UNIVERSITY OF ALBERTA

DEPARTMENT OF
COMMUNICATION SCIENCES AND DISORDERS

CLINICAL EDUCATION

HANDBOOK

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DESCRIPTION OF THE CLINICAL PROGRAM

The Master of Science in Speech-Language Pathology (MScSLP) program at the University of Alberta is a graduate professional program offered in English. This is a competency based program that trains students to enter into practice in the field of Speech-Language Pathology (SLP). The clinical component of the MScSLP program provides necessary experience in the assessment, treatment and management of a broad range of clinical areas in Speech-Language Pathology (SLP) as well as in the minor area of Audiology (AUD). As per the National Speech-Language Competency Profile: After the completion of a professional Master's degree in speech-language pathology, speech-language pathologists entering practice in Canada have the knowledge, skills and judgment to provide services related, but not limited to:

• Developmental Language Disorders (oral and written language)
• Developmental Speech Sound Disorders
• Acquired language disorders (oral and written language)
• Motor speech disorders
• Cognitive Communication Disorders
• Feeding and swallowing disorders
• Voice and resonance disorders
• Fluency disorders
• Aural (re)habilitation

Students must demonstrate entry to practice level competencies in English in order to graduate. Each student in the MScSLP program will be required to successfully complete all practicum courses (i.e. placements) in order to meet the clinical requirements for graduation. A priority outcome is also to obtain accredited clinical hours necessary for regulation (e.g. with the Alberta College of Speech-Language Pathologists and Audiologists). This manual describes the typical procedures pertaining to clinical practicum placements.

The goals of clinical education in the department are to provide the student with placements that will ensure they:

- Meet the clinical requirements for graduation
- Have the opportunity to obtain clinical competencies in a variety of disorder areas that will enable them to provide efficacious, evidence-based care to the people they serve

PLACEMENT ALLOCATION

Placement location and options within Alberta are dependent on offers received for each placement timeline. Supervision of students in placements is voluntary and SLPs do not get paid for supervising students. Contractual agreements must be established between the University and each site in which students will complete placements. As offers are obtained they are entered into the department placement system. The students then have the opportunity to rank top choices prior to confirmation deadlines. A computer matching program is then run based on rankings. The clinical education team reviews matches and makes any necessary adjustments. Students may be required to complete their clinical placement course outside their ranking of choice. Students must be prepared to move for placements. Denying an allocated placement and waiting for a preferred placement or location could result in delaying graduation.

All placements are assigned on the assumption that there are no health or academic issues. If such issues arise they will be dealt with on a case by case basis.

Students are not able to request changes to their placements unless for approved medical or compassionate reasons, or extenuating unanticipated circumstances. Weddings, holidays, travel, family reunions are not appropriate reasons, for example. Students are not able to swap placements with one another or change placements because they are disappointed with location, client issues, age group etc. Students are not able to change placements because they misread or incorrectly completed the placement selection process.

There can be cancellations of placements by sites. Students must be prepared for quick adaptation to the situation. It is possible that a student may not receive a placement requiring alterations to the overall curriculum schedule. Every effort will be made to acquire a suitable placement in a timely manner.

In the case of academic difficulty or failure the student's circumstances will be reviewed by the ACCE and the department. Unfortunately, all final grades are not always available before placements begin and the student may be withdrawn from fieldwork if needed.

Students must be prepared to travel throughout the province in order to obtain the placement experiences that are required for graduation. Students may have the opportunity to apply for national or international placements at designated times.

Students are responsible for all costs, travel, and living arrangements associated with placements. Travel includes to and from the placement site and within a placement (e.g. between different sites and/or municipalities), parking etc.

The clinical placements occur in approved facilities under the supervision of qualified professional staff. The Academic Coordinator of Clinical Education (ACCE) and clinical education team are responsible for coordinating and liaising with all placement sites. Students cannot contact sites, SLPs, or other people/professionals regarding placements. This could be considered a violation of the Code of Student Behaviour. **No student may undertake to contact a facility or an individual therapist, or make her/his own arrangements for a clinical placement.** Students are encouraged to discuss potential new placement sites with the ACCE. Program policy is that students will attend placements to which they are assigned.

The Dean, or ACCE acting on behalf of the Dean, may immediately deny assignment of a student to, withdraw a student from, or vary terms, conditions, or site of clinical placement if the Dean or Chair or ACCE has reasonable grounds to believe that this is necessary in order to protect the public interest.

The department supports the continuity of safe, effective care and treatment as students are incorporated into clinical practice sites. When students attend required clinical placements at approved institutions, students will also follow the administrative procedures and regulations of that institution.

SEQUENCE OF CLINICAL EDUCATION COURSES

The MScSLP degree is completed over two full years of study. The clinical program consists of one introduction to practice course and six clinical courses. See below for a quick glance of clinical course sequence and brief summaries. Thesis-based or combined PhD students may adjust their clinical placement timelines.

