

**H. A. LEEPER SPEECH AND HEARING CLINIC
POLICIES AND PROCEDURES MANUAL
SPEECH LANGUAGE PATHOLOGY
2011-2012**



**School of Communication Sciences and Disorders
The University of Western Ontario
Elborn College
London, Ontario**

CLINIC POLICIES AND PROCEDURES MANUAL

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FACULTY OFFICES – CLINICAL FACULTY

See School Listing

CLINIC RECEPTION AREA

- Clinicians are asked to meet their clients in the waiting room prior to each therapy session and not to use this area as a lounge for student meetings. Client conferencing must not take place here. All assessment/therapy related information should be discussed in the privacy of a therapy room.

ADMINISTRATIVE ASSISTANT TO THE CLINIC

- The Administrative Assistant to the Clinic assists with the scheduling of the Speech-Language and Audiology Clinics, formatting reports, handling all client queries, administrative duties of clinic office, client files, and distribution of clinic keys.

HOURS OF OPERATION

- The clinic is open from 8:00 am to 7:00 pm, Monday through Friday. The clinic office hours are 8:00 am to 4:00 pm. The back door of the clinic is locked by 4:00 pm. After 7:00 pm, doors should be opened only for therapy clients and families or students with current clinic business.

AUDIOLOGY CLINIC

- The Audiology Suite (Rooms 1502 and 1501) can be accessed through room 1500, next to the Main Office.

ASSESSMENT/THERAPY ROOMS

- The speech and language clinic has nine therapy rooms which are all observable via one-way mirrors. Each room should contain a table and two chairs. Some rooms have smaller tables and chairs for working with preschool children. Keys for therapy rooms may be signed out in the student workroom. Students who lose keys will be required to replace them at a cost of \$50 - \$100.
- Furniture that has been moved from the room must be returned immediately following the therapy session.
- Do not move furniture into the hallway areas for storage.
- Therapy rooms are not to be used for study purposes during regular clinic hours (8:00 am to 6:00 pm Monday through Friday) when the clinic is in operation.

OBSERVATION ROOMS

- Students observing sessions should refer to Policy 5: Observations in the H.A. Leeper Speech and Hearing Clinic.
- If you are aware that your session will be observed by significant others accompanying your client to the session, be sure that chairs are available in the observation area and that the observers are familiar with the sound system.
- Children are allowed into the observation rooms only when accompanied by an adult.

RESOURCE LIBRARY

- All assessment and therapy materials are kept in the Resource Library, located in Room 1257 in the Clinic Area.
- Students are extended the privilege of using materials from the Resource Library for the duration of their program.
- Please refer to Policy 12 for a detailed description of the Resource Library and policies and procedures related to its use.

STUDENT WORKROOM (Room 1256)

- This room is communication central for students working in the clinic.\
- Files and keys received and returned here, and information is posted on the bulletin board, cancellation board, and message board.
- Please post any changes to your client sessions on the cancellation board.
- Some office supplies are provided in this room for student use. Do not remove these materials from the workroom as they will not be replaced.
- Please keep the workroom door closed at all times as it contains confidential material.

STUDENT EQUIPMENT

- Speech-Language Pathology students are expected to purchase the following items for their personal use in the clinic: voice recording device, videotapes, flashlight, stopwatch, and nametag.

TELEPHONE

- An outside line telephone is provided in the student workroom. Please make calls as brief as possible so that other students have access to it. If you need to make a long distance call for clinic purposes, talk to the clinical faculty member or the clinic Administrative Assistant to the Clinic.
- Clinicians are not to provide the clinic number to family and friends, since incoming personal messages will not be recorded by the secretaries.

MAINTENANCE/UP-KEEP

- Please do your part to keep the clinic area clean, professional and pleasant environment.
- Do not eat or drink in the clinic area, unless it is related to a therapy activity. (Garbage is removed once a week and food left for long periods of time tends to smell!)
- Do not leave newspapers or magazines lying around in therapy or observation rooms.
- Keep the clinic area neat and always leave the therapy and observation rooms the way you would like to find them.
- Do not clutter up clinical areas with books, binders, and bags.
- Bring only to clinic what is necessary.
- Do not wear wet or muddy shoes into the clinic area. If you do so in error, please clean up.

LOCKING/SECURING ROOMS

- If you are the last person to use the therapy room for the day, please ensure that all equipment has been turned off and materials returned to their proper place. Turn off the lights and lock the door (for locked rooms) when leaving.

CLINIC FEES

- Clients receiving speech and language services at the U.W.O. H.A. Leeper Speech and Hearing Clinic pay a clinic fee.
- Student clinicians are not involved in this process.
- Fees are submitted to the clinic Administrative Assistant to the Clinic who issues appropriate receipts. Any questions regarding clinic fees should be directed to the clinical faculty or the clinic Administrative Assistant to the Clinic.

CLIENT PARKING

- Client parking is provided ONLY IN THE PATIENT PARKING DESIGNATED AREAS in front of the building and the north parking lot. A parking permit, obtained from the clinic office, MUST be placed on dashboard, otherwise towing and/or ticketing may occur.
- Please ensure that clients have a permit and are aware of the designated parking area.
- Clinicians should inform their clients of this procedure when initial contact is made at the beginning of the term.
- Parking permits are valid only for the dates indicated on them.

ACCESSIBILITY FOR PHYSICALLY CHALLENGED

- Elborn College is equipped with ramp access and automatic doors. A wheelchair is available for clinic use in the resource library. Light switches in all rooms are lowered. A wheelchair-accessible washroom is located in the Clinic area next to the Office.

PARATRANSIT (519-453-3444)

- Some clients arrive at the clinic by Paratransit, the local transportation system for persons with disabilities.
- Usually, the client or his/her caregiver is responsible for booking trips.
- Clients are dropped off to and picked up from the front door of the building.
- Students are responsible for meeting clients at the front door at the drop off time, and returning them to the front door at pick up time.
Clients should be ready for pick up 10 minutes before the scheduled pick-up time.
- The Paratransit driver will wait only 5 minutes past the pick-up time.
- Students must ensure that the client is picked up before leaving the clinic.

DRESS CODE

- Personal appearance must be professional and appropriate for a clinical setting.
- Try to think ahead as to the type of activity you and your client will be doing and dress accordingly. Jeans, short skirts and shorts, tight and low cut clothing are not considered professional.
- The midriff area should remain covered at all times.
- Dress walking shorts are acceptable.

SMOKING

- Smoking is not permitted in Elborn College.

FIRE ALARM PROCEDURE

- Refer to the UWO Directory for Fire Alarm and Evacuation Instructions. If you hear the fire alarm, proceed at once with your client and any significant others accompanying your client to the nearest exit and remain outside until you are instructed to return to the building.

MEDICAL EMERGENCY

- If during office hours (8:00 – 4:00) see the clinic administrative assistant, they will make sure that the appropriate people are called and the appropriate measures are taken.
- The administrative assistant is also the first aid representative for the clinic.
- After hours, call for help. Call 911 for an ambulance. Give complete information and state the room number and the name of the building (Elborn College at the northwest corner of Western and Sarnia Road across from Thompson arena).

FIRST AID

- The nearest first aid station is located in the H.A. Leeper Speech and Hearing Clinic (Room 1231). If you are trained in first aid, follow appropriate first aid procedures. Otherwise keep the individual as comfortable as possible until help arrives.

CLINIC RELATED EXPENDITURES

- Your supervising clinical faculty member may approve the purchase of materials for use within the clinic with particular clients.
- Students are asked to present the receipts to the supervising clinical faculty member to be signed, and then submit the receipts to the Administrative Assistant to the Clinic for reimbursement.

VIDEO EQUIPMENT SIGN OUT

- Video equipment orange sign out sheet posted by the door of room 1239
- Only equipment from this room can be moved
- On the orange sheet sign your name and the room number of where you are taking the equipment
- Also remember to sign out the room you need as well
- Equipment can be moved within the clinic only
- All other rooms have video equipment in them and a demonstration on how to use them will be given during the clinic orientation.

MESSAGES

- Messages for students from Speech-Language Pathologists and Administrative/Clinic Staff will be pinned to the cork board in the student room, folded over with only the student name showing. If you see a friend's name on a message, please let them know there is one there for them.
- If you are expecting a call, please try to let the Administrative Assistant to the Clinic know in advance.

FORMS

- All forms are in the student room
- NEVER use the last one. Take to the Administrative Assistant to the Clinic for copying

POLICY 1: CLINICAL PRACTICUM AT THE H.A. LEEPER SPEECH AND HEARING CLINIC

- The UWO H.A. Leeper Speech and Hearing Clinic is a teaching clinic that provides clinical services to the public. Many students are assigned to clinical practicum in the clinic annually. The Clinic also houses the Ministry funded Preschool Speech and Language Initiative – TykeTalk, and the Infant Hearing Program.

PROCEDURES

- Students can anticipate completing at least some of the following in – house clinical placements: voice, fluency, preschool speech and language, adult acquired language. Procedures for each will vary slightly according to the clinical educator assigned to that position. Students should familiarize themselves with the Plan for Supervision (Appendix A), the Evaluation of Clinical Skills (Appendix B) and the Summary of Clinical Practice Hours (Appendix C) forms as these will apply to ALL in-house and external clinical placements.
- Student clinicians are involved in supervisory conferences with their supervising clinical faculty member on a regular basis to discuss plans for client management and developmental of clinical skills.
- Teaching clinics may also be held with groups of students to discuss various aspects of the clinical practicum. Scheduling arrangements are discussed with specific clinical faculty members.
- Whenever possible, SLP students are asked to audiotape and/or videotape sessions. Tapes are used to provide feedback, review client performance, and monitor progress.
- Students must be familiar with all of the policies and procedures of UWO H.A. Leeper Speech and Hearing Clinic.

