externship Overview
 - Audiology
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YOUR CLINICAL EXTERNSHIPS

- Clinical Externship Site Requirements
- Site-Specific Orientation
- Insurance
- Preparing for Your Externship
 - Introduction Email
 - Professional Standards on Externships
 - Goals for First Externship with Children: Speech-Language Pathology
 - Goals for First Externship with Adults: Speech-Language Pathology
- Throughout Externships
 - Clinical Educator and Student Absences
 - Collaborative Practice with your Clinical Educator
 - Forms
 - Evaluation
 - ePortfolio (Speech-Language Pathology only)



PROGRAM OVERVIEW

Student Participation in Externship Planning

There are four major Externships that will be completed over the course of two years. With the Clinical Coordinators, you will have an opportunity to be a part of the Externship planning process at various points in time:

- You will be asked specific questions about possible preferences you may have about an Externship (e.g., sites and/or populations you may have an interest in, access to a vehicle, out-of-town accommodations, etc).
- Student preferences are taken into consideration, but due to the limited placement sites that are available, along with the detailed process and unpredictability of Externship planning, **placement preferences cannot be guaranteed.**
- You will connect with your assigned Clinical Coordinator many times during an Externship to discuss how the placement is going. Contact the Clinical Coordinator **at any point during the Externship if there are any concerns.** You may also connect with your Clinical Coordinator after a placement to debrief (via email or a one-to-one meeting, if required).

Externship Schedule and Goals: Audiology

Externship 1: May — June, 7 weeks

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

- basic assessment procedures specific to the setting
- planning treatment for typical clients
- understanding of the role of the audiologist
- self-evaluation of interactions with clients, families and other professionals
- observing and describing clients' communication behaviour and needs
- observing and differentiating techniques used by the Clinical Educator
- developing an awareness of the client as a whole person

Externship 2: July — August, 7 weeks

Externship 3: January – February, 6 weeks

Externship 4: March – April, 7 weeks

Externships 2 through 4 allow you to continue to build on your clinical skills and apply your classroom knowledge to the clinical setting. You 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 your individual strengths and past experiences. At the end of the 3rd and 4th externship, you should be able to handle the typical clinical caseload at a site with coaching required from the clinical educator only for more specialized clinical cases.

At Graduation

In addition to having acquired entry-level competence as an Audiologist or SLP, 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

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: March – May (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

Roles of the Clinical Educator and Clinical Coordinators

The Clinical Educator

- Is a clinician in the community who has a Master's degree and/or is certified by Speech-Language and Audiology Canada (SAC). They are also registered with their provincial regulatory body. A Clinical Educator will have at least one year of clinical experience (preferably two).
- Is interested in the clinical education process
- Is able to provide an appropriate level of supervision while maintaining quality service to clients
- Provides opportunities for the student to implement theoretically-based curriculum approaches to clinical diagnosis and management
- Educates you regarding clinical and non-clinical matters pertinent to the setting
- Engages in joint problem-solving with you regarding client management
- Provides feedback to you regarding clinical sessions and professional issues

The Clinical Coordinators

- Are Faculty members at UBC who are responsible for managing the clinical externship program
- Maintains contact with Clinical Educators at externship/observation sites
- Provides the Clinical Educator with training about the clinical teaching process and shares information about the UBC program, the curriculum, and the student
- Maintains contact with each student and Clinical Educator during the externships to facilitate the student's clinical experience and progress
- Acts as a resource to the Clinical Educator and student throughout the externship
- Collaboratively develops a Learning Plan when modifications to an externship are required (see [*Policy Addressing Unsatisfactory Performance in Clinical Externships*](#) in [*Section 2: Policies*](#))
- Determines the student's final grade based on:
 - Discussions with the Clinical Educator and student throughout the placement, and
 - Clinical Educator's final evaluation of student

Week-By-Week Externship Overview: Audiology

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.

<i>Timeline</i>	<i>UBC Clinical Coordinator Roles & Responsibilities</i>	<i>Clinical Educator Roles & Responsibilities</i>	<i>Student Roles & Responsibilities</i>
<i>Pre-Externship</i>	Coordinates externship locations Prepares student for clinical experience Provides orientation to new Clinical Educators	Reviews student's introduction email Provides student with readings and/or information regarding the clinical setting Plans orientation for student Informs colleagues of upcoming students	Sends introduction email as soon as notification of the placement site is known Calls the Clinical Educator approximately one week prior to the Externship Prepares for the clinic setting by acquiring information regarding the site, reviewing assessments, reviewing class notes, and any other relevant sources of information Prepares <i>Clinical Skills Summary Form</i> (for Externships 2, 3 and 4)

Timeline	UBC Clinical Coordinator Roles & Responsibilities	Clinical Educator Roles & Responsibilities	Student Roles & Responsibilities
Week 1	Checks in with Clinical Educator and student via email or phone	<p>Orientation: Provides introductions to team members and site orientation including health & safety practices and emergency procedures</p> <p>Determines what experience the student has had prior to the externship so scaffolding support can be implemented</p> <p>Discusses Clinical Skills Summary Form, which is prepared by student prior to externship (for Externships 2, 3 and 4)</p> <p>Sets expectations:</p> <ul style="list-style-type: none"> • Preparation required by student • Administration procedures (referral process, record keeping, confidentiality) • Hours • Dress code • Clientele • Culture of organization • Meetings • Feedback/discussion schedule • Procedure or timing of midterm and final evaluations 	<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 • Personal learning objectives • Preferred learning style • Any learning accommodations or strategies that are helpful • Preferred method of feedback • Any prior clinical experiences <p>Give and discuss 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) • Clinical Skills Summary Form (for Externships 2, 3 and 4) <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>
		By end of week 1, student will be participating in 1.5 to 2 clinical hours* per day. See What Counts as a Clinical Hour?	

<i>Timeline</i>	<i>UBC Clinical Coordinator Roles & Responsibilities</i>	<i>Clinical Educator Roles & Responsibilities</i>	<i>Student Roles & Responsibilities</i>
<i>Week 2 - Midterm</i>	Clinical Coordinator aims to provide ongoing support and mentorship to both CE and student <u>throughout</u> the externship	<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 for updates and provision of feedback Active observations of student Shared participation</p> <p>Increased student participation is expected over the course of these weeks in consultation with the Clinical Educator</p> <p>Collaborative practice between clinician and student continues and support to student can be reduced as they become more independent</p>	Observations continue and student begins to assume more responsibilities
		<p>By end of week 2, student will be participating 2 to 3 clinical hours* per day</p> <p>By end of week 3, student will be participating 3-4 clinical hours* per day</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 identified, Clinical Coordinator will respond accordingly</p>	<p>Midterm Evaluation is completed with the student and faxed to Clinical Coordinator, including Goal Setting for the Remainder of the Externship</p> <p>Refer to Evaluation (Section 1: Your Clinical Externships)</p> <p>Clinical Coordinator to be contacted with any questions or concerns</p> <p>Set goals for remainder of placement</p>	<p>Midterm Evaluation is completed with CE</p> <p>Following evaluation, review and modify learning objectives and learning plan</p> <p>Set goals with help of CE</p> <p>Clinical Coordinator to be contacted with any questions or concerns</p>

Timeline	UBC Clinical Coordinator Roles & Responsibilities	Clinical Educator Roles & Responsibilities	Student Roles & Responsibilities
Midterm – Final Week	Supports are available for any comments or concerns from both the CE and student	<p>Actively observes student - 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>*Increased independent, self-initiated student participation is expected throughout these weeks, but student always discusses findings/recommendations before client leaves.</p> <p>Other learning opportunities might occur, such as observation of other team members or surgery</p> <p>Student may present at in-service or case-conference</p>	<p>Student assumes more responsibility for 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>
		<p>By end of week 4, student will be participating 4-5 clinical hours* per day</p> <p>Weeks 5-8, student will be participating 4-6 clinical hours* per day</p>	
Final Week		<p>Complete Final Evaluation with student based on student performance during last 20% of placement. Fax or mail to Clinical Coordinator</p> <p>See Evaluation (Section 1: Your Clinical Externships)</p>	<p>Completes SAC Summary of Clinical Practice Hours form and asks CE to sign</p>
Post- Externship	Clinical Coordinator will collect feedback from Clinical Educators and students	Provide any feedback to Clinical Coordinator	Provide any feedback to Clinical Coordinator and/or Clinical Educator

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 Externship Overview: Speech-Language Pathology

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

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

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

<i>Week 1</i>	Checks in with Clinical Educator and student via email or phone	Provides site orientation including health & safety practices and emergency procedures Determines what experience the student has had prior to this externship so scaffolding support can be implemented Sets expectations: <ul style="list-style-type: none"> • Hours • Dress code • Clientele • Culture of Organization • Meetings • Feedback Provides Guided Observations	In one of the first conversations with the Clinical Educator, student discusses the following: <ul style="list-style-type: none"> • Goals for the placement • Personal learning objectives • Preferred learning style • Any learning accommodations or strategies that are helpful • Preferred method of feedback • Any prior clinical experiences Give and discuss these forms with the CE: <ul style="list-style-type: none"> • <u>Looking Ahead: Goals for the Next Placement form</u> (for Externships 2, 3 and 4) • <u>Goals for First Placement with Children or Adults</u> (if applicable)
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				<ul style="list-style-type: none"> • Clinical Skills Summary form (for Externships 2, 3 and 4) • List of ePortfolio requirements <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 in consultation with the Clinical Educator. Collaborative practice between clinician and student continues and support to student can be reduced as they become more independent.</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>	Supports are available for any comments or concerns from both the CE and student	<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>*Increased independent self-initiated student participation is expected throughout these weeks</p>	<p>Student assumes more responsibility for clients. Expectation is for greater independence with familiar/regular clients. Further development of clinical reasoning skills (clear and concise rationale)</p> <p>Student-initiated collaboration for any new clients and/or clinical scenarios</p> <p><u>Documentation:</u> Complete assessment report(s) Complete session plans</p>
<i>Final Week</i>		Complete Final Evaluation of Clinical Skills with student, based on student performance during last 20% of placement	<p><u>Documentation:</u> Self-reflective assignment(s) for ePortfolio</p> <p>Completes Summary of Clinical Practice Hours form and obtain necessary signatures</p> <p>Uploads Final Evaluation of Clinical Skills to ePortfolio</p>
<i>Post-externship</i>	<p>Clinical Coordinator will collect feedback from Clinical Educators and students, and shares same.</p> <p>Clinical Coordinator to review student ePortfolio</p> <p>Provides grade for externship, based on Final Evaluation form and student’s completion of ePortfolio requirements</p>	Provide any feedback to Clinical Coordinator	<p>Provide any feedback to Clinical Coordinator and/or Clinical Educator</p> <p>Ensures completion of all externship ePortfolio requirements no later than 1 week post-placement</p>

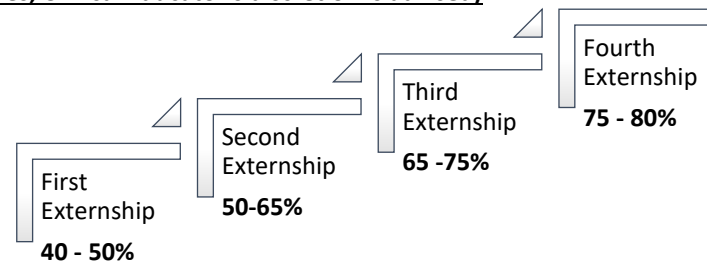
Supervision Guidelines for Clinical Educators

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.



