Dear Clinical Educator:

We would like to welcome you warmly and thank you for joining the dedicated group of clinical educators who provide learning opportunities for our students. We hope you will find the clinical teaching experience to be an exciting and rewarding one!

This handbook is designed to give you an understanding of the content and organization of the curriculum, guidelines for organizing the externship, strategies for clinical teaching, examples of externship forms, and information about clinical appointments and benefits for clinical faculty. We invite you to visit the “Clinical Educators” section of the School website for more ideas about clinical teaching (www.audiospeech.ubc.ca/our-people/clinical-faculty).

Our students are excited about their clinical externships and look forward to them with eager anticipation. It is through your guidance that students learn to put their knowledge into practice, to reflect on their successes and their setbacks, and to grow as young professionals. We thank you for your commitment to the next generation of speech-language pathologists and audiologists.

Sincerely,

Clinical Coordinators
School of Audiology & Speech Sciences
University of British Columbia
TABLE OF CONTENTS

Clinical Educator Handbook

Section 1: Overview of the Program
Our Students ................................................................. 1
Curriculum ........................................................................ 1
Sequence of Courses ........................................................... 2

Section 2: Clinical Teaching
Principles ........................................................................ 6
The Learning Cycle ............................................................ 7
The Continuum of Learning ...................................................... 8
References ........................................................................ 9

Section 3: Overview of Externships
The UBC Externship Schedule and Goals .................................. 11
Planning and Guiding the Clinical Externship
Preparation ......................................................................... 12
The Externship Begins .......................................................... 13
Week-by-Week Guides .......................................................... 15
Workload ........................................................................... 18
Evaluation ........................................................................... 18
What If Unexpected Problems Arise? ....................................... 20

Section 4: Clinical Faculty
Appointments and Promotions .................................................. 23
Benefits ............................................................................ 23

Section 5: Clinical Teaching Resources
Using the Clinical Teaching Resources ....................................... 25
What Makes a Great Learning Experience? Student’s View .......... 26
What Makes a Great Learning Experience? Clinical Educator’s View .................................................................................. 28
Making the Implicit Explicit ..................................................... 30
Learning Styles ..................................................................... 34
Website Samples .................................................................. 38

Section 6: Policies
Policy Addressing Unsatisfactory Performance in Clinical Externships .................................................................................. 41
Guidelines on Student Absence from Externships .................................................................................. 45
Goals for 1st Externship with Adults ......................................... 46
Goals for 1st Externship with Children ...................................... 48

Section 7: Forms
Clinical Feedback Form ........................................................... 51
Midterm Evaluation .................................................................. 52
Evaluation of Clinical Skills ....................................................... 56
Summary of Clinical Practice Hours ............................................ 64
Definition of Hours .................................................................. 65
Looking Ahead: Goals and Ideas for the Next Placement .................. 67
Student Feedback to Clinical Educator ....................................... 68
Complete Session Overview and Specific Activity Plan ................. 79
SECTION 1: Overview of the Program

- Our Students
- Curriculum
- Sequence of Courses
OVERVIEW OF THE PROGRAM

The School of Audiology and Speech Sciences offers a Master’s degree program designed to provide the scientific and clinical education necessary for the professions of Audiology and Speech-Language Pathology.

On applying to the program, students declare their major as Audiology or Speech-Language Pathology. The Speech-Language Pathology program is two years in length.

OUR STUDENTS

Undergraduate degree: Most of the students applying to the program have undergraduate degrees in Linguistics or Psychology. Many of the students have undergraduate degrees from B.C. Universities. We do accept students from other universities who meet the same prerequisites. Competition for the program is intense each year as we receive an average of 125 applications for twenty-five spaces. At minimum, students must have an average of at least 76% over the last two years of a 4-year undergraduate degree. Due to the degree of competition, most accepted applicants have averages over 85%.

Prerequisites: Students are required to take undergraduate courses in the following areas prior to acceptance into the graduate program: phonology, syntax, speech science, language acquisition, phonetics, developmental psychology, cognitive psychology OR psycholinguistics, research methods, neuroanatomy and neurolinguistics.

In addition to their academic preparation, many of the students have done volunteer work in speech-language pathology or audiology.

CURRICULUM

The curriculum is designed to span 22 months (September – June). The following is a summary of the timing of courses and clinical externships. The Minor externship in Audiology (5-8 days) is arranged during the first year as scheduling permits. Course descriptions and course syllabi are available on our website www.audiospeech.ubc.ca.
SEQUENCE OF COURSES

Fall Term (Year I): September – December:
Focus is on normal development of the speech, language and hearing mechanism and developmental speech and language disorders

Coursework
  • Hearing Sciences I
  • Fundamentals of Audiology
  • Phonological Development, Assessment & Intervention
  • Directed Studies – Clinical Practice Lecture/Lab
  • Research Methods I
  • Developmental Language Disorders
  • Language Development Across the Lifespan
  • Audiology Minor Externship for SLP Majors

Winter Term (Year I): January – April

Coursework
  • Discourse Analysis
  • Disorders of Speech Production
  • Acquired Language Disorders
  • Introduction to Dysphagia
  • Research Methods II
  • Issues in Professional Practice
  • Approaches to Audiology and Speech-Language Pathology for Aboriginal People in Canada
  • Advanced Speech Science
  • Case Studies in Phonological Intervention

Spring / Summer Term (Year 1): May – July

Externship 1
  5 weeks, 5 days per week: Preschool, School, Adult settings

Externship 2
  7 weeks; 5 days /week: Adult and Preschool settings
Fall Term (Year 2): September – December
Focus is on speech and language disorders in school-aged children and special populations.

Coursework:
• Issues in Professional Practice
• Language Development and Disorders in the School Years
• Perceptual, Cognitive, and Social – Affective Effects on Communication Performance: Ax&Tx.
• Approaches to Audiology and SLP for Aboriginal People in Canada (Part II)

Externship 3
11 weeks, 2 days per week
School, Adult or Preschool Setting

Winter Term (Year 2): January – March
Focus is on acquired speech, language, and swallowing disorders in adults

Coursework
• Applied Discourse Analysis
• Cognitive Processing & Acquired Language Disorders
  • Dysarthria & Dysphagia II
  • Acquired Language Disorders – Advanced

Spring Term – Part 1 (Year 2): March – Mid-May

Externship 4
8 weeks, 5 days per week: School, Adult or Preschool Setting

Spring Term – Part 2 (Year 2): Mid-May - June

Coursework
• Topics in Fluency Disorders
• Augmentative and Alternative Communication
  • Graduating Essay or Thesis
# PROGRAM OVERVIEW
SCHOOL OF AUDIOLOGY & SPEECH SCIENCES
Speech-Language Pathology

<table>
<thead>
<tr>
<th>YR/MO</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUNE</th>
<th>JUL</th>
<th>AUG</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR 1</td>
<td>T1 Courses (credits)</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
<td>B</td>
</tr>
<tr>
<td>1</td>
<td>514 Hearing Science I (3)</td>
<td>516A Discourse Analysis (2)</td>
<td>524 Disorders of Speech Production (3)</td>
<td>526 Acquired Language Disorders (3)</td>
<td>527 Introduction to Dysphagia (1)</td>
<td>530C Research Methods (1)</td>
<td>545 Issues in Clinical Practice (0)</td>
<td>547C Directed Reading-First Nations – Part 1 (1)</td>
<td>570 Case studies in Phonological Intervention (2)</td>
<td>583 Advanced Speech Science (3)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
</tr>
<tr>
<td>1</td>
<td>518 Fundamentals of Audiology (3)</td>
<td>524 Disorders of Speech Production (3)</td>
<td>526 Acquired Language Disorders (3)</td>
<td>527 Introduction to Dysphagia (1)</td>
<td>530C Research Methods (1)</td>
<td>545 Issues in Clinical Practice (0)</td>
<td>547C Directed Reading-First Nations – Part 1 (1)</td>
<td>570 Case studies in Phonological Intervention (2)</td>
<td>583 Advanced Speech Science (3)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
<td>B</td>
</tr>
<tr>
<td>1</td>
<td>530A Research Methods (1)</td>
<td>572 Cognitive Processing &amp; Acquired Language Disorders (3)</td>
<td>577 Advanced Studies in Acquired Speech &amp; Swallowing Disorders (2)</td>
<td>586 Acquired Language Disorders II (2)</td>
<td>583 Advanced Speech Science (3)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
</tr>
<tr>
<td>1</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
<td>547A Directed Reading in Audiology &amp; Speech Sciences-Lab (1)</td>
</tr>
<tr>
<td>1</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
<td>571 Developmental Language Disorders (3)</td>
</tr>
<tr>
<td>1</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
<td>585 Language Development across the Lifespan (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR 2</th>
<th>T 3 Courses</th>
<th>B</th>
<th>R</th>
<th>E</th>
<th>A</th>
<th>K</th>
<th>B</th>
<th>R</th>
<th>E</th>
<th>A</th>
<th>K</th>
<th>B</th>
<th>R</th>
<th>E</th>
<th>A</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>545 Issues in Clinical Practice (0)</td>
<td>516C Discourse Analysis (1)</td>
<td>572 Cognitive Processing &amp; Acquired Language Disorders (3)</td>
<td>577 Advanced Studies in Acquired Speech &amp; Swallowing Disorders (2)</td>
<td>586 Acquired Language Disorders II (2)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>547C Directed Reading-First Nations – Part 2 (1)</td>
<td>545 Issues in Clinical Practice (0)</td>
<td>516C Discourse Analysis (1)</td>
<td>572 Cognitive Processing &amp; Acquired Language Disorders (3)</td>
<td>577 Advanced Studies in Acquired Speech &amp; Swallowing Disorders (2)</td>
<td>586 Acquired Language Disorders II (2)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>575 Language Development &amp; Disorders in School Years (3)</td>
<td>547C Directed Reading-First Nations – Part 2 (1)</td>
<td>545 Issues in Clinical Practice (0)</td>
<td>516C Discourse Analysis (1)</td>
<td>572 Cognitive Processing &amp; Acquired Language Disorders (3)</td>
<td>577 Advanced Studies in Acquired Speech &amp; Swallowing Disorders (2)</td>
<td>586 Acquired Language Disorders II (2)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>581 Perceptual, Cognitive &amp; Social Affective Issues in Communication Development (3)</td>
<td>547C Directed Reading-First Nations – Part 2 (1)</td>
<td>545 Issues in Clinical Practice (0)</td>
<td>516C Discourse Analysis (1)</td>
<td>572 Cognitive Processing &amp; Acquired Language Disorders (3)</td>
<td>577 Advanced Studies in Acquired Speech &amp; Swallowing Disorders (2)</td>
<td>586 Acquired Language Disorders II (2)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>593 SLP Practicum III (3) - 11 weeks 2 days a week-Sept-Dec.</td>
<td>547C Directed Reading-First Nations – Part 2 (1)</td>
<td>545 Issues in Clinical Practice (0)</td>
<td>516C Discourse Analysis (1)</td>
<td>572 Cognitive Processing &amp; Acquired Language Disorders (3)</td>
<td>577 Advanced Studies in Acquired Speech &amp; Swallowing Disorders (2)</td>
<td>586 Acquired Language Disorders II (2)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
<td>B</td>
<td>R</td>
<td>E</td>
<td>A</td>
<td>K</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T 4 Courses (Jan 4 - April 7)</th>
<th>B</th>
<th>R</th>
<th>E</th>
<th>A</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>516C Discourse Analysis (1)</td>
<td>572 Cognitive Processing &amp; Acquired Language Disorders (3)</td>
<td>577 Advanced Studies in Acquired Speech &amp; Swallowing Disorders (2)</td>
<td>586 Acquired Language Disorders II (2)</td>
<td>559 Audiology Minor Externship for Speech Majors (may occur in Dec.)</td>
<td>590 SLP Practicum II (3)</td>
</tr>
</tbody>
</table>