CSD Clinical Education Sequence - Quick Glance

	Sep-Dec	Jan-Apr	May-June	July	Aug
Year 1	CSD 530 - Intro to Clinical Practice Course (academic course)		CSD 524 - Introductory part-time clinical placement		
Year 2	CSD 525 - Introductory part-time clinical placement	CSD 532, 533, 540, 541 (Externship Advanced Full Time Placements/Practicums) *All course work completed* ● 2 placement courses can be combined into 1 placement e.g. CSD540/541 Typical sequences: 2x 8-week placements + 1x 12-week placement 2x 8-week placements + 1x 8-week placement + 1x 4-week placement 2x 8-week placements + 2x 6-week placements			

Brief summaries:

CSD 530: An introduction to clinical practice, counseling, and professional aspects in speech-language pathology from assessment to treatment planning and discharge. The focus will be on foundations and introducing novice-level competencies with opportunities for learning through simulations and/or observation.

CSD 524: Supervised clinical experiences focusing on a variety of clinical populations. The focus will be on developing novice level competencies. Part-time introductory placement 1 internal. Adult or pediatric, typically 1-1 services.

CSD 525: Supervised clinical experiences focusing on a variety of clinical populations. The focus will be on developing novice level competencies. Part-time introductory placement 2 internal and external. Adult or pediatric, typically group services.

CSD 532: Full-time supervised advanced clinical practicum placements normally for a period of four to eight weeks in an approved clinical service. The focus will be on displaying minimally intermediate level competencies. Students will have completed all academic course work and will be prepared to work with the broad range of SLP clinical areas (all populations and diagnoses) Externship 1.

CSD 533: Full-time supervised advanced clinical practicum placements normally for a period of four to eight weeks in an approved clinical service. The focus will be on displaying minimally advanced-intermediate level competencies. Students will have completed all academic course work and will be prepared to work with the broad range of SLP clinical areas (all populations and diagnoses) Externship 2.

CSD 540 and 541: Full-time supervised advanced clinical practicum placements normally for a period of four to eight weeks in an approved clinical service. The focus will be on developing entry-to-practice level competencies. Students will have completed all academic course work and will be prepared to work with the broad range of SLP clinical areas (all populations and diagnoses). Externships 3 and 4.

Note: Placements can be split between sites/organizations to allow for part-time CEs to take students.

ACADEMIC SEQUENCE OF STUDY

Normally students will follow the course-based sequence of study outlined on the CSD website
Sequence of Study

PREREQUISITES FOR CLINICAL COURSES

Prerequisites for clinical practice must be completed on schedule in order for the student to commence placements. Students are required to follow the prerequisite schedule assigned to their cohort. Schedules and deadlines are subject to change and are posted on eClass (Clinical Education). Students are responsible for all costs related to prerequisites. Students follow public health and regulatory body guidelines when delivering client care relevant to the situation, time, responsibilities, and site. Students are to declare positive status for Blood Borne Viruses (BBV) such as HBV, HBC, and HIV as part of the immunization process. Recommendations for health care workers to reduce transmission with the SLP scope of practice must be followed. Ultimately, each placement site determines criteria for acceptance/denial of particular prerequisites. Prerequisites include, but are not limited to:

- Successful completion of appropriate academic coursework
- Appropriate immunizations
- Basic Life Support (BLS) CPR
- Police Information Check with Vulnerable Sector Screen
- N-95 mask fit testing
- Intervention Record Check
- Confidentiality module and subsequent forms

Technical Standards and Competencies

Sometimes students notice they may have challenges meeting technical standards or competencies for graduation and entry to practice in the profession. For example, displaying effective skills in articulation, fluency and voice. Students can develop strategies and supports to put in place to effectively meet standards and competencies. Students can also reach out to the ACCE, department, or clinical education team for information and suggestions of support at any point in the program. Further, the ACCE or clinical team representative will reach out to students if it has been noted during the program that a student may have difficulties demonstrating competencies. Ultimately it is the students responsibility to determine strategies and how they best demonstrate technical standards and competencies, however the department will endeavor to support students as much as possible in this area to be ready to graduate, complete placements, and enter into the profession.

RESPONSIBILITIES OF PARTICIPANTS

The responsibility for familiarizing students with policies and regulations is a shared one. The Department will inform the students of general precautions relating to client care and will ensure that students have completed their clinical placement prerequisites. The site is responsible for providing the students with an overview of site specific policies and procedures that are needed for the student to begin practice at the site. The students are responsible for following up on directives provided (e.g. reading specified manuals) and for asking questions if there are uncertainties.

CLINICAL EDUCATION ADMINISTRATOR (CEA)

The CEA for the department is primarily responsible for administrative aspects of the clinical education program and maintains pertinent records. The CEA is the initial communication contact for the clinical education team.

CLINICAL EDUCATION COORDINATOR (CEC)

The CEC assists the ACCE in delivering the clinical education component of the program and primarily completes the matching process for placements.

