



McGill

Clinical Training Manual

Clinical Educator Version

2018-2019



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

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The Clinical Training Manual is the reference guide for clinical placements. Clinical Educators and students should review it and be familiar with its content before the start of all placements.

CE Responsibilities

Responsibilities towards the SCSD

Provide Site Requirements

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

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

Paperwork

Documentation has three goals:

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

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

Contact the SCSD when there is a Question or a Concern

CEs must contact the SCSD as soon as questions or concerns arise. If CEs are unsure about what is required of the student or are uncomfortable about a situation, they must contact one of the Coordinators of Clinical Education (CCEs) or the Clinical Education Associate (CEA) immediately. The CCEs/CEA 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. The SCSD requires all Masters' students to pass a criminal record check as well as a vulnerable sector screening before they start the program. However, it is against the law for the SCSD to look at the results of these checks; therefore, CEs or PRSPs should ask students to show them the proof that they have passed these checks.

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

Verify and Reinforce Establishment's Immunization Requirements

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

At the SCSD, we ensure that, when entering the program, students have completed the following immunizations:

- Tetanus, diphtheria and pertussis;
- Polio;
- Measles;
- Mumps;
- Rubella;
- Varicella.

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

Respect procedures and protocols

Ensure the students are aware of and respect the establishment's rules, procedures, and protocols.

Responsibilities towards the Students

What to do Before the Practicum Starts

Once students have contacted their Clinical Educators (CEs) to introduce themselves, CEs should inform the students about:

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

What to do on the First Day

Once students arrive, CEs should:

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

Paperwork to be Completed

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

Provision of Feedback

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

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

Practical activities are essential to students learning and are mandatory. However, if they are contagious or very ill, students should not attend practicum. When students are sick, and unable to attend practicum, they must:

1. Contact their Clinical Educator (CE) as early as possible before the start of the practicum day (preferably the day before) using the CE's preferred mode of communication;
2. Send an e-mail to the paperwork1.scsd@mcgill.ca (1st Year students) or paperwork2.scsd@mcgill.ca (2nd Year students) account to inform the Coordinator of Clinical Education (CCE) or the Clinical Education Associate (CEA) 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, independent study, article reviews, special projects, etc. The plan must be approved by the CCE or CEA.

See additional details on how to make up for sick days in the paperwork section of this document under *Time Replacement Agreement Form*. As the Fall and Winter practica 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 11 days of practicum and makes up for the 12th day by doing a special project such as a review of available apps for a specific population etc.).

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 or the Clinical Education Associate.

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

All Holidays (e.g. Victoria Day, Canada Day, and St. Jean Baptiste) must be made up. Ideally, extra days will be added to the practicum to account for days missed. If the decision to add extra days to replace holidays is made at the start of the placement and documented in the practicum contract, a time replacement form does not need to be completed. If extra days cannot be added, replacement activities must be completed and a *Time Replacement Agreement Form* must be filled out.

Responsibilities towards Themselves

Report Supervision Hours under Continuing Education

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

Legal Considerations

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

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

Training Opportunities

The SCSD provides Clinical Educators (CEs) with different training opportunities. As continuing education is recommended by the provincial licensing bodies (e.g. OOAQ, CASLPO, etc.) 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 on *My Courses*. On this platform, CEs can find videos on supervision strategies and on how to fill out forms, discussion boards on various topics, as well as practicum forms and other documents (e.g. CE Reflection Form).

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

For any questions, concerns, or comments in regards to training, CEs should contact one of the Coordinators of Clinical Education or the Clinical Education Associate.

Students' Responsibilities towards their CEs

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

Students are required to sign a general *Confidentiality Agreement* with the SCSD at the start of each academic year. In this agreement, students agree to not unnecessarily access or disclose any personal or confidential information of clients, family members, employees, or persons 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) or the Clinical Education Associate (CEA). If CEs are uncomfortable about a situation or are unsure about what the student is supposed to do, please contact the CCEs or CEA immediately.

Courses

1st Year Courses¹

Fall

1. SCSD 617: Anatomy and Physiology of Speech and Hearing

The anatomy and physiology of speech and hearing mechanisms is covered in this course. Topics include neuroanatomy, the anatomy and physiology of the head, neck and upper torso, and the external, middle, and inner ear.

2. SCSD 619: Phonological Development

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

3. SCSD 624: Language Processes

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

4. SCSD 633: Language Development

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

5. SCSD 637: Developmental Language Disorders I

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

6. SCSD 681: Practicum & Seminar I

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

¹ Updated course syllabi are available on our website: <https://www.mcgill.ca/scsd/handbook/course-descriptions-outlines>.

7. IPEA 500: Interprofessional Education Activities: Roles in Interprofessional Teams

This course includes preparatory work and a half day workshop with students from other healthcare disciplines in the Faculty of Medicine. It introduces students to Interprofessional education, Interprofessional practice and the roles of different healthcare professionals.

Winter

1. SCSD 609: Neuromotor Disorders

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

2. SCSD 631: Speech Science

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

3. SCSD 632: Phonological Disorders in Children

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

4. SCSD 643: Developmental Language Disorders II

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

5. SCSD 638: Neurolinguistics

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

6. SCSD 682: Practicum & Seminar II

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

7. SCSD 688: Genetics in the Practice of Speech-Language Pathology

This course covers normal human genetics and embryological development, their relationship to congenital disorders that affect communication and swallowing, and the implications for Speech-Language Pathology practice.

8. IPEA 501: Interprofessional Education: Communication in Interprofessional Teams

This course includes preparatory work and a half day workshop with students from other healthcare disciplines in the Faculty of Medicine. It introduces students to effective communication and interactions in interprofessional teams.

2nd Year Courses²

Fall

1. SCSD 618: Research and Measurement Methods

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

2. SCSD 616: Audiology

Basic diagnostic and rehabilitative procedures, goals and procedures used in clinical audiology, and the psychoacoustic theories on which they are based are presented. This course includes a lab where students obtain hands-on practice.

3. SCSD 636: Fluency Disorders

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

4. SCSD 639: Voice Disorders

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

5. SCSD 644: Applied Neurolinguistics

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

6. SCSD 683: Practicum & Seminar III

This is the third, in a series of four practicum and seminar courses, which focus on various aspects of clinical training (scope of practice, clinical experiences, and interprofessional education). This course reviews different topics relating to professionalism, diversity and counselling. Students obtain hands-on practice in counselling at the Simulation Centre. The Fall Practicum experience is part of this class.

