SCHOOL OF AUDIOLOGY AND SPEECH SCIENCES

Faculty of Medicine

University of British Columbia

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## 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.

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

**Student: Start Date:**  **End Date:**

**# of Days Absent**

**Externship #:**

**Site:**

**Clinical Educator(s):**

1. **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 |  |  |  |
| 1. is punctual with respect to appointments, meetings and clinical assignments |  |  |  |
| 1. respects confidentiality of all professional activities |  |  |  |
| 1. presents a professional appearance |  |  |  |
| 1. 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 |  |  |  |  |  |  |  |  |
| 1. accurately observes and interprets verbal and non-verbal behaviour |  |  |  |  |  |  |  |  |
| 1. effectively manages behaviour of client and client's family |  |  |  |  |  |  |  |  |
| 1. is responsive to issues and concerns raised by client and family |  |  |  |  |  |  |  |  |
| 1. demonstrates flexibility in adjusting to different people/situations |  |  |  |  |  |  |  |  |
| 1. is open and responsive to direction/suggestions from the clinical educator |  |  |  |  |  |  |  |  |
| 1. requests assistance from clinical educator and other professionals when appropriate |  |  |  |  |  |  |  |  |
| 1. presents an appropriately confident manner |  |  |  |  |  |  |  |  |
| 1. recognizes own strengths and weaknesses and professional limits |  |  |  |  |  |  |  |  |
| 1. works cooperatively and supportively as a team member |  |  |  |  |  |  |  |  |
| **Comments:** | | | | | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Treatment Skills:** | **N/A** | | **1** | | **2** | | **3** | | **4** | | **5** | **6** | **7** |
| 1. applies theoretical knowledge to the treatment process |  | |  | |  | |  | |  | |  |  |  |
| 1. on basis of assessment determines appropriate long term objectives |  | |  | |  | |  | |  | |  |  |  |
| 1. develops appropriate short term goals to meet those objectives |  | |  | |  | |  | |  | |  |  |  |
| 1. develops an appropriate session plan to achieve goals |  | |  | |  | |  | |  | |  |  |  |
| 1. plans strategies to maintain on-task behaviour |  | |  | |  | |  | |  | |  |  |  |
| 1. selects appropriate tasks and stimuli, keeping in mind age level |  | |  | |  | |  | |  | |  |  |  |
| 1. gives clear instructions to client |  | |  | |  | |  | |  | |  |  |  |
| 1. uses feedback to client which is consistent, discriminating and meaningful |  | |  | |  | |  | |  | |  |  |  |
| 1. recognizes when task should be modified |  | |  | |  | |  | |  | |  |  |  |
| 1. modifies tasks appropriately when change is indicated |  | |  | |  | |  | |  | |  |  |  |
| 1. manages the environment and tasks to maintain client interest |  | |  | |  | |  | |  | |  |  |  |
| 1. appropriately and effectively includes significant others in session |  | |  | |  | |  | |  | |  |  |  |
| 1. continues to assess client across sessions and adjusts goals and objectives accordingly |  | |  | |  | |  | |  | |  |  |  |
| 1. accurately identifies own areas of strength and weakness in the session |  | |  | |  | |  | |  | |  |  |  |
| **Comments:** | | | | | | | | | | | | | |
| 1. **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 | |  | |  | |  | |  | |  |  |  |  |
| 1. clearly conveys information verbally to clients and family; modifies communication style when necessary | |  | |  | |  | |  | |  |  |  |  |
| 1. discriminates when to listen and when to talk | |  | |  | |  | |  | |  |  |  |  |
| 1. communicates appropriately with other professionals | |  | |  | |  | |  | |  |  |  |  |
| 1. 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 | |  | |  | |  | |  | |  |  |  |  |
| 1. maintains regular and complete client records | |  | |  | |  | |  | |  |  |  |  |
| 1. writes in an organized, concise, clear and grammatically correct style | |  | |  | |  | |  | |  |  |  |  |
| 1. style; modifies communication style when necessary | |  | |  | |  | |  | |  |  |  |  |
| **Comments:** | | | | | | | | | | | | | |

|  |
| --- |
| **Overall Comments** |

Clinical Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Educator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinical Educator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Clinician's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_