

# **CLINICAL EDUCATION HANDBOOK**

## **2022 -2023**



Speech-Language Pathology  
**UNIVERSITY OF TORONTO**

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# Welcome to Clinical Education in the Department of Speech-Language Pathology

This handbook is a comprehensive guide for students, site coordinators (SCs) and clinical educators (CEs). In it, you will find essential information about the clinical education process at the University of Toronto Department of Speech-Language Pathology (UofT SLP). We hope this guide will help make your experience as a student or an educator as smooth and rewarding as possible. If, after reading this guide, you do not find answers to your questions, we encourage you to reach out to the Academic Coordinators of Clinical Education (ACCEs).

Here are a few of the many ways that clinical education at UofT SLP is unique.

1. Clinical education is strongly linked to the academic portions of the curriculum: Student competencies are systematically developed across the curriculum, with particular emphasis on research evidence as the foundation for professional practice. At U of T, clinical placements follow related academic work allowing students to immediately apply academic learning in the clinical practice setting and to develop the related clinical skills.
2. Graduated clinical expectations across placement units: Performance expectations build from one placement to the next, increasing the breadth and depth of clinical work expected and expanding the role the student clinician takes. A steady progression of internship expectations ensures consistent development of clinical and professional competencies for all students.
3. During placements, students develop reflective practice skills through activities such as Learning Conferences and Teaching Clinics, in which students assess and develop clinical and professional skills in a supportive learning environment.
4. All placements occur in actual clinical settings, rather than in clinical laboratories or “in-house” clinics: This prepares our graduates well to manage the many issues that impact professional life. Four separate placement units allow students to experience a range of clinical settings.

All clinical courses are designed to integrate the eight curriculum learning objectives of the M.H.Sc. program.

These are:

1. Entry-level competence in the assessment, treatment and management of individuals with a variety of communication and swallowing disorders as defined, for example, by the Speech-Language & Audiology Canada (SAC) document *Assessing and Certifying Clinical Competency: Foundations of Practice for Audiologists and Speech-Language Pathologists*.
2. Ability to locate, evaluate and use a variety of resources to solve problems encountered in the practice of speech-language pathology.
3. Ability to communicate effectively with clients, families and colleagues in both oral and written modes.
4. Knowledge of and compliance with ethical and legal standards governing professional practice.
5. Attitudes of respect for and attention to the needs and abilities of all clients, families and colleagues, including those from varied cultural and linguistic backgrounds.
6. Skill in the critical evaluation of research findings and their appropriate application to clinical practice.
7. Ability and motivation to pursue life-long learning within the profession; and
8. Skills and abilities needed to work effectively in interprofessional teams.

# List of Abbreviations and Acronyms

## Organizations

ASHA	American Speech-Language-Hearing Association
UoT SLP	Department of Speech-Language Pathology at the University of Toronto
ICDR	International Centre for Disability and Rehabilitation
UoT	University of Toronto
CASLPO	College of Audiologists and Speech-Language Pathologists of Ontario
OSLA	Ontario Association of Speech-Language Pathologists and Audiologists
SAC	Speech-Language & Audiology Canada
WSIB	Workplace Safety Insurance Board
MCU	Ontario Ministry of Colleges and Universities

## Professional Designations

MHSc	Master of Health Science
SLP	Speech-Language Pathology/Speech-Language Pathologist

## Roles

ACCE	UoT Academic Coordinator of Clinical Education
CI	UoT Course Instructor (typically the ACCE who coordinates the clinical course)
CE	Clinical Educator
SC	Site Coordinator
CEA	Clinical Education Administrator

## Miscellaneous

PHI	Personal Health Information (patients/clients)
PRC	Police Record Check/Vulnerable Sector Screen
InPlace	Cloud-Based On--Line Placement Management Resource

# Important Contacts

## Mailing Address

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# Overview of Course Descriptions

## Practicum Objectives

The general objectives of the practicum courses are to assist the student in development of:

- a) humane, objective and supportive attitudes toward individuals with communication disorders, differences and/or disabilities and their families;
- b) assessment and interpretation skills;
- c) rational and flexible treatment and management programs;
- d) a sense of responsibility to society in making available professional expertise for the prevention, identification and remediation of communication disorders;
- e) critical and evaluative attitudes which will permit ongoing change and improvement of all aspects of clinical practice and research and
- f) clinical skills appropriate to entry-level professional practice in speech-language pathology, such as those outlined in the SAC document *Assessing and Certifying Clinical Competency: Foundations of Practice for Audiologists and Speech-Language Pathologists*.

At the end of the degree program, students will be eligible to become members of SAC and CASLPO.

