Clinical Training Manual
Clinical Educator Version

2015-2016

School of Communication Sciences and Disorders
Speech-Language Pathology Program, Faculty of Medicine
https://www.mcgill.ca/scsd/clinical/clinical-educators/trainingmanual
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The Clinical Training Manual is the reference guide for clinical placements. Clinical Educators and students should review it and be familiar with its content before the start of all placements.
CE Responsibilities
Responsibilities towards the SCSD

Provide Site Requirements
In order to ensure students meet the requirements of the site, as well as to facilitate matching of sites, Clinical Educators (CEs), and students, the SCSD must be made aware of establishments’ requirements when an offer for supervision is made. This may include the following:

- Immunization requirements;
- Security Check requirements;
- Other site requirements (e.g. language requirements).

Paperwork
Documentation has three goals:

1. Provides written feedback to the students on their performance.
2. Documents student progression over time (also serves as proof if issues arise).
3. Communicates the students’ progress to the SCSD.

Documentation should be as specific as possible in order for the Coordinators of Clinical Education (CCEs) to adequately monitor clinical placements. See additional details in the paperwork section of this document.

Contact the SCSD when there is a Question or a Concern
CEs must contact the SCSD as soon as questions or comments arise. If CEs are unsure about what is required of the student or are uncomfortable about a situation, they must contact one of the Coordinators of Clinical Education (CCEs) immediately. The CCEs can validate, clarify, and help find solutions to concerns and questions.
Responsibilities towards their Establishment

Verify and Reinforce Establishment’s Security Check Requirements
Most sites require students to have a recent criminal record check. Clinical Educators (CEs), or persons responsible for organizing student placements (PRSP), must let the SCSD know of these requirements at the same time they make a practicum offer. There is a section on the offer form dedicated to security checks.

Security checks can take up to 3 months to be completed. The SCSD requires all Master’s students to pass a criminal record check as well as a vulnerable sector screening before they start the program. However, it is against the law for the SCSD to look at the results of these checks; therefore, CEs or PRSPs should ask students to show them the proof that they have passed these checks.

Some sites prefer to do their own checks. If that is the case, CEs or PRSPs should let the SCSD know as soon as possible so that the necessary forms can be completed in a timely manner.

Verify and Reinforce Establishment’s Immunization Requirements
Most sites require students to have up-to-date immunizations. CEs or PRSPs must be aware of their establishment’s requirements and let the SCSD know of these requirements at the time they make a practicum offer. There is a section on the offer form dedicated to immunization requirements. The immunization process can be very lengthy as immunizations can require multiple injections over an extended period of time.

At the SCSD, we ensure that, when entering the program, students have completed the following immunizations:
- Tetanus, diphtheria and pertussis;
- Polio;
- Measles;
- Mumps;
- Rubella;
- Varicella.

If additional immunizations are required, CEs or PRSPs should indicate this on the Practicum Offer Form.

Respect procedures and protocols
Ensure the students are aware of and respect the establishment’s rules, procedures, and protocols.
Responsibilities towards the Students

What to do Before the Practicum Starts
Once students have contacted their Clinical Educators (CEs) to introduce themselves, CEs should inform the students about:

- Start date and time of the practicum;
- Typical daily schedule;
- Information about lunch and snacks (timing, location, need to bring a lunch, availability to purchase food onsite, types of food not allowed in the establishment, etc.);
- Access to building (address, how to get to the site, possibility of parking, location of entrance, where to go or wait on the first day, etc.);
- Computer access;
- Official dress code of their establishment and CE preferences considering their caseload;
- Readings to be done before the start of the placement;
- Clinical tests to review.

What to do on the First Day
Once students arrive, CEs should:

- Provide a tour of the facility and department (where to place coats and lunch, location of files, assessment and therapy materials, student workspace, staff lounge, etc.);
- Introduce technology (access to computer and emails, photocopy, phone, electronic charting, etc.);
- Introduce key personnel of the facility.

Paperwork to be Completed
Documentation needs to be completed prior to the first day (Practicum Contract) and on the last day of the placement (Placement History Form, Final Evaluation), as well as at the end of every week (Weekly Feedback or Mid-term Evaluation). Students will also provide their CEs with documents to be signed (Hours Form, Collaboration Contract in a Peer Coaching Setting (when applicable)). When needed, a Time Replacement Agreement Form may also be completed. See additional details in the paperwork section of this document.

Provision of Feedback
As positive and constructive feedback is essential for learning to take place, CEs should provide their students with on-going feedback. It is also the CEs’ responsibility to address issues that arise and to let students know if and when there are concerns regarding their performance. See additional information in the How to Provide Feedback section of this document.

What to do if CEs or Students are Sick or Unable to Attend
Practical activities are essential to the students’ learning and are mandatory. However, if they are contagious or very ill, students should not attend practicum. When students are sick, and unable to attend practicum, they must:
1. Contact their Clinical Educator (CE) as early as possible before the start of the practicum day (preferably the day before) using the CE’s preferred mode of communication;

2. Send an e-mail to the practicum.scsd@mcgill.ca account to inform the Coordinator of Clinical Education (CCE) before the start of the practicum day;

3. Contact their practicum teammates as soon as possible to inform them and to make appropriate arrangements, e.g. provide plans for coverage of their planned sections.

4. In collaboration with their CE, they must complete the Time Replacement Agreement Form with a plan on how lost time will be recovered. Time can be made up by adding extra days, independent study, article reviews, special projects, etc. The plan must be approved by the CCE.

See additional details as to how to make up for sick days in the paperwork section of this document under Time Replacement Agreement Form.

If students are unable to attend for another valid reason they must also complete a Time Replacement Agreement Form. All reasons other than illness must be approved, in advance, by the CE and the Coordinator of Clinical Education.

When CEs are sick and/or unable to go to work, they should contact their students as soon as possible. If the CE is confident students can proceed with what was planned for that day, the students can go on site independently. A debrief about the day spent alone must be done the day the CE returns. Alternate supervision arrangements may also be made for that day (e.g. students could be supervised by an S-LP colleague). If the students cannot proceed independently and alternate supervision arrangements cannot be made, a Time Replacement Agreement Form should be completed.

For days missed due to Holidays (e.g. Canada Day, St Jean Baptiste, Victoria Day) in Spring Placements and Final Internships, a Time Replacement Agreement Form must also be completed.
Responsibilities towards Themselves

Report Supervision Hours under Continuing Education
The SCSD will provide Clinical Educators (CEs) with an attestation stating the number of students supervised and days of supervision provided within an academic year. CEs should keep this attestation for their records and report the hours under continuing education to Speech-Language and Audiology Canada (SAC) or their provincial college or Order (e.g. OOAQ or CASLPO). For the *Ordre des orthophonistes et audiologistes du Québec* (OOAQ), the attestations can be uploaded on the CE’s profile in MAIA (the OOAQ’s web portal).

Legal Considerations
All regulatory bodies across Canada indicate that CEs are legally responsible for their caseload and students’ provision of care during placements. Therefore, students must be supervised at all times. Supervision may be direct (CE is in the room with the student) or indirect (revision of cases before and after sessions, but CE not in the room during session). Students may work independently at their CE’s discretion as long as there is a point person on site in case of an emergency.

In addition, CEs should keep signed copies of all practicum contracts, student evaluations, and hours forms. They may be asked to produce these in the future to their regulatory bodies or in a legal dispute. If there are issues or errors in provision of care, CEs should document their own and their students’ actions.
Students’ Responsibilities towards their CEs

The students’ responsibilities towards their Clinical Educators and their establishment are listed and explained in the student version of the Clinical Training Manual. This version of the Manual is accessible on the SCSD’s website at: https://www.mcgill.ca/scsd/clinical/students/practicum-manual-and-forms.

Students are required to sign a general Confidentiality Agreement with the SCSD at the start of each academic year. In this agreement, students agree to not unnecessarily access or disclose any personal or confidential information of clients, family members, employees, or persons affiliated with the practicum. This agreement is available on the SCSD’s website at: https://www.mcgill.ca/scsd/clinical/students/practicum-manual-and-forms. CEs may require students to sign an additional agreement for their particular site.

For any questions, concerns, or comments, CEs should contact one of the SCSD’s Coordinators of Clinical Education (CCEs). If CEs are uncomfortable about a situation or are unsure about what the student is supposed to do, please contact the CCEs immediately.
1st Year Courses

Updated course syllabi are available on our website: https://www.mcgill.ca/scsd/handbook.

Fall
1. SCSD 616: Audiology
   Basic diagnostic and rehabilitative procedures, goals and procedures used in clinical audiometry, and the psychoacoustic theories on which they are based are presented. This course includes a lab where students obtain hands-on practice.

2. SCSD 617: Anatomy and Physiology of Speech and Hearing
   The anatomy and physiology of speech and hearing mechanisms is covered in this course. Topics include neuroanatomy, the anatomy and physiology of the head, neck and upper torso, and the external, middle, and inner ear.

3. SCSD 619: Phonological Development
   In this course, theories and research related to normal and abnormal phonological development in children is studied. Classroom theory is augmented with hands-on practice in the application of clinical procedures including articulation test administration and speech sample analysis to support clinical decision making. This course includes a lab where students learn and practice phonetic transcription for the clinical context.

4. SCSD 624: Language Processes
   This course surveys themes and methods from psycholinguistics: how humans perceive, process, and produce language. Following levels of linguistic description, the students learn progressively from the building blocks of phonemes and morphemes up to discourse and conversation. Connections are drawn between basic science research and clinical populations, highlighting the relevance of material for speech-language pathology (S-LP).

5. SCSD 633: Language Development
   Theories of language acquisition, prerequisites to language development, and current issues in research are studied. Topics reviewed include the role of input, individual differences in acquisition, and language socialization.

6. SCSD 681: Practicum & Seminar I
   This is the first, in a series of four practicum and seminar courses, which focus on various aspects of clinical training (scope of practice, clinical experiences, and interprofessional education). This course provides an introduction to the profession of S-LP and introduces the students to clinical work with a primary focus on prevention and assessment.

7. IPEA 500: Interprofessional Education Activities: Roles in Interprofessional Teams
   This course includes preparatory work and a half day workshop with students from other healthcare disciplines in the Faculty of Medicine. It introduces students to interprofessional education, interprofessional practice and the roles of different healthcare professionals.
**Winter**

1. **SCSD 609: Neuromotor Disorders**
   The focus of this course is on the assessment and management of motor speech disorders, associated with both acquired and developmental neuromotor disorders. It provides the basis to understand the organization and function of the nervous system in controlling speech production. The objective is to identify perceptual characteristics of various motor speech disorders necessary to assess and treat motor speech disorders in children and adults.

