



# CLINICAL EDUCATION HANDBOOK

Master of Science Program  
in Speech-Language Pathology

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## CLINICAL EDUCATION HANDBOOK FOR THE MSc (SLP) PROGRAM

This handbook provides policies, procedures, explanations, and examples of the McMaster Speech-Language Pathology Clinical Education program. This handbook is a supplement to the Program Handbook (available on Avenue to Learn, under the SLP Program folder), and the [McMaster Graduate Calendar](#). Some program and curriculum information is also available on the [SRS-SLP program website](#).

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Clinical education is an integral part of the MSc (SLP) program at McMaster. Students will gain practical clinical experience throughout their academic units, including unique experiences that will occur outside of the usual academic class schedule. In addition, over the course of the program, students will typically participate in 28 weeks of full-time clinical placements, spread across the five units of study, with approximate timeframes as follow:

Year 1, December: 2 weeks, observation only

Year 1, March-May: 6 weeks

Year 2, September-October: 6 weeks

Year 2, January-March: 6 weeks

Year 2, May-July: 8 weeks

While there are standard placement schedules, these may be shifted slightly when breaks occur before or after placement, in order to suit the facility's and/or Clinical Instructor's scheduling needs. When this happens, the break week(s) will be shifted such that the length of placement and length of break are unaltered, it is just the timing of each that is changed.

The MSc (SLP) program is intentionally designed to alternate academic blocks with placement experiences. Students are expected to apply skills learned during an academic unit into the subsequent placement, and then from the placement into the subsequent academic unit.

Sometimes placement opportunities arise outside of the typical schedule (e.g., summer camps, northern placements in August, one evening or day per week during an academic block, etc.). When an out-of-synch placement such as these occurs, time spent in other placements will be adjusted accordingly at the discretion of the Director of Clinical Education (e.g., if the equivalent of one full-time week is spent at a summer camp, one week will be removed from the subsequent placement).

An additional week of placement is available in July of Year 2 for students who need to gain additional hours with specific clinical populations in order to meet College registration requirements.

All speech-language pathology students are also required to obtain a minimum of 20 hours of audiology experience. Each student will complete one placement day at an audiology clinic at some point within Units 2 through 4. The remainder of the audiology hours are obtained during the full-time SLP placements, during Clinical Skills Labs activities, and during simulations that are posted throughout the calendar year.

Clinical education experiences are vital to the development of effective practicing clinicians. The Ontario Council of University Programs in Rehabilitation Sciences (OCUPRS) published [Essential Skills and Attributes Required for](#)

[the Study of Speech-Language Pathology](#) and clinical placement experiences depend heavily on effective demonstration of these skills. Students have the opportunity to transfer knowledge gained during in-class and self-directed learning into real world environments under the guidance of their clinical supervisors (called Clinical Instructors). Over the course of the program, students will have access to clinical experience across a variety of organizations, including but not limited to hospitals, schools, preschool programs, children's treatment centres, home-care programs, day programs, and private practices. Students will typically have one or two primary Clinical Instructors during each placement, but may be given opportunities to interact with other personnel at the facility, including other Speech-Language Pathologists, Communicative Disorders Assistants, and members of the interdisciplinary team.

Students must be able to communicate with, examine, and provide care for all clients, and show respect for and interact with all peers, including those whose gender, ethnicity, culture, sexual orientation, or spiritual beliefs are different from students' own.

**Students are expected to travel outside of Hamilton, Ontario** for clinical placements. Common clinical placement regions outside of Hamilton include, but are not limited to Niagara, Brant, Haldimand-Norfolk, Waterloo, Wellington, and Halton. Some clinical placements may be located in rural, under-served, and remote areas (including northern Ontario). Many placements, rural and urban, require travel throughout the workday (e.g., traveling to schools, seeing clients in their homes, workplaces, and other locations in the community). Sometimes students may travel with their Clinical Instructors but often they must drive separately. **Students are responsible for their own transportation, medical and auto insurance coverage, accommodation, and associated costs in order to complete program requirements** – there is no funding from the SLP program to assist students with these costs. **Students must prepare for costs such as relocation, transportation, rent (in addition to rent for Hamilton residence), commuting, parking, additional medical and auto coverage, and food.** Students confirm their understanding of this requirement when signing the Student Program Agreement form at the beginning of the program.

Out of province and international placements may be available but are limited. Application fees and additional procedures are required for these placements.

Students are also expected to participate in virtual placements. Students are responsible for ensuring full audio and video privacy when conducting clinical work virtually (e.g., private room, headphones, computer screen facing away from door) and adhering to electronic privacy standards (McMaster's Zoom and Teams platforms, when used with passwords and in conjunction with audio/video privacy measures, meet these standards).

All five SLP clinical placements are full-time (typically an average of 35-40 hours per week, recognizing that there will be week-to-week variations based on client and facility need), but the particular days and times of day worked will vary according to each individual site. Evenings and weekends are required at a number of placement sites. Students will be provided with details regarding the requirements of each site as well as the types of learning opportunities and resources available. Throughout the clinical experiences, in addition to achieving the required competencies to advance in the program and graduate, students are required to obtain a [minimum number of specified practice hours](#) in order to apply for registration/licensing in the chosen jurisdiction.

## EXPECTATIONS OF STUDENTS

Over the course of the program, students are expected to gradually increase their functional clinical competence from Early Novice to Entry to Practice. In order to accomplish this, in addition to adhering to Attendance and Non-Academic requirements (described later in this section), students are required to demonstrate Professional Behaviour and Learning Behaviour in all aspects of the clinical experience.

### Expectations for Professional Behaviour

The [Professional Behaviour Code of Conduct for Graduate Learners – Faculty of Health Sciences](#) is a strict requirement for all students in the program. Students must be familiar with this policy. The policy describes three domains of professional behaviour requirements for all academic and clinical settings:

- Professional Responsibility, Integrity, and Accountability
- Self-Improvement and Pursuit of Excellence
- Respectful Professional Relationships and Communication

The **College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)** describes several standards pertaining to clinical and professional behaviour. An overview of these standards can be found in the [Self-Assessment Tool Guide](#).

### Dress Code

Students on clinical placement are representing themselves and McMaster University, and as such are required to adhere to the following **Dress Code Policy** as well as the policy of the clinical placement site.

Within any clinical setting, students shall be dressed neatly and professionally when interacting with all members of the professional community including, but not limited to, clients, families, and clinicians. In a clinician-client relationship, the emphasis naturally must be on the client, so the student's physical presentation should not distract from that.

Acceptable items include: pants, dresses, skirts, blouses, dress shirts, golf shirts, sweaters, blazers, loafers, and dress shoes (heels or flats).

A non-exhaustive list of potentially inappropriate attire for students, regardless of sex or gender, is: low-cut or low-rise pants, low-cut shirts, jeans, sweatshirts, sweatpants, shorts (including Bermuda shorts), t-shirts with printed pictures or words, skirts or dresses more than 4 cm above the knee, and plastic or rubber flip-flops. Tank tops, cropped tops, muscle shirts, or any tops that are excessively tight or revealing are not acceptable within the clinical setting. Undergarments should not be visible. For the most part, students using common sense will dress appropriately for clinical assignments. Jewelry, heel height, and makeup should be appropriate to the clinical setting, and body and facial piercings should pose no health or safety risks to students or clients.

Students at off-campus sites must also adhere to the dress code of those sites. Failure to follow this Dress Code and that of the clinical placement site may result in the student being asked to withdraw from a session or to leave, change, and return. Each student will also have a McMaster Student ID Badge that must be worn during all off-site visits and clinical placements.

Human rights related accommodation:

Should a bona fide religious practice or belief conflict with the dress code, reasonable accommodation will be made. Students are also entitled to reasonable accommodation on the basis of other protected grounds covered by the Ontario Human Rights Code, e.g., disability, sexual orientation, gender identity or gender expression, race, or ancestry.

## Ethical Principles

CASLPO describes four overarching ethical principles that should govern decision-making and behaviour in clinical practice. Clinicians must:

- Acknowledge and respect the rights of patients to make informed choices and decisions about their health care.
- Protect and act in the best interests of patients using knowledge, skill, and judgement to provide quality, competent care, and treating all patients justly and fairly.
- Take personal responsibility for behaviour, actions and decisions, including during supervision. Act with integrity and be responsible for advancing public trust in the professions.
- Be diligent in efforts to assess risk of harm and, whenever possible, prevent harm from occurring.

Ethical principles are detailed in the [CASLPO Code of Ethics](#) and the [Speech-Language and Audiology Canada Code of Ethics](#).

Many of the professional behaviour requirements described below relate directly to ethical behaviour. It is incumbent on all students to understand that they are practicing solely for the benefit of their clients; personal needs and biases are secondary to this overriding principle. Client-therapist relationships are built on trust, and clients will only develop trust when their therapists demonstrate adherence to the above two principles. If in doubt about a planned course of action, students should ask themselves if they would be comfortable having their behaviour posted on social media and the front page of the local newspaper.

Central to respecting clients (and colleagues) as persons is the requirement for students to ensure their words and actions create an environment that is free from harassment and discrimination on any basis, including race, religion, and gender. We expect our students to foster clinical relationships that respect the human rights, integrity, and dignity of all community members. Expectations and supporting resources may be found on our [Clinical Partners website](#) and at [McMaster's Equity and Inclusion Office](#). Additional resources, including a reporting flowchart, may be found in the Anti-Racism, Anti-Bias, Anti-Oppression course shell in A2L.

Sometimes clients wish to express their gratitude to students with gifts. While well-intentioned, the sharing and accepting of gifts can alter the clinician-client relationship. Student clinicians are therefore not permitted to accept gifts of any cash value from clients or their family members, including cash, cheques, gift cards, gift certificates, or tickets. Tokens of appreciation are allowed (e.g., cards, plants, chocolates, child's artwork). If clients want to show appreciation for services, students may suggest donations to the clinical placement site, such as toys, books, or games; or donations to a charitable foundation of the client's choice. Similarly, if a student wishes to express appreciation to their Clinical Instructor at the end of a placement, a thank you card would be appropriate, but gifts should be avoided.

## Conflict of Interest

In keeping with the [McMaster University Faculty of Health Science conflict of interest guidelines](#), students are not eligible to complete a clinical placement at a facility where they have previously been employed or previously been a client, and are not eligible to be supervised by a Clinical Instructor who is a family member. In addition, if a student is seeking a clinical placement at an organization where the student has previously volunteered, the student and supervisor must notify the Director of Clinical Education immediately to discuss the clinical placement and address any real or perceived conflict of interest.

During the course of any placement, students may encounter situations that risk putting them into a conflict of interest. CASLPO suggests asking the following questions to avoid a conflict of interest:

- Does my decision put me in a conflict of interest?
- Could it **look** like a conflict of interest?
- How would I perceive the situation if the client-professional roles were reversed?
- What would the average person expect me, the professional, to do in the situation?
- Am I straining relationship boundaries?

## Consent

CASLPO standards pertaining to consent include:

***3.1 I obtain and document consent for all intervention plans or courses of action and any significant changes thereafter.***

***3.2 I obtain and document consent to collect, use, retain, and disclose health information, as required.***

***3.3 I consult with the patient and/or Surrogate Decision Maker (SDM) when establishing intervention plans and/or courses of action.***

***3.5 I respect the patient's and/or SDM's decision to decline intervention.***

Additional information can be found in [CASLPO's guide for Obtaining Consent for Services](#), and [Ontario's Health Care Consent Act](#). Informed consent is a fundamental principle in ethical, client-centred practice. Students shall respect their clients' rights to be informed and to choose their preferred course of action.

## Confidentiality

It is of critical importance to safeguard clients' confidential information. There are two pieces of legislation and regulation governing privacy in Ontario:

- [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#)
- [Personal Health Information Protection Act \(PHIPA\)](#)

All students sign a Statement of Confidentiality during Orientation Week.

There are four (4) key aspects of practice relating to confidentiality:

- Identifying information should only be disclosed within the facility setting to individuals who have a direct clinical relationship with the client and should never be disclosed outside of the facility setting.
- When clinical information needs to be shared with other team members, only the minimum necessary information to accomplish the required task should be shared.
- Clients have the right to inspect and use copies of their clinical information.



- Under no circumstances should a student ever access the private health records of any individual who is not their patient/client.

The following are some commonsense steps to help prevent breaching confidentiality:

- If you see a healthcare record in public view, cover the file, turn it over, or find another way to protect it.
- If you talk about clients as part of your job, try to prevent others from overhearing the conversation. Whenever possible, hold conversations about clients in private areas.
- Ensure telepractice locations are fully private so that no part of any sessions may be overheard or overseen by anyone other than team members directly involved with the client and even then, only with the client's consent. Telepractice platforms must meet all electronic privacy standards. Wear headphones for audio privacy. Conduct sessions in a private room with the computer monitor facing away from the door.
- When healthcare records are not in use, store them in office areas that are either locked or under supervision.
- Remove documents that contain confidential information from fax machines, copiers, and printers as soon as you can.
- When you need to discard documents that contain confidential information, put the documents in confidential bins for shredding. Be vigilant when discarding any paper used during the course of client interactions to ensure no identifying information is ever placed into regular garbage or recycling bins.
- Allow clients to make reasonable requests for private communication. For example, a client may ask a receptionist to contact the client at work rather than leave a message on the client's home voicemail.
- Do not leave detailed health information on an answering machine or voicemail.
- Do not post any placement-related images, videos, or content, including the name of the placement site and clinical instructor, on any social media platform or other public venue without prior express written approval from the clinical instructor and/or clinical site contact. If approved, you must ensure you abide by both McMaster and clinical site confidentiality policies at all times. Regardless of approval, sharing any client-related information, including descriptions, photos, or videos, is strictly forbidden.
- Discourage clients from communicating via email. If clients wish to communicate via email, ensure they are fully aware of the lack of security and privacy in doing so, in addition to any requirements for documenting the email exchange. See the [email guidelines](#) released in September 2016 by the Information and Privacy Commissioner of Ontario.
- Do not remove original or copied healthcare records from the clinical placement site.
- Do not save confidential information to portable discs, zip drives, or any other portable media.
- Do not attempt to access private health information of anyone other than clients you are directly involved with, and even then, only with their permission.

There are mandatory reporting requirements if you become aware of a privacy breach:

- [Guidelines for Reporting a Privacy Breach](#)

Students should visit the [Information and Privacy Commissioner of Ontario website](#) to learn more and to see examples of privacy breaches and the resulting penalties.

### Additional Professional Behaviour Expectations

In addition to the above, students are expected to demonstrate specific interpersonal behaviours and attitudes. The following list was adapted from a publication by Michael R. Chial, Ph.D., Professor Emeritus, Department of Communication Sciences and Disorders, University of Wisconsin-Madison (*Audiology Today*, July 1998):

- i. You show up on time.
- ii. You show up prepared.
- iii. You show up properly attired.
- iv. You show up in a frame of mind appropriate to the professional task. You demonstrate optimism.
- v. You accept the idea that “on time,” “prepared,” “appropriate,” and “properly” are defined by the situation, by the nature of the task, or by another person.
- vi. You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities, and capacities.
- vii. You recognize that professional duties and situations are about completing tasks and solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.
- viii. You ensure that cell phone use while on work time is strictly for the benefit of the persons served. Cell phones shall not be utilized for personal purposes except on breaks.
- ix. You recognize that social media posts often are permanent and not private, and therefore are accessible to other professionals and the persons you serve. This means you are careful and thoughtful about the images and content you choose to portray via social media.
- x. You place the importance of professional duties, tasks, and problem solving above your own convenience.
- xi. You strive to work effectively with others for the benefit of the persons served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.
- xii. You properly credit others for their work.
- xiii. You sign your work.
- xiv. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, blaming others, emotional displays, or helplessness.
- xv. You do not accept professional duties or tasks for which you are personally or professionally unprepared or unqualified.
- xvi. You do what you say you will do, by the time you said you would do it, to the extent you said you would do it, and to the degree of quality you said you would do it.
- xvii. You take active responsibility for expanding the limits of your knowledge, understanding, and skill.
- xviii. You vigorously seek and tell the truth, including those truths that may be less than flattering to you.
- xix. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.
- xx. You value the resources required to perform professional duties, tasks, and problem-solving, including your time and that of others.
- xxi. You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.
- xxii. You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.
- xxiii. When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways in which you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practice.
- xxiv. You accept the imperfections of the world in ways that do not compromise the interests of those you serve, or your own pursuit of excellence.
- xxv. You base your opinions, actions, and relations with others on sound empirical evidence, and on examined personal values consistent with the above.
- xxvi. You expect all of the above from other professionals.

As part of CASLPO presentations to Year 2 students on ethical standards, Alexandra Carling has provided the following description of what professionalism means:

- Showing integrity and being courteous, fair, honest, respectful, and accountable
- Doing your best on your worst day
- Doing it right even when it is hard
- Putting patients and families first; acting in the best interests of the patient or family
- Maintaining professional boundaries
- Identifying and mitigating bias, knowing that your values and beliefs can impact decision making
- Knowing the limitations of your knowledge and scope of practice
- Leading by example (e.g., remaining professional in the face of rudeness)
- Embracing learning beyond minimal requirements
- Doing more than the minimal standards

As professionals, students are also expected to submit all required program documents completely and on time. Late and incomplete document submission (e.g., Vulnerable Sector Check, Health Screening, Planned Absence, etc.) is tracked and offending students will be reviewed for referral to the Professionalism Panel at McMaster University, Faculty of Health Sciences.

*“Professionalism is not a label you give yourself – it’s a description you hope others will apply to you.”*  
*-David Maister*

### **Expectations for Learning Behaviour**

Students are expected to:

- Follow all of the university and clinical placement site policies and procedures as related to clinical education and day-to-day work requirements.
- Abide by program guidelines for clinical education.
- Abide by standards and guidelines published by the regulatory Colleges in the province in which the clinical placement is taking place (e.g., [www.caslpo.com](http://www.caslpo.com) in Ontario).
- Take responsibility for their learning experience, with support from their Clinical Instructors, university instructors, and the Director of Clinical Education, including but not limited to:
  - Doing preparatory readings and conducting literature searches
  - Drafting hypotheses, analyses and proposed courses of action to discuss with the Clinical Instructor(s)
  - Seeking and accepting feedback graciously and implementing changes to improve the required skills, attitudes or action plans
- Set SMART goals at the beginning of each clinical placement (Units 2-5), track progress on the goals, and adjust goals as necessary with input from the Clinical Instructor(s) and Director of Clinical Education.
- Complete the Structured Reflection Logs on the required schedule.
- Increase their understanding of the roles and functions of other team members and demonstrate collaborative work behaviours.
- Increase their understanding of the environments and systems in which speech-language pathologists practice, and how speech-language pathologists contribute as part of the service delivery team.
- Communicate with the Clinical Instructor(s) and Director of Clinical Education any time during their clinical placement if they encounter challenges in developing their competencies (see Appendices A and B).
- Demonstrate safety in clinical student practice and exercise sound judgement in carrying out duties
- Disclose and manage in a timely way any limitations that may either a) affect the student’s ability to complete the essential components of clinical activity, or b) put staff or clients at risk.
- Provide feedback and an evaluation of their clinical placement experience to their Clinical Instructor(s)

and the Director of Clinical Education.

The initial 2-week observational placement in December forms part of the Clinical Skills Lab course in Unit 1. For this clinical placement, students' learning is focused on 3 main areas:

- Observing client and clinician behaviours
- Tracking data for the Clinical Instructor
- Completing a research inquiry into a clinical question for the Clinical Instructor

Depending on the particular clinical placement sites assigned for the Units 2-5 placements, students will gain exposure to a range of clinical activities, including, but not limited to:

- Reviewing background information on clients
- Interviewing clients and caregivers
- Collaborating with other health care providers
- Screening for communication and swallowing disorders
- Assessing communication and swallowing disorders
- Assessing factors impacting communication and swallowing disorders
- Scoring tests and analyzing formal and informal results
- Writing reports
- Establishing goals and outcome measures
- Implementing therapy and caregiver training, including related counseling
- Charting
- Measuring progress
- Discharge planning

In addition, students can and should be involved in ancillary activities that will enhance their learning and provide valuable contributions to the setting and Clinical Instructor(s). Examples of such activities are:

- Contributing to client and staff educational materials and in-services
- Conducting critical appraisals of topics in the research literature as they relate to practice areas in the clinical placement setting
- Participating in administrative and managerial learning (e.g., insurance issues, legal issues, billing procedures, entrepreneurship, referral and admission criteria)
- Contributing to preparation or enhancement of marketing materials
- Developing treatment materials and games for use in the setting
- Researching and critically appraising clinical products, software, and apps

There may be times when a Clinical Instructor is not on-site (e.g., due to working part-time, being called away unexpectedly, working on tasks which cannot include the student). During these times, the student should actively engage in ancillary activities such as those described above, as well as:

- Planning and preparing for future client sessions or meetings
- Learning and preparing summaries about disorder areas relevant to the client populations seen in the clinical placement setting
- Practicing report writing and other forms of client documentation
- Practicing test administration and scoring, and analysis of test results
- Observing other clinicians (with approval from Clinical Instructor and other clinicians)
- Surgical or classroom observations (with approval from Clinical Instructor and relevant individuals)

## **Attendance**

Students are expected to attend and actively engage every day in all clinical placements during the 2-year

program. Students will follow the work schedule of the clinical placement site (e.g., take statutory holidays if the facility observes the holiday). Similarly, students will work on weekends and/or evenings if the staff works during these times.

Students are required to attend each clinical placement in its entirety – 100% attendance is expected of all students. The nature of clinical placements is such that staff and clients have planned for the student's presence, and absence will result in disruption of important clinical services. In addition, regulatory bodies such as CASLPO require students to obtain a specified number of hours in order to be eligible to practice.

### Absence Criteria

Absence days may be planned or unplanned and may be taken for various reasons including but not limited to illness, loss of a family member or friend, medical appointment, significant life event etc. Students are allowed to take a maximum 4 absence days total across ALL placements. If there are extenuating circumstances, the Director of Clinical Education and the Assistant Dean of the SLP Program will work with students to identify next steps. Any lengthy absence from a clinical placement may necessitate withdrawal from the clinical placement and may result in a failing grade for that course. Students are encouraged to be thoughtful regarding use of absence days as there may be unforeseen circumstances on future clinical placements where absence days will be required. These unforeseen circumstances will be included in the 4 permitted absence days.

**To ensure the student is covered with liability insurance for the duration of the clinical placement, the program must be informed of all absences and changes in clinical placement dates.**

All forms referenced in this section are available on Avenue to Learn under the Clinical Education course folder and also in InPlace (placement software program). InPlace tracks all absences within and across placements.

#### **The following criteria apply to absence days:**

- A student cannot take >3 absence days per placement period.
- If a student requires an absence day due to illness, they must adhere to all documentation and clearance requirements as outlined below

*\*There may be extenuating circumstances (e.g., prolonged illness), whereby the clinical education team, student, and Clinical Instructor will need to manage absences that fall outside the outlined criteria.*

#### **Should a student choose to take an absence day the following process must be followed:**

- Submit the absence form to the clinical education team for reference.
  - at minimum four (4) weeks prior to the placement start date for planned absences
  - as soon as the absence date is known and/or within the day of absence for unplanned absences
- The student must also communicate the absence to the assigned Clinical Instructor prior to the start of the clinical placement day, copying the clinical education team.
- The student must arrange making up the missed time with the Clinical Instructor to ensure they meet the minimum hours required for each clinical placement.
- Make-up days or hours must be outlined on the respective absence form. Any organized make-up days must be organized to align with the sessional dates of the respective clinical placement course. If a student is not able to meet the minimum required hours within the current placement they may be

required to organize make-up time in a future placement. This organization will be supported by the clinical education team.

- The student must ensure, through discussion with their Clinical Instructor that any missed time will not impact their ability to meet placement expectations. The student will need to attest to having had this discussion via signature on the absence form.
- On the day(s) of the absence, the student will document the absence in InPlace as soon as possible and no later than 8am the next morning for each day of the absence. See Student User Guide – Tracking Time, Activities, and Absences.
- For unplanned absences due to snow closure, no additional supporting documentation is required.
- For unplanned absences due to illness or injury, it is at the discretion of the Director of Clinical Education if supporting documentation is required. **Students may be granted up to two (2) sick days per placement cycle without the immediate requirement to submit a Student Health Certificate, however this is dependent on circumstances (e.g., viral outbreaks, public health guidelines, settings with vulnerable populations, etc.).** For the 3<sup>rd</sup> day and any additional days absent in a placement cycle, a Student Health Certificate must be uploaded with the absence form. When the 3 or more days absent are consecutive, the Student Health Certificate must be provided to the SLP program **prior to returning to placement** in order to ensure student and site safety.
- Complete all absence and return to placement procedures required by the placement site.

On the day of return to clinical placement, before the beginning of the clinical day, the student must contact the Clinical Instructor via telephone to notify them of the return to clinical placement and contact the Program Assistant at [slpadmin@mcmaster.ca](mailto:slpadmin@mcmaster.ca) to notify them of return to clinical placement.

At all times, the health and safety of everyone (e.g., the student, clients, public) needs to be the main priority and if a student is unclear about the safety of returning to the clinical environment (e.g., concern related to lingering symptoms or resolution of risk) they must err on the side of caution and consult a physician to obtain the health certificate.

If a student has to leave a clinical placement site early due to illness or injury, or for another emergency reason, the student is expected to notify the Clinical Instructor of the need to leave placement and then follow the absence procedures above.

The Program Assistant should be informed immediately at [slpadmin@mcmaster.ca](mailto:slpadmin@mcmaster.ca) of any incidents where personal injury is sustained on a clinical placement. Please refer to the Health and Safety section of this handbook as well as [Appendix C](#) for procedures.

Students are expected to follow the outlined process for planned and unplanned absence days. Failure to adhere with the process may result in a student being presented to the Program Academic Study Committee for professionalism concerns.

In the event that an absence occurs during the last week of clinical placement, the student may be responsible for scheduling the final evaluation meeting with the Clinical Instructor outside of the previously arranged clinical placement dates.

Any student wishing to voluntarily withdraw from placement will require a Leave of Absence approved by the School of Graduate Studies (Please see LEAVE OF ABSENCE AND WITHDRAWALS – in the [SRS SLP Program Handbook](#)). The student must email the Director of Clinical Education and the Program Manager (Liz Dzaman

[dzaman@mcmaster.ca](mailto:dzaman@mcmaster.ca)) to initiate this process. Given the structure of the program where academic and placement blocks are intentionally altered, a Leave of Absence from placement may impact the timing of return to the next academic block.

## COVID-19

**In addition to the above unplanned absence procedures, all students MUST review and strictly adhere to all McMaster procedures (see A2L).**

## Late to Placement

Prior to the start of each clinical placement, students are expected to discuss daily start times with the Clinical Instructor. Students are expected to arrive sufficiently ahead of the actual daily work onset time to ensure they are prepared for the day. **The MSc (SLP) program strongly recommends that students arrive 15 minutes prior to the negotiated start time to allow set-up time for the day ahead.** For example, it is not acceptable for a student to arrive on-site at 8 am if that is the first scheduled session time or onset of the workday.

If a student is going to be late to clinical placement, they are expected to contact the clinical site (via the Clinical Instructor) regarding their expected arrival and ensure the correct arrival time is documented in InPlace. If a student is late recurrently, a site may decide to terminate the placement in consultation with the Director of Clinical Education. This would also affect evaluation of one or more competencies.

## Interruptions of Placement

Unfortunately, there are rare situations that can result in unplanned interruptions of the clinical placement schedule (e.g., labour strikes, virus outbreaks). With sufficient notice, alternative placements may be arranged as a proactive measure. If no advance warning is possible, arrangements for alternative placements/learning experiences will be made as circumstances merit/permit.

Time loss due to such unplanned interruptions at a placement site will not affect the student's promotion from one unit to the next. If the time loss exceeds 10 days, the student will be required to make up the learning experience. Every effort will be made to provide supplementary learning experiences prior to the student's anticipated date of graduation.

For shorter term time loss of 1 - 10 days, students may be given supplemental work external to the site and supervised by the Director of Clinical Education as deemed appropriate and agreed to by the University and Clinical Instructor. During the period of interruption, it is the student's responsibility to stay in close contact with the site Clinical Instructor and the Director of Clinical Education. If the placement interruption occurs in the final 2 weeks of placement, the Clinical Instructor will be asked to complete a final evaluation based on observations to that point in the placement. This information will be combined with evaluation of the supplemental learning experiences to issue a final grade recommendation.

## Non-Academic and Site-Specific Requirements

Students are required to maintain current non-academic requirements for the duration of their registration in the MSc (SLP) program – they may not lapse at any time during enrollment. Failure to maintain current requirements may result in the student being withdrawn from the program and/or clinical placement. These requirements are in place to protect members of the public who interact with students while on placement, but also during

academic coursework (e.g., class visitors, OSCE volunteers, field trips). Students may also be responsible to meet additional site-specific requirements.

Please see the hyperlinked websites in the sections below for any changes to non-academic requirements.

### Year 1 (Incoming) Students

Non-academic requirements include the following:

The [Vulnerable Sector Check and Health Screen requirements](#) must be submitted by July 15 so that clearances can be confirmed prior to Orientation Week. VSC must be valid within the lesser of 12 months of issue date or the number of months specified by a placement site. For example, if a placement site required a 6-month clearance period and the placement was ending on June 30, the VSC must be issued on or after January 1.

[CPR Training \(BLS or Level C\)](#) must be valid for the duration of the program and the Faculty of Health Sciences supports a 2-year recertification period. Proof of certification must be provided to [slpadmin@mcmaster.ca](mailto:slpadmin@mcmaster.ca) by July 15 prior to starting the program in the fall and must be maintained current throughout the duration of the program. Some placement sites may require a shorter recertification period and students must be prepared to meet the site's requirements. Training must be completed in-person or via a hybrid model; fully online CPR training is not accepted by the School of Rehab Science.

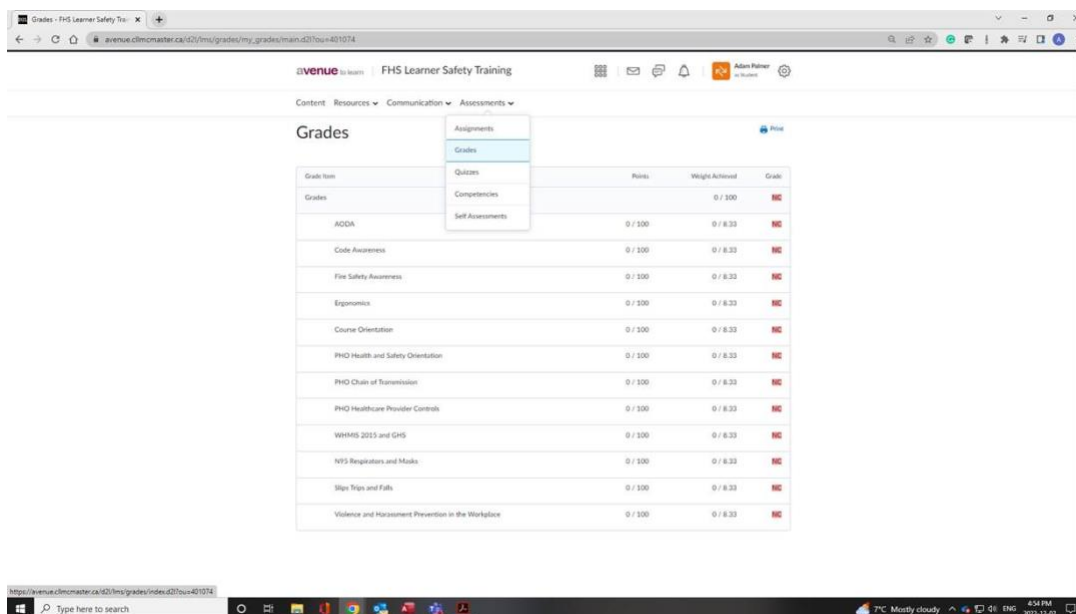
[Mask Fit Testing](#) is completed during Orientation Week. Students need to complete Mask Fit Testing every two years, or immediately if there has been a change to the shape of the wearer's face (e.g., weight gain or loss of 10% or more, oral surgery, cosmetic surgery). If a student is not successfully fitted on any of the available models, they are given a card similar to all others except that it is labelled "ROCAL/PAPR required." In this circumstance, students will be instructed that if they require entry into areas with airborne precautions on a regular basis, they must contact the FHS Safety Office for training. They are also instructed that if they come across an N95 isolation as a one-time entry, they are to inform their Clinical Instructor that they are currently unfitted and cannot enter the isolation room.

Students must also complete all FHS Safety Training modules in Avenue to Learn by the end of Orientation Week of their first year in the MSc (SLP) program. These programs include:

- Course Orientation
- AODA
- Code Awareness
- Fire Safety Awareness
- Ergonomics
- PHO - Health and Safety Orientation
- PHO – Chain of Transmission
- PHO – Healthcare Provider Controls
- WHMIS 2015
- GHSN95 Respirators and Masks
- Slips Trips and Falls
- Harassment Prevention in the Workplace



All modules must be completed to meet program requirements. In addition, placement sites may require proof of completion. To obtain proof of completion, go to the FHS Learner Safety Training course shell in A2L, click on Assessments, then Grades:



Take a screenshot of the results to share with your placement site.

Students must also complete Infection Prevention and Control Training requirements before the end of Orientation Week and upload proof of completion to A2L. See details in A2L. Placement sites may also ask to see this document.

The Faculty of Health Sciences has posted [guidelines for students if a pandemic or localized outbreak occurs](#).

Any questions regarding the health and safety training modules can be directed to the FHS Safety Office at (905) 525-9140 x24956 or via email at [fhss@mcmaster.ca](mailto:fhss@mcmaster.ca).

Most Health Screening requirements were confirmed prior to enrolling in the program, [but confirmation of receiving the flu shot](#) must be submitted to the Health Screening Office no later than November 30.

## Year 2 (Returning) Students

Non-academic requirements include the following:

The [Vulnerable Sector Check](#) shall not be allowed to lapse – it must be current at all times. VSC must be valid within the lesser of 12 months of issue date or the number of months specified by a placement site. For example, if a placement site required a 6-month clearance period and the placement was ending on June 30, the VSC must be issued on or after January 1.

The [Health Screen](#) requirements must be submitted by July 31 so that clearances can be confirmed prior to placement in September. [Flu shot confirmation](#) must be received by November 30.

The Faculty of Health Sciences supports a 2-year recertification period for [CPR Training \(BLS or Level C\)](#). Students may therefore need to recertify to ensure they are covered until the end of the program and/or meet shorter recertification periods as required by a placement site. Training must be completed in-person or via a hybrid model; fully online CPR training is not accepted by the School of Rehab Science.

[N95 Respirator Training](#) must be completed via Avenue to Learn prior to placement in September. Unlike in Year 1, **you must first register in Mosaic to access this training:**

- Log into Mosaic, select Regulatory Training, then Search by Course Name
- Leave the search field blank and click on the magnifying glass to get the entire list of trainings (entering the name can be problematic as it has to be exact) – it should appear as FHS N95 Respirator
- Click on View Available Sessions then click on the Session Number (**ignore the date** – they are random for the online courses), click on Continue, click on Submit
- You will receive a confirmation screen in Mosaic when the registration has been completed
- It will take 24 hours for the course to appear in A2L
- Once it appears, the course content and quiz will be located under the “Continuing” tab if it is not readily available on your main screen. The content is very similar to the original training completed upon starting the program.
- Once you have successfully completed the quiz, the result will transfer back to Mosaic as Complete. **To obtain proof of completion, log into Mosaic, select Regulatory Training, then Training Summary. Take a screenshot of this to supply to placement sites** as proof of re-doing the training for Year 2.

[Mask Fit Testing](#) must be retaken if there has been a change to the shape of the wearer's face (e.g., weight gain or loss of 10% or more, oral surgery, cosmetic surgery) or supply of certain models has been discontinued.

## EXPECTATIONS OF CLINICAL INSTRUCTORS

The success of any clinical placement relies on the Clinical Instructors and students having a common understanding and commitment to the goals of the experience and the process required to accomplish the goals. Clinical Instructors are expected to model all aspects of Professional Behaviour described above. Clinical Instructors are expected to support students in meeting all elements of Learning Behaviour described above.

Clinical Instructors should have a minimum of two years professional experience and hold credentials in good standing with the appropriate regulatory body (e.g., [www.caslpo.com](http://www.caslpo.com)) to independently supervise a student. In a co-supervision model, a minimum of one year is appropriate for one of the Clinical Instructors. In some cases, a Clinical Instructor may have less experience but be recommended for the position by facility leadership and the Director of Clinical Education.

In keeping with the [McMaster University conflict of interest guidelines](#), and [similar guidelines issued by the Faculty of Health Sciences](#), students are not eligible to complete a clinical placement at a facility where they have previously been employed or previously been a client, and are not eligible to be supervised by a Clinical Instructor who is a family member. In addition, if a student is seeking a clinical placement at an organization where the student has previously volunteered, the student and supervisor must notify the Director of Clinical Education immediately to discuss the clinical placement and address any real or perceived conflict of interest.

The McMaster SLP program **expects all of our clinical partners, including Clinical Instructors, to establish learning and working environments that are free from harassment and discrimination on any basis, including race, religion, and gender. We expect our Clinical Instructors to foster a culture that respects the human rights, integrity, and dignity of all community members.** Resources to support clinical instructors in meeting these standards are found on [our website](#).

The [Placement Process – Insurance Coverage](#) section contains information relating to ensuring students on clinical placement are covered by insurance through the Ministry of Colleges and Universities. There is one brief form that the site must sign once per year. In addition, during the first day of clinical placement, the student and Clinical Instructor must also complete a Pre-Placement Safety Orientation Checklist as part of the insurance process.

Clinical placements should be collaborative (considering both the student’s learning style and the Clinical Instructor’s teaching style), mutually beneficial, and seen as an opportunity for professional growth for both parties. To this end, Clinical Instructors should:

- Act as role models for students.
- Develop and maintain clinical supervision skills through continuing education.
- Become familiar with the McMaster program and philosophy, in particular as it relates to clinical placements (learning objectives, educational tools, evaluation methods including expected student performance in accordance with stage of development), and with the supervision process.
- Inform the Director of Clinical Education of any student requirements that exceed the standard McMaster requirements (e.g., site-specific health and safety training, more frequent police checks). Standard McMaster requirements can be found in the [Expectations of Students](#) section of this handbook.
- Ensure that the Placement Profile description is thorough and accurate.
- Abide by relevant McMaster University policies and procedures.
- Abide by regulatory College requirements, as applicable depending on the province in which the clinical placement is occurring (e.g., [www.caslpo.com](http://www.caslpo.com)).
- In Ontario, abide by [CASLPO’s Position Statement on Supervision of Students of Audiology and Speech-Language Pathology](#).
- Offer a welcoming environment and provide space for student use, as available within the site’s resources.
- Offer a positive, comprehensive, and interactive learning environment to support student development.
- Offer a thorough orientation to the facility, including relevant policies and procedures, the role of the speech-language pathologist, the roles of other team members, and logistical aspects such as client, staff and supply locations, computer systems, and days and times of workdays.
- Clearly define student expectations and supervision process, appropriately grade expectations, and be available to students to offer appropriate supervision and feedback throughout the clinical placement.
- Assist the student with generating SMART goals for the clinical placement (Units 2-5).
- Assume responsibility for the action of the student while on clinical placement and make arrangements for alternate supervision if the Clinical Instructor is not available at any given time.
- Develop a collection of independent work tasks that students can complete during times where supervision is not available (e.g., development of therapy materials, lesson plan preparation, report preparation, completing sample assessment analyses, observing other disciplines, interviewing other disciplines, completing self-reflection analyses).
- Offer regular and timely spoken and/or written feedback based on student performance, including recommendations for improvement.

- Meet with students to discuss and evaluate their performance at midterm and end of the clinical placement, including completion of formal evaluations relating to SMART goal attainment, quality of Structured Reflection Logs, and achievement of expected clinical competencies.
- Communicate with the Director of Clinical Education at any time during the clinical placement if the student encounters significant challenges (see [Appendix A](#)).
- Provide feedback with respect to their experience as a Clinical Instructor.

## **ROLES AND RESPONSIBILITIES OF THE DIRECTOR OF CLINICAL EDUCATION**

The role of the Director of Clinical Education is to develop and manage the clinical experience component of the curriculum. The Director of Clinical Education acts as a resource to both students and Clinical Instructors.

The Director of Clinical Education's organizational duties include:

- Identifying and developing clinical placement sites and supervisors
- Developing and updating clinical education policies and procedures (including this handbook), forms, and handouts (e.g., affiliation agreement, site checklist, clinical placement evaluations, hours tracker, SMART goal template, Structured Reflection Log template, Faculty Appointment information page, Clinical Partners webpage)
- Maintaining a database of clinical placement sites and supervisors
- Ensuring site requirements are up-to-date (e.g., affiliation agreements, insurance certificates, health and safety information)
- Ensuring a process is in place to review, monitor, and evaluate sites
- Sharing program philosophy and curriculum information with the sites
- Organizing continuing education resources and opportunities for Clinical Instructors
- Recognizing Clinical Instructors who contribute time and expertise in supervising students
- Participating in provincial and national Clinical Education Coordinator committees
- Liaising with regulatory and professional organizations

The Director of Clinical Education's placement process duties include:

- Matching student educational needs with available sites and Clinical Instructors
- Orienting Clinical Instructors and acting as a resource in planning the learning experience
- Addressing student accommodation and accessibility needs that affect the clinical placement experience
- Monitoring student progress throughout the clinical placement and assisting the student in developing strategies to meet their learning goals
- Offering support and problem-solving to Clinical Instructors who have concerns about student performance (see [Appendix A](#))
- Offering support and problem-solving to students who have concerns about Clinical Instructor or site performance (see [Appendix B](#))
- Reviewing evaluations and recommending final grades to the Program Academic Standing Committee (PASC – see Program Handbook)
- Reviewing feedback from Clinical Instructors and students to continuously improve placement systems and experiences and adjust policies and procedures as needed

Throughout the program, the Director of Clinical Education will update the class regularly via email or announcements in Avenue to Learn. Should an individual student wish to clarify an issue regarding clinical

placements, they should communicate with the Director of Clinical Education via email. If a meeting is required, email is the most expedient way to set a mutually convenient time. It is the student's responsibility to check McMaster email regularly in order to stay current. For these reasons, it is the student's responsibility to ensure that their McMaster email address is working at all times. Other email accounts (e.g., Gmail, Hotmail) will not be used.

The Clinical Education course on Avenue to Learn along with the placement software InPlace will also be used to communicate with students. This includes, but is not limited to, posting reminders, sharing academic content, forms, assignment submissions, attendance tracking, and document tracking.

In cases where both the Director of Clinical Education and Program Assistant will be out of the office, a designate will be appointed for students to contact in case of emergency.

## PLACEMENT PROCESS

### Overview

All placement assignments are made by the Director of Clinical Education. **Students shall not take any steps to arrange their own clinical placements** directly with sites and doing so could jeopardize their standing in the program. If a student is aware of a site that may be interested in taking students, the student should forward contact information to the Director of Clinical Education for follow-up. Students have an opportunity to identify site preferences, but there is no guarantee that any student will be assigned any of their preferred sites.

**Preference submission is a privilege, not a right.** The chance of receiving a preferred site is dependent on individual and class-wide student requirements for specific clinical hours, relative ranking of placements across classmates, as well as availability of clinical placements and Clinical Instructors.

Changes to confirmed placements will not be considered unless there are compelling, exceptional circumstances, as determined by the Director of Clinical Education, at the Director's discretion. The Director of Clinical Education may request documentation and supplementary information during the decision-making process. Some clinical placements may be changed or cancelled because of unforeseen circumstances at the placement site. These situations are beyond the control of the MSc (SLP) program and may result in the student being re-assigned to a new placement after placements have been confirmed.

McMaster's School of Rehabilitation Science has a Memorandum of Understanding with the Northern Ontario School of Medicine (NOSM) to place students in rural and Indigenous communities in Northern Ontario. Depending on the level of student interest relative to the number of placements, students may be entered into a lottery to be selected. Funding for transportation and housing is provided for NOSM placements. Procedures for applying to NOSM placements may be found in the Clinical Education folder in A2L. NOSM placements include access to cultural learning field trips throughout the placement.

The one-day audiology placements are posted for self selection in InPlace. Placement offers are added as they are received throughout Units 2-4 and students are expected to monitor InPlace for new offers. Placement selection will be confirmed no later than the week before the placement date.

Students requiring accommodations during clinical placement must arrange these through [Student Accessibility Services](#) at McMaster University. The process for obtaining accommodations may be lengthy, so students are

strongly encouraged to start the process of registering for formal accommodations as soon as the need for accommodations is identified. Once accommodations are finalized, the student must:

- Inform the Director of Clinical Education prior to the placement match to indicate if they wish to activate accommodations for this placement, and
- Only identify preferred placements that meet the required accommodations.

At the time of the match:

- The Assistant Dean will work with the Director of Clinical Education to secure a clinical facility that can safely meet the required accommodations. This may require disclosure of the accommodations in advance of finalizing the clinical placement in order to ensure the requirements can be met.
- The student will inform the clinical site of the required accommodations in the introductory letter and again in person on the first day of placement. Students are responsible to work with the site to achieve the required accommodations. The Director of Clinical Education will follow up with sites to ensure that questions and concerns are addressed as related to the required accommodations.
- If accommodation needs change between clinical placements, it is the student's responsibility to meet with Student Accessibility Services and the program to articulate the change in needs.

If a student requires a clinical placement outside of the five placement blocks, due to leave of absence, extended absences, or remedial placement needs, a placement will be identified in a timeframe that is commensurate with the requirements of the clinical placement community at the time. This may result in an extension of the standard 2-year program timeframe and consequently delayed graduation. Please see the MSc (SLP) Program Handbook for details about the remediation process.

Students are encouraged to use the Placement Task Checklist (available on Avenue to Learn under the Clinical Education folder) to ensure compliance with all tasks to be completed before, during, and after each clinical placement.

### **Advanced Placement Opportunities for Year 2 Students**

Students in their second year may have opportunities for more advanced placements, including role emerging placements (sites with no current speech-language pathology services, where a combination of on-site non-SLP supervision and off-site SLP supervision is provided), international placements, and joint placements where the speech-language pathology student may be paired with a communicative disorders assistant student, an occupational therapy student, or a physiotherapy student.

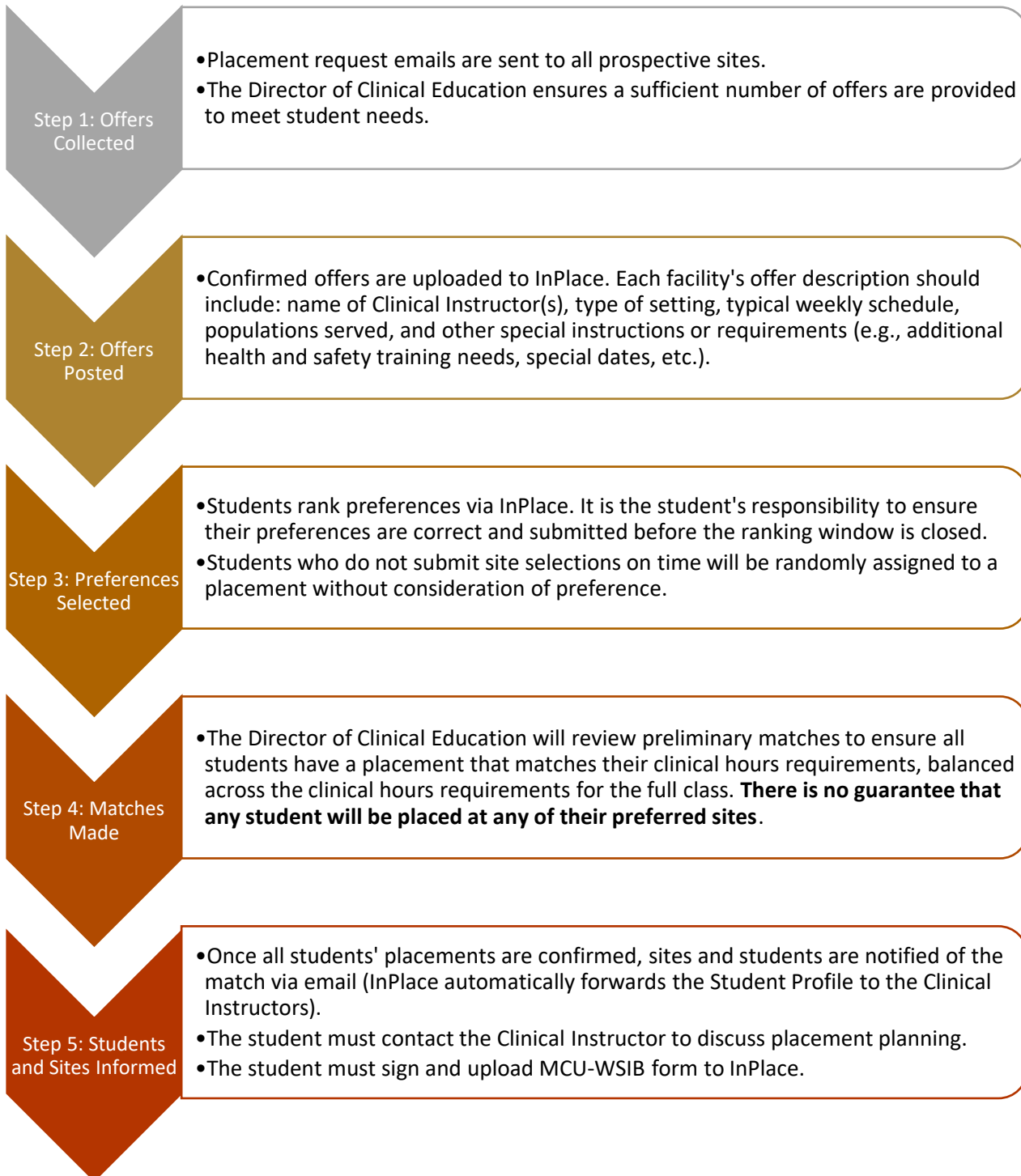
Often for these more advanced placements, the usual [assignment process](#) is not followed. These placements place a greater onus on the student to be self-directed, organized, and able to manage learning opportunities and placement evaluation/legacy planning.

Additional information on these advanced placements will be posted in InPlace if and when such opportunities arise. Application fees will apply for international placements.



## Assignment Process

The steps involved in assigning a regular (non-advanced, non-NOSM) clinical placement are as follows:





## **Student Responsibility Following a Match**

InPlace automatically forwards the Student Profile and Summary of Unit and Course Content to Clinical Instructors when the match is done. This information serves to introduce the student to the site and supervisor, set the stage for continued correspondence and preparation, confirm mutual understanding of clinical placement requirements, and ensure any required accommodations are in place. **It is the student's responsibility to ensure the Student Profile (My Details) fields in InPlace are accurate and up to date no later than the date/time the preferencing window closes in InPlace.**

Students must use their McMaster email account for all email correspondence with placement sites and supervisors.

The program is not responsible for ensuring that the placement site receives all student documentation in a timely manner. In addition, the program does not have access to health screen and police check documentation. **Failure to submit required documentation within the site's timelines may jeopardize a student's ability to start placement and could result in delayed graduation and additional tuition and supplemental fees.**

## **Confirmation of Clinical Clearance and Health and Safety Training**

Students must be prepared to supply confirmation of meeting all [non-academic and site-specific requirements](#) either prior to or on the first day of each clinical placement. At the beginning of each year, the Program Coordinator will provide each student with confirmation of a) passing the Health Screen and Vulnerable Sector Check, and b) the expiry date of the Vulnerable Sector Check. See [Non-Academic and Site-Specific Requirements](#) earlier for information on completion of Health and Safety training modules, including N95 Respirator training, and requirements for Vulnerable Sector Screen (VSC) timeframes. Students should also have certificates/cards confirming completion of Mask Fit Testing and CPR Training. Students who misplace their mask fit test card may obtain a copy from the FHS Safety Office for a fee.

## **Confidentiality Forms and Other Site-Specific Information**

The student must inquire about and complete all additional forms and procedures required by the placement site (e.g., additional health and safety training, computer/documentation training, more frequent police checks, confidentiality forms, additional paperwork) within the timelines determined by the placement site (see the Placement Profile and Shared Docs in InPlace). **Many sites have procedural requirements that take 6 weeks to complete, so it is important to make contact with the Clinical Instructor quickly.**

## **Insurance Coverage**

When performing unpaid placement work, students will be provided with limited Workplace Safety and Insurance Board (WSIB) coverage or private insurance coverage for personal injuries that occur during the course of placement site duties. Claims requests and reports are coordinated by McMaster University, while claims adjudication is provided by either the WSIB or the insurance company contracted by the Ministry of Colleges and Universities (MCU). MCU [Guidelines for Workplace Insurance for Postsecondary Students of Publicly Assisted Institutions on Unpaid Work Placements](#) and [McMaster University](#) stipulate that coverage includes students who, as a part of their training, are placed in settings either within or outside of Hamilton, Ontario. The coverage does NOT apply to clinical placements outside of Canada. The insurance policy does not provide any coverage to the placement site or its employees, but it does relieve the site of any responsibility to provide coverage for McMaster students or faculty members involved in training at the site.

According to MCU-WSIB Guidelines and related correspondence, students who must travel between clinical sites (including client locations in the community) for the purposes of their unpaid student placements, whether in their own vehicle or as a passenger in their clinical instructor's vehicle, are covered under MCU insurance (WSIB or private). In addition, McMaster's liability policy covers the student for third party claims arising from placement-related travel. There is no coverage for driving for non-placement activities (e.g., getting lunch, coffee, making any stops between appointments, elective field trips, etc.). In addition, in the event that an opportunity is presented for the student to travel to a different site outside of the defined placement dates and hours (e.g., attendance at a seminar, cultural learning opportunity), this would be considered a field trip, and the student would not have coverage under MCU. Fieldtrips are defined in RMM 800.

**Within one week of the placement match, students must complete, sign, and upload the Student Declaration of Understanding** (available in InPlace) to the folder in InPlace.

**Annually, site coordinators are required to review and sign the [Letter to Placement Employers](#) and return to the Program Assistant via email ([slpadmin@mcmaster.ca](mailto:slpadmin@mcmaster.ca)).** No additional forms are required unless a workplace-related accident or illness occurs, in which case Clinical Instructors should see Appendices C and D for details.

**If at any time the placement days or schedule changes from what was anticipated in the Placement Profile (e.g., Mondays are discontinued and Saturdays are added), the student must immediately email [slpadmin@mcmaster.ca](mailto:slpadmin@mcmaster.ca) to provide the amended schedule.** Failure to do so will result in inadequate insurance coverage, placing full responsibility on the student for any workplace injuries or illnesses.

**On the first day of clinical placement, the student and Clinical Instructor must together complete the [Safety Orientation Checklist](#)** (also available on Avenue to Learn under the Clinical Education folder and in InPlace under Shared Documents) and upload to InPlace by the end of the first day.

In the case of a workplace-related injury or illness, [Appendix C](#) describes the procedures for reporting a claim and lists the duties of the student, Clinical Instructor, and university.

Separate General Liability Insurance coverage is provided by McMaster University, as detailed in the Affiliation Agreement signed between the placement site and university.

There is no insurance coverage for materials and equipment used for clinical training. If the student damages any materials or equipment owned by a placement site or SLP program, the student must inform the site and SLP program immediately. The student is responsible for the cost to fix or replace the damaged items.

### **Tracking Clinical Tasks and Hours**

Over the course of the various clinical experiences, students are required to obtain a minimum number of specified practice hours across a range of practice types in order to apply for registration in their chosen jurisdiction(s). The requirements are largely harmonized across Canada, however there are some differences province-to-province. The hours requirements and definitions for CASLPO can be found in the [CASLPO Initial Certificate Application Guide](#). Note that some clients fit into more than one classification (e.g., a client may have aphasia but also have a hearing impairment, a client may have a brain injury in addition to developmental language disorder) or the session may reflect two different services (e.g., a mix of assessment and treatment). In these cases, the student may divide time as appropriate across the relevant categories. Additionally, many sites provide service via a mediator model, meaning that the "client" is actually a teacher, support worker, family member, etc. rather than the ultimate beneficiary of the service (the child or adult with the communication or swallowing disorder). Time spent working directly with this type of client counts toward hours requirements.

Only hours obtained in clinical placements where a passing grade was obtained are counted toward registration requirements, so students who fail a clinical placement must complete an additional placement of the same duration, which may extend the length of their program. **It is the student's responsibility to track and ensure they meet the hours requirements for their chosen jurisdiction(s).**

Hours and activities are managed through the Schedule/Logbook function in InPlace. See separate instructions document called Student User Guide: Tracking Time, Activities, and Absences.

## SUPERVISION PROCESS

Clinical supervision is a dynamic process that varies according to site requirements, Clinical Instructor characteristics, student characteristics, and the student's stage in the academic program. This means there are very few "hard and fast" rules to govern the frequency and nature of supervision. Regulatory bodies do have supervision requirements, but beyond these, every student placement will be different. Resources to assist with supervisory skill development are included on [our website](#).

### Basic Requirements and Frequency of Supervision

Information in this handbook is consistent with the Assumptions, Guiding Principles, and Requirements of the [CASLPO Position Statement on the Supervision of Students of Audiology and Speech-Language Pathology](#). **Clinical Instructors should ensure they are familiar and comfortable with all points included in these sections of the Position Statement.** The placement site may impose additional requirements beyond those stipulated by CASLPO.

Regarding the amount/frequency of supervision, CASLPO states:

- The member must directly supervise a student's patient/client contact a minimum of 1/3 of the time.
- The amount of supervision a student will need over and above the required minimum will depend on the type of task assigned, the patient/client population, and the competence of the student.
- For interventions performed by students that carry a significant risk of harm, members must provide 100% direct supervision. Examples include but are not limited to:
  - Taking an initial case history
  - Communicating results and recommendations following an initial assessment
  - Dysphagia assessment
- For tasks other than the three specified above, the member should normally be on site or delegate to an on-site alternate member who meets the requirements for student supervision. If the member or alternate cannot be on site, they must be readily available to speak to the student to provide assistance as necessary, in the best interests of the patient/client.

Beyond CASLPO's minimum requirements, the frequency of supervision will vary according to student need and characteristics of the placement site. For example, private practices usually have a high percentage of direct supervision due to the needs of clients paying directly for speech-language pathology services. Other sites may have clients with complex behavioural and emotional presentations that necessitate a high percentage of supervision.

### Models of Supervision

In the book *Guide to Clinical Supervision* (Sterling-Orth, Schraeder, & Courtade, 2017), Chapter 2 discusses the Supervision Continuum across four phases, as well as different Models of Supervision. This will help guide Clinical

Instructors in navigating the transition from a direct, hands-on process to a mentorship role. For any supervision model, Sterling-Oth et al. describe four basic Styles of Supervision (p.19):

- Directing
- Coaching
- Supporting
- Delegating

They state:

*“Your supervisory style should be fluid, dynamic, and dependent on the stage of supervision, the situation, and on the supervisee. Ideally, you will have an explicit conversation with the supervisee at the start of the field experience to proactively describe several styles of supervision, the advantages of each, and how and when you will implement each style. The supervisee will then be aware that your supervisory style may vary and that this is entirely intentional.” p.19*

Clinical Instructors are encouraged to review the training resources [on our website](#) to ensure a positive placement experience for all involved.

Over the course of the program, students will likely experience a variety of supervision pairing models:

#### Individual Model - 1:1 (one student to one Clinical Instructor)

- Students have direct communication and accountability with one Clinical Instructor
- One Clinical Instructor is responsible for tasks related to administration, teaching, consulting, and evaluation
- Accepted standard but not clearly proven as the best method of supervision
- May limit opportunities to participate in other SLP services

#### Cooperative/Collaborative Model - 2:1 (two students to one Clinical Instructor)

- Students are encouraged to consult and learn from each other (collaboration)
- Decreases reliance on the Clinical Instructor who acts in supervisory and resource capacities
- Role of the Clinical Instructor is changed because he/she needs to provide clinical responsibilities to each student, appropriate to each student’s abilities and learning stage
- Comparison of students may occur

#### Split Model - 1:2 (one student to two Clinical Instructors)

- Responsibility is divided between the Clinical Instructors
- Enables SLPs employed part-time, or those in practices with fluctuating client volumes, to participate in student supervision
- Responsibility may be equally or unequally divided between instructors, but either way, it is essential that there is effective communication occurring about expectations and evaluation
- Student benefits from working in different practice areas with different Clinical Instructors

#### Paired Model – 2:2 (two students to two Clinical Instructors)

- Students are encouraged to work together to integrate learning from two different settings
- Enables SLPs employed part-time, or those in practices with fluctuating client volumes, to participate in student supervision
- Decreases reliance on instructors for direct teaching; however, each student must be provided with sufficient learning opportunities
- Preceptors share responsibilities equally and need to have clear communication
- Comparison of students may occur

### Shared Supervision Model – 3+:1 (a group of students to one Clinical Instructor)

- Onus is on each student to be self-directed, organized, and able to manage learning opportunities as well as evaluation
- Consistent expectations across students because one Clinical Instructor has overseeing responsibility

If a student is unclear at any time about who their site Clinical Instructor is, the student must immediately clarify this information by speaking to the contact identified on the placement assignment sheet and/or the Director of Clinical Education.

### Split Placement Sites

In some instances, the student's clinical placement will be split between two facilities and two Clinical Instructors. Students who are assigned to split placement sites will receive separate evaluations from each site. Both evaluations will be considered to determine the student's overall success in the clinical placement (i.e., a pass requires that instructors at both sites have no concerns). To facilitate the volume of paperwork associated with split sites, the student's SMART goal and reflection log requirements will be split between the sites (e.g., 3 logs and learning goals for one site and 2 for the other).

### Setting the Stage for a Successful Experience

In Chapter 3 of the *Guide to Clinical Supervision* (2017), Sterling-Orth et al describe a number of self-assessment quizzes and inventories that can help create a positive supervision experience for both student and Clinical Instructor. Interpersonal conflict and poor performance may arise because of differences in factors such as generational mindsets, professional dispositions, temperaments, and work styles.

To prevent conflict and ensure a successful learning partnership, students will complete a number of the self-reflection tasks from the *Guide to Clinical Supervision* and will be asked to share the results with the Clinical Instructor(s).

### Coaching and Feedback

In Chapter 4 of the *Guide to Clinical Supervision* (2017), Sterling-Orth et al provide a framework for viewing the various elements of coaching, feedback, and evaluation (p.37):

- Proactive Information
  - Communication
  - Demonstration
- Reactive Feedback
  - Formative
  - Summative

This chapter, as well as the free online modules referenced [on our website](#), will be of immense benefit in creating a positive supervision experience.

The McMaster SLP program encourages Clinical Instructors to be “clinical coaches”, utilizing the following learning points from the [McMaster Program for Faculty Development webinar, “Coaching in the Health Professions” \(June 30, 2020\)](#):

- The student and their clinical coach should together take a continuous improvement perspective, with the goal of the student achieving 1.5 years of improved performance in 1 year.

- The student and their clinical coach should demonstrate collaborative engagement toward this goal with mutual reflection on performance and how to continually improve.
- Expectations should be clear.
- Failure should be viewed as inevitable, beneficial, and as a catalyst for further learning. The student should be comfortable with vulnerability and with accepting critical feedback as being in their own best interests and necessary for their continuous growth. A helpful tool for students to gauge their comfort in receiving feedback can be found here: [https://www.preceptor.ca/feedback/comfortable/story\\_html5.html](https://www.preceptor.ca/feedback/comfortable/story_html5.html). The clinical coach needs to create a trusting environment that supports vulnerability as a positive step toward continuous growth. McMaster’s problem-based learning program emphasizes a culture of feedback. Replicating this culture in the placement setting is crucial for supporting a coaching environment.
- The clinical coach should equally strive for continuous improvement as a coach, including acknowledging their own vulnerability as a catalyst for their own growth.
- The student and clinical coach should recognize that practice alone is not sufficient for continuous improvement – 10,000 swings of a golf club will not necessarily make you better, but an observant coach will. The clinical coach should observe and dissect all components of the student’s performance, compare to the standard, and provide actionable items for the student to carry out the next time.
- The clinical coach should help build the student’s social capital by involving them in important projects and promoting their strengths with other team members.

Clinical Instructors sometimes find it challenging to explain “professional judgement” to students when providing feedback and coaching, as it often comes so naturally after years of practice. Some suggestions from CASLPO include:

- Draw on existing knowledge.
- Seek out additional knowledge.
- Consider their skills.
- Look to those more skilled.
- Consider the specifics of the situation (client, service, and context).
- Evaluate their decision.

## **Conflict Resolution**

Sometimes, in spite of everyone’s best efforts, conflict or performance problems do occur. In these situations, **early and continued communication is paramount**. [Appendix A](#) provides a flowchart to assist with managing student performance concerns and [Appendix B](#) provides a flowchart to assist with Clinical Instructor performance concerns. **In no circumstance should a concern go unreported until the end of a clinical placement.** The great majority of concerns can be addressed if identified and managed early. If either the student or the Clinical Instructor has any questions at any stage of the placement process, they should contact the Director of Clinical Education.

Conflict prevention and management modules are included at [www.preceptor.ca](http://www.preceptor.ca) and <http://practiceeducation.ca/about.html>. Students and Clinical Instructors are advised to access these free resources. Chapter 5 in the *Guide to Clinical Supervision* (2017) also contains excellent guidance to help manage these challenging situations.

In the event that an incident occurs after the midterm evaluation, the Director of Clinical Education should be notified **immediately**. If conditions warrant, the Director of Clinical Education may visit the facility to gather further information.

In a situation where the student has demonstrated repeated safety violations, and the clinical site and/or instructor is concerned for the wellbeing and health of the student, clients, and/or the Clinical Instructor, the site may terminate the clinical placement prior to the stated end date. In this instance the Director of Clinical Education will withdraw the student from the site. This action will result in the Director of Clinical Education recommending a failing grade for the clinical placement.

If other attempts to remediate a situation have been unsuccessful and a student believes that their rights have been violated or that they have been dealt with unfairly, they are encouraged to seek resolution of the problem at the departmental level. Specifically, student grievances and complaints regarding instruction, grading, faculty or academic staff conduct, or other concerns should be directed to the Assistant Dean or Associate Dean.

## **EVALUATION**

There are **important timeframes** associated with the various stages of evaluation throughout the clinical placement. Students should refer to the **Placement Task Checklist** (available on Avenue to Learn under the Clinical Education folder and in InPlace). Clinical Instructors will be advised of timelines over the course of each placement. **All evaluations must be submitted online within two (2) business days of the evaluation meeting.**

The Director of Clinical Education is the course coordinator for all clinical education courses. Final grades are recommended by the Director of Clinical Education to the Program Academic Standing Committee (PASC – see Program Handbook and Graduate Calendar for more information). The Director of Clinical Education considers the recommendation of the Clinical Instructor(s), along with the Clinical Instructor’s ratings and comments on the Assessment of Clinical Competence (Assessment of Observational Placement Performance for Unit 1) and the Assessment of Self Directed Learning. The Director of Clinical Education will communicate with the Clinical Instructor(s) as necessary to clarify information. PASC will review any students who did not meet expectations for professional behaviour related to clinical placement or did not meet expectations on any of the clinical placement evaluation forms.

In cases of grade conflicts that are not resolved with the Clinical Instructor, students should speak with the Director of Clinical Education. If the difference is not resolved, students should document the specific concerns and differences between their and the instructor’s perceptions, including supporting documentation, and submit this to the Assistant Dean of SLP. This document will then be discussed during a meeting of the student, the Director of Clinical Education, the Clinical Instructor, and the Assistant Dean.

### **Unit 1**

The clinical placement experience in Unit 1 is observation only and is completed during the final two weeks of the Clinical Skills Lab course. Students have three main tasks during this observation experience:

- Observing and documenting client and clinician behaviours
- Tracking session data for the Clinical Instructor
- Completing a research inquiry into a clinical question for the Clinical Instructor

Students and Clinical Instructors should review the [Description of the 2-Week Observational Placement](#) (also available on Avenue to Learn under the Clinical Skills Lab I folder), along with full details of Clinical Skills Lab I in the Unit 1 Handbook. All assignment and evaluation forms are saved on the [Placements page of the SRS-SLP website](#), on Avenue to Learn, and in InPlace. Students are evaluated on:

- Accuracy of data tracking
- Quality of self-directed learning behaviour
- Accuracy of observations described in Observation-Reflection Logs
- Quality of reflections in Observation-Reflection Logs
- Quality of research inquiry project

The Director of Clinical Education will review the evaluation completed by the Clinical Instructor as well as the documents uploaded to A2L and will make the final grade recommendation based on this review and any required follow-up discussion with the Clinical Instructor (worth 20% of the total grade for the course).

## **Units 2-5**

At the end of each of these Units, students participate in a clinical placement lasting typically 6-8 weeks. Per the Supervision Process section earlier in this Handbook, the Clinical Instructor(s) will provide feedback to the student on a regular basis throughout the clinical placement. This feedback will take many forms, and formal evaluations will be conducted at midterm and at the end of the clinical placement. [Click here](#) and scroll to the Unit 2-5 Evaluation section for complete forms and instructions. All evaluations are completed online via InPlace.

There are 2 elements to evaluating a student's placement performance in Units 2 through 5:

- Assessment of Self Directed Learning (ASDL) (*only completed at final*)
- Assessment of Clinical Competence (ACC-SLP)– McMaster Field Trial version (*completed at midterm and at final*)

### **Assessment of Self Directed Learning Skills**

#### ***Part A: Achievement of SMART Learning Goals***

Students are required to generate five (5) SMART goals for each clinical placement. While there are minimum clinical competencies required for each placement cycle (see Assessment of Clinical Competence below), the SMART goals should expand skills beyond the minimum required competencies. The "SMART" acronym has evolved to have a few variations, and the following definitions will apply for clinical placements:

- **S – Specific**
  - The goal is specific; it would be clear to anyone with a basic understanding of the area.
  - The goal is unambiguous; the student, Clinical Instructor, and Director of Clinical Education all have the same understanding of attainment criteria and evaluation methods.
- **M – Measurable**
  - The behaviour is observable and/or measurable; progress and attainment is clear and easy to demonstrate.
- **A – Attainable**
  - The skill is appropriate to the student's stage of academic growth.
  - The skill can be attained given the available resources and timeframe.



- **R – Relevant**
  - The skill is appropriate to the placement setting.
  - The skill will meaningfully advance the student’s clinical abilities.
  
- **T – Time-Based**
  - The goal specifies the number of times the behaviour is to be demonstrated.

At the beginning of the placement, the Clinical Instructor and the student jointly decide upon 5 SMART Goals for the student to achieve by the end of the placement. Of the five (5) required SMART goals:

- **Two (2) must relate to clinical/technical skill development;** for example:
  - I will independently administer at least 2 child language tests with no errors in administration protocol by the end of the placement.
  - In 80% of opportunities during the final 2 weeks of placement, I will write progress notes requiring fewer than 10% revisions.
- **Two (2) must relate to diversity, interpersonal, and/or interprofessional skill development;** for example:
  - I will meet with 2 health professionals from 2 different disciplines and identify at least one method of collaborating with each for at least one client by the end of the placement.
  - I will review my completed Work Style Questionnaire with my Clinical Instructor by week 2 of the placement and choose one client about whom to prepare a half page “compare and contrast” analysis of our 2 styles by week 4 of the placement.
  - I will identify two elements of cultural significance for each client on my caseload and clearly incorporate that knowledge into at least 2 sessions for each client.
- **One (1) must relate to application of evidence-based practice via teaching or learning;** for example:
  - I will present a 30-minute instructional seminar to the SLP department on how to critically appraise treatment articles by the final week of placement.
  - I will review and appraise at least 5 articles pertinent to my caseload over the duration of the placement and provide a 1–2-page summary of each article to my supervisor every 7-10 days.

By the Thursday of Week 1 of the clinical placement, the goals will have been discussed and finalized with the Clinical Instructor. Students will enter their goals in Part A of the Assessment of Self Directed Learning form in InPlace (a Word copy is available on Avenue to Learn under the Clinical Education folder) for the Director of Clinical Education to review. The Director of Clinical Education may give the student feedback on whether goals are SMART in nature and appropriate to the student’s academic level, but will not comment on whether the goals are appropriate to the setting as that is the joint responsibility of the student and Clinical Instructor.

At midterm, the Clinical Instructor will review progress toward SMART goals with the student and include any commentary in this regard in the General Comments field on the Assessment of Clinical Competence. If caseload or other site considerations are identified at midterm as impeding the ability to achieve a SMART goal, the student should generate a replacement SMART goal. However, if a student’s knowledge or skill is preventing attainment of a goal, a new goal cannot replace an existing goal and the Director of Clinical Education should be contacted.

At final evaluation, the student will enter evidence of progress toward or attainment of their SMART goals into Part A of the Assessment of Self Directed Learning form in InPlace to submit to the Clinical Instructor electronically. The Clinical Instructor will review the evidence and, in combination with their direct observations of performance, grade the student’s progress/attainment out of 2 for each goal (for a total of 10 points across the 5 goals):

- 2 – Goal is clearly met
- 1 – Minor elements were not demonstrated

## 0 – Major elements were not demonstrated

Students who receive a score below 8/10 on Part A of the Evaluation of Self Directed Learning at the final evaluation, as a result of lacking clinical skill or knowledge, will be presented to the Program Academic Standing Committee (PASC) for review. In these circumstances, the Director of Clinical Education will follow up with the Clinical Instructor if the Clinical Instructor did not provide sufficient information on the evaluation document. The Director of Clinical Education makes all grade recommendations.

### *Part B: Quality of Structured Reflection Logs*

Students are required to formally reflect on each week's experience throughout the duration of the clinical placement. In Units 2-4, the student must complete a total of 5 [Structured Reflection Logs](#) (also available on Avenue to Learn) with a minimum of 2 being submitted before midterm. In Unit 5, students must complete at least 5 and up to a maximum of 7 logs over the course of the 8 weeks (at least 3 before midterm and at least 2 after midterm). Sometimes an event or activity could occur outside of the placement setting but still relate to the student's development as a clinician; however, most examples will come from experiences at the placement site. These logs must be submitted to the Clinical Instructor in person or via email and also uploaded to InPlace.

The following components must be analyzed during the Structured Reflection:

- One (1) critical learning moment or ethical dilemma
- One (1) clinical task/skill that was performed very well
- One (1) clinical task/skill that needs improvement
- One (1) example of EITHER an interprofessional learning or collaboration opportunity OR a system/administrative learning opportunity
- Informal estimate of progress on each SMART goal (using a visual analog scale)
- Review of clinical competencies to identify any that need specific focus in the following week

Students are provided with resources to assist in implementing effective self reflection skills.

At midterm, the Clinical Instructor may comment on the logs in the General Comments field of the ACC-SLP.

The Clinical Instructor reviews the student's logs and at final evaluation rates the student's performance in each of the 3 sections (see [evaluation form](#) for greater grading detail):

- Complete and Timely Submission (graded from 0 to 3)
- Degree of Variety in Reflections (graded from 0 to 4)
- Level of Analysis in Reflections (graded from 1 to 8)

Students who receive a mark below 12/15 will be presented to the PASC for review. In these circumstances, the Director of Clinical Education will follow up with the Clinical Instructor if the Clinical Instructor did not provide sufficient information on the evaluation document. The Director of Clinical Education makes all grade recommendations.

### Assessment of Clinical Competence – McMaster Field Trial Version

Bossers et al (2007) define competence as:

*“The type of quality of performance necessary to function properly in a given situation, expressed in terms of clear, measurable, objective outcomes that implicitly or explicitly define the knowledge, skills, values, and personal characteristics required to produce performance.”*

Students are evaluated using the [Assessment of Clinical Competence](#) (McMaster field trial version) (found on Avenue to Learn). By the end of the program, students are expected to achieve Entry to Practice level in all 23 of the competencies across the following roles:

- Expert – Knowledge
- Expert – Assessment
- Expert – Intervention
- Communicator
- Collaborator
- Advocate
- Scholar
- Manager
- Professional

At midterm and final evaluations for each placement, students are graded according to their stage of development for each of the 23 competencies:



For the McMaster SLP program, the minimum required achievement levels for each role by the end of each Unit are as follows:

	By the end of UNIT 2:	By the end of UNIT 3:	By the end of UNIT 4:	By the end of UNIT 5:
Knowledge Expert	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Assessment	Novice	Advanced Novice	Intermediate	Entry to Practice
Clinical Expert: Intervention	Novice	Advanced Novice	Intermediate	Entry to Practice
Communicator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Collaborator	Novice	Advanced Novice	Advanced Intermediate	Entry to Practice
Advocate	Novice	Advanced Novice	Intermediate	Entry to Practice
Scholar	Advanced Novice	Advanced Intermediate	Entry to Practice	Entry to Practice
Manager	Novice	Advanced Novice	Intermediate	Entry to Practice
Professional	Advanced Novice	Advanced Intermediate	Entry to Practice	Entry to Practice

As an example, this means that by the end of Unit 4, a student must achieve the following levels in order to pass the placement:

- Intermediate in the Expert, Advocate, and Manager roles
- Advanced Intermediate in the Communicator and Collaborator roles

- Entry to Practice in the Scholar and Professional roles

Upon final evaluation, students who do not meet the expected level in one or more competencies will be presented to the Program Academic Standing Committee (PASC) for review. In these circumstances, the Director of Clinical Education will follow up with the Clinical Instructor if the Clinical Instructor did not provide sufficient information on the evaluation document. The Director of Clinical Education makes all grade recommendations.

### Pass / Fail Guidelines

Suggested guidelines for recommendation of a Pass:

- By the end of the clinical placement, the student demonstrated a level of competency in the skills acquired during the placement that is commensurate with the number of opportunities the student had to practice and refine these skills.
- There is evidence that the student was able to modify behaviour based on feedback and incorporate previous learning into new situations.
- There were no “unsatisfactory” ratings in any of the competencies.
- The student achieved the expected level or higher on all competencies.
- The student earned a score of 8/10 or higher on Part A of the Assessment of Self Directed Learning.
- The student earned a score of 12/15 or higher on Part B of the Assessment of Self Directed Learning.

Suggested guidelines for the recommendation of a Fail (any one or more of the following are sufficient to recommend a Fail):

- The student continued to demonstrate unsatisfactory performance in one or more competencies during the second half of the clinical placement.
- After having received constructive feedback and several opportunities for practice, the student was unable to demonstrate sufficient improvement.
- The student did not demonstrate the amount of change in skilled performance that is expected during a multi-week clinical placement (a judgement about this includes consideration of the student’s academic level, the level and type of previous clinical placements, and the learning opportunities provided during the current placement).
- The student achieved below the expected level on one or more competencies.
- The student received a score below 8/10 on Part A of the Assessment of Self Directed Learning as a result of lacking clinical skills or knowledge.
- The student received a score below 12/15 on Part B of the Assessment of Self Directed Learning.
- The student engaged in unsafe activities.
- The student demonstrated unprofessional behaviour.
- The student was absent from the clinical placement without prior approval of the Director of Clinical Education and the site.

In any of these circumstances, the Director of Clinical Education will follow up with the Clinical Instructor if the Clinical Instructor did not provide sufficient information on the evaluation documents. Students who meet any one or more of these criteria will be presented to the Program Academic Standing Committee (PASC) for review.

### Completion and Submission of Evaluation Documents

The Structured Reflection Logs are completed in MS-Word. The Assessment of Self Directed Learning and the Assessment of Clinical Competence are completed online via InPlace. Word versions are available on Avenue to Learn and on the [Placements page of the SLP website](#) for quick reference.

Upon completion of the midterm and final evaluation meetings, **the Clinical Instructor must submit the online evaluation(s) via a link in InPlace.**

## Student Evaluation of Placement Experience

Within one week of the end of each placement, students must complete and submit the [Student Evaluation of Placement Experience](#) via InPlace. This evaluation is comprised of three sections:

- Positive and constructive feedback that will be released to the Clinical Instructor
- Ratings on a range of facility and supervision characteristics that will be anonymized and aggregated with at least 3 other sets of student ratings before being released to the Clinical Instructor
- Comments for the Director of Clinical Education

## HEALTH AND SAFETY

### Infection Control

It is every student's responsibility to ensure they do not contribute to infection. Many client populations are at high risk for poor health outcomes when exposed to infection, so students are required to be strict in their adherence to infection control practices. Most placement facilities will have their own Infection Control guidelines but students are encouraged to review the [CASLPO Infection Prevention and Control Guidelines](#). **Additional precautions may be implemented in case of viral outbreak and students must pay close attention to guidance issued from the SLP program and their placement site.**

### Client Allergies

Students must remember that clients may have allergies that can affect the materials used in treatment or assessment sessions. Selection of assessment and treatment materials should be mindful of any allergies (e.g., food, latex) identified in the client's medical history or by client, family, or caregiver report. Clients may also have reduced tolerance to scents, so perfume and cologne should be avoided.

### Emergency Procedures

If the student is concerned for a client's health or well-being (e.g., neurological signs or suicidal ideation) at any time during a clinical placement, they should alert the Clinical Instructor immediately. If the Clinical Instructor is not in the immediate vicinity, the student should ask any employee of the facility for assistance. The client should not leave the facility without the Clinical Instructor or other employee being alerted to the concerns.

Each facility will have its own emergency procedures and students should ask to see a copy. Examples of emergencies include crimes in progress, fire, and serious injury or illness. If in doubt about facility-specific procedures, the student should call 911. When reporting an emergency to the 911 operator:

- Stay on the line with the operator
- Provide your phone number in case you are disconnected
- Provide the address, location, and a description of the emergency; provide a thorough description to ensure appropriate resources are dispatched

### Emergency Procedures during Telepractice Sessions

Students on telepractice placements are encouraged to develop a plan in case of emergency or other distress. Students should be aware that Clinical Instructors and clients will not know the physical location of a student. The plan should include but is not limited to the following:

- Know the location of the nearest exit in case of fire or the need to evacuate,
- Ensure that a first aid kit is available for incidents or injuries which may require first aid,
- Prepare for medical emergencies by having a cell phone available or an individual who can provide emergency assistance; ensure that this individual is aware of the student's location, and
- Call 911 for immediate safety concerns.

The University is not responsible for the availability of cell phones, first aid kits or any other items as part of a student emergency plan. Students will be responsible for all necessary supports as part of their individual plan.

If the student or Clinical Instructor witnesses a participant in the telepractice session in distress, they should:

- Call 911 (either yourself or direct someone else on the call to do this),
- Encourage the individual in distress to stay on the call with you until help arrives,
- Ask them for their current location/address, phone number,
- Ask them what is wrong and provide this information to first responders,
- Ask participants not involved in providing support to disconnect from the call.

For non-urgent matters, students may be referred to the [Student Wellness Centre](#) or their healthcare practitioner.

### **Health and Safety Resources and Supports**

There is a level of risk in all activities, and students are advised to plan carefully in order to mitigate this risk, although not all situations can be anticipated. McMaster's Security Services includes tips for [personal safety](#), as does [Hamilton Police Service](#), including when walking on the street and parking your car (e.g., en route to or from placement). In addition, [Appendix D](#) contains the School of Rehabilitation Science guidelines for assessing and managing risk when in the community. **Most agencies that provide in-home or in-community services will have their own internal risk assessment and management guidelines, and students should ask their Clinical Instructor for a copy of these.**

[McMaster's Sexual Violence and Prevention Response Office](#) has many resources and supports for both students and Clinical Instructors. The [Gold Folder](#) contains a number of tips and contact information. [Click here for an online training module about Responding to Disclosures of Sexual Violence.](#)

The **McMaster Student Wellness Centre** has both on-site and virtual services available. They provide a range of counselling options, medical services, and wellness programs:

- <https://wellness.mcmaster.ca/>
- Student Wellness Centre Crisis Supports: <https://wellness.mcmaster.ca/crisis-support/>

**Good2Talk** is a free, confidential helpline providing professional counselling and information and referrals for mental health, addictions and well-being to post-secondary students in Ontario, 24/7/365. Call 866-925-5454 or dial 211 and ask to be connected to Good2Talk.

**Empower Me (Graduate Students)** offers 24/7 accessible counselling services to empower you to thrive, crisis support, mental health and well-being services - 1-844-741-6389.

### **Reporting Incidents and Injuries**

If a student experiences an incident (e.g., abusive phone calls, inappropriate client behaviour during a session, dangerous animals in the client home) or injury, this must be reported via the procedures and form located here: <https://fhs.mcmaster.ca/healthscreening/reportit/> within 24 hours of the incident occurring. Students should

refer to the [Placement Process: Insurance Coverage](#) section earlier in this Handbook, as well as [Appendix C](#) for additional procedures and forms related to workplace-related injuries and illnesses. Each placement site will have its own procedures and forms in addition to those required by McMaster University. It is recommended that students be assessed immediately by a physician in any case of injury and illness.

## **Harassment and Discrimination**

The Equity and Inclusion Office is dedicated to making McMaster an equitable, safe, and supportive environment for all members of the University community. This office administers the Sexual Harassment and Anti-Discrimination policies for McMaster University. Office staff provide advice to people who feel they have been harassed or discriminated against and receive complaints defined under the University policies. The [McMaster policies](#) provide for students working off campus in university-sanctioned academic activities. Placement agencies may also have their own policies and procedures for dealing with issues of discrimination and harassment. The Director of Clinical Education should be the first point of contact if the student, Clinical Instructor, or site has any harassment or discrimination concerns. Additional resources are available for students in A2L under the ARABAO Resources course shell, via the [Sexual Violence and Prevention Office](#), and via [Student Services](#) (student success center, black student success center, international and indigenous student services, student support and case management). These services can help students navigate options through the university and/or placement site and may include a recommendation to contact the [Equity and Inclusion Office](#) for a formal complaint. If a student is experiencing discrimination or harassment during placement, it is important that they seek help. The University cannot provide support if they are not aware of the issue.

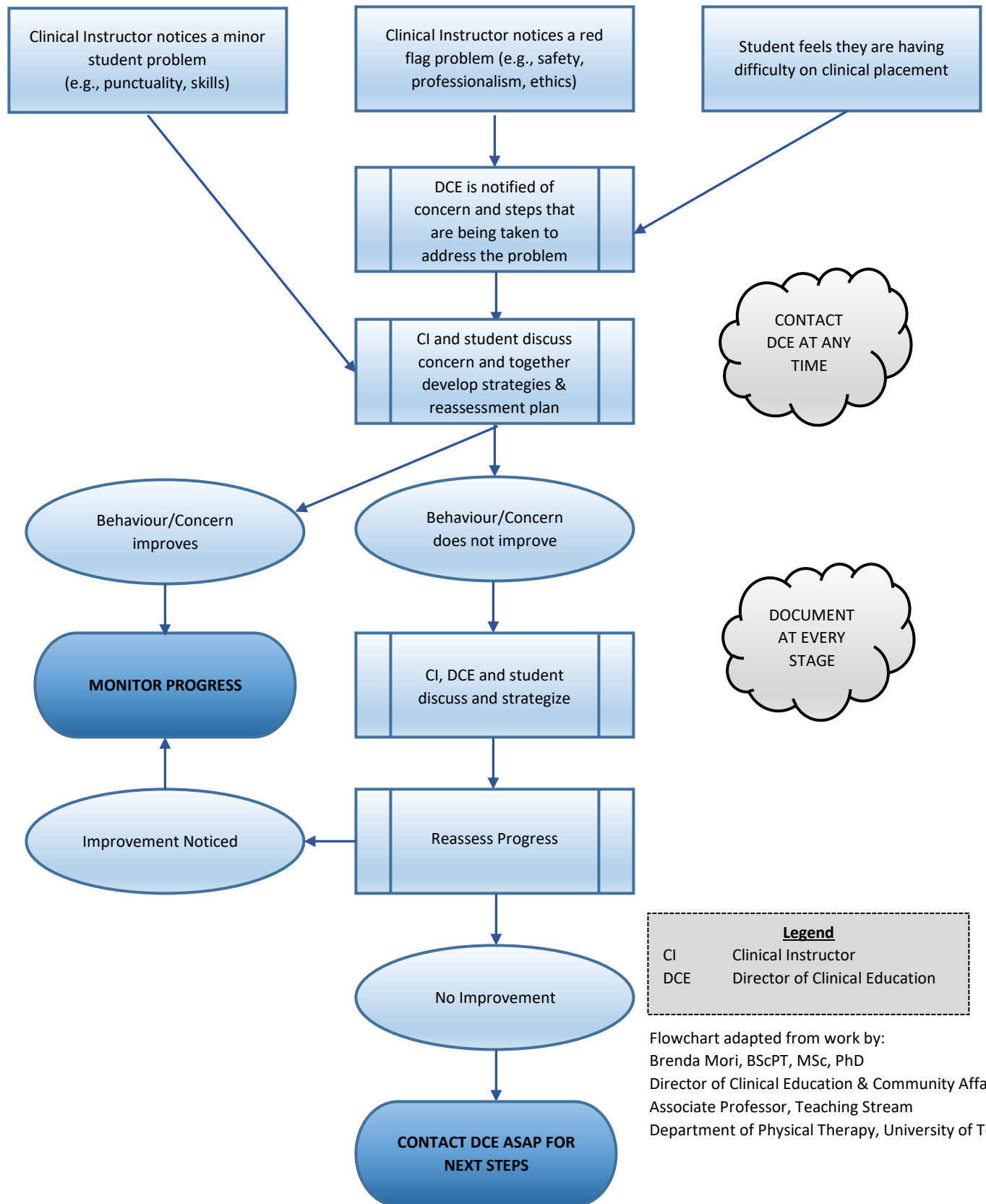
Students in both Year 1 and Year 2 are required to watch a training video produced by the Equity and Inclusion office between mid-August and mid-September each year. Students in Year 2 are additionally required to attend a follow-up Q&A session with representatives from the Equity and Inclusion Office in late September. Details are posted in A2L.

**Information for Clinical Instructors:** When issues related to discrimination or harassment during placement arise, the clinical instructor may be the first to respond. Clinical instructors are encouraged to follow their organization's policies and procedures and seek support from their manager(s) or Human Resources department as necessary. If a clinical instructor witnesses an act of discrimination or harassment against a student or the student discloses such issues to the clinical instructor, the clinical instructor is expected to take steps to stop the inappropriate or discriminatory behaviour (e.g., educate the individual making discriminatory remarks/displaying harassing behaviour, take corrective action by reporting such behaviour as per the organization's policies and procedures). It is important that if a student raises issues about discrimination or harassment during placement that their concerns are not minimized or ignored. Clinical instructors are encouraged to:

- Respond with compassion and patience
- Listen actively
- Offer support and reassurance
- Document the meeting
- Suggest resources, including those listed above

Training resources to foster working environments that are free from harassment and discrimination are available on the SLP program website: <https://srs-slp.healthsci.mcmaster.ca/education/partners/>.

**APPENDIX A: STEPS TO TAKE TO ASSIST STUDENT HAVING DIFFICULTY IN CLINICAL SETTING**

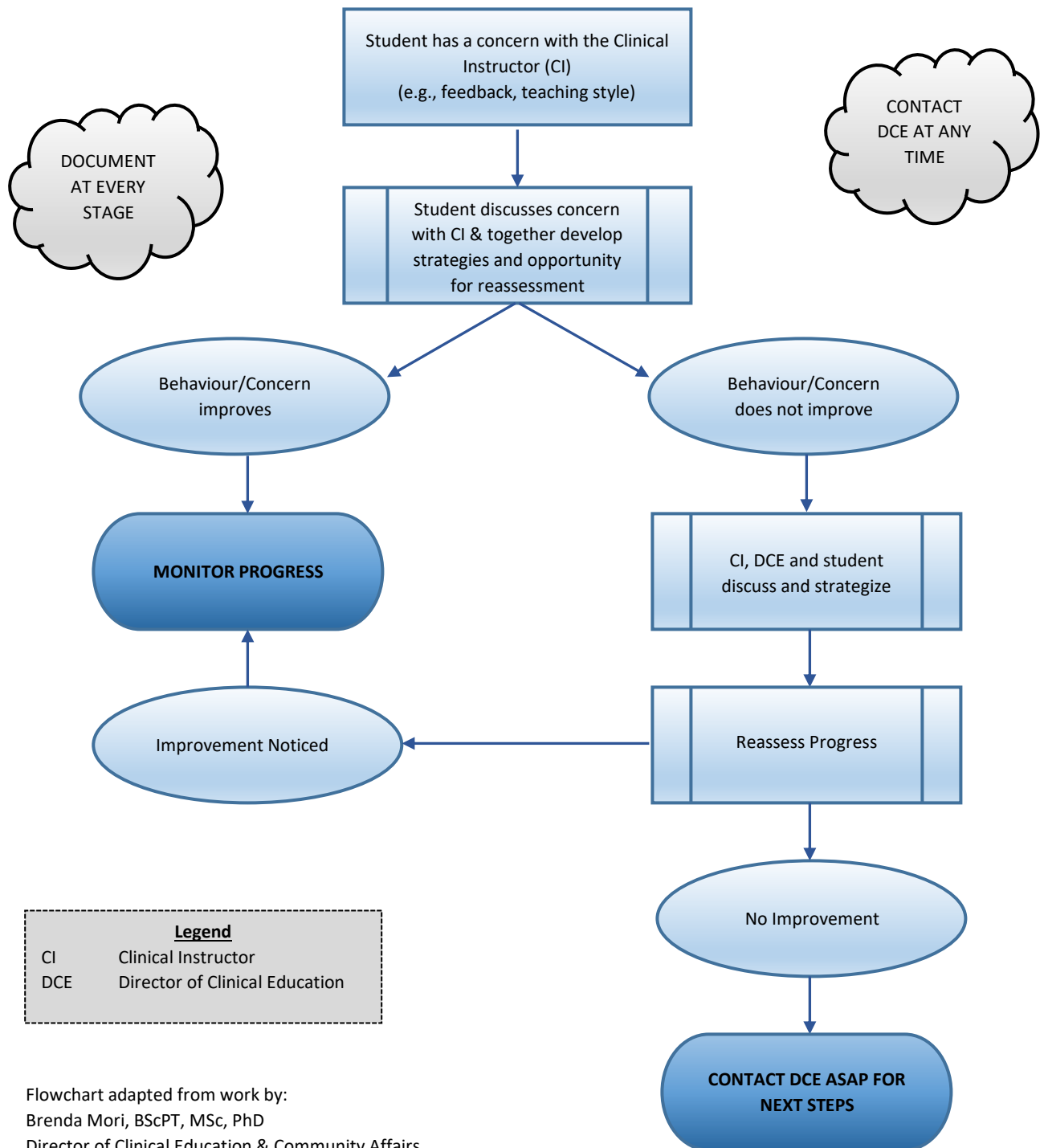


**Legend**  
 CI Clinical Instructor  
 DCE Director of Clinical Education

Flowchart adapted from work by:  
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 Director of Clinical Education & Community Affairs  
 Associate Professor, Teaching Stream  
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## APPENDIX B: STEPS TO TAKE FOR RESOLUTION OF STUDENT CONCERN WITH CLINICAL INSTRUCTOR



Flowchart adapted from work by:  
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 Director of Clinical Education & Community Affairs  
 Associate Professor, Teaching Stream  
 Department of Physical Therapy, University of Toronto

## **APPENDIX C: INSURANCE CLAIM PROCEDURES**

The Ministry of Colleges and Universities (MCU) is Ontario's publicly funded Colleges and Universities (Training Agencies) for students participating in unpaid work placements. MCU manages students' unpaid work placements in accordance with Workplace Safety and Insurance Board (WSIB) policy and procedures as well as with [MCU guidelines](#). CHUBB Insurance Company of Canada is also available for students on unpaid placements in other Canadian jurisdictions (outside of Ontario). CHUBB is a private insurance company retained by the Government of Ontario. Further information regarding unpaid student placement guidelines and FAQ's can be found on the [Unpaid Student Placements webpage](#).

To report an accident or illness that occurred during an unpaid placement, the following steps are required following appropriate emergency treatment/first aid:

### **ROLE OF STUDENT**

- Report the injury/illness to the Clinical Education team ([glazews@mcmaster.ca](mailto:glazews@mcmaster.ca) and [slpadmin@mcmaster.ca](mailto:slpadmin@mcmaster.ca)), the Program Manager ([dzaman@mcmaster.ca](mailto:dzaman@mcmaster.ca)), and the Clinical Instructor
- Complete and submit the McMaster University [Injury/Incident Report](#) to [mailto:the FHS Safety Office fhssso@mcmaster.ca](mailto:fhssso@mcmaster.ca), [slpadmin@mcmaster.ca](mailto:slpadmin@mcmaster.ca), and Program Manager [dzaman@mcmaster.ca](mailto:dzaman@mcmaster.ca); [click here](#) for more information

### **ROLE OF FHS SAFETY OFFICE**

- Notify Employee Health Services (EHS)
- Receive incident reports – review and forward to Environmental & Occupational Health Support Services (EOHSS) as appropriate
- For Healthcare (HC) or Lost Time (LT) claims (if the student seeks health care, loses time from work, and/or requires accommodation as a result of a workplace injury/illness), the FHS Safety Office will:
  - Notify EHS consultant of any HC/LT claims
  - Liaise with the Clinical Education team, Program Manager, Placement Coordinators, Students, and EHS consultants to obtain necessary information for MCU or CHUBB claims
  - Facilitate completion of the *Postsecondary Student Unpaid Work Placement Workplace Insurance Claim* form
  - Facilitate completion of the *Letter of Authorization to Represent Employer*
  - Provide copies of completed forms to the appropriate EHS consultant

### **ROLE OF PLACEMENT SITE**

- Within 72 hours, complete the *Letter of Authorization to Represent Employer* (obtain from the Program Manager [dzaman@mcmaster.ca](mailto:dzaman@mcmaster.ca)) and send it to the FHS Safety Office [fhssso@mcmaster.ca](mailto:fhssso@mcmaster.ca)
- Work with McMaster University to accommodate the student's return to the placement as appropriate

### **ROLE OF EMPLOYEE HEALTH SERVICES**

- Review information received from FHS Safety Office: Injury/Incident Report form, the Postsecondary Student Unpaid Work Placement Workplace Insurance Claim form, and the Letter of Authorization to Represent Employer form
- Complete the WSIB claim form (Form 7 etc.) and submit Form 7 and appropriate forms to MCU/CHUBB
- Copy of the forms goes to: Student, the MCU/CHUBB, and FHS Safety Office
- Submit all requested information to the WSIB and MCU/CHUBB

## APPENDIX D: CONDUCTING RESEARCH AND COURSE REQUIREMENTS IN THE HOME/COMMUNITY ENVIRONMENT: GUIDELINES FOR SCHOOL OF REHABILITATION SCIENCE STUDENTS

Revision September, 2021

### **Glossary:**

**Community members** - individuals or organizations within the community

**Department** - School of Rehabilitation Science (SRS)

McMaster University is committed to providing and maintaining healthy and safe conditions and practices for all graduate students. This is achieved by meeting or exceeding the standards to comply with the legislative requirements as contained in the [Ontario Occupational Health and Safety Act](#). Students should familiarize themselves with the [Ontario Occupational Health and Safety Act](#), work in compliance with statutory requirements and prescribed safe work procedures and report any unsafe work conditions to their supervisors.

### **Purpose**

The purpose of this document is to provide guidelines to SRS graduate students to ensure their safety as far as reasonably possible with regards to risks associated when conducting research or completing course requirements in the home or community environment. In most cases, these will be safe. These guidelines have been developed to help assure the safety of students.

### **Before the Visit:**

- When scheduling your visit:
  - Remember that the individual may feel vulnerable inviting someone they don't know into their home
  - Some telephones have call display, which displays the caller's phone number to the person being telephoned. If you do not want to share your cell phone number, please block the number. If not using a telephone within the SRS, use the "call blocking" on your telephone by dialing \* 67 prior to dialing a telephone number. You should do this for every call you make from your personal telephone. There is no charge for using \* 67.
  - Ask that pets be restrained or kept out of the room during the visit.
  - If being in an environment where someone is smoking is a concern, ask that they not smoke during the visit, or if you can conduct the visit at another location (if possible).
- The student should plan his or her route the location using main routes, avoiding isolated shortcuts. Students should obtain directions beforehand, and can confirm the directions with the community member/participant.
- **If you are conducting the visit alone**, you should provide the supervisor/designate with the list of people you intend to visit, including the following:
  - Name
  - Address
  - Telephone number of the person being visited

- Date and time of the visit, including anticipated time of completion
- If driving to the visit:
  - Ensure your vehicle is in good condition, check your tires on a regular basis and ensure that you have at least a half tank of gas.
  - Be aware of the daily weather and road conditions. If necessary, during poor conditions, appointments should be rescheduled for another time when conditions are more favorable.
  - Keep your personal belongings (e.g. your wallet) locked in the trunk of your car and try to take few personal items to the participant's home.
  - If you are lost, telephone the participant for directions and/or seek assistance.
- Establish a plan with your supervisor / a housemate / friend to check in at the end of the visit, once you have left the participant's location and are safely travelling away from the appointment
- If you are lost, telephone the participant for directions and/or seek assistance.
- Dress professionally, avoiding low cut tops, and / or pants.
- Only bring necessary items to the visit.
- Make sure that you have your cell phone in your pocket in case you need to use it in an emergency.

**Upon arrival:**

- Park your vehicle on the street, where it is easily accessible, and be attentive of your surroundings.
- If an animal is outside the home and you feel uncomfortable, call the person you are meeting and ask that the animal be restrained.
- Exercise caution in hallways, stairwells and elevators. If you are uncomfortable about any other passengers traveling the elevator wait for the next elevator. Stand near the control panel, and if you feel uncomfortable, push the button for the next floor or press the alarm.
- Be clear to explain the purpose of your visit, and obtain permissions from the person to enter their home.
- Have your student ID badge or name tag out and visible when you arrive at the door. Identify yourself and your role.

**During the Visit:**

- Make a quick sweep with your eyes to assess for any obstacles and escape routes, in the event you have to leave in a hurry (e.g. a fire).
- Leave your shoes on during the visit. In winter, you may choose to bring a pair of indoor shoes.
- Let the client lead you into the house/apartment or through corridors/stairs.

- Think about where you choose to sit. For instance, sit where you have a good view of the surroundings and on a firm, accessible chair.
- If they ask you to do something that you are not comfortable with (e.g. transfer in/out of a wheelchair), politely say no. Please consider the physical safety of yourself and of the individual.

**Reasons to leave the participant's home:**

A student should immediately leave the participant's home if any of the following are observed:

- Upon arrival you feel unsafe and uncomfortable.
- The participant is inappropriately dressed and upon your request refuses to dress appropriately.
- The participant appears intoxicated or under the influence of drugs.
- Other individuals are present who pose a threat.
- The participant becomes aggressive, threatening or abusive,
  - remain calm be supportive and direct but do not ignore the individual.

When leaving always facing the participant. Drive away in your vehicle and inform your supervisor/course coordinator.

**After the visit:**

- Leave the vicinity and choose another locale to park / pull over if you wish to discuss/review your assessment.
- Do not sit in your vehicle and go over the results of the assessment in front of the participant's location.
- **If you completed the visit by yourself**, call and /or email your supervisor / a friend/housemate upon completion of the home visit to notify him/her that you are safe. The particular plan for notification should be clearly agreed upon between you and your friend/housemate.

Students must read and adhere to the guidelines discussed above and must contact their supervisor/course coordinator if they encounter any difficulties during the home visit.