YOUR CLINICAL EXTERNSHIPS

Clinical Externship Site Requirements

In preparation for your placements, several processes were initiated in August before you began the program and in September when you started the program. As a reminder, the following **must be** completed:

1. Criminal Record Check	All students in the program are required to complete a criminal record check for clinical placement and observation sites. This is completed prior to entry into the program and covers the requirements for clinical placement sites. Occasionally, a site may have a specific requirement where they need an updated check or a different type of check. If so, your Clinical Coordinator will let you know. If an additional check is required, it is at the student's expense.
Timeline for Completion:	Prior to arrival. Students bring completed forms and necessary photo identification to SASS orientation in August
2. Immunizations	All students are required to complete an immunization process through Student Health Services. Information is provided in August at orientation. This process must be completed before beginning clinical placements, including Minor Externships, and students who have not done this process will not be permitted into clinical sites. <i>Note: Some sites may have additional immunizations that they require or recommend. You will be notified of this by your clinical coordinator prior to a placement. If additional immunizations are needed, these are at the student's expense.</i>
Timeline for Completion:	Prior to Externship 1
3. Flu Vaccine	When students are on clinical placements and go into health sites, they fall under the same provincial immunization policies as staff. Clinical sites require student to receive a flu vaccine annually. Although the flu season is usually during the winter (December to end of March), the dates of this can be shifted by the Health Authority to any time of year, depending on an outbreak. A site may require proof of this vaccination any time during a clinical placement. Once you receive the immunization (which is needed each year of your clinical program), send a copy of the documentation to the Clinical Assistant and retain a copy to take with you to the clinical sites. Information about the vaccine will be provided to students about Student Health flu clinics. It may also be available through a family doctor or pharmacy. <i>Note: Not completing immunizations will block student's access to placement sites. A site may deny you a placement if you do not follow their policies and procedures.</i>

	<i>These policies are also subject to revision and change at any time in response to an outbreak.</i>
Timeline for Completion:	Prior to Externship 1
4. Mask Fit Testing	<p>Some sites require you to have a mask Fit test completed prior to the placement. This is a process that fits you with a type of mask (for example, an N95 respirator or a similar fitting mask) that may be needed if you are in contact with clients who have suspected or known airborne conditions such as tuberculosis, chicken pox, or measles.</p> <p>In the spring of Year 1 (Term 2), you will be part of a group mask Fit session at the School.</p> <p>Students will not be allowed to work with Ebola or suspect Ebola patients in any Health Authority.</p> <p>Provide a copy of the certificate (which must be renewed annually, only for required sites) to the Clinical Assistant for your file.</p> <p>You will all be mask Fit tested prior to your first externship because it is a requirement of sites that include adults, hospitals, and some Health Authorities across Canada.</p>
Timeline for Completion:	Prior to Externship 1

Site-Specific Orientation

1. Occupational Health & Safety Checklist:	<p>When you begin a placement at a specific site, you need to be aware of the types of policies and procedures that they have for safety. For example, what to do in case of an evacuation.</p> <p>For each externship site that you attend, complete the Occupational Health & Safety checklist within 48 hours of starting the placement, which is a requirement of WorksafeBC. This checklist will be provided to you by your Clinical Coordinators through UBC Canvas</p>
Timeline for Completion:	Within the first 48 hours of EACH of the 4 Externships
2. Health Authority Online Orientation:	<p>Some sites have a specific online orientation process that you complete before the externship. For most Health Authorities in BC, you will complete orientation modules online before your placement. If you complete this type of module and are given a certificate, provide a copy to the Clinical Assistant for your clinical file. Keep a copy for your own records. You complete the full orientation and modules just once, but if you have a subsequent placement at a different site/Health Authority, you have to complete the final checklist again indicating the dates of the new externship, check off the completed modules, and sign an updated confidentiality agreement.</p> <p>Note that some of the orientation modules can take up to several hours to complete.</p>
Timeline for Completion:	Prior to arriving to the Externship
3. UBC Orientation modules:	<p>All UBC faculty, staff and students are required to learn about the WorksafeBC guidelines around prevention of bullying and harassment. As part of Audi 545, you will complete the online course called <i>Preventing and Addressing Workplace Bullying and Harassment</i>. For more information see riskmanagement.ubc.ca/health-safety/bullying-harassment-prevention</p>
Timeline for Completion:	Term 1 (as requirements for Audi 545)

Insurance

<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><u>Volunteering</u> 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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Preparing for Your Externship

Before you arrive for your externships, the Clinical Educator will have received the following information:

1. From the School

Audiology Externship Handbook or Speech-Language Pathology Externship Handbook: Contains some of the same information that is included in the Student Handbook, as well as additional information about your coursework, the UBC program, specific information for Clinical Educator Preparation and Student Clinical Skill Development. In addition to the Student Handbook, please ensure you are familiar with either the Audiology Externship Handbook or the Speech-Language Pathology Externship Handbook, as it is designed as a collaborative tool for you and your Clinical Educator.

Clinical Educator Online Orientation Module: All Clinical Educators (new and experienced) are encouraged to participate in a 60-minute online orientation module, which includes information on the relevant aspects of our program, Externship activities, student activities, and School policies. To access the module:

Link: <http://med-fom-audiology.sites.olt.ubc.ca/slp-orientation/>
Password: **3JED7W3S**

It is **strongly recommended** that students complete this online module, as part of the overall preparation for Externships.

2. From You

Introduction Email: As soon as you receive notification of your Externship placement, you will send an email to your Clinical Educator(s). The purpose of this letter is to tell your Clinical Educator, in your own words, about your background, interests and related experience. It is an opportunity to let them know who you are and what you are looking forward to in the Externship. Remember, this letter is your Clinical Educator's first impression of you and it is important to write it as you would a job application letter (clear, grammatical, no spelling errors, etc).

Phone Call: You will call your Clinical Educator **at least one week before** your Externship begins to confirm date, time, and the clinician you will be meeting on your first day.

On the First Day of the Placement:

Audiology Students: If you have completed a previous placement, please bring the [Clinical Skills Summary Form](#) and [Looking Ahead: Goals for the Next Placement Form](#).

Speech-Language Pathology Students: If you have completed a previous placement, please bring the [Clinical Skills Summary Form](#) and [Looking Ahead: Goals for the Next Placement Form](#). Depending on the placement site and your previous externships, you should also review and bring [Goals for First Externship with Children](#) or [Goals for First Externship with Adults](#).

Introduction Email

Salutation	As most of you will not have met your Clinical Educator, it would be most respectful to address the letter to Mr., Ms., or Dr
Contact Information	Your contact address, phone number, and email address. If you move during the placement (e.g. out-of-town externship), be sure to update this information upon your arrival.
Academic Background	Degrees you hold, in what, where obtained, and when
Previous Clinical Practicum Experiences (if applicable)	<p>Include the following information:</p> <ul style="list-style-type: none"> • The name and location of previous placements • The population you worked with • Main responsibilities
Related Experience <ul style="list-style-type: none"> • Employment • Volunteer experience • Personal (e.g., your own children, nieces/nephews, siblings, grandparents, etc.) 	<p>It is important for your Clinical Educator to know what experiences you have had that may relate to the client population with whom you will be working.</p> <p>Indicate if you have had recent (within the last three years) work experience with any of the following:</p> <ul style="list-style-type: none"> • Preschool children • School-aged children • Senior citizens • Clients with developmental disabilities • Agencies such as hospitals, nursing homes, group homes, schools, or health units <p>If you have not had any experience with a certain clinical population, let your Clinical Educator know this. You could write, “This will be my first experience working in a hospital setting and I am looking forward to learning about...” Any information you can provide helps your Clinical Educator plan for the externship.</p>
Personal Interests	<p>Include some information about your personal interests (e.g., background in music, theater, sports, etc).</p> <p>Any other languages you speak/read/write should also be included.</p>
When You Will Be Calling	Indicate in your email that you will be phoning your Clinical Educator prior to the externship in order to confirm date, time and the clinician you will be meeting on your first day. Make the call <u>at least one week before</u> your externship begins.

NOTE: Save a copy of this letter so that you can easily modify and update it for the next externship setting.

Professional Standards on Externships

Q. How do I introduce myself to clients?

A. It is important that you introduce yourself by your name to the client in order to begin a positive working relationship. Observe the introduction your Clinical Educator gives to the clients. In some settings, you will be considered an “intern” or a “graduate student,” but in other settings the client’s understanding of your title will be vague. Ask your Clinical Educator how you should introduce yourself (i.e., should you use a “title” (Ms. /Mrs. /Miss/Mr.) or just your first name.

Q. What should I wear?

A. Observe the type of clothes the clinicians wear at that agency and select similar types of clothing. Sometimes you may need to sit on the floor and play with children and then go directly to a conference with parents and professionals so....think versatile, simple, washable and affordable. Check to see if there are specific requirements (e.g. closed-toe and closed-heel shoes in hospitals). Avoid using scented perfumes, colognes or other such products as most sites are scent-free.

Q. What about my cell phone?

A. Cell phone use may be restricted in the clinic. Almost certainly you will be expected to keep your phone turned off and/or in your bag. Make yourself familiar with the clinic’s cell phone policy and abide by it. Use a watch to tell the time.

Confidentiality

It is essential that all information pertaining to clients be kept confidential. Respect and concern for clients is important. Names and specific information should remain the property of the agency where you are working. Ask the Clinical Educator about the agency’s procedures for handling files. Many sites do not allow client files to leave the premises and most have procedures for signing out files and/or adding information. Clients may have access to their files so write clearly and objectively. If discussing the client with your Clinical Educator, ensure privacy before beginning the conversation.

Q. What about Social Media?

A. You cannot post any information about a client, placement site or location, or anything related to an Externship on Facebook, Instagram, Snapchat, or any other social media site, including School-related Group pages (e.g., Google docs, Dropbox).

Punctuality

Regular attendance is expected of students in all their classes, including clinical externships. Make sure you show up **on time, everyday** during your placement. Arrange a way to let your Clinical Educator know if you will be running late for unforeseen circumstances (e.g, traffic), such as by calling or texting ahead of time. Punctuality and accountability is also expected with email correspondence. Aim to reply to your Clinical Coordinator, Clinical Educator, and Course Instructors **within 2 days**.

Professional Boundaries

- Professional boundaries can be subjective. Every clinician has a line that is drawn between their professional and personal self. Crossing that line puts you, as the clinician, and your client at risk.
- The first important question to ask when considering professional boundaries is: “Is this within my scope of practice?” You need to be able to answer “yes” to that question. If you are unsure, speak with your Clinical Educator and/or Clinical Coordinator
- The second question to ask is: “Why am I sharing this information?” Our stories should not monopolize the time spent with the client. Instead the information we share should be purposeful. This is called sharing with therapeutic intent. You may share something about yourself in order to

facilitate rapport building. You may share a personal story, as a means of helping your client to share their story with you.

Goals for First Externship with Children: Speech-Language Pathology

Examples of General Learning Objectives

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

Specific Course Objectives

Process of Therapy	The Clinical Educator will orient the student to the service delivery model and clinical management process used in the agency.
Caseload	The student will gradually assume primary responsibility for two to three representative clients (i.e., typical of the caseload) while assisting the Clinical Educator with other clients.
Role of the SLP	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: Speech-Language Pathology

Examples of General Learning Objectives

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

Specific Course Objectives

Client-clinician interaction	The student will learn to interact effectively with adults with communication/swallowing disorders and their families.
Roles	The student will develop an understanding of the speech-language pathologist's role in the setting and as part of an inter-professional health care team.
Service delivery	The student will develop an understanding of the process of assessment and management from referral to discharge, including the ways in which contextual factors (e.g. acute vs. palliative care) influence care approaches.
Assessment	The student will develop skills in basic assessment procedures specific to the setting, for example:
Case history/ interviewing	The student will complete at least one case history with a client and/or family.
Oral mechanism 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 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"> • making 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)

	<ul style="list-style-type: none"> • 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.

Throughout Externships

Clinical Educator Absence

There must be an Audiologist or SLP within the agency who takes responsibility for you during the Clinical Educator's absence.

If there is no Audiologist or SLP who can take responsibility for you, you may not engage in any direct client services. It is recommended that alternate experiences be arranged (e.g., report writing, review of materials, hearing aid testing, ENT clinic observation, observations of other Audiologists/SLPs, observations of other members of the multidisciplinary team, etc). If the Clinical Educator is to be absent for more than two days, please contact one of the Clinical Coordinators, in advance if possible.

Student Absence

If you are ill, **call** your Clinical Educator immediately as he or she will have to make adjustments in the schedule and prepare for the day. You may contact your Clinical Coordinator by email. If you will be away more than one day, keep your Clinical Educator and Coordinator informed by calling every couple of days so that plans can be made for your clients. Try to estimate the length of your absence. If you miss more than 10% of your externship, it may be necessary to extend the externship or complete a clinical project agreed upon by the Clinical Educator, Clinical Coordinator and yourself.

Refer to [Section 2: Policies](#) regarding [Guidelines on Student Absences from Externships](#)

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

You Observe the Clinical Educator...
<p>Purpose:</p> <ul style="list-style-type: none">• To introduce you to the procedures and approaches of the clinic• To develop your ability to observe specific client behaviours/characteristics and use these observations in planning assessment and treatment• To model techniques that you will be using• To begin involvement. For example, you may record the results that your Clinical Educator is obtaining during immittance testing/speech sampling/administration of a standardized test <p>Notes:</p> <ul style="list-style-type: none">• You 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
You Become More Involved...
<p>Purpose:</p> <ul style="list-style-type: none">• To develop basic preparation and clinical skills, or to further develop and refine skills as you gain experience. <p>Notes:</p> <ul style="list-style-type: none">• You will be given clear expectations regarding your role with client and expectations for preparation• Review the client's file and discuss test protocol or management plans with the Clinical Educator• Initially you 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 your Clinical Educator conducts much of the rest of the evaluation. Or, for SLP, you may administer certain subtests of a standardized assessment and then discuss the results/interpretation with your CE afterwards• Solo or shared? Consult with the Clinical Educator.
The Clinical Educator Observes You...
<p>Purpose:</p> <ul style="list-style-type: none">• To provide you with specific information about performance• For planning subsequent client sessions• To meet UBC standards for student supervision <p>Procedures:</p> <ul style="list-style-type: none">• 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 your observation• On-line written comments from the CE can be discussed after the session
Post-Session Discussion and Feedback...