*IMPORTANT: Students who are considering future work in other jurisdictions are responsible for advanced planning in order to prepare to practice in these regions, noting particular details regarding tracking of discrete clinical hours categories and academic content areas studied, as examples.*

# Placement Calendar

As part of the M.H.Sc. degree program in Speech-Language Pathology each student must successfully complete *five* clinical courses across four placement units. The following represents the modified curriculum for the 2022 – 2023 academic year.

## Curriculum Map - 2022-2023

Cohort	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG
Year 1	Unit 1 and Unit 2 Academic Course Work						Unit 3 SLP1500 SLP 1507 SLP 1532		Unit 4 Academic Course Work		Unit 5 SLP1500 SLP1507 SLP1532	
Year 2	Unit 6 Academic Course Work				Unit 7 SLP1508 SLP1532		Unit 8 Academic Course Work		Unit 9 SLP2500 SLP1532			

# Academic Preparation and Clinical Expectations

## Year 1 First Placement

### Academic Preparation

#### Unit 1 (Year 1: September – December)

- SLP 1502Y – Anatomy
- SLP 1505Y – Child Language I
- SLP 1514Y – Applied Audiology
- SLP 1520H – Principles of Clinical Practice
- SLP 1522Y – Speech Physiology and Acoustics
- SLP 1509Y - Integrating Client, Practitioner and Research Knowledge In Practice

#### Unit 2 (Year 1: January – February)

- SLP 1503Y – Articulation and Related Disorders
- SLP 1506H – Child Language II
- SLP 1529H – Fluency Disorders
- SLP 1509Y - Integrating Client, Practitioner and Research Knowledge In Practice

# Clinical Placement Expectations

Unit 3 (Year 1: March - April) AND/OR Unit 5 (Year 1: July August)

SLP1500Y – Internship

Eight - week placement (38-40 days equivalent) at a clinical teaching facility(s) under the supervision of a CE(s), as assigned by the CI. It can be comprised of a single full-time or several part-time placements in either March/April and/or July/August

The purpose of this course is to introduce a student to the clinical practice of speech-language pathology with children and their families. By the end of this practicum, through experience gained in the activities related to the required Minimum Expectations and general placement activities, a student must be able to:

- a) Demonstrate theoretical knowledge in relation to the understanding of normal, delayed and disordered communication processes and their management;
- b) With on-going supervision, plan and implement assessment and treatment sessions;
- c) Display an understanding of objectives, outcomes, ethics and commitment of/in client care;
- d) Show attitudes of self-awareness, curiosity, innovation, sensitivity and respect for diversity necessary for the professional in this discipline;
- e) Evidence an understanding of the multiple roles of a speech-language pathologist in clinical practice, including working in teams;
- f) Develop ongoing effective communication with CE(s) and
- g) Apply all of the above to one or more communication disorder areas.

*TIPS: Please make note of the early stage of clinical learning connoted in these course objectives and observe how these grow in breadth and expectation in each of the subsequent placements.*

[Appendix 1.1 Full Course Outline](#)

[Appendix 2.1 Recommended Course Schedule](#)

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# Year 1 Second Placement

## Academic Preparation

### Unit 4 (Year 1: May – June)

- SLP 1516H – Aural Rehabilitation
- SLP 1521H – Augmentative and Alternative Communication
- SLP 1530H – Voice Disorders
- SLP 1509Y - Integrating Client, Practitioner and Research Knowledge In Practice

## Clinical Placement Expectations

### Unit 3 (Year 1: March - April) AND/OR Unit 5 (Year 1: July August)

#### SLP 1507H - Clinical Laboratory in Speech-Language Pathology

University-guided, individually scheduled, on-line synchronous/asynchronous learning. Twenty days spread over March/April and/or July/August, as learner schedule allows.

Course Objectives: The purpose of this course is to *expand* clinical experiences leading to the further development of clinical and professional skills in *any* of the practice areas studied to date (i.e., developmental language disorders, articulation/phonological disorders, fluency disorders, voice disorders, augmentative and alternative communication (AAC) and hearing disorders). By the end of this course, a student must be able to do the following at the *supervised* clinical practice level:

- a) Demonstrate theoretical knowledge in relation to the understanding of normal, delayed and/or disordered communication processes and their management;
- b) Interpret assessment information and collaborate with clients/families in making appropriate management decisions;
- c) Plan long-term and short-term goals;
- d) Consider a discharge plan or options;
- e) Implement appropriate goal-directed assessment and intervention procedures;
- f) Report findings, objectives and progress in written and oral formats to clients, family members, significant others and/or other professionals;
- g) Demonstrate the development of self-assessment skills and
- h) Demonstrate the development of clinical reasoning and problem-solving strategies.