### Summer March – May
Audi 594 SLP Practicum IV (3) – 8 weeks -5 days a week

### Summer June – July
Audi 546A Advanced Communication Sciences & Disorders-AAC (3)
Audi 576 Topics in Fluency Disorders (2)
Audi 548 Graduating Paper (3) or Audi 549 M.Sc. Thesis (6) or Comprehensive Exam (no registration is required)

*Overview Subject to Revision*
SECTION 2: Clinical Teaching

- Principles
- The Learning Cycle
- The Continuum of Learning
- References
PRINCIPLES OF CLINICAL TEACHING

What is Clinical Teaching?
Clinical teaching is the connection between academic knowledge and applied skills. Clinical teaching links students to the profession and encourages professional growth and development. It builds the future of the profession, one student at a time. Speech-Language and Audiology Canada (SAC, formerly CASLPA) recognizes the importance of clinical teaching, both in support of the academic training programs and in provision of Continuing Education Equivalents to those professionals who serve as Clinical Educators.

What makes an Effective Clinical Teacher?
An effective teacher is a person who:
- Provides opportunities for learners to participate in client care
- Teaches specific content and skills
- Delegates specific tasks to the learner
- Observes the learner
- Provides timely, constructive feedback
- Provides a friendly supportive learning environment
- Influences and inspires

(From Wright S., Carrese J. “Excellence in role modeling: insight and perspectives from the pros”. Canadian Medical Association Journal 2002; 167, 638-643 in “Teaching Skills for Community Based Preceptors”, Office for Faculty Development, Faculty of Medicine, University of British Columbia.)

“I appreciated it when my Clinical Educator shared her caseload and materials with me and provided lots of resources” – UBC Student

“I appreciated it when my Clinical Educator gave me specific, detailed, immediate feedback about what I did well and what I needed to work on” – UBC Student

“It would have helped to have had more preparation time; I felt hesitant to come up with treatment ideas ‘on the spot’. I would like to have time to think it over and then present some ideas” – UBC Student

[For more student comments, refer to Section 5 – Clinical Teaching Resources, “What Makes a Great Learning Experience: The Student’s View”]

THE LEARNING CYCLE

How do students learn?
One way of thinking about learning is by looking at the “The Learning Cycle”, sometimes called the “Conscious Competence Learning Model”. The origin of this cycle is unknown but it is a framework that has been applied to many different learning situations. Simply put, you learn in stages. You may move backwards each time you encounter a more advanced or complex client or skill. You cannot “jump” stages.
Level 1 – Unconscious Incompetence
At this level the students are unaware of what they know and what they do NOT know. Through observations and demonstrations they begin to identify what they do know and to appreciate the need for learning additional skills.

Level 2 – Conscious Incompetence
The student comes to an awareness of his/her lack of practical skill and/or deficiencies in managing clients or caseloads. Students may need help with their self-confidence as they realize the breadth and depth of what they must learn.

Level 3 – Conscious Competence
This student can perform certain skills well but must concentrate and think about it. For example, a student may be able to administer a particular assessment instrument or use a specific activity in therapy sessions.

Level 4 – Unconscious Competence
Practice is the only way to arrive at this level. This clinician manages clients and caseloads automatically - quickly and competently. When the clinician is hosting a student, it is important to make his/her implicit knowledge explicit through description and on-line explanation of actions (see Section 5 – “Making the Implicit Explicit”).

Reflective Practice
The four-stage learning cycle may be seen as a “model for professional development”. It can also serve as a Clinical Educator’s “framework of preparedness” (Burton, 2000). Beyond this model, however, is the notion of reflective practice. In order to develop a different perspective about a clinical situation or session, Gibbs (in Burton, 2000) described a process that contained the following steps:

1. DESCRIPTION – What happened?
2. FEELINGS – What were you thinking and feeling?
3. EVALUATION – What was good and bad about the experience?
4. ANALYSIS – What sense can you make of the situation?
5. CONCLUSION - What else could you have done?
6. ACTION PLAN - If it arose again what would you do?

With reflective practice, a clinician is able to analyze his/her unconscious competence and explain and teach these skills to others. S/he constantly re-evaluates performance according to current ideas and theories.

Learning Styles
Each student and Clinical Educator has his/her own learning style. David Kolb (1984) defines learning according to two basic steps:
1) how we take in information (along a continuum from concrete to abstract), and
2) how we process and integrate information (along a continuum from active to reflective) to fit our previous experience and knowledge. That is, some students learn through observing and thinking about experiences before participating, while other students prefer to jump in immediately, make mistakes and experiment again.

Sometimes the Clinical Educator and student have different learning styles and each must adjust somewhat to fit the other’s expectations and comfort levels. (For more information about learning styles, see Section 5, Clinical Teaching Resources, Learning Styles).
THE CONTINUUM OF LEARNING

Jean Anderson (1988) introduced the concept of a continuum of learning, where Clinical Educators gradually move from “educating” at the outset of a placement, to “sponsoring” as the student becomes more independent. Students move back and forth on this continuum each time a new strategy or technique is introduced, or each time a different type of client is introduced.

**Supervision Timeline:**

<table>
<thead>
<tr>
<th>Initial Stage</th>
<th>Transitional Stage</th>
<th>Self Supervision Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educating</td>
<td>Coaching</td>
<td>Sponsoring</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educating</th>
<th>Coaching</th>
<th>Sponsoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Educator</td>
<td>Student</td>
<td></td>
</tr>
</tbody>
</table>

**Educating**

*When?* - at the beginning of each externship  
- when introducing a new procedure  
- when working with a new type of client

*How?* - provide student with information, direct instruction, and modeling prior to sessions  
- provide student with direct feedback regarding what went well during the session, what needs to be modified and how to make those modifications

**Coaching**

*When?* - as the student gains clinical experience and skill

*How?* - encourage student to evaluate own sessions  
- engage in joint problem-solving with student  
- encourage the student to be innovative  
- expect and allow mistakes

**Sponsoring or Peer Consultation**

*When?* - when the student is familiar with procedures and types of clients  
- at the end of the final externship

*How?* - encourage the student to make most decisions on their own  
- provide guidance as requested by the student  
- act as a resource
REFERENCES


Office for Faculty Development, Faculty of Medicine. *Teaching Skills for Community Based Preceptors*. University of British Columbia.