Purpose:

- To develop your clinical skills
- To provide you with specific suggestions and ideas
- To develop your self-evaluation ability

Notes regarding Discussion:

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

Notes regarding Feedback:

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

Types of Feedback can include:

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

Example of a Feedback Conversation between a Clinical Educator and Student

	Clinical Educator Role	Student Role
<p>1. Student initiates discussion</p> <p>This facilitates the development of the student's self-evaluation skills and promotes reflective learning</p>		<p>NOTE: The student should have some time to reflect before the feedback session.</p> <p>Student should begin the discussion by self-evaluating their performance. This can be written and/or verbal.</p> <p>Structured questions can facilitate this process for students and provide a good starting point for ensuing discussion (See Student Post-Session Self-Evaluation 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>2. Clinical Educator follows up with probing questions</p> <p>This provides the opportunity for the CE to delve deeper into some of the areas of strength or weakness</p>	<p>The Clinical Educator can ask various probing questions (as outlined above) Other examples include:</p> <ul style="list-style-type: none"> • How did you feel during the session? • How do you think the client felt? Why do they think that? • What did you learn from the session? Any critical learning opportunities? 	<p>The student will respond accordingly.</p>
<p>3. Clinical Educator provides direct and specific feedback to student</p>	<p>Direct feedback should be:</p> <p>Constructive Objective Specific Timely</p> <p>Feedback can be verbal or written</p> <p>Did the student accurately interpret the feedback given? Ask the student to summarize the feedback back to you. See Feedback Interpretation Form in Section 4: Forms</p>	
<p>Additional thoughts and comments</p>	<p>Suggestions for future sessions can be discussed.</p>	<p>The student can ask further questions here.</p>

		The student should repeat the feedback that they have interpreted to ensure accuracy. See Feedback Interpretation Form .
Action Plan	This should be initiated by the student and agreed upon jointly.	The student should have a clear plan of what to work on during the next session.

Forms

There are a variety of forms that are available for you to use throughout your externship. These forms may facilitate some of the discussions outlined above between you and your Clinical Educator. Refer to [Section 4: Forms](#) for detailed descriptions.

NOTE: For Speech-Language Pathology students, many of these forms will need to be uploaded to the **ePortfolio** throughout your externships

Audiology	Speech-Language Pathology
<ol style="list-style-type: none"> 1. Clinical Feedback Form 2. Midterm Evaluation 3. Final Evaluation of Clinical Skills in Audiology 4. Looking Ahead: Goals for the Next Placement 5. Student Feedback to Clinical Educator 6. Clinical Skills Summary Form – Audiology 7. SAC Summary of Clinical Practice Hours – Audiology 	<ol style="list-style-type: none"> 1. Clinical Feedback Form 2. Student Post-Session Self-Evaluation 3. Feedback Interpretation Form 4. Midterm Evaluation 5. Final Evaluation of Clinical Skills in Speech-Language Pathology 6. Looking Ahead: Goals for the Next Placement 7. Clinical Skills Summary Form - SLP 8. Student Feedback on Externship Experience 9. SAC Summary of Clinical Practice Hours - SLP

Evaluation

The School of Audiology and Speech Sciences expects students to develop clinical skills within each externship and to build skills over the course of the four major externships. The School has established expected levels of independence and achievement for each externship (please see the [Final Evaluation of Clinical Skills form in Audiology or Speech-Language Pathology](#) for specific requirements and expectations). The following outlines the process of evaluation for every major Externship.

Process for Evaluation:

☞ **Tip 1:** Midterm and final evaluation meetings should be planned early. We recommend discussing this with your Clinical Educator early on in the externship.

☞ **Tip 2:** We recommend that the student also complete the evaluation form, both at midterm and final. This can provide insight for your Clinical Educator around your perceived strengths and challenges. Rationale or examples of behaviours/skills you believe you have demonstrated can be presented to your CE, to be aligned with your Clinical Educator's rationale. This shared process ensures rich conversation, involving both the Clinical Educator and the student.

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



Midterm Evaluation

The Midterm Evaluation provides you and your Clinical Coordinator with overall feedback regarding clinical skill development and to ensure that you are meeting the School's expectations. The Midterm Evaluation is divided into three parts:

1. Requirements for Professional Practice - **Any "Unsatisfactory" ratings at this stage will be followed up and discussed with your Clinical Coordinator**
2. Skill Development Evaluation - **Two or more "A" ratings (Progress slow but acceptable) at this stage will be discussed with your Clinical Coordinator**
3. Goal Setting for the Remainder of the Externship - this section is designed to be a collaborative process between the student and the Clinical Educator

Purpose:

- To provide you and your Clinical Coordinator with feedback regarding clinical skill development
- To develop goals for the remainder of the externship
- To provide you with an opportunity to give feedback to the Clinical Educator
- To activate Learning Plans to focus on areas of development if a student receives "Unsatisfactory" or "A" ratings

Suggestions:

- The Midterm evaluation should be completed **at the midpoint of the externship**

Final Evaluation

The Final Evaluation is a summative tool from which you will be assigned a grade. The Final Evaluation is divided into three parts:

1. [Requirements for Professional Practice](#)
2. [Skill Development Evaluation](#). This section differs for Audiology and Speech-Language Pathology students:

Audiology	Speech-Language Pathology
<ol style="list-style-type: none">1. Interpersonal and Professional Skills2. General Clinical Skills3. Basic Diagnostic Audiology4. Diagnostic Paediatric Audiology5. Electrophysiologic and Other Audiologic Tests6. Amplification7. Aural Rehabilitation	<ol style="list-style-type: none">1. Interpersonal and Professional Skills2. Assessment Skills3. Treatment Skills4. Communication Skills

3. [Comments Section](#)

Purpose:

- To document progress during externship
- To determine if the School's expectations for a specific externship have been met
- To provide you and your Clinical Coordinator with goals for subsequent externships

Suggestions:

- Final evaluation should be based on your performance during the **last 20%** of the externship (refer to the instructions on the [Final Evaluation of Clinical Skills](#) in [Section 4: Forms](#))
- Evaluation will be reviewed and discussed during the last week of the externship
- There should be no surprise comments. The final evaluation should reflect content of ongoing discussion and feedback regarding your progress.

Unsatisfactory Performance

In the event that a student does not meet expected levels of independence and achievement in a clinical externship, the School's policy regarding unsatisfactory performance will be invoked. For more information, refer to [Section 2: Policies](#) regarding the [Policy Addressing Unsatisfactory Performance in Clinical Externships](#).

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

ePortfolio **(Speech-Language Pathology Only)**

What is an ePortfolio?

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

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

IMPORTANT NOTES

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

Who views the ePortfolio?

The ePortfolio can only be viewed by the student and the Clinical Coordinators.

Clinical Educators may also ask students to share items from their ePortfolio in order to view the student's progress to date. This can facilitate the identification of goals for the Externship.

Why have an ePortfolio?

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

For Clinical Coordinators

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

For Clinical Educators:

- Supports clear expectations and guidelines per externship (e.g., number of assessments per student)

- Provides evidence of growth over externships
- Note that Clinical Educators DO NOT have access to your ePortfolio but you can choose to share certain documents/information with them, if you desire

For Students:

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

How will the ePortfolio work?

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

When will documents be uploaded?

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

How to access the ePortfolio?

The ePortfolio will be accessible on Canvas

ePortfolio Requirements

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

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

Spring/Summer Externships Year 1

<p>Externship 1</p>	<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 using SASS template (available on Canvas) 3. 1 written interpretation of feedback received from CE (Please use Feedback Interpretation Form). <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. Clinical Hours Form, signed by CE 8. 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 2</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 <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 Assessment Plan 5. 1 Treatment Plan 6. Five things you learned about written documentation 7. Written reflection, having completed two externships <ul style="list-style-type: none"> ➤ These must be uploaded <u>prior to</u> your final week 8. FINAL EVALUATION, once completed by CE 9. Clinical Hours Form, signed by CE 10. 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

Fall Externship Year 2

Externship 3	<p>By the end of this externship, you will upload:</p> <ol style="list-style-type: none">1. A written reflection on “Your Professional Identity and Values”<ul style="list-style-type: none">➤ This should be written during your first week <u>and</u> uploaded at the end of week 12. 1 written interpretation of feedback received from CE<ul style="list-style-type: none">➤ These must be uploaded <u>prior to your Midterm</u>3. MID-TERM EVALUATION, once completed by CE4. 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 Assessment plan<ul style="list-style-type: none">➤ This must be uploaded <u>prior to</u> your final week6. FINAL EVALUATION, once completed by CE7. Clinical Hours Form, signed by CE8. 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
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Final Externship Year 2

Externship 4	<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 <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 Assessment Plan 6. 1 Treatment Plan 7. Written exit reflection <ul style="list-style-type: none"> ➤ This must be uploaded <u>prior to</u> your final week 8. FINAL EVALUATION, once completed by CE 9. Clinical Hours Form, signed by CE <ul style="list-style-type: none"> ➤ These forms must be uploaded prior to/on your final day on placement
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SECTION 2: POLICIES

School of Audiology and Speech Sciences Policies

- Policy Addressing Unsatisfactory Performance in Clinical Externships
 - The Challenging Learning Situation – What to Do and When
- Guidelines on Absences from Externships

University of British Columbia Policies

- Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia
- UBC Statement on Respectful Environment for Students, Faculty and Staff



School of Audiology and Speech Sciences Policies

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 the 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 1.*) during the externship
2. If a student declines remediation, the student will move to **probation** (*Section 2.*)
3. If a student receives a P on a major externship, and since only one P is allowed on a major externship, the student will move to **remediation** (*Section 1*) on the subsequent externship
4. If a student receives an F on an externship, the Probation Committee will determine appropriate action (*Section 2.*)
5. If a student demonstrates **unsuitability for the externship**, the externship may be immediately terminated (*Section 3.*)
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 could lengthen the duration of his/her program of study

1. REMEDIATION

1.1. 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 not exceed a period of 8 weeks.

1.2. Procedures

1.2.1. 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 to 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.

- 1.2.2.** 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.
- 1.2.3.** 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.

2. PROBATION

2.1. Definition

- 2.1.1.** The probationary period is a defined period of time, following a failed remediation period, 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.
- 2.1.2.** The Probation Committee must include the Director, a Clinical Coordinator (Chair), the Graduate Advisor, and one other faculty member. 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.

2.2. Procedure

- 2.2.1.** 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 meet with the student to 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.

- 2.2.2.** 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.
- 2.2.3.** 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.
- 2.2.4.** 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.
- 2.2.5.** 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.

3. IMMEDIATE TERMINATION OF A CLINICAL EXTERNSHIP

- 3.1.** Although the School makes every effort to accommodate students with disability and their 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:
 - 3.1.1.** 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
 - 3.1.2.** conduct unbecoming a member of the profession, as defined in the Speech-Language and Audiology (SAC) Canon of Ethics (see [Section 3: Resources](#))
- 3.2.** 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 2.*).
- 3.3.** 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.

4. APPEAL OF DISMISSAL

Please refer to *Senate Appeals on Academic Standing* in UBC Calendar

Approved by Faculty, May 16, 2008

The Challenging Learning Situation - What To Do and When

Please contact the Clinical Coordinator as soon as possible to ensure the best possible outcome for you and your student			
Some Signs that a Student May be Struggling:			
1. Student is defensive to feedback <input type="checkbox"/>		4. Student appears anxious/worried <input type="checkbox"/>	
2. Student is not effectively managing time <input type="checkbox"/>		5. Student is having difficulty applying feedback <input type="checkbox"/>	
3. Student appears tired/low energy <input type="checkbox"/>		6. Student lacks insight and awareness <input type="checkbox"/>	
When To Be Concerned?			
When/if the problem interferes 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. Adjusting expectations?		
	4. Renegotiating 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, etc.	4. Student may need to withdraw from externship
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 should be identified by mid-term evaluation or sooner. Who: Clinical Coordinator, in consultation with Clinical Educator and Student Clinician. What: Written action plan is developed for student including learning objectives, learning strategies, time frame and evidence of accomplishment. Plan is signed by CC, CE and SC.		
	2. Probation When: If student does not meet goals for remediation and/or pass practicum at the 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>		



Guidelines on Student Absence from Externships

I. Absences for Health Reasons:

It is possible that a student might miss one or two days of an externship due to illness, medical appointments, etc.