STUDENT

The responsibilities of the student are to:

1. Abide by the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA) Code of Ethics

2. Abide by the Speech-Language and Audiology Canada (SAC) Code of Ethics

3. Abide by the Code of Student Behaviour for the University of Alberta

4. Be actively involved in preparation for placements

5. Meet deadlines, requirements, and requests of the clinical education team and sites

6. Be actively involved in their learning

7. Communicate and respond in a timely, effective manner

8. Communicate with the clinical education team when they encounter significant challenges or concerns

9. Formally evaluate their performance during the midterm and final week of placement and be ready to discuss with the Clinical Educator (CE)

10. Provide constructive feedback to the CE and site regarding the placement

11. Follow University and clinical education processes and procedures (e.g. absence requests, hours tracking, Clinical Learning Plan, etc.)

12. Adhere to the policies of the institution in which the practicum is undertaken

CLINICAL EDUCATOR (CE)

The responsibilities of the CE are to:

1. Offer a welcoming can comprehensive learning environment

2. Provide placement details such as hours of work, transition of caseload plan, additional assignments, and expectations of the student

3. Provide the supervision, opportunities, and direct client care experiences for the student to acquire, integrate, and/or consolidate the knowledge, skills and attitudes necessary to become a competent entry-to-practice level clinician

4. Facilitate self-directed learning and act as a professional role model for the student

5. Assist the student in establishing an appropriate placement learning plan and strategies to achieve the plan

6. Provide regular constructive feedback to the student

7. Formally and informally evaluate the performance of the student during the placement

8. Communicate with the university clinical education team should significant concerns arise about their student's performance

9. Complete and submit required documentation to the university upon specified deadlines

10. Provide constructive feedback to the university regarding the placement (e.g. via survey)

ACADEMIC COORDINATOR OF CLINICAL EDUCATION (ACCE)

The responsibilities of the ACCE are to:

1. Coordinate the clinical component of the MScSLP (course based) program, working with the university clinical education team

2. Act as a liaison between the university and the facilities involved in the clinical education of SLP students often through meetings, facility visits, and ongoing communication with CEs and site coordinators

3. Coordinate the clinical placements ensuring that students fulfill the clinical requirements for graduation

4. Represent the department on the university Collaborative for Scholarship in Clinical Education (CSCE) and on the national ACCE committee

5. Offer CE supports and resources for student supervision

6.   Respond to student learning challenges offering support and potential solutions to both CEs and students

7.   Assign a final grade for each placement course

8. Receive written appeals as per university procedures

GENERAL POLICIES AND GUIDELINES

SUPERVISION GUIDELINES

A student's need for supervision will vary within and between placements. Each student must have adequate supervision to ensure safe and effective assessment and intervention of clients and to ensure a directed learning situation. The CE is responsible for determining level of supervision in clinical contexts but both the student and CE should communicate openly about issues of supervision. In addition to clinical skills, the CE assists in the student's professional growth. Overall, 75% supervision over a placement is recommended. The CE will determine the amount of time directly observing student skills. Whole session or partial session non-observation time for the student is determined by CE judgment, setting of the placement, scheduling, number of students to CE ratio, etc. Department guidelines for direct supervision of the student suggest:

- 25% of intervention sessions
- 50% of assessment sessions

A suggested approach to moving through a continuum of supervision is:

- The student first observes the assessment or intervention performed by the CE
- The student then performs the same or a similar assessment or intervention under the direct observation of the CE
- The CE offers guidance during as needed or intervenes if safety (such as risk of immediate harm or injury) is a concern
- The CE provides feedback after the sessions are completed
- The CE passes responsibility of client care to the student as the student is deemed capable
- The CE provides intermittent observation and feedback to ensure safe and effective care, student growth, and accurate student evaluation
- The CE has regular discussions with the student to monitor progress of the student and clients

Debrief meetings with the student should be held regularly, at least weekly. It is important that requirements and expectations of both the CE and student are discussed and updated throughout the placement. The following considerations could be addressed within the first day or two of the placement:

- Introductions
- Review of universal precautions
- Discussion of organization and site objectives: philosophy, scope, and limitations of service
- Relevant sections of site policies

- Communication etiquette of the facility
- Development of a schedule for the first couple weeks
- Scheduling a consistent time to meet for debrief and feedback
- Review the student's Clinical Learning Plan
- Learn more about each other (CE and student work and life experiences)

The following plan may be used as a guide for the first week of placement:

- Orientation and observation
- Adjustments to the Clinical Learning Plan specific to the placement
- Student completes consultation assignment to share with CE when observing (prepare to report observations to the CE and team; complete client description; contribute to diagnosis, recommendations, and changes to the intervention plan based on client responses and needs). These types of consultative sessions often result in hours
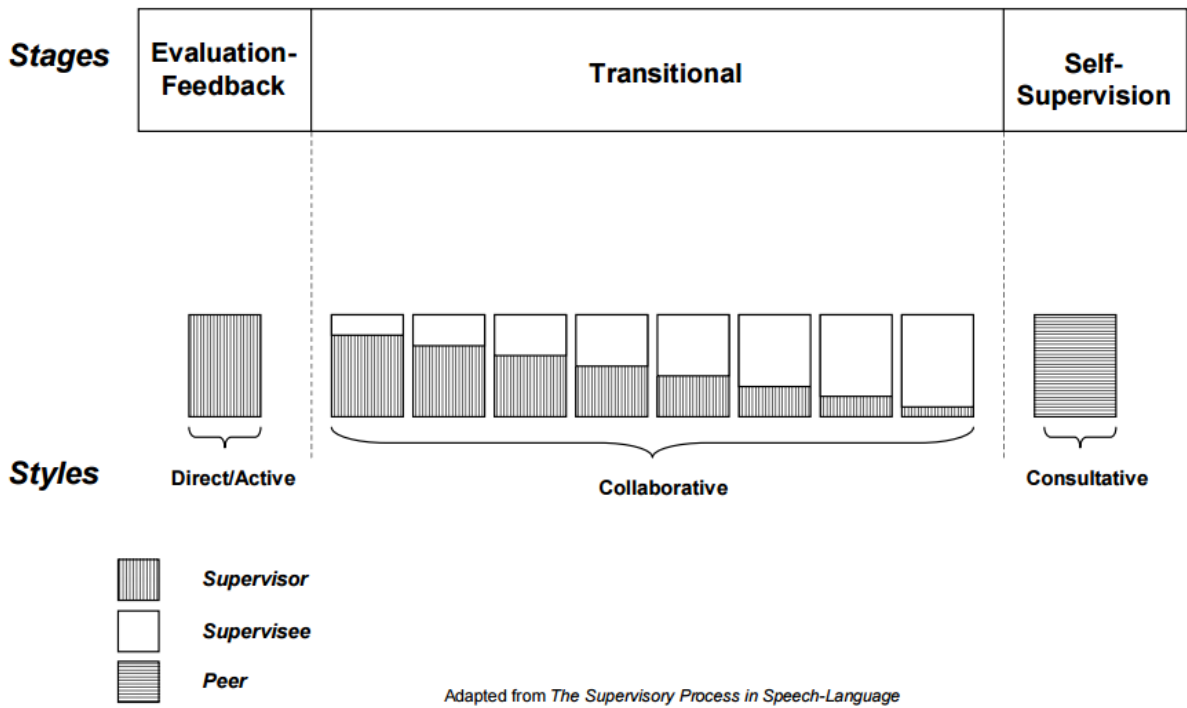- CE delegates straightforward tasks to the student

SUPERVISION RESOURCES

Resources are available to support the completion of a successful placement. A CE resource package is available by request from csdclined@ualberta.ca.

LEVELS OF GUIDANCE

There is a change in level of guidance the student requires as they move through the placement. Guidance usually moves from specific to general taking into account the context of situations. For example, familiar/routine versus new situations and simple/straightforward versus complex situations require a different level of guidance. Speech-Language Pathology is complex in itself servicing a breadth of disorder areas and it is essential to recognize the routine and straightforward situations or tasks from complex in each placement setting and client profile as the student takes on more as they progress through the placement.

Anderson's Continuum of Supervision: A graphic representation to support discussion regarding the transition from direct to collaborative to consultative supervision and the transition in student learning.

Adapted from *The Supervisory Process in Speech-Language Pathology and Audiology* (p.62) by J.L. Anderson, 1988, Boston: College-Hill Press/Little Brown and Company.

The following chart provides a visual representation of a suggested timeline for an 8-week clinical placement:

Week	1	2-3	4-5	6-7	8
CE/Student meetings	- CE/Student expectations - Clinical Learning Plan review - site orientation - schedule for first 2 weeks - placement structure plan (transfer of caseload, clinical schedule, meeting schedule, mid-term and important dates) - client debrief - student feedback	- 1x/week - daily check in - client debrief (direct hours) - student feedback (not countable hours)	- 1x/week - occasional check in - week 4 mid-term evaluation - week 4 review and adjust Clinical Learning Plan to meet placement goals and success - week 4 student to review hours - week 5 client debrief and student feedback	- 1x/week - occasional check in - client debrief - student feedback	- occasional check in - client debrief - student feedback - final evaluation meeting - review and adjust Clinical Learning Plan to transfer to next placement or entry to practice
Clinical Activities	- observations (days 1-2) - student consultation (CE led session with	- begin transition of caseload (25%) - sessions: mix of collaborative and independent	- continue transfer of caseload (50% of a full-time SLP caseload) - sessions mix of	- continue transfer of caseload - sessions mostly independent with some collaborative	- caseload transfer at 75% minimum of a full-time SLP caseload - sessions mostly independent with

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	student contributing clinically post session) (days 3-5) - CE delegates simple client tasks	- consultation sessions may occur throughout the placement usually with other professionals/environments	independent with some collaborative	for complex/unique	occasional collaborative for complex/unique (usually by request of student)
Non-direct Clinical Activities	- CE delegates simple tasks -materials familiarity -site specific resources -chart review -session planning -scheduling -documentation	- begin transfer of session and caseload planning and scheduling etc - administrative tasks as per caseload	- continue transfer of indirect work - administrative tasks as per caseload	- continue transfer of indirect work - administrative tasks as per caseload	- managing indirect work e.g. session and caseload planning and scheduling - administrative tasks as per caseload
Student growth	Frequent and specific guidance (direction, modeling) and extra time for all tasks.