Wright S. & Carrese J. (2002). Excellence in role modeling: insight and perspectives from the pros. In *Teaching Skills for Community Based Preceptors* (Office for Faculty Development, Faculty of Medicine, University of British Columbia.)
SECTION 3: Overview of Externships

• The UBC Externship Schedule and Goals

• Planning and Guiding the Clinical Externship
  ▪ Preparation
  ▪ The Externship Begins
  ▪ Week-by-Week Guides
  ▪ Workload
  ▪ Evaluation
  ▪ What if Unexpected Problems Arise?
THE UBC EXTERNSHIP SCHEDULE AND GOALS

Externship 1: May – June [Introductory Experience]
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:
- basic assessment procedures specific to the setting
- planning and implementing treatment for typical clients
- understanding of the role of the speech-language pathologist
- self-evaluation of their interactions with clients, families and other professionals
- observing and describing clients’ 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/week)
This placement builds on the skills developed in Externship I. 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 strengths and the areas they will need to develop as beginning professional speech-language pathologists.

Externship 3: September – December (2 days/week)
This placement is two days/week during the full 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 each person’s 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/week)
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 75% of the Clinical Educator’s caseload. Following this placement, students return to UBC to complete the thesis or graduating essay requirement and attend a special block of additional courses.

At Graduation:
Our goal is to graduate clinicians who....
- have the knowledge base, clinical skills and personal characteristics necessary to be competent speech-language pathologists
- have 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.
PLANNING AND GUIDING THE CLINICAL EXTERNSHIP

PREPARATION
Prior to the student’s arrival, review information about the student’s previous experience. In the mail, you will receive a Student Profile in the package from the University. This is similar to a resume that the student has written to provide you with background information on their experiences. The student will send you a letter of introduction prior to the externship.

If the student has completed a previous placement, they may also bring along a Looking Ahead: Goals and Ideas for the Next Placement form which provides information about their last placement and possible goals to work on in the current placement.

Orientation for You, the Clinical Educator
The Clinical Coordinator from the University will provide an orientation to each new Clinical Educator before the placement begins. The orientation will provide an overview of the externship process. The expectations for student independence will be reviewed. The process of evaluation will be reviewed. Ideas of how to include the student in the clinical process will be discussed.

Planning an Orientation for the Student
On the first day of the placement, provide an orientation or an initial meeting for the Clinical Educator and student to discuss the agency and the services provided. Review the student’s goals and the structure of the externship. Outline the expectations in terms of the student and the agency as follows:

Relating to the Student

Purpose:
• to become acquainted with the student, previous clinical experiences and goals for the current externship
• to acquaint the student with the structure of the externship

Procedures:
• Review student’s previous clinical experiences
• Discuss student’s goals for current externship and opportunities to achieve these goals within the setting (review at end of first week and use as basis for planning and evaluation)
• Describe structure of the student’s day, including preparation time, discussion time, attendance, hours in clinic, lunch/coffee breaks
• Discuss preparation required of student (e.g., treatment plans, review of charts, timing and deadlines)
• Establish a discussion time schedule with the student (e.g., preceding and/or following each session, at the beginning and/or end of the day)
• Discuss procedure and timing of midterm and final evaluations

Relating to the Agency

Purpose:
• to acquaint the student with the agency and its services
Procedures:
- Describe services provided by agency and kinds of clinical experiences available to the student
- Describe the caseload.
- Describe the clinical organization and administrative procedures (e.g., referral process, files, record keeping, caseload management statistics, confidentiality, involvement with other professions, appointment scheduling, etc.)
- Familiarize with equipment, tests and materials
- Notify the student if there are emergency procedures (e.g., evacuation for fire, earthquakes)
- Review safety and health hygiene practices (e.g., latex gloves for oral peripheral examination, toy washing, environmental hazards)
- Identify student’s workspace, secretarial services available, photocopying, internet and computer access, mailing, telephone procedures
- Inform the student of the agency’s dress code
- Introduce student to other staff and team members
- Identify the person the student reports to in your absence

THE EXTERNSHIP BEGINS

The Student Observes

Purpose:
- Introduce student to clients they will be working with
- Develop student’s ability to observe specific behaviours
- Model techniques the student will be using

Procedures:
- Provide student with specific tasks while observing
- Provide observations at any point during the externship
- How much observation? Refer to guidelines provided and consult with the student

The Student Becomes Involved

Purpose:
- to assist a beginning student to develop basic preparation and clinical skills, or to assist a more experienced student to further develop and refine skills

Procedures:
- Provide clear expectations regarding student’s role with client and expectations for student preparation (see sample Session and Treatment Plan form)
- Initially the student should share in activities. Provide an opportunity for the student to practice and/or observe specific assessment or therapy techniques prior to his or her “going solo”
- Students appreciate having time to prepare for sessions and then discussing plans with you
• Solo or shared? This will vary with student readiness and learning style so discuss this with student

Observation of the Student

Purpose:
• to provide student with specific information about performance
• to guide student in his/her plans for subsequent client sessions
• to meet UBC standards for student supervision

Procedures:
• UBC requires that at least 25% of ALL treatment sessions and at least 50% of EACH evaluation be observed
• Jointly choose area of focus for your observation
• On-line written comments can be discussed with the students after the session
• Not every treatment session need be observed, but it is important that the student review the session with you afterwards

Note: First year students require more direct observation and feedback from their Clinical Educators than final year students (See pages 17 & 18.)

Discussion and Feedback to the Student

Purpose:
• to develop student’s clinical skills
• to provide student with specific suggestions and ideas
• to develop student’s self-evaluation ability

Suggestions for Discussion:
• The role taken by the student will vary depending on where the student is on the supervision continuum
• Discussion may range from specific direct comments from the Clinical Educator to independent student self-evaluation
• We recommend active participation, with the student contributing specific points for discussion

Suggestions for Feedback
• Written and/or verbal depending on what the student prefers.
• Evaluation: constructive criticism and suggestions for change
• Objective: data collection for the client, data collection regarding student performance
• Questioning:
  Interpretation (Why do you think child did X?)
  Reporting (What happened when you did X?)
  Feeling (How did you feel when client said X?)
  Alternative (What else could you have done when X?)
  Comparative (Have you had a similar experience with another client?)

Note: Videotaping of sessions provides an excellent basis for discussion and opportunity for student to self-evaluate
WEEK-BY-WEEK GUIDE: 5-WEEK PLACEMENT

This schedule is an overview of the clinical learning and student involvement during Externship 1: Introductory Pediatric Experience. The timeline may be modified depending upon the student’s previous experience, rate of learning and the type of the externship.

WEEK 1  Days 1 and 2: Introduction to the setting; review “Goals for First Placement with Children” or “Goals for First placement with Adults” with student (sent with externship confirmation letter); student observes

Days 3 and 4: Participation – 1/2 to 1 clinical hours* per day

WEEK 2  Participation continues: approx. 1 – 1 1/2 clinical hours* per day

- Feedback from Clinical Educator and demonstration

WEEK 3  Participation continues: approx. 2 clinical hours* per day

- Feedback from Clinical Educator and demonstration
- Student self-evaluation begins
- Observation continues with a new type of client
- Review “Goals for First Placement with Children” or “Goals for First placement with Adults”; set goals for the remainder of the externship
- University Clinical Coordinator makes phone consultation or site visit

WEEK 4  Participation continues: approx. 2/12 – 3 clinical hours* per day

- Feedback from Clinical Educator and demonstration continues
- Student self-evaluation continues

WEEK 5  Participation continues: approx. 4 clinical hours* per day

- Feedback continues; demonstration as required
- Student self-evaluation continues
- Student should aim to be independent in planning for clients seen from the beginning of the externship
- With new clients, student plans assessment or treatment in collaboration with Clinical Educator
- FINAL EVALUATION based on the student’s performance during the last 20% of the externship

* “Clinical hours” are defined by SAC. For further information, see Section 7, Forms, Summary Clinical Practice Hours.
WEEK-BY-WEEK GUIDE: 7-WEEK TO 8-WEEK PLACEMENTS

This schedule is an overview of the clinical learning and student involvement during the placement. The timeline may be modified depending upon the student's previous experience, rate of learning and the type of externship.

WEEK 1
Days 1 and 2: Introduction to the setting; observation
Days 3 and 4: Participation - 1/2 to 1 clinical hours* per day

WEEK 2
Participation continues: approx. 1-1 1/2 clinical hours* per day

WEEK 3
Participation continues: approx. 2 clinical hours* per day
- feedback from Clinical Educator and demonstration
- student self-evaluation begins
- observation continues with a new type of client
- if possible, student to observe team conferences
- MIDTERM EVALUATION done mid-week
- University Clinical Coordinator makes site visit

WEEK 4
Participation continues: approx. 2 1/2 - 3 clinical hours* per day
- feedback from Clinical Educator and demonstration
- student self-evaluation continues
- student presents at a case conference, if appropriate

WEEK 5 - 8
Participation continues: approx. 4 clinical hours* per day
- feedback continues; demonstration as required
- student self-evaluation continues
- student should aim to be independent in planning for clients seen from the beginning of the externship
- with new clients, student plans treatment following discussion with Clinical Educator
- new assessments and reports planned with Clinical Educator and carried out by student
- presentation at in-service or case conference
- Other learning opportunities may occur, such as observation of other team members or surgery.
- FINAL EVALUATION based on the student's performance during the last 20% of the externship

* “Clinical hours” are defined by SAC. For further information, see Section 6, Forms, Summary of Clinical Practice Hours.
WEEK-BY-WEEK GUIDE: 11 WEEK PLACEMENTS

This placement is 2 days per week, and takes place concurrently with part-time coursework on campus.