It is important, however, that the student have ample opportunity to develop clinical skills over the full externship period. If a student misses more than 10% of the externship (e.g. 4 days of a 7 or 8 week externship or 3 days of a 5 or 6 week externship), the time must be made up by either:

- extending the externship by the amount of time missed or
- completing a clinical project agreed upon by the clinical educator, clinical coordinator and the student (when it is not possible to extend the externship).

II. Absences for Educational Reasons:

Professional educational opportunities such as professional conferences also provide important learning experiences for students. However, this must be balanced against valuable clinical time.

Students wishing to attend a professional educational event, not offered as part of their externship, **must review this request with their Clinical Coordinator PRIOR to discussion with Clinical Educator.** Approval will be considered on a case-by-case basis.

Any days for professional education will have to be made up by either:

- extending the externship by the amount of time missed or
- completing a clinical project agreed upon by the clinical educator, clinical coordinator and the student (when it is not possible to extend the externship).

III. Absences for Personal Reasons:

For any other absence, students **must review this request with their Clinical Coordinator PRIOR to discussing with their Clinical Educator.** Approval will be considered on a case-by-case basis.

Any days for personal leave will have to be made up by either:

- extending the externship by the amount of time missed or
- completing a clinical project agreed upon by the clinical educator, clinical coordinator and the student (when it is not possible to extend the externship).

University of British Columbia Policies

PROFESSIONAL STANDARDS FOR LEARNERS¹ AND FACULTY MEMBERS IN THE FACULTIES OF MEDICINE AND DENTISTRY AT THE UNIVERSITY OF BRITISH COLUMBIA

The Faculties of Medicine and Dentistry are committed to creating a learning and work environment conducive to optimal education, research, and clinical care. This is sustained by learners and faculty committing to the highest level of professional conduct in their communications and interactions in all University-related activities.

Learners, faculty and staff are expected to be familiar with and comply with the policies of the University relating to conduct. This includes, but is not limited to: UBC Policy #3, Discrimination and Harassment; UBC Policy #85, Scholarly Integrity; UBC Policy #97, Conflict of Interest and Conflict of Commitment; and the UBC Statement on Respectful Environment for Students, Faculty and Staff, as amended from time to time. **When learners, faculty and staff carry out work or training activities in clinical settings they are also expected to abide by relevant policies and procedures governing conduct within those clinical settings.**

Membership in the health professions demands integrity, competence and adherence to ethical standards. Professional conduct is the set of attitudes, behaviours and characteristics deemed desirable in members of a profession and which define the profession and its relationship to its members and to society. **Learners and faculty in professional programs are expected to meet expectations regarding professional behaviour set out in the codes of ethics and conduct of their respective professional organizations and regulatory bodies.**

The Faculties of Medicine and Dentistry have identified the standards of professional conduct set out in this policy as minimum requirements for the conduct of learners and faculty in professional programs. All learners and faculty are expected to abide by these standards of professional conduct **at all times and in particular while in any setting where academic, research, clinical activities or extra-curricular sports and social activities are carried out under the auspices of the University or where the learner or faculty member is representing the University or its interests.**

In the Faculties of Dentistry and Medicine, learners' professional conduct is evaluated as a component of the academic evaluation required by their program. Learners in professional programs who fail to meet expectations regarding conduct set out in this policy in a training program within the Faculties, or in any applicable Code of Conduct of their respective professional organizations and regulatory bodies, may be deemed to be unsuitable for further training and may be dismissed from their program. Faculty who fail to meet expectations regarding conduct may be subject to discipline by the University.

Concerns that a learner or faculty member has breached these standards may be brought to the attention of the Associate Dean Equity and Professionalism in the Faculty of Medicine, or to the appropriate Department Head, School Director, Site Director, Associate Dean, or Program Director in either Faculty.

¹ Learners include undergraduate students, postgraduate learners, graduate students, post doctoral fellows, residents and fellows whether they are enrolled full time or part time in programs offered by the University of British Columbia or whether they are attending the University on a temporary basis as part of an elective or other program.

STANDARDS OF PROFESSIONAL CONDUCT

Learners and faculty are required to demonstrate the behaviours and to meet the expectations of professional conduct set out below:

1. Honesty

- 1.1 Act with integrity and demonstrate personal and academic honesty in all interactions and communications, verbal and written.
- 1.2 Conduct research in accordance with University policies and in an ethical and unbiased manner, record and report results truthfully, and credit work and ideas developed by others. Appropriately acknowledge the contributions made by others to your research, publications and other presentations.
- 1.3 Accurately report and record history and physical findings, test results, and other information pertinent to the care of the patient.
- 1.4 Neither give nor receive, aid in examinations unless such cooperation is expressly permitted by the instructor.
- 1.5 Engage in ethical interactions with industry, by declaring and managing conflicts of interest, real or perceived. Disclose to sponsors, universities, journals or funding agencies, any material conflict of interest, financial or other, that might influence their decisions on whether the faculty member or learner should be asked to review manuscripts or applications, test products or be permitted to undertake work sponsored from outside sources.

2. Respect for Others

- 2.1. Do not discriminate in interactions with others, on the basis of age, race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, unrelated criminal convictions, or any other ground protected by human rights legislation.
- 2.2. Create and maintain an atmosphere conducive to learning and to the conduct of professional work in all learning environments (**classroom and all clinical settings**). Maintain personal composure and consideration for others in all interactions. **Model language, appearance, and demeanor appropriate to the academic or professional healthcare setting.**
- 2.3. Ensure that all communications on the internet and social media are respectful and meet the same level of professionalism as would be expected in direct or other written communications with and about colleagues, instructors, learners, and patients.
- 2.4. Establish and maintain appropriate personal boundaries in relationships with patients, staff, learners and faculty, recognizing your potential influence over others and the vulnerability inherent in relationships in which there is a power disparity.
- 2.5. Respect the personal boundaries of others including, but not limited to, refraining from making unwanted romantic or sexual overtures, protecting personal information, and respecting individual workspace.
- 2.6. Do not engage in sexual or romantic relations with patients, or with individuals with whom you have a supervisor/supervisee relationship. Do not engage in exploitive relationships with colleagues, learners, patients, or their families for emotional, financial, research, educational or sexual purposes.
- 2.7. **Treat patients and their families with respect and dignity** both in their presence and in discussions with other members of the health care team or academic community.
- 2.8. **Treat all members of the health care team or academic community with respect and dignity** in,

- or out of, their presence, in written communications, and in discussions with others.
- 2.9. Provide feedback, oral or written, to members of the health care team or academic community, in a timely, constructive and respectful manner to identify deficits and effect change and not to embarrass or humiliate.
 - 2.10. Respect patient autonomy by disclosing findings and test results pertinent to the patient's care and by discussing treatment options with the patient or legal representative and by involving the patient, or legal representative, in the treatment options where appropriate and with regard to the patient's preferences
 - 2.11. Adhere to the guidelines for informed consent and consult with the patient's legal representative when a patient lacks the capacity to make treatment decisions.
 - 2.12. Respect the intellectual property of others by adhering to University policy and guidelines related to copyright and distribution of written, audio or digital materials.

3. **Confidentiality**

- 3.1. **Respect and maintain the privacy and confidentiality of information about patients and research and educational participants. This includes limiting discussion of patient health issues to appropriate settings for clinical or educational purposes and to those family member caregivers identified by patient consent.**
- 3.2. Avoid potential breaches of privacy and confidentiality when communicating through various modes of communication, especially the internet and social media, and take precautionary measures including using other more secure means of communicating as required.
- 3.3. Act in accordance with obligations imposed by privacy legislation related to collection, storage and disclosure of personal information and maintenance and use of health records.
- 3.4. Adhere to data access and security regulations in both academic and clinical settings. Do not share computer login codes, communicate patient data via unsecured networks, or obtain or use any other information outside the bounds of the defined access and use regulations. Use only institution-approved personal data storage devices, such as USB keys, and use appropriate password/encryption to protect sensitive data.
- 3.5. Do not access personal information related to patients or any other individuals stored in files or computers in the University or clinical setting unless you require that information for research projects approved by the applicable UBC or UBC-affiliated Review Ethics Board, or to fulfill your clinical duties to a patient with whom you have a current health professional/patient relationship.

4. **Responsibility**

- 4.1. Be accountable to yourself and all relevant stakeholders for personal decisions in the workplace and all learning environments.
- 4.2. Promote and maintain personal health and well-being and monitor your physical and mental fitness to perform duties in the academic and clinical setting. Seek appropriate assistance as required in the event you are physically or mentally unfit to perform your assigned duties.
- 4.3. Recognize personal limitations when the situation exceeds your level of experience or competence, and consult with and refer to appropriate professional colleagues.
- 4.4. Follow specified protocols to disclose and address clinical errors or misjudgments.
- 4.5. Do not use alcohol or drugs, including prescription drugs, in any way that could interfere with academic, professional or clinical responsibilities.
- 4.6. Participate in the processes of self-regulation of the profession.

- 4.7. Report professional misconduct to the appropriate authorities while taking care to avoid unjustly discrediting the reputation of members of the health care team or of the academic community.
- 4.8. Model behaviour consistent with the Code of Conduct and ethics of your professional and licensing bodies, and teach and promote concepts of professional behaviour, ethical research and practice.
- 4.9. Maintain and enhance competence through commitment to professional development and practice evaluation.
- 4.10. **Demonstrate self-awareness and responsibility for your actions by accepting and responding appropriately to supervision and feedback regarding academic and clinical and professional performance.**
- 4.11. **Meet expectations related to punctuality, attendance and participation in all academic classes and clinical settings including student placements.** Meet deadlines for group or individual assignments, or for the submission of requested documentation and information in the clinical or academic setting. Make timely alternative arrangements when you are unable to meet stated deadlines.
- 4.12. Maintain fiscal responsibility and accountability in relation to clinical and research programs and contracts.
- 4.13. Use social media responsibly refraining from posting any information or comments related to patients, and from disclosing personal or confidential information about members of the health care team or academic community. Do not post information that is untruthful, hurtful, or disrespectful and use discretion when posting personal information.
- 4.14. Use computers provided in the academic or health care settings in accordance with the applicable policies and engage for personal use only as provided in the site policies.
- 4.15. **Use personal communication devices in the academic or health care settings appropriately.** Use of personal communication devices must not be disruptive or interfere with interactions with patients, families, or other health care providers. Comply with requests from patients or other health professionals to cease using personal communication devices in the academic or health care setting.

UBC Statement on Respectful Environment for Students, Faculty and Staff

Approved by: UBC Executive

Revision Date: May 2014

The University of British Columbia envisions a climate in which students, faculty and staff are provided with the best possible conditions for learning, researching and working, including an environment that is dedicated to excellence, equity and mutual respect. The University of British Columbia strives to realize this vision by establishing employment and educational practices that respect the dignity of individuals and make it possible for everyone to live, work, and study in a positive and supportive environment, free from harmful behaviours such as bullying and harassment.

A. Statement of Principle

The best possible environment for working, learning and living is one in which respect, civility, diversity, opportunity and inclusion are valued. Everyone at the University of British Columbia is expected to conduct themselves in a manner that upholds these principles in all communications and interactions with fellow UBC community members and the public in **all University-related settings**.

B. The Respectful University Environment

In the context of an academic community, responsibility for maintaining a respectful environment falls on all community members, including students, faculty, staff, and members of the public who participate in University-related activities.

Excellence in learning, research and work in the university community is fostered by promoting the freest possible exchange of information, ideas, beliefs and opinions in diverse forms, and it necessarily includes dissemination and discussion of controversial topics and unpopular points of view. Respect for the value of freedom of expression and promotion of free inquiry are central to the University's mission.

However, these freedoms cannot exist without an equally vigorous commitment to recognition of and respect for the freedoms of others, and concern for the well-being of every member of the university community. Excellence in scholarship, teaching and employment activities flows from active concern and respect for others, including their ability to participate meaningfully in the exchange of information, ideas, beliefs and opinions.

Therefore, freedom of expression and freedom of inquiry must be exercised responsibly, in ways that recognize and respect the dignity of others, having careful regard to the dynamics of different relationships within the university environment, such as between professor and student, or supervisor and employee. A respectful environment is a climate in which the human dignity of each individual is valued, and the diverse perspectives, ideas and experiences of all members of the community are able to flourish.

C. Activities Harmful to a Respectful Environment

Activities harmful to a respectful environment include behaviours ranging from expressions of disrespect such as rudeness and gossip, to bullying or harassment. Disrespectful behaviour, including bullying or harassment, is harmful to a respectful environment and therefore has no place at UBC. It is not only a direct attack on the dignity and worth of the individual or group at whom it is directed, it undermines the freedoms of the whole community. For these reasons, disrespectful behaviour, including bullying or harassment, is not acceptable and will not be tolerated at UBC.