Beginning to participate in tasks in familiar/routine situations but not actively in complex situations. | Requires specific guidance for most tasks, but general guidance (e.g., cueing) for some tasks (week 3); requires extra time for most tasks.

Participates in tasks in familiar/routine situations; is beginning to participate in complex situations. | Requires general guidance (cueing, reminders) for some tasks and specific guidance (direction, modeling) for some tasks; requires extra time for many tasks.

Participates in tasks across a mix of familiar/routine and complex situations. | Mainly requires general guidance with occasional specific guidance; requires extra time for some tasks.

Participates in tasks across a mix of familiar/routine and complex situations. | Occasionally requires general guidance; is usually efficient for familiar/routine tasks.

Sometimes seeks specific guidance for more complex situations.

Sometimes requires extra time, mostly for complex tasks.. |

CLINICAL HOURS & LENGTH OF PRACTICUM

Each student is required to successfully complete a minimum of 350 hours of supervised clinical practice in order to meet the requirements for graduation. Clinical practice hours must include at least 20 hours related to audiology, at least 50 hours with children, at least 50 hours with adults, at least 50 hours of assessment/identification, and at least 100 hours of intervention/treatment. Clinical practice hours must include a variety of disorder types and areas.

In a supervised practicum, client contact hours are experiences where the student clinician actively participates in patient/client service. The client or significant communication partner (i.e. spouse, parent, and work colleague) need not be present for all activities, but these should be focused on the client's specific needs (e.g. team meetings, discussion with CE). Time in meetings discussing the client and client care is countable, time in meetings discussing student skills and growth is not countable. If the student is in a consultative role while watching the client, with the CE or in an interdisciplinary environment, then they are actively participating and can count hours. Consultation involves the student providing clinical information and recommendations to the CE after the session or during debrief.

For example: giving a client description, providing qualitative and/or quantitative data on client performance or progress, contributing to diagnosis, session/activity adjustments, strategies to implement, recommendations or next steps, referrals etc. The student is able to be in a consultative role right at the beginning of placement.

Activities that are of a general nature are not countable. Activities with the aim of preventing or identifying disorders at a population based level (e.g. large-scale screening; development of materials and presentations focused on the prevention or identification of speech, language, swallowing, and hearing difficulties) are countable.

AUDIOLOGY

Expectations for students gaining clinical experience in the minor area (audiology) focus on gaining an overall understanding and appreciation of the minor area as opposed to developing independence in specific skills. This would include, for example, being able to interpret assessment results, knowing when to refer, understanding how to adjust communication for a client with a hearing impairment. Audiologists and SLPs can supervise screening in audiology.

HOURS TRACKING

It is recognized that work with a client may fall within more than one clinical disorder area. Hours should be divided as closely as possible between categories according to the amount of time spent on each and in agreement with the student and CE. Direct client hours for students may be different than how a CE counts direct client statistics at work.

Student hours of work in clinical placements will coordinate with those of the site and CE. Flex hours (e.g. shifts, evenings, and weekends) are possible and may be required. A full-time week is considered to be approximately 37.5 - 40 hours. A CE may work greater than a 40 hour work week. The student is not required to attend placement to work more than 40 hours each week.

It is the responsibility of the student to record and track clinical practice hours accrued during the practicum using HSPnet and to submit the summary to the clinical educator for signature. The student should summarize hours overall at midterm as well. See ACSLPA hours form and Clinical Hours FAQ (sent out with confirmations) for further definitions and support in counting hours.

CLINICAL PLACEMENT ABSENCE POLICY

Students must attend the placement as scheduled completing the full planned number of weeks and scheduled work hours. Students work the same hours and schedule as their CE(s). A student will attend placement with no hours missed.

Time missed from a placement must be made up regardless of reason including illness, approved absence, etc. as determined by the ACCE and clinical education team. If possible for the site and CE, missed hours may be added onto the current placement. There are various other strategies that can be used for students to make up for this time, e.g. project work, presentations, adding hours to a subsequent placement, or completing a supplemental placement or experience in a subsequent term. Students cannot 'bank' time to be used towards days off. A small amount of hours missed can often be made up as determined between the CE and student. Students must contact the ACCE regarding rescheduling of missed hours if more than 4 consecutive hours are missed. All time missed from placement must be reported to the ACCE for tracking and planning purposes.

The absence policy and procedures are described below:

Absences known ahead of time (e.g. medical appointments) require approval from the ACCE. Students must schedule personal appointments outside of their practicum schedule whenever possible. Inform the university of any absences or appointments **as soon as you are aware of them and able** by emailing csdclined@ualberta.ca. In addition to university processes students must also follow site absence processes. **The clinical education team tracks time** for graduation and follows up with students if further action is required. The university must be aware of all missed time, there should not be a scenario where the CE and site are aware of an absence but the university is not.