WEEK 1

- Day 1: Orientation to agency; discussion of student goals, observation
- Day 2: Planning for student caseload, review of tests and materials at your agency, guided client observation
- 1/2 to 1 clinical hours* per day

WEEKS 2 – 5

- Student and Clinical Educator (CE) share sessions with clients – student may carry out a familiar activity with a new client or prepare a new activity for a familiar client
- Student gradually becomes independent in planning activities and carrying out sessions
- Student and CE share assessments (e.g., student administers specific test instruments or methods, transcribes language sample)
- 1 – 2 clinical hours* per day

WEEK 6

- MIDTERM EVALUATION to set goals for remainder of placement
- 2 – 2 ½ clinical hours* per day

WEEKS 7 – 11

- CE and student develop skills for goals identified at Midterm
- Student more independent in planning treatment, following goals set by CE
- With assistance, student plans 1-2 assessments and sets goals for that client’s treatment plan
- Other learning opportunities may occur, such as observation of other team members or surgery.
- Student may present at a team meeting or discuss assessment/treatment results with family members
- 2 ½ - 3 ½ clinical hours* per day

WEEK 10-11

- Feedback from CE continues
- Student self-evaluation continues
- 3 – 4 clinical hours* per day
- FINAL EVALUATION based on last 20% of the externship

* “Clinical hours” are defined by SAC: for further information, see Section 6, Forms, Summary of Clinical Practice Hours.
WORKLOAD

The following are guidelines for determining the number of clients a student should be assigned to work with during the externships:

Caseload:
During the first externship, the student should gradually assume *40-50% of the Clinical Educator’s caseload. Students in subsequent externships should gradually assume *75-80% of the Clinical Educator’s caseload. Consider which experience is the best learning experience for the student. Share clients that are more challenging. Allow the student to develop independence with some of the clients that are more typical for your centre.

*these numbers are only approximate and will depend upon each student including: previous experience; familiarity with the caseload and clinical procedures particular to the present setting; rate of skill acquisition and the size and complexity of the Clinical Educator’s caseload

Homework:
Students can expect to spend a maximum of 10 hours/week outside the clinic for preparation, report writing, reading etc.

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 Evaluation of Clinical Skills form). The following outlines the process of evaluation for each major externship.

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

Purpose:
- to provide student and UBC Clinical Coordinator with feedback about clinical skill development
- to develop goals for the remainder of the externship
- to provide student with an opportunity to give feedback to Clinical Educator

Suggestions:
- Review with student at the midpoint of the externship (e.g., week 3 of a 6-week externship; week 4 of 8-week externship, etc.)
- If any areas marked C (concern) or U (unsatisfactory), please call the Clinical Coordinator immediately

Final Evaluation

Purpose:
- to document progress during externship
- to determine if student has met the School’s expectations for this externship
- to provide student and Clinical Coordinator with goals for subsequent externships
Suggestions:
- Evaluation should be based on the student’s performance during the last 20% of the externship (refer to instructions for completion included in Section 6, Forms)
- Review and discuss with student near the end of the externship
- Evaluation should reflect content of ongoing discussion and feedback regarding student’s progress in achieving initial goals. No surprise comments

Rating Student Performance on Evaluations

The 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 each specific placement. Achievement 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). To view the actual evaluation forms, see Section 6, Forms.

Skill Development Evaluation Expectations

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.

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. See www.audiospeech.ubc.ca Policy Addressing Unsatisfactory Performance in Clinical Externships.
WHAT IF UNEXPECTED PROBLEMS ARISE?

Student Absence

Absences for personal reasons:
It is typical that a student might miss one or two days of an externship due to illness, doctor's appointment, 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 an 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).

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 must review this request with their Clinical Coordinator. Approval will be considered on a case-by-case basis.

As with absences for personal reasons, any additional 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).

Clinical Educator absence
There must be a speech-language pathologist within the agency who takes responsibility for the student during the Clinical Educator's absence.

The student may carry out therapy with clients he/she and the Clinical Educator feels he/she is prepared to handle. If there is no speech-language pathologist who can take responsibility for the student, the student may not engage in any direct clinical on site activities. It is recommended that alternate experiences be arranged (e.g., report writing, review of materials, viewing videotapes; observing clients in another therapy or in a classroom).

The student may not carry out assessments unless at least 50% of the assessment is observed by a speech-language pathologist from the agency. If the Clinical Educator is to be absent for an extended period (i.e., more than a week), please contact one of the Clinical Coordinators.

Mismatch of student and Clinical Educator expectations
On occasion, issues may come up in a placement that relates to a mismatch in student and Clinical Educator expectations. For example, the student may have ongoing difficulty in a particular clinical area; the student is not well-prepared for sessions, or is late turning in assignments; or perhaps the student's interpersonal skills need development.

Planning an orientation at the beginning of the placement which covers expectations regarding the placement lays the groundwork to be able to discuss any concerns at a later date.
When to be concerned?
- When problems interfere with performance
- After you have given guidance and no change has been observed

What are some ways of approaching the problem?
- Emphasis should be on problem-solving
- Discussion should be 2-way
- Tone should be supportive and encouraging
- Agree on a specific plan
- Document discussion

What if problems persist?
- Contact one of the Clinical Coordinators
- Redefine plan of action with student and Clinical Coordinator
- Externship may need to be modified; responsibilities may be redefined; student may be asked to withdraw from the externship
SECTION 4: Clinical Faculty

- Appointments and Promotions
- Benefits
APPOINTMENTS AND PROMOTIONS

A system of Clinical Faculty appointments and promotions has been set up to recognize the valuable teaching and research contributions made by clinicians in the community. Audiologists and Speech-Language Pathologists providing an externship placement are Clinical Educators. After taking a UBC student for a major externship, called Clinical Educators may apply for a Clinical Faculty appointment at the starting level of Clinical Instructor and gradually work through seniority levels to the title of Clinical Professor.

Appointments are made through the Faculty of Medicine, with the application and promotion process established, developed, and initiated through the School of Audiology and Speech Sciences, in accordance with protocols developed within the Faculty of Medicine.

Our Clinical Faculty comprises individuals who hold a non-tenure track appointment at the University. These individuals are employed by agencies or institutions other than the University. Most are involved directly in clinical instruction, but consideration is also given to those with indirect instructional roles. In all cases, the School of Audiology and Speech Sciences acknowledges the essential nature of the contribution made by Clinical Faculty to quality teaching and clinical practice.

BENEFITS

- UBC Library Card
- Free Interchange Subscription
- UBC Faculty Parking (may be purchased)
- UBC Bookstore
- Continuing Education Credits
- Annual Interprofessional Workshops
- School Colloquia
- TAG Workshops
- Job Postings
- Teaching Resources

A major benefit for Clinical Faculty is the access to UBC libraries including the Online Catalogue and Information System. Many well-known journals are available in full text through UBC. There is also a library web site specifically for Audiology/Speech Sciences resources (reached from the Library’s home page entitled Subject Resources for Audiology and Speech Sciences). Clinical Faculty link to the School of Audiology and Speech Sciences through Minutes of School Meetings and representation on committees. Teaching workshops are available through the Teaching and Academic Growth Workshops (TAG). Clinical Faculty may use the designation in their title and may refer to the designation when submitting proposals or applying for grants.

For further information, call (604-827-4500) or visit our website: www.audiospeech@ubc.ca
SECTION 5: Clinical Teaching Resources

- Using the Clinical Teaching Resources
- What Makes a Great Learning Experience? Student's View
- What Makes a Great Learning Experience? Clinical Educator's View
- Making the Implicit Explicit
- Learning Styles
- Website Samples
USING THE CLINICAL TEACHING RESOURCES

The clinical teaching resources that follow are documents that you may find helpful as you work with your student. Included are two surveys that reflect what students and Clinical Educators have found helpful in the learning experience. “Making the Implicit Explicit” provides suggestions for developing your student’s clinical reasoning. In planning the student placement, you may wish to consider the student’s learning style as you select opportunities for client interaction and assist the student in building independence.

We invite you to look at our website for a review of the literature on clinical education and for further information on clinical teaching. We have included some samples from this site that outline specific clinical teaching strategies.
The following information is a compilation of feedback from audiology and speech-language pathology students about their externships:

GETTING STARTED

_I really liked it when my Clinical Educator…_

- Made me feel welcome
- Allowed me to write out my own learning objectives on the 1st day – this helped me take control of my own learning
- Allowed me to ease into the caseload when I felt comfortable to do so, encouraged me to participate in any way possible, gradually assigned caseload, and allowed me some choice in selecting clients

FOSTERING SELF CONFIDENCE

_I really liked it when my Clinical Educator…_

- Placed more emphasis on the learning experience than on evaluation of my performance
- Made me feel like a valued team member and invited me to participate in departmental meetings/professional activities
- Allowed me to explore my own ideas
- Had confidence in me, was positive about my ideas, trusted me, asked my opinion and even went with one or two of my suggestions
- Was always open to questions and discussion
- Attempted to accommodate my goals and gave feedback about areas identified as my goals
- Made the most of our short time together by scheduling some clients 2x/week so that I’d get to see them more often and develop some independence with them
- Encouraged me to jump in and do treatment independently
- Gave me freedom to create goals and devise treatment sessions; let me try my treatment activities with the children
- Let me develop my style; she guided me gently
- Demonstrated confidence in me by giving me responsibility
- Gave me time to work with the children by myself, allowing me to get to know them better and also helping me feel more free to experiment with new ideas
- Encouraged me to trust my own judgment
- Saw the externship as an opportunity for her to learn too (she gave me lots of notes and I gave her some)
- Gave me more independence as I grew more confident
- Gave me encouraging words and general support
THROUGHOUT THE PLACEMENT