Bullying or harassment is objectionable and unwanted behaviour that is verbally or physically abusive, vexatious or hostile, that is without reasonable justification, and that creates a hostile or intimidating environment for working, learning or living. Harassment may be intentional or unintentional. While bullying

or harassment usually consists of repeated acts, a single serious incident that has a lasting harmful effect may also constitute bullying or harassment.

Bullying or harassing behaviour includes cumulative demeaning or intimidating comments, gestures or conduct; verbal aggression or yelling; threats to a person's employment or educational status, person or property; persistent comments or conduct, including ostracism or exclusion of a person, that undermines an individual's self-esteem so as to compromise their ability to achieve work or study goals; abuse of power, authority or position; sabotage of a person's work; humiliating initiation practices; hazing; calling someone derogatory names; spreading of malicious rumours or lies; or making malicious or vexatious complaints about a person.

Bullying or harassment does not include the exercise of appropriate managerial or supervisory direction, including performance management and the imposition of discipline; constructive criticism; respectful expression of differences of opinions; reasonable changes to assignments or duties; correction of inappropriate student behaviour; instructional techniques such as irony, conjecture, and refutation, or assigning readings or other instructional materials that advocate controversial positions; and single incidents of thoughtless, petty or foolish words or acts that cause fleeting harm.

A determination that disrespectful behaviour, including bullying or harassment, has occurred is based not only on what the alleged perpetrator and target of the disrespectful behaviour actually experienced, knew, or understood about each other and the situation, but on what a reasonable person in each of their circumstances would have experienced, known or understood, taking into account the full context of the situation.

D. Addressing Respectful Environment Concerns

Primary responsibility for addressing respectful environment concerns, including concerns about bullying or harassment lies with all members of the UBC community who exercise supervisory or leadership roles. These individuals are well-placed to set examples for others by their own conduct, to communicate to those under their direction UBC's commitment to a respectful university environment, and to take appropriate action to preserve or restore a respectful environment if problems arise. They are expected to take steps to maintain an environment free from disrespectful behaviour, and to prevent such behaviour, where possible.

Reporting of Concerns / Incidents / Complaints Specifically, when faculty, staff or student employees have concerns about disrespectful behaviour they have experienced or witnessed, they should contact their direct supervisor or Administrative Head of Unit.

Students who have concerns outside of any employment relationship with UBC should contact their professor, Department Head or Dean's Office, if their concern relates to a course or academic matter. If the concern relates to a UBC service unit or a residence, students should contact the Unit Head of the particular service or the Vice-President, Students Office at UBC Vancouver, or the Unit Head or the Associate Vice-President, Students at UBC Okanagan.

Where the issue is not resolved or there is concern about conflict of interest, including where a faculty or staff member feels bullied or harassed by their direct supervisor, faculty and staff should contact their employee association, union, or Human Resources. In such circumstances, students should contact the UBC Ombudsperson or the Associate Vice-President, Students.

Investigation of Concerns/Incidents/Complaints Administrative Heads of Units, whether responding to a concern raised to them or taking action because they have otherwise become aware that a person may be engaging in disrespectful behaviour in their unit, are expected to act promptly to determine if behaviour contrary to the Respectful Environment Statement including incidents of bullying or harassment has occurred

or is ongoing, and if so, to address the behaviour and its damaging effects. Support and advice is available from Human Resources.

Responsibility for Awareness and Education It is the responsibility of each Vice President, in cooperation with Human Resources, to ensure that those in supervisory or leadership roles in their portfolio have access to the proper training necessary to understand rights and responsibilities in a respectful working, learning and living environment, including their own responsibility to recognize, investigate, respond to, and manage complaints of harassment and to educate those they supervise or lead regarding those rights and responsibilities.

Education, increased awareness and prompt action are vital to create and maintain respectful working, learning and living environments at UBC. The University must provide training, support and resources to raise awareness about the principles of a respectful working, learning and living environment and to address concerns in a positive and effective manner when they do occur.

The following link provides more detailed procedures for faculty, staff or student employees and for those who have the primary responsibility of addressing respectful environment concerns:

<http://bullyingandharassment.sites.olt.ubc.ca/>

E. Related Policies and Provisions

Where policies and mechanisms for addressing unacceptable conduct already exist, whether in work, education or living contexts, this Respectful Environment Statement is intended to supplement, not to displace them. In particular, matters relating to discrimination or harassment based on age, ancestry, colour, family status, marital status, physical or mental disability, place of origin, political belief, race, religion, sex, sexual orientation, and criminal conviction unrelated to employment are addressed in Policy #3, the UBC Policy on Discrimination and Harassment. Those with concerns that may constitute complaints under Policy #3 should refer to Policy #3 itself for information on how to proceed. Where a concern raised under the Respectful Environment Statement is appropriately addressed under another policy or provision, Administrative Heads of Units and others responsible for addressing respectful environment concerns will direct the individual to the appropriate office. Departmental policies regarding respectful environments can add to but not derogate from the principles in this statement.



SECTION 3: RESOURCES

- Speech-Language & Audiology Canada (SAC) Code of Ethics
- College of Speech and Hearing Health Professionals of BC (CSHHPBC) Code of Ethics

CLINICAL PRACTICUM RESOURCES

- SAC Description of Clinical Hours Requirements - Audiology
 - Clinical Activities
 - Clinical Areas
 - Minor Area Hours
- SAC Description of Clinical Hours Requirements – Speech-Language Pathology
 - Clinical Activities
 - Clinical Areas
 - Minor Area Hours
- Regulatory and Licensing Bodies in Canada

SAC CODE OF ETHICS

INTRODUCTION AND BACKGROUND

Ethics refers to the moral principles that govern a person's or group's behaviour.

Speech-Language and Audiology Canada (SAC) members and associates shall abide by the Code of Ethics, bylaws and policies of the association.

In the case that an SAC member's or associate's practice is governed by a regulatory body, the member or associate must abide first and foremost by the ethical standards and professional conduct requirements of their regulatory body.

Any action that violates the spirit and purpose of the SAC Code of Ethics is considered unethical. For definitions, see Appendix 1.

SAC developed its Code of Ethics in accordance with the following principles of biomedical ethics (Beauchamp and Childress, 2001):

- 1. Respect for autonomy:** enabling individuals to make reasoned, informed choices.
- 2. Beneficence:** balancing the benefits of intervention against the risks and costs. The member or associate should act in a way that benefits the patient or client.
- 3. Non-maleficence:** avoiding the causation of harm. If intervention involves even minimal harm, the harm should not be disproportionate to the benefits of intervention.
- 4. Justice:** ensuring that patients or clients in similar situations are treated in a similar manner.

OBJECTIVES

SAC's Code of Ethics sets forth the fundamental principles, values and standards essential to the responsible practice of speech-language pathology and audiology. The underlying values of the Code form the rationale for ethical standards and provide the basis for ethical practice and decision-making. The applicable standards within the Code guide members and associates in maintaining professionally acceptable behaviour in their practice. The principles, values and standards also form the basis for the actions of the SAC Standards and Ethics Committee, which evaluates the ethical behaviours of members and associates.

The Code provides guidance; it cannot offer definitive resolution to all ethical questions that may arise during professional practice. Failure to specify any particular responsibilities of practice in this Code does not negate the existence of these responsibilities or practices.

SAC MEMBERS AND ASSOCIATES HOLD THESE VALUES:

Integrity

Members and associates recognize and adhere to the principles of truth, accountability, objectivity and accuracy in all of their relationships and activities. They ensure that spoken and written communications are true, accurate and clear in representing their qualifications, professional affiliations, education, experience and competence.

Professionalism

Members and associates support and enhance the reputation of their profession by participating in and accepting self-regulation of their profession, honouring contractual agreements and complying with federal, provincial, territorial, municipal and other relevant laws. Members and associates seek to advance the quality and provision of professional services through advocacy, public education and respectful acknowledgement of their colleagues' achievements, knowledge and skills. Members and associates familiarize themselves with and apply SAC's Code of Ethics to all of their professional activities and relationships. Members and associates work collaboratively with members of both their own profession and other professions in the interest of delivering the best quality of care. Members and associates practice their professions according to established business ethics and practices.

Caring and Respect

Members and associates value the well-being of others. The autonomy, welfare and dignity of those they serve professionally are paramount. The provision of professional services takes priority over members and associates' personal interests, aims and opinions. Members and associates demonstrate respect, acceptance and compassion toward all of their patients or clients, colleagues and others, regardless of race, national or ethnic origin, religion, sexual orientation, gender, age or physical or mental ability. Members and associates limit prognostic statements so that they reflect relevant patient or client clinical indicators without guaranteeing results of any intervention, procedure or product, either directly or by implication.

High Standards and Continuing Competency

Members and associates practice within their scope of competence and seek to enhance and maintain their professional skills through professional development. Members and associates strive to provide professional services and information supported by current scientific and professional research.

STANDARDS

1. Professional Competence

Members and associates shall:

- a) Meet national membership requirements and, where required, hold provincial or territorial registration.
- b) Provide services within the applicable SAC Scope(s) of Practice and/or those defined by applicable provincial or territorial statutes.
- c) Engage only in the provision of services that fall within their professional competence, considering their level of education, training, experience and/or their access to professional supervision and assistance from qualified colleagues.
- d) Maintain and enhance their professional competence throughout their careers.
- e) Withdraw from practice if a physical or mental condition compromises their professional competence.

2. Delegation and Supervision

Members and associates:

- a) Are responsible for all professional services they delegate to communication health assistants and/or students under their supervision.

- b) Shall accurately represent the credentials of communication health assistants and students and shall inform patients or clients of the name and professional credentials of persons providing services.
- c) May endorse a student or supervisee for completion of academic or clinical training or employment only if they have had direct experience with the student or supervisee, and only if the student or supervisee demonstrates the required competencies and expected ethical practices.

3. Informed Consent

Members and associates shall:

- a) Inform a patient or client about the nature of their communication disorder and the services and intervention options available.
- b) Ensure that the patient or client understands this information.
- c) Obtain verbal or written consent from the patient or client before screening, assessment, intervention or participation in a research study.
- d) Ensure that patients or clients understand their right to refuse consent or withdraw consent once given without impacting any clinical services available to them.
- e) Obtain informed consent from the patient or client before sharing the patient or client's information with others, unless the member or associate is required to do so by law.

4. Safety

Members and associates shall:

- a) Take every precaution to avoid harm to patients or clients. This includes following applicable occupational health and safety and infection prevention and control practices, and ensuring that equipment is appropriately calibrated and in proper working order.
- b) Ensure that their employees and/or supervised personnel comply with relevant occupational health and safety and infection control policies and procedures.

5. Records

Members and associates shall:

- a) Prepare and maintain, in a timely fashion, adequate records of professional services rendered and products dispensed.
- b) Allow access to these records when appropriate authorization is obtained from a patient or client or when required to do so by law.
- c) Comply with documentation standards when using an electronic medical record.
- d) Abide by relevant privacy and consent legislation regarding documentation.
- e) Maintain and dispose of records according to the time period determined by applicable regulatory standards and/or organizational policies.

6. Privacy

Members and associates shall:

- a) Be familiar and comply with applicable federal, provincial or territorial privacy legislation in all of their clinical, administrative, scholarly and research activities.
- b) Ensure that any supervised personnel comply with appropriate federal, provincial or territorial privacy legislation.
- c) Adhere to all relevant legislation and policies related to security, privacy, encryption, consent and documentation in the delivery of services via electronic technology.

7. Business Practices

Members and associates shall:

- a) Ensure that their advertisements, promotions, sales and fees for products and/or services are honest, appropriate and fair.
- b) Disclose all applicable fees, charges and billing arrangements prior to providing any services or products.
- c) Honour product and service contracts.

8. Conflict of Interest

Members and associates shall be vigilant in avoiding activities or relationships that represent a real or perceived conflict of interest. Examples of unacceptable conduct include, but are not limited to:

- a) Using information or resources from their employer for their own personal or financial benefit.
- b) Initiating or continuing intervention with a patient or client if such intervention is ineffective, unnecessary or no longer clinically indicated.
- c) Endorsing any service, product or individual to accrue any personal benefit.
- d) Accepting any form of benefit, financial reward or gift that may compromise or influence professional judgment or service recommendations.

9. Scholarly, Clinical and Research Practices

Members and associates shall use protocols that comply with standards accepted by the scientific community by:

- a) Obtaining approval, where required, for research projects and other scholarly activities, including ethics approval for studies involving human or animal subjects, and ensuring that protocols comply with all relevant national, provincial, territorial and institutional standards.
- b) Ensuring that participation in research does not delay or interfere with evidence-informed methods of assessment or intervention.
- c) Using peer review processes to evaluate research before presenting it to the public.
- d) Acknowledging other professionals in publications, presentations or products when referencing their work or contributions.

