

**Practicum Contract**

|  |  |
| --- | --- |
| Student Name: |  |
| Clinical Educator(s): |  |
| Site: |  |
| City: |  |
| Province/State: |  |
| Start Date: |  |
| Finish Date: |  |

For a summary of the student’s clinical experiences and performance to date, please review the student’s **Placement History Forms**. In addition, please refer to the instructions in the **Clinical Training Manual** and to the training video available on *myCourses* (for CEs) before completing the Practicum Contract.

NB: Throughout the Form ‘Clinical Educator’ is abbreviated to CE.

1. **Student’s Learning Style, Supervision & Feedback**

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

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

|  |  |
| --- | --- |
| [ ]  | I have an opportunity to observe the S-LP before getting directly involved myself (discuss how much). |
| [ ]  | I can dive right in (with support): I need minimal modelling. |
| [ ]  | I can familiarize myself with a new population/assessment tool/intervention technique, etc. by first practising or reading more about it. |
| [ ]  | I can ask questions. |
| [ ]  | I can brainstorm with CE and/or another student. |

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

|  |  |  |
| --- | --- | --- |
|  | **CE’s Preference** | **Student’s Preference** |
| Directive: CE tells student what to do. | [ ]  | [ ]  |
| Student observes CE first. | [ ]  | [ ]  |
| CE observes all sessions. | [ ]  | [ ]  |
| CE observes some sessions/part thereof. | [ ]  | [ ]  |
| Collaborative: student takes initiative; problem-solves with CE, with increasing independence. | [ ]  | [ ]  |
| Indirect supervision:[[1]](#footnote-1) CE absent; discussing before and after sessions. | [ ]  | [ ]  |
| Consultative:[[2]](#footnote-2) student works independently; only consults with CE. | [ ]  | [ ]  |

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

|  |  |  |
| --- | --- | --- |
|  | **CE’s Preference** | **Student’s Preference** |
| CE-initiated | [ ]  | [ ]  |
| Student self-evaluation | [ ]  | [ ]  |
| Joint feedback/evaluation | [ ]  | [ ]  |
| With peer (if appropriate) | [ ]  | [ ]  |

**Frequency/Timing of Feedback:** (more than one box may be checked)

|  |  |  |
| --- | --- | --- |
|  | **CE’s Preference** | **Student’s Preference** |
| During the session | [ ]  | [ ]  |
| After each session | [ ]  | [ ]  |
| Once per day | [ ]  | [ ]  |
| Twice per day | [ ]  | [ ]  |
| At the end of the week (for internship only) | [ ]  | [ ]  |
| Other (specify): | [ ]  | [ ]  |

1. **Learning Objectives: 4 Competencies**

The Student Evaluation Form covers the basic competencies students need to acquire and where they need to show increasing improvement throughout their clinical placements. These include:

* **I. Professional Skills and Professional Development**
* **II. Interpersonal & Communication Skills**
* **III. Practical Knowledge & Clinical Reasoning**
* **IV. Clinical Skills** (site specific)

**COMPETENCY IV: CLINICAL SKILLS**

Competency IV is site specific. Therefore, the CE needs to identify target goals and list them in column 1. The targeted clinical skills can be taken from the Appendix or the document entitled *Continuum for S-LP Learners: From Novice to Expert* that can be found on the SCSD’S website (<https://www.mcgill.ca/scsd/clinical/clinical-educators>).

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| --- | --- | --- |
| **Learning objectives** | **Level of assistance available/expected level of independence** | **Criteria for meeting the objectives** |
| E.g. Prepare and lead intervention sessions with an AAC user (adult client) | E.g. With indirect support/Competent Level | E.g. S-LP goals are worked on at the conversation level; relevant data is collected; student provides models to family members and monitors the efficiency of the communication with the patient using the AAC device. |
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(Please add rows if more than 7 objectives are identified)

1. **Other Expectations** (Optional)

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| --- |
| 1. Attending meetings or workshops (e.g. rounds, case conferences, staff meetings), the student (co-) presenting a workshop or providing an in-service on a particular topic; etc. Please list:
 |
| 1. Please list any other expectations (CE & student):
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|  |
| --- |
| The **midterm evaluation** will take place on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| In recognition of the fact that all forms must be submitted to the SCSD before 11:59pm on the Sunday following completion of the practicum, we agree that the **final evaluation** will take place on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| The student will have prepared the final **Clinical Hours Forms** by that day, which will be signed by the CE on that day. The student and CE will also have to complete the **Placement History Form** together. |
| **We agree** to the conditions of the above Contract, with the option that it can be modified according to circumstances as long as it is negotiated to our mutual satisfaction. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Clinical Educator** | **Student** | **Date** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **2nd CE (if applicable)** |  |  |
| *Signatures used on this form must be* ***unique, original signatures.[[3]](#footnote-3)*** |

**Appendix**

**SUGGESTED LIST OF LEARNING OBJECTIVES FOR ACQUIRING CLINICAL SKILLS** (COMPETENCY IV)[[4]](#footnote-4)

**1. Information Gathering**

1. Reading & obtaining relevant information from charts
2. Taking a case history
3. Interviewing client, parents, spouse or other caregivers
4. Researching on a specific disorder

**2. Assessment**

1. Administering tests (list specific tests)
2. Scoring tests & analyzing test results
3. Carrying out informal tasks
4. Taking & analyzing speech/language samples

**3. Goal Setting & Treatment Planning**

1. Developing intervention and treatment plans
2. Setting client-centred goals
3. Planning treatment sessions, including writing lesson plans
4. Making appropriate recommendations and/or referrals based on assessment results (e.g. yes or no intervention, type of intervention, referral to another professional, etc.)

**4. Intervention**

1. Planning & carrying out therapy, including selecting appropriate materials for client, age, etc.
2. Implementing a particular intervention approach or technique (e.g. Lidcombe program for stuttering)
3. Conducting group therapy
4. Being able to modify intervention strategy (e.g. sub-step, super-step)
5. Being able to make modifications based on unexpected/unplanned events (e.g. follow client’s lead)
6. Attempting to gather data or score objectively based on set criteria (e.g. out of X number of attempts how many times was the goal achieved?)
7. Being able to deal with behavioural, attentional or motivational issues in clients
8. Being able to maintain on-task behaviour
9. Showing creativity (designing materials; using project-based therapy)
10. Evaluating outcome of therapy & determining how to proceed
11. Counselling clients or caregivers

**5. Reporting**

1. Charting progress or SOAP notes
2. Writing assessment reports
3. Writing progress or discharge reports
4. Explaining assessment or intervention results to clients or caregivers
5. Explaining activities and goals of session to client or caregivers

**6. Specific Populations** (examples only; please set expectations for your specific population)

1. Laryngectomy: assess client’s candidacy for a certain procedure or treatment technique (e.g. decision-making re. electrolaryngeal vs. esophageal speech)
2. Dysphagia: actively observing modified barium swallows
3. AAC: designing communication boards
1. Recommended when student is ready to work with greater independence (e.g. towards the end of the practicum, previous experience with similar population, internship, etc.). [↑](#footnote-ref-1)
2. Idem. [↑](#footnote-ref-2)
3. A unique, original signature is either a pen signature or a unique digital signature. Do not simply type your names on this form when submitting electronically. [↑](#footnote-ref-3)
4. This list is not exclusive. Objectives may be rephrased and others added. [↑](#footnote-ref-4)