*I really liked it when my Clinical Educator…*

- Gave me clear expectations week by week
- Reviewed all my lesson plans with me and provided suggestions (especially helpful in the first few weeks)
- Directed me towards useful reference material
- Discussed theories behind… the therapy – made adaptations easier because I knew the principles behind it
- Modeled skills; let me observe before trying it myself; included opportunities to observe her throughout the placement
- Related her own learning experiences; referred back to what made her own placements successful and applied these strategies to my placement
- Was available to answer any questions that I had and explained concepts clearly
- Allowed sufficient time to discuss and plan for clients, both before and after sessions
- Gave me time to prepare for assessment and treatment sessions
- Pushed me to get involved solo
- Helped me with report writing

FEEDBACK

*I really liked it when my Clinical Educator…*

- Provided lots of positive feedback and lots of constructive criticism
- Gave feedback that was specific and neutral (e.g. “In my experience it really helps when…”)
- Gave me specific, detailed, immediate feedback about what I did well and what I needed to work on
- Gave me immediate written feedback and a chance to ask questions about it
- Promoted my thinking about theoretical issues
- Encouraged me to answer my own questions; gave me the resources to do so
- Gave consistent feedback

*It would have been helpful…*

- If expectations had been clearer at the beginning
- To have had more preparation time; I felt hesitant to come up with treatment ideas “on the spot”. I would like to have time to think it over and then present some ideas.
- If my CE had been more aware of how difficult it was to keep track of all the different professionals we came in contact with
- If I had not been bombarded with questions
- If I had not been thrown in at the last moment
- If my CE had not jumped in so fast when I was doing therapy; I felt she had no faith in me
- To have had more specific feedback early on and to have had more support at the beginning
WHAT MAKES A GREAT LEARNING EXPERIENCE?

CLINICAL EDUCATOR’S VIEW

The following information is a compilation of feedback received from Clinical Educators about their experiences supervising audiology and speech-language pathology student clinicians:

- I appreciate when the student clinician is comfortable communicating with me. This means keeping an open line of communication where both the student and the Clinical Educator feel free to ask questions and share their own ideas and perspectives. This communication style helps to address potential problems or difficulties before they become overwhelming.

- I applaud student clinicians who can identify things they are doing well and recognize when they’ve done a good job! It’s important to be able to pat yourself on the back when you’ve managed a difficult situation!

- I really like it when the student clinician keeps me regularly informed about those areas s/he is enjoying and finding valuable, and those with which s/he may be struggling or having difficulty with. This makes it much easier for me to assist and support the student.

- I appreciate a student clinician who can be flexible and adaptable and is able to see themselves as an equal partner in the learning process. This is facilitated by the free sharing of thoughts, ideas and feelings.

- I would encourage student clinicians to begin to self-evaluate their skill development early on in their practicum. Ask for regular and ongoing constructive feedback as this will enable you to further develop your clinical and self-evaluation skills.

ATTITUDE

It is helpful when the student clinician…

- Sends me an introductory letter that demonstrates their enthusiasm for the clients they are about to work with and for the externship as a whole
- Shares academic knowledge and relevant resources (e.g., research papers, new assessment/therapy tools s/he may be aware of from coursework)
- Is open in their communication
- Shows initiative
- Recognizes that the Clinical Educator’s first priority is the client
- Is conscientious and responsible
- Is empathetic towards the clients and their families
- Is willing to try some of their own ideas
- Is friendly to other professionals and staff
- Isn’t too hard on themselves when they are asked to self-evaluate after a session. You probably did a lot of things really well!
INTERACTIONS WITH CLINICAL EDUCATOR

I really like it when the student clinician…

- is open in their communication
- voices any concern early or as soon as it arises
- identifies which areas/goals they find important to them. It allows me the opportunity to provide them with as much meaningful experience as possible
- lets me know about their own learning style
- responds to suggestions and constructive feedback without being defensive
- tells me when they are feeling overwhelmed or under utilized. Together we will sit down and decide how to manage our caseload.
- Is not afraid to say "I don't know the answer to that, but I can try to find out". We don’t expect you to be able to answer all questions!
- Offers regular feedback to me about what things are going well, areas where assistance is needed, amount of caseload, time demands, etc. Weekly meetings are strongly recommended to discuss these issues.
- Gives me specific feedback at the midterm so I can adjust to meet their needs when possible, and then again at the end of the externship so I know how I did and can make further changes for future students

TIME MANAGEMENT

I really like it when the student clinician…

- is punctual
- is organized
- helps to organize her/his own schedule, and set goals for the externship
- plans lessons one day ahead so that there is adequate time for us to review and discuss them
- lets me know how they are coping with work demands
- allows me some time on my own during the day

PREPARATION

I really like it when the student clinician…

- is well prepared for all clinical activities (e.g. discussions with me, assessment and treatment sessions, meetings with parents or other professionals, etc.)
- asks questions when unsure of how to proceed
- makes suggestions and takes initiative but checks the plan with me before doing it
- uses therapy materials creatively
As students start a placement, particularly for those in their first placement, there are many subtleties that make sessions run smoothly that may not be apparent to the student. For experienced clinicians, many of these skills are implicit. One way that many Clinical Educators assist a student to advance in their clinical reasoning is to make these skills explicit in their discussion and feedback.

Often students start by observing your sessions. This list includes questions that you can ask students to be aware of when they observe your therapy sessions. (Example: pay attention to where I put the toys when I set up. Why was it important for it to be set up this way? Were there other possible set ups that could have worked? What worked well? What could have worked better?) As students become involved in the sessions with you, you may use the same questions to ask the student about their session. (Example: where did you place the chairs? Will this work for this client? Why or why not?) Try focusing on one idea per session.

Questions to ask your student about their sessions:

**Note:** These questions and answers apply to a clinic session for a preschool child. Some of the suggestions will apply to other settings or the questions and answers can be adapted for different settings and populations. There may be some questions that do not apply for the model of service delivery in your center. You may find that certain questions fit better at different times across the placement, depending on the experience of the student.

Who will be there for the session?
- Are other family members attending?
- Will they observe, participate or stay outside of the room?
- Do you need toys to keep another child busy during your session? If so, are these toys set up so that they don’t distract the child that you are working with?
- Will the parent/sibling take turns in your activities too?
- What will you do if this is difficult to manage?
- Will the parent be part of the activity?
- What do you want them to do? Will it be clear to them? Do they have the same role in your activity as the client or are they serving as a model or helper?
- If you are speaking to the parents, what will the children do while you talk?

Room set up: Look at the set up critically before they arrive to check for possible errors.
- Who will sit where?
- Where are the chairs?
- Where are you going to sit?
- Where will the client sit?
- Where will the family sit?
- Are you going to play on the floor or at the table? (table you have more control)
- If you are going to switch between the floor and the table how will you manage that?
- Can the child handle the switch?

What will you do if the client is shy?
What will you do if the client is on his own agenda?
Materials:
- Are your materials accessible to you?
- Do you have control of the materials so that your client cannot touch them?
- Where will you place the items once you start so that your client can reach them if they need to or can’t touch them if you don’t want them to?
- What will you do with the games once you have finished with them?

What toys do you need?
- Do you have all the materials out?
- Do you have all the pieces for the games? (In our clinic, all the toys are shared so someone else may have used the game and borrowed pieces since you last used the activity)
- If you share toys do you need to sign out anything special in case someone else has it before you?
- Do you have an alternative plan in case another clinician has the toy you need?
- Do you know how the game works? How to set it up? If the set up is long, do it in advance.
- Do you know the names for all the pieces? Do you need to modify the names to suit the language level of the clients?
- Do you have extra materials in case your session is too short?
- What can you do to shorten your session if your activities are too long?
- Is it clear to the client which activity is going to come first?

Transitions:
- Issues with behavior tend to happen around transitions (i.e.-from the waiting room to the therapy room, in between games, when it is time to clean up)
- What can you do to prevent lag time in between your activities?
- How will you manage the transitions?
- What limits will you set to prevent issues with behavior?

Transition from waiting room into the clinic:
- What will you say?
- Who is in charge of behavior if something comes up?
- What will you do if the child doesn’t want to come in the room?

Instructions:
- Is it clear to the client, child, family what you are going to do?
- Have you planned for short, simple instructions?
- Are the instructions concrete?
- Do you need to make them visual? (for example: picture schedule)

What rules do you have in the clinic?
- If you keep your rules the same, the child will remember for the next session. Also you will remember for the next session. If you change your rules each time, you won’t remember how you set it up the next time you try to do the activity. Consistent rules and limits help with behaviour.

What rules were set before you got there?
- Ask why the rules were set for this client. It’s better to have the rules first just in case you need them and to remove/modify the limits as you need to. It’s a more difficult position to require the rules and not have them in place.
Time management:
- How long will your session be?
- How much time do you need to get set up?
- How much time for assessment/therapy/discussion?
- What will you do if your activity is too short?
- What will you do if your activity is too long?
- How many activities do you need to fill this time?

Write out your plan. Review it with your supervisor.