10. Ethical Responsibility to the Professions

Members and associates shall cooperate with SAC's Standards and Ethics Committee in instances of alleged violation of this Code or the association's bylaws or policies by:

- a) Understanding the application of professional ethical and practice standards.
- b) Cooperating with any committee or individual authorized by SAC to investigate or act upon an alleged violation.
- c) Refraining from advocating, sanctioning, participating in or condoning any act or person that is in violation of this Code or SAC bylaws or policies.
- d) Reporting suspected violations to SAC's Standards and Ethics Committee.

References

Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics* (5th ed.). New York City, NY: Oxford University Press.

Appendix A: Definitions

Communication disorder: any disorder and/or delay within the scope of practice of a speech-language pathologist and/or audiologist.

Conflict of interest: any disparity between the private interests or relationships and the official responsibilities of a person or group of persons in a position of trust. A perceived conflict of interest refers to any situation in which a reasonable third party might infer such a disparity.

Informed consent: consent from a patient or client based on an informed choice that is the result of a process of educated decision-making. To provide informed consent, the patient or client must be provided with sufficient information about the proposed service or product, including the benefits, risks and any possible alternatives, and understand this information. Valid consent to receive a proposed service or to share personal information may be either verbal or written unless otherwise required by institutional or provincial or territorial regulation. The patient or client can withdraw informed consent at any time.

Intervention: this may involve promotion, prevention, counselling, treatment, consultation, management, (re)habilitation and education.

Patient or client: the individual receiving professional services, including students receiving professional services in educational settings, or the legal guardian or legal representative in the case of an individual who is not capable of decision-making. With the consent of the individual or legal guardian or representative, “patient or client” may also include family members and caregivers. “Patient or client” may also refer to a research subject, where applicable.

Professional competence: the ongoing ability to integrate and apply the knowledge, skills, attitudes and judgement required to provide effective and ethical speech-language pathology and/or audiology services within a designated area of practice.

SAC associates: affiliate associates, communication health assistant associates, reduced hours communication health assistant associates, research/allied professional associates, student associates and retired associates, as defined on the [SAC website](#).

SAC member: a professional who holds a master’s degree or equivalent in speech-language pathology or audiology and has joined SAC. This includes three membership types: full, reduced hours and international, as defined on the [SAC website](#).

Code of Ethics CSHHBC

Bylaws – Schedule E



Introduction

This Code of Ethics of the College of Speech and Hearing Health Professionals of BC is a general guide to provide registrants with the college's expectations of ethical conduct. It outlines professional standards to allow for the proper discharge of services provided by audiologists, hearing instrument practitioners and speech-language pathologists to their clients and to protect the integrity of the professions.

The Code should be construed as a general guide and not a denial of the existence of other duties equally imperative or other rights not specifically mentioned. Any act or omission by a registrant that is in violation of the spirit and purpose of this Code may be found to be unethical conduct.

Principle One

A registrant must provide professional services and conduct research with integrity and reliability, and ensure that the dignity, individuality and rights of the client are safeguarded.

Principle Two

A registrant must make the welfare of a client the registrant's primary concern.

1. A registrant must not attempt to provide assessment/diagnostic or treatment services for which they have not been adequately prepared, nor may they misrepresent their training or competence.
2. A registrant must not provide unnecessary or futile services including administering unnecessary assessment/diagnostic tests, accepting persons for treatment if benefit cannot reasonably be expected to accrue, and continuing treatment if benefit cannot reasonably be expected.
3. A registrant must be professionally responsible for all treatment and services rendered by the registrant or by the other personnel, including students who are under the direct supervision of the registrant. A registrant must not delegate any service requiring professional competence to unqualified personnel.
4. A registrant must utilize every available resource by initiating appropriate referrals to other professionals whose knowledge may contribute to the diagnosis, assessment and/or treatment of those served.

Principle Three

A registrant must maintain the confidentiality and privacy of the information and records of those receiving services or involved in research, as required by either the Personal Information Protection Act or the Freedom of Information and Protection of Privacy Act, whichever may apply.

5. A registrant must not reveal any information regarding a client's condition or any professional services performed for a client to any person other than the client without the consent of the client or his/her legal guardian/representative, unless required to do so by law of the college.
6. A registrant must not allow case material, case records, or audio-visual material to be used in teaching or mass media communication in a way that permits identification of a client, without the written consent of the client or his/her legal guardian/representative.

Principle Four

A registrant must provide accurate information about the nature and management of communicative disorders and about the services provided and products offered.

7. A registrant must provide accurate information regarding the nature and treatment of the client's communication disorder and the possible effects of professional services and products that the registrant has provided or proposes to provide to the client or the research being proposed or conducted.
8. A registrant may make a statement of prognosis, but must not guarantee results, mislead or misinform persons served or studied.
9. A registrant must conduct and report product-related research only according to accepted standards of research practice.
10. A registrant must conduct teaching and/or research activities without invasion of privacy or failure to inform the client fully about the nature and possible effects of the activities. All persons must be afforded free choice of participation.
11. A registrant must maintain documentation of professional activities that include but are not limited to the nature, extent, duration and outcome of services provided.

Principle Five

A registrant must recognize and accept his/her responsibilities to the public and the profession, and must do everything within the registrant's means to provide for the enhancement and development of the profession.

12. A registrant should assist in the education of the public regarding speech, language, hearing problems and other matters falling within their professional competence.
13. A registrant should establish harmonious relations with registrants of other professions, endeavoring to inform other professions of the services and products that can be rendered by registrants of the speech and hearing health professions and, in turn, should seek information from registrants of related professions.
14. A registrant should seek to advance services for individuals with communication disabilities and assist in establishing and maintaining high professional standards for such programs.
15. A registrant must not represent any information relating to the practice of the professions of speech-language pathology, audiology or hearing aid dispensing, or regarding the provision of such services or products to individual clients or the general public.

Principle Six

A registrant must avoid activities that constitute a conflict of interest. Should a registrant identify himself/herself to be in such a conflict, the registrant is responsible for the prompt resolution of the conflict.

16. A registrant must not exploit any clinical relationship with a client or others to further his/her own physical, emotional, financial, political or business interests at the expense of the best interest of the client or others, or compromise the honor of the profession or reduce the effectiveness of the services that the registrant provides.
17. Without limiting the generality of scope of section 16, a registrant must not:
 - a) Use coercion or take advantage of any relationship of trust or dependency to engage in professional misconduct of a sexual nature with a client;
 - b) Initiate or continue treatment of a client if such treatment is ineffective, unnecessary or no longer indicated;
 - c) Breach or nullify a professional contractual agreement without cause;
 - d) Disparage the skill, knowledge, or services of another registrant;
 - e) Charge fees for services that were not rendered.

18. Unless a registrant obtains the consent of the registrant's employer, registrant who is employed by a public health authority or agency must not:
 - a) Provide or offer to provide private for-fee services or products to someone who is a client of the registrant's employer, or
 - b) Refer someone who is a client of the registrant's employer to another registrant who is also employed by the same employer so that the second registrant may provide private for-fee services or products to the client.
19. A registrant must not secure or accept referrals or clients by providing, directly or indirectly, any significant incentives, financial or otherwise, to other colleagues, professional or referring sources.

Principle Seven

A registrant must uphold the dignity of the profession and freely accept the college's self-imposed standards.

20. A registrant must not violate or attempt to circumvent the Code of Ethics.
21. A registrant must not engage in dishonest or illegal conduct that adversely reflects the profession.
22. A registrant must notify the Inquiry Committee when the registrant has reason to believe that another registrant of the college has violated the Code of Ethics.
23. A registrant has the responsibility to advise and cooperate with the Inquiry Committee during investigations of complaints concerning alleged violations of the Code of Ethics.

RELATED DOCUMENTS:

College of Speech & Hearing Health Professionals of BC, Bylaws (2009) www.cshhpbcc.org

College of Speech & Hearing Health Professionals of BC, Inquiry Policy INQ – 01 Inquiry Committee Policies and Procedures (2010), 222.cshhpbcc.org

DESCRIPTION OF CLINICAL HOURS REQUIREMENTS AUDIOLOGY

CLINICAL ACTIVITIES

I. CLINICAL OBSERVATION

(No specific hours requirement)

Observation is intended to serve as an important preparatory experience prior to direct clinical practicum experience in a specific clinical area. Observation forms part of a continuum moving from observation with no active involvement, to active or guided observation where the student clinician participates at some level, to shared supervised clinical activity, and finally to solo supervised clinical activity.

Observation experiences should be provided by or under the direct supervision of a qualified audiologist or speech-language pathologist. The student clinician is an observer, not an active participant. Actual observations or videotapes may be used. While there is no specific clinical hours requirement for observation, it is strongly recommended that it be incorporated as part of the students' clinical education experience.

II. CLINICAL EXPERIENCE 350 Clock Hours:

Minimum of 300 clinical hours in Specific Client Services and Related Client Service. Maximum of 50 clinical hours in Clinical/Professional Activities.

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 caregiver (e.g. parent, grandparent, child, sibling, spouse, legal guardian, foster parent, attendant, etc.).

Student clinicians may obtain supervised clinical experience working on their own, or working with other professionals and/or student clinicians. Solo vs. shared participation is not distinguished in the accumulation of clock hours. However, it is assumed that the majority of clinical experiences are obtained by students working independently under supervision.

A. CLIENT SPECIFIC SERVICES

- a. Screening, Identification, Assessment**
- b. Intervention, Therapy, Management**
- c. Interviewing**
- d. Counseling**

"Client Specific Service" refers to clinical activities where the client or family member is present and the focus of the clinical activity. Screening should not comprise the majority of hours obtained in the area of evaluation.

B. CLIENT RELATED SERVICE

- a. **Case Conference, Rounds, Team Meetings**
- b. **Consultation with other professionals, support personnel**
- c. **Supervisor-Case Discussion**

“Client Related Service” refers to clinical activities related to a specific client. The client or family is not necessarily present. Service involves face-to-face contact with those – other than family members – involved in a specific client’s care. Case conference, rounds, team meetings, and consultation refer to presentation or exchange of information related to a specific client in a one-to-one or group situation. Supervisor-case discussion refers to discussion between student clinician and clinical supervisor of clinical activities related to a specific client.

C. CLINICAL/PROFESSIONAL ACTIVITIES (Of the 350 total hours required, a maximum of 50 clinical hours may be in this area)

- a. **Simulated Clinical Activities**
- b. **Promotion**
- c. **Presentations (e.g. Workshops, In-Service)**
- d. **Interprofessional Activities**
- e. **Program Development**
- f. **Planning/Analysis**
- g. **Other – e.g. special project approved by Clinical Education Coordinator**

“Clinical/Professional Activities” includes activities that are clinically relevant and meaningful learning experiences, but not necessarily related to a specific client. “Promotion” and “Presentation” refer to those activities related to increasing awareness of and providing information about communication disorders and the professions. These activities are not directed toward specific clients. Clock hours include time spent in front of the group only, and do not include hours involved in preparation.

“Interprofessional Activities” refer to time spent with allied professionals intended to increase the awareness of scope of practice of those individuals and enhance understanding of collegial relationships.

“Program Development” and “Planning and Analysis” activities refer to complex activities and do not include general therapy preparation, materials development, or follow up.

Note:

Ancillary clinical activities, such as report writing, record keeping, materials development, and planning for sessions are not considered clock hours and may not be counted. It is acknowledged that these essential activities comprise an indirect component of specific client service.

Time spent in supervisory conferences in which the supervisee’s clinical skill development is the focus of discussion is not counted.

AUDIOLOGY - CLINICAL AREAS

BASIC AUDIOMETRIC MEASUREMENTS (50 Hours Minimum)

Includes:

- a. Hearing screening
- b. Basic hearing battery: pure tone and speech audiometry, acoustic immittance measures
- c. Basic pediatric behavioral assessment: behavioral observation, conditioned orientation response, conditioned play response, visual reinforcement, pediatric speech audiometry
- d. Site-of-lesion testing e.g. reflex decay, PIPB Function (Performance Intensity Function for Phonetically Balanced Words)

ELLECTROPHYSIOLOGICAL MEASUREMENTS (10 Hours Minimum)

Includes: auditory brainstem response (ABR), late evoked potentials, middle latency response, electrocochleography, otoacoustic emissions

OTHER SPECIAL DIAGNOSTIC MEASUREMENTS

- a. Balance Measurement (Includes: Electronystagmography and Posturography)
- b. Central Auditory Processing
- c. Newborn Hearing Screening
- d. Medical/Legal Audiology (e/g Functional Hearing Loss)
- e. Tinnitus Evaluation

AMPLIFICATION (65 Hours Minimum)

Includes: hearing aids, assistive listening devices, and non-conventional aids (e.g. cochlear implant, bone anchored aid)

- a. Assessment for prescription of amplification, e.g. suprathreshold measures (MCL, UCL, Binaural Word Discrimination), real-ear to coupler-difference (RECD), loudness contours, etc.
- b. Prescription of amplification (can include impression taking, ordering of the device, etc.)
- c. Verification of performance, e.g. electroacoustic-based analysis, real ear measurements, measures of functional gain.
- d. Fitting of amplification, e.g. instruction on the care, maintenance, and use of amplification
- e. Validation of performance, e.g. aided loudness perception, speech perception measures, use of scales, questionnaires, etc.
- f. Cerumen management.