LEAVE

Absences required for religious or compassionate reasons must be presented to the ACCE in writing. **Students must be careful to make arrangements, such as travel, after approval is granted.**

A request for an approved leave of absence from placement for reasons other than medical, religious, or compassionate reasons will not normally be entertained. If time off is necessary a student may petition the ACCE. If requesting time off from placement it is the student's responsibility to:

- Approach the ACCE with a written request including all details
- Approach the appropriate site personnel and CE after approval for the leave is obtained from the ACCE
- Formulate a plan for making up the hours missed in a manner that will benefit the clients, the site, and the student's own personal growth
- Ensure the plan is approved by the CE
- Realize that making up the lost hours may lengthen the student's program and delay graduation

The ACCE will consider the request in consultation with the site and CE(s).

Absence due to illness

Absence from placements due to illness is limited to 5 days over the course of the program. Every effort should be made to make up as much time as possible during the placement. Absences of greater than 5 days must be made up. Absences over 5 days in one placement require investigation of extension or a supplemental placement or experience. Client contact hours, work hours, and competencies are tracked and verified at the end of every placement and at program completion. All factors are considered in determining if extensions, alternative experiences, or further placements are required to make up missed time. The CE notes all absences from placement on the final evaluation form.

If multiple absences impede the student's ability to meet the expectations of the placement or impact client care a determination on whether to discontinue the placement due to absence may be made in consultation with the student, CE, and ACCE. For example, when absences exceed 10% of the number of placement days, a meeting will be scheduled with the ACCE to determine withdrawal of the placement due to the inability to meet competencies and due to lack of consistent and reliable attendance. Subsequent consequences (e.g. no credit/fail of the placement) or other plans (e.g. approved FGSR leaves) will also be discussed.

Unauthorized Time Off

Any unauthorized absence from placement is regarded as a serious breach of discipline and lack of professional conduct. In the event a student is absent from a placement without approval the CE must notify the ACCE. The site may decide to refuse to allow the student to continue their placement. Unapproved absences (e.g. no shows) require a meeting with

the ACCE to determine withdrawal of the placement and other potential subsequent consequences (e.g. No Credit/fail of the placement).

Holidays and Scheduled Days Off

When in placements, students are allowed to take only those statutory holidays allowed for employees in the clinical facility in which they are practicing. Students in placements will not be given time off for the University Reading Week or other holidays that do not coincide with the site's approved holidays.

Some placements have breaks from direct client care (e.g. spring break and PD days in schools) that are not considered holidays. **These breaks are not time off, but work completed during this time may look different.** The student must follow up on working during breaks with their CE at the beginning of placement. For example, students may be assigned to do other types of client care, presentations, planning and preparation, report writing, attending site professional development sessions, and administrative work or site projects. The ACCE and/or clinical education coordinator can assist in making a plan with the student and CE.

Agency Strike Periods

Students will be expected to continue to attend a clinical facility in the event of a strike affecting a group of workers in that facility, providing that:

- appropriate supervision is available
- an appropriate opportunity for learning is available
- the site allows the student to attend during the strike

Students will not be expected to perform duties outside the normal range expected of speech language pathology students in that facility, i.e., they shall not be used to provide other patient, administrative, or nonclinical services. In the event that the placement needs to be terminated, it is the responsibility of the CE to inform the ACCE. If the placement cannot be continued, the ACCE will try to arrange for a placement in an alternate clinical facility.

The student needs to realize that alternate placements cannot be guaranteed and that it may be necessary for additional placements in subsequent terms in order to fulfill the requirements for graduation.

STUDENT GOALS AND CLINICAL LEARNING

CLINICAL LEARNING PLAN

All students will complete a Clinical Learning Plan (CLP) during each placement. The CLP process promotes clinical reflection and reasoning and helps students to take an active role in professional and clinical competency development. The plan is prepared by the student in collaboration with the CE. The student is responsible for sharing the plan at the beginning of placement, adjusting it at midterm with input from the CE, and adjusting it again at final with input from the CE. This facilitates continued growth and learning in the subsequent placement or at entry to practice. It is expected that students present a CLP stating goals from the previous clinical experience. At the end of each placement the student will submit the completed document to the ACCE by uploading it to eClass.

EVALUATION

Evaluation is a critical aspect of professional growth and quality assurance of the clinical education program. Evaluation takes many forms:

- CE evaluation of the student's performance: both formative and summative
- Student self-evaluation: both formative and summative
- Student evaluation of the placement

Evaluation and feedback from the CE to the student is essential for the student's continued growth and determines whether the student receives credit for the placement or not.

Informal (formative) evaluation:

- Timely, informal evaluation provided by the CE is used throughout the placement to reinforce, modify or guide the student's future actions or behaviors (e.g. feedback throughout the whole placement)
- When possible the CE should give the student an opportunity to analyze or reflect on his or her performance as a starting point in a feedback session
- If serious problems have been identified (e.g. unprofessional behaviors, making the same mistake repeatedly), it is vital to clearly identify the problematic behaviors in a timely manner. The CE should itemize the behaviors providing specific examples to the student. The CE should document the discussion. To direct the situation the CE should outline:
  - The problem behavior
  - The desired behavior
  - The student's plan for improvement
  - The CE's plan to assist the student's efforts
  - The CE should communicate with the ACCE and inform the student

- A midterm check in or summative evaluation is critical to identify areas of growth, and necessary if the student is at risk of failing. It also provides the time needed to implement a plan of improvement