Activity:
- What is your goal?
- Will that goal be obvious to the client or an observer to your session? (The goal should be obvious to an unfamiliar observer.)
- How are you going to elicit that goal?
- What questions do you need to ask in the session to elicit that goal?
- Are the questions obvious to the client?
- Are the questions obvious to the parent?
- Can you use the parent or yourself as a model to answer the questions so that the child knows what you are looking for? Is this natural?

**Example:** if you are eliciting: “her” what question do you need to ask the client so that the answer is the target you are looking for? Q: “who has it?” A: “she does” or “her” Q: “who is it for?” A: “for her”, “Whose is it?” A: “hers”.

Be careful what questions you ask, as you will likely get exactly what you ask for, although that might not be what you intended.
What would a child answer to this question?
- How does your activity relate to your goal?
- Is the goal inherent in the activity or does the activity serve as reinforcement?
- Is the game too exciting? (will the game be distracting?)
- Is the game too boring?
- Is the game at the right developmental level or ability level for the client?
- Does the game have a finite number of turns or can it keep going on and on?
- How will you decide when to stop if it has an ongoing number of turns?
- How will you let the client know if they are getting tired/bored/it’s difficult that the game is almost over? (example- “two more turns”)

What if it doesn’t work?
- What will you do if they can’t answer this question?
- How will you make your activity easier if they can’t do it? (i.e.- a step “down”)
- How will you change your instruction?
- **How will you support them to achieve the target?**
- Behavior is often a sign that something is too hard.
- What will you do if they act out if the game is too hard?
- What can you say?
- What can you do?
- How will you make your activity harder if they can do it? (i.e.- a step “up”)
- What will you do if they don’t like the activity?
Reinforcement/praise:
- How will you respond to a correct response?
- How will you respond to an incorrect response?
- When will you switch targets?
- What kind of reinforcement will you use?
- What types of responses will you reinforce?
- What will you say?
- What will you do to vary it?
- How will you reply if they can't say what you asked? (example, “close, try again”)
- How many times will you say that before moving on?
- How will you modify the activity to make it easier?

Monitoring progress:
- Do you need to keep track of how the client did in this session?
- If you are counting responses, how are you going to do that?
- What else would you like to know about this client?

Discussion with family:
- What do you need to review with the family afterwards?
- How did the session go?
- How did the goal work out?
- How did the activities work out?
- How did the client do?
- What does this mean with respect to their communication diagnosis/prognosis?

Homework:
- What is the homework?
- How does the homework relate to what you did in the session?
- What instructions do they need?
- What materials do they need?
- Do you have it all set to give to the family?

Plan ahead:
- What will you work on next time?
- Did the session create a new goal for your next session? Write it down.
- Did you make any suggestions or promises in this session that you need to remember for next time? Write it down.
- Chart the progress of how the session went.

Self-evaluation:
- Review how the client did during the session.
- Review how your planning/implementation went.
- How did the session go?
- What did you learn this time that you need to apply for next time?
- What went well?
- What could have been done differently?
- If you were to do this activity for another client, how would you change it so that it runs more smoothly?

Review written/verbal feedback from supervisor:
- What went well?
- What could you try for your next session?
- What could you change for next time? (Suggest 1-2 things to try per session.)
According to Kolb (1984), learning involves two basic steps:

1. How we take in information (along a continuum from concrete to abstract), and
2. How we process and integrate information (along a continuum from active to reflective) to fit in to our previous experience and knowledge.

In the figure below, the vertical line represents the range of ways of taking in information, from concrete to abstract. Those at the ‘concrete’ end of the continuum prefer activities that immerse them in the experience: they like specific examples and plenty of opportunity for discussion with instructors and peers.

At the lower end of the continuum are those who prefer to take in information in an analytical way and rely on logic and careful evaluation of data. They like accurate, organized presentation of information.

The horizontal line represents the range of ways learners integrate new information into their knowledge structure and previous experiences. At the right (or reflective) end of the continuum are those who stand back to take a tentative, impartial, reflective approach. They like to observe and think about what is going on. They learn by reflecting on their experiences and like exercises that help them think about themselves and issues. At the left (or active) end of the continuum are those who like to be active participants in their learning. They like to jump in to try out ideas, they experiment, make mistakes and experiment again.

The quadrants that emerge from the intersection of these two lines, give us Kolb’s 4 learning styles: the concrete-active learner (Kolb’s “Accommodative” style), the concrete reflective learner (Kolb’s “Divergent” style), the abstract-active learner (Kolb’s “Convergent” style), and the abstract-reflective learner (Kolb’s “Assimilative” style).

In reality, it is unlikely that each of us will fit neatly into one of the four boxes. It is more likely that we have “tendencies” or “leanings” toward a learning style.
**Kolb’s Four Learning Styles**

<table>
<thead>
<tr>
<th>Concrete-Active Learners</th>
<th>Concrete-Reflective Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• motivated by the question: “what would happen if I did this?”</td>
<td>• motivated to discover the relevancy of “why” of a situation</td>
</tr>
<tr>
<td>• greatest strength lies in carrying out plans and</td>
<td>• greatest strength lies in imaginative ability and awareness of meaning and values</td>
</tr>
<tr>
<td>• getting involved in new experiences</td>
<td>• seek meaning</td>
</tr>
<tr>
<td>• prefer to be active participants in their learning</td>
<td>• learning by listening and sharing ideas</td>
</tr>
<tr>
<td>• learn by trial-and-error, self-discovery</td>
<td>• excel in viewing concrete situations from many perspectives</td>
</tr>
<tr>
<td>• adaptable to change and relish it</td>
<td>• prefer to have information presented in a detailed, systematic, reasoned manner</td>
</tr>
<tr>
<td>• like variety and excel in situations that require flexibility</td>
<td>• divergent thinkers who believe in their own experience</td>
</tr>
<tr>
<td>• tend to take risks and are at ease with people</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abstract-Active Learners</th>
<th>Abstract-Reflective Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td>• motivated to discover the relevancy or “how” of a situation</td>
<td>• motivated to answer the question “what is there to know?”</td>
</tr>
<tr>
<td>• greatest strength lies in problem-solving, decision making and the practical application if ideas</td>
<td>• seek facts</td>
</tr>
<tr>
<td>• seek usability</td>
<td>• less focused on people, more concerned with ideas and abstract concepts</td>
</tr>
<tr>
<td>• instruction should be interactive for these learners</td>
<td>• earn by thinking through ideas</td>
</tr>
<tr>
<td>• use factual data to build designed concepts</td>
<td>• like accurate, organized delivery of information and tend to respect the knowledge of the expert.</td>
</tr>
<tr>
<td>• have little tolerance for “fuzzy” ideas</td>
<td>• not comfortable randomly exploring a system and they like to get the “right” answer to the problem.</td>
</tr>
<tr>
<td>• need to know how things they are asked to do will help in “real life”</td>
<td></td>
</tr>
</tbody>
</table>
### Learning Styles: A Sampling of Clinical Educator Comments about UBC Speech-Language Pathology and Audiology Students (1995-97)

<table>
<thead>
<tr>
<th>Concrete-Active Learners</th>
<th>Concrete-Reflective Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td>- prefers “hands-on” approach to learning</td>
<td>- takes initiative on own to seek out answers to questions</td>
</tr>
<tr>
<td>- observation with supervised hands-on as soon as possible</td>
<td>- likes to get the “big picture” before going into details of problem; independent and enjoys having time to learn on her own</td>
</tr>
<tr>
<td>- having been given an overview of the presenting problem and relevant client characteristics, student works well with then being given the opportunity to make decisions regarding intervention</td>
<td>- prefers “hands-on” approach to learning</td>
</tr>
<tr>
<td>- prefers to have the Clinical Educator provide suggestions for modifying an activity during the session, when student can implement them</td>
<td>- learns through [in depth] discussion</td>
</tr>
<tr>
<td>- learns from making mistakes &amp; self-correcting</td>
<td>- likes to self-evaluate and invites constructive feedback</td>
</tr>
<tr>
<td>- appreciates an atmosphere of openness to allow her to be creative and take risks experimenting with a variety of treatment approaches</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abstract-Active Learner</th>
<th>Abstract-Reflective Learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>- needs to see all the small pieces before grasping the big picture</td>
<td>- benefits from sufficient observation time before jumping in</td>
</tr>
<tr>
<td>- helpful to set weekly goals</td>
<td>- likes to observe when therapy or assessment is with an unfamiliar disorder</td>
</tr>
<tr>
<td>- helpful to have specific directions for observations</td>
<td>- needs to observe new clinical skills before implementing</td>
</tr>
<tr>
<td>- works best when detailed plans were developed</td>
<td>- does well when given time to plan assessment and therapy; does not like to have things “thrown at her”</td>
</tr>
<tr>
<td>- benefits from writing ‘script’ for herself to follow in a session</td>
<td>- benefits from demonstration and pre-therapy practice</td>
</tr>
<tr>
<td>- learned from self-evaluation based on clinical educator’s prompts and video analysis</td>
<td>- benefits from sharing sessions before taking them independently</td>
</tr>
</tbody>
</table>
**Modifying Your Learning Style**

To develop a more ACCOMMODATIVE (active experimentation & concrete experience) learning skills, find opportunities to...

- commit yourself to objectives
- seek out new opportunities
- take a leadership role
- become more personally involved
- deal more with people

To develop DIVERGENT (Concrete Experience & Reflective Observation) learning skills, find opportunities to...

