

SASS Clinical Educator Engagement Event – Question and Answer Summary

Monday May 16, 2022

1. Event Question: What was your biggest worry when you started as a Clinical Educator? Do you still have that worry now?

- **Panelist:** My biggest worry was that I wouldn't have all the answers. After 20 years of being an SLP, I still don't have all the answers. But I realized it is okay that I don't know everything. You will never know everything. Having a student helps your practice and you will have to look things up. You can look things up together with the student. And I don't worry about it now because I have accepted the fact that I don't know everything.
- **Panelist:** My biggest worry was time management. I initially didn't know how to fit a student into my daily schedule. But I realized that my job will always be challenging, so it doesn't matter if I take a student. When I have a student, I do my best to look ahead at my calendar. Having a student actually teaches me new tricks, how to be more flexible, and teaches me new ways to get things done. I learn a lot from the students. They ask me and challenge me, "Why do you do it that way?" Students help me reflect on my own clinical practice.

2. Question from Attendee in Chat Box: What do the externships look like now? How many days? What days?

- **UBC Clinical Coordinator:** All externship dates are on the Clinical Educator Community of Practice and in the Clinical Educator Handbooks. Externships for 2022 are:
 - [AUDI Externship 1 \(Spring 2022\)](#): May 2 – June 16 (7 weeks)
 - [AUDI Externship 2 \(Summer 2022\)](#): June 20 – July 29 (7 weeks)
 - [SLP Externship 4 \(Spring 2022\)](#): April 27 - June 24 (8 weeks)
 - [SLP Externship 1 \(Spring 2022\)](#): May 2 - June 3 (5 weeks)
 - [SLP Externship 2 \(Summer 2022\)](#): June 6 – July 22 (7 weeks)
 - [SLP Externship 3 \(Fall 2022\)](#): September 26 – December 8 (11 weeks, 2 days a week)

3. Question from Attendee in Chat Box: How many hours do the students need for a minimum? I used to take students but now I'm working part-time in private practice and don't think I can offer enough hours.

- **Panelist:** Usually with the first few placements, the number of hours are not as critical as the later placements. Also, I have asked colleagues in other private clinics to share a student or have the student observe them on certain days, making sure it is okay with SASS. Now, within my own team we will have 2 CEs share a student. It's good for the student to learn from more than 1 CE so they experience different perspectives.
- **Panelist:** I took a student when I worked 3 days a week. SASS was great and paired me with another SLP. I didn't have to organize this; SASS took care of the planning. I told them what I could offer for my availability.

- **SASS Clinical Coordinator Comment in Chat Box:** First placements can be fewer hours, and as the students increase in independence, they obtain more hours. We have many part-time CEs as well.

4. Attendee Question: This will be my first time taking a student and I have a very busy schedule. How do I fit in time for feedback and conversation with the student?

- **Panelist:** Every site and Clinical Educator will be different. Explain the expectations with the student at the start of the placement (e.g., meet in the morning before clients arrive, debrief after client's sessions, debrief in the car in between home visits, debrief at the end of the day, etc.). As the student gets more independent in their placement, you can give them small projects to do. It's important to remember that the student does not have to be with the Clinical Educator at all times. It is okay to have your own time as well so that you can do the other tasks you need to get done (e.g., emails, paperwork, etc.). In the beginning of the placement, it is helpful to set aside more time to meet with the student and then adjust as you get to know your student and their learning style better.
- **Panelist:** Definitely have more time at the beginning of the placement to talk with your student. For example, make client appointment times longer, schedule in debrief meetings throughout the day. Towards the end of the placement, things do go faster. Even if you work by yourself as a sole-charge clinician, try to find other professionals in your area who have supervised students before and can mentor you, so that you can bounce ideas off of them. The Clinical Coordinators at SASS are also good resources as mentors.
- **Attendee:** Thinking out loud helps the student understand the CE's clinical reasoning process, but the CE does have to be aware of how much information might be too much for the student to process. To help with time management, at the beginning of a placement, I do schedule a few less clients per day (e.g., 2 clients a day versus 4). Sharing a student with another CE is also a good idea to give the CEs more time and "breathing room" to get other tasks done. Also, have the student observe other health care members (e.g., OT, PT). The student can observe how a client is using their communication strategies and report back to their CE. This is a great learning activity for the student.
- **Panelist:** Towards the end of the placement, most students are able to work independently and do not need to be with the CE all the time (i.e., they can start to see clients on their own), so this actually frees up some of the CE's time to complete paperwork, emails, etc. You can really rely on the student clinician as their independence levels increase.
- **Comment from Attendee in the Chat box:** I find it really helpful to set aside a chunk of time on the first day to orient the student to the placement and their caseload.
- **Comment from Attendee in Chat box:** As I typically share a student with a school-based SLP, I spend the first day establishing our schedule, orient the student to the school district, and an introduction to the OT, PT, and Vision Integration teacher on the Tier 3 team.