AURAL REHABILITATION EDUCATION AUDIOLOGY (25 Hours Minimum)

Includes: management of hearing loss other than provision of an amplification device (e.g. counseling, communication strategies, speech reading and auditory training, educational audiology, language and literacy issues related to hearing impairment, tinnitus management, cochlear implant training).

OTHER (Requires approval by Clinical Education Coordinator) e.g.
hearing conservation, community (industrial) audiology

AUDIOLOGY - MINOR AREA HOURS (20 Hours Minimum)

Preamble:

Requirements for minor area hours were reduced from 35 to 20 hours. The rationale for this was overwhelming agreement from all groups that these hours requirements be reduced. ASHA recently reduced minor area requirements to 20.

The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) currently requires 35 hours in the minor area. However, CASLPO has agreed to pursue an amendment to the legislation to reduce this requirement to 20 hours.

Expectations for students gaining clinical experience in the minor area focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, understanding how to adjust communication for a client who has a communication disorder in the minor area of hearing, speech, or language.

The majority of minor area hours should be supervised by a clinician certified in that area. Audiologists and Speech-Language Pathologists can supervise screenings related to the minor area (i.e. SLPs can supervise hearing screenings; Audiologists can supervise speech and language screenings). Certified Auditory-Verbal Therapists, and Auditory Oral Rehabilitation Specialists in the Province of Quebec may supervise minor area hours in the area of aural rehabilitation for both audiology and speech-language pathology students.

OTHER DISTRIBUTIONAL CONSIDERATIONS

The following tables present minimum requirements for distribution of clinical hours according to Client/Patient Age and Nature of Clinical Activity:

AGE		
	SLP	AUDIOLOGY
CHILD	50 Hours	50 Hours
ADULT	50 Hours	50 Hours

CHILD: Refers to clients from 0-18 years (i.e. includes pre-school, school-age, and adolescent)

ADULT: Refers to clients over 18 years (i.e. includes adult and geriatric populations)

ASSESSMENT / IDENTIFICATION		
	SLP	AUDIOLOGY
TOTAL	100 Hours	100 Hours
CHILD	20 Hours	20 Hours
ADULT	20 Hours	20 Hours

TREATMENT / MANAGEMENT		
	SLP	AUDIOLOGY
TOTAL	100 Hours	100 Hours
CHILD	20 Hours	20 Hours
ADULT	20 Hours	20 Hours

ASSESSMENT/IDENTIFICATION: Includes Screening, Interviewing, Counseling and all clinical activities described in CLIENT RELATED SERVICES regarding Assessment/Identification.

TREATMENT/MANAGEMENT: Includes Counseling, Interviewing and all clinical activities described in CLIENT RELATED SERVICE regarding Treatment/Management.

Note: The 350 hours of CLINICAL ACTIVITIES should contain the above distribution.

DESCRIPTION OF CLINICAL HOURS REQUIREMENTS SPEECH-LANGUAGE PATHOLOGY

CLINICAL ACTIVITIES

I. CLINICAL OBSERVATION

(No specific hours requirement)

Observation is intended to serve as an important preparatory experience prior to direct clinical practicum experience in a specific clinical area. Observation forms part of a continuum moving from observation with no active involvement, to active or guided observation where the student clinician participates at some level, to shared supervised clinical activity, and finally to solo supervised clinical activity.

Observation experiences should be provided by or under the direct supervision of a qualified audiologist of speech-language pathologist. The student clinician is an observer, not an active participant. Actual observations or videotapes may be used. While there is no specific clinical hours requirement for observation, it is strongly recommended that it be incorporated as part of the students' clinical education experience.

II. CLINICAL EXPERIENCE 350 Clock Hours:

- Minimum of 300 clinical hours in Specific Client Services and Related Client Service.
- Maximum of 50 clinical hours in Clinical/Professional Activities.

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.).

Student clinicians may obtain supervised clinical experience working on their own, or working with other professionals and/or student clinicians. Solo vs. shared participation is not distinguished in the accumulation of clock hours. However, it is assumed that the majority of clinical experiences are obtained by students working independently under supervision.

A. CLIENT SPECIFIC SERVICES

- a. **Screening, Identification, Assessment**
- b. **Intervention, Therapy, Management**
- c. **Interviewing**
- d. **Counseling**

"Client Specific Service" refers to clinical activities where the client or family member is present and the focus of the clinical activity. Screening should not comprise the majority of hours obtained in the area of evaluation.

CLIENT RELATED SERVICE

- e. Case Conference, Rounds, Team Meetings**
- f. Consultation with other professionals, support personnel**
- g. Supervisor-Case Discussion**

“Client Related Service” refers to clinical activities related to a specific client. The client or family is not necessarily present. Service involves face-to-face contact with those – other than family members – involved in a specific client’s care. Case conference, rounds, team meetings, and consultation refer to presentation or exchange of information related to a specific client in a one-to-one or group situation. Supervisor-case discussion refers to discussion between student clinician and clinical supervisor of clinical activities related to a specific client.

B. CLINICAL/PROFESSIONAL ACTIVITIES (Of the 350 total hours required, a maximum of 50 clinical hours may be in this area)

- a. Simulated Clinical Activities**
- b. Promotion**
- c. Presentations (e.g. Workshops, In-Service)**
- d. Interprofessional Activities**
- e. Program Development**
- f. Planning/Analysis**
- g. Other – e.g. special project approved by Clinical Education Coordinator**

“Clinical/Professional Activities” includes activities that are clinically relevant and meaningful learning experiences, but not necessarily related to a specific client. “Promotion” and “Presentation” refer to those activities related to increasing awareness of and providing information about communication disorders and the professions. These activities are not directed toward specific clients. Clock hours include time spent in front of the group only, and do not include hours involved in preparation. “Interprofessional Activities” refer to time spent with allied professionals intended to increase the awareness of scope of practice of those individuals and enhance understanding of collegial relationships. “Program Development” and “Planning and Analysis” activities refer to complex activities and do not include general therapy preparation, materials development, or follow up.

Note:

Ancillary clinical activities, such as report writing, record keeping, materials development, and planning for sessions are not considered clock hours and may not be counted. It is acknowledged that these essential activities comprise an indirect component of specific client service. Time spent in supervisory conferences in which the supervisee’s clinical skill development is the focus of discussion is not counted.

SPEECH-LANGUAGE PATHOLOGY - CLINICAL AREAS

LANGUAGE (70 Hours Minimum)

DEVELOPMENTAL (40 Hours Minimum)

Delays or disorders in the areas of morpho-syntax, semantics, pragmatics and discourse in oral, graphic and/or manual modalities. Includes work with any individual who has a developmental language delay or disorder including the following special populations: Specific Language Impairment, Autism Spectrum Disorders, Cognitive Impairment, Hearing Impairment, Cerebral Palsy.

ACQUIRED (30 Hours Minimum)

Neurogenic disorders of comprehension and/or expression in oral, graphic and/or manual modalities resulting from traumatic brain injury, cerebral vascular accident, neoplasm, dementia, or other progressive neurological conditions.

DYSPHAGIA (10 Hours Minimum)

Disorders of swallowing and oral function for feeding.

ARTICULATION/PHONOLOGY (20 Hours Minimum)

Delays or disorders of speech sound production and/or phonological awareness.

MOTOR SPEECH / FLUENCY/ VOICE/RESONANCE (40 Hours Minimum)

MOTOR SPEECH (10 Hours Minimum)

Disorders of speech resulting from apraxia and dysarthria.

Includes regular examination of oral peripheral structures for speech production.

FLUENCY (10 Hours Minimum)

Disordered repetition of speech sounds, syllables, words and/or phrases, problems with speech rate; problems with pacing/juncture between syllable/word boundaries.

VOICE/RESONANCE (10 Hours Minimum)

Abnormalities in vocal quality, pitch, loudness, and/or resonance resulting from neurologic, organic, functional, or hyperfunctional causes. Includes the production of voicing post-laryngectomy (e.g. use of electro larynx, T-E puncture, esophageal speech).

OTHER

Includes clinical caseloads not included above (e.g. trach-ventilator dependent clients). Hours must be approved by Clinical Education Coordinator. It is recognized that work with a client may fall within more than one clinical disorder area. For example, when working with a client who requires the use of an AAC system, hours may be counted under the category of Developmental Language, or Acquired Language (depending on etiology) and may also fall under the category of Motor Speech. Hours should be divided between categories according to the amount of time spent on each. Questions about recording of hours with varied caseloads should be directed to the Academic Clinical Education Coordinator.

SPEECH-LANGUAGE PATHOLOGY - MINOR AREA HOURS (20 Hours Minimum)

Preamble:

Requirements for minor area hours were reduced from 35 to 20 hours. The rationale for this was overwhelming agreement from all groups that these hours requirements be reduced. ASHA recently reduced minor area requirements to 20.

The College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) currently requires 35 hours in the minor area. However, CASLPO has agreed to pursue an amendment to the legislation to reduce this requirement to 20 hours.

Expectations for students gaining clinical experience in the minor area focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, understanding how to adjust communication for a client who has a communication disorder in the minor area of hearing, speech, or language.

The majority of minor area hours should be supervised by a clinician certified in that area. Audiologists and Speech-Language Pathologists can supervise screenings related to the minor area (i.e. SLPs can supervise hearing screenings; Audiologists can supervise speech and language screenings). Certified Auditory-Verbal Therapists, and Auditory Oral Rehabilitation Specialists in the Province of Quebec may supervise minor area hours in the area of aural rehabilitation for both audiology and speech-language pathology students.

OTHER DISTRIBUTIONAL CONSIDERATIONS

The following tables present minimum requirements for distribution of clinical hours according to Client/Patient Age and Nature of Clinical Activity:

AGE		
	SLP	AUDIOLOGY
CHILD	50 Hours	50 Hours
ADULT	50 Hours	50 Hours

CHILD: Refers to clients from 0-18 years (i.e. includes pre-school, school-age, and adolescent)

ADULT: Refers to clients over 18 years (i.e. includes adult and geriatric populations)

ASSESSMENT / IDENTIFICATION		
	SLP	AUDIOLOGY
TOTAL	100 Hours	100 Hours
CHILD	20 Hours	20 Hours
ADULT	20 Hours	20 Hours

TREATMENT / MANAGEMENT		
	SLP	AUDIOLOGY
TOTAL	100 Hours	100 Hours
CHILD	20 Hours	20 Hours
ADULT	20 Hours	20 Hours

ASSESSMENT/IDENTIFICATION: Includes Screening, Interviewing, Counseling and all clinical activities described in CLIENT RELATED SERVICES regarding Assessment/Identification.

TREATMENT/MANAGEMENT: Includes Counseling, Interviewing and all clinical activities described in CLIENT RELATED SERVICE regarding Treatment/Management.

Note: The 350 hours of CLINICAL ACTIVITIES should contain the above distribution.

Regulatory and Licensing Bodies in Canada

The Canadian Alliance of Audiology and Speech-Language Pathology Regulators

The Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR) is the national federation of audiology and speech-language pathology regulators in Canada. As leaders in regulatory issues, members of CAASPR are committed to work collaboratively on matters related to their mandate to protect the public. While regulation occurs at the provincial level, members of CAASPR actively work on development and implementation of national strategies for the advancement of regulatory standards and audiology/speech-language pathology practice in a consistent manner across Canada.

To work as an Audiologist or Speech-Language Pathologist, most provinces have mandatory registration via a government body, typically a College. These Colleges usually count hours towards eligibility similarly to SAC and a similar record can be submitted when you complete an application to a respective College. However, it is up to you to contact the province of your interest when you are considering job opportunities, to determine their specific requirements. For that reason, it is worth keeping a journal of all your clinical activities and hours, for future reference, whether they count for SAC or not.