[Appendix A1.2 Full Course Outline](#)

[Appendix A2.2 Recommended Course Schedule](#)

# Year 2 Third Placement

## Academic Preparation

Unit 6 (Year 2: September –December)

- SLP 1525H – Structurally Related Disorders
- SLP 1533Y – Aphasia
- SLP 1534H – Motor Speech Disorders
- SLP 1536H – Swallowing Disorders
- SLP 1538H – Neurocognitive Communication Disorders

## Clinical Placement Expectations

Unit 7 (Year 2: January and February)

- SLP 1508Y – Advanced Clinical Laboratory in Speech-Language Pathology

This placement focuses on neurogenic and structurally related disorders so hours will likely be accrued in the areas of acquired language, motor speech, swallowing, voice and/or articulation.

Course Objectives: The purpose of this course is to continue to expand clinical experiences leading to the further development of professional skills in speech-language pathology with individuals with neurogenic and/or structurally related disorders and their families. By the end of this course, a student must be able to do the following at the *supervised clinical practice level* in an efficient and effective manner:

- a) demonstrate theoretical knowledge in relation to the understanding of normal, delayed and/or disordered communication processes and their management;
- b) differentiate among a variety of communication and/or swallowing disorders;
- c) interpret assessment information and collaborate with clients/families/other professionals in making appropriate management decisions;
- d) design, implement and evaluate appropriate assessment and management;
- e) report findings, objectives and progress in written and oral formats to clients, family members, significant others and/or other professionals;
- f) demonstrate the continued development of self-assessment skills;
- g) demonstrate the development of complex, ongoing clinical reasoning skills and problem-solving strategies;
- h) demonstrate reflective practice in all areas of professional and clinical behaviour;
- i) demonstrate understanding of the scope of practice of speech-language pathology in relation to other professions and participate as an effective member of the interprofessional team and;
- g) gain exposure to the concepts of best practice, evidence-informed practice and outcome evaluation using a variety of resources.

[Appendix A1.3 Full Course Outline](#)

[Appendix A2.3 Recommended Course Schedule](#)

## Year 2 Final Placement

### Academic Preparation

#### Unit 8 (Year 2: March - April)

- SLP 1527H – Clinical Analysis of Communication & Swallowing Disorders
- SLP 1528Y – Research in SLP
- SLP 1535Y – Advanced Principles of Clinical Practice

### Portfolio Week Capstone Portfolio is due

### Clinical Placement Expectations

#### Unit 9 (Year 2: May – Mid-July)

- SLP 2500Y – Advanced Internship

This is the final unit in the curriculum and it is full-time for twelve weeks. Students will have completed their academic preparation for entry to practice following successful completion of this placement. Hours accrued in this placement may be in any area to ensure that CASLPO and SAC academic and clinical learning requirements are met.

**Course Objectives:** The purpose of this course is to develop a student's clinical competence to meet entry-level professional standards. By the end of the internship, a student must be able to do the following at the *supervised clinical practice level* in an efficient and effective manner:

- organize a coherent, integrated approach to client management (e.g., assessment, intervention, counselling, reporting, discharge planning) utilizing best practice, evidence-informed practice and outcome evaluation in collaboration with clients/families/other professionals;
- counsel client and/or significant others appropriately and competently;
- communicate complete, pertinent and accurate information in both written and oral forms to clients, family members, significant others and/or other professionals;
- prioritize responsibilities realistically and allocate time accordingly;
- manage a 75% caseload for at least the final four weeks of the internship;
- follow the administrative standards for the clinical facility independently (e.g., setting up files, closing files, workload measurement, quality assurance/improvement, knowledge of authority);
- set realistic goals for self-improvement and recognize and develop personal strengths;
- seek out, understand and support the mandates and operation of the department/program/facility;
- demonstrate the continued development of self-assessment skills;
- demonstrate continued development of complex, ongoing clinical reasoning skills and problem-solving strategies;
- demonstrate continued reflective practice in all areas of professional and clinical behaviour;
- and continue to demonstrate understanding of the scope of practice of speech-language pathology in relation to other professions and participate as an effective member of the interprofessional team.

[Appendix A1.4 Full Course Outline](#)

[Appendix A2.4 Recommended Course Schedule](#)

# Year 1 and Year 2 Clinical Course in Hearing Disorders

## Clinical Course in Hearing Disorders

### SLP1532 – Clinical Laboratory in Hearing Disorders

Typically, practical experience will be acquired through hearing disorder related experience in Units 3, 5, 7 and 9.

Course Objectives: In this course, the student will apply knowledge regarding the ramifications of hearing loss i.e., (its nature, degree, age of onset, and progression), as related to a number of factors:

- its effect on the individual and significant others, personally, socially, educationally (where applicable) and vocationally (where applicable);
- other existing physical, psychological and environmental conditions.
- comprehension, production and use of language in oral, signed and/or written modalities.