PREPARING FOR CLIENT SESSIONS

1. CLIENT IDENTIFICATION AND SCHEDULING

- Discuss your client assignment and scheduling with your supervising clinical faculty member – complete master schedule on clipboard in student room (1256)

2. RESERVE A ROOM

- The room reservation master copy is on a clipboard in the student room (1256)
- There is one room schedule for each therapy room

3. ROOM KEYS

- Keys for room 1232, 1233, 1238, 1239, 1247, 1248, and 1249 are in the drawer of the filing cabinet in the student room
- Sign out the key on the pink sign-out sheet
- You are responsible for keys signed out under your name

CLINICAL PAPERWORK REQUIRED

1. LESSON PLANS

- Each individual clinical educator will advise you of their lesson plan procedure with respect to format, length and detail required, feedback mechanism used and timing

2. SOAP NOTES

- Use the format described in Policy 12. The clinical faculty will provide feedback in the writing of these notes
- Hand in your weekly SOAP notes to the supervising clinical faculty member when you hand in your lesson plan
- At the end of term, when all of your SOAP notes are completed and signed by your clinical faculty, place them on the left side of the chart (if a left side clip does not exist, get one from the clinic administrative assistant) in reverse chronological order with the most recent SOAP ON TOP

3. REFLECTIONS

- As part of your professional development, you are asked to write a short reflection on each of your sessions (see description in the 'Suggestions for Clinical Preparation and Development' section of Policy 12)
- Talk about how things went in the session for you rather than client Performance
- Try to identify things that worked well and things that you want to work on

4. ADDITIONAL OBSERVATION EXPERIENCES

- Opportunities to observe other therapy clients and/or to participate in treatment groups are encouraged and may be a requirement of a particular clinical educator
- Specifics regarding such observations/participation should be obtained from the clinical educator and Policy 5

5. REPORTS

- You will write one report for each client. Each report is written in 2 sections. The first section is due at midterm, and the second at the end of term
- Use the report format described in Policy 12 or recommended by clinical faculty
- Use only client initials until the supervising clinical faculty member says the report is complete. Use the "find" function on your computer to find "Mrs. M" in order to be sure that all initials have been replaced
- Don't forget to check the chart to see if there is a signed consent form (dated within a year) asking that copies of the report be sent to other parties. If so, list these parties with full address in the "c.c.'s" as on template
- When the clinical faculty member signs off on the report, sign the report and hand it in to the Administrative Assistant to the Clinic who will do the final proof reading. You may be asked to correct problems, have the clinical faculty member sign again, and sign yourself. The Administrative Assistant to the Clinic will make copies and distribute the reports as needed

6. CLIENT DATABASE

- See Policy 8 for a description of the client database
- Keep a running record of the dates of each of your clients' visits
- Complete one database form for each of your clients
- Hand in the form paper clipped to the final report

POLICY 2: PROFESSIONAL CONDUCT AND CODE OF ETHICS

- Professional and ethical conduct is demanded at all times in the clinic. See Appendix D for the Corbett Clinic: Behaviors of Professionalism.
- Students are responsible for abiding by the code of ethics in effect within the program and workplace in which they work. Code of ethics, as well as other valuable information, is available on the respective websites.
 - Canadian Association of Speech Language Pathologists and Audiologists (CASLPA) www.caslpa.ca
 - College of Audiologists and Speech Language Pathologists of Ontario (CASLPO) www.caslpo.com
 - Ontario Association of Speech Language Pathologists and Audiologists (OSLA) www.osla.on.ca
 - American Speech-Language-Hearing Association www.asha.org

POLICY 3: CONFIDENTIALITY

- Client confidentiality will be maintained. Client files are maintained in the Clinic Office. Procedures:
 - BEST PRACTICES
 - (a) Use client names only communicating with the Administrative Assistant to the Clinic
 - (b) Use client initials on all other paperwork (Le., lesson plans, draft copies of reports, anything going on the clinical faculty's doors)
 - (c) Use initials or first name only in communications such as phone messages, emails
 - (d) Do not make copies of client reports to the C-drive in the computer lab
 - (e) Discuss assessment/therapy in the privacy of a clinic room (not in the clinic hallways or reception areas)
 - (f) Review video and audiotapes in a secure location
 - (g) Ensure that observation room doors are closed during the session

1. SIGNING FILES OUT

- Take an "out" card from the student room and fill in your client's name and your name on the first available line. ONE CLIENT NAME PER CARD
- Indicate the date you want the file in the space provided
- Place the "out" card in the accordion date box in the student room, placing the "out" card in the divider section with the date that you want the file

- Pick up your file from the black portable file cabinet from the section marked with your name
- Files will be ready for pick up between 8:00 am and 3:45 pm
- FOR SAME DAY PICK UP, place the “out” card by 11:00 am for pick up by 12:00 noon on that day

2. RETURNING FILES

- During clinic hours, place the file backwards in the back portable file cabinet in the section marked with your name
- After clinic hours, place the file in an interdepartmental envelope available in the student room and slide the file through the mail slot in the student room
- Files must be returned on the same day that they are picked up
- Clinic area is locked after 7:00 pm
- DO NOT KEEP FILES OVERNIGHT
- Client files must not be removed from the building
- Keep files secure while in use in the building

POLICY 4: INFORMED CONSENT

- According to the Consent to Treatment Act, all clients/parents/legal guardians must consent to assessment and therapy. Consent to treatment must be specific, informed, voluntary and given by an individual capable of understanding the process and making decision. Informed consent includes the following:
 - (a) Expected benefits of treatment
 - (b) Risks and side effects of treatment
 - (c) Expected consequences of not having treatment

PROCEDURES:

- Consent to treatment
 - (a) Assessment results are communicated to the client
 - (b) Treatment options are reviewed
 - (c) Documentation of this discussion and of the client's choice of treatment must be recorded in the client's medical file
- To release written or verbal information from the H.A. Leeper Speech & Hearing Clinic*
 - (a) Use green Patient Information Form (Appendix E)
 - (b) List names and addresses of all parties to receive the information
 - (c) Fill out form before client signs and dates
 - (d) Must be dated within a year of when the information is released

(e) Permission for clinical observation is obtained on this same form

- To request written or verbal information from another facility
 - (a) Use orange Request for Information form
 - (b) Note: Specific orange form for clients with neurological impairments available from clinic office

POLICY 5: OBSERVATIONS IN THE H.A. LEEPER SPEECH AND HEARING CLINIC

- Over the course of their graduate program, students in Speech-Language Pathology and Audiology will have the opportunity to observe assessment and treatment sessions in the H.A. Leeper Speech and Hearing Clinic.
- Students are encouraged to observe a variety of clients and disorders.
- All clients attending sessions in the clinic have signed consent forms allowing students to observe them in the clinic unless otherwise indicated.
- Students registered in CSD626a are required to complete a designated number of observation hours. The course T.A. will post a sign-up sheet outside of Room 2590. The course instructor will provide information regarding any documentation to be completed.

PROCEDURES:

- Only students registered in the graduate program in the School of Communication Sciences and Disorders are eligible to observe in the clinic. All other individuals must obtain specific permission from a faculty member before entering the clinic area.
- Nametags must be worn at all times while observing in the clinic.
- To be involved in the session, students must make prior contact with the clinician conducting the session before the session begins and remain for the entire session. Students may be involved by recording responses, participating in conversations, managing materials, etc. Please, no eating while observing.
- Maintain appropriate conduct in the observation rooms. Do not discuss clients or clinicians in front of family members. Do not give opinions about what is happening in sessions to a family member. Keep other conversations to a minimum.
- Feel free to approach the clinician that you are observing or the clinical faculty member either before or after the session to ask questions and/or to view the lesson plan (where applicable). Please DO NOT ask questions of the clinical faculty member or anyone else during the session or in the presence of any family member.
- The number of students who can observe is LIMITED to the number of chairs that can fit in that section of the corridor while easy access to the door is maintained. Leave front row seats available for clinical faculty and family members. If they enter the observation room after therapy has begun and you are sitting in one of these seats, give the seat to them. It

is the right of the clinician being observed to ask observers to leave if s/he feels that it will be disruptive to the session.

- DO NOT REMOVE CHAIRS FROM OTHER OBSERVATION AREAS OF THERAPY ROOMS; PARTICULARLY DURING SESSIONS AS THIS IS DISRUPTIVE.
- If video tapes of sessions are being used as observations it is your responsibility that the tape is returned promptly to the student clinician or clinical faculty. Tapes are to be viewed in Elborn College ONLY and not removed from the building unless special permission is obtained from the supervising clinical faculty member. As always, when viewing the tape, respect the confidentiality of the client. This means that no one else should be present other than students in this program.
- Keep the observation rooms clean by removing all personal items, and taking garbage to suitable receptacle.
- Audiology observations can be booked in the reception area of Room 1500. Students can sign up on the daily schedules posted. Observations are limited to two students per time block. The same rules of conduct apply.

POLICY 6: INFECTION CONTROL

For infection control see this policy:

<http://www.caslpa.ca/PDF/infectionpreventioncontrolguidelines/InfectionPreventioncontrolGuidelinesSLP.pdf>

SPECIFIC PROCEDURES:

Speech and Language Assessment/Treatment

- i. Disposable mouthpieces should be used when possible. Reusable mouthpieces, equipment in contact with nasal passages and tubing can be washed and disinfected with Savlon and alcohol solution.
- ii. Parts of electronic equipment in contact with clients should be cleansed with alcohol wipes or a solution of Savlon and alcohol.
- iii. Postponement of examinations of the oral mechanism and use of invasive diagnostic equipment until a client is healthy should be considered and discussed with supervising clinical faculty member

Disclosure of Antigen Status

There is no obligation on the part of students, staff, faculty or clients to disclose HIV or Hepatitis B antigen status (should it be known) to the University. However, individuals who are antigen positive are urged to consult with their physicians or their local medical officer of health in regard to precautions to be taken for the protection of patients whom they will encounter during the educational process.

POLICY 7: CLINICIAN ILLNESS

Student clinicians are not to be absent from clinic sessions except in the case of illness. When an absence is unavoidable the following procedures should be followed.

1. Be prepared. The clinician should have the names and phone numbers of the next day's clients with him/her.
2. In the event of illness: Speech Language Pathology students should:
 - (a) Notify the clinical faculty member as soon as possible. The clinical faculty member will decide if a session should be cancelled.
 - (b) Notify the Administrative Assistant to the Clinic.
 - (c) Once a decision has been made to cancel the session, notify the client/family.
3. The clinician and clinical faculty member should determine if clinical hours missed due to clinician illness should be made up.

POLICY 8: ATTENDANCE POLICY

All visits to the clinic must be recorded. Therapy may be terminated in the event that a client repeatedly cancels therapy, cancels 25% of the therapy sessions within a semester without medical reason, and/or cancels two consecutive sessions without a legitimate cause.

PROCEDURES

1. Client attendance is monitored with the Client database. Forms are available in the student workroom. Visit dates are recorded on the form (both individual and group sessions), and handed in to the clinic Administrative Assistant to the Clinic at the end of term.
2. Remind returning clients to notify the clinic when an absence must occur. Ensure that they have the clinic phone number (661-2021) instruct them to report their name, time and day of session, and student clinician's name.
3. Notify the Administrative Assistant to the Clinic or list on the cancellation board any cancellations or changes to sessions that are reported to you in advance of the missed or changed session.
4. Discuss attendance problems with the supervising clinical faculty member in order to decide how the attendance policy should be enforced.

POLICY 9: DUTY TO ACCOMMODATE

Western has created the [Duty to Accommodate Guidelines](#) to assist with accommodating the needs of its community members protected under the Ontario Human Rights Code. Some

examples of needs that must be accommodated result from factors related to disability, sex, age, family status, ethnic or national origin, and religious beliefs. For general information on the duty to accommodate, please see the [Duty to Accommodate](#) section of our website. Same as above re: URL website.

Academic Accommodations for Students with Disabilities

The guidelines for academic accommodations for students with disabilities are published each academic year in The University of Western Ontario Academic calendar. These guidelines summarize the process of requesting, granting, and making arrangements for academic accommodation and detail the responsibilities of those involved in the process.

Communication Support for Students

Effective communication is fundamental to clinical practice in Audiology and Speech-Language Pathology. Therefore, an important goal of our MCiSc education and training program is to enhance a student's abilities to communicate with clients and colleagues in a variety of clinical settings.

On occasion, a student may experience communication problems that impact her/his abilities to interact optimally with clients and colleagues. For examples, a student may experience challenges dialoguing with clients or providing accurate speech, voice, and language models. When these situations occur, CSD faculty will work to support the student's efforts to improve her/his communication skills. CSD faculty will (i) discuss the communication challenge with the student, and (ii) provide the student with information about resources in the UWO or other public communities that they deem helpful in terms of developing the student's communication skills.

POLICY 10: FAILED CLINICAL PRACTICUM

If a student clinician fails a clinical practicum placement or a portion of a clinical practicum placement, the placement must be repeated in a similar clinical setting with a different clinical supervisor. Clinical hours accumulated during a failed clinical placement cannot be counted towards professional registration or certification. The specific length of the repeated practicum placement is determined by the Clinical Education Coordinator.

POLICY 11: CRIMINAL REFERENCE CHECK PROCEDURES

The University of Western Ontario does not require a Criminal Records Check as a condition of admission. However, students should be aware that Criminal Records Check with Vulnerable Sector Screens will be required by community clinical placement facilities and by agencies where students complete Clinical Application course work. It is the student's responsibility to have the necessary procedure completed in the required timeframe. Students are responsible for all costs associated with completing these procedures. You will be required to share your Criminal Record Check (with Vulnerable Sector Screen) directly with the placement site or agency. You may, but are not obligated to, disclose this information to the School. Students unable to complete an academic or clinical requirement of their program because a facility refuses to accept them on the

basis of the information contained in their record check, may not be eligible for progression or graduation.

For students born on or after January 14, 1986:

No later than August 01, prior to entry into each year of the program, each student will be required to complete a Criminal Record Check/Vulnerable Sector Screen. Students are encouraged to access an OESC card (Ontario Education Services Corporation) at <http://www.oesc-cseo.org/English/checks.html> (Select 'Police Record Check' ► Select "A College or University Student who needs an OESC ID Card for a placement in a school or other agency who was born on or after January 14, 1986, or already holds an OESC card"). When provided with the option, please choose to receive an OESC ID Card **and** 1 original written police report. This should satisfy the record check requirements of most facilities. Additional checks may be required to satisfy specific facility requirements. Students are responsible for all costs associated with obtaining the necessary checks required to complete clinical placements. The OESC card should be received 10 business days following receipt of complete documentation however our experience indicates that the process can take as long as 8-10 weeks during peak periods. Checks remain valid for one year from 'Date of Issue'.

For students born before January 14, 1986:

No later than August 01, prior to entry into each year of the program, each student will be required to obtain a Criminal Record Check with a Vulnerable Sector Screen. This check can be obtained from your local police service (usually the headquarters) for roughly \$40. Because September can be very busy both for you and the agencies completing the reference checks, we strongly recommend that you complete this check prior to beginning classes.

If you have proof of residency in London, it can be completed at the London Police Service Headquarters (for more information see http://www.police.london.ca/Services/Background_Checks/PDFs/RC1-PDF.pdf). The London Police service is currently indicating a 6 week time frame to process Criminal Reference Checks with Vulnerable Sector Screens. At certain times of the year, this time frame has been considerably longer than 6 weeks.

If you will complete the check in your home town, we recommend that you consult your local police service's website or call to find out exactly where to go and what forms need to be completed because the requirements vary in different districts. In the past, some students, who have had police checks completed by the RCMP, have needed us to sign a form before the check can be conducted. If this applies to you, please fax the form to Susan Schurr at 519-850-2369 and provide a fax number to which the signed form can be returned (sometimes the RCMP detachment allows

us to send the signed form directly to them, so remember to give us their fax number if this is allowed).

If you have already had a police check completed for another agency, you may be able to use it so long as it includes working with “vulnerable” people/sectors. Facilities vary in their requirement for checks of ‘no great than 6 month’ or ‘one year’ in duration. This means that you may be required to secure an additional check later in the academic year for another clinical placement or academic requirement.

For students completing the London form, please note the following. For others, the requirements for completing the forms may be different but some of the information below might be helpful for completing your form.

1. The correct form to request is the “Police Records Check for Vulnerable Screening for Employment”. Even though you won’t be paid “employees”, this is the correct form to complete because this is a part of a course (so isn’t considered volunteer).
2. On the form, ensure that the following are completed:
 - This application is being made for the position of student clinician with (Business, Agency, etc.) University of Western Ontario/Clinical Placement
 - question #8 (working with?): check *all options*
 - question #9 (situation alone with?): check *Yes* for classroom, private interview room, unsupervised setting, and vulnerable persons home and *No* for all others
 - question #10 (responsible for safety?): check *Yes*
 - question #11 (position of trust?): check *Yes*
 - question #12 (transporting in vehicle?): check *No*
 - question #13 (activities engaged in?): check *Yes* for all, write “*Testing*” beside *Other*
 - question #14 (handling medication?): check *No*
 - question #15 (handling money?): check *No*

POLICY 12: MASK-FIT PROCEDURES

Students are required to complete a mask fitting process at the beginning of the first year of study. This process ensures that students are appropriately protected in hospital settings where they will be completing clinical placements. A fitting clinic will be arranged by the Clinical Education Coordinator. Students are responsible for the \$20 fee.

POLICY 13: RECRUITING RESEARCH PARTICIPANTS

The H.A. Leeper Speech and Hearing Clinic is a partner with the School of Communication Sciences and Disorders.

PROCEDURES:

1. Individuals wanting to recruit clinic clients for research projects must check with the clinical faculty member responsible for the care of the clients in advance.
2. Letters of information and consent forms must be available, and must list the ethics approval number.
3. Letters of information are collected in a binder and made available to interested clients. Faculty, staff or students interested in submitting a letter of information for inclusion in the binder are asked to submit the letter of information to the chair of the Clinical Education Committee.

POLICY 14: SUPERVISION OF CHILDREN

Children must be supervised in the clinic at all times.

PROCEDURES:

1. When a child is at the clinic for a session, the student clinician will remain with the child at all times.
2. Parents are asked to observe sessions, or remain in the building unless the clinician and parent have another agreement.
3. Parents should be asked to accompany preschool children to the washroom. If the parent is not present, the clinician should allow privacy or provide assistance as necessary. For school age children, accompanying the child to the washroom but waiting in the hall outside should suffice.

POLICY 15: ALLERGIES

Every attempt will be made to avoid exposure to known allergens.

PROCEDURES:

1. Ask clients or caregivers if there are known allergies to substances such as foods, drinks, latex, etc. before introducing these substances in sessions.

POLICY 16: CLINIC RESOURCE LIBRARY – (Room 1257)

The Clinic Resource Library contains material to be used for clinical service, education and research. Access to the Resource Library is limited to times when the library is manned by a work study student or a volunteer. The schedule will be determined at the beginning of each clinical term and be posted on the door of the room. All CSD students will have access during the manned hours; however priority will be given to students completing clinical placements in the

UWO H.A. Leeper Speech and Hearing Clinic when signing out materials. Please respect the following conditions for borrowing tests and materials:

1. Tests, record forms, and materials are to be used for clinical services provided at the UWO H.A. Leeper Speech and Hearing Clinic.
2. At no time are record forms from the Resource Library to be used for classroom teaching, labs or research. Forms must be purchased for these purposes. Forms may be photocopied for teaching purposes.
3. Tests and materials may be borrowed for the purposes of in-house teaching, study, and research, only when not reserved for clinical intervention and preparation.
4. The Resource Library cannot supply any materials for use in community placements. Students in community placements may borrow materials for study and preparation on-site only.

Detailed sign-out procedures and due date timelines are posted in the resource room. It is the responsibility of each student to be aware of and adhere to these procedures and guidelines. Please inform in writing, the faculty member acting as library coordinator, Taslim Moosa (room 2598, tmoosa@uwo.ca), about any problems in the library (e.g., lack of tests forms, missing or damaged materials, safety concerns, etc.)

POLICY 17: CLIENT RECORDS

Client records will be maintained. All visits and other client-related contacts (i.e., phone contact with doctor) will be noted in the Clinical Tracking Record located in each client's file using the format suggested below. Formal reports will be generated each term, minimally, after diagnostic procedures, or when specified by clinical faculty.

PROCEDURES:

Recording Client Contacts – Clinical Tracking Record (SOAP note)

1. All contacts must be recorded in the clinical tracking record. Blank forms are located in the student workroom.
2. All entries must be signed by the student clinician, and clinical faculty. Clinical designation must be included (i.e., Jane Elborn, Student Clinician).
3. Errors should be crossed out and initialled. Extra lines should not be left, but if unavoidable, should be crossed with a line. Entries should be concise.
4. Pages re numbered and placed in the file in reverse chronological order.
5. Incidental (unformatted) notes may be used to record cancellations, phone conversations with doctors or teachers, etc.
6. Regular client visits are recorded using the SOAP format:
 - Subjective – information reported to you by others, information provided by the client, family, other professionals, etc.

- Objective – observations by the clinician, all objective testing, data from performance in therapy.
- Assessment – summary and evaluation based on subjective and objective findings.
- Plan – plans for further intervention

Formal Reports

1. Reports are written once per term.
2. Specific deadlines are circulated at the beginning of the term.
3. Reports may be titled in 3 ways:
 - Speech and Language Assessment Report – new clients, or after reassessment
 - Speech and Language Progress Report – clients continuing in therapy
 - Speech and Language Discharge Report – client terminating from our facility

See the attached template for suggested format.

Report template Number pages from 2nd page, top right

H.A. LEEPER SPEECH AND HEARING CLINIC

The University of Western Ontario

Elborn College

London, ON N6G 1H1

(519) 661-2021

(include postal code and phone number)

1. Identification

*Use initials only at midterm and final until your supervising clinical faculty member indicates that the report can be finalized, then use you "Find" function to replace all initials with the client's name

NAME: XXXX XXXX

DATE: August 12, 2010

ADDRESS: 1201 Western Road

London, ON N6G 1H1

PHYSICIAN: Dr. Jane Doe

PHONE: 519-661-2021

REFERRAL: Dr. Jane Doe

AGE: 35

D.O.B: October 10, 1975

2. History of Presenting Problem, Clinical Description of Problem (Optional)

Typing in sections is not indented and is single spaced for the final copy. You may be asked to hand in a double spaced copy for draft copies.

3. Background Information

Relevant information concerning the client's medical, academic, vocational, physical, psychological history and familial status should be included here.

4. Assessment Findings

Presents information obtained during testing or baseline activities during the initial therapy sessions. Organize the information into separate paragraphs for articulation, expressive language, receptive language, fluency, voice, etc. A statement regarding the reliability of the assessment information may be included. This section may not occur in progress or discharge reports if significant assessment has not been undertaken during the term.

5. Impressions

This section should include a synthesis of the client's status. It may appear after the 'Progress' section in progress reports. VI Therapy Goals and Procedures Goals should follow logically from information appearing in previous sections. Procedures may be stated briefly. The report completed to this point is submitted at midterm.

6. Progress in Therapy

A description of progress made during therapy, and post-treatment status. VIII Recommendations and suggested goals for future therapy, and/or any follow-up required.

Clinical faculty signature appears last. Signatures are on a page with report content (not on an attached blank sheet).

Student Clinician

Clinical Instructor (check with instructor for what to include)

Check file for consent to release and list recipients here. Consents must be dated within 1 year.

c.c. Client's name, Full Address, City, Postal Code

SPEECH LANGUAGE PATHOLOGY: CLIENT RECORDS CONT'D SUGGESTIONS FOR CLINICAL PREPARATION AND DEVELOPMENT

The following pages describe practices which may assist the student in developing clinical skills and organizing, planning and preparation. These are guidelines only. Each clinical educator will provide the necessary details and requirements for their specific client population.

TERM PLAN WORKSHEET (Optional)

A Term Plan Worksheet may be recommended by the clinical faculty member. The Term Plan is used to organize assessment information, track outcome measures, determine goals, and select therapy procedures. Your supervising clinical faculty member will suggest a format, if recommended.

LESSON PLANS (Required)

Lesson plans outline long and short term goals, procedures and activities for a particular session or group of sessions. Clinical faculty may require that each student clinician submit a daily/weekly lesson plan. See the attached template for a suggested format.

*Please note, all material that is to be sent home with the client must be approved by the clinical faculty member in advance.

Examples of measurable goals include: a) "Use of /k/ in initial word position at the single word level with a model provided by the clinician with 80% accuracy across 10 trials." b)"Correct production of "Can't" at the sentence level in a structured play activity without a model in 60% of the opportunities." c)"To facilitate spontaneous use of the sign 'more' during snack time with clinician modelling the sign and word." d)"To read a paragraph fluently at a rate of two seconds per syllable using the gentle onset target." e)"To achieve 90% use of soft glottal attack at the sentence level." f)"To facilitate use of word retrieval strategies in spontaneous speech." g)"To improve auditory comprehension skills at the single sentence level."

REFLECTIONS/JOURNALS (Required)

Written reflections provide an opportunity for professional growth. Students are asked to reflect on their own performance (i.e., interpersonal skills, session design, client responses or feedback, counselling, etc.).

LESSON PLAN FORMAT

Clinician: Client's Initials: Date(s):

Results of previous session's home program:

LTG: Long term goals typically indicate the area of focus (i.e., auditory comprehension)

STG: Short term goals indicate the specific skill targeted (i.e., understanding sentences) Strategy (ies): Indicate "H tricks" that might be helpful in completing the session such as using a slower speech rate or a motivating toy.

Task: Describe a specific activity that is measurable.

Materials: Describe the materials. Include specific words or sentences to be targeted. Your supervising clinical faculty member may ask for a copy.

Accuracy: Indicate an accuracy threshold. You may describe how you will measure it. Super step indicate how you may make the task more challenging, if indicated. Sub step indicate how you may make the task less challenging, if indicated.

Home program: *** All material sent home with the client must be reviewed by the supervising clinical faculty member in advance.

COMMONLY EXPRESSED CONCERNS ON APPROACHING YOUR FIRST CLINICAL EXPERIENCE

The following represents the most commonly expressed concerns as expressed by students anticipating their first in-house clinical placement. They have been grouped into 4 general headings. Possible solutions have also been included.

Client Concerns:

- What do I do with uncooperative or unresponsive clients
- What if a client refuses to participate
- I'm afraid of having an overly emotional client

- I'm afraid of saying the wrong thing
- What if my client is not confident in the services that I'm providing or challenges my treatment and methods so that I lose their respect
- What if I can't relate to my client

Concerns related to Supervision:

- What if I lose the respect of my supervisor
- I'm anxious about unknowingly being watched
- I'm worried about being observed and criticized

Knowledge and Skills Concerns:

- I'm worried about – being wrong
- Not knowing how to handle a specific problem
- Not having knowledge – “winging it”
- The immediately required in addressing client concerns accurately
- Having difficulty in assessing a client, interpreting the results and then applying my knowledge
- Not being prepared for the unexpected
- Not being able to answer questions I know the answer to
- Suddenly going blank

Clinician Concerns:

- Fear of being/appearing incompetent or sure
- Fear of not being academically prepared for a particular client or disorder yet being responsible for their treatment
- Fear of giving an unprofessional impression
- Fear of not being able to understand a client

Confronting and Tackling Your Fears and Anxieties

We've all experienced and survived the process in which you are currently involved. Clinical Educators do not expect perfection. What they do expect however is hard work and commitment – both of which you can provide!

To Tackle Client Concerns:

- Take time to establish a rapport with your clients, whether that be the establishment of a relationship that allows for free expression of fears and concerns and/or the development of 'therapy-friendly' behaviours that are the basis of a productive therapeutic relationship

- With adults, these relationships are established when therapists are able to listen with empathy and without bias, when therapists are able to abandon or delay planned proceedings to tackle issues expressed by the client (regardless of your perceived estimation of that issue's importance) and when therapists are able to include all necessary family issues in planning for and conducting sessions
- With young children, it is often necessary to conduct sessions that focus on developing behaviours that are precursors to productive treatment sessions, that is, "therapy friendly" behaviours
- This development and support of attending, watching, listening, imitating and responsiveness will lay the groundwork for productive sessions in which behavioural disruptions are kept to a minimum, be flexible enough to give up some control during your sessions
- A therapy participant's control in the process (or even perceived sense of control) can be instrumental in encouraging their participation and responsiveness
- Once this has been established then you can gradually steer the session in the most productive fashion. By following the client's lead you are more likely to meet their needs while it may not have proceeded as your lesson plan outlined it you may have been successful from the client's point of view and equally successful in achieving your therapy goals and targets, role-play challenging situations
- Such scenarios can be developed with peers and/or supervisors prior to situations anticipated to be challenging or in response to situations that have not proceeded as you would have liked.
- When situations become emotionally charged slow down, remain calm and allow the client and yourself to regroup and compose yourselves
- Offer Kleenex, water and time alone in the treatment room
- Do not proceed with therapy until you've been able to acknowledge and address the situation to everyone's satisfaction at that time
- Accept that these things happen
- Clients, kids, supervisors and clinicians all have bad days
- It might also be important to know whether a client's pathology or medications are more likely to make them more emotionally labile or disinhibited
- Remember that you and your supervisor 'share' responsibility for clients
- Your treatment goals and methods are typically developed in collaboration
- Don't be afraid to ask your supervisor to come in for sessions or parts of sessions you think might be particularly challenging or to request assistance if things are not going as expected or desired
- Don't be afraid to say "I don't know but I will find out." And then DO find out and DO report back at the next session
- Examine why your relationship with a particular client might be less than optimal
- From my experience, the clients I struggled with most were the clients that felt least effective with this then drove my need to complete more in-depth assessment, to read, to consult to alter goals, to attempt alternate treatment avenues
- Ensuring that sessions are client-centred can often prevent their questioning of goals and procedures. Sessions such as these are often ones that 'drive' the need for one to

examine any biases and attitudes they might have, to alter such beliefs or at least to learn to put them on the back burner

To Tackle Concerns related to Supervision:

Avoid losing supervisor respect by demonstrating professional behaviour, working hard and being prepared

- Regain supervisor respect by taking ownership of problems and mistakes, developing a plan for mediation and the enacting that plan
- Get used to being observed as it will happen throughout your professional life with parents, family members, allied health professionals, educators and students
- The more you are questioned about your goals, techniques and methods the more questioning and critical you will become of your own services and this is exactly the kind of clinician we want to develop, a clinician who is continually analyzing, evaluating and problem solving their own work
- Typically, when you are completely focused on the client and their performance you will forget about being observed – feedback or criticism should always be ‘constructive feedback or constructive criticism as comments that can be used to improve your skills or client success by:

1. Sending you down an alternate, perhaps, more fruitful path.
2. Suggesting alternate and equally fruitful paths.
3. Expanding, and thus enhancing, what you are doing.
4. Suggesting additional resources.
5. Informing how you could use what you are doing in other situations.
 - Surprisingly, you’ll crave this kind of feedback and input when you are out ‘in the field’ and the ability to collaborate with peers takes greater planning and deliberation. Remember that every supervisor is different and brings a different set of strengths to the supervisory process
 - Take advantage of this variety and appreciate the fact that experienced clinicians are involving you in productive discussions where you can learn much about many different ideas
 - Your attitudes and receptivity towards feedback will determine how effectively you are able to use it to develop as a clinician

To Tackle Knowledge and Skills Concerns

- Remember that thinking on your feet and responding precisely and with immediacy are skills that develop with time and increasing competence and confidence role play specifically challenging situations revisit specifically challenging situations after you have been able to step back, think and formulate a response, visualize and ‘self-talk’ responses beforehand, don’t have unrealistic or premature expectations of yourself. Don’t be afraid to say “I don’t know, but I’ll find out”, then DO.

- Practice skill based weaknesses on classmates, roommates, family, normally developing children (test administration, oral mechanism exams, and hearing screenings).
- Observe others as much as possible and then formulate plans based on these observations and compare your plan to what actually transpired.
- Gather assessment data and then ask your supervisor for a list of questions to ask yourself when analyzing this data and selecting goals – be well prepared. DON'T 'WING IT' and admit errors. It is unrealistic to think that you will not make mistakes, but mistakes can be corrected and are not fatal. We learn by making mistakes and we all continue to make them. Correct them, learn from them and move on with a greater understanding of how to handle the clinical situation in future

To Tackle Clinician Concern

- Review the professionalism document in the manual to ensure that you understand the requirements and expectations of professional behaviour
- Expect that you won't know all of the answers that you will be able to find out some of the answers and that you will NEVER know all of the answers, this is the nature of our field
- Exploit the relationship of shared client responsibility you have with your clinical supervisor. The reason we offer guided and supervised clinical experiences is because you aren't yet fully prepared either academically or clinically yet don't be afraid to take well thought out and researched risks.
- Ask, in advance, for suggestions regarding preparation for particular experiences (advanced reading, procedural reviews).
- Explore opportunities to observe similar clients or to review the charts of clients who might have received similar services
- Don't pretend that you understand a client when you don't – techniques to support improved understanding include:
 1. Using another mode of communication – drawing, writing, pointing, gesturing
 2. Asking Yes/No questions.
 3. Requesting a repetition using other words – “Can you say that in another way please?”
 4. Asking a parent or family member to interpret.
 5. Asking them to tell you other things about it in an effort to narrow down or determine contextual cues.
 6. Admit defeat, apologize for not understanding, and determine if it is important in carrying out the remainder of the session (in which case you may want to secure a family member to assist you)
- Know the expectations of your placement – discuss the expectations that concerns you – there is usually some room for compromise.
- You will get out of the placement what you put into it so be proactive, be open with the supervisor and take ownership for sharing the experience.
- If you have feedback for the supervisor that you feel would help to make the experience more meaningful for you, please share this with your supervisor as early in the term as you can. The end of the term is too late for your feedback to be helpful to you.

APPENDIX A: PLAN FOR SUPERVISION

PLAN FOR SUPERVISION

Name: _____

Level of Study: _____

Date: _____

I. Previous Clinical Experience:

Previous Related Experience:

II. Student Clinician's Objectives

1. Professional Objectives (e.g. Types of populations, deficits)

2. Personal Objectives (e.g. Aptitudes to develop)

3. Strengths (e.g. Communication with clients, lesson plans)

4. Areas to work on (e.g. Report writing, goal selection)

III. Supervisor's Expectations

1. Compulsory (eg. Department meetings)

2. Optional (eg. Medical rounds)

IV. Supervisory Process

1. Time for supervision (eg. Frequency of observation, time for supervisory conferences)

2. Preparation required for supervision (eg. Intervention plans, journal)

3. Style of supervision (eg. "Modeling", consultatative)

V. Evaluation

1. Evaluation Tools:

- a. Student Clinicians will be evaluated using the Clinical Grading System. The weighting scale percentages should be determined at the start of the term:

Professional Ethics and General Professional Conduct	_____%
Interpersonal Communication	_____%
Written Communication	_____%
Other Professional Contacts	_____%
Assessment	_____%
Goal Selection	_____%
Intervention	_____%
Counseling and Interviewing	_____%
Problem Solving	_____%
Self-Evaluation	_____%

- b. Clinical supervisors will be evaluated using the Clinical Supervisor Evaluation Form.

Copies of both forms may be found in the Student Clinician's and Clinical Educator's Handbooks.

- 2. Frequency of evaluation (eg. Weekly, mid-practicum, end of practicum)

- 3. Method of appeal in the event of a dissonant evaluation:

We, _____, student clinician, and _____, clinical educator, agree to the above with the option that this plan can be modified according to circumstance, with the agreement of both parties.

Appendix B: Summary of Clinical Practice Hours



SPEECH-LANGUAGE PATHOLOGY SUMMARY OF CLINICAL PRACTICE HOURS

TOTAL HOURS OF CLIENT CONTACT (hours to be rounded up to nearest quarter hour)

Name: _____ Grad Year: _____ University: _____

AGE GROUP: C = Child A = Adult	ASSESSMENT/ IDENTIFICATION (Ax)		TREATMENT/ MANAGEMENT (Tx)		Total All Age	Min. Req. Hours
	Client Specific Services	Client Related Services	Client Specific Services	Client Related Services		
LANGUAGE Developmental	C					40
	A					
LANGUAGE Acquired	C					30
	A					
DYSPHAGIA	C					10
	A					
ARTICULATION/ PHONOLOGY	C					20
	A					
MOTOR SPEECH	C					10
	A					
FLUENCY	C					10
	A					
VOICE/RESONANCE	C					10
	A					
OTHER - approval needed Clinical Education Coordinator	C					20
	A					
AUDIOLOGY-MINOR	C					20
	A					
TOTAL HOURS	C/20					50
TOTAL HOURS	A/20					50
Ax Minimum Required		Tx Minimum Required		Maximum: 50 Hours		
				C		
				A		
TOTAL CLIENT HOURS	ASSESSMENT HOURS (Min. Required = 100) :	TREATMENT HOURS (Min. Required = 100) :	GRAND TOTAL:			350

Signature (Student) _____ Signature (Academic Coordinator of Clinical Education) _____ Date _____

APPENDIX B: EVALUATION OF CLINICAL SKILLS

PROFESSIONAL ETHICS AND GENERAL PROFESSIONAL CONDUCT

- Descriptors refer to the conduct the student clinician assumes toward clients/families other professionals, and in all clinical situations.

DISPLAY ETHICAL BEHAVIOUR

- Student clinician displays ethical behaviour consistent with standards set by the professions of Audiology and Speech Language Pathology
- Student clinician displays ethical behaviour consistent with standards set by the School of Communication Sciences and Disorders
- Student clinician displays ethical behaviour consistent with standards set by the Faculty of Health Sciences and Faculty of Graduate Studies at The University of Western Ontario.
- Student clinician displays ethical behaviour consistent with standards set by the externship site facility

ADHERES TO LEGISLATION

- Student clinician has knowledge of and complies with relevant legislation as it relates to the professions.
- Student clinician adheres to client confidentiality as outlined by legislation and facility policy.
- Student clinician obtains informed client consent in accordance with facility policy and legislation

ADHERES TO FACILITY POLICY

- Student clinician adheres to client confidentiality as outlined by facility policy
- Student clinician obtains informed client consent in accordance with facility policy.
- Student clinician adheres to dress code established by facility. Student clinician's personal appearance is appropriate for clinical setting and maintaining professional credibility
- Student clinician demonstrates awareness of the mandate and policies and procedures of the facility (e.g., policy and procedure manual, fire procedures, occupational health and safety, universal precautions, etc.).
- Student clinician adheres to facility policy regarding materials/equipment, and their appropriate use and care.
- Student clinician follows scheduling procedures

DEMONSTRATES RESPONSIBLE BEHAVIOUR

- Student clinician demonstrates discretion and maintains confidentiality of sensitive information within the department, facility, etc.
- Student clinician accepts responsibility.
- Student clinician recognizes own professional limitations and stays within boundaries of scope of practice.

DEMONSTRATES RELIABILITY

- Student clinician notifies supervisor, client and appropriate staff of all changes in schedule (e.g., cancellations, delays, room changes, time changes, etc.).
- Student clinician accepts responsibility.
- Student clinician recognizes own professional limitations and stays within boundaries of scope of practice

DEMONSTRATES RELIABILITY

- Student clinician notifies supervisor, client and appropriate staff of all changes in schedule (e.g., cancellations, delays, room changes, time changes, etc.).
- Student clinician is punctual for therapy sessions, meetings, conferences, etc.
- Student clinician meets deadlines for written work and/or, under exceptional circumstances, appropriately negotiates alternative arrangements
- Student clinician demonstrates flexibility and adaptability by adjusting to environmental conditions and responding appropriately to change.
- Student clinician establishes priorities (e.g., clinic, research, academic, personal life, etc.), importance of tasks involved and then attends to the most important things first.
- Student clinician prepares for and copes with emergency situations.
- Student clinician behaviour and comments reflect sensitivity to needs, attitudes and value systems of others (e.g., patient, client/family, colleagues, etc.).
- Student clinician behaviour and communication reflects awareness of and sensitivity to multicultural issues
- Student clinician projects a positive attitude

INTERPERSONAL COMMUNICATION

- Descriptors in this section refer to all communication which takes place in the clinical setting, and applies to all communication partners (e.g., clients, families, clinical supervisors, other professional, etc.).
- Interpersonal communication skills are involved in all aspects of the clinical process, including assessment, therapy, counselling/interviewing and written work.
- Written work is addressed in the following section

ESTABLISHES POSITIVE COMMUNICATION ENVIRONMENT

- Student clinician creates a positive, supportive environment for communication which maximizes the involvement and response of the communication partner(s).
- Student clinician demonstrates acceptance, empathy and genuine concern for the communication partner(s) as individuals
- Student clinician demonstrates awareness of and respect for appropriate personal space

ADJUSTS COMMUNICATION LEVEL

- Student clinician demonstrates sensitivity to level of skill, knowledge and experience of communication partner(s) and adjusts communication appropriately.
- Student clinician demonstrates sensitivity to physical/emotional state and needs of communication partner(s) and adjusts communication appropriately

DEMONSTRATES SUPPORTIVE COMMUNICATION

- Non-verbal communication (e.g., facial expression, posture, gestures, etc.) is consistent with verbal message and overall objective of interaction.
- Student clinician reflects content of communication partner's message.
- Student clinician uses silence or short statements to indicate that they are listening and wish to hear more (e.g., yes, I see, umhm, etc.).
- Student clinician identifies and accurately interprets communication partner's behaviour and messages (verbal and non-verbal)
- Student clinician communicates interpretation of communication partner's behaviour and messages back to them (e.g., "You looked surprised when...", "You seem a little uncertain about..." etc.).
- Student clinician summarizes key points in order to capture the essence of what was said and the degree to which the message was understood
- Student clinician clarifies information when necessary
- Student clinician checks for listener comprehension
- Student clinician maintains topic and redirects when necessary

USES EFFECTIVE ORAL COMMUNICATION

- Student clinicians' verbal communication (e.g., instructions, explanations, feedback, questions, etc.) is clear and concise.
- Student clinician prepares and delivers verbal reports and presentations effectively.
- The speaker is well organized, articulate and understandable
- Audio-visual aids are used effectively to supplement verbal explanations.

DEMONSTRATES EFFECTIVE CONFLICT MANAGEMENT

When a conflict or an opportunity to provide constructive feedback is initially identified by the student clinician, he/she provides feedback or initiates conflict resolution by:

- a) Choosing a suitable time to discuss the situation with the most appropriate individual (e.g., clinical supervisor)
- b) Describing concerns specifically
- c) Avoiding blame or evaluative conclusions
- d) In the case where a conflict or constructive feedback involving the student is initially identified by another individual, the student clinician responds to the situation by:
 - a. Showing interest and concern about the issue that has been raised
 - b. Seeking clarification of information about the issue as necessary
 - c. Appropriately justifying position and/or opinions without adopting a defensive stance
 - d. Discussing alternative solutions Student clinician emotional responses (e.g., outbursts of anger, etc.).

WRITTEN COMMUNICATION

This section refers to all aspects of clinical writing including reports, home programming, clinical records, correspondence, lesson plans, development of written materials and handouts, etc.

SELECTS AND PLANS WRITTEN COMMUNICATION EFFECTIVELY

- Student clinician selects appropriate written communication based on client needs and policies within the facility.
- Student clinician makes decisions regarding recipients of written information and appropriately acknowledges this on reports, etc.

PRODUCES RELIABLE WRITTEN WORK

- Written work reflects complete, pertinent and accurate information.
- Student clinician integrates information to present a concise and clear written profile
- Written work demonstrates correct grammar and spelling.
- Student clinician avoids the use of professional jargon, and/or defines terms clearly.
- Student clinician makes use of examples effectively to explain concepts, terminology and client behaviour.

DEMONSTRATES EFFECTIVE RECORD KEEPING

- Student clinician follows facility policy in report writing and record keeping format.
- Student clinician maintains client record in an orderly and up-to-date manner.
- Client forms (e.g., identifying information on score forms, release of information forms, etc.) are complete and accurate.

OTHER PROFESSIONAL CONTACTS

- This section addresses the student clinician's ability to develop and carry out plans for contact, consultation and collaboration with relevant professionals regarding a variety of clinical activities or issues (e.g., previous assessment/treatment; current assessment and therapy needs, priorities, collaboration, and outcomes; counselling issues; team conferences; written communication; etc. verbally and/or in writing).

PREPARES EFFECTIVELY FOR PROFESSIONAL CONTACTS

- Student clinician determines need for contact with other professionals
- Student clinician determines which professionals should be contacted based on presenting situation, clinical circumstances and facility policy.
- Student clinician determines specific and appropriate objectives for professional contact
- Student clinician determines appropriate time and place for professional contact.
- Student clinician prepares for contact.

FOLLOWS PROTOCOLS APPROPRIATELY

- Student clinician is aware of organizational structure within facility and following appropriate protocol in initiating professional contacts
- Student clinician appropriately initiates interaction with other professionals (e.g., other team members, consultants, etc.).
- Student clinician persists in contacting other professionals when initial attempt is unsuccessful.

COMMUNICATES EFFECTIVELY WITH PROFESSIONALS

- Student clinician selects pertinent information to share with other professionals (both verbal and written).
- Student clinician collaborates with other professionals to establish client goals and plans for management when appropriate

- Student clinician presents and integrates information in team discussions in order to contribute to group decisions (e.g., discharge planning, classroom placement, feeding management, etc.).

ASSESSMENT

- Assessment refers to the process of obtaining and interpreting data necessary to make initial and subsequent decisions regarding identification and management of a communication disorder.

PLANS AND PREPARES EFFECTIVELY

- Student clinician determines need for assessment and reassessment.
- Student clinician determines purpose of assessment (e.g., initial identification, re-assessment to determine progress, update therapy goals, etc.).
- Student clinician identifies background information (e.g., previous assessment, classroom performance) required to plan assessment, and identifies appropriate sources of this information (e.g., reports, consultation with other professionals).
- Student clinician develops anticipated communication profile based on background information and theoretical knowledge of disorder area
- Student clinician determines specific concerns presented by client, family, referral source, other team members, etc.
- Student clinician outlines an appropriate framework, model or philosophical basis for approach to assessment (e.g., Auditory Comprehension/Verbal Expression/Reading/Writing; Communicative Intent/Function; Respiration/Phonation/Resonance; etc.).

DEMONSTRATES KNOWLEDGE ABOUT PERTINENT TESTS AND PROCEDURES

- Student clinician demonstrates familiarity with a range of appropriate tests/procedures for specific clinical areas
- Student clinician selects appropriate formal and informal tests/procedures and articulates rationale
- Student clinician presents a plan to modify assessment in the event that original anticipated communication profile was inaccurate
- Student clinician adapts assessment method when typical procedures are not possible or practical

PREPARES TESTING ENVIRONMENT

- Student clinician assembles all materials required for assessment (e.g., score forms, materials, equipment, etc.) in advance.
- Student clinician ensures equipment is in working order and demonstrates familiarity with equipment prior to assessment sessions.
- Student clinician prepares room to facilitate client attention and comfort, and to maximize efficiency.

ADMINISTERS TESTS EFFECTIVELY

- Student clinician demonstrates familiarity with instructions for assessment procedures and presents instructions in a manner which facilitates client understanding.
- Student clinician recognizes when client does not appear to understand task and reinstructs.
- Student clinician presents assessment stimuli/materials to maximize success (e.g., places pictures in client's direct line of vision) and takes into account individual client needs and deficits (e.g., visual field deficits, hearing loss, etc.).
- Student clinician administers a range of standardized and non-standardized tests/procedures as required for specific clinical areas (e.g., oral mechanism exam, airflow measures, language sampling, stimuli-ability testing, etc.) according to standardized or recommended procedures.
- Student clinician uses standardized tests/procedures in non-standardized ways in order to obtain additional information as appropriate
- Student clinician responds to changes in the client's physical and emotional status during administration of the assessment procedures (e.g., fatigue, frustration).

RECORDS/SCORES CLIENT RESPONSES ACCURATELY

- Student clinician accurately records client responses on test forms
- Student clinician accurately records client responses and/or behaviour
- Student clinician scores tests and procedures accurately (e.g., tallying scores, calculating standardized scores, analyzing language samples, etc.).

INTERPRETS TEST/ASSESSMENT RESULTS APPROPRIATELY

- Student clinician estimates validity of obtained assessment information
- Student clinician interprets assessment data completely and accurately.
- Student clinician identifies whether or not a communication problem is present
- Student clinician determines nature and extent of strength and deficits within specific areas
- Student clinician integrates assessment data into overall communication profile

- Student clinician observes client behaviour throughout the assessment and integrates this into overall client profile.
- Student clinician interprets assessment from the perspective of the client as a person and the functional impact of the communication problem on the client's life.

DEVELOPS APPROPRIATE RECOMMENDATIONS

- Student clinician develops recommendations based on assessment findings.
- Student clinician determines most effective and efficient way(s) to share assessment results and recommendations with pertinent individuals (e.g., parent interview, written report, case conference, etc.).

GOAL SELECTION

- Goal selection refers to the identification of goals based on all pertinent sources of information available and the development of approaches and methods to achieve those goals at the onset of intervention, and throughout the intervention process.
- Goals may be developed to remediate specific areas of difficulty, or to provide strategies to be used by the client or caregivers to compensate for communication difficulties.

PREPARES APPROPRIATE FOUNDATION FOR GOAL DEVELOPMENT

- Student clinician identifies types and sources of information required to develop appropriate goals (e.g., previous reports, client/family input, assessment data, etc.).
- Student clinician obtains pertinent information from other sources, such as course work, supplemental reading, consultation with supervisors, etc. to develop goals.
- Student clinician integrates information from all relevant sources to develop appropriate goals.
Student clinician determines priorities for intervention.

SELECT GOALS APPROPRIATELY

- Student clinician selects appropriate long-term goal(s) for remediation and/or compensatory strategies based on assessment information and theoretical knowledge.
- Student clinician selects appropriate short-term goal(s) for remediation and/or compensatory strategies based on assessment and theoretical knowledge
- Student clinician selects appropriate session goal(s).
- Student clinician discusses rationale for goal selection.

DEVELOP PERTINENT GOALS AND HIERARCHIES

- Student clinician develops goals which are specific, relevant, measurable, time defined and functional.
- Student children able to break down task/goal into segments or steps to facilitate client success (e.g., develops hierarchy, modify classroom programming, etc.).
- Student clinician modifies goals as required on client performance/needs.
- Student clinician incorporates communication goals into overall client program and environment (e.g., home, classroom, nursing home).

PURSUES FOLLOW-UP EFFECTIVELY

- Student clinician develops plans for discharge and follow-up.

INTERVENTION (THERAPY, PROGRAMMING, CONSULTATION)

- Intervention refers to the use of specific approaches, activities or methods to develop, maintain, improve, and/or restore communication ability in order to maximize communication potential.

DEVELOPS OVERALL PLANS EFFECTIVELY

- Student clinician develops overall plan from management based on assessment results and goals (e.g., therapy, consultation, home programming, mediator training, etc.).
- Student clinician modifies overall plan for management as required.
- Student clinician identifies approaches, techniques and strategies which may be effective in achieving goals.

PREPARES FOR SESSION PRODUCTIVELY

- Student clinician checks to see that all equipment and materials are complete and in working order and demonstrates familiarity with equipment prior to therapy session.
- Student clinician prepares treatment room to facilitate client performance, ensure client safety and streamline access to materials in order to enhance the flow of the session.

ASPECTS OF THE SESSION EFFECTIVELY

- Student clinician selects appropriate activities, materials and stimuli to achieve goal based on age, interests and ability level or client

- Student clinician determines a logical length and sequence of activities during the therapy session to facilitate client success.
- Student clinician creates a smooth transition from one activity to next.

DEMONSTRATES FLEXIBILITY

- Student clinician utilizes unexpected opportunities to accomplish:
 - a) Stated goal within an alternate activity
 - b) Another goal within same activity Student clinician introduces and explains goal and rationale to client/family when appropriate

MANAGES THE SESSION PRODUCTIVELY

- Student clinician introduces and explains activity to client/family when appropriate, and provides demonstration as required.
- Student clinician presents stimuli/materials to maximize achievement of goals and takes into account individual client needs and deficits (e.g., visual field deficits, hearing loss, attention deficit disorder, etc.).
- Student clinician creates opportunities within sessions to achieve goals.
- Student clinician provides specific input at the established goal level to elicit the target behaviour (e.g., models, visual cues, verbal reminders, etc.).
- Student clinician accurately discriminates correct and incorrect responses.

DISCRIMINATES AND SCORES RESPONSES ACCURATELY

- Student clinician records and scores client responses appropriately.
- Student clinician accurately analyzes client errors
- Student clinician provides descriptive feedback specifically related to the goals and client's error to help the client achieve success on successive attempts.
- Student clinician works at a client success level which maximizes the therapeutic effect (e.g., 60% to 80% accuracy).
- Student clinician modifies goal/activity to achieve client success (e.g., sub/super steps, moves within established hierarchy, provide additional cues, etc.).
- Student clinician provides verbal and tangible (when appropriate) reinforcement which is positive, specific and meaningful to facilitate success on successive attempts and maintain client motivation.

MANAGES CLIENT BEHAVIOUR PRODUCTIVELY

- Student clinician obtains and maintains client attention.
- Student clinician maintains on-task behaviour through verbal redirection and structuring of therapy environment.
- Student clinician uses appropriate behaviour management strategies (e.g., provides choices, sets behaviour limits, etc.).

INTERPRETS CLIENT BEHAVIOUR TO DIRECT OWN RESPONDING

- Student clinician effectively manages groups of clients and facilitates interaction among group members
- Student clinician responds to changes in the client's physical and emotional status during therapy (i.e., fatigue, frustration).
- Student clinician knows when to push a client to a higher level of function vs. when to "let go" and avoid frustration.
- Student clinician is able to determine when it is appropriate to discontinue an activity.
- Student clinician recognizes and reinforces client's achievement of goals outside of specific activities designed to achieve the goal.
- Student clinician summarizes and interprets client performance at the end of the session in order to share this information with the client/family and to develop goals for future sessions.

PROGRAMS EFFECTIVELY WITH FAMILY MEMBERS

- Student clinician involves significant others (e.g., family members, caregivers, etc.) in the therapy process when appropriate.
- Student clinician develops programming consistent with therapy goals to complement therapy.
- Student clinician develops programming (e.g., home classroom, etc.) in lieu of therapy which provides recommendations, strategies and activity suggestions to facilitate achievement of goals.

SOLICITS FEEDBACK

- Student clinician solicits feedback to evaluate efficiency and success of programming and make modifications and/or update programming as required.

PLANS AND MANAGES TIME EFFICIENTLY AND EFFECTIVELY

- Student clinician adapts activities to achieve a variety of goals with more than one client.
- Student clinician maximizes time and efficiency when preparing materials.

COUNSELLING AND INTERVIEWING

- Counselling and interviewing refers to the processes and skills involved during both specific, planned counselling and interviewing sessions and when providing counselling during individual sessions relating to issues or problems arising. Many of the skills necessary for effective counselling and interviewing are included in the Interpersonal Communication Skills section, in addition to those identified below.

PROVIDES CONSENT INFORMATION EFFECTIVELY

- In keeping with Consent to Treatment legislation, student clinician informs client and family
- Student clinician obtains relevant consent(s) signed by the appropriate individual(s) (e.g., client, Power of Attorney, Next of Kin, etc.).

OBTAINS INFORMATION EFFECTIVELY

- Student clinician identifies required information in advance of interview
- Student clinician states questions clearly.
- Student clinician pursues information when required

COMMUNICATES CLINICAL INFORMATION EFFECTIVELY

- Student clinician accurately informs client/family what will take place in assessment, therapy, and counselling sessions.
- Student clinician collaborates with client/family to identify needs and priorities of intervention.
- Student clinician identifies goal(s) of counselling session.
- Student clinician identifies all information to be disseminated (e.g., goals, assessment results, home programming, progress in therapy, etc.).
- Student clinician shares information with client/family regarding all aspects of the clinical process on an ongoing basis consistent with clients/family's level of understanding
- Student clinician demonstrates ability to communicate an accurate interpretation of situation (e.g., assessment results, progress in therapy, changes in client behaviour, etc.) conveying both positive and negative aspects.

PROBLEM SOLVING

- Problem-solving ability refers to the identification and organization of solutions to problems and applies to all clinical situations including assessment, therapy and counselling sessions, meetings, case conferences, etc.

RECOGNIZES PROBLEMS

- Student clinician recognizes problems:
 - a) Following individual sessions
 - b) Within individual sessions as they occur

- Student clinician recognizes recurring problems and identifies patterns by looking reflectively over multiple sessions:
 - a) With same client
 - b) Among different clients

IDENTIFIES PROBLEMS AND POSSIBLE SOLUTIONS

- Student clinician recognizes that problem-solving is required.
- Student clinician accurately defines problems and/or explains their perception of a situation.
- Student clinician generates multiple reasons/sources which may contribute to a problem or situation.
- Student clinician generates multiple alternate solutions for problems.
- Student clinician establishes logical rationales in developing possible solutions.
- Student clinician identifies and actively seeks appropriate resources to assist in problem-solving.

SELECTS RATIONAL SOLUTIONS

- Student clinician selects and implements best solution, based on rationale.
- Student clinician evaluates solution/decision and makes adjustments and modifications as required.
- Student clinician considers others' perspectives and needs (e.g., client/family, caregivers, other professionals, etc.) when problem solving.

IMPLEMENTS A SELECTED PROBLEM SOLVING APPROACH

- Student clinician implements a holistic approach and considers various pertinent circumstances in client's/family's life when problem solving.
- Student clinician implements feedback provided by supervisor in a timely fashion.

PREPARES FOR PROSPECTIVE PROBLEMS

- Student clinician identifies client factors (e.g., linguistic deficits, impulsivity, fatigue, frustration, perseveration, etc.) which may interact and/or precipitate problems during clinical activities
- Student clinician interprets all relevant factors and hypothesizes possible outcomes.
- Student clinicians predicts problems before they occur
- Student clinician plans appropriately for expected problems (e.g. develops modified task expectations and/or administration prepares facilitative procedures/prompts/cues; develops branching steps on a hierarchy; etc.).

ENHANCES PROBLEM-SOLVING BY THE CLIENT

- Student clinician identifies opportunities for client problem solving.
- Student clinician recognizes that problem solving by the client is indicated.
- Student clinician encourages or facilitates problem solving by the client during the session (e.g., identification of the problem and possible contributing factors, development of possible solutions and rationales, selecting a logical approach).
- Student clinician promotes implementation of a problem solving approach by the client.
- Student clinician facilitates evaluation of the solution/decision and assists the client in developing adjustments and modifications.

SELF-EVALUATION

- This section addresses the student clinician's ability to self-evaluate performance and skill level across a variety of clinical activities (e.g., assessment, therapy, counselling, conferences, written work, presentations, etc.) verbally and/or in writing.

RECOGNIZES AND EVALUATES PERFORMANCE RELIABLY

- Student clinician accurately and specifically identifies skills and experiences they bring to a clinical practicum, as well as areas of strength and areas to develop at the onset of a clinical practicum.
- Student clinician accurately and specifically identifies areas of strength and suggests modifications and rationale for change within individual sessions.

- Student clinician is insightful and introspective about her/his learning style and is able to communicate this to clinical supervisor.

IMPLEMENTS CHANGES EFFECTIVELY

- Student clinician implements information obtained through self-evaluation in subsequent sessions.
- Student clinician integrates self-evaluation over time across a variety of clinical situations in order to identify patterns and determine overall areas of clinical strength and areas to develop.
- Student clinician actively participates in evaluation of clinical performance throughout practicum, including mid-term and final evaluations.
- Student clinician identifies specific goals to develop clinical skills in identified areas.
- Student clinician identifies clinical procedures and experiences which may be beneficial in their development of clinical knowledge and skill (e.g., administration of a particular test, observation, etc.).
- Student clinician implements goals identified to develop clinical skills in identified areas.

SEEKS APPROPRIATE RESOURCES

- Student clinician appropriately indicates lack of knowledge or ability in a specific skill/area.
- Student clinician is aware of when to ask for assistance or advice.
- Student clinician asks for assistance or advice in a timely fashion.

EVALUATION OF CLINICAL SKILLS

Grading Record Form

Student Clinician: _____

Term: _____

Supervisor: _____

Midterm:

Site: _____

Final:

GRADE

_____ **Professional Ethics and General Professional Conduct**

Displays ethical behaviour consistent with current standards	NA	NE	NO	1	2	3	4	5	6	7
Adheres to legislation	NA	NE	NO	1	2	3	4	5	6	7
Adheres to facility policy	NA	NE	NO	1	2	3	4	5	6	7
Demonstrates responsible behaviour	NA	NE	NO	1	2	3	4	5	6	7
Demonstrates reliability	NA	NE	NO	1	2	3	4	5	6	7

Interpersonal Communication

Establishes positive communication environment	NA	NE	NO	1	2	3	4	5	6	7
Adjusts communication level	NA	NE	NO	1	2	3	4	5	6	7
Demonstrates supportive communication	NA	NE	NO	1	2	3	4	5	6	7
Uses effective oral communication	NA	NE	NO	1	2	3	4	5	6	7
Demonstrates effective conflict management	NA	NE	NO	1	2	3	4	5	6	7

Written Communication

Selects and plans written communication effectively	NA	NE	NO	1	2	3	4	5	6	7
Develops reliable written work	NA	NE	NO	1	2	3	4	5	6	7
Demonstrates effective record keeping	NA	NE	NO	1	2	3	4	5	6	7

Other Professional Contacts

Prepares effectively for professional contacts	NA	NE	NO	1	2	3	4	5	6	7
Follows protocols appropriately	NA	NE	NO	1	2	3	4	5	6	7
Communicates effectively with professionals	NA	NE	NO	1	2	3	4	5	6	7

Assessment

Plans and prepares effectively	NA	NE	NO	1	2	3	4	5	6	7
Demonstrates knowledge about pertinent tests and procedures	NA	NE	NO	1	2	3	4	5	6	7
Prepares testing environment	NA	NE	NO	1	2	3	4	5	6	7
Administers tests effectively	NA	NE	NO	1	2	3	4	5	6	7
Records/scores client responses accurately	NA	NE	NO	1	2	3	4	5	6	7
Interprets test/assessment results appropriately	NA	NE	NO	1	2	3	4	5	6	7
Develops appropriate recommendations	NA	NE	NO	1	2	3	4	5	6	7

Goal Selection

Prepares appropriate foundation for goal development	NA	NE	NO	1	2	3	4	5	6	7
Selects goals appropriately	NA	NE	NO	1	2	3	4	5	6	7
Develops pertinent goals and hierarchies	NA	NE	NO	1	2	3	4	5	6	7
Pursues follow-up effectively	NA	NE	NO	1	2	3	4	5	6	7

Intervention

Develops overall plan effectively	NA	NE	NO	1	2	3	4	5	6	7
Prepares for session productively	NA	NE	NO	1	2	3	4	5	6	7
Selects and sequences aspects of the session effectively	NA	NE	NO	1	2	3	4	5	6	7
Demonstrates flexibility	NA	NE	NO	1	2	3	4	5	6	7
Manages the session productively	NA	NE	NO	1	2	3	4	5	6	7
Discriminates and scores responses accurately	NA	NE	NO	1	2	3	4	5	6	7
Manages client behaviour productively	NA	NE	NO	1	2	3	4	5	6	7
Interprets client behaviour to direct	NA	NE	NO	1	2	3	4	5	6	7

own responding

Programs effectively with family members	NA	NE	NO	1	2	3	4	5	6	7
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Solicits feedback	NA	NE	NO	1	2	3	4	5	6	7
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Plans and manages time efficiently and effectively	NA	NE	NO	1	2	3	4	5	6	7
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Counselling and Interviewing

Provides consent information effectively	NA	NE	NO	1	2	3	4	5	6	7
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Obtains information effectively	NA	NE	NO	1	2	3	4	5	6	7
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Communicates clinical information effectively	NA	NE	NO	1	2	3	4	5	6	7
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Problem Solving

Recognizes problems accurately	NA	NE	NO	1	2	3	4	5	6	7
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Identifies problems and possible solutions	NA	NE	NO	1	2	3	4	5	6	7
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Selects rational solutions	NA	NE	NO	1	2	3	4	5	6	7
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Implements a selected problem solving approach	NA	NE	NO	1	2	3	4	5	6	7
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Prepares for prospective problems	NA	NE	NO	1	2	3	4	5	6	7
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Enhances problem solving by the client	NA	NE	NO	1	2	3	4	5	6	7
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Self-Evaluation

Recognizes and evaluates performance reliably	NA	NE	NO	1	2	3	4	5	6	7
Implements changes effectively	NA	NE	NO	1	2	3	4	5	6	7
Seeks appropriate resources	NA	NE	NO	1	2	3	4	5	6	7

<u>Clinical Categories</u>	<u>WT</u>		<u>GR</u>		<u>TTL</u>
Professional Ethics and General Professional Conduct	—	X	—	=	—
Interpersonal Communication	—	X	—	=	—
Written Communication	—	X	—	=	—
Other Professional Contacts	—	X	—	=	—
Assessment	—	X	—	=	—
Goal Selection	—	X	—	=	—
Intervention	—	X	—	=	—
Counselling and Interviewing	—	X	—	=	—
Problem Solving	—	X	—	=	—
Self-Evaluation	—	X	—	=	—
Total Grade: _____					

Student Clinician

Clinical Supervisor

Date

APPENDIX D: BEHAVIOURS OF PROFESSIONALISM

Corbett Clinic: Behaviors of Professionalism
Department of Speech Pathology and Audiology
University of Alberta

Adapted with permission from National Board of Medical Examiners (NBME)
[<http://ci.nbme.org/professionalism/Behaviors.asp>]

Responsibility & Accountability

- Accepts constructive feedback and modifies behaviour appropriately
- Adheres to institutional policies and procedures
- Admits errors and assumes personal responsibility for mistakes
- Arrives on time and fully prepared for scheduled activities and appointments
- Provides notification if unable to attend appointments or activities
- Completes assigned share of tem responsibilities
- Fulfills all clinical responsibilities in a timely manner
- Fulfills all non-clinical responsibilities in a timely manner
- Maintains a positive attitude amidst increased and unanticipated additional work
- Maintains confidentiality of patient information
- Maintains thoroughness and attention to detail
- Provides patient information to team members in a timely and effective manner
- Requests help when needed
- Responds promptly when contacted by clients or colleagues
- Signs over and ensures coverage of patients when unable to fulfill responsibilities
- Takes on extra work when appropriate for the benefit of the patient
- Takes on extra work when appropriate to help the team
- Takes steps to prevent repetition of errors
- Transmits accurate and detailed information for optimal transition of care
- Uses resources effectively to ensure optimal patient care
- Upholds ethical standards in class and clinical settings
- Meets all deadlines for paperwork including assignments, lesson, plans, session analysis etc. (modifications to timelines should be discussed with CE / professor no later than 5 working days prior to due date)
- Starts and ends client sessions on time
- Offers suggestions and ideas during problem solving
- Sets personal goals and specific plans to accomplish them

Respect

- Adheres to local dress code
- Appropriately incorporates patient's values, customs, and beliefs into management plan
- Balances personal needs and patient care obligations
- Discusses colleagues without using inappropriate labels or comments
- Discusses patients without using inappropriate labels or comments
- Optimizes patient comfort and privacy when conducting evaluation and treatment
- Solicits and values input from colleagues when appropriate

Caring, Compassion & Communication

- Adapts style and content of communication appropriately for each patient
- Breaks bad news with compassion and appropriate candor
- Collaborates with patients/designated representatives/clinical team in decision making
- Conveys information and answers questions honestly and tactfully
- Displays compassion and respect for all patients even under difficult circumstances
- Elicits patient's understanding to ensure accurate communication of information
- Maintains composure during difficult interactions with colleagues
- Maintains composure during difficult interactions with patients
- Offers advice when appropriate
- Provides constructive and supportive feedback appropriately
- Reacts appropriately to help distressed or impaired colleague
- Reacts appropriately to other's lapses in conduct and performance
- Takes personal responsibility to expressing own feelings
- Identifies and acknowledges the perspectives and experience of others
- Identifies difficulties with team collaboration and cooperation in a timely manner

Honor & Integrity

- Attributes ideas and contributions appropriately to others
- Avoids gifts and remunerations that might be perceived as conflicts of interest
- Demonstrates appropriate boundaries for inter-professional relationships
- Demonstrates appropriate boundaries for patient relationships
- Discloses errors to patients when appropriate
- Provides patient care without consideration of personal benefit

Initiative & Excellence

- Engages in Information teaching and learning activities with colleagues as appropriate
- Makes valuable contributions during class, individual and group meetings
- Looks for ways to improve personal relationships and clinical services

Leadership

- Advocates for changes in policies, procedures, or practices for the benefit of patients
- Advocates for colleagues
- Advocates for societal health issues
- Advocates for the individual patient
- Allocates health care resources without bias
- Facilitates conflict resolution
- Improves team effectiveness through motivation and facilitation
- Serves as knowledge or skill resource for others
- Teaches and emphasizes tenets of professionalism when appropriate opportunities arise

Dress Code

Our objective, in establishing a dress code, is to enable students to project a professional, image while experiencing the comfort advantages of more casual and relaxed clothing.

Because all casual clothing is not suitable for the clinic, these guidelines will help you determine what is appropriate to wear to clinic. Clothing that works well for the beach, yard work, dance clubs, exercise sessions, and sports contests may not be appropriate for a professional appearance at clinic.

Clothing that reveals too much cleavage, your back, your chest, your stomach or your underwear is not appropriate for a place of business, even in a business casual setting.

Even in a business casual work environment, clothing should be pressed and never wrinkled.

Torn, dirty, or frayed clothing is unacceptable. All seams must be finished. Any clothing that has words, terms or pictures that may be offensive to clients, staff or other students is unacceptable.

The clientele that you are working with will certainly influence your dress requirements. When working with adult clients, jeans are not acceptable; however, jeans and shorts (of a reasonable length) can be worn with children and their families.

No dress code can cover all contingencies so students must exert a certain amount of judgement in their choice to wear to clinic. If you are uncertain about acceptable, and professional (business casual) attire for the clinic setting, please ask your clinical educator.