² Course syllabi are available on our website: <https://www.mcgill.ca/scsd/handbook/course-descriptions-outlines>

Winter

1. SCSD 642: Aural Rehabilitation

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

2. SCSD 664: Augmentative Alternative Communication

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

3. SCSD 669: Autism Spectrum Disorders and Neurodevelopmental Disorders

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

4. SCSD 680: Deglutition and Dysphagia

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

5. SCSD 684: Practicum & Seminar IV

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

6. Seminar Option

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

7. SCSD 689: Management of Cranio-facial Disorders

This course covers typical and atypical craniofacial features and Cranio-facial anomalies with and without cleft lip and palate, and their associated problems. The students will learn about the evaluation of speech characteristics in the context of craniofacial anomalies as well as the intervention for speech disorders in that context.

8. IPEA 502: Patient-Centered Care in Action: An Interprofessional Approach

This course includes preparatory work and a half day workshop with students from other healthcare disciplines in the Faculty of Medicine. It introduces students to a simulated family centered care scenario and, in interprofessional teams, they must develop a plan of care.

Description of Practica

1st Year Practica – Fall and Winter Semesters

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

Competencies, taken from the Proposed Practice Competencies for S-LPs in Canada, that students should demonstrate in all S-LP Practica include:

- Respect client and client diversity;
- Communicate in a respectful manner;
- Listen actively;
- Comply with regulatory and organizational requirements;
- Comply with professional Code of Ethics;
- Regularly review new knowledge and determine applicability to practice;
- Integrate new learning into practice;
- Maintain a professional demeanour.

Practical activities, in the Fall and Winter semesters of 1st Year, generally take place on Tuesdays and Fridays. The practical activities may change from year to year depending on course content, availability of placements or other reasons.

1. Child Assessment

In pairs, students will spend approximately 2 to 3 hours on two separate visits with a typically-developing pre-school child. A third visit might be added if necessary. Students will be responsible for finding their own client. Designed as a “Super Lab”, the information gathered at this placement will be used and analyzed in multiple courses. Activities include: completing a case history with caregivers and practicing administering speech and language assessments.

Specific objectives of this placement are to:

- Gain an understanding of typical speech and language development in children;
- Practice interacting with a child and parents (or legal guardians);
- Obtain experience administering speech and language tests;
- Practice obtaining a speech and language sample.

2. Adult Assessment

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

Specific objectives of this placement are to:

- Gain an understanding of typical speech and language skills of an elderly person;
- Apply theoretical knowledge in clinical practice;
- Develop an understanding of the transferable knowledge between the different courses and areas of practice;
- Practice interacting with an unknown elderly person;
- Practice using informal assessment tasks with an adult;
- Obtain experience administering speech and language tests with an adult;
- Practice analysing assessment results.

3. Phonological Awareness Practicum

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

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

Specific objectives of this placement are to:

- Gain an understanding of the development of reading pre-requisites in children;
- Practice screening kindergarteners to assess the risk of future reading difficulties;
- Practice providing treatment to children individually, in small groups, and in classrooms;
- Practice self-evaluation and providing feedback to peers;
- Practice administering informal tasks and formal speech and language tests;
- Practice scoring test results (including deriving standard scores);
- Practice interpreting the data;
- Practice completing organizational and patient documentation including writing an assessment and a progress report.

1st Year – Spring Practicum

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

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

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

The experience varies greatly depending on the mandate of the site (e.g. prevention, assessment or intervention) and the population served. There are no specific requirements in terms of hours spent with clients or types of activities performed. Students accompany their CEs in their usual routine. The number of clinical hours also varies greatly (e.g. in Spring 2018, clinical hours varied from 76 to 146 hours).

The objectives of this placement are to:

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

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

Paediatric Population

If students complete one of the following types of activity (e.g. assessment, morpho-syntax intervention, prevention) 3 times or more, by the end of their placement, they should be able to:

- Prepare for a full intervention session
 - Select goals (with support)
 - Select activities (with support)
 - Select materials (independently)
- Lead an intervention session
 - Manage behaviour (with support)
 - Lead activities (independently)
 - Take notes on session (independently or with some support)
- Lead an assessment session
 - Select tasks (with support)
 - Administer formal tests (independently)
 - Perform informal tasks (with support)
- Report assessment results
 - Explain what was done in the assessment (independently or with some support)
 - Explain the results in one area of development (with some support)
- Write an assessment report
 - Write background information (with some support)
 - Report test results (independently)
 - Write the analysis and conclusion (with support)
 - Write recommendations (with support)
- Write a progress report
 - Document services rendered (with minimal support)
 - Report progress (with support)
 - Write summary and recommendations (with support)

Adult or Specialized Population

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

If students complete one of the following types of activity (e.g. assessment, language intervention, prevention) 3 times or more, by the end of their placement, they should be able to:

- Co-prepare, with CE, for a full intervention session
 - Discuss pre-selected goals with CE
 - Select activities and materials (with some support)
- Co-lead, with CE, an intervention session
 - Lead activities (with some support)
 - Take notes and collect data (with support)
- Co-lead, with CE, an assessment session
 - Select tasks (with support)
 - Administer formal tests (with some support)
 - Perform informal tasks (with a lot of support)

- Report assessment results
 - Explain what was done in the assessment (with some support)
 - Explain the results in one area assessed (with support)
- Write an assessment report
 - Write background information (with some support)
 - Report test results (with some support)
 - Write the analysis and conclusion (with a lot of support)
 - Write recommendations (with a lot of support)
- Write a progress report
 - Document services rendered (with minimal support)
 - Report progress (with a lot of support)
 - Write summary and recommendations (with a lot of support)

2nd Year Practica

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

Audiology Minor

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

The objectives of the audiology activities and placements are to:

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

1. Audiology Day

Students will spend one day with an audiologist at one of McGill's teaching or affiliated hospitals and centres. Alone or in pairs, students will observe, and participate when possible, the audiologist performing assessments, counselling, and providing follow-up recommendations, etc.

Specific objectives of this placement are to:

- Gain an understanding of what being an audiologist entails;
- Obtain real life exposure to clients seen in audiology.

2. Hearing Screenings

As part of the audiology lab, students will spend approximately two days performing hearing screenings. These screenings should take place in an elementary school as well as on campus.

Specific objectives of these activities are to:

- Practice audiology tasks that are within our 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;
- Recruit as many participants as possible.

Speech-Language Pathology

1. Fall and Winter Practica

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

The objectives of these placements are to:

- Actively participate in planning, executing, and evaluating different types of activities (e.g. prevention, assessment, treatment, etc.);
- Continue to develop clinical reasoning skills and apply evidence-based practice;
- Continue to develop self-evaluation skills;
- Further develop documentation skills;
 - Charting (including data collection and SOAP notes);
 - Writing lesson/session plans;
 - Writing reports;
- Begin to identify barriers to access to services;
- Begin to advocate for clients;
- Begin to set caseload priorities.