The following lists the Regulatory bodies of the various provinces:

- College of Speech and Hearing Health Professionals of British Columbia (CSHHPBC)
<http://www.cshhpbcc.org/>
- Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)
<http://www.acslpa.ab.ca/>
- Saskatchewan Association of Speech-Language Pathologists and Audiologists (SASLPA)
<http://www.saslpa.ca/>
- College of Audiologists and Speech-Language Pathologists of Manitoba (CASLPM)
<https://caslpm.ca/>
- College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)
<http://www.caslpo.com>
- Ordre des orthophonistes et audiologistes du Québec (OOAQ)
<http://www.ooaq.qc.ca/>
- New Brunswick Association of Speech-Language Pathologists and Audiologists (NBASLPA)
<http://www.nbaslpa.ca/>
- Nova Scotia, P.E.I., Newfoundland, Labrador and the Territories do not have mandatory registration at the present time



SECTION 4: FORMS

AUDIOLOGY

- Clinical Feedback Form
- Midterm Evaluation
- Final Evaluation of Clinical Skills in Audiology
- Looking Ahead: Goals for the Next Placement
- Clinical Skills Summary Form: Audiology
- Student Feedback to Clinical Educator Form
- SAC Summary of Clinical Practice Hours – Audiology

SPEECH-LANGUAGE PATHOLOGY

- Clinical Feedback Form
- Student Post-Session Self-Evaluation
- Feedback Interpretation Form
- Midterm Evaluation
- Final Evaluation of Clinical Skills in Speech-Language Pathology
- Looking Ahead: Goals for the Next Placement
- Clinical Skills Summary Form: Speech-Language Pathology
- Student Feedback on Externship Experience
- SAC Summary of Clinical Practice Hours - Speech-Language Pathology

AUDIOLOGY FORMS



SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES

Clinical Feedback Form

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

Date: _____

Client: _____

Activities: _____

Things that you did well	Things to try next time



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

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 style="text-align: center;"><i>Rating key:</i></p> <p style="text-align: center;"> ! = 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. Amplification and Rehabilitation 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 TO CLINICAL COORDINATOR

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 AUDIOLOGY

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 AUDIOLOGY

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. General Clinical skills:	N/A	1	2	3	4	5	6	7
1. applies theoretical knowledge to the assessment process								
2. establishes a rapport with clients								
3. gathers relevant case history information								
4. uses the client files and case history information to plan appropriate sessions								
5. determines appropriate recommendations and/or referrals based on all available data								
6. uses time effectively for client appointments and for other clinical tasks and learning opportunities								
Comments:								

3. Basic Diagnostic Audiology:	N/A	1	2	3	4	5	6	7
1. gives clear instructions								
2. is familiar with equipment and trouble shoots simple problems								
3. conducts Pure Tone Audiometry (A/C, B/C)								
4. conducts reliable Speech Audiometry								
5. recognizes when to mask								
6. utilizes proper masking techniques								
7. performs immittance measurements								
8. performs otoacoustic emissions testing								
9. performs and reports on basic otoscopic examinations								
10. interprets results of basic test battery in relation to history; communication skill; medical findings								
Comments:								

4. Diagnostic Pediatric Audiology	N/A	1	2	3	4	5	6	7
1. Manages the environment and tests to maintain child's interest								
2. selects tasks and stimuli appropriate to level of child								
3. makes appropriate observations of auditory behaviours								
4. performs Visual Reinforcement Audiometry (VRA)								
5. performs Play Audiometry								
6. performs Speech Audiometry								
7. performs other tests: Please Specify								
8. gets most pertinent information when complete testing is not possible								
9. interprets results of test battery in relation to history, communication ability and medical findings								
Comments:								

5. Electrophysiologic and Other Audiologic Tests	N/A	1	2	3	4	5	6	7
1. Non-organic hearing loss assessment: a) Identifies when tests are indicated b) Selects appropriate test battery c) Administers appropriate tests								
2. Evoked potential tests: a) Identifies when tests are indicated b) Selects appropriate test battery c) Administers tests								
3. CAPD assessment (Specify tests:_____) a) Identifies when special tests are indicated b) Selects appropriate test battery c) Administers tests								
4. Special populations (Specify:_____) a) Identifies when tests are indicated b) Selects appropriate test battery c) Administers tests								
5. Adapts protocol/parameters for special situations								
6. Interprets overall test profile								
Comments:								

Amplification	N/A	1	2	3	4	5	6	7
1. Identifies client needs based on all pertinent data								
2. Makes appropriate recommendations for communication management (counseling, amplification, group classes, FM systems, hearing assistive technology_								
3. Generates appropriate fitting targets								
4. Shows facility work with NOAH and manufacturers' modules								
5. Selects appropriate amplification features and options								
6. Shows facility in programming amplification								
7. Performs electroanalysis of hearing aids								
8. Administers real ear measurements								
9. Does troubleshooting and listening checks of amplification								
10. Takes ear impressions								
11. Chooses and performs appropriate earmold modifications								
12. Assesses classroom needs if applicable								
13. Conveys information on care and use of amplification effectively								
Comments:								

Aural (Re)habilitation	N/A	1	2	3	4	5	6	7
This section applies to either individual or group situations								
1. Establishes and maintains effective therapeutic relationship with client and/or significant other(s)								
2. Identifies and effectively communicates appropriate communication strategies								
3. Conveys information on adjustment to amplification and realistic expectations								
4. Determines realistic long range goals for treatment which are appropriate for client's needs								
5. Applies effective teaching techniques in classroom situations								
6. Determines when to discontinue treatment								
Comments:								

Additional Comments:

Clinical Educator Name: _____

Clinical Educator Name: _____

Clinical Educator Signature: _____

Clinical Educator Signature: _____

Student Clinician's Signature: _____

Date of Evaluation _____



LOOKING AHEAD: Goals for the Next Placement

For the Clinical Educator and Student Clinician to complete together. Please complete this form at the end of the Externship for the student to take to the next placement.

Student 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 _____



Student Feedback to Clinical Educator Form

This form may be used by student clinicians to give feedback to their Clinical Educator during the externship. We suggest that it be completed and discussed at the time of the mid-term and again at the end of the externship.

How I feel about the placement:

★ I like the way you....

★ I would appreciate more.....

What I am learning:

★ I like the way you.....

★ I would appreciate more.....



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

2177 Wesbrook Mall
Vancouver, B.C. V6T 1Z3
Tel: (604) 822-5591 Fax: (604) 822-6569

Student Clinician: _____

Clinical Skills Summary Form - Audiology

Instructions: Please complete before each externship and give it to your CE with the “Looking Ahead” form on your first day of clinic.

Clinical Experience	Location/site	Client population
Practicum 1 Dates:		
Practicum 2 Dates:		
Practicum 3 Dates:		
Practicum 4 Dates:		

History	<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				

Behavioral 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>
Unmasked puretone audiometry				
Masked puretone audiometry				
Play audiometry				
Visual Reinforcement Audiometry				
Speech reception thresholds				
Word Recognition Score				
Masking for speech testing				
Other:				
Other:				
Comments:				
Electrophysiologic 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>
Tympanometry				
Acoustic reflex thresholds				
Acoustic reflex decay testing				
Otoacoustic emissions				
Neurological ABR				
Threshold ABR				
Other:				
Comments:				

Hearing Aids	<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 when a client may benefit				
Determine hearing aid options based				
Present hearing aid options to the				
Take ear impressions				
select appropriate features and				
Program hearing aids in NOAH				
Perform electroacoustic analysis of				
Administer real ear measurements				
Conduct a hearing aid listening check				
Troubleshoot hearing aids and do basic				
Select appropriate earmold styles				
Earmold modifications				
Provide an orientation session for				
Set up and demonstrate wireless				
Set up an FM system including FM				
Other:				
Comments:				

Aural Rehabilitation	<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 and teach communication				
Convey information on adjustment to				
Determine long range goals and set up				
Teach an aural rehabilitation class				
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 narrative assessment report				
Section(s) of narrative assessment				
Letter of referral to another				
Maintain client session records				
On-line charting in client file				
Other				
Comments:				

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				
Review treatment progress with				
Participate in team rounds or				
Other				
Comments:				
Specialized Tests	<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>
Vestibular:				
CAPD:				
Cochlear Implant:				
Other:				
Comments:				



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			
TOTAL HOURS	A/20			A/20			A			

TOTAL CLIENT HOURS	ASSESSMENT HOURS (Min Req.Hr.= 100) :	TREATMENT HOURS (Min.Req.Hr.= 100):	GRAND TOTAL:	350
--------------------	--	--	--------------	-----

Signature (Clinical Educator) _____

Date _____

SPEECH-LANGUAGE PATHOLOGY FORMS



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)

What would you like to change?

How will this change improve the outcome?

What would you not do again?

Why?



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	



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

Students to **upload** completed evaluation form to **ePortfolio**.

Students must keep originals and return them to the school.

Student's Name:	Site:
-----------------	-------

A. Requirements for Professional Practice:

*The following characteristics are basic requirements for success in the workplace.
Rate the following five items as **(S)** Satisfactory **(I)** Inconsistent, or **(U)** Unsatisfactory*

1. Preparation for all clinical assignments	
2. Punctuality	
3. Confidentiality	
4. Professional appearance	
5. Language appropriate to professional setting	

B. Skill Development Evaluation:

Rating key:

! = 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

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

C. Goal Setting for the Remainder of the Externship

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

1. AREA:

GOAL:

STRATEGIES:

2. AREA:

GOAL:

STRATEGIES:

3. AREA:

GOAL:

STRATEGIES:

4. AREA:

GOAL:

STRATEGIES:

Clinical Educator(s) Name(s) _____

Clinical Educator(s) Signature(s) _____

Student Extern Signature _____ DATE: _____

PLEASE SUBMIT MIDTERM EVALUATION VIA e-PORTFOLIO

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



FINAL EVALUATION OF CLINICAL SKILLS IN SPEECH-LANGUAGE PATHOLOGY

*Students to **upload** completed evaluation form to **ePortfolio**.*

Students must keep originals and return them to the school.

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

Rating Scale:

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

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

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

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

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

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

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

NA=no or insufficient opportunity to evaluate

Tear this sheet off for quick reference

GRADING EXPECTATIONS FOR EACH PLACEMENT

A. Requirements for Professional Practice

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

B. Skill Development Evaluation

Externship 1:

An average of all items scored should result in a typical average score of 4

To Pass*, a student must achieve at least an average of 3 with no individual item scores of 1

Externships 2:

An average of all items scored should result in a typical average score of 4 - 5

To Pass*, a student must achieve at least an average of 3.5 with no individual item scores of 1

Externship 3:

An average of all items scored should result in a typical average score of 5

To Pass*, a student must achieve at least an average of 4 with no individual item scores less than 3

Externship 4:

An average of all items scored should result in a typical average score of 6-7

To Pass*, a student must achieve at least an average of 5.3 with no individual item scores less than 4

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

Instructions for Completion:

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

Tear this sheet off for quick reference

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

FINAL EVALUATION OF CLINICAL SKILLS IN SPEECH-LANGUAGE PATHOLOGY

Student:

Dates: From

To:

of Days Absent

Externship #: 1 2 3 4

Site:

Clinical Educator(s):

A. Requirements for Professional Practice

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

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

B. Skill Development Evaluation

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

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

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

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

Overall Comments

Clinical Educator Name: _____

Clinical Educator Name: _____

Clinical Educator Signature: _____

Clinical Educator Signature: _____

Student Clinician's Signature: _____

Date of Evaluation: _____



LOOKING AHEAD: Goals for the Next Placement

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

Student 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				
Other				
Other				
Other				
Other				



Student Feedback on Practicum Experience

Clinical Site		Clinical Educator	
Dates of Practicum		Academic Coordinator of Clinical Education	

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

THE PURPOSE OF THIS FORM IS TO:

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

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

1. There are three areas to consider: Orientation; Caseload and Practice; CE and Supervision
2. Students are to complete and discuss this form with their CE at midterm and at the end of the practicum.
3. Please provide your feedback using the following categories:
 - SD = strongly disagree
 - D = disagree
 - N = neutral
 - A = agree
 - SA = strongly agree
 - NA = not applicable
4. Comments are extremely valuable and are strongly encouraged.
5. A copy of this form should be kept by the **Student** and the **CE**.
6. An additional copy of this form should be sent to:

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

ORIENTATION

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

CASELOAD and SKILL DEVELOPMENT

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

CLINICAL EDUCATOR and SUPERVISION

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

MIDTERM AND FINAL EVALUATION OF CLINICAL SKILLS

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

OVERALL EVALUATION

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

The most positive aspects of this practicum were:

Some suggestions for adding to the learning experience are:

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

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



SUMMARY OF CLINICAL PRACTICE HOURS - SPEECH-LANGUAGE PATHOLOGY

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

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

AGE GROUP:

C = Child
A = Adult

		ASSESSMENT/ IDENTIFICATION (Ax)		TREATMENT/ MANAGEMENT (Tx)		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			C			50	
TOTAL HOURS	A/20			A/20			A			50	
TOTAL CLIENT HOURS		ASSESSMENT HOURS (Min Req.Hr.= 100) :			TREATMENT HOURS (Min.Req.Hr.= 100):			GRAND TOTAL:		350	

Signature (Clinical Educator): _____

Date: _____