5. Attendee Question: What are the resources and supports available from UBC to support potential and new Clinical Educators?

- Resources and materials for all CEs can be found on the Clinical Educator Community of Practice website: <https://clinicaled.audiospeech.ubc.ca/>

- Clinical Educator Handbooks: <https://clinicaled.audiospeech.ubc.ca/resources-2/handbooks/>
- Orientation Video: <https://clinicaled.audiospeech.ubc.ca/orientation/>
- Free Professional Development Modules: <https://clinicaled.audiospeech.ubc.ca/resources-2/clinical-educator-learning-modules/>
- This is not UBC- or SASS-related, but an excellent Preceptor Program: <https://owl.uwo.ca/portal/site/%21pep/page/626165e8-4cec-42e5-a00c-09730f662b76>
- **Panelist:** In the past, before COVID, we had Interprofessional Workshops for Educators at Children’s Hospital, which were full-day events on various topics. Hopefully this will start up again soon as this was valuable for Clinical Educators to receive.
- **Panelist:** It is a great idea to have a partner and go through these materials together (e.g., read the Handbook together, watch the videos together). It’s also great to share a student with a colleague.
- **SASS Clinical Coordinator:** Your student’s Clinical Coordinator is here to support you as a CE. We are always free to coach new CEs for our students and can be a sounding board or support at any time. We know our students and can help.

6. Event Question: What is one piece of advice you would share with potential or relatively new Clinical Educators who think they are not ready to supervise students?

- **Panelist:** You’ll never be completely ready – it is a learning experience. We don’t have all the answers. You learn as you go. You learn a lot from students during the practicum. Reach out to SASS if you have questions; they offer a lot of support. It took me 1 or 2 years to prepare myself and to get myself mentally ready to take a student. Every student and practicum is different.
- **Panelist:** If you are worried about explaining things to student, you just need to know where to find the answers and you can lean on your other team members to help you. If you are able to explain things to clients, you can also explain the same concepts to students. The students have the academic and theoretical background so you observe them connecting the dots and its rewarding to observe that as a CE.
- **Panelist:** It can be a relief for students to hear their CE say, “I’m not sure; let’s look that up together.” It can take away the pressure for students; they do not need to always know all the answers. It’s a learning experience even for the CE and can be a confidence-builder for the student.
- **SASS Clinical Coordinator:** As a CE, think about walking alongside the student instead of being a fountain of knowledge. There is no expectation that you are a sage. That’s not real. What you model as a professional is the most important and is so powerful.
- **Panelist:** In my practice of adult amplification, we are always practicing patient-centered care and patients have become more involved in deciding what hearing aids they will be choosing

and they want to know their diagnosis. As a CE, you are using the same motivational interviewing techniques with your student when they start (e.g., What do they need?, What are their goals?, What do they want from the placement?), similar to what you would ask a client. Then follow up with the student, and change and adapt over the next weeks of the placement. The student is just a super-smart client.

- **Panelist:** Treat students like a co-worker because of their background knowledge and skills that they come to the placement with, from their courses and their training in other placements. Treat students like a future colleague already in the field.
- **Attendee comment in Chat box:** This is a GREAT way to build upon your own capacity, while mentoring a new professional colleague. We need to "share" our thought process, which opens up the discussion. I gain more questions from the student and ideas to move forward with the teaching.
- **Attendee Comment:** I have taken many students before but I have a new role with an AAC focus. It is really helpful for students to see that I don't know everything about AAC. There is different training, there is lots of on-the-fly thinking, technology is breaking down, etc. I look things up, I research, I ask colleagues, I phone vendors. It is important for students to learn how to find information. CEs need to show them where to look. Also, I always say to students when they are planning their sessions, "You can try any activity that relates to the goal but you need to have a theoretical reason why. You need to support it why the **WHY.**" This also helps me learn too.
- **Attendee Comment:** I also work in a school in an AAC role and I have supervised many UBC students. The benefit I see for students is building that relationship with school-based teams and the Tier 3 specialists (e.g., OTs, PTs, Vision Integration teachers). The students get a chance to observe those relationships and they learn there are other professionals they can rely on and ask for support.
- **Attendee Comment:** If you are deciding to take the leap to take a student, what helped me was taking a look at where they are in their coursework. At certain phases of my career, a part-time placement was better for me (e.g., Externship #3, 2 days a week). There are different pros and cons to the different externship schedules. If you work full-time, a full-time student might work better for you. With regards to sharing a student, there are also pros and cons. At one point in my career, it did not work out well for the student that I shared with a colleague. Our service delivery models were so different that it was challenging for the student. If you are thinking about sharing a student, have a conversation with your colleague first so that you can plan ahead and ask each other about your different styles. Lastly, the heart of our jobs is working with families and helping those families through the grief process. The piece of the job that is not the SLP part but is the compassion and counselling part – you don't have to teach the compassion part to students. The students feel this. This has a huge impact on students. Don't let the theory and academics stop you from taking a student. If you have a heart for Speech Pathology, the students will grow from that.