2. **SCSD 631: Speech Science**
   This course provides the scientific basis of speech communication. The objective is to build a basic understanding of speech acoustics, speech production and speech perception that can be applied to understand speech processes in normal and disordered populations as well as providing practical skills for the analysis of speech in a clinical setting.

3. **SCSD 632: Phonological Disorders in Children**
   The nature of phonological disorders in children and clinical approaches for their remediation are presented. This course includes a lab where students practice hands-on application of theories and procedures related to diagnosis, goal selection and treatment planning for children with phonological disorders.

4. **SCSD 637: Developmental Language Disorders I**
   This course is concerned with language impairment in children, focusing on their underlying nature, surface manifestation, and assessment methods. The course addresses theoretical and practical underpinnings of assessment methods and diagnostic criteria and discusses the significance of research findings in clinical decision making. A lab component provides hands on experience in the use of standardized tests.

5. **SCSD 638: Neurolinguistics**
   Current theories of language are studied: brain relationships and speech and language deficits subsequent to brain damage. A review of current research on phonetic, lexical, and syntactic processing in brain-damaged individuals is included.

6. **SCSD 682: Practicum & Seminar II**
   This is the second, in a series of four practicum and seminar courses, which focus on various aspects of clinical training (scope of practice, clinical experiences, and interprofessional education). This course reviews the documentation associated with the profession of Speech-Language Pathology. It also allows the students to develop practical skills and learn about issues related to the practicum placements.

7. **IPEA 501: Interprofessional Education: Communication in Interprofessional Teams**
   This course includes preparatory work and a half day workshop with students from other healthcare disciplines in the Faculty of Medicine. It introduces students to effective communication and interactions in interprofessional teams.
2\textsuperscript{nd} Year Courses

Fall

1. **SCSD 618: Research and Measurement Methods**
   Methodologies used in research and measurement in the field of communication sciences and disorders are introduced. Topics covered include: the nature and interpretation of test norms; validity; interpretation of test score differences; and questionnaire development (scaling). Tests currently used in speech-language pathology and audiology are examined.

2. **SCSD 636: Fluency Disorders**
   This course covers the nature of stuttering, various causal theories, and techniques for evaluation and treatment of children, adolescents, and adults. This course includes a lab where students obtain hands-on practice focusing on assessment, treatment, and counselling.

3. **SCSD 639: Voice Disorders**
   Information about the vocal mechanism, its pathologies, and methods of evaluation and treatment are studied. This course includes a lab where students obtain hands-on practice.

4. **SCSD 643: Developmental Language Disorders II**
   The goal of the course is to familiarize students with principles and procedures of language intervention for individuals with developmental language impairments, including preschool children, school-age children, adolescents and adults and including monolingual and multilingual individuals, within a framework of evidence based practice. This course includes a lab where students practice hands-on application of theories with a focus on intervention.

5. **SCSD 644: Applied Neurolinguistics**
   This course covers theoretical and clinical issues as well as principles relevant to the assessment and treatment of adults with acquired neurogenic language and cognitive-communication disorders (aphasia, right-hemisphere damage, dementia and traumatic brain injury). Clinical labs are designed to expose students to clinical materials and practice in assessment and therapy through case examples. Labs will parallel the typical sequence of the clinical process (i.e. chart review, assessment, education/counselling and therapy) and will be coordinated with relevant lectures where possible.

6. **SCSD 683: Practicum & Seminar III**
   This is the third, in a series of four practicum and seminar courses, which focus on various aspects of clinical training (scope of practice, clinical experiences, and interprofessional education). This course reviews different topics relating to professionalism, diversity and counselling. The Fall Practicum experience is part of this class.
Winter

1. **SCSD 642: Aural Rehabilitation**
   This course addresses the effects of hearing impairment in adults as well as in the developing child with attention to problems in speech, language, and cognitive function as well as social-emotional adjustment. Various intervention approaches are examined.

2. **SCSD 664: Augmentative Alternative Communication**
   This course will develop knowledge and skills for planning intervention with clients who would benefit from Augmentative and Alternative Communication (AAC) approaches. Key concepts related to characteristics of potential AAC users, components of AAC systems and strategies, assessment, and intervention will be explored. Students will have the opportunity to: (1) integrate and apply these concepts in planning intervention for case examples, and (2) interview & interact with a person who uses AAC.

3. **SCSD 669: Autism Spectrum Disorders and Neurodevelopmental Disorders**
   This course covers assessment and intervention for Autism Spectrum Disorders, dyslexia, and other learning disabilities. It fosters reflective clinical problem solving using case-based learning.

4. **SCSD 680: Deglutition and Dysphagia**
   This course reviews advanced physiology and neurophysiology of mastication and deglutition. Topics covered include normal function, diagnosis, and treatment of swallowing disorders. This course includes a lab where students obtain hands-on practice.

5. **SCSD 684: Practicum & Seminar IV**
   This is the last course, in a series of four practicum and seminar courses, which focus on various aspects of clinical training (scope of practice, clinical experiences, and interprofessional education). This course reviews different topics relating to ethics and getting ready for the workplace. The Winter Practicum experience is part of this class.

6. **Seminar Option**
   Current research and professional issues in communication sciences and disorders are discussed. Specific topics are selected yearly.

7. **IPEA 502: Patient-Centered Care in Action: An Interprofessional Approach**
   This course includes preparatory work and a half day workshop with students from other healthcare disciplines in the Faculty of Medicine. It introduces students to a simulated family centered care scenario and, in interprofessional teams, they must develop a plan of care.
Depending on scheduling, completed in 1st or 2nd Year

1. SCSD 689: Management of Cranio-facial Disorders
   This course covers typical and atypical craniofacial features and Cranio-facial anomalies with and without cleft lip and palate, and their associated problems. The students will learn about the evaluation of speech characteristics in the context of craniofacial anomalies as well as the Intervention for speech disorders in that context.
Description of Practica
1st Year Practica – Fall and Winter Semesters

In the 1st Year of the program, students participate in a variety of clinical activities where they are exposed to diverse populations. Starting early in the first semester, these clinical activities are an opportunity to obtain practical experience and apply what is being learned in class. The students are exposed to typically-developing populations and introduced to communicatively-impaired clients. They learn about the S-LP scope of practice, carry out promotion and prevention activities, and are introduced to assessment and intervention.

Practical activities generally take place on Tuesdays and Fridays. The practical activities may change from year to year depending on course content, availability of placements or other reasons.

Audiology Minor
All of the coursework and practical activities related to the Audiology minor are completed in the first year of the program.

The objectives of the audiology placements are to:
- Gain an overall understanding of the field of Audiology;
- Be exposed to audiology activities included in the scope of practice of Speech-Language Pathologists (the scope of practice may vary from one province to another);
- Apply information learned in audiology labs with clients;
- Obtain the necessary clinical hours as required by the National Association, Speech-Language & Audiology Canada (SAC).

1. Audiology Day
   Students spend one day with an audiologist at one of McGill’s affiliated hospitals. Alone or in pairs, they observe the audiologist performing assessments, counselling, and providing follow-up recommendations, and participate when possible.

   Specific objectives of this placement are to:
   - Gain an understanding of what being an audiologist entails;
   - Obtain real life exposure to clients seen in audiology.

2. Hearing Screenings in an Elementary School
   Students spend one day in an elementary school with a group of their classmates supervised by the school Speech-Language Pathologist and an Audiologist. This day is divided into two types of activities: education/prevention and screenings.
   a. Education/prevention: In teams, students lead classroom activities with groups of 5th and 6th graders. Activities include: video presentations and discussions about hearing, hearing loss and how to prevent hearing loss (e.g. children are shown models of the ear and how to use ear plugs, etc.).
b. Screenings: Students perform hearing screenings on children and members of the staff. Screenings include: performing otoscopy, tympanometry and audiometry, interpreting screening results, writing summary reports, and making referral recommendations when needed.

Specific objectives of this placement are to:
- Practice audiology tasks that are within the S-LP scope of practice;
- Gain experience with education and prevention activities to promote healthy hearing practices;
- Obtain their first experience of facilitating classroom activities;
- Collaborate with peers to provide effective services;
- Begin to adapt to a changing environment (e.g. last minute schedule modification).

3. On Campus Hearing Screenings
Students spend one day on campus with a group of classmates supervised by one of the Coordinators of Clinical Education and an Audiologist. This day is divided into two types of activities: promotion/prevention and screenings.

a. Promotion/prevention: Students provide information to the public on hearing, hearing loss, and how to prevent hearing loss. Pamphlets, posters, ear models and iPads are at their disposal. They are also responsible for recruiting people to screen. This event is a great opportunity for students to promote the profession while providing services to the community.

b. Screenings: Students perform hearing screenings on a variety of clients: students, McGill staff members, families from McGill’s affiliated daycares, general public, etc. Screenings include: performing otoscopy, tympanometry and audiometry, interpreting screening results, writing and explaining results, and making referral recommendations when needed.

Specific objectives of this placement are to:
- Practice audiology tasks that are within the S-LP scope of practice;
- Gain further experience with education and prevention activities;
- Recruit as many participants as possible;
- Collaborate with peers to provide effective services;
- Adapt to a fast-paced schedule.

Speech-Language Pathology
The practical activities related to the Speech-Language Pathology major are spread out across the two years of the program.

Competencies, taken from the Proposed Practice Competencies for S-LPs in Canada, that students should demonstrate in all S-LP Practica include:
- Respect client and client diversity;
- Communicate in a respectful manner;
- Listen actively;
Comply with regulatory and organizational requirements;
Comply with professional code of ethics;
Regularly review new knowledge and determine applicability to practice;
Integrate new learning into practice;
Maintain a professional demeanour.

1. Daycare Placement
In pairs, students spend approximately four half-days at a Daycare Centre where they familiarize themselves with typically-developing pre-school children. Designed as a “Super Lab”, the information gathered at this placement is used and analyzed in multiple courses. Activities include: observing children interacting and playing in groups, practicing administering speech and language assessments with a typically-developing child, comparing children’s performance to developmental charts, and developing and using questionnaires about toys and children’s interests.

Specific objectives of this placement are to:
- Gain an understanding of typical speech, language, and play development in children;
- Practice interacting with children;
- Practice using informal assessment tasks and developmental charts;
- Obtain experience administering speech and language tests;
- Obtain a first experience analysing morpho-syntax.

2. Phonological Awareness Practicum
Students spend ten days in teams (2, 3 or 4 students) in an elementary school where they develop their abilities to provide services in the area of Phonological Awareness (PA). Activities include: screening reading pre-requisites (2 days), applying an 8-week PA intervention program in classrooms, writing an organizational file and a complete patient file/chart, and performing intervention with individual and small groups of children who are struggling with the classroom interventions.

