

UBC School of
Audiology and
Speech Sciences

Minor Externship in Audiology

**Information for
Clinical Educators
and
Students**



www.audiospeech.ubc.ca

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SECTION 1 - THE MINOR EXTERNSHIP

This practicum in **Audiology** will be completed by students who have chosen Speech-Language Pathology as their major area of study. It is anticipated that this practicum will be an extension of the core course AUDI 518: Foundations of Audiology. *Course website:*
<http://www.audiospeech.ubc.ca/schedule/courselisting.asp>

GENERAL GOALS

- The externship will build a bridge from academic theory to practice.
- The student will gain an overall understanding and appreciation of the minor area.
- The student will gain knowledge and skills through guided observation and/or participation in clinical work. They will have opportunity for “hands-on” clinical experience through shared responsibility and active involvement. (The student is not expected to develop independence in specific skills in the Minor Area.)

ROLE OF CLINICAL COORDINATORS

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

Sharon Adelman, AUD	604-822-5777	sharon@audiospeech.ubc.ca
Darlene Hicks, AUD	604-233-3113	darlene@audiospeech.ubc.ca

SUGGESTED CONTENT AREAS

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

Referral to an Audiologist

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

Client communication

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

Management of communication disorders

- Understanding how communication behaviour changes during the session, and over time

- Understanding the rationale for management decisions

Techniques and Strategies for Behaviour Management during sessions

Models of Service Delivery

- Observing or discussing a variety of service delivery models

STRATEGIES FOR INCLUDING STUDENTS

In the minor externship, we want to maximize learning for students who have a relatively short time to develop their clinical skills. To help meet this challenge, we have compiled some suggestions for students' participation.

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

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

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

IDEAS FOR STUDENT INVOLVEMENT

Guided Observations

- When interacting with a client, students could observe the client's behaviour and communication and take notes.
- Clinical Educators could suggest a list of behaviours or interactions that the student could monitor (e.g. list child's responses to reinforcement, record client's responses to history questions, etc.).

Case History

- Students could note information that relates to the assessment preparation (e.g. language level used, language level understood, responses to questions, client's interactions with other family members attending the appointment).

Assessments

- Students could assist with test procedures (e.g. place earphones, give test instructions, act as assistant for play or visually reinforced audiometry, with guidance conduct basic pure tone audiometry and tympanometry)
- During the testing, while the Clinical Educator is recording test results, the student could simultaneously record the same test results.

- Students could record data on a particular behaviour that would add to the Clinical Educator's information (e.g. responses to speech tests, identification of responses to sounds or stimuli, patterns of conversational breakdowns).

Treatment Sessions

- Students could participate as a member of the group
- Students could record client information (e.g. type of reinforcement used, when/why tasks were shifted, client's behaviour)
- Students can do hearing aid listening checks and some basic hearing aid trouble shooting

When Clients are Not Being Seen

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

SECTION 2 – EVALUATION AND CLINICAL HOURS

EVALUATION OF STUDENT PERFORMANCE

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

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

STUDENT ASSIGNMENT

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

SAC EXPECTATIONS - 20 HOUR MINIMUM FOR MINOR AREA

Clinical externships include both supervised clinical practice hours and a wide range of related clinical experiences. Each student completes a minimum of 350 hours of supervised clinical practice. **It is expected that 20 hours of the total requirement will be obtained in the minor area of study.** If additional hours are needed to meet the 20-hour requirement, UBC will assume responsibility for arranging additional clinical experience.

GUIDELINES FOR RECORDING CLINICAL HOURS

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

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

DEFINITIONS OF HOURS CATEGORIES

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

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

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

Date _____



School of Audiology and Speech Sciences
 The University of British Columbia
 2177 Wesbrook Mall
 Vancouver, BC V6T 1Z3

Phone: (604) 827-4500
 Fax: (604) 822-6569

**EVALUATION OF STUDENT PERFORMANCE
 MINOR EXTERNSHIP: AUDI 579 – AUDIOLOGY**

Student: _____ Clinical Educator: _____
 Agency: _____ Externship Dates: _____

Please complete this form and review it with the student clinician. Fax or mail the completed form to Clinical Assistant within one week of the completed externship. Fax (604) 822-6569.

(N/A) Not applicable U) Unsatisfactory (S) Satisfactory (E) Excellent

Professional Skills:	
Respects confidentiality in all professional activities.	N/A U S E
Projects professional manner in appearance, preparation, punctuality, and communication with other staff/clients.	N/A U S E
Demonstrates interest in the clinical placement. Listens, asks questions, participates and contributes to discussion with Clinical Educator.	N/A U S E
Knows professional limits and stays within boundaries of experience. Asks for help when needed.	N/A U S E
Clinical Skills:	
Applies academic information to the clinical process.	N/A U S E
Demonstrates understanding of the role of the audiologist and indicators for referral.	N/A U S E
Demonstrates understanding of the process of referral to discharge for your program.	N/A U S E
Makes pertinent observations about clients.	N/A U S E
Modifies language level according to the needs of the client.	N/A U S E
Actively assists in clinical sessions under guidance and supervision.	N/A U S E

In General, overall performance of this student was (circle one): Unsatisfactory Satisfactory Excellent

Comments:

 Clinical Educator Signature

 Student Signature



**STUDENT ASSIGNMENT
MINOR EXTERNSHIP IN AUDIOLOGY**

RETURN TO: **AUDIOLOGY CLINICAL COORDINATOR**
University of British Columbia
School of Audiology and Speech Sciences
Faculty of Medicine
Friedman Building
2177 Wesbrook Mall
Vancouver, BC V6T 1Z3
Fax: 604-822-6569

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

QUESTIONS:

1. Give a brief overview of the process of service delivery from referral to discharge.
(Be specific to the agency in which you are training.)
2. Consider one client/patient with a hearing loss and with whom you have worked or observed during your externship and respond to the following questions:
 - a) Describe the communication disorder and its effect on the patient, on the family, and on others in the environment.
 - b) Identify client/family goals and how these were addressed. What role did the audiologist play in addressing the problem(s)?
 - c) Attach a copy of the audiogram (omitting name and other confidential information).

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