The student will demonstrate knowledge and skills in the following areas:

- a) performance of valid puretone screening and/or audiograms and/or other methods of audiological assessment;
- b) interpretation of audiologic results accurately;
- c) consultation with audiologists, physicians and related support services, as appropriate;
- d) application of hearing status information to speech-language pathology practice;
- e) use of compensatory mechanisms or strategies to enhance communication in the presence of hearing disorders;
- f) use, care and maintenance of assistive listening devices such as hearing aids, cochlear implant devices and amplification systems;
- g) development of client self-advocacy skills (supportive counselling).

### [Appendix A1.5 Full Course Outline](#)

*TIPS: To see how it all fits together, see the Curriculum Map Appendix A3.1 For a reminder of when placement documentation is due, see the Recommended Course Schedules (Appendices A2.1 - A2.4)*

# Minimum Expectations

## What are Minimum Expectations?

Minimum expectations are included in each clinical course to ensure equity of learning experiences across disparate clinical sites. At a minimum, a student must successfully complete these activities in supervised clinical practice during the internship. These expectations are outlined in the syllabus for each of the internship courses. Wherever possible, students are encouraged to submit evidence from the placement setting to demonstrate that they have met these expectations for the courses. This also serves as evidence that may be included in their Capstone Portfolio or Capstone Project at the end of the program. However, in some cases, due to privacy issues and/or site policies suitable evidence may not be acquired. In these instances, and in the final placement an alternate process will apply. The student will initiate the alternate process when this is the case (instructions are found in each of the Quercus courses). A peer review of the Minimum Expectations is organized by the ACCE post-placement.

## Roles and Responsibilities

There are many individuals with varying roles involved in the clinical education enterprise:

### Academic Coordinator of Clinical Education / Course Instructor

The ACCEs for UofT SLP serve as the primary channel of communication between clinical teaching sites and UofT SLP. The Course Instructor (CI) is typically the ACCE who coordinates the placement in a particular unit. In the role of placement course instructor, ACCEs liaise with CEs and students.

### The ACCE undertakes the following activities and functions:

- a) initiates or responds to contact with potential clinical teaching sites;
- b) visits potential sites and CEs and provides information to the university on a site's potential as a teaching site;
- c) makes arrangements with sites for clinical placements;
- d) makes arrangements with student for clinical placements;
- e) serves as primary liaison person for CEs wishing to discuss any aspect of student clinical placement with the university;
- f) serves as primary liaison person for any student wishing to discuss matters concerning clinical placement with the university and
- g) plays a major role in ensuring that each student in the program receives wide ranging clinical experience in accordance with the student's ongoing professional development.

### The CI undertakes the following activities and functions:

- a) orients students and CEs to course expectations;
- b) manages the on-going clinical placement;
- c) supports students and CEs to address any concerns regarding a placement experience and
- d) finalizes and submits the final grades for the clinical courses.

## Clinical Education Administrator (CEA)

The CEA for the department acts as the main communication contact for administrative aspects of the clinical education process and maintains pertinent records.

### Some of the activities and functions of the CEA are:

- a) acts as the primary contact for students and clinical sites regarding administrative aspects of placement planning and implementation;
- b) forwards communications on behalf of the ACCEs to students;
- c) forwards communications on behalf of the ACCEs to clinical sites (SCs and CEs);
- d) co-ordinates record of student clinical experiences;
- e) maintains website resources for clinical education;
- f) acts as the agency co-contact for PRC (Toronto Police Services Region - only) and
- g) acts as primary contact for issues relating to WSIB/Ministry of Colleges and Universities (MCU).

## Site Coordinator

The SC is designated by a placement site and acts as the administrative liaison between the Department of Speech-Language Pathology and CEs.

### The SC undertakes the following activities and functions:

- a) liaises with ACCEs, informs ACCEs/CIs of factors impacting clinical placements, disseminates information sent by the UofT SLP to speech-language pathologists relating to clinical education and professional education opportunities, , supports the process of clinical education by facilitating the development of related knowledge and skills among speech-language pathologists and ensures a placement agreement is signed and current;
- b) arranges clinical placements offers by liaising with colleagues and facilitating related decisions and administration;
- c) gathers details of placement opportunities, such as date, location, disorder area's available, work setting, age of client population and special learning opportunities;
- d) submits placement offer description to the university using the on-line placement offer system;
- e) facilitates exchange of information between the placement site and the university relating to the student placements, including pre-placement administrative requirements;
- f) ensures students receive an orientation to the placement site and placement expectations.

## Clinical Educators

The CE is a certified speech-language pathologist (SLP), audiologist or other qualified professional, as deemed appropriate, who provides and oversees suitable learning experiences for a student during a clinical practicum course.