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

Adult or Paediatric Population

If students complete one of the following types of activity (e.g. assessment, morpho-syntax intervention, prevention) 3 times or more, by the end of their placement, they should be able to:

- Prepare for full intervention sessions
 - Select goals (with minimal support)
 - Select activities (with minimal support)
 - Select materials (independently)
- Lead intervention sessions
 - Manage behaviour (with some support)
 - Lead activities (independently)
 - Take notes on session (independently or with some support)
- Lead an assessment session

- Select tasks (with minimal support)
 - Administer formal tests (independently)
 - Perform informal tasks (with support)
- Report assessment results
 - Explain to clients and other professionals what was done in the assessment (independently)
 - Explain the results of the assessment to clients and other professionals (with support)
- Write an assessment report
 - Write background information (with minimal support)
 - Report test results (independently)
 - Write the analysis and conclusion (with support)
 - Write recommendations (with support)
- Write a progress report
 - Document services rendered (independently)
 - Report progress (with some support)
 - Write summary and recommendations (with support)

Specialized Population

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

- Prepare for full intervention sessions
 - Select goals (with support)
 - Select activities (with support)
 - Select materials (with minimal support)
- Lead intervention sessions
 - Manage behaviour (with some support)
 - Lead activities (with some support)
 - Take notes on session (independently or with some support)
- Lead an assessment session
 - Select tasks (with some support)
 - Administer formal tests (independently)
 - Perform informal tasks (with support)
- Report assessment results
 - Explain to clients and other professionals what was done in the assessment (with some support)
 - Explain the results of the assessment to clients and other professionals (with some support)
- Write an assessment report
 - Write background information (with minimal support)

- Report test results (independently or with some support)
- Write the analysis and conclusion (with support)
- Write recommendations (with support)
- Write a progress report
 - Document services rendered (independently or with support)
 - Report progress (with some support)
 - Write summary and recommendations (with support)

2. Final Internship

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

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

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

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

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

- Independently plan, execute, and evaluate different types of activities (e.g. prevention, assessment, treatment, etc.);
- Refine clinical reasoning skills and apply evidence-based practice;
- Refine self-evaluation skills;
- Refine documentation skills;
 - Charting (including data collection and SOAP notes);
 - Writing lesson/session plans;
 - Writing reports;
- Identify barriers to access to services as well as advocate for clients;
- Set caseload priorities;
- Share knowledge with clients and other professionals related to communication and/or swallowing.

If students complete one of the following types of activity throughout their Internship (e.g. assessment, morpho-syntax intervention, prevention), by the end of the placement, they should be able to:

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

Specialized Population

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

How to Support Students

How to Provide Feedback

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

What is Feedback?

Listed as one of the ingredients³ of effective teaching, feedback is defined as the communication to another person which gives information about how he/she affects and is perceived by others. In other words, feedback is a way of helping another person develop a better awareness of their own behaviour and consider changing it when needed.

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

Why Provide Feedback?

Feedback has been shown to improve clinical performance as it reinforces positive behaviours and allows for a correction of undesirable behaviours. Other reasons to provide feedback include:

- Decrease learner anxiety about performance:
 - Without feedback, formal tests become overly important;
 - Improve self-assessment;
- Essential for learning to take place;
- Valued by students;
- Key step to ensure due process;
- Prepare students for their evaluations.

Feedback vs. Evaluation

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

Feedback	Evaluation
Formative	Summative
Provides information	Provides judgment
Based on observations	Involves several methods
Descriptive	Normative (on a scale)

³ *Ingredients of Effective Teaching include: Enthusiasm/stimulation, organization/clarity, two-way communication, creation of an effective learning environment, provision of feedback, and clinical/subject matter competence.*

Feedback – Continued	Evaluation – Continued
Immediate	Delayed
Ongoing	Done at fixed points in time (midterm and final)
Can be about a session or specific issue	Determines if the individual has met a set of predetermined expectations
Allows individual or program modification	

Effective Feedback

To be effective, feedback should be:

- Timely and expected;
- Specific and based on observations;
- Based on changeable behaviours;
- Related to learning goals;
- Limited in quantity.

Professional Supervision Model

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

Phases	Steps	Additional Details
PHASE 1 Data Collection	A. Word-for-word transcription B. Data classification C. Strengths identification D. Limitations identification E. Prioritization of limitations	<ul style="list-style-type: none"> ▪ Verbal behaviours ▪ Non-verbal behaviours
PHASE 2 Reflection & Timing	A. Select a time for the feedback session B. Provide 10-15 minutes to reflect	<ul style="list-style-type: none"> ▪ It needs to be done on the same day, not the week after ▪ Ideally, before the student sees another patient ▪ Right after? No, the student needs to wind down and organize his/her thoughts after the session
PHASE 3 Discussion & Feedback	A. Set the stage for the feedback	<ul style="list-style-type: none"> ▪ Look at the overall session (2-3 sentences are enough) ▪ Interns tend to focus on details or what went wrong → Not the time to do so

PHASE 3 Cont'd	B. Presentation of strengths	I. Strengths according to the intern (1 or 2) <ul style="list-style-type: none"> ▪ If the CE agrees, she validates and reinforces ▪ If the CE disagrees, she says so & indicates that it will be discussed later
	C. Work on limitations	II. Strengths according to the CE (all of them) I. Limitations according to the intern (1 at a time) <ul style="list-style-type: none"> ▪ Normalize ▪ Reframe ▪ Provide model (Role Play is an excellent tool)
		II. Limitations according to the CE (maximum of 2) <ul style="list-style-type: none"> ▪ Limits that were previously identified, but not addressed ▪ Other perceived limitations
	D. Integrate learning	I. Identify what was learned <ul style="list-style-type: none"> ▪ Add what is missing II. Expectations & plan

Translated and adapted from *Modèle Encadrement Professionnel (MEP)* by Gina Tremblay, 2004; for the workshop on Giving Effective Feedback by Kelly Root and Sophie Vaillancourt, April 2014

In Summary

For your feedback to be effective:

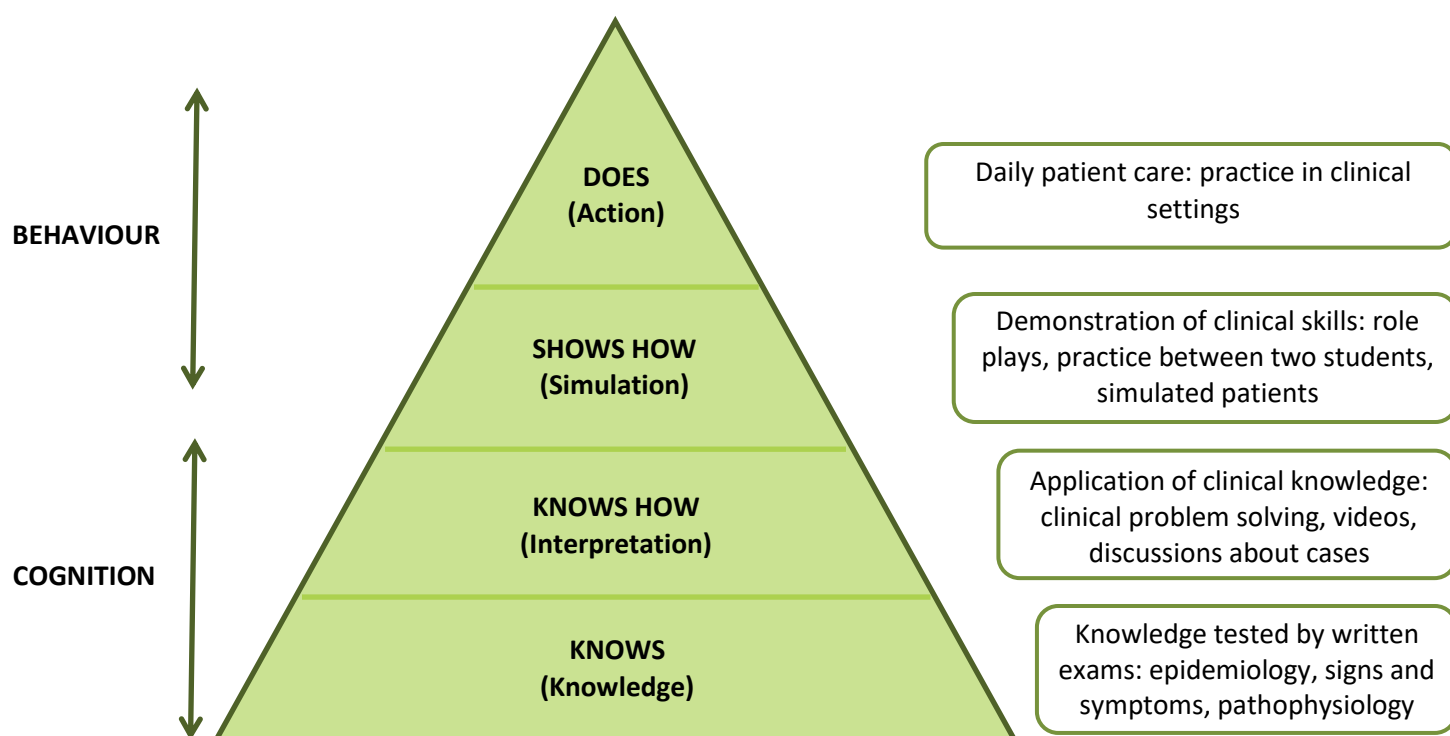
- Take word-for-word transcriptions during the session;
- Time your feedback appropriately (the more immediate the better);
- Always start with the student's perceptions (teaches self-evaluation);
- Strengths first, then limitations;
- Summarize and develop a plan;
- Be careful not to overload: the quantity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

References

- Faculty Development (2013). *Train-the-Trainer Program: Giving Effective Feedback Module*, Faculty Development Office, Faculty of Medicine, McGill University.
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From Novice to Expert

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



Continuum: Novice to Expert

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

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

CEs play a critical role in helping the students move along the continuum. The table on the following page describes abilities and behaviours that CEs can observe for each of the stages.

Stage	Abilities and Behaviours demonstrated by the Learner
Novice	<ul style="list-style-type: none"> • Recognizes facts and features • Relates to observable and measurable signs • Focused on the disorder process • Does not always consider the context • Novices tend to separate pieces of information
Advanced Beginner	<ul style="list-style-type: none"> • Once the novice has some experience with clients, they learn to consider additional cues • Has a broader view of the clients • Relates to the patient as an individual • Recognizes presence and absence of behaviour, but not yet able to attach meaning to it as looking for familiar patterns to help in the problem identification • Recognizes similarities across contexts, but difficulty seeing the whole picture and identifying priorities • Builds up episodic knowledge
Competent	<ul style="list-style-type: none"> • Can see more facts and observations and knows which ones are more relevant • Has an easier time figuring out the priorities • Flexibility and creativity are still challenging
Proficient	<ul style="list-style-type: none"> • Can perceive a situation as a whole rather than viewing isolated parts • Has a sense of vision and direction for their clients • Can recognize and deal with unfamiliar situations • Has learned the ability to be flexible and modify initial hypothesis in light of unexpected or new findings
Expert	<ul style="list-style-type: none"> • Rules are no longer in foreground, they are applied and adapted easily to new situations • Clinical intuition develops based on reflection of past experiences and the correct identification of relevant cues

Competency-based Tool: Novice to Proficient

In collaboration with Clinical Educators working in various settings, the SCSD's Coordinators of Clinical Education (CCEs), Kelly Root and Sophie Vaillancourt, developed a tool which proposes different tasks that students can be asked to perform at each stage. This tool is available on the SCSD's website: <https://www.mcgill.ca/scsd/clinical/clinical-educators>.

References

- Lemov, D. et al. (2012). *Practice Perfect: 42 Rules for Getting Better at Getting Better*, Jossey-Bass, USA: San Francisco, 263 p.
- Preceptor Education Program (PEP), University of Western Ontario: <http://www.preceptor.ca/>
- Skeff, K.M. & Stratos, G.A. (2010). *Methods for Teaching Medicine*, ACP teaching Medicine Series, American College of Physicians, Versa Press, United States, 141 p.

Peer Coaching

Peer Coaching

It is becoming increasingly problematic across various countries to find appropriate high-quality clinical placements due to multiple factors including increases in student numbers and pressures on health systems (Sheepway et al., 2014; McAllister et al., 2010). In Canada, the number of S-LP programs went from 6 to 12 in recent years with many programs increasing the number of students they accept each year. Other factors, including the changing nature of education of S-LP students and the diversity of student cohorts, also contribute to the necessity of finding the most effective and efficient methods for developing clinical competency (Sheepway et al., 2014). One attempt to develop effective and efficient clinical training opportunities led to the increased use of the Peer Coaching model. The following information is meant as an introduction to Peer Coaching. For more information about Peer Coaching, do not hesitate to contact one of SCSD's Coordinators of Clinical Education or the Clinical Education Associate.

Definition

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

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

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

- The students share a common goal and speak the same language (Lu, 2010; Ashgar, 2010)
 - Informal discussion between students are usually less intimidating than discussions with CE;
 - Students also provide emotional support to each other,
- As they need to prepare together for a common goal, clinical reasoning, communication and collaboration skills are enhanced (Claessen, 2004).
- In our experience at the SCSD, we have noticed that:

- The strengths of both students usually combine to elevate the performance level as a whole;
- Student weaknesses are usually compensated for as students rarely have the same ones;
- A team is usually more independent and autonomous than a single student.

How does Peer Coaching Work?

Peer Coaching can be done in 2 ways:

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

To avoid confusion from the patient, it is important to clarify the roles of each student before a session. Therefore, it is important to identify a session's leader and specific activity leaders. The session leader is in charge of the following:

- Introduction (small talk, outline of session, homework, etc.);
- Wrap-up (re-cap, homework, next steps, etc.);
- Communication with families.

The specific activity leader is accountable for:

- Introduction of the task;
- Execution of the task (feedback, sub-step, super-step);
- Wrap-up of the task and transition to next task.

In a Peer Coached model, the student who is not in charge of a session (the non-leader) is not a passive observer. Here are some of the tasks the non-leader can do:

- Take notes on performance:
 - Peer;
 - Patient.
- In an assessment:
 - Turn the pages of a test;
 - Note observations (behaviour, sentences produced, etc.).
- In an intervention:
 - Provide peer with needed materials and put away what is done;
 - Take notes on performance, behaviour, productions, etc.

Feedback and Evaluation

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

Learning to provide feedback to peers is one of the goals of Peer Coaching. The feedback sessions should mostly be done as a team since both students are responsible for the success of

the session. Therefore, the team's performance needs to be addressed. However, each individual's attributes also need to be addressed as they contribute to the team's performance.

When there are issues specific to one of the students that do not relate to the team's effort (e.g. lateness, personality trait), students should be met with individually to discuss this specific issue.

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

Paperwork

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

Sent by Students to CEs before Starting

- Placement History Form (each student).

Documents CEs Complete

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

Documents CEs Sign

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

A few References on Clinical Placements and Peer Coaching

- Asghar, A. (2010). Reciprocal peer coaching and its use as a formative assessment strategy for first-year students, *Assessment & Education in Higher Education*, 35 (4), 403-417.
- Claessen, J. (2004). A 2:1 Clinical Practicum, Incorporating Reciprocal Peer Coaching, Clinical Reasoning, and Self-and-Peer-Evaluation. *Journal of Speech-Language Pathology and Audiology*, 28 (4), 156-165.
- Ladyshevsky, R. K. (2000). Peer-Assisted Learning in Clinical Education: A review of Terms and Learning Principles. *Journal of Physical Therapy Education*, 14 (2), 15-22.
- Lu, H.-L. (2010). Research on peer coaching in preservice teacher education – A review of literature, *Teaching and Teacher Education*, 26, 748-753.
- McAllister, S., Lincoln, M., Ferguson, A. & McAllister, L. (2010). Issues in developing valid assessments of speech pathology students' performance in the workplace, *International Journal of Language & Communication Disorders*, 45 (1), 1-14.
- Sheepway, L., Lincoln, M. & McAllister, S. (2014). Impact of placement type on the development of clinical competency in speech-language pathology students. *International Journal of Language & Communication Disorders*, 49 (2), 189-203.

Grading & Conflict Resolution

Grading and Conflict Resolution

Protocol for Marginal Performance in Clinical Practicum

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

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

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

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

In these cases, a probationary letter will be given to the student to sign. This letter will contain a clear statement of the problem, timeline for resolution, as well as a statement informing them that they are on probation and at risk of failure.

Students may immediately be placed on probation (skipping the formal Learning Plan step) for a variety of reasons including but not limited to:

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

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

In the circumstance where a student withdraws from a placement, without legitimate cause, after being placed on probation or being informed they are at risk of failure, the student would normally receive a failing grade.

In the case where the Clinical Educator/site withdraws from the placement for reasons of unsatisfactory clinical or professional conduct, the Coordinator of Clinical Education or the Associate will investigate the issue. In the case where it was established that the clinical or professional misconduct was severe, the student would normally receive a failing grade whether or not they were on probation.

Difficulties on Practicum or with Supervision

In the event that difficulties arise with a supervisor, students must notify the Coordinators of Clinical Education or the Clinical Education Associate. They will provide students with suggestions to address these difficulties. When appropriate, the Coordinators of Clinical Education or the Associate 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 or the Associate if there is sufficient reason to do so.

The SCSD reserves the right to terminate its association with a CE or practicum site, especially where there is reason to believe that McGill's code of conduct was not respected. The CE would then be notified by letter. Due to the confidential nature of some of the issues and the process, the SCSD might not be able to divulge all of the details of the reported issues to the CE. Refer to McGill's Faculty of Medicine Code of Conduct for more information: http://www.mcgill.ca/ugme/files/ugme/code_of_conduct_may2013.pdf.

Policy on Incomplete Practica

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

In the event Clinical Educators have a medical, family, or personal emergency where they are unable to continue supervising a practicum, supervisors or their site representatives should contact the Coordinator of Clinical Education or the Associate immediately. Where possible, an

attempt should be made by the Clinical Educator or representative to assist in finding an alternate supervisor.

Student Rights/Support

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

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

Paperwork

General Instructions

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

1. Placement History Forms (previous placements)

Documents CEs Complete and Sign

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

Documents CEs Sign

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

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

For Phonological Awareness

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

Submission of Documents

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

- To the paperwork1.scsd@mcgill.ca (1st Year students), paperwork2.scsd@mcgill.ca (2nd Year students) or practicum.scsd@mcgill.ca (hours forms only) account;
- From the student's name@mail.mcgill.ca account;
- By 11:59 on the Sunday following the completion of the activity (same week);
- Signed, dated, and complete.

All documents signed by the CE

- Must be CCed to the CE, with a visible CC, sent by the students, at the same time that they are submitted to paperwork1.scsd@mcgill.ca, paperwork2.scsd@mcgill.ca or practicum.scsd@mcgill.ca. This is to ensure the accuracy of the documents submitted.
- When going to be sent late (CE's decision), an email must be sent before the due date to the paperwork1.scsd@mcgill.ca (1st Year students) or paperwork2.scsd@mcgill.ca (2nd Year students) account explaining the reason.

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

Specific Instructions

Placement History Form

The Placement History Form (PHF) is an instrument to track students' progress throughout the program and the ONLY COMMUNICATION TOOL BETWEEN CES FROM ONE PRACTICUM TO THE NEXT. It enables CEs to get a picture of what students did in previous placements and is intended to help them prepare for the upcoming practicum experience in order to capitalize on the students' strengths and further develop areas of identified weaknesses. All weaknesses and concerns must be documented in the PHF.

The information written on the Placement History Forms should not be more than one page. The Audiology form is an exception and can be two pages. The specific instructions on how to fill out the form vary depending on the practicum.

Child Assessment, Adult Assessment & Audiology Placements

In the Fall Semester of their 1st Year, as well as for their 2nd Year Audiology Placements, students must complete the PHF at the end of each practicum. The students independently write the information relating to the Child Assessment and Adult Assessment practicum, as well as their audiology placements (Audiology Day and 2 Hearing Screenings). The information related to all 3 audiology placements is written on the same form. The Coordinator of Clinical Education or the Associate of Clinical Education will sign the forms once they are completed.

Phonological Awareness, Spring Placement, Fall and Winter Practicum, Final Internship

Before the start of any of the above placements, the students must send to their CEs, with the paperwork1.scsd@mcgill.ca (1st Year students) or paperwork2.scsd@mcgill.ca (2nd Year students) account in CC, all of their previous Placement History Forms.

At the end of the practicum, generally on the last day, the students will fill out a new PHF form with the help of their CEs. The students are required to fill out the top sections (name of student, practicum information, number of days, name of site, clientele, and activities) before meeting with their CEs. The CEs help the students to fill out the strengths and skills/attitudes to work. The CE must make all necessary changes (e.g. if the CE disagrees with the student or has other things to add) before signing the form. See samples on our website:

<https://www.mcgill.ca/scsd/clinical/students>.

Hours Form

In order to graduate and be eligible for the Speech-Language and Audiology Canada (SAC) Clinical Certification, students must meet the S-LP clinical hours' requirements. It is the students' responsibility to keep track of the clinical hours obtained during each practicum on the Clinical Hours Form. Students must keep track of hours on a daily basis and ask their CEs to sign the completed form at the end of their practicum. Hours are to be rounded to the nearest quarter of an hour (e.g. 0.25, 0.5 or 0.75). See the official document from SAC: *Description of Clinical Hours Requirements* on our website: <https://www.mcgill.ca/scsd/clinical/students>.

Collaboration Contract in a Peer Coaching Setting

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

Practicum Contract

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

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

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

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

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

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

Weekly Feedback Form from Clinical Educator

The weekly feedback form is a communication tool between the student, the CEs and the Clinical Education team. Its purpose is to identify where the students are in their learning, their progress or lack thereof. It also provides the Clinical Education team an update on their performance.

General Information

The students should write their full name, the site's name and the practicum week including the number of the week and the dates (e.g. week 4 out of 6, October 24 & 25, 2018).

Strengths

The CE describes the student's strengths throughout the week.

Areas to Improve

The CE describes the observed areas where the student needs improvement that came up during the week. There is always something students can improve on. Filling out this section is necessary

for student learning and should be filled out every week. Issues and concerns should also be documented in this section as soon as they arise.

Action Plan

The student and the CE develop an action plan to address the student's areas to improve.

Other

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

Midterm Evaluation

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

Before the scheduled Midterm, the students are required to:

- Complete the box on the first page with general information (e.g. name, dates, etc.);
- Complete all Midterm Self-evaluation sections (Competency I to IV); as this is done before the meeting, the CE's comments should not be copied verbatim;
- Complete the section 'Feedback from Student to CE';
- Check their CE's preferred format of the document (e.g. electronic or paper copy);
- Bring the copy of the Evaluation Form, preferred CE's format, on the Midterm evaluation day.

Before the scheduled Midterm, the CEs are required to:

- Think about the strengths and weaknesses of their students and be ready to fill out the Student Evaluation Form at the pre-set meeting. As the strengths and weaknesses are done by both parties before the meeting, the student's and CE's comments should be different;
- Inform the students of their preferred format of the document (e.g. electronic or paper copy).

At the meeting, CEs are required to:

- Ask students about their perceived strengths and weaknesses;
- Ensure students know about their true strengths and weaknesses;
- Ensure students know what their goals are for the remainder of the placement;
- Address any concerns that could result in failure;
- Discuss the student's feedback to the CE and find solutions for the remainder of the practicum to issues that were presented.

If there are any concerns that could affect students' success in the placement, CEs MUST contact the Coordinator of Clinical Education or the Clinical Education Associate right after the meeting.

Final Evaluation

The purpose of the Final Evaluation is to evaluate the student's overall performance at the end of the practicum. It is a summative evaluation at the end of which the CE will recommend that the student receives a Pass, Pass with Reservations, or Cannot Recommend a Pass. A Pass with Reservations allows supervisors to outline areas of concern or areas where students may not be performing up to the expected level permitting the SCSD's Coordinators of Clinical Education or the Clinical Education Associate to monitor the student's progression. It is at the discretion of the Coordinators of Clinical Education to determine and submit the student's final grade. The Final Evaluation also allows the student to provide insight on their experience to their CEs and provide recommendations for future placements.

Before the scheduled Final Evaluation, the students are required to:

- Use the Student Evaluation Form used for the Midterm;
- Complete all Final Self-evaluation sections (Competency I to IV); as this is done before the meeting, the CE's comments should not be copied verbatim;
- Complete the section 'Feedback from Student to CE';
- Check the CE's preferred format of the document (e.g. electronic or paper copy);
- Bring the copy of the Evaluation Form, preferred CE's format, on the Final Evaluation day.

Before the scheduled Final Evaluation, the CEs are required to:

- Think about the strengths and weaknesses of their students and be ready to fill out the Student Evaluation Form at the pre-set meeting. As this is done before the meeting, the student's and CE's comments should be different.

At the meeting, CEs are required to:

- Ask the students about their perceived strengths and weaknesses and the progress they have made since the mid-term;
- Ensure students know about their true strengths and weaknesses and progress at the end of the placement;
- Ensure students know if the CE will recommend a Pass or Fail (refer to the Protocol for Marginal Performance in Clinical Practicum for steps leading to this);
- Ensure students know about what they still need to work on in future placements. If it is the Final Internship, ensure students know the support they will need at the beginning of their career.
- Discuss the student's feedback to the CE.

Time Replacement Agreement Form

This agreement is a tool to determine how days missed due to illness or other valid reasons will be replaced. Time missed for reasons other than illness must be approved by the CE and the Coordinator of Clinical Education or the Clinical Education Associate. The Agreement Form is to be completed by the CEs and the students, detailing how the practicum days missed will be made up.

Holidays (e.g. Canada Day, Victoria Day etc.) must be made up in Spring Placements and Final Internships

Making-Up for Missed Days

1st Year Fall and Winter Practica

Activities to make up for time missed must be discussed with the Coordinator of Clinical Education or the Clinical Education Associate who will decide on the appropriate course of action.

2nd Year Fall and Winter Practica

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

In collaboration, students and CEs must complete the *Time Replacement Agreement Form* with a plan on how lost time will be recovered. Time can be made up by adding extra days or completing replacement activities (e.g. independent study, article reviews, special projects, etc.). The plan must be approved by the Coordinator of Clinical Education or the Clinical Education Associate. As the Fall and Winter practica 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 11 days of practicum and makes up for the 12th day by doing a special project such as a review of available apps for a specific population etc.).

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

Spring Placement and Final Internship

All time missed must be made up. All time missed for a valid reason other than illness must be approved by the CE and the Coordinator of Clinical Education or the Clinical Education Associate. All Holidays (e.g. Victoria Day, Canada Day, and St. Jean Baptiste) must be made up. Ideally, extra days will be added to the practicum to account for days missed. If the decision to add extra days to replace holidays is made at the start of the placement and documented in the practicum contract, a time replacement form does not need to be completed. If extra days cannot be added, replacement activities must be completed and a *Time Replacement Agreement Form* must be filled out.

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

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

Forms

PLACEMENT HISTORY FORM Speech-Language Pathology

Student:

Practicum Information	
Number of Days	
Name of Site	
Clientele (child/adult)	
Activities	<ul style="list-style-type: none">
Student's Strengths	<ul style="list-style-type: none">
Skills/Attitudes to Work on	<ul style="list-style-type: none">
Signature of CE (or CCE/CEA when applicable)	Date:

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** before completing the Practicum Contract.

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

A. 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):

<input type="checkbox"/>	I have an opportunity to observe the S-LP before getting directly involved myself (discuss how much).
<input type="checkbox"/>	I can dive right in (with support): I need minimal modelling.
<input type="checkbox"/>	I can familiarize myself with a new population/assessment tool/intervention technique, etc. by first practising or reading more about it.
<input type="checkbox"/>	I can ask questions.
<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>
Student observes CE first.	<input type="checkbox"/>	<input type="checkbox"/>
CE observes all sessions.	<input type="checkbox"/>	<input type="checkbox"/>
CE observes some sessions/part thereof.	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative: student takes initiative; problem-solves with CE, with increasing independence.	<input type="checkbox"/>	<input type="checkbox"/>
Indirect supervision: ¹ CE absent; discussing before and after sessions.	<input type="checkbox"/>	<input type="checkbox"/>
Consultative: ² student works independently; only consults with CE.	<input type="checkbox"/>	<input type="checkbox"/>

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

	CE's Preference	Student's Preference
CE-initiated	<input type="checkbox"/>	<input type="checkbox"/>
Student self-evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Joint feedback/evaluation	<input type="checkbox"/>	<input type="checkbox"/>
With peer (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>

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

	CE's Preference	Student's Preference
During the session	<input type="checkbox"/>	<input type="checkbox"/>
After each session	<input type="checkbox"/>	<input type="checkbox"/>
Once per day	<input type="checkbox"/>	<input type="checkbox"/>
Twice per day	<input type="checkbox"/>	<input type="checkbox"/>
At the end of the week (for internship only)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

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.).

² Idem.

B. 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>).

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	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.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

(Please add rows if more than 7 objectives are identified)

C. Other Expectations (Optional)

1. Attending meetings or workshops (e.g. rounds, case conferences, staff meetings), the student (co-) presenting a workshop or providing an in-service on a particular topic; etc. Please list:
2. Please list any other expectations (CE & student):

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*

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

- 1) paperwork1.scsd@mcgill.ca (1st Year students) or paperwork2.scsd@mcgill.ca (2nd Year students)
AND
- 2) CE's email (at the same time)

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

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

Appendix

SUGGESTED LIST OF LEARNING OBJECTIVES FOR ACQUIRING CLINICAL SKILLS (COMPETENCY IV)⁴

1. Information Gathering

- a) Reading & obtaining relevant information from charts
- b) Taking a case history
- c) Interviewing client, parents, spouse or other caregivers
- d) Researching on a specific disorder

2. Assessment

- a) Administering tests (list specific tests)
- b) Scoring tests & analyzing test results
- c) Carrying out informal tasks
- d) Taking & analyzing speech/language samples

3. Goal Setting & Treatment Planning

- a) Developing intervention and treatment plans
- b) Setting client-centred goals
- c) Planning treatment sessions, including writing lesson plans
- d) 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

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

5. Reporting

- a) Charting progress or SOAP notes
- b) Writing assessment reports
- c) Writing progress or discharge reports
- d) Explaining assessment or intervention results to clients or caregivers
- e) Explaining activities and goals of session to client or caregivers

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

- a) Laryngectomy: assess client's candidacy for a certain procedure or treatment technique (e.g. decision-making re. electrolaryngeal vs. esophageal speech)
- b) Dysphagia: actively observing modified barium swallows
- c) AAC: designing communication boards

⁴ This list is not exclusive. Objectives may be rephrased and others added.

Weekly Feedback from Clinical Educator

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

General Information

Name of Student	
Site	
Practicum Week (Include number and dates)	

Strengths

Area(s) to Improve

Action Plan

--	--

Other (optional)

Original Signatures

_____	_____	_____
Clinical Educator	Student	Date

If more than one CE or student

_____	_____	_____
Clinical Educator	Student	Date

Student Evaluation Form

Student:	
Dates of Practicum:	
Practicum Site:	
City:	
Province/State:	
Name(s) of CE(s):	

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

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

COMPETENCY I: PROFESSIONAL SKILLS AND PROFESSIONAL DEVELOPMENT

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

	Unacceptable	Needs Improvement	Average	Above Average	Excellent
Midterm	1	2	3	4	5
Final	1	2	3	4	5

Check below all areas that require improvement.

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

☒ = needs improvement but skill is developing. [Add * if lack of improvement or of concern]

	Midterm	Final
1. Adheres to professional standards, ethics, policies	<input type="checkbox"/>	<input type="checkbox"/>
2. Has positive attitude & openness to CE & to learning	<input type="checkbox"/>	<input type="checkbox"/>
3. Has good rapport & professional manner with CE	<input type="checkbox"/>	<input type="checkbox"/>
4. Has good rapport & professional manner w/clients; team	<input type="checkbox"/>	<input type="checkbox"/>
5. Respects confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
6. Appearance is appropriate: respects dress code, wears name tag	<input type="checkbox"/>	<input type="checkbox"/>
7. Is on time	<input type="checkbox"/>	<input type="checkbox"/>
8. Is prepared (familiarity w/tests; sessions; etc.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Meets deadlines (reports, therapy plants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Shows effective time management	<input type="checkbox"/>	<input type="checkbox"/>
11. Takes initiative	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrates self-directed learning & independence	<input type="checkbox"/>	<input type="checkbox"/>
13. Seeks assistance & feedback when necessary	<input type="checkbox"/>	<input type="checkbox"/>
14. Incorporates CE's suggestions	<input type="checkbox"/>	<input type="checkbox"/>
15. Is able to self- (peer-) evaluate	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS COMPETENCY I	
Midterm: Clinical Educator	Midterm: Student Self-Evaluation
Strengths:	Strengths:
Areas for improvement:	Area for improvement:
Final: Clinical Educator	Final: Student Self-Evaluation
Strengths:	Strengths:
Areas for improvement:	Areas for improvement:

COMPETENCY II: INTERPERSONAL & COMMUNICATION SKILLS

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

	Unacceptable	Needs Improvement	Average	Above Average	Excellent
Midterm	1	2	3	4	5
Final	1	2	3	4	5

Check below all areas that require improvement.

