



McGill

Faculty of
Medicine and
Health Sciences

Clinical Training Manual

Clinical Educator Version

2023-2024



School of Communication Sciences and Disorders
Speech-Language Pathology Program
<https://www.mcgill.ca/scsd/clinical/clinical-educators>

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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 practicum 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 (site-specific security forms, including return address, need to be submitted each time a practicum offer is made);
- Other site requirements (e.g., language requirements, dress code, mask fit requirements, additional health and safety requirements).

Provide Site Stipend Contact information

Sites in Canada will receive a stipend when one of their CEs supervises an SCSD student in a formal practicum. The SCSD recommends these stipends are reinvested in the CE's professional development or continuing education, be provided directly to the CE, or used to buy S-LP tests and materials. In order to process stipend payments efficiently, it is important to keep the SCSD informed of the site contact person for these stipend payments. It is to be noted that some sites are not allowed to accept stipends.

Paperwork

Documentation has three goals:

1. To provide written feedback to the students on their performance;
2. To document student progression over time (also serves as proof if issues arise);
3. To communicate the students' progress to the SCSD.

Documentation should be as specific as possible in order for the Coordinators of Clinical Education 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 concerns 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 answer 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 people 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 6 months to be completed in Montreal. The SCSD requires all Masters' students to pass a criminal record check, including a vulnerable sector screening, at the beginning of 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. In that case, CEs or PRSPs should inform the SCSD of such requirements, at the same time as the practicum offer is made, so that the necessary forms can be completed in a timely manner. Site-specific forms (with return address) should be submitted each time a practicum offer is made.

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 each 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 and tests:

- 3 doses of the COVID-19 Vaccine;
- 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.

Verify and Reinforce Establishment's Dress Code

Many practicum sites have an official dress code. Clinical Educators (CEs), or people responsible for organizing student placements (PRSP), must let the SCSD know of these requirements at the same time they make a practicum offer.

CEs need to make sure that the students are aware of and respect the establishment's dress code. While some sites may not have an official dress code, CEs should ensure that the students are aware of what may be frowned upon before the beginning of the practicum.

Respect procedures and protocols

Clinical Educators need to ensure that students are aware of and respect all of the establishment's rules, procedures, and protocols (e.g., site-specific health, hygiene and safety protocols).

Responsibilities towards the Students

Accountability & Safe and Healthy Learning Environment

Practica are crucial to the clinical and personal development of future S-LPs and rely heavily on the guidance of Clinical Educators (CEs). As such, CEs have a direct impact on the learning and well-being of their students. Despite educational institutions striving towards more inclusive enrolment and practices, the SCSD acknowledges that the field of Speech-Language Pathology is far from inclusive and continues to be dominated by white, cisgender, heterosexual, able-bodied, and neurotypical women. As both the field of Speech-Language Pathology and our clients diversify, we must all actively work towards creating inclusive and safe training environments that centre the voices and needs of diverse students. We must take an anti-racist, anti-ableist, anti-colonial, and gender & sexuality inclusive approach to teaching. This starts by reflecting on and learning about our own unconscious biases and how they may impact the students, irrespective of the intentions. The SCSD is working towards creating and recommending training on these topics for all CEs.

To maximize the learning experience, a collaborative approach through rapport building, open communication, and accountability is highly supported. CE-student relationships cause a power imbalance that can ultimately lead to an unsafe and stifled learning environment. Collaborating early on to set both professional and interpersonal expectations that centre on the student's learning needs should be prioritized to minimize this imbalance.

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 on site, 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.);
- Additional health, hygiene and safety protocols if applicable;
- Computer access;
- CE preferences in regards to appropriate attire considering their caseload (e.g., CEs who work with young children on the floor – skirts would not be functional; CEs working with a specific religious community – skirts and arm coverage might be required);
- Readings to be done before the start of the placement;
- Clinical tests to review.

The SCSD also recommends checking in with students to see whether they have any additional needs that can be accommodated. This will contribute to creating a more conducive and safe learning environment from the start.

Organization of a Day of Practicum

Clinical Educators should think ahead of time as to how they will organize their students' days. It is imperative to make sure that there is time for feedback, that a lunch break is planned, and that there are short breaks throughout the day (i.e., time to go to the washroom or have a snack, time to review notes, etc.). This does not mean that there needs to be a separate room for students to go in to take their breaks and eat their lunch, but that there is time to do so. Since students are in learning mode all day, they need breaks to be able to fully absorb the information that comes their way during a day. As such, they need more breaks than their Clinical Educators. It is fine for the students to not always be with their CEs.

Students also take more time to accomplish a day's tasks. It is important to give them time to prepare for sessions and complete client documentation. As students also want to maximize their time with clients, CEs can expect the students to spend approximately 2 hours per practicum day outside of practicum. This is different for the spring practicum of first year where students have a full dedicated day per week to accomplish practicum tasks.

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 computers 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 Midterm 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 ongoing 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.

It is highly recommended to follow the Professional Supervision Model when providing feedback. Info on this model is available on [myCourses](#) as part of the *Giving Effective Feedback* workshop.

Communicating Deadlines for Documentation

Learning to complete client documentation, including writing assessment and progress/discharge reports, is an important part of what students need to learn to become competent clinicians. Clinical Educators need to communicate their expectations regarding client documentation, including setting up clear deadlines, early in the practicum. Whenever possible,

longer deadlines should be broken up into smaller tasks with shorter deadlines. Assessment reports should not all be due at the same time at the end of the semester but broken up into sections/weekly deadlines so that students can learn from their mistakes and improve from one report to the next. Students often have to correct multiple items/sections in a report and, as such, reports should be due before the last day of practicum.

What to do if CEs or Students are Sick or Unable to Attend

Practical activities are essential to students learning and are mandatory. However, if they are contagious, ill, have symptoms of COVID-19, or have been asked by public health to isolate/quarantine, 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 email 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 (if applicable) 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 or by doing an independent study, article reviews, special projects, etc. The plan must be approved by the CCE.

See additional details on how to make up for sick days in the paperwork section of this document under *Time Replacement Agreement Form*. As the Fall and Winter practicum schedules are flexible, the Agreement Form only needs to be filled out if the missed day is made up by attending practicum outside of the semesters' dates or by doing activities (e.g., the student attends 9 days of practicum and makes up for the 10th day by doing a special project such as a review of available apps for a specific population).

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 that 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* must be completed.

For the spring and summer practica, 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 the decision to add extra days to replace holidays is made at the start of the placement

and documented in the practicum contract, a time replacement form does not need to be completed. If extra days cannot be added, replacement activities must be completed, and a *Time Replacement Agreement Form* must be filled out.

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 of Socrate.

Affiliate Membership

CEs who regularly supervise SCSD students can apply for affiliate membership. An affiliate membership allows the CE to gain McGill Library access. For more information about becoming an affiliate member as well as the supervision requirements, please visit: <https://mcgill.ca/scsd/clinical/affiliate-membership>.

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.

Training Opportunities

The SCSD provides CEs with different training opportunities. As continuing education is recommended by the provincial licensing bodies (e.g., OOAQ, CASLPO) and SAC, the SCSD is committed to offer training to support CEs in their supervisory role. Every year, the SCSD's Clinical Education team offers a few workshops on different topics relating to supervision. CEs also have access to a web-based training platform called [myCourses](#). On this platform, CEs can find videos on supervision strategies and on how to fill out forms, asynchronous workshops, videos of past workshops, as well as practicum forms and other documents (e.g., CE Reflection Form).

For all training activities, the SCSD will provide CEs with a certificate attesting to the training completed (topic, date, number of hours). CEs should keep these certificates for their records and report the hours under continuing education to SAC or their provincial college or Order. For the OOAQ, the attestations can be uploaded on the CE's profile of Socrate.

For any questions, concerns, or comments regarding training, CEs should contact one of the Coordinators of Clinical Education.

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>.

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, clinical educators, or other people affiliated with the practicum. This agreement is available on the SCSD's website at: <https://www.mcgill.ca/scsd/clinical/students>. 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.

Description of Practica

1st Year Practica

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 learnt in class. Students are exposed to typically developing populations and introduced to communicatively impaired clients. They learn about the S-LP scope of practice and are introduced to assessment and intervention.

Competencies, taken from the *National Speech-Language Pathology Competency Profile* (May 29, 2018) for S-LPs in Canada developed by the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR), that should be demonstrated in all S-LP Practica include:

- Communicate respectfully;
- Establish and maintain effective collaborations;
- Maintain professional demeanour in all clinical interactions and settings;
- Practice ethically;
- Adhere to professional standards and regulatory requirements;
- Use evidence and clinical reasoning;
- Maintain client documentation;
- Share professional knowledge with others.

Fall Semester

Practical activities, in the fall of the first year, will begin the first week of school and will take place on Mondays or Tuesdays for a total of 10 days. The practical activities in the fall of the first year are divided into 3 modules.

1. Module 1: Toys, games, and books: 3.5 days

Students will attend a presentation from the librarian on how to research the McGill libraries as well as a lab on toys, games, and books for children. In teams of 2 or 3, students will visit 4 establishments to find appropriate toys, games and books for a predetermined age group: a physical toy store, a physical library, an online toy store, and the SCSD resource room. All teams of students will present a summary of their finds to their classmates and discuss the advantages and disadvantages of each establishment. The teams with the same target age group will discuss and recommend to their peers the top items in toys, books and games for each of the age groups and explain how these items could be used in the work of an S-LP.

Specific objectives of module 1 are to:

- Gain an understanding of toys, games and books that are appropriate to use with children of different age groups;
- Gain an understanding of how a toy, game or book can be used in the work of a paediatric S-LP.

2. Module 2: Child Practicum: 3 days

Students will attend two in-person labs where they will learn about S-LP screening tests and practice their administration and scoring. In pairs, students will watch the recordings of screenings completed with pre-school children and spend time analyzing the results of these screenings. These screenings will have been done by SCSD Faculty members ahead of time. Specific activities should include: analyzing a case history questionnaire, observing clinician-child screening sessions, practicing administering speech, language, and general development tests on their peers, practicing filling out test booklets and computing the results; as well as practising writing parts of an assessment report.

Specific objectives of module 2 are to:

- Gain an understanding of typical speech and language development in children;
- Practice administering screening tools;
- Obtain experience filling out test booklets;
- Develop the understanding of what the screening results mean;
- Practice writing a few sections of an assessment report.

3. Module 3: Adult Practicum: 3.5 days

This entire module will be done remotely through telepractice. First, students will participate in 3 online labs where they will learn about, and practice, telepractice and assessing adult clients. In pairs, students will then spend approximately 1 hour on two separate sessions with a non-communicatively impaired elderly person. The students will be responsible for finding their own client (it may be someone they know well). In addition, the students will watch recordings of assessments being performed by clinicians with both non-communicatively impaired people as well as clients presenting with communication difficulties. Specific activities should include: interacting with an adult using telepractice, obtaining a case history, administering informal and/or formal assessments, and comparing observations and results between typical vs. atypical communication skills in elderly people.

Specific objectives of module 3 are to:

- Gain an understanding of typical vs. atypical speech and language skills of elderly people;
- Practice interacting with a known or unknown elderly person;
- Obtain experience administering language tests to an adult;
- Obtain experience in using telepractice.

Winter Semester

The Winter Practicum will likely begin the first week of school and will take place on Monday or Tuesday for a total of 10 days. The first-year Winter Practicum is composed of 2 blocks that students will do one after the other. Half the class will start with the paediatric practicum and go on to the adult practicum and the other half will do the reverse. Activities may differ slightly from one block to the other to best address the needs of the clients.

1. Adult Practicum: 5 days

The adult practicum is organized in collaboration with the SCSD Adult teaching clinic. Students will be working in teams of 2 or 3 students. Each pair of students (or group of 3) will be responsible for both group and individual intervention sessions with adults with aphasia. The team leading the group sessions will alternate, but students will all lead short individual sessions every week. In the first block of the semester, students may do some assessment tasks to identify specific goals for their individual clients. The group interventions may target public speaking, writing or other communication skills depending on the needs of the clients.

2. Paediatric Practicum: 5 days

The paediatric practicum is organized in collaboration with two elementary schools. Students will be working in teams of 2 or 3 students. Every week, each pair of students (or group of 3) will be responsible for both class and sub-group (or individual) intervention sessions with pre-school aged children. Students will administer half of a 10-week phonological awareness intervention program.

Spring Practicum

Since the spring of 2023, the Spring Practicum is 24 days in length divided into two parts. Students spend 18 days in a clinical setting at the rate of 3 or 4 days per week for 5 or 6 weeks. Students spend an extra day per week (total of 6 days) preparing their practicum and debriefing in groups with a member of the Clinical Education team. Students may need more than 6 days of preparation in total.

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. 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.

When on site, students primarily receive 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).

The experience varies greatly depending on the mandate of the site (e.g., prevention, assessment or intervention) and the population served. The students should accompany their CE in their usual routine and should spend an average of two to four hours per day engaged in direct client care. As most of the winter practicum of first-year students is dedicated to intervention, if possible, students should perform a full assessment from start to finish (i.e., from gathering info about the client and planning the tools to use during the assessment to writing the assessment report and presenting the results to the client/family) during their spring practicum.

The number of clinical hours that students get on their spring practicum varies greatly (e.g., hours can vary from 75 to 150 hours). It is of utmost importance for students to be vigilant about

documenting their clinical hours throughout their practicum, as they are required to meet hour requirements for licensing bodies (e.g., SASLPA or CASLPM) by the end of the program. The requirements vary between licensing bodies, but many require a significant amount of direct clinical contact hours, which include meetings with family members and caregivers, group intervention sessions, parent or educator training, etc.

The objectives of this placement are to:

- Gain an understanding of the scope of practice of an S-LP;
- Practice completing 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;
- Continue 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
 - Select goals (with support)
 - Select activities (with support)
 - Select materials (independently)
- Lead an intervention session
 - Manage behaviour (with support)
 - Lead activities (independently)
 - Take notes on session (independently or with some support)
- Lead an assessment session
 - Select tasks (with support)
 - Administer formal tests (independently)
 - Perform informal tasks (with support)
- Report assessment results
 - Explain what was done in the assessment (independently or with some support)
 - Explain the results in one area of development (with some support)
- Write an assessment report
 - Write background information (with some support)
 - Report test results (independently)
 - Write the analysis and conclusion (with support)
 - Write recommendations (with support)

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

Adult or Specialized Population

As most courses regarding adult or specialized populations are offered in the 2nd Year of the program, a Spring Practicum with these populations requires 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
 - Discuss preselected goals with CE
 - Select activities and materials (with some support)
- Co-lead, with CE, an intervention session
 - Lead activities (with some support)
 - Take notes and collect data (with support)
- Co-lead, with CE, an assessment session
 - Select tasks (with support)
 - Administer formal tests (with some support)
 - 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)

2nd Year Practica

In the 2nd Year of the program (Y2), students complete the practical activities related to their audiology minor and three S-LP clinical placements to further develop their clinical and professional skills. Throughout their S-LP practica, students gradually move towards independent S-LP practice. By the end of the program, they attain a skill level of entry to practice.

Audiology Minor

While the practical activities related to the Speech-Language Pathology major are spread out across the two years of the program, the coursework and practical activities related to the Audiology minor are completed in the summer of first year as well as in the second year of the program.

The objectives of the audiology activities and 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 what was learnt in the labs with clients;
- Obtain the necessary clinical hours as required by the Canadian Alliance of Audiology and Speech-Language Pathology Regulators (CAASPR).

1. Audiology Activities

Practical activities in audiology vary from year to year and may include hearing screenings in an elementary school, class prevention activities with teenagers, on campus hearing screenings, administering hearing questionnaires or watching audiology assessments and interventions and doing a related assignment and debrief.

Specific objectives of these activities 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;
- Collaborate with classmates to provide effective services;
- Adapt to a changing environment (e.g., last-minute schedule modification) and to a fast-paced schedule.

Speech-Language Pathology

1. Fall & Winter Practica

Fall and Winter Practica most often begin the first week of school and will take place on Wednesday or Thursday for a total of 10 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.

Students are assigned to a paediatric, adult or mixed population. Assignments are decided based on previous placements, hours and site requirements, as well as placement availability.

The objectives of these placements are to:

- Actively participate in planning, executing, and evaluating different types of activities (e.g., prevention, assessment, treatment, etc.);
- 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;
- Begin to 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.

It is of utmost importance for students to be vigilant about documenting their clinical hours throughout their practicum, as they are required to meet hour requirements for licensing bodies (e.g., CASLPO or CSHBC and CAASPR) by the end of the program. The requirements vary between licensing bodies, but many require a significant amount of direct clinical contact hours, which include meetings with family members and caregivers, group intervention sessions, parent or educator training, etc.

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 to clients and other professionals what was done in the assessment (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, dysphagia 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 to clients and other professionals what was done in the assessment (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)
 - Write the analysis and conclusion (with support)
 - Write recommendations (with support)

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

2. Final Internship

After students have completed the coursework for the program, they will spend 60 days (approx. 3 months) 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. Assignments are decided in consultation with the Coordinator of Clinical Education considering previous placements, schedule and site requirements, placement availability, as well as 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 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). 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 (e.g., 4 days per week over 15 weeks). The experience varies greatly depending on the mandate of the site (e.g., prevention, assessment or intervention) and the population served.

It is of utmost importance for students to be vigilant about documenting their clinical hours throughout their practicum, as they are required to meet hour requirements for licensing bodies (e.g., CASLPO or CSHBC and CAASPR) by the end of the program. The requirements vary between licensing bodies, but many require a significant amount of direct clinical contact hours, which include meetings with family members and caregivers, group intervention sessions, parent or educator training, etc.

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

- Independently plan, execute, and evaluate different types of activities (e.g., prevention, assessment, treatment, etc.);
- 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 to clients and other professionals what was done in the assessment (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.

Virtual Care Opportunities

There are several virtual care/telepractice practicum opportunities. The number of virtual care opportunities varies from one semester to another.

What Is Telepractice/Virtual Care?

Virtual Care is the application of telecommunications technology to the delivery of speech language pathology professional services at a distance by linking clinician and client for assessment, intervention, and/or consultation. Supervision and mentoring are other activities that may be conducted through the use of technology (ASHA).

What Platforms Will Be Used?

Currently the platform used by our satellite clinics is ZOOM Education. Other sites may use other versions of ZOOM or different platforms altogether (e.g., WEBEX, Doxy.Me). Students will receive introductory instruction on virtual care in the *Practicum and Seminar I* course. Students may need to familiarize themselves with other platforms not necessarily covered in class.

Virtual Care Formats

There are many different telepractice scenarios possible. The most common ones are:

1. The Clinical Educator (CE) and the student(s) both work remotely and connect with the clients via telepractice;
2. The CE and the student(s) work from the same location and connect with the clients via telepractice;
3. The CE works on site and the student(s) works remotely. The CE will connect the student(s) with their clients via telepractice;
4. The CE works remotely and the student(s) work(s) on site. The CE connects to the session via telepractice.

While working remotely, students will most likely work from their homes or student residences. There are some virtual care units available at the SCSD prioritized for students who do not have the right equipment or facilities to run virtual care sessions from their living quarters.

What S-LP Tasks Can Be Done via Virtual Care?

Both assessment and intervention can be conducted via virtual care. Students will receive introductory instruction on both activities in the Fall semester of first year.

Health and Safety

Due to the current COVID-19 pandemic, health and safety practices and regulations are constantly evolving. Health and Safety practices of clinical students on clinical sites in Quebec are determined by the *Ministère de la Santé et des Services sociaux du Québec*. These guidelines are changing as the pandemic evolves. Updates are posted on the Ministry's website at: [Directives concernant le maintien des stages en santé - Directives COVID-19 du ministère de la Santé et des Services sociaux \(gouv.qc.ca\)](https://www.mss.gouv.qc.ca/actualites/actualites-2020/2020-05-20-directives-covid-19).

These recommendations are currently only available in French. For any questions or clarifications regarding these recommendations, please contact one of the SCSD's Coordinators of Clinical Education.

Students on placement in Quebec are to follow the guidelines set out by the Ministry and by their clinical placement site. Students on placements in other provinces are to follow the guidelines set out by the jurisdiction where the clinical site is located and the guidelines set out by the clinical site.

It is the Clinical Educator's responsibility to be aware of and to ensure that students follow the health and safety guidelines of their jurisdiction and clinical site. For any questions related to clinical teaching and health and safety in the COVID-19 pandemic, do not hesitate to contact one of the Coordinators of Clinical Education.

Grading & Conflict Resolution

Grading and Conflict Resolution

Protocol for Marginal Performance in Clinical Practicum

Our experience has shown that SCSD students generally perform very well on practicum. However, in the event that student clinical performance is unsatisfactory, the following protocol outlines the process to be followed. It is designed to support students and their learning needs, to support Clinical Educators in their role as supervisors, to document difficulties, to 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 create a 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 contact the student regarding the concern, and will collaborate with the student to create a Supportive Learning Plan. When possible, the plan will be written in collaboration with the student's advisory committee (Faculty Advisor, School's Director, Coordinator of Clinical Education, and student). This plan will outline the specific objectives and will include a plan for follow up as well as guidelines on the information that needs to be shared with current or future CEs. 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.

After consulting with the Clinical Educator and the student, if the Coordinator of Clinical Education determine that the student does not meet the expectations of the Supportive Learning Plan, and there is a risk of failure, the student will be placed on probation. Students may also be placed on probation for a variety of reasons including but not limited to:

- Areas of performance included in the Supportive Learning Plan are progressing, but not within the specified timeline;
- Other areas of performance not included in the Supportive Learning Plan become problematic.

In these cases, 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 immediately be placed on probation (skipping the Supportive Learning Plan step) for a variety of reasons including but not limited to:

- Unsafe clinical practice;
- Unsatisfactory professional conduct;
- Clinical/professional skills that are well below the expected level of competency for the level of training;

- Breach in patient/client confidentiality;
- Disregard of any item, rule or requirement outlined in the Faculty of Medicine and Health Sciences' *Code of Conduct*.

If a student is already on probation, breach in any of the above would result in the student being asked to leave the program.

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 were on probation.

Difficulties on Practicum or With Supervision

The SCSD collaborates with many excellent Clinical Educators. However, in the event that difficulties would 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 and/or perform a site visit when possible, to assess the situation and provide potential solutions. Students may be withdrawn from a supervisory situation by the Coordinator of Clinical Education if there is sufficient reason to do so.

The SCSD reserves the right to terminate its association with a CE or practicum site, especially where there is reason to believe that McGill's code of conduct was not respected. The CE would then be notified by letter. Due to the confidential nature of some of the issues and the process, the SCSD might not be able to divulge all of the details of the reported issues to the CE. Refer to McGill's Faculty of Medicine and Health Sciences Code of Conduct for more information: <https://www.mcgill.ca/medicine/about/our-vision-mission-values/code-conduct> .

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/Support

¹The Quebec provincial law protecting interns in the workplace aims at improving placement conditions by granting rights to interns and allowing them the benefit of recourse and reparation measures that are adapted to their specific situation.

Intern Rights

- Interns have a right to short term absences for events that happen during their placement (e.g., illness, family or parental obligations, tests related to pregnancy); procedures related to this right need to be put in place.
- Obligation of the employer and, as applicable, the education establishment or the professional college/Order to adopt reasonable measures to protect interns.
- It is prohibited for an employer and, as applicable, an education establishment or a professional college/Order and their agents to carry out reprisals or impose sanctions because an intern is exercising a right.

For more information on this law, or for the original text in French, please go to the website of the *Ministère du Travail* of the government of Quebec (site in French only): [Loi visant à assurer la protection des stagiaires en milieu de travail - Ministère du Travail \(gouv.qc.ca\)](http://www.gouv.qc.ca/lois/la-protection-des-stagiaires-en-milieu-de-travail).

The mission of Graduate and Postdoctoral Studies (<https://www.mcgill.ca/gps/>) is “to promote university-wide academic excellence for graduate and postdoctoral education at McGill.” To find out more about graduate students’ rights and responsibilities, refer to the following website: <https://www.mcgill.ca/students/srr/> or contact the *Office of the Dean of Students*: www.mcgill.ca/deanofstudents/.

The WELL Office at the Faculty of Medicine and Health Sciences is “dedicated to supporting learners throughout their training by creating, promoting and sustaining a culture of wellness and resilience within the learning environment.” The WELL Office “provides a safe and confidential venue to seek out resources (including counselling services and workshops) that protect and enhance the students’ health and well-being.” For more information, refer to their website: <http://www.mcgill.ca/thewelloffice/well-office-homepage>.

¹ Translated freely from the text taken here : [Loi visant à assurer la protection des stagiaires en milieu de travail - Ministère du Travail \(gouv.qc.ca\)](http://www.gouv.qc.ca/lois/la-protection-des-stagiaires-en-milieu-de-travail).

Paperwork

General Instructions

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

1. Placement History Forms from previous placements

Documents CEs Complete and Sign

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

All forms are available on the SCS D website: <https://www.mcgill.ca/scsd/clinical/clinical-educators> and <https://www.mcgill.ca/scsd/clinical/students>.

Submission of Documents

The students are responsible for the submission of all practicum related documents. It is their responsibility to check that the documents they are submitting are complete and in the correct format.

All documents during the practicum (Contract, Weekly Feedback/Summaries, Mid and Final Evaluation, PHF) will be uploaded by students on *myCourses* by 11:59 on the Sunday following the completion of the activity (same week). The practicum hours form, however, will be sent to the practicum.scsd@mcgill.ca account.

When practicum documents are going to be submitted late (CE's decision), the student must send an email to practicum.scsd@mcgill or post a note on *myCourses* explaining the reason before the due date.

It is to be noted that CEs are not CCed anymore when documents are submitted.

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 for 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 Form should not be more than one page. For more information, see video on how to fill out the Placement History Form on [myCourses](#).

Spring Practicum, 2nd year Fall and Winter Practica, Final Internship

Before the start of the above placements, 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 all of the above practica, generally on the last day, the students will fill out a new PHF form with the help of their CEs. The students are required to fill out the top sections (name of student, practicum type, 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. 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 samples on our website: <https://www.mcgill.ca/scsd/clinical/students>.

Hours Form

In order to graduate and be eligible for licensing, students must meet the *Canadian Alliance of Audiologist and Speech-Language Pathology Regulators* (CAASPR) 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. If students perform tasks related to audiology during the course of their practicum, the student may ask their CE to sign two different forms, one for S-LP hours and one for audiology hours. Hours are to be rounded to the nearest quarter of an hour (e.g., 0.25, 0.5 or 0.75). For more information, see Table 2 in the document from CAASPR titled *Minimum Curriculum Requirements for Entry to Practice for Speech-Language Pathologists and Audiologists in Regulated Jurisdiction of Canada*, available on our website: <https://www.mcgill.ca/scsd/clinical/students>.

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 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:

- Complete the box on the first page with general information (e.g., name, CE, etc.);
- Complete the student box on page 2 on safe and healthy learning environments;
- Complete the boxes related to their learning style (Section 2, part A, page 3);
- Think about the type of feedback that they prefer;
- Think about what they would like to prioritize in their learning objectives for the upcoming practicum (page 4);
- 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:

- Think about how they are planning to create a safe and healthy learning environment for their student (Section 1, page 2);
- Consider their preferences in terms of type of supervision and feedback (Section 2, parts B & C, page 3);
- Consider objectives they would like to prioritize in the upcoming placement (page 4);
- 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 together complete the Practicum Contract started by the student. For more information, see video on how to fill out the Practicum Contract on [myCourses](#).

Weekly Feedback Form from Clinical Educator

The weekly feedback form is a communication tool between the student, the CEs and the Clinical Education team. Its purpose is to identify where the students are in their learning, their progress or lack thereof. 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 7 out of 10, October 19, 2023).

Strengths

The CE describes the student's strengths throughout the week. There can be many identified strengths.

Areas to Improve

The CE describes the observed areas where the student needs improvement that came up during the week. There is always something students can improve on. 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. There should be a maximum of 2 or 3 areas to improve mentioned on this section so that students know what to focus their energy on.

Action Plan

The student and the CE develop an action plan to address the student's areas to improve. The action plan should be very specific and propose concrete ways to improve on the limitations.

Other

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

For more information, see video on how to fill out the Weekly Feedback Form on [myCourses](#).

Midterm Evaluation

The purpose of the Midterm Evaluation is to evaluate students' performance at the mid-point of their placement. The date and specific objectives 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. It also allows the student to provide insight on their experience to their CEs. Use the same Student Evaluation Form for the Midterm and the Final Evaluation. CEs and students should ensure they keep an 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 CE's comments should not be copied verbatim;
- Complete the section 'Feedback from Student to CE';
- Check their CE's preferred format of the document (e.g., electronic or paper copy);
- Bring the copy of the Evaluation Form, preferred CE's 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 preset meeting. As the strengths and weaknesses are done by both parties before the meeting, the student's and CE's comments should be different;
- Inform the students of their preferred format of the document (e.g., electronic or paper).

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;
- Discuss the “Feedback from Student to CE” and find solutions for the remainder of the practicum to issues that were presented.

If there are any concerns that could affect students’ success in the placement, CEs MUST contact the Coordinator of Clinical Education right after the meeting. For more information, see video on how to fill out the Student Evaluation Form on [myCourses](#).

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, Pass with Reservations, or Cannot Recommend a Pass. A Pass with Reservations allows supervisors to outline areas of concern or areas where students may not be performing up to the expected level permitting the SCSD’s Coordinators of Clinical Education to monitor the student’s progression. For all practica, except for the Final Internship, students receiving a pass with reservations will be placed on a Supportive Learning Plan. It is at the discretion of the Coordinators of Clinical Education to determine and submit the student’s final grade. The Final Evaluation also allows the student to provide insight on their experience to their CEs and provide recommendations for future placements.

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 CE’s comments should not be copied verbatim;
- Complete the section ‘Feedback from Student to CE’;
- Check the CE’s preferred format of the document (e.g., electronic or paper copy);
- Bring the copy of the Evaluation Form, preferred CE’s 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 preset meeting. As this is done before the meeting, the student’s and CE’s comments should be different.

At the meeting, CEs are required to:

- Ask the students about their perceived strengths and weaknesses and the progress they have made since the Midterm;
- 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, Pass with Reservations, 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 the support they will need at the beginning of their career;
- Discuss the “Feedback from Student to CE”.

For more information, see video on how to fill out the Student Evaluation Form on [myCourses](#).

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.

Making-Up for Missed Days

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 or completing replacement activities (e.g., independent study, article reviews, special projects, etc.). The plan must be approved by the Coordinator of Clinical Education. As the Fall and Winter practicum schedules are flexible, the Agreement Form only needs to be filled out if the missed day is made up by attending practicum outside of the semesters’ dates or by doing activities (e.g., the student attends 9 days of practicum and makes up for the 10th day by doing a special project such as a review of available apps for a specific population.).

No more than 2 days may be missed by the students and made up. If students miss more than 2 days, 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 Practicum 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 the decision to add extra days to replace holidays is made at the start of the placement and documented in the Practicum Contract, a time replacement form does not need to be completed. If extra days cannot be added, replacement activities must be completed and a *Time Replacement Agreement Form* must be filled out.

In collaboration, students and CEs must complete the *Time Replacement Agreement Form* with a plan on how missed time will be recovered. Time can be made up by adding extra days or completing replacement activities (e.g., independent study, article reviews, special projects, etc.). The plan must be approved by the Coordinator of Clinical Education.

No more than 10% of a practicum may be missed and made up. If students miss more than 10%, 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.

For more information, see video on how to fill out the Time Replacement Agreement Form on [myCourses](#).

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.