Potential CEs who intend to take a *primary* role in supervision must have worked in the field at least two years. Clinicians in their second year of practice who wish to participate as a CE with the support and mentorship of a more experienced peer are encouraged to do so, with the knowledge of the ACCE at the university. The potential CE should provide names of qualified SLPs who would be able to provide supervision in the event of illness or absence. Where applicable, they must be registered with their professional regulatory college. If there is not a regulatory body in their location, then potential CEs are strongly encouraged to be registered with their provincial or national professional association.

## The Department Endorses the Following Practices for Clinical Teaching and Learning

CEs will:

- a) have a minimum of two years (or equivalent) clinical experience if in a primary role;
- b) explore each student's theoretical and experiential background for working with the allocated clients;
- c) be familiar with and follow the UofT SLP Clinical Education Handbook and Guide;
- d) be familiar with and follow expectations described in the course outlines;
- e) outline for each student the major philosophies and procedures current at the clinical site so that students will gain knowledge of a variety of approaches to clinical administration, including awareness of referral systems, reporting responsibilities and the place of the SLP service in the overall structure of the institution;
- f) provide opportunities for student observation of SLP practice;
- g) provide access to templates or examples of clinical documentation commonly in use at the clinical site;
- h) require the student to adhere to the norms of professional interaction used in that particular treatment centre;
- i) encourage students to evaluate critically both procedures and philosophy in treatment;
- j) outline, where appropriate, possibilities for applied research;
- k) encourage or require the student to pursue specific background preparation when working with certain types of disorders through assignment of readings or advance preparation for test administration. that can be integrated realistically within the student's academic schedule and
- l) contact the ACCE concerning any aspect of student placement and experience which requires clarification or discussion.

CEs are strongly encouraged to review the CASLPO position statement entitled *Supervision of Students of Audiology and Speech-Language Pathology* that can be accessed at:

[CASLPO's Supervision of Students of Audiology and Speech-Language Pathology](#)

## Clinical Placement Sites

Clinical experiences must be completed at a clinical site that has been formally approved by the Department of Speech-Language Pathology.

### Guidelines for Designation as a Clinical Placement Site

- a) Clinical sites will maintain a current signed Placement Agreement between the Governing Council of the University of Toronto and the Placement Site.
- b) Clinical sites will identify facilities for student activities, including provisions for observation, workspace, audio or visual equipment, etc.
- c) Clinical sites will be asked to periodically document and update all professionals who would be involved in the clinical training, their qualifications and years of experience.
- d) Additionally, the potential site will identify any specialty areas served, the primary model of service delivery, and other specialized experiences available within the clinic.
- e) Clinical sites must be able to document approval, in principle, by the administration of the clinic to have the site involved in clinical education and the implied time and other commitments required by CEs.
- f) Clinical sites may be asked to document clinical tools, including those used for diagnostic purposes and for treatment, which are routinely used by the clinical site.
- g) Since staff and resources of clinical sites change from time to time, where possible, clinical sites will be visited periodically by a ACCE. The purpose of this visit is primarily to gain first-hand knowledge of the facilities and of the clinical education capacity and for promotion of professional development in the area of clinical education.
- h) At any clinical sites that offer a clinical placement and where billing for service is used, it is expected that use of SLP student time must comply with regulatory college guidelines.

Our innovative curriculum was developed in close consultation with the clinical community. Implementation depends upon on-going close partnership with our clinical community. Thank you for providing these valuable learning experiences for our future colleagues.

**Thank you! We couldn't do it without you!**

# Student Role

## Students In Clinical Placements Have Multiple Roles.

They are learners, benefitting from experience in actual clinical placements to translate academic learning into clinical practice skills. Learning may be accomplished through observing, modeling observed clinical skills, sharing clinical tasks with a student peer or clinical colleague, conducting simulated clinical activities, planning and implementing assessments or interventions with clients, writing reports, participating in clinical team meetings, preparing and presenting continuing education sessions or (in the final placement) participating on committees or workgroups, to name just some examples. Through guided self-assessment, they learn and demonstrate self-assessment skills that will support continuous learning throughout their career. Formative and summative evaluations of clinical and professional performance also guide the learner.

They are managers/administrators. Students are responsible for knowing the learning expectations of a clinical course and helping to ensure that the placement experience aligns with the expectations. They must track clinical hours obtained while on clinical placement and manage related forms and signatures. They must ensure that the performance assessment material reaches the intended university representative by the due date and according to instructions. They must gather evidence to show to the CI that the course Minimum Expectations have been met and submit this evidence to the university according to instructions provided.

They are current and future clinical colleagues. They collaborate with CEs and share responsibility for developing a positive learning environment and supportive communication. Students promote best practice in clinical settings by sharing and applying current knowledge learned in the academic setting. Through research-to-practice assignments and reflective learning activities, they assess the clinical environment and address issues that face our profession.