The PA Practicum is combined with the assessment of a child presenting with a phonological disorder, as being in an elementary school facilitates access to communicatively-impaired children. This assessment likely requires students to go to a school for extra days. Designed as a “Super Lab”, the information gathered with this assessment is used and analyzed in multiple courses.

Specific objectives of this placement are to:
- Gain an understanding of the development of reading pre-requisites in children;
- Practice screening kindergarteners to assess the risk of future reading difficulties;
- Practice providing treatment to children individually, in small groups, and in classrooms;
- Practice self-evaluation and providing feedback to peers;
- Practice administering informal tasks and formal speech and language tests;
• Practice analysing assessment results;
• Practice organizational and patient documentation including completing an assessment and a progress report.

3. Adult Placement
This placement took place for the first time in Winter 2015. In pairs, students spend approximately 2 hours on two separate visits with a typical elderly person. The students are responsible for finding their own client. Designed as a “Super Lab”, the information gathered at this placement is used and analyzed in multiple courses. Activities include: interacting and obtaining a speech and language sample and administering informal and formal assessments.

Specific objectives of this new placement are to:
• Gain an understanding of typical speech and language skills of an elderly person;
• Apply theoretical knowledge in clinical practice;
• Develop an understanding of the transferable knowledge between the different courses and areas of practice;
• Practice interacting with an unknown elderly person;
• Practice using informal assessment tasks with an adult;
• Obtain experience administering speech and language tests with an adult;
• Practice analysing assessment results.
1st Year – Spring Practicum

After students have completed the coursework of the 1st Year, they spend 20 days in a clinical setting. This is the first practicum where they, individually or in pairs, accompany an S-LP Clinical Educator (CE) in a day-to-day work setting. Students are assigned to 1 or 2 CEs (occasionally up to 3 CEs). They may be assigned a paediatric, an adult, or a mixed population.

Students receive primarily direct supervision (i.e., the CE attends the session). However, depending on students’ previous experience, the setting and the demands of the site, students may also receive some indirect supervision (i.e., CEs meet with students to assist in the preparation of the tasks students will be doing on their own and then the CEs and the students meet afterwards to debrief). For example, indirect supervision may be more frequent in a school board considering students’ other 1st Year experiences.

The Spring Practicum typically starts at the end of April or beginning of May. However, it is sometimes done later in the summer due to availability of supervisors. This placement is usually done 5 days per week for 4 weeks or 4 days per week for 5 weeks. However, other arrangements are sometimes made due to experiences available.

The experience varies greatly depending on the mandate of the site (e.g. prevention, assessment or intervention) and the population served. There are no specific requirements in terms of hours spent with clients or types of activities performed. Students accompany their CEs in their usual routine. The number of clinical hours also varies greatly (e.g. in Spring 2015, clinical hours varied from 66.75 to 148 hours).

The objectives of this placement are to:

- Gain an understanding of the scope of practice of S-LP;
- Practice patient documentation;
  - Charting (including data collection and SOAP notes);
  - Writing lesson/session plans;
  - Ideally, writing assessment (maximum of 3) and progress reports;
- Be able to locate and understand the appropriate information in a patient’s chart/file;
- Participate in prevention, assessment or treatment activities;
- Begin to develop clinical reasoning skills;
- Practice self-evaluation.

Specific objectives of this placement vary depending on the mandate of the site and the population served. For example, in a Centre dedicated uniquely to assessing language impairments, students will likely only receive experience in assessment.

Paediatric Population

If students complete one of the following types of activity (e.g. assessment, morpho-syntax intervention, prevention) 3 times or more, by the end of their placement, they should be able to:
• Prepare for a full intervention session
  o Select goals (with support)
  o Select activities (with support)
  o Select materials (independently)
• Lead an intervention session
  o Manage behaviour (with support)
  o Lead activities (independently)
  o Take notes on session (independently or with some support)
• Lead an assessment session
  o Select tasks (with support)
  o Administer formal tests (independently)
  o Perform informal tasks (with support)
• Report assessment results
  o Explain what was done in the assessment (independently or with some support)
  o Explain the results in one area of development (with some support)
• Write an assessment report
  o Write background information (with some support)
  o Report test results (independently)
  o Write the analysis and conclusion (with support)
  o Write recommendations (with support)
• Write a progress report
  o Document services rendered (with minimal support)
  o Report progress (with support)
  o Write summary and recommendations (with support)

Adult or Specialized Population
As most courses regarding adult or specialized populations are offered in the 2\textsuperscript{nd} Year of the program, a Spring Practicum with these populations require more support from the CE and more preparation from the students. The level of independence expected by the end of this placement is less than for students assigned a paediatric population.

If students complete one of the following types of activity (e.g. assessment, language intervention, prevention) 3 times or more, by the end of their placement, they should be able to:
• Co-prepare, with CE, for a full intervention session
  o Discuss pre-selected goals with CE
  o Select activities and materials (with some support)
• Co-lead, with CE, an intervention session
  o Lead activities (with some support)
  o Take notes and collect data (with support)
• Co-lead, with CE, an assessment session
  o Select tasks (with support)
  o Administer formal tests (with some support)
  o Perform informal tasks (with a lot of support)
- Report assessment results
  - Explain what was done in the assessment (with some support)
  - Explain the results in one area assessed (with support)
- Write an assessment report
  - Write background information (with some support)
  - Report test results (with some support)
  - Write the analysis and conclusion (with a lot of support)
  - Write recommendations (with a lot of support)
- Write a progress report
  - Document services rendered (with minimal support)
  - Report progress (with a lot of support)
  - Write summary and recommendations (with a lot of support)
2\textsuperscript{nd} Year Practica

In the 2\textsuperscript{nd} Year of the program, students complete three clinical placements to further develop their clinical and professional skills. Throughout these practica they move towards independent practice. By the end of the program, they attain a skill level of entry to practice.

1. Fall and Winter Practica

Fall and Winter Practicum most often begin the first week of school and will take place on Wednesday and/or Thursday for a total of 12 days. Students are required to be available to start practicum immediately at the beginning of the semester and must be available for both days every week during the semester as practicum schedules are often modified at the last minute. They are assigned to a paediatric, adult or mixed population. Assignment is done considering previous placements, hours and site requirements, and placement availability.

The objectives of these placements are to:
- Actively participate in planning, executing, and evaluating, prevention, assessment or treatment activities;
- Continue to develop clinical reasoning skills and apply evidence-based practice;
- Continue to develop self-evaluation skills;
- Further develop documentation skills;
  - Charting (including data collection and SOAP notes);
  - Writing lesson/session plans;
  - Writing reports;
- Begin to identify barriers to access to services as well as advocate for clients;
- Begin to set caseload priorities.

Specific objectives of these placements vary depending on the mandate of the site and the population served. For example, students assigned to a Centre dedicated uniquely to assessing language impairments, will likely not do intervention during that placement.

Adult or Paediatric Population

If students complete one of the following types of activity (e.g. assessment, morpho-syntax intervention, prevention) 3 times or more, by the end of their placement, they should be able to:
- Prepare for full intervention sessions
  - Select goals (with minimal support)
  - Select activities (with minimal support)
  - Select materials (independently)
- Lead intervention sessions
  - Manage behaviour (with some support)
  - Lead activities (independently)
  - Take notes on session (independently or with some support)
- Lead an assessment session
  - Select tasks (with minimal support)
- Administer formal tests (independently)
- Perform informal tasks (with support)

- Report assessment results
  - Explain what was done in the assessment to clients and other professionals (independently)
  - Explain the results of the assessment to clients and other professionals (with support)

- Write an assessment report
  - Write background information (with minimal support)
  - Report test results (independently)
  - Write the analysis and conclusion (with support)
  - Write recommendations (with support)

- Write a progress report
  - Document services rendered (independently)
  - Report progress (with some support)
  - Write summary and recommendations (with support)

Specialized Population

As most courses regarding specialized populations (voice, dysphagia etc.) are offered in the 2nd Year of the program, a specialized placement will require more support from the CE and more preparation by the student. The level of independence expected by the end of this placement is less than for students assigned to other placements. If students complete one of the following types of activity (e.g. assessment, morpho-syntax intervention, prevention) 3 times or more, by the end of their placement, they should be able to:

- Prepare for full intervention sessions
  - Select goals (with support)
  - Select activities (with support)
  - Select materials (with minimal support)

- Lead intervention sessions
  - Manage behaviour (with some support)
  - Lead activities (with some support)
  - Take notes on session (independently or with some support)

- Lead an assessment session
  - Select tasks (with some support)
  - Administer formal tests (independently)
  - Perform informal tasks (with support)

- Report assessment results
  - Explain what was done in the assessment to clients and other professionals (with some support)
  - Explain the results of the assessment to clients and other professionals (with some support)

- Write an assessment report
  - Write background information (with minimal support)
  - Report test results (independently or with some support)
2. Final Internship

After students have completed the coursework for the program, they spend approximately 60 days (3 months) full-time in a clinical setting. This is their final practicum where they work towards independent practice and caseload management. They are assigned to a paediatric, adult or mixed population. Assignment is done in consultation with the Coordinator of Clinical Education considering previous placements, hours and site requirements, placement availability, and student interests.

Students receive a combination of direct supervision (i.e., the CE attends the session) and indirect supervision (i.e., CEs meet with students assist in the preparation of the tasks students will be doing on their own and then the CEs and the students meet afterwards to debrief). In general, the amount of indirect supervision will increase throughout the placement as students gain independence.

The Final Internship typically starts at the end of April or beginning of May. However, it is sometimes done later in the summer due to practicum experiences available. This placement is usually done 5 days per week for 12 weeks, but other schedules may be arranged due to experiences available.

The experience varies greatly depending on the mandate of the site (e.g. prevention, assessment or intervention) and the population served.

The objectives of this placement are for students to be able to:

- Independently plan, execute, and evaluate, prevention, assessment or treatment activities;
- Refine clinical reasoning skills and apply evidence-based practice;
- Refine self-evaluation skills;
- Refine documentation skills;
  - Charting (including data collection and SOAP notes);
  - Writing lesson/session plans;
  - Writing reports;
- Identify barriers to access to services as well as advocate for clients;
- Set caseload priorities;
- Share knowledge with clients and other professionals related to communication and/or swallowing.
If students complete one of the following types of activity throughout their Internship (e.g. assessment, morpho-syntax intervention, prevention), by the end of the placement, they should be able to:

- Prepare for full intervention sessions (independently)
  - Select goals
  - Select activities
  - Select materials
- Lead intervention sessions (independently)
  - Manage behaviour
  - Lead activities; modify activities based on client performance on-line
  - Take notes on session
- Lead assessment sessions (independently or with minimal support)
  - Select tasks (independently)
  - Administer formal tests (independently)
  - Perform informal tasks (with minimal support)
- Report assessment results
  - Explain what was done in the assessment to clients and other professionals (independently)
  - Explain the results of the assessment to clients and other professionals (independently or with minimal support)
- Write assessment reports (independently or with minimal support)
  - Write background information (independently)
  - Report test results (independently)
  - Write the analysis and conclusion (with minimal support)
  - Write recommendations (with minimal support)
- Write progress reports
  - Document services rendered (independently)
  - Report progress (independently)
  - Write summary and recommendations (with minimal support)

Specialized Population
A specialized placement requires more support from the CE and more preparation from the students. The level of independence expected by the end of this placement can be less than for students assigned to other placements.
How to Support Students
How to Provide Feedback

The following information is meant as an introduction to providing feedback. For more information about how to provide feedback, do not hesitate to contact one of the SCSD’s Coordinators of Clinical Education or to attend one of the SCSD’s workshops on Giving Effective Feedback offered annually or on demand for groups.

What is Feedback?
Listed as one of the ingredients\(^1\) of effective teaching, feedback is defined as the communication to another person which gives information about how he/she affects and is perceived by others. In other words, feedback is a way of helping another person to consider changing his/her behaviour.

For learning to take place, students need an understanding of what is to be learned, a commitment to the task, the opportunity to practice, the opportunity to “process” the information, and constructive feedback. Giving feedback to a student provides them with an observer's insight into how their performance is progressing, as well as advice to solve any problems. While giving and receiving feedback can be a delicate process, there's no doubting its value in helping to identify issues and solve them.

Why Provide Feedback?
Feedback has been shown to improve clinical performance as it reinforces positive behaviours and allows for a correction of undesirable behaviours. Other reasons to provide feedback include:
- Decrease learner anxiety about performance:
  - Without feedback, formal tests become overly important;
  - Improve self-assessment;
- Essential for learning to take place;
- Valued by students;
- Key step to ensure due process;
- Prepare students for their evaluations.

Feedback vs. Evaluation
The term “Feedback” is sometimes confused with “Evaluation of the performance”. While the two are equally important, they have different uses. In the table below are some of the key differences between the two.

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formative</td>
<td>Summative</td>
</tr>
<tr>
<td>Provides information</td>
<td>Provides judgment</td>
</tr>
<tr>
<td>Based on observations</td>
<td>Involves several methods</td>
</tr>
</tbody>
</table>

\(^1\) Ingredients of Effective Teaching include: Enthusiasm/stimulation, organization/clarity, two-way communication, creation of an effective learning environment, provision of feedback, and clinical/subject matter competence.
Feedback – Continued

<table>
<thead>
<tr>
<th>Feedback</th>
<th>Evaluation – Continued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Descriptive</td>
<td>Normative (on a scale)</td>
</tr>
<tr>
<td>Immediate</td>
<td>Delayed</td>
</tr>
<tr>
<td>Ongoing</td>
<td>Done at fixed points in time (midterm and final)</td>
</tr>
<tr>
<td>Can be about a session or specific issue</td>
<td>Determines if the individual has met a set of predetermined expectations</td>
</tr>
<tr>
<td>Allows individual or program modification</td>
<td></td>
</tr>
</tbody>
</table>

**Effective Feedback**

To be effective, feedback should be:
- Timely and expected;
- Specific and based on observations;
- Based on changeable behaviours;
- Related to learning goals;
- Limited in quantity.

**Professional Supervision Model**

Here is a model that can be followed when preparing for and providing feedback to a student. Phase 1 and 2 are done before the feedback session takes place.

<table>
<thead>
<tr>
<th>Phases</th>
<th>Steps</th>
<th>Additional Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHASE 1</td>
<td>Data Collection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Word-for-word transcription</td>
<td>▪ Verbal behaviours</td>
</tr>
<tr>
<td></td>
<td>B. Data classification</td>
<td>▪ Non-verbal behaviours</td>
</tr>
<tr>
<td></td>
<td>C. Strengths identification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D. Limitations identification</td>
<td></td>
</tr>
<tr>
<td></td>
<td>E. Prioritization of limitations</td>
<td></td>
</tr>
<tr>
<td>PHASE 2</td>
<td>Reflection &amp; Timing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Select a time for the feedback session</td>
<td>▪ It needs to be done on the same day, not the week after</td>
</tr>
<tr>
<td></td>
<td>B. Provide 10-15 minutes to reflect</td>
<td>▪ Ideally, before the student sees another patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Right after? No, the student needs to wind down and organize his/her thoughts after the session</td>
</tr>
<tr>
<td>PHASE 3</td>
<td>Discussion &amp; Feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A. Set the stage for the feedback</td>
<td>▪ Look at the overall session (2-3 sentences are enough)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Interns tend to focus on details or what went wrong</td>
</tr>
<tr>
<td></td>
<td></td>
<td>→ Not the time to do so</td>
</tr>
</tbody>
</table>
B. Presentation of strengths

I. Strengths according to the intern (1 or 2)
   ▪ If the CE agrees, she validates and reinforces
   ▪ If the CE disagrees, she says so & indicates that it will be discussed later

II. Strengths according to the CE (all of them)

C. Work on limitations

I. Limitations according to the intern (1 at a time)
   ▪ Normalize
   ▪ Reframe
   ▪ Provide model (Role Play is an excellent tool)

II. Limitations according to the CE (maximum of 2)
   ▪ Limits that were previously identified, but not addressed
   ▪ Other perceived limitations

D. Integrate learning

I. Identify what was learned
   ▪ Add what is missing

II. Expectations & plan

In Summary
For your feedback to be effective:

- Take word-for-word transcriptions during the session;
- Time your feedback appropriately (the more immediate the better);
- Always start with the student’s perceptions (teaches self-evaluation);
- Strengths first, then limitations;
- Summarize and develop a plan;
- Be careful not to overload: the quantity of new information can be overwhelming.

References
Faculty Development (2013). Train-the-Trainer Program: Giving Effective Feedback Module, Faculty Development Office, Faculty of Medicine, McGill University.


From Novice to Expert

As learners acquire experience and abilities, their processing of the many variables guiding their actions changes from a simplistic, rule-based approach to the automatic process of the expert. As they advance in expertise, students pass through the following stages: knows, knows how, shows how, and does. Identifying where students are in the pyramid below (Miller’s Pyramid), in regards to different skills, can act as a starting point to assigning students’ tasks. It can also help Clinical Educators (CEs) provide appropriate scaffolding to students’ learning.

Continuum: Novice to Expert

As learners develop their competencies, they move through the continuum from novice to expert. Students may be at different points along the continuum for different skills (e.g. assessment vs. intervention or counselling) and different clienteles.

CEs have likely reached the expert level for the majority of their daily tasks. Students, however, are not expected to reach the expert level by the end of their placements. In order to graduate and become a member of a professional Order or College (e.g. OOAQ, CASLPO), students are expected to be at the “entry to practice” level. Students’ skills should be in the Competent to Proficient range.

CEs play a critical role in helping the students move along the continuum. The table on the following page describes abilities and behaviours that CEs can observe for each of the stages.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Abilities and Behaviours demonstrated by the Learner</th>
</tr>
</thead>
</table>
| Novice       | • Recognizes facts and features  
• Relates to observable and measurable signs  
• Focused on the disorder process  
• Does not always consider the context  
• Novices tend to separate pieces of information                                                                                                                                 |
| Advanced     | • Once the novice has some experience with clients, they learn to consider additional cues  
• Has a broader view of the clients  
• Relates to the patient as an individual  
• Recognizes presence and absence of behaviour, but not yet able to attach meaning to it as looking for familiar patterns to help in the problem identification  
• Recognizes similarities across contexts, but difficulty seeing the whole picture and identifying priorities  
• Builds up episodic knowledge                                                                                                                                 |
| Beginner     |                                                                                                                                                                                                                                               |
| Competent    | • Can see more facts and observations and knows which ones are more relevant  
• Has an easier time figuring out the priorities  
• Flexibility and creativity are still challenging                                                                                                                                 |
| Proficient   | • Can perceive a situation as a whole rather than viewing isolated parts  
• Has a sense of vision and direction for their clients  
• Can recognize and deal with unfamiliar situations  
• Has learned the ability to be flexible and modify initial hypothesis in light of unexpected or new findings                                                                                                                                 |
| Expert       | • Rules are no longer in foreground, they are applied and adapted easily to new situations  
• Clinical intuition develops based on reflection of past experiences and the correct identification of relevant cues                                                                                                                                 |

**Tool in Development**

In collaboration with CEs working in various settings, the SCSD’s Coordinators of Clinical Education (CCEs) are developing a tool which will propose different tasks that students can be asked to perform at each stage. This tool will be made available in the upcoming academic year on the SCSD’s website: [https://www.mcgill.ca/scsd/clinical/clinical-educators/trainingmanual](https://www.mcgill.ca/scsd/clinical/clinical-educators/trainingmanual).

**References**


Preceptor Education Program (PEP), University of Western Ontario: [http://www.preceptor.ca/](http://www.preceptor.ca/)

Peer Coaching
Peer Coaching

It is becoming increasingly problematic across various countries to find appropriate high-quality clinical placements due to multiple factors including increases in student numbers and pressures on health systems (Sheepway et al., 2014; McAllister et al., 2010). In Canada, the number of S-LP programs went from 6 to 11 in recent years with many programs increasing the number of students they accept each year. Other factors, including the changing nature of education of S-LP students and the diversity of student cohorts, also contribute to the necessity of finding the most effective and efficient methods for developing clinical competency (Sheepway et al., 2014). One attempt to develop effective and efficient clinical training opportunities led to the increased use of the Peer Coaching model. The following information is meant as an introduction to Peer Coaching. For more information about Peer Coaching, do not hesitate to contact one of SCSD’s Coordinators of Clinical Education.

Definition

“Peer coaching has been defined as pairs of practicum students (...) observing each other and providing consultative assistance in correctly applying (...) and proposing alternative solutions to recognized instructional needs. (Ladyshewsky, 2000)”

• Students work together on an interdependent goal with individual accountability (Ashgar, 2010).

• Through peer coaching, students (Ashgar, 2010; Lu, 2010; Ladyshewsky, 2000):
  o Achieve greater integration of knowledge of current theories and practice;
  o Attain greater change in attitudes towards oneself, others and academic knowledge;
  o Show an increase in the development and transfer of new skills;
  o Have increased motivation to organize their time resulting in better preparation and delivery;
  o Develop increased professionalism;
  o Score higher on competency evaluations particularly in the area of clinical judgement and reasoning.

Contrary to multiple supervision, where one CE supervises two students who are independently responsible for each of their patients, in a Peer Coached placement, the two students are both responsible for the success of a session (assessment or treatment).

• The students share a common goal and speak the same language (Lu, 2010; Ashgar, 2010)
  o Informal discussion between students are usually less intimidating than discussions with CE;
  o Students also provide emotional support to each other,

• As they need to prepare together for a common goal, clinical reasoning, communication and collaboration skills are enhanced (Claessen, 2004).

• In our experience at the SCSD, we have noticed that:
  o The strengths of both students usually combine to elevate the performance level as a whole;
Student weaknesses are usually compensated for as students rarely have the same ones; A team is usually more independent and autonomous than a single student.

**How does Peer Coaching Work?**

Peer Coaching can be done in 2 ways:
1. 2 students share the same client, but each one plans and realizes different activities;
2. Each student is the leader for their own patients, but responsibility is still shared.
3. Ideally, go from one to the other
   a. Sharing the same patient enhances cooperation and communication;
   b. However, students need to feel that they can have success on their own.

To avoid confusion from the patient, it is important to clarify the roles of each student before a session. Therefore, it is important to identify a session’s leader and specific activity leaders. The session leader is in charge of the following:
   - Introduction (small talk, outline of session, homework, etc.);
   - Wrap-up (re-cap, homework, next steps, etc.);
   - Communication with families.

The specific activity leader is accountable for:
   - Introduction of the task;
   - Execution of the task (feedback, sub-step, super-step);
   - Wrap-up of the task and transition to next task.

In a Peer Coached model, the student who is not in charge of a session (the non-leader) is not a passive observer. Here are some of the tasks the non-leader can do:
   - Take notes on performance:
     o Peer;
     o Patient.
   - In an assessment:
     o Turn the pages of a test;
     o Note observations (behaviour, sentences produced, etc.).
   - In an intervention:
     o Provide peer with needed materials;
     o Put away what is done;
     o Take notes on performance, behaviour, productions, etc.

**Feedback and Evaluation**

In a Peer Coached model, feedback and evaluation are somewhat different than in a 1:1 supervision model.

Learning to provide feedback to peers is one of the goals of Peer Coaching. The feedback sessions should mostly be done as a team since both students are responsible for the success of the session. Therefore, the team’s performance needs to be addressed. However, each individual’s attributes also need to be addressed as they contribute to the team’s performance.
When there are issues specific to one of the students that do not relate to the team’s effort (e.g. lateness, personality trait), students should be met alone to discuss this specific issue.

As for formal evaluations, the mid-term and the final evaluations should be done individually. However, notes on the team should be included in the evaluation.

**Paperwork**

For more information on how to fill out the forms, please refer to the “Paperwork” section of this manual. Below are the documents needed in a Peer Coached practicum:

*Sent by Students to CEs before Starting*
- Placement History Form (each student).

*Documents CEs Complete*
- Practicum Contract (1 per student);
- Weekly Feedback Forms from Clinical Educator (1 per student or 1 for the team as per CE preference);
- Midterm Evaluation (1 per student);
- Final Evaluation (1 per student);
- Placement History Form (1 per student);
- Time Replacement Agreement Form (when applicable).

*Documents CEs Sign*
- Collaboration Contract in a Peer Coaching Setting (1 per team);
- Hours Form (1 per student, should be identical).

**A few References on Clinical Placements and Peer Coaching**


Grading & Conflict Resolution
Grading and Conflict Resolution

Protocol for Marginal Performance in Clinical Practicum

In the event that student clinical performance is unsatisfactory, the following protocol outlines the process to be followed. It is designed to support Clinical Educators in their role as supervisors, students and their learning needs, to document difficulties, facilitate communication, and to ensure fairness to both the student and the Clinical Educator. General guidelines are as follows:

If, at any time, a Clinical Educator has a concern regarding a student’s clinical performance, the Clinical Educator must contact the Coordinator of Clinical Education immediately. The Coordinator of Clinical Education will discuss student performance with the Clinical Educator to help identify the root of the difficulty and to develop specific learning objectives and plan. In all cases in which the Clinical Educator indicates that a student’s performance is of serious concern, the Coordinator of Clinical Education will elicit a statement from the student regarding the practicum situation and provide the student with a formal learning plan with specific objectives outlined which will include a plan for follow up. If necessary, and where possible, the Coordinator of Clinical Education or another designated member of the McGill Faculty will observe student performance at least once during the practicum. Observations will be documented. The Coordinator of Clinical Education may decide to hold a joint meeting between the Clinical Educator and the student to discuss the problem and attempt to find a solution.

If the Clinical Educator and the Coordinator of Clinical Education agree that the student's performance is marginal or unsatisfactory and that there is a risk of failure, students will be placed on probation and a probationary letter will be given to the student to sign. This letter will contain a clear statement of the problem, timeline for resolution, as well as a statement informing them that they are on probation and at risk of failure.

Students may be placed on probation for a variety of reasons including but not limited to:

- Unsafe clinical practice;
- Unsatisfactory professional conduct;
- Clinical/professional skills that are not competent for the level of training;
- Breach in patient/client confidentiality;
- Disregard of any item, rule or requirement outlined in the Faculty of Medicine’s Code of Conduct.

At the end of the practicum, after having received the final Student Evaluation from the Clinical Educator, the Coordinator of Clinical Education will assign a grade of PASS or FAIL. Students will receive a FAIL if they do not meet clinical or professional standards or if they do not meet the conditions outlined in the probation letter.

In the circumstance where a student withdraws from a placement, without legitimate cause, after being placed on probation or being informed they are at risk of failure, the student would normally receive a failing grade.
In the case where the Clinical Educator/site withdraws from the placement for reasons of unsatisfactory clinical or professional conduct, the Coordinator of Clinical Education will investigate the issue. In the case where it was established that the clinical or professional misconduct was severe, the student would normally receive a failing grade whether or not they are on probation.

**Difficulties on Practicum or with Supervision**

In the event that difficulties arise with a supervisor, students must notify the Coordinators of Clinical Education. They will provide students with suggestions to address these difficulties. When appropriate, the Coordinators of Clinical Education may discuss these difficulties with the Clinical Educator. Students may be withdrawn from a supervisory situation by the Coordinator of Clinical Education if there is sufficient reason to do so.

**Policy on Incomplete Practica**

Students are expected to complete practica at the assigned times. In the event of a medical, family, or personal emergency where they are unable to complete practicum, students should contact their Coordinator of Clinical Education immediately. An extension may be granted at the discretion of the Coordinators of Clinical Education and the Program Director. The reason for the extension request, availability of supervision, skills acquired by the student, and amount of practicum completed will be taken into account when considering granting an extension.

In the event Clinical Educators have a medical, family, or personal emergency where they are unable to continue supervising a practicum, supervisors or their site representatives should contact the Coordinator of Clinical Education immediately. Where possible, an attempt should be made by the Clinical Educator or representative to assist in finding an alternate supervisor.

**Student Rights**

Graduate and Postdoctoral Studies outlines students’ rights and responsibilities. To find out more about students’ rights, refer to their website:

http://www.mcgill.ca/gradwelcome/student-rights-and-responsibilities, contact the Office of the Dean of Students: www.mcgill.ca/deanofstudents/ or refer to the Handbook on Student Rights and Responsibilities (commonly called the Green Book) which outlines graduate students’ rights and responsibilities at McGill:

Paperwork
General Instructions

Documents to be sent by Students to the CEs before the Start of the Practicum

1. Placement History Form

Documents CEs Complete

1. Practicum Contract
2. Weekly Feedback Forms from Clinical Educator
3. Midterm Evaluation
4. Final Evaluation
5. Placement History Form
6. Time Replacement Agreement Form (when applicable)

Documents CEs Sign

1. Collaboration Contract in a Peer Coaching Setting (when applicable)
2. Hours Form


For Phonological Awareness

The only documents pertinent to the Phonological Awareness Practicum are the Placement History Form and the Hours Form. These both need to be filled out at the end of the placement. CEs will not receive a Placement History Form before the start of the placement.

Submission of Documents

The students are responsible for the submission of all practicum related documents. All documents must be submitted by the students:

- To the practicum.scasd@mcgill.ca account;
- From the student’s name@mail.mcgill.ca account;
- By 11:59 on the Sunday following the completion of the activity (same week);
- Signed, dated, and complete.

All documents signed by the CE

- Must be CCed to the CE, with a visible CC, sent by the students, at the same time that they are submitted to practicum.scasd@mcgill.ca. This is to ensure the accuracy of the documents submitted.
- When going to be sent late (CE’s decision), an email must be sent before the due date to the practicum.scasd@mcgill.ca account explaining the reason.

It is the students’ responsibility to check that the documents they are submitting are complete and in the correct format.
Specific Instructions

Placement History Form
The Placement History Form (PHF) is an instrument to track students’ progress throughout the program and the only communication tool between CEs from one practicum to the next. It enables CEs to get a picture of what students did in previous placements and is intended to help them prepare the upcoming practicum experience in order to capitalize on the students’ strengths and further develop areas of identified weaknesses. All weaknesses and concerns must be documented in the PHF.

The information written on the Placement History Forms should not be more than one page. The specific instructions vary depending on the practicum.

1st Year – Fall and Winter Semesters
In the Fall and Winter Semesters of their 1st Year, students must complete the PHF at the end of each practicum.

PHF – Audiology and Daycare
The students will write the information regarding all 3 Audiology placements and Daycare practicum themselves. The Coordinator of Clinical Education, 1st Year liaison, will sign the form once they have completed these placements.

PHF – Phonological Awareness and DPD Assessment
This form should be filled out by the student in collaboration with the CE. The students are required to fill out the top sections (practicum information, number of days, name of site, clientele, and activities) before meeting with their CE. The CE should help students to fill out the strengths and skills/attitudes to work on. The CE must make all necessary changes (e.g. if the CE disagrees with the student or has other things to add) before signing the form. See sample on our website: https://www.mcgill.ca/scsd/clinical/students/tools.

1st Year – Spring Placement; All of 2nd year
For the Spring Placement and all placements in 2nd Year, including the Final Internship, the Placement History Forms is used twice in each practicum: before the start and at the end of a practicum.

Before the start of a new placement, the students must send to their CEs, with the practicum.scsd@mcgill.ca account in CC, all of their previous Placement History Forms.

At the end of the practicum, generally on the last day, the students will fill out a new PHF form with the help of their CEs. The students fill out the top sections (practicum information, number of days, name of site, clientele, and activities) before meeting with their CEs. The CEs help the students to fill out the strengths and skills/attitudes to work on and make all necessary changes. The CEs must sign the form once they agree with the content.
Hours Form
In order to graduate and be eligible for the Speech-Language and Audiology Canada (SAC) Clinical Certification, students must meet the S-LP clinical hours requirements. It is the students’ responsibility to keep track of the clinical hours obtained during each practicum on the Clinical Hours Form. Students must keep track of hours on a daily basis and ask their CEs to sign the completed form at the end of their practicum. Hours are to be rounded to the nearest quarter of an hour (e.g. 0.25, 0.5 or 0.75). See the official document from SAC: Description of Clinical Hours Requirements on our website: https://www.mcgill.ca/scsd/clinical/students/practicum-manual-and-forms.

Collaboration Contract in a Peer Coaching Setting
This contract is a tool for the two students of a team to establish a set of rules to be followed during their practicum in order to ensure a successful placement and prevent conflict. This contract must be completed between the two students, reviewed and signed by the Coordinator of Clinical Education, and then by the CEs. See the official document on our website: https://www.mcgill.ca/scsd/clinical/students/practicum-manual-and-forms.

Practicum Contract
The Contract’s purpose is to set expectations and clear goals at the start of the practicum. It allows the CE and the student to collaboratively develop expectations for the placement.

Before their first day on placement, the students are required to:

- Think about what they would like to prioritize in their learning objectives;
- Complete the box on the first page with general information (e.g. name, Clinical Educator, etc.);
- Complete their preferences in Section C (Supervision, Feedback & Student’s Learning Style);
- Check the preferred format of documents (e.g. electronic or paper copies) with their CE;
- Bring their copy of the contract, preferred CEs’ format, on their first day.

Before the first day of the placement, the CEs are required to:

- Consider objectives they would like to prioritize in the upcoming placement;
- Consider their preferences in supervision style - Section C (Supervision, Feedback & Student’s Learning Style);
- Specify to the students their preferred format of documents (e.g. electronic or paper copies).

On the first day of the practicum, the student and the CE need to complete together the Practicum Contract started by the student.

Weekly Feedback Form from Clinical Educator
The feedback is a communication tool between the student, the CEs and the Clinical Education team. Its purpose is to identify where the students are with their learning and the direction they are going. It also provides the Clinical Education team an update on their performance.
General Information
The students should write their full name, the site’s name and the practicum week including the number of the week and the dates (e.g. week 4 out of 6, October 22 & 23, 2015).

Strengths
The CE describes the student’s strengths throughout the week.

Areas to Improve
The CE describes the observed areas where the student needs to improve that came up during the week. There is always something students can improve. Filling out this section is necessary for student learning and should be filled out every week. Issues and concerns should also be documented in this section as soon as they arise.

Action Plan
The student and the CE develop an action plan to address the student’s areas to improve.

Other
Contents of this section are optional and at the discretion of the CE.

Midterm Evaluation
The purpose of the Midterm Evaluation is to evaluate students’ performance at the mid-point of their placement. The date and goals were previously determined in the Practicum Contract. The midterm is an opportunity to reflect on the first half of the placement and to determine the focus of the second half. This may result in modifying the goals set in the Contract or continuing to develop previously established goals. The Midterm Evaluation summarizes the student’s general performance and is an opportunity to address points that may not have come up previously in specific feedback sessions. Use the Student Evaluation Form for both the Midterm and the Final Evaluation. CEs and students should ensure they keep the original copy, with both the student and CEs’ signatures, to use for the Final Evaluation.

Before the scheduled Midterm, the students are required to:
- Complete the box on the first page with general information (e.g. name, dates, etc.);
- Complete all Midterm Self-evaluation sections (Competency I to IV); as this is done before the meeting, the CEs’ comments should not be copied verbatim;
- Check their CEs’ preferred format of the document (e.g. electronic or paper copy);
- Bring the copy of the Evaluation Form, preferred CEs’ format, on the Midterm evaluation day.

Before the scheduled Midterm, the CEs are required to:
- Think about the strengths and weaknesses of their students and be ready to fill out the Student Evaluation Form at the pre-set meeting. As the strengths and weaknesses are done by both parties before the meeting, the student’s and CEs’ comments should be different;
- Inform the students of their preferred format of the document (e.g. electronic or paper copy).
At the meeting, CEs are required to:
- Ask students about their perceived strengths and weaknesses;
- Ensure students know about their true strengths and weaknesses;
- Ensure students know what their goals are for the remainder of the placement;
- Address any concerns that could result in failure.

After the meeting, CEs must contact the Coordinator of Clinical Education to address any concern that could affect students’ success in the placement.

**Final Evaluation**
The purpose of the Final Evaluation is to evaluate the student’s overall performance at the end of the practicum. It is a summative evaluation at the end of which the CE will recommend that the student receives a Pass or not. It is at the discretion of the Coordinators of Clinical Education to determine and submit the student’s final grade.

Before the scheduled Final Evaluation, the students are required to:
- Use the Student Evaluation Form used for the Midterm;
- Complete all Final Self-evaluation sections (Competency I to IV); as this is done before the meeting, the CEs’ comments should not be copied verbatim;
- Check the CEs’ preferred format of the document (e.g. electronic or paper copy);
- Bring the copy of the Evaluation Form, preferred CEs’ format, on the Final Evaluation day.

Before the scheduled Final Evaluation, the CEs are required to:
- Think about the strengths and weaknesses of their students and be ready to fill out the Student Evaluation Form at the pre-set meeting. As this is done before the meeting, the student’s and CEs’ comments should be different.

At the meeting, CEs are required to:
- Ask about the students about their perceived strengths and weaknesses and the progress they have made since the mid-term;
- Ensure students know about their true strengths and weaknesses and progress at the end of the placement;
- Ensure students know if the CE will recommend a pass or fail (refer to the Protocol for Marginal Performance in Clinical Practicum for steps leading to this);
- Ensure students know about what they still need to work on in future placements. If it is the final internship, ensure students know they support they will need at the beginning of their career.

**Time Replacement Agreement Form**
This agreement is a tool to determine how days missed due to illness or other valid reasons will be replaced. Time missed for reasons other than illness must be approved by the CE and the Coordinator of Clinical Education. The Agreement Form is to be completed by the CEs and the students detailing how the practicum days missed will be made up. Holidays (e.g. Canada Day, Victoria Day etc.) must be made up in Spring Placements and Final Internships.
Making-Up for Missed Days

1st Year Fall and Winter Practica
Activities to make up for time missed must be discussed with the Coordinator of Clinical Education who will decide on the appropriate course of action.

2nd Year Fall and Winter Practica
All time missed must be made up. All time missed for a valid reason other than illness must be approved by the CE and the Coordinator of Clinical Education. Ideally, extra days will be added to the practicum to account for days missed. If extra days cannot be added, replacement activities must be completed.

In collaboration, students and CEs must complete the Time Replacement Agreement Form with a plan on how lost time will be recovered. Time can be made up by adding extra days, independent study, article reviews, special projects, etc. The plan must be approved by the Coordinator of Clinical Education.

No more than 2 days may be missed by the students and made up. If students miss more than 2 days, they will need to provide a medical note. The Coordinator of Clinical Education will consider the student’s situation and availability of supervision and decide if the student will be removed from the practicum or if it will continue at a later date.

Spring Placement and Final Internship
All time missed must be made up. All time missed for a valid reason other than illness must be approved by the CE and the Coordinator of Clinical Education. All Holidays (e.g. Victoria Day, Canada Day, and St. Jean Baptiste) must be made up. Ideally, extra days will be added to the practicum to account for days missed. If extra days cannot be added, replacement activities must be completed.

In collaboration, students and CEs must complete the Time Replacement Agreement Form with a plan on how lost time will be recovered. Time can be made up by adding extra days, independent study, article reviews, special projects, etc. The plan must be approved by the Coordinator of Clinical Education.

No more than 10% may be missed and made up. Students must provide a medical note to the Coordinator of Clinical Education after missing two consecutive days. If they miss more than 10%, students will also need to provide a medical note. The Coordinator of Clinical Education will consider the student’s situation and availability of supervision and decide if the student will be removed from practicum or if it will continue at a later date.
Forms
PLACEMENT HISTORY FORM  
Speech-Language Pathology

<table>
<thead>
<tr>
<th>Student:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Practicum Information</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Number of Days</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Site(s)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Clientele (child/adult)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Activities</th>
</tr>
</thead>
</table>

- [ ]

<table>
<thead>
<tr>
<th>Student’s Strengths</th>
</tr>
</thead>
</table>

- [ ]

<table>
<thead>
<tr>
<th>Skills/Attitudes to Work on</th>
</tr>
</thead>
</table>

- [ ]

<table>
<thead>
<tr>
<th>Signature of CE (or CCE when applicable)</th>
<th>Date:</th>
</tr>
</thead>
</table>
PRACTICUM CONTRACT

Student:
Clinical Educator:
Site:
City:
Province/State:
Start date:
Finish date:

NB: For an overview of the student’s clinical experiences and performance to date, please review the Placement History Form.

A. LEARNING OBJECTIVES: 4 COMPETENCIES

Procedure:
Competencies I, II & III (page 2) cover the basic skills students need to acquire and show increasing improvement on throughout their clinical placements. These include skills in the areas of:

- I. Professional Skills
- II. Interpersonal & Communication Skills
- III. Practical Knowledge & Clinical Reasoning

Competency IV addresses
- IV. Clinical Skills
  Column 1: The targeted clinical skills will be identified from page 4 and listed in Column 1.
  Column 2: The expected level of assistance required by the student versus level of independence.
  Column 3: May be filled out optionally.
  In Column 3 indicate specific criteria how the objective will be met for all or some of the learning objectives. This procedure is strongly recommended for weaker students or for a more demanding practicum. See Appendix of the Clinical Training Manual for a sample.

NB: If the Clinical Educator or the student finds that an important objective is not covered under Competencies I, II & III, it may be added to the objectives in Competency IV.
**COMPETENCY I: PROFESSIONAL SKILLS AND DEVELOPMENT**

**Professional Skills**
1. adhering to professional standards; code of ethics; institutional policies
2. showing a positive attitude and openness to the CE & the clinical learning experience
3. establishing and maintaining good rapport and professional manner with CE
4. establishing and maintaining good rapport and professional manner with client/caregiver/team
5. respecting confidentiality
6. appropriate personal appearance and dress code (incl. wearing name tag at all times)
7. being on time
8. being prepared (e.g. familiarity with formal tests; planning sessions; etc.; )
9. meeting deadlines (e.g. reports; therapy plans; etc.; )
10. showing effective time management (especially Internship)

**Professional Development**
11. taking initiative
12. demonstrating self-directed learning & increasing independence (esp. Internship)
13. seeking assistance and feedback from CE when necessary
14. incorporating CE suggestions
15. demonstrating self- (and peer-) evaluation skills

**COMPETENCY II: INTERPERSONAL & COMMUNICATION SKILLS**

**Interpersonal Skills**
1. fostering trust and respect in regard to CE, clients, caregivers & team
2. being perceptive to client & caregiver needs
3. being able to address client & caregiver needs
4. being able to perceive & interpret non-verbal cues or body language from client
5. being able to adapt to change/showing flexibility

**Communication Skills**
6. being a good communicator in general
7. speaking clearly and at an appropriate rate and pitch
8. modifying language to suit the client’s needs
9. being able to adapt technical language to knowledge level of client/team during oral communication
10. ditto for written communication
11. ability to facilitate communication using verbal and non-verbal modes

**COMPETENCY III: PRACTICE KNOWLEDGE & CLINICAL REASONING**

1. demonstrating theoretical knowledge
2. applying academic information to the clinical process
3. researching problems (e.g. obtaining info from supplemental readings experiences with other clients)
4. demonstrating analytical thinking
5. demonstrating judgement and decision-making skills
6. being a good problem solver
7. demonstrating reasoning based on evidence
The CE & student are asked to consult the suggested list of objectives related to clinical skills in the Appendix (page 5) and list those that will constitute the student learning experience in this practicum.

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES:</th>
<th>LEVEL OF ASSISTANCE AVAILABLE / EXPECTED LEVEL OF INDEPENDENCE:</th>
<th>CRITERIA FOR MEETING THE OBJECTIVES: (optional; sample appendix CTM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
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</tbody>
</table>

(Please continue on a separate sheet if more than 7 objectives are identified)

**B. OTHER EXPECTATIONS**  (optional)
1. Attending meetings or workshops (e.g., rounds, case conferences, staff meetings), the student (co-)presenting a workshop or providing an in-service on a particular topic; etc. Please list:

2. Please list any other expectations (CE & Student):
C. SUPERVISION, FEEDBACK & STUDENT’S LEARNING STYLE

**Double click on the checkboxes and select ‘checked’ to check off the desired boxes (if typing on form)**

**Student’s Learning Style:** I learn most effectively when: (more than one box may be checked)

<table>
<thead>
<tr>
<th>Choice</th>
<th>CE’s preference</th>
<th>Student’s preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have an opportunity to observe the SLP before getting directly involved myself (discuss how much).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can dive right in: I need minimal modelling.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I can familiarise myself with a new population/assessment tool/intervention technique, etc. by first practising or reading more about it.</td>
<td></td>
<td></td>
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<tr>
<td>I can ask questions.</td>
<td></td>
<td></td>
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<tr>
<td>I can brainstorm with CE and/or another student.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Style of supervision:** (this will depend on factors, such as the student’s stage on the clinical education continuum, population, communication disorder and the particular learning objectives)

<table>
<thead>
<tr>
<th>Style</th>
<th>CE’s preference</th>
<th>Student’s preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student observes CE first.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CE observes all sessions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CE observes some sessions-parts thereof</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Collaborative’: Student takes initiative; problem-solves with CE, with increasing independence.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect supervision* (CE absent; discussion afterward).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>‘Consultative*': student works independently; only consults with CE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[* Recommended only if student is ready to work with greater independence (e.g. Internship, a very strong student, previous experience with similar population) ]

**Type of feedback:** (more than one box may be checked)

<table>
<thead>
<tr>
<th>Type</th>
<th>CE’s preference</th>
<th>Student’s preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>CE-initiated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student self-evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint feedback/evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With peer (if appropriate)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Frequency of feedback:** (more than one box may be checked)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>CE’s preference</th>
<th>Student’s preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After each session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Twice per day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At end of week (Internship)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The **mid-term evaluation** will take place on __________________________.

In recognition of the fact that all forms must be submitted to McGill within one week of completion of the practicum, we agree that the **final evaluation** will take place on _______________________.

The student will have prepared the final **Clinical Hours Form** by that day, which will be signed by the CE on the that day.

We **agree** to the conditions of the above Contract, with the option that it can be modified according to circumstances as long as it is negotiated to our mutual satisfaction.

Clinical Educator ...........................................  Student ...........................................  Date ...........................................

*Signatures used on this form must be *unique, original signatures*.

---

The student is required to submit this form in e-format to:

1) *practicum.scsd@mcgill.ca*

   AND

2) CE’s email (at the same time)

Before 11:59pm on Sunday following completion from his/her McGill email address *(name@mail.mcgill.ca).*

---

**Appendix**

*2 A unique, original signature is either a pen signature or a unique digital signature. Do not simply type your names on this form when submitting electronically.*
Suggested List of Learning Objectives for Acquiring Clinical Skills (Competency IV)

(Note: this list is not exclusive; these objectives may be rephrased and others added)

1. Information Gathering
   a) Reading & obtaining relevant information from charts
   b) Taking a case history
   c) Interviewing client/parents/spouse or other caregivers
   d) Researching on a specific disorder

2. Assessment
   a) Administering tests (list specific tests)
   b) Scoring tests & analysing test results
   c) Carrying out informal testing
   d) Taking & analysing speech/language samples

3. Goal Setting & Treatment Planning
   a) Developing treatment plans
   b) Determining long- and short-term treatment goals
   c) Setting client-centred goals
   d) Planning treatment sessions, including written lesson plans
   e) Making appropriate recommendations and/or referrals based on test results (e.g. yes or no intervention, type of intervention, referral to another professional, etc.)

4. Intervention
   a) Planning & carrying out therapy, including selecting appropriate materials for client, age, etc.
   b) Implementing a particular intervention approach or technique (e.g. Lidcombe programme for stuttering; Rosenbek’s 8-step program for apraxia of speech; social stories, etc.)
   c) Conducting group therapy
   d) Being able to modify intervention strategy (e.g. sub-step, super-step)
   e) Being able to make modifications based on unexpected/unplanned events (e.g. follow client’s lead)
   f) Attempting to score objectively based on set criteria (e.g. out of X number of attempts how many times was the goal achieved?)
   g) Being able to deal with behaviour/attentional /motivational issues in clients
   h) Being able to maintain on-task behaviour
   i) Showing creativity (designing materials; using project-based therapy)
   j) Evaluating outcome of therapy & determining how to proceed
   k) Counselling clients/caregivers

5. Reporting
   a) Charting progress notes
   b) Writing SOAP notes
   c) Writing assessment reports
   d) Writing progress/discharge reports
   e) Explaining assessment/intervention results with clients/caregivers, etc.
   f) Explaining activities and goals of session to client/caregivers, etc.

6. Specific populations [these are just examples; please set your own expectations for your population]
   a) Laryngectomy: Assess client’s candidacy for a certain procedure or treatment technique
      (e.g. decision-making re. electrolaryngeal vs. esophageal speech)
   b) Dysphagia: observing modified barium swallows; etc.
   c) AAC: designing communication boards; etc.
   d) ............

7. Other
   a) ........
   b) ........
### Sample Examples for Setting Criteria for Learning Objectives

**For a student in second practicum, stage 2 “Advanced Stage”**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Level of Assistance Available / Expected Level of Independence</th>
<th>Criteria for Meeting the Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gain confidence &amp; comfort level with this particular population</td>
<td>With some support</td>
<td>Self-evaluation of comfort level &amp; confidence</td>
</tr>
<tr>
<td>2. Read &amp; record pertinent information from a client chart</td>
<td>Independently</td>
<td>Comprehensive &amp; accurate recording of information</td>
</tr>
<tr>
<td>3. Increased competency in administering and scoring of tests</td>
<td>Administer &amp; score tests with minimal support</td>
<td>Successful administration &amp; scoring of tests</td>
</tr>
<tr>
<td>4. Increased skill in interpreting test results along with other available info re client &amp; setting goals</td>
<td>With support and discussion</td>
<td>Begin to show more independence in justification for interpretation &amp; goal setting</td>
</tr>
<tr>
<td>5. Write 1 assessment report</td>
<td>With support and discussion throughout process</td>
<td>Completing final draft report with minimal corrections</td>
</tr>
<tr>
<td>6. Intervention: “Conducting group therapy”</td>
<td>CE to be co-therapist and guide student as needed</td>
<td>- Keeping group members on task, by.... - Making sure each get equal talking opportunity, by ..... - Making sure for each member the appropriate goal is targeted, by .....</td>
</tr>
<tr>
<td>7. Intervention with a voice patient: achieving gentle voice onset by scoring objectively based on set criteria</td>
<td>CE to advise student re quality of onset</td>
<td>Out of 5 or 10 attempts, how many times was the gentle onset achieved?</td>
</tr>
<tr>
<td>8. Be able to modify strategy for intervention</td>
<td>With support</td>
<td>Substep and superstep</td>
</tr>
<tr>
<td>9. [Another Scenario]: [for any goal / all goals]</td>
<td>Ongoing access to support and discussion</td>
<td>The goal for all/some of the learning objectives is to reach a level of developing independence (i.e. minimal assistance)</td>
</tr>
</tbody>
</table>
# Weekly Feedback from Clinical Educator

- To be filled out weekly by the Clinical Educator and discussed with the student
- Optional on the weeks of the Student Mid-term and Final Evaluations

## General Information

<table>
<thead>
<tr>
<th>Name of Student</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td></td>
</tr>
<tr>
<td>Practicum Week</td>
<td>(Include number and dates)</td>
</tr>
</tbody>
</table>

## Strengths


## Area(s) to Improve

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Action Plan</th>
<th></th>
</tr>
</thead>
</table>
STUDENT EVALUATION FORM

Student:

Dates of Practicum:

Practicum Site:

City:

Province/State:

Name(s) of Clinical Educator(s):

Please refer to the instructions in the Clinical Training Manual before completing the Student Evaluation Form.

NB*: Throughout the Form ‘Clinical Educator’ is abbreviated to CE.
## Competency I: Professional Skills & Professional Development

### SUMMARY
Please enter an overall rating for Competency I on the 1-5 scale below; 0.5 scores may be used.

<table>
<thead>
<tr>
<th></th>
<th>unacceptable</th>
<th>needs improvement</th>
<th>average</th>
<th>above average</th>
<th>excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>midterm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>final</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please check **ONLY** any areas that **require improvement**. 
Checked ☐ = needs improvement but skill is developing  
Add * to ☐ if lack of improvement constitutes a concern

**Double click on the checkboxes and select 'checked' to check off the desired boxes (if typing on form)**

<table>
<thead>
<tr>
<th>MIDTERM</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>needs improvement</td>
</tr>
<tr>
<td>1. Adheres to professional standards, ethics, policies</td>
<td>☐</td>
</tr>
<tr>
<td>2. Has positive attitude &amp; openness to CE &amp; to learning</td>
<td>☐</td>
</tr>
<tr>
<td>3. Has good rapport &amp; professional manner with CE</td>
<td>☐</td>
</tr>
<tr>
<td>4. Has good rapport &amp; professional manner w/clients; team</td>
<td>☐</td>
</tr>
<tr>
<td>5. Respects confidentiality</td>
<td>☐</td>
</tr>
<tr>
<td>6. Is appropriate, appearance, dress code, name tag</td>
<td>☐</td>
</tr>
<tr>
<td>7. Is on time</td>
<td>☐</td>
</tr>
<tr>
<td>8. Is prepared (familiarity w/tests; sessions; etc)</td>
<td>☐</td>
</tr>
<tr>
<td>9. Meets deadlines (reports, therapy plans, etc.)</td>
<td>☐</td>
</tr>
<tr>
<td>10. Shows effective time management (Internship)</td>
<td>☐</td>
</tr>
<tr>
<td>11. Takes initiative</td>
<td>☐</td>
</tr>
<tr>
<td>12. Demonstrates self-directed learning&amp;independence</td>
<td>☐</td>
</tr>
<tr>
<td>13. Seeks assistance &amp; feedback when necessary</td>
<td>☐</td>
</tr>
<tr>
<td>14. Incorporates CE’s suggestions</td>
<td>☐</td>
</tr>
<tr>
<td>15. Is able to self- (peer-) evaluate</td>
<td>☐</td>
</tr>
</tbody>
</table>

### COMMENTS COMPETENCY I.

<table>
<thead>
<tr>
<th>Mid-term: Clinical Educator</th>
<th>Final: Clinical Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td>Strengths:</td>
</tr>
<tr>
<td>Areas for improvement:</td>
<td>Areas for improvement:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mid-term: Student self-evaluation</th>
<th>Final: Student self-evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td>Strengths:</td>
</tr>
<tr>
<td>Areas for improvement:</td>
<td>Areas for improvement:</td>
</tr>
</tbody>
</table>
## Competency II: Interpersonal Skills & Communication Skills

### SUMMARY
Please enter an overall rating for Competency II on the 1-5 scale below; 0.5 scores may be used.

<table>
<thead>
<tr>
<th></th>
<th>unacceptable</th>
<th>needs improvement</th>
<th>average</th>
<th>above average</th>
<th>excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>midterm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>final</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please check **ONLY** any areas that **require improvement**.

Checked □ = needs improvement but skill is developing  
Add * to □ if lack of improvement constitutes a **concern**

### MIDTERM | FINAL

<table>
<thead>
<tr>
<th>Needs improvement</th>
<th>Needs improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Fosters trust &amp; respect w/CE, clients; etc.</td>
<td>□</td>
</tr>
<tr>
<td>2. Is perceptive to client/caregiver needs</td>
<td>□</td>
</tr>
<tr>
<td>3. Is able to address client/caregiver needs</td>
<td>□</td>
</tr>
<tr>
<td>4. Perceives/interprets nonverbal cues/body language</td>
<td>□</td>
</tr>
<tr>
<td>5. Adapts to change/is flexible</td>
<td>□</td>
</tr>
<tr>
<td>6. Is a good communicator</td>
<td>□</td>
</tr>
<tr>
<td>7. Speaks clearly and at an appropriate rate &amp; pitch</td>
<td>□</td>
</tr>
<tr>
<td>8. Modifies language to suit client’s needs</td>
<td>□</td>
</tr>
<tr>
<td>9. Adapts technical language to knowledge level of clients/team during oral communication</td>
<td>□</td>
</tr>
<tr>
<td>10. Ditto for written communication</td>
<td>□</td>
</tr>
<tr>
<td>11. Ability to facilitate communication verbally/nonverbally</td>
<td>□</td>
</tr>
</tbody>
</table>

### COMMENTS COMPETENCY II.

<table>
<thead>
<tr>
<th>Mid-term: Clinical Educator</th>
<th>Mid-term: Student self-evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td>Strengths:</td>
</tr>
<tr>
<td>Areas for improvement:</td>
<td>Areas for improvement:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final: Clinical Educator</th>
<th>Final: Student self-evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td>Strengths:</td>
</tr>
<tr>
<td>Areas for improvement:</td>
<td>Areas for improvement:</td>
</tr>
</tbody>
</table>
### COMPETENCY III: Practice Knowledge & Clinical Reasoning Skills

#### SUMMARY
Please enter an overall rating for Competency III on the 1-5 scale below; 0.5 scores may be used.

<table>
<thead>
<tr>
<th></th>
<th>unacceptable</th>
<th>needs improvement</th>
<th>average</th>
<th>above average</th>
<th>excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>midterm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</tr>
<tr>
<td>final</td>
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<td>5</td>
</tr>
</tbody>
</table>

Please check **ONLY** any areas that require improvement. Checked ☐ = needs improvement but skill is developing  Add * to ☐ if lack of improvement constitutes a concern

<table>
<thead>
<tr>
<th></th>
<th>MIDTERM</th>
<th>FINAL</th>
<th>needs improvement</th>
<th>needs improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. demonstrates theoretical knowledge</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. applies academic information</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. researches problems (readings, previous exp.)</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. demonstrates analytical thinking</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. demonstrates judgement and decision making</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. able to solve problems</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. demonstrates reasoning based on evidence</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COMMENTS COMPETENCY III.

<table>
<thead>
<tr>
<th></th>
<th>Mid-term: Clinical Educator</th>
<th>Mid-term: Student self-evaluation</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Areas for improvement:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Final: Clinical Educator</th>
<th>Final: Student self-evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas for improvement:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Competency IV: Clinical Performance

Please list the learning objectives from the Practicum Contract on the lines below. You may have less than 7 objectives (or more than 7), as desired. Any written comments should be made on pages 6 - 8.

<table>
<thead>
<tr>
<th>1. __________________</th>
<th>N/A</th>
<th>unacceptable</th>
<th>below average</th>
<th>average</th>
<th>above average</th>
<th>excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>midterm</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>final</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

| 2. __________________ |
|------------------------|-----|--------------|---------------|--------|---------------|-----------|
| midterm                | 1   | 2            | 3             | 4      | 5             |
| final                  | 1   | 2            | 3             | 4      | 5             |

| 3. __________________ |
|------------------------|-----|--------------|---------------|--------|---------------|-----------|
| midterm                | 1   | 2            | 3             | 4      | 5             |
| final                  | 1   | 2            | 3             | 4      | 5             |

| 4. __________________ |
|------------------------|-----|--------------|---------------|--------|---------------|-----------|
| midterm                | 1   | 2            | 3             | 4      | 5             |
| final                  | 1   | 2            | 3             | 4      | 5             |

| 5. __________________ |
|------------------------|-----|--------------|---------------|--------|---------------|-----------|
| midterm                | 1   | 2            | 3             | 4      | 5             |
| final                  | 1   | 2            | 3             | 4      | 5             |

| 6. __________________ |
|------------------------|-----|--------------|---------------|--------|---------------|-----------|
| midterm                | 1   | 2            | 3             | 4      | 5             |
| final                  | 1   | 2            | 3             | 4      | 5             |

| 7. __________________ |
|------------------------|-----|--------------|---------------|--------|---------------|-----------|
| midterm                | 1   | 2            | 3             | 4      | 5             |
| final                  | 1   | 2            | 3             | 4      | 5             |

### Competency IV: Clinical Performance - SUMMARY

<table>
<thead>
<tr>
<th></th>
<th>unacceptable</th>
<th>below average</th>
<th>average</th>
<th>above average</th>
<th>excellent</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
To be completed by the Clinical Educator

Clinical educator, please also comment on any of the following, if you wish:
- were general/specific expectations met
- for Competency IV (re. column 2 Contract): level of independence demonstrated
- for Competency IV: (re. column 3 Contract): evidence that the criteria for specific learning objectives were met
- any (subjective) comments about where the student is estimated to be on the “clinical education continuum”
- other

<table>
<thead>
<tr>
<th>COMPETENCY IV - COMMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mid-term</strong></td>
<td></td>
</tr>
<tr>
<td>Strengths:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Areas for Improvement:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |
|                          |          |
| Final                    |          |
| Strengths:               |          |
|                          |          |
| Areas for Improvement:   |          |
|                          |          |</p>
<table>
<thead>
<tr>
<th>COMPETENCY IV - COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mid-term</strong></td>
</tr>
<tr>
<td>Strengths:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Areas for Improvement:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Final</strong></td>
</tr>
<tr>
<td>Strengths:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Areas for Improvement:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
In the event that the student is supervised by more than one CE onsite, please ensure that all CE’s have provided input. They must also co-sign the form.

<table>
<thead>
<tr>
<th>MID-TERM</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Educator(s)</td>
<td>Student</td>
<td>Date</td>
</tr>
<tr>
<td>2nd Clinical Educator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FINAL EVALUATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check one of the following (only at the final evaluation):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ I recommend that the student receive a Pass for this practicum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ I recommend that the student receive a Pass with Reservations for this practicum.</td>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>☐ I cannot recommend that the student receive a Pass for this practicum.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Educator</td>
<td>Student</td>
<td>Date</td>
</tr>
<tr>
<td>2nd Clinical Educator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Signatures used on this form must be unique, original signatures³.

<table>
<thead>
<tr>
<th>RISK OF FAILURE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please notify the clinical coordinator at McGill prior to assigning a FAIL. In addition, the Performance Problem Protocol should have been affected before a FAIL is assigned (refer to Clinical Training Manual).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Student is required to submit this form in electronic format to:
1) practicum.scsd@mcgill.ca
   AND
2) CE’s email (at the same time)
   Before 11:59pm on Sunday following completion from his/her McGill email address (name@mail.mcgill.ca).

³ A unique, original signature is either a pen signature or a unique digital signature. Do not simply type your names on this form when submitting electronically.
Time Replacement Agreement Form

Agreement between:

Student

Clinical Educator

Dates missed:


Dates to make up for missed days:


OR

Activities that will be performed outside of practicum hours to replace the missed days:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signatures

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This agreement has been approved by McGill’s Coordinator of Clinical Education

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The SCSD would like to thank all of its Clinical Educators for their generous contribution to clinical education. Their time, knowledge, and expertise are invaluable.