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

☒ = needs improvement but skill is developing. [Add * if lack of improvement or of concern]

	Midterm	Final
1. Fosters trust & respect with CE, clients; etc.	<input type="checkbox"/>	<input type="checkbox"/>
2. Is perceptive to client/caregiver needs	<input type="checkbox"/>	<input type="checkbox"/>
3. Is able to address client/caregiver needs	<input type="checkbox"/>	<input type="checkbox"/>
4. Perceives/interprets nonverbal cues/body language	<input type="checkbox"/>	<input type="checkbox"/>
5. Adapts to changes/is flexible	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a good communicator	<input type="checkbox"/>	<input type="checkbox"/>
7. Speaks clearly and at an appropriate rate & pitch	<input type="checkbox"/>	<input type="checkbox"/>
8. Modifies language to suit client's needs	<input type="checkbox"/>	<input type="checkbox"/>
9. Adapts technical language to knowledge level of clients/team during oral communication	<input type="checkbox"/>	<input type="checkbox"/>
10. Adapts technical language in written communication	<input type="checkbox"/>	<input type="checkbox"/>
11. Facilitates communication verbally/nonverbally	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS COMPETENCY II	
Midterm: Clinical Educator	Midterm: Student Self-Evaluation
Strengths:	Strengths:
Areas for improvement:	Area for improvement:
Final: Clinical Educator	Final: Student Self-Evaluation
Strengths:	Strengths:
Areas for improvement:	Areas for improvement:

COMPETENCY III: PRACTICE KNOWLEDGE & CLINICAL REASONING

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

	Unacceptable	Needs Improvement	Average	Above Average	Excellent
Midterm	1	2	3	4	5
Final	1	2	3	4	5

Check below all areas that require improvement.

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

☒ = needs improvement but skill is developing. [Add * if lack of improvement or of concern]

	Midterm	Final
1. Demonstrates theoretical knowledge	<input type="checkbox"/>	<input type="checkbox"/>
2. Applies academic information	<input type="checkbox"/>	<input type="checkbox"/>
3. Researches problems (readings, previous experience)	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates analytical thinking	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrates judgment and decision making	<input type="checkbox"/>	<input type="checkbox"/>
6. Able to solve problems	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrates reasoning based on evidence	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS COMPETENCY III	
Midterm: Clinical Educator	Midterm: Student Self-Evaluation
Strengths:	Strengths:
Areas for improvement:	Area for improvement:
Final: Clinical Educator	Final: Student Self-Evaluation
Strengths:	Strengths:
Areas for improvement:	Areas for improvement:

COMPETENCY IV: CLINICAL SKILLS

Please list the learning objectives from the Practicum Contract on the lines below. You may have fewer than 7 objectives (or more than 7 – if so, add additional rows). Any written comments should be made next page in the textbox.

		N/A	Unacceptable	Below Average	Average	Above Average	Excellent
1	_____	Midterm	1	2	3	4	5
		Final	1	2	3	4	5
2	_____	Midterm	1	2	3	4	5
		Final	1	2	3	4	5
3	_____	Midterm	1	2	3	4	5
		Final	1	2	3	4	5
4	_____	Midterm	1	2	3	4	5
		Final	1	2	3	4	5
5	_____	Midterm	1	2	3	4	5
		Final	1	2	3	4	5
6	_____	Midterm	1	2	3	4	5
		Final	1	2	3	4	5
7	_____	Midterm	1	2	3	4	5
		Final	1	2	3	4	5

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

	Unacceptable	Below Average	Average	Above Average	Excellent
Midterm	1	2	3	4	5
Final	1	2	3	4	5

To be completed by the Clinical Educator

Please describe the student's performance on any of the following topics:

- Competency IV: written comments to accompany the scaled scores you gave the student; level of independence demonstrated (Re. column 2 in Practicum Contract); evidence that the criteria for specific learning objectives were met (Re. column 3 in Practicum Contract).
- Are general/specific expectations met?
- Where do you estimate the student to be on the Novice to Expert continuum (<https://www.mcgill.ca/scsd/clinical/clinical-educators>)?

COMMENTS COMPETENCY IV & OTHER
Midterm
Strengths:
Areas for Improvement:
Final
Strengths:
Areas for Improvement:

Student Self-Evaluation

COMMENTS COMPETENCY IV & OTHER
Midterm
Strengths:
Area for Improvement:
Final
Strengths:
Areas for Improvement:

Feedback from Student to CE

Midterm
How has my placement met my expectations and learning needs?
What would I like more/less of?
Final
How has my placement met my expectations and learning needs?
Recommendations for future placements

In the event that the student is supervised by more than one CE on site, please ensure that all CE's have provided input. They must also co-sign the form.

MIDTERM EVALUATION			
_____ Clinical Educator	_____ 2 nd CE (if applicable)	_____ Student	_____ Date

FINAL EVALUATION

Please check one of the following (only at the final evaluation):

- ☐ I recommend that the student receive a Pass for this practicum.
- ☐ I recommend that the student receive a Pass with Reservations for this practicum. Comments:
- ☐ I cannot recommend that the student receive a Pass for this practicum.*

Clinical Educator

2nd CE (if applicable)

Student

Date

*Signatures used on this form must be **unique, original signatures**.¹*

RISK OF FAILURE

*** Please notify the Coordinator of Clinical Education or the Clinical Education Associate at the SCSD prior to assigning a FAIL.**

In addition, before a FAIL is assigned, the procedures outlined in the *Protocol for Marginal Performance in Clinical Practicum* of the Clinical Training Manual need to be followed.

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

- 1) paperwork1.scsd@mcgill.ca (1st Year students) or paperwork2.scsd@mcgill.ca (2nd Year students)

AND

- 2) CE's email (at the same time)

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

¹ A unique, original signature is either a pen signature or a unique digital signature. Do not simply type your names on this form when submitting electronically.

Time Replacement Agreement Form

Agreement between:

Student		
Clinical Educator		

Dates missed:

--	--	--

Dates to make up for missed days:

--	--	--

OR

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

Activities	Due Date

Signatures

Name	Signature	Date

Agreement approved by McGill's Coordinator of Clinical Education or Clinical Education Associate

Name	Date

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.