- be sensitive to people’s feelings
- be sensitive to people’s values
- listen with an open mind
- gather information
- imaging the implications of uncertain situations

To develop CONVERGENT (Abstract Conceptualization & Active Experimentation) learning skills, find opportunities to...

- create new ways of thinking and doing
- experiment with new ideas
- set goals
- make decisions

To develop ASSIMILATOR (Abstract Conceptualization & Reflective Observation) learning skills, find opportunities to...

- organize information
- build conceptual models
- test theories and ideas
- design experiments
- analyze data

**References:**


Clinical Education Strategies:
Putting Ideas into Practice

Do You see What I See? - Ideas for Guiding Observations

“Have you ever...watched your [clinical educator] change her mind during an intervention and you have no idea why she chose something different...[or]...tried to do something that looked so easy for your [clinical educator] and got stuck after ‘Hi, my name is...?’” (Kingdon & Neufeld, 1999).

Ideas for the Clinical Educator:
The following will help your student see important client behaviour and clinician/client interactions:

- As the student observes your sessions, have her record specific data about client behaviour and/or the clinical process. For example, have her
  - transcribe a client’s utterances in a language elicitation session
  - note specific feedback you provide the client and when you provide it
  - note the tests selected and the order of presentation
  - The data the student collects then forms the basis for the post-session discussion

- Jointly view a videotaped session of your & client and point out, for example:
  - significant characteristics of the client’s communication and behaviour
  - your on-line actions and decisions in the session

- Jointly view another clinician’s session and point out significant aspects of the session

Include opportunities for the student to observe you and other clinicians throughout the placement. As the student gains clinical skills herself, she will be able to observe more subtle aspects of clinician/client interaction

"[the student ] has to see on his own behalf and in his own way the relations between means and methods employed and results achieved. Nobody else can see for him, and he can’t see just by being ‘told’, although the right kind of telling may guide his seeing and thus help him see what he needs to see." (Dewey, 1974)

References:
Clinical Education Strategies: Putting Ideas into Practice

Building Student Self-Confidence: How you can help

“I felt like a fraud, like I should know what I am doing, and like my clients looked to me as though I knew what I was doing but I didn’t feel like I knew what I was doing.” (a marriage and family therapist trainee about her first months of clinical contact, Bischoff & Barton, p. 231)

During the early stages of clinical experience, students often experience feelings of anxiety and lack of confidence in their clinical abilities. Bischoff and Barton (2002) acknowledge that clinical confidence develops over time and point out that different types of supervision are required at different stages of development. These stages may reflect not only change over the course of one placement, but gradual development of self-confidence over the course of all placements:

Ideas for the Clinical Educator:

- **Stage One:** Characterized by great variability in confidence
  - emphasize what the student is doing well – i.e., identify specific behaviours and what is good about them; use observational data
  - encourage peer contact which serves to normalize students’ feelings
- **Stage Two:** Emerging Confidence – no longer reactive to each situation
  - provide experiences for student clinicians to see their own success, particularly allowing repeat experiences (e.g., same tests, similar therapy goals) so that skills are reinforced and confidence fostered
  - support direction chosen by student, thus encouraging his/her decision-making and resourcefulness
- **Stage Three:** Fragile Stabilization of Confidence
  - provide experiences for clinicians to consult with others (peers or other professionals) on cases
  - encourage students to reflect on their own work, identifying what was effective and coming up with ideas for improvement

Reference:

SECTION 6: Policies

- Policy Addressing Unsatisfactory Performance in Clinical Externships
- Guidelines on Absences from a Clinical Placement
- Goals for 1st Externship with Adults
- Goals for 1st Externship with Children
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 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 SAC Canon of Ethics

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
Guidelines on Student Absence from Externships

I. Absences for health reasons:

It is typical that a student might miss one or two days of an externship due to illness, doctor’s appointment, 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).
GOALS FOR FIRST EXTERNSHIP WITH ADULT CLIENTS

General Course 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:

1. Client-clinician interaction: The student will learn to interact effectively with adults with communication/swallowing disorders and their families.
2. Roles: The student will develop an understanding of the speech-language pathologist’s role in the setting and as part of an interprofessional health care team.
3. 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.
4. Assessment: The student will develop skills in basic assessment procedures specific to the setting, for example:
   - Case history taking/interviewing: The student will complete at least one case history with a client and/or family.
   - Oral mechanism examination: 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:
     - 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.
5. Management: The student will develop skills in planning and implementing treatment for clients typically seen at this setting; for example:
   - 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:
     - 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)
   - Chart/report progress or treatment plan as appropriate

6. Self-evaluation: The student will develop self-evaluation skills, specifically in interactions with clients, and with families and other professionals.
GOALS FOR FIRST EXTERNSHIP WITH CHILDREN

General Course 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

1. Process of Therapy: The Clinical Educator will orient the student to the service delivery model and clinical management process used in the agency.
2. 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.
3. Role of the Speech-Language Pathologist: the Clinical Educator will orient the student to the role of the speech-language pathologist within the agency
4. Assessment:
   - 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).
5. Treatment:
   - 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.
6. The student will write at least one assessment, progress, or discharge report with guidance from the Clinical Educator.
7. The student will gradually assume responsibility for evaluating his/her sessions with guidance from the Clinical Educator.
8. The student will be introduced to complex case management through discussion with the Clinical Educator and through observation of children with complex issues.
SECTION 6: Forms

- Clinical Feedback Form
- Midterm Evaluation
- Evaluation of Clinical Skills
- Summary of Clinical Practice Hours; Definition of Hours
- Looking Ahead: Goals and Ideas for the Next Placement
- Student Feedback to Clinical Educator
- Complete Session Overview and Specific Activity Plan
**Clinical Feedback Form**

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

Date: ________________  Client: ____________________

Activities: ______________________________________________________

<table>
<thead>
<tr>
<th>Things that you did well....</th>
<th>Things to try next time....</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 placement is going. Goals are set for the remainder of the externship.

The mid-term is divided into three sections:
- A. Baseline Requirements for Professional Practice
- B. Skill Development Evaluation
- C. Clinical Action Plan For Remainder of Externship

Sections A and B: Complete the rating scale.

Grading: If a rating is obtained of “I” or “U” (Section A) or “C” or “U” (Section B) please notify the Clinical Coordinator.

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. develop specific areas where weaknesses are identified
2. even out development across the continuum of clinical skills
3. 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.*
C. CLINICAL ACTION PLANS:

AREA: Assessment
GOAL: The student clinician will develop a communication profile of client from interpretation of assessment results.

STRATEGIES:
1. The Clinical Educator (CE) will demonstrate development of a communication profile.
2. The Student Clinician (SC) will compile all assessment results together in a summary, including all information from standardized and non-standardized procedures, client interviews, and observations.
3. SC will interpret all information and determine relative areas of strength and weakness.
4. SC will review and discuss communication profile with CE.

AREA: Treatment – Goal Selection
GOAL: For each of two clients, the Student Clinician (SC) will demonstrate independence in goal selection. Minimal supervision may be provided to refine goals.

STRATEGIES:
1. SC will identify communication profile of client (i.e. areas of strength and weakness).
2. SC will identify the possible treatment areas, and determine priorities for goals.
3. SC will specify short- and long-term goals as part of treatment plan and discuss with CE.

AREA: Treatment
GOAL: The Student Clinician’s communication style will facilitate language development of preschool clients.

STRATEGIES:
1. SC will use short utterances (i.e. up to four words in length) during treatment session.
2. SC will model back child’s utterance.
3. SC will avoid asking questions.
4. SC will pause before repeating, giving new instruction, or making a comment.

Information about mid-term action planning and examples have been developed from clinical education materials from the Department of Communicative Disorders, Elborn College, The University of Western Ontario, London, Ontario. We would like to thank UWO for sharing this information with us.
SCHOOL OF AUDIOLOGY AND SPEECH SCIENCE

SPEECH LANGUAGE PATHOLOGY
MIDTERM EVALUATION FORM

Student’s Name: ______________________  Site: ________________________

A. Baseline 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.

Preparation for all clinical assignments ______
Punctuality ______
Confidentiality ______
Professional appearance ______
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
   a. Relates to client, client’s family ______
   b. Interacts with clinical educator, other professionals ______
   c. Evaluates own professional knowledge and limits ______
   d. Participates as a team member ______

2. Assessment Skills
   a. Plans and prepares for assessments ______
   b. Implements appropriate assessment procedures ______
   c. Makes accurate clinical impressions ______
   d. Makes appropriate recommendations/referrals ______

3. Treatment Skills
   a. Determines goals and objectives ______
   b. Plans and prepares prior to treatment sessions ______
   c. Manages sessions as they are in progress ______
   d. Forms accurate clinical impressions and adjusts treatment plans accordingly ______

4. Communication Skills
   Oral communication ______
   Written communication ______

Midterm Evaluation Form
C. Clinical Action Plan for the Remainder of the Externship:

Please identify 3 or 4 specific goals as the focus for clinical skill development for the remainder of the placement. The focus may be: (1) to remediate specific areas of weaknesses, (2) to “even out” clinical skills, (3) to identify advanced steps for excelling students (e.g. clinical skills that are at or above expected levels in all areas).

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 Eextern Signature ________________________        DATE: ________________

Please return to:    Clinical Coordinator
                     School of Audiology & Speech Sciences
                     2177 Wesbrook Mall
                     Vancouver, BC V6T 1Z3
                     FAX (604) 822-6569

Page 2 of 2 Midterm Evaluation Form
EVALUATION OF CLINICAL SKILLS IN SPEECH-LANGUAGE PATHOLOGY

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. Baseline 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.
4. When you have completed the scale and added your comments, please send it to the School.

Tear this sheet off for quick reference
# EVALUATION OF CLINICAL SKILLS IN SPEECH-LANGUAGE PATHOLOGY

**Student:** ____________________________________________  
**Dates:** ___________ to ___________  
**# of Days Absent______**  

**Externship #:**  1  2  3  4  
**Site:** ____________________________________________  

**Clinical Educator(s):** ________________________________________________

## A. Baseline Requirements for Professional Practice

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

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Satisfactory</th>
<th>Inconsistent</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. is adequately prepared for sessions</td>
<td>S</td>
<td>I</td>
<td>U</td>
</tr>
<tr>
<td>2. is punctual with respect to appointments, meetings and clinical assignments</td>
<td>S</td>
<td>I</td>
<td>U</td>
</tr>
<tr>
<td>3. respects confidentiality of all professional activities</td>
<td>S</td>
<td>I</td>
<td>U</td>
</tr>
<tr>
<td>4. presents a professional appearance</td>
<td>S</td>
<td>I</td>
<td>U</td>
</tr>
<tr>
<td>5. uses appropriate voice, speech and language</td>
<td>S</td>
<td>I</td>
<td>U</td>
</tr>
</tbody>
</table>
B. Skill Development Evaluation

1. **Interpersonal and Professional Skills:**

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

   | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**Overall Rating of Interpersonal & Professional Skills**

*This rating should be a reflection of the student’s overall ability in this area and not a simple average (i.e. some items may be weighted more heavily than others).*

| NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
2. Assessment Skills:

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

Overall Rating of Assessment Skills

This rating should be a reflection of the student’s overall ability in this area and not a simple average (i.e. some items may be weighted more heavily than others).
### 3. Treatment Skills:

1. applies theoretical knowledge to the treatment process &nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&nbsp;&n
4. Communication Skills

a. Oral Communication

1. selects pertinent information to convey verbally to client, family and other professionals
   NA 1 2 3 4 5 6 7

2. clearly conveys information verbally to clients and family; modifies communication style when necessary
   NA 1 2 3 4 5 6 7

3. discriminates when to listen and when to talk
   NA 1 2 3 4 5 6 7

4. communicates appropriately with other professionals
   NA 1 2 3 4 5 6 7

5. reacts appropriately when conflicting information/viewpoints are presented
   NA 1 2 3 4 5 6 7

b. Written Communication

1. conveys pertinent information in written reports that reflect a clear understanding of the client and the disorder and the management plan
   NA 1 2 3 4 5 6 7

2. maintains regular and complete client records
   NA 1 2 3 4 5 6 7

3. writes in an organized, concise, clear and grammatically correct style
   NA 1 2 3 4 5 6 7

4. style; modifies communication style when necessary
   NA 1 2 3 4 5 6 7

Overall Impression of communication skills

This rating should be a reflection of the student’s overall ability in this area and not a simple average (i.e. some items may be weighted more heavily than others).

Page 5 of 6
### 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 #:** 

<table>
<thead>
<tr>
<th>AGE GROUP:</th>
<th>ASSESSMENT/IDENTIFICATION (Ax)</th>
<th>TREATMENT/MANAGEMENT (Tx)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Client Specific Services</td>
<td>Client Related Services</td>
<td>Client Specific Services</td>
</tr>
<tr>
<td>C = Child</td>
<td></td>
<td></td>
<td>C = Child</td>
</tr>
<tr>
<td>A = Adult</td>
<td></td>
<td></td>
<td>A = Adult</td>
</tr>
<tr>
<td>LANGUAGE Developmental</td>
<td>C</td>
<td>A</td>
<td>40</td>
</tr>
<tr>
<td>LANGUAGE Acquired</td>
<td>C</td>
<td>A</td>
<td>30</td>
</tr>
<tr>
<td>DYSPHAGIA</td>
<td>C</td>
<td>A</td>
<td>10</td>
</tr>
<tr>
<td>ARTICULATION/PHONOLOGY</td>
<td>C</td>
<td>A</td>
<td>20</td>
</tr>
<tr>
<td>MOTOR SPEECH</td>
<td>C</td>
<td>A</td>
<td>10</td>
</tr>
<tr>
<td>FLUENCY</td>
<td>C</td>
<td>A</td>
<td>10</td>
</tr>
<tr>
<td>VOICE/RESONANCE</td>
<td>C</td>
<td>A</td>
<td>10</td>
</tr>
<tr>
<td>OTHER - approval needed Clinical Education Coordinator</td>
<td>C</td>
<td>A</td>
<td></td>
</tr>
<tr>
<td>AUDIOLOGY-MINOR</td>
<td>C</td>
<td>A</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ax Min. Req.</th>
<th>Tx Min. Req.</th>
<th>Max. 50 Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>C/20</td>
<td>C/20</td>
<td>C</td>
</tr>
<tr>
<td>A/20</td>
<td>A/20</td>
<td>A</td>
</tr>
</tbody>
</table>

**TOTAL CLIENT HOURS**

<table>
<thead>
<tr>
<th>ASSESSMENT HOURS (Min Req.Hr. = 100):</th>
<th>TREATMENT HOURS (Min.Req.Hr. = 100):</th>
<th>GRAND TOTAL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>350</td>
<td></td>
<td>350</td>
</tr>
</tbody>
</table>

**Signature (Clinical Educator):** 
**Date:**
CLINICAL HOURS:
Requirements for hours and category definitions are determined and set by SAC.

What is a clinical hour?:

- Any direct time spent with the client, whether solo or shared, as long as the student is acting or actively observing. SAC does not distinguish between solo or shared time. (Consider which experience is the best learning experience for the student. Share clients that are more challenging. Allow the student to develop independence with some of the clients that are more typical for your centre.)

- Any indirect time that is related to the client is also counted. For example, discussion between the supervisor and student about the client, the background, and what is planned for this client.

- Team meetings and rounds that relate specifically to the client are also counted.

What does not count as a clinical hour:

- Preparation time: It is assumed that a student will spend time preparing outside of the time spent directly with clients. The preparation may occur during the clinic hours or may be given as homework. Homework should not exceed 10 hours outside the clinic per week.

- Report writing: Time spent writing reports is not counted.

- Time that is spent giving feedback on the student’s skills and activities. Don’t confuse this with discussions about the best way to manage a particular client.

Students are often concerned about the number of hours that they will receive across a placement, particularly in their first placement. In a 7-8 week placement, a student often completes 80-120 hours of countable time. This means, that in the course of four clinical placements, students usually have no difficulty reaching the required number of 350 hours for SAC certification. Although we are concerned about the experience that students are receiving, they often express their concern by asking “how many hours will I receive,” as a concrete reflection of their concern about their experience.

Students may have questions as to where certain hours need to be counted on the form. Please ask the student to direct these questions to the clinical coordinator. Students can contact the clinical coordinator at any time, or may wait for meetings that occur at UBC during the externships.

Students will take responsibility for counting the hours themselves. At the end of the placement, they will ask you to sign the form for them. The student will submit the original form to UBC.
DEFINITIONS OF HOURS CATEGORIES:

Client Specific  
Refers to clinical activities for which the client or family member is present and the focus of the clinical activity.

For example:
- a. Screening, Identification, Assessment (*screening should not comprise the majority of hours obtained in this section*)
- b. Intervention, Therapy, Management
- c. Interviewing, Counseling

Client Related  
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.

For example:
- a. Case Conference, Rounds, Team Meetings
- b. Consultation with other professionals, support personnel
- c. Case Discussion (between supervisor and student, related to specific client)

Clinical Professional  
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. Preparation for these activities is not counted. Hours include time spent in form of the group only, and do not include hours involved in preparation.

For example:
- 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  
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.

For example:
- a. report writing
- b. record keeping
- c. materials development
- d. planning for sessions
- e. AAC preparation
- f. discussion of student’s clinical skill development
- g. attending workshop or conferences
LOOKING AHEAD
Goals & Ideas for the Next Placement

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

Student’s Name: _____________________________________________

Current Placement: ____________________________________________

Current Caseload: _____________________________________________

1. Description of Clinical Experience:

2. Strengths:

3. Areas for Further Development:

4. Learning Style:
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…..
SESSION PLAN

Client: ___________________ Age: _______ Date: _______________

Goal:

Activity Description:

Materials:

Room Set-Up:

Participants: ___________________ I will involve others by:

Instructions for the client:

a. For an accurate response, the feedback I will give is:

b. For an inaccurate response, the feedback I will give is:

Reinforcement/cues/prompt to help the client achieve accuracy:
Recording Client’s Responses (data keeping)
I will measure the accuracy of targeted responses by:

Based on this I will decide after _____________ turns to
a. Stay at the same level
b. Step up to a harder goal:

Reinstruction/cues/prompts:

c. Step down to an easier goal:

Reinstruction/cues/prompts:

Closing instructions for client:

Potential Problems and Possible Solutions

Based on client’s performance (analysis of data), possible goal(s) for next session: