McGill | Faculty of Medicine and Health Sciences

Clinical Training Manual

Clinical Educator Version

2026-2027

SCSD

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

Table of Contents

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;
- Other site requirements (e.g., language requirements, dress code, respiratory 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.

Over the course of a practicum, CEs will have to complete the following documents:

- Practicum Contract;
- Feedback Forms;
- Canadian Assessment of Clinical Competence (ACC) – midterm and final;
- Placement History Form;
- Time Replacement Agreement Form (when applicable).

Students will fill out additional forms that CEs will have to sign, including:

- Clinical Hours Form;
- Collaboration Contract in a Peer Coaching Setting (when applicable).

All forms are available on the SCSD website: https://www.mcgill.ca/scsd/clinical/clinical-educators.

Information and training to help CE's complete this paperwork is available on our online training platform: myCourses.

Submission of Documents

CEs are not responsible for submitting any practicum paperwork directly to the SCSD. 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, CE Feedback Form, Mid and Final Evaluation (ACC), PHF, etc.) will be uploaded by students on myCourses by 11:59 on the Sunday following the completion of the activity (same week).

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.

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 has created workshops and tools on these topics for all CEs. They are available on myCourses.

To optimize 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.

Students are required to send their CE all of their *Placement History Forms* as part of their introduction. CEs should review these documents to find out how much relevant clinical experience the student has and to get a sense of their strengths and areas to improve.

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.

Finally, the CE must review the *Practicum Contract* and prepare their contributions to this document.

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 (at least 30 minutes), 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 and that students are not expected to complete tasks during these breaks. As S-LPs, we often choose to forgo our breaks to advance our indirect tasks, but students do not have the same ability to do so. Learning and performing new tasks under pressure is mentally taxing and students need breaks, a lot more than their CEs, to be able to fully absorb the information that comes their way during a day. 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.

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 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, or have been asked by public health or the practicum site 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.

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 a 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 some supervision-related 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.

Student Responsibilities and Rights

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 the program. In this agreement, students agree to not unnecessarily access or disclose 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.

Student Rights/Support

[1]The 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).

The mission of Graduate and Postdoctoral Studies (https://www.mcgill.ca/gps/about) 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 Student Wellness Hub provides a range of services to support the well-being of McGill Students with a focus on awareness, prevention, and early intervention. Students can take advantage of workshops and access to a Local Wellness Advisor dedicated to students in Medicine and Health Sciences.

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.

[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).

Description of Practica

General Information

Students will participate in a variety of clinical practica over the course of the program. These practica are opportunities to apply the theoretical and practical information learned in courses. Practica are a critical component of students' training to become speech-language pathologists.

The National Speech-Language Pathology Competency Profile provides information about the minimum abilities required of a speech-language pathologist entering practice in the regulated provinces of Canada. The competency profile consists of the seven roles required of a speech-language pathologist, further described by a set of essential competencies and sub-competencies:

Role 1: Expert;
Role 2: Communicator;
Role 3: Collaborator;
Role 4: Advocate;
Role 5: Scholar;
Role 6: Manager; and
Role 7: Professional.

Through a combination of coursework and clinical practica, students will gradually build their competence across all seven roles. In order to graduate, students must demonstrate a minimal competency level across all roles which is sufficient for safe and effective practice.

Students' performance on clinical practica will be assessed using the *Canadian Assessment of Clinical Competence* (ACC). The Canadian Assessment of Clinical Competence (ACC) is a competency-based assessment tool, developed by the Canadian Academic Coordinators of Clinical Education (CACCE) from all twelve audiology and speech-language pathology university programs across the country. Students and Clinical Educators (CEs) will all receive training in the use of this tool.

Over the course of the program, the expectations for students will gradually increase. Each clinical practicum is an opportunity for students to develop transverse competencies in a new setting, with a new population.

Specific objectives of each placement 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 practica, as they are required to meet hour requirements for licensing bodies (e.g., CASLPO or CHCPBC) 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.

1st Year Practica

In the 1st Year of the program (Y1), 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. 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.

Fall Semester

Practical activities, in the Fall of the first year, will begin the first or second 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: Child Practicum: 4 days**
   In this first module, students will learn about S-LP screenings for children. Specific objectives of module 1 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.

2. **Module 2: Adult Practicum: 4 days**
   This entire module will be done remotely through telepractice. The students will be responsible for finding their own client (it may be someone they know well). Specific objectives of module 2 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.

   For modules 1 and 2, students will be assessed on a few specifically targeted essential competencies from the *Canadian Assessment of Clinical Competence* (ACC: assessment tool used to assess student performance on practica). Students are expected to be performing at the level of Early Novice for those competencies targeted in each practicum.

3. **Module 3: Preparation for the Winter Practica: 2 days**
   Students will participate in activities to prepare for the winter semester. One in-class day will be dedicated to learning about the child practicum and another day will cover the adult practicum. A few additional complementary activities will further prepare the students for the upcoming winter practica.

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.

Students will be assessed on a few specifically targeted essential competencies from the *Canadian Assessment of Clinical Competence*. By the end of each practicum, students are expected to be performing at the level of Novice for those competencies targeted. Failure to meet Novice level expectations in either or both blocks would be a cause for concern and will result in failure of the practicum.

Spring Practicum

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. Students spend an extra day per week (total of 6 days) preparing for 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; they are expected to complete additional preparation outside of practicum days.

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.

Students will be assessed using the *Canadian Assessment of Clinical Competence* (ACC). By the end of the Spring Practicum, students are expected to be performing at or above the level of Advanced Novice for most essential competencies. Some students may achieve lower ratings for some competencies that pose particular challenges for them and/or in areas for which there were not many opportunities for practice. Any rating of "unacceptable" or Early Novice, or widespread ratings at Novice or lower, would be a cause for concern and could result in failure of the practicum.

2nd Year Practica

In the 2nd Year of the program (Y2), students complete the practical activities related to the audiology component of the program and three S-LP clinical practica 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 competence level of entry to practice.

Audiology Component of the Program

While the practical activities related to Speech-Language Pathology are spread out across the two years of the program, the coursework and practical activities related to the Audiology component 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 practica 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 learned in the labs with clients;
- Obtain the necessary clinical hours as required by the Council for Accreditation of Canadian University Programs in Audiology and Speech-Language Pathology (CACUP-ASLP).

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 practica availability.

Students will be assessed using the *Canadian Assessment of Clinical Competence* (ACC). By the end of each practicum (fall and winter) students are expected to be performing at or above the level of Intermediate or Advanced Intermediate for most essential competencies. Some students may achieve lower ratings for some competencies that pose particular challenges for them and/or in areas for which there were not many opportunities for practice. Any rating at Novice or below, or widespread ratings at Advanced Novice, would be a cause for concern and could result in failure of the practicum.

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 practicum 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 practicum 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.

On the *Canadian Assessment of Clinical Competence* (ACC), students are expected to be performing at the level of Entry to Practice for **all essential competencies** by the end of the Final Internship. Any rating below Entry to Practice would be a cause for concern and could result in failure of the practicum.

At the Entry to Practice level, students can handle most familiar tasks independently, only sometimes requiring general guidance, though if a task if very complex or unfamiliar they can still require specific guidance. It is important to consider the specifics of the clinical setting and caseload when considering whether or not a student has reached Entry to Practice level competence. A student working in dysphagia in a final placement may not be as independent as a student in a developmental language placement, however, given the complexity and familiarity of the tasks, they may both be demonstrating Entry to Practice level competence.

It is important to remember that Entry to Practice level competence does not mean that a student can perform the job the same way that their CE can. Rather, by the end of the practicum, the student should resemble a new grad starting their first job in the setting. It is expected that the student will still be learning, still be working on efficiency, and still need mentorship (particularly when working on complex cases) the same way that a new grad does.

Grading

Detailed information about assessment policies specific to clinical practica can be found in the **SCSD Assessments and Examinations Policy – Clinical Education Addendum** (available on Resources for SCSD Students webpage).

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

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*. Additional rules and regulations are determined at the level of institutions and sites.

Students on practica in Quebec are to follow the guidelines set out by the Ministry and by their clinical placement site. Students on practica in other provinces or countries 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.

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.