## They are prepared!

- ✓ All students have prepared health/immunization records that can be requested by clinical sites, as required by site policy.
- ✓ All students have been encouraged to complete a Police Record Check (PRC). These records are retained in the student's possession and can be viewed upon request as per clinical site policy.
- ✓ All students have completed work readiness on-line learning modules.
- ✓ All students have University of Toronto nametags, which can be used at clinical sites.
- ✓ All students have completed academic coursework related to their upcoming placements!

# Clinical Placements

## Placement Resources

### InPlace - An MS In-The-Cloud Placement Management System

**InPlace** is a web-based clinical education management system that is used to manage the clinical placement process.

The University of Toronto Department of Speech-Language Pathology adopted InPlace in the 2020-2021 academic year.

Features of the package are being rolled out in a progressive and sequential manner. Currently we are using it for:

- On-line assessments,
- Tracking clinical hours and
- Other record-keeping requirements for placements.

### Quercus

As with academic courses, Quercus is used for course management for clinical placements and related communication with students. On Quercus, students can access resource materials, links to on-line resources, information about Teaching Clinic; and upload areas for placement paperwork and other material that the ACCE/CI and ADMIN CLINED may post from time to time. Students are responsible for checking Quercus on a regular basis.

## Placement Process

The process for developing the needed number of quality clinical placements and assigning these to students is complex, involving numerous stakeholders: students, CEs, clinical sites, CIs, and university staff. Every effort is made to ensure that the process is respectful of the separate and varied needs of all parties.

A priority outcome of the placement process is to enable all students to meet SAC/CASLPO requirements upon graduation. The curriculum has been designed to ensure that students obtain a broad range of clinical experiences. It may not be possible to arrange the needed number of quality clinical placements within the Toronto area placement region (Burlington – Orangeville – Barrie Oshawa, inclusive) for each placement unit. Although efforts are made to place students in their preferred facilities and geographical areas, it is not always possible to do this. As a result, each student should expect to receive at least one placement outside of this region and students who are seeking placements outside of this area should expect at least one placement in our area.

The U of T ACCE is responsible for coordinating and liaising with all placement sites. As part of this process, clinical sites are evaluated to determine suitability for clinical placements.

*TIP: No student may undertake to make her/his own arrangements for a clinical placement with a facility or an individual clinician. Any such arrangements will not be honoured. Students are encouraged to discuss potential new placement sites with an ACCE.*

Students are assigned their placement sites through a computer-assisted process, with consideration of student learning needs and preference. The process is reviewed and updated from time to time with stakeholder representatives. The University of Toronto Department of SLP reserves the right to place students in specific facilities/areas of practice in order to meet their learning needs and provide students with a balanced clinical education program.

The students are responsible for planning and financing travel/accommodations, or other costs related to assigned placements. Students may be able to apply for partial reimbursement of eligible expenses.

## Before Placement Begins - Student Responsibilities

### 1) Preparation for Placement

- a) Students are required to closely read and frequently refer to this Clinical Education Guide and all appendices.
- b) Students are required to complete several training modules to prepare them for experiences in the clinical environment. Some of these modules are Ministry requirements under the Ontario's Occupational Health and Safety Act (OHSA) and other modules are clinical site requirements. Prior to the first placement (Unit 3), Year 1 students must complete all the following e-learning modules. Students will find the links and proof of completion upload sections on the Quercus Clinical Education Overview Course. Students may be asked to repeat a module or complete a similar module in Year 2, if a site requires it.

Clinical Placement prep e-learning modules:

- ✓ Infection Control Training
- ✓ Handwashing Training
- ✓ WHIMIS Training
- ✓ Basic Occupational Health & Safety Awareness Training
- ✓ Workplace Violence and Safety Training
- ✓ OHRC E-learning Module - Working Together: The Code and the AODA
- ✓ Confidentiality and Privacy Module
- ✓ COVID-19 Curriculum
- ✓ COVID-19 Vaccine Curriculum

### 2) Contact with Clinical Site

Once students have received their placement assignments, they will review the description of the clinical placement provided by the site and follow any site-specific instructions. Students will contact the SC (or CE, if indicated in the placement description) to discuss any pre-placement preparation or administrative tasks, such as:

- ✓ Student's personal contact information
- ✓ PRC requirements
- ✓ Mask Fit Testing requirements
- ✓ Proof of Immunization requirements
- ✓ Travel requirements
- ✓ ID Badge requirements
- ✓ Password assignment
- ✓ Required Reading

- ✓ Dress Code / Footwear Requirements
- ✓ Pre-placement orientation materials and/or site visit
- ✓ Where and when to be on the first day

### 3) Resume and Cover Letter

At least four weeks prior to the beginning of the placement, all students are expected to send a one-page resume and cover letter to the CE(s) at the site to which they have been assigned a clinical placement. Students are required to carefully review the information and related instructions to students contained in the placement offer prior to writing the cover letter.

#### Resume

- One-page
- Include relevant educational and volunteer experience

#### Cover Letter

- One-page

The purpose of the cover letter is for the student to introduce himself/herself/themself to the CE(s) and to provide the CE(s) with information to enable more effective planning of the placement.

- ✓ Outline specific interests related to the placement
- ✓ Summarize personal strengths, areas for development, learning style
- ✓ Inquire as to how to best prepare for the placement (i.e., suggested readings, etc.)

It is the responsibility of the student to e-mail the resume and cover letter to the CE(s). Contact names and e-mail addresses will be provided in the placement confirmation e-mail.

*Note: Students are required to use their utoronto account for all placement-related correspondence with sites. Please note that e-mails to facilities from sources such as gmail and hotmail may be automatically filtered into junk mail folders.*

## Planning the Placement - Helpful Documents

These documents are provided to assist both CEs and students with pre-placement planning and preparation.

#### Internship Practicum Contracts:

This form is used to develop the agreement between the student and the CE about various aspects of the placement; it is submitted by the student on Quercus by the end of the first week and reviewed by the course instructor. Experience has shown that including as much detail here as possible will help ensure that expectations are explicit and avoid confusion or misunderstanding. Consider incorporating goals arising from the student's prior placement, when applicable.

One Site: If the student is attending a single site for a placement unit, use this form:

[Appendix B1.1 One Site Contract](#)

Two Sites: If the student is attending two sites for a placement unit, use this form:

[Appendix B1.2 Two Site Contract](#)

(Information on expectations will be shared across both sites.)

## Background Questionnaire (OPTIONAL)

This can be used as a "get to know you" when the student and the CE meet for the first time.

### [Appendix B1.3 Questionnaire](#)

## Student Clinical and Professional Development Goals

This document is completed at the end of each placement and is used to guide a student to reflect on learning and future goals. The CE(s) review(s) it with the student and signs it. It is to be taken to the next placement where it can be used to guide development of the Practicum Contract, and can be used for future professional development after Unit 9.

### [Appendix B1.4 Student Clinical and Professional Development Goals](#)

## Assessment:

A primary key responsibility for the CE is to provide opportunities for formative assessment, as well as to complete a formal summative assessment used for grading purposes by the university.

## Formative Assessment

Formative assessment refers to ongoing feedback about performance and should include a balance of both positive and developmental feedback. Some form of written feedback should be provided on a regular basis (more frequent for earlier placements than for later placements). It is best for the CE to retain a copy of written feedback provided to the students to refer to during midterm and final assessment to support ratings and comments. Formative assessment is ongoing throughout the placement. The following tools support this process.

### Feedback Log

This Word document can be used to give daily written feedback (double click on the check boxes to select and print or print and fill in by hand). Both CEs and students retain a copy. Its use is optional.

### [Appendix C1.1 Feedback Log](#)

Alternately, a shared document on Google Docs or One Drive or other on-line collaboration formats is a great way for both students and CEs to keep track of feedback. This is especially helpful in a situation with multiple CEs so all parties can be aware of feedback provided. We recommend having the student document and keep track of feedback on a session by session or daily basis.

### Learning Conference – (for SLP1507 and Year 2 Placements (Unit 7 and 9))

This guided self-assessment supports a student to develop reflection skills important for life-long learning. A half-hour (max.) learning conference is arranged as per the course outlines. The student will prepare a self-assessment for discussion and record minutes of feedback received.

### [Appendix C1.2 Learning Conference](#)

## Summative Assessment:

The assessment process for both the midterm and final assessment is composed of two parts:

- (a) quantitative ratings and
- (b) qualitative summary comments.

Midterm Performance Assessment (SLP1500 (Unit 3/5), SLP1508 (Unit 7), and SLP2500 (Unit 9):

Mid-way through the placement, the student will be assessed by the CE addressing *Clinical Skills* and *Professional Behaviour* (Please note that summary comments **MUST** accompany each section). This assessment, though formalized, is not factored into the final grade, rather it is meant to guide growth in the second half of the placement. The CE will review and discuss the results of these assessments with the student before they are sent to the CI.

*NOTE: The CE must inform the CI in the event that the student is in jeopardy of failing at this point in the placement. Written notification of this will then be given to the student (See “If Problems Arise” below).*

Final Summative Performance Assessment (All placements: SLP1500, SLP1508, SLP2500):

Each student will be given a summative assessment at the end of placement by the CE, including an assessment of *Clinical Skills and of Professional Behaviour*, as well as summary comments. The CE will review and discuss the results of these assessments with the student before they are submitted.

The CI will determine a final grade for each student, based on the numerical ratings of each behaviour and the supporting Summary Comments forms.