7. Attendee Question: I have taken Hearing Instrument Practitioner (HIP) students in the past and will be taking my first Audiology student this summer. Can someone comment on the differences between these types of students?

- **Panelist:** I have taken both students as well. The UBC Audiology students come in at a much higher level. There is less variability among their skills as compared to HIP students. SASS Audiology students are ready, strong, and it is a much easier placement.
- **Panelist:** HIP students usually have very short placements and they do not have the same knowledge base. I had to explain more to the HIP students.

8. Attendee Question: I am an Audiologist at a private clinic. I have taken students before but have shared with another CE. I am wondering if there is a way for the students to give feedback to CEs?

- **SASS Clinical Coordinator** explained the Student Feedback to Clinical Educator forms at Midterm and Final
- <https://clinicaled.audiospeech.ubc.ca/resources-2/externship-goals-and-forms/slp-externship-package/>
- **SASS Clinical Coordinator:** Students can be anxious about approaching CEs to complete this form because of the power imbalance, so this is something to be aware of. CEs can approach students about these forms as well. This process is intended to be reciprocal and mutual. SASS does accept these documents when you apply for promotion from Clinical Lecturer to Clinical Assistant Professor and beyond. It is proof of your excellence in teaching.
- **Panelist:** I don't wait until the midterm to check in with the student to ask their feedback about how I am doing. I ask the students early in the placement and daily: "Is there anything I can do differently?" I check in more often with the student. This helps me to do a better job and helps the student to be less stressed.

9. Event Question: What is one thing being a Clinical Educator has taught you so far about student mentorship?

- **Panelist:** Students are good learners and have vast knowledge that they have learned at SASS. Don't underestimate the student's participation. They also teach me. I have had students complete projects and give presentations to the other Audiologists at VGH and everyone was impressed. Students can also answer our questions as CEs.
- **Panelist:** I have learned that the learning process is never ending. You will learn just as much from your student as they learn from you. I have also realized that I don't need to be perfect. The most important thing you can teach students is that it's a process of learning together.
- **Panelist:** Although having a student is more work, it is really fun. We all entered the field because we love Speech Pathology. I love being a SLP. Having a student is so rewarding because they are keen to learn from you and to improve and it's so rewarding to know that you are teaching your future colleagues. Students help you think about doing things differently and they make me take breaks so I can model a good work-life balance.
- **Panelist:** I have a team of two front desk staff and another Audiologist. Having students is great for everyone. It's fun, we go out for lunch, we all socialize more on our breaks. Clients are happy to know that they are helping students learn.

10. Attendee Question: Are there any recommendations or requirements about how long a CE needs to be in a certain role before they take a student? For example, I have been in my role for only 4 months and should I be more knowledgeable in this role before I take a student?

- **SASS Clinical Coordinator:** When you are ready to take a student, you will know. The ACCE team will leave it up to the clinician to know if they are confident and competent to mentor a student. It is recommended that a Clinical Educator have at least one year of clinical experience before they take a student, but again, this will depend on many factors. If you are not able to take a student in any particular year, the ACCE team will follow up the next year to see if you are ready for a student.

11. Attendee Question: I am a SLP and I went to grad school in the States. I am looking in the Clinical Educator Handbook to prepare for the student that I will have for Externship #3 this fall. How do you track students? Will Externship #1 and #2 be in medical pediatrics or will it be school-based? I want to make sure that the student is obtaining enough hours.

- **SASS Clinical Coordinator** explained the general schedule for SLP externships (e.g., any combination of preschool, school-age, or adult placement in any of Externship 1, 2 or 3). The ACCE team tells CEs and students not to worry about the number of hours in any externship – there is always a huge range and students will obtain the 350 hours they need to graduate by the end of their 2-year program. Students will have learned foundational and important clinical skills in Externships 1 and 2 but will need more support in your specific setting for Externship 3.

12. Attendee Question: I have never taken a UBC student. What is involved for the student regarding evaluation? I am looking at the Clinical Educator Handbook and wondering what forms are available to CEs to use during the externship?

- All forms, including the Student Midterm and Final Evaluation forms are on the Clinical Educator Community of Practice: <https://clinicaled.audiospeech.ubc.ca/resources-2/externship-goals-and-forms/>