Formal (summative) evaluation:

- Occurs at key points in the placement to summarize performance using a standard measure (e.g. midterm and final)
- The CE will complete a final formal evaluation as required by the Department of Communication and Sciences Disorders at the end of placement using the evaluation form provided
- The CE will also provide a recommendation as to overall ranking of the student (credit with exceptional performance, credit, credit with reservation, or no credit)
- The CE will submit final documents (completed and signed evaluation form and signed hours form) to csdclined@ualberta.ca within 10 days of completion of the placement. The student is responsible for completing

the hours form and submitting it to the CE for signature. The student should retain copies of all signed documents for their records
- Once submitted forms are viewable by both the student and the ACCE and become part of the student's record
- The student may still appeal a failed placement report after it has been submitted

Learning Objectives for placements are to complete fieldwork to develop competencies in all seven SLPs roles from the [National Speech-Language Pathology Competency Profile](). Through progression of fieldwork placements students demonstrate skill and competency development with increasing independence and reduced specific direction. It is recognized that each clinical placement will provide different learning opportunities and that some of the objectives listed may not be appropriate for each clinical placement setting.

When thinking about evaluation consider placement objectives, context of the situations the student is in, and student growth in response to guidance. Clinical placements provide students with exposures to practice and the opportunity to apply their classroom learning to clinical practice.

The goals of placements are to:

- Provide practical clinical experience for the translation of classroom knowledge to a clinical setting
- Acquire clinical, professional and interpersonal skills
- Critically evaluate skills and develop plans for continued development

For example, the following scenario would indicate that the student has met the goals and objectives of a placement. At the end of placement the student required occasional general guidance managing familiar/routine tasks and did so in a timely manner. The student required some general guidance, and occasionally sought specific guidance, for complex tasks and ambiguous professional situations. Extra time was sometimes required. The student consulted collaboratively with others and usually took initiative to solve problems. The student was capable of managing at minimum 75% of a full-time SLP's caseload.

In contrast, the following scenario would indicate the student did not meet goals and objectives of the placement. At the end of the placement the student required specific guidance and extra time for most familiar/routine tasks and did not participate in complex tasks/situations or can only manage these complex situations/clients with specific guidance and constant monitoring 100% of the time. Performance is inconsistent and clinical reasoning is performed at a very basic level. The student starts tasks, but is inconsistent with comprehensive assessments, interventions, and clinical reasoning. The student is not capable of maintaining 60% of a full-time of a full-time SLP's caseload.

Student self-reflection and life-long learning are critical to meeting placement objectives. One strategy to encourage student self-evaluation is to have the student complete the evaluation form at midterm and at final and bring them to the evaluation meetings. In cases where the CE and student differ in how they see a particular skill, it is helpful for them to discuss the discrepancy. Student goals and plans can be formed and adjusted (with CE input) in the clinical learning plan at midterm and at final.

It is expected that each student will complete an evaluation of the clinical placement form within 10 days of completion of the placement.

It can be very beneficial for the CE to directly solicit feedback from the student throughout the placement and particularly at mid-term. This could include:

- Amount of guidance and observation
- Amount of meeting/conference time
- Amount and nature of verbal and written feedback
- Student learning style and CE support style, and changes in order to better meet student needs

Discussion of this type encourages active participation from the student and may lead to more effective and efficient supervisory interaction. The Clinical Educator Appraisal Form available by request and in the CE resource package may be used as a guide for obtaining feedback. The form is for the CE's records only and should not be shared with the University.

GUIDELINES FOR FINAL RECOMMENDATIONS UPON COMPLETION OF PLACEMENT

GRADING: Credit/No Credit
The University, ACCE, is responsible for assigning a grade for the placement course based on the overall and specific recommendations from the CE and the information on the University evaluation form. When forming the overall recommendation the CE should consider overall development and performance, supervision (type and amount), and level of support and guidance for familiar and complex tasks/situations at the end of placement. The CE should also consider caseload transfer/management. For example, to receive CR, by the end of the placement the student will be able to minimally manage 50-60% of a full time SLP's caseload in CSD 532; 60-75% in CSD 533; and 75-100% in CSD 540 and/or 541.

Credit with Exceptional Performance (CR+)
Throughout the clinical placement, the student's overall performance has been significantly higher than would have been expected for a student at that experience level. While the University transcript presents the course grade as Credit, the student will know that her/his overall performance was outstanding. For example, the student may have demonstrated strong initiative and willingly assumed a leadership role for managing complex and ambiguous professional situations. The student would be capable of supervising others (e.g. SLP Assistants). The student could serve as a consultant or resource for others. The student actively contributed to the enhancement of the clinical facility or service. Caseload transfer/management required little effort.

Credit (CR)
The student has successfully completed the clinical placement. The student demonstrated areas of strength and areas of continuing development but overall, performance was expected for a student at this experience level. For example, the student consulted collaboratively with others and took initiative to solve problems. The student could comfortably manage the appropriate amount of a full-time SLP's caseload for the level of the placement.

Credit with Reservation (CR-)
The student has successfully completed the placement, but there are areas of significant weakness. These areas for growth do not warrant a failure. It may be recommended by the CE that the student complete extended or supplemental supervised clinical experiences in certain areas and/or conditions or special requirements may also be

placed on the next placement in order to further consolidate relevant competencies. Areas for growth may be specific to a population/area or more general, for example the student struggles significantly in key areas such as charting/documentation or clinical reasoning. The student could manage close to the appropriate minimum amount of a full-time SLP's caseload for the level of the placement.

No Credit (NC)

The student has not met expectations and has not successfully completed the placement. Significant practice issues exist (e.g safety issues, significant problems with caseload competencies, significant professional or conduct issues). For example, the student requires a high amount of specific guidance and constant monitoring even in routine tasks. The student is not capable of participating in complex tasks. The student could not manage the appropriate minimum amount of a full-time SLP's caseload for the level of the placement. The CE may recommend another/repeated clinical placement in order to develop and demonstrate competencies.

It is the responsibility of the CE to:

- Communicate with the clinical education team at the University or ACCE at any time that a student is at risk of failure in a placement. The communication will ensure that the expectations of the CE are appropriate, and that the Department supports the call for No Credit
- Communicate with the student to discuss the recommendation of failure and to provide justification for the call for No Credit

It is the student's responsibility to:

- Weigh the input from the CE considering the justification
- Contact the ACCE if the student believes that the call for No Credit was not justified
- Contact the ACCE to discuss possibilities for a repeat of the clinical placement experience

Failure of a Clinical Course

A student must successfully complete each clinical course in order to graduate from the program. A student may fail only one clinical course during the program. Students who fail a clinical course must have the approval of the Department and the Faculty of Graduate Studies and Research to retake the course. If a student fails a second clinical course, the student will be asked to leave the program.

Appeal of a Failed Clinical Course

In the event that a student has been deemed to have failed a clinical placement and that they do not agree with the call for failure they may appeal the decision. If a student intends to appeal they must notify the Associate Chair of the Department of Communication Sciences and Disorders of the intention to appeal the grade of No Credit, and submit a formal written request for appeal, no later than 10 calendar days from the notification of placement failure.

Withdrawal from a Clinical Course

A student may petition the Academic Coordinator of Clinical Education (ACCE) for withdrawal from a clinical placement for religious, compassionate, or health reasons. Students requesting withdrawal from a clinical course after the deadline dates for the specific clinical course will have to receive the approval of the ACCE, Department Chair, and the Faculty of

Graduate Studies and Research (FGSR). After the add/drop deadline, students who withdraw from a clinical course for reasons other than mentioned above will receive a failing grade (No Credit). Withdrawal from a clinical course will result in a lengthening of the student's program and possibly delay graduation.

It is the student's responsibility to:

- Submit the request in writing to the ACCE
- Include documentation as required (notification of requirements would be provided at the time of request)

Each request will be taken into consideration by the ACCE/Chair of the Department Chair in consultation with the involved site.

Problems during Placement

The Academic Coordinator of Clinical Education can provide assistance to the clinical educator and the student if problems arise. Appropriate lines of communication for the student and clinical educator to utilize are as follows:

1. The CE and student address and discuss the problem directly with one another
2. If unresolved then contact the Academic Coordinator of Clinical Education (ACCE)
3. Then, the Department Chair, Communication Sciences and Disorders
4. Then, the Dean, Faculty of Rehabilitation Medicine

If student performance is unsatisfactory, the ACCE should be notified immediately. A midterm evaluation will provide a time to evaluate the student's performance and have relevant documentation of performance ready. The midterm evaluation, or written problem summary, must be submitted to the ACCE outlining the unsatisfactory performance, detailed written expectations, and deadlines and suggestions for improvement. These must be provided to the student. It is the responsibility of the clinical educator to terminate treatment of clients by the student if the student's efforts are detrimental to the client and client care. The ACCE must be notified of such action in writing. If students are experiencing difficulty in placements, or have accommodations needed for placements, the ACCE may have to disclose some information to subsequent sites or CEs. This would be done in consultation with the student.

Untoward Incidents Affecting the Student

Untoward incidents affecting the student, such as workplace health and safety incidents or injury or discrimination and harassment, must be reported to the Department of Communication Sciences and Disorders as soon as possible. Incident reporting processes and timelines at the site must be followed. Untoward incidents involving a student and a client will be reported immediately to the CE and site manager/site personnel, documented as per site protocol and timelines, and reported to the ACCE.

CLINICAL SITE SURVEY

This Clinical Site Survey is an online survey to be completed by the site. Once completed, the information is delivered to a secure server. All survey responses are anonymous. The CE name is not connected to the submission (unless you have typed it into the text of the document). Information about populations, disorders, student preparation, feedback, administration, university support and other comments about important aspects of this placement are collected and

consolidated over time. This survey may be sent to you via email after the placement. Thank you in advance for your completion of this survey as it facilitates evaluation and refinement of our clinical program.

Should you have any questions do not hesitate to contact the CSD Clinical Education Team at csdclined@ualberta.ca or the Clinical Education Team members below:

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