### [C2.1 Explication of the Assessment of Student Performance in a Placement](#)

## Record-Keeping Requirements

An inherent part of clinical skills is appropriate record-keeping. ***One-third of a grade will be lost for each day paperwork is late.***

Students will submit placement paperwork to InPlace or the appropriate Quercus course within two business days of completion (i.e., Internship Contracts, Learning Conferences, midterm and final assessments, clinical hours log, and Student Clinical Professional Development Goals.) according to the schedule as outlined in the table in the course outline.

Final paperwork, including Minimum Expectations, is to be submitted **no later than one -week post-placement.**

Peer Review of Minimum Expectations is typically to be completed by the end of the following week. Students are to schedule this, as per the course information (this pertains to SLP1500 and 1508).

# Process for Supporting Students and CEs in Clinical Placements:

The Department of Speech-Language Pathology is committed to supporting students and CEs in clinical placements. It is our hope that the placement experience is positive and rewarding for all involved.

We recognize the fundamental role that CEs play in ensuring the success of clinical placements, as does CASLPO, whose position statement on supervision of students states:

“The member shall:

1. be familiar with students' learning objectives and with their curriculum; including course content, program philosophy and expectations;
2. orient the student to the facility, department, and/or program (including equipment, protocols and documentation requirements) and to the specific condition, needs and/or goals of individual patient/clients;
3. ensure that duties assigned are commensurate with the student's level of education, ability, experience, comfort level and learning style, as well as the complexity of the environment/practice setting;
4. provide feedback to the student regarding performance on a consistent, timely basis, based on the criteria established by the respective university program;
5. ensure that informed consent is obtained from the patient/client or substitute decision maker, prior to the student initiating direct care with the patient/client;
6. discontinue a student placement when the member, in the best interests of the public, deems such action to be appropriate.”

UofT SLP also has an essential role to play in promoting student success and has developed many steps and procedures to minimize the challenges that students and CEs may experience in clinical placements. CIs work with both students and CEs to support positive learning and teaching experiences.

*NOTE: It is not possible for university representatives to provide information to clinical sites about students' past academic, clinical, or professional performance without the student's consent. A student's performance record is confidential. It is important for us to avoid any action that may unintentionally or inappropriately bias or prejudice the CE who will evaluate the student's performance. However, we are able to share information related to learning skills that may be relevant to the CE as an instructor to ensure the learning environment is optimized for the student. In some circumstances, a student may give us permission to share relevant confidential information and, in these cases, the CI will be in communication with the CE.*

In order to minimize challenges that students and CEs may experience in clinical placements, the following steps and procedures are in place:

## Pre-placement

- Clinical sites provide a description of placement opportunities, detailing typical learning experiences, the required knowledge base and other requirements or characteristics of the placement.
- Students identify their preferred placement sites based on these written descriptions. This is an opportunity for students and sites to influence the placement match in a way that aligns interests and perceived personal aptitudes with characteristics of placements.

- Once the placement match is completed, a meeting with the student and the CI can be held, and any perceived challenges addressed. A support plan is developed with the student as needed.
- Students and CEs begin e-mail correspondence 4-6 weeks prior to the placement start date to make arrangements for the placement.
- CEs can contact the course instructor for a CE Orientation to the course and materials, if desired. Many clinical sites provide orientation information/packages/workshops to students regarding expectations of the site.
- All students are expected to complete full-time clinical placements as per the curriculum expectations. Some students experience personal circumstances (e.g., parenting, ailing family member, illness, mental health), either temporary or continuing, which require accommodation in clinical placements. In such cases, the CI will meet with the student and prepare a support plan to reduce the impact on the clinical placement; this will be negotiated with the clinical site as needed.
- When appropriate, a student will be encouraged by the CI to share with a clinical site any specific strategies that may be beneficial due to learning needs.
- In order to provide an equitable learning environment while respecting the academic integrity of the University of Toronto, any student with a disability (temporary or permanent) who requires academic accommodation must register with [Accessibility Services](#) (St. George Campus). Information on how to register can be found on-line or by calling (416) 978-8060. Accommodations for clinical placement are made through Accessibility Services, *NOT* the instructor. The CI will contact the SC and CE in advance of the placement regarding any accommodations that are in place for students.

## During Placement

### Practicum Contract:

In preparation for completing the Practicum Contract, CEs and students are directed to discuss the student's background preparation, learning style, personal factors, etc. The "Background Questionnaire" form may be used for this purpose (optional). An open discussion about these topics facilitates smooth placement planning and understanding of individual student issues.

In preparation for completing the Practicum Contract, CEs and students are directed to discuss the Student Clinical Professional Development Goals form that the student completed at the end of the previous placement. At the end of each placement, this form is completed together with the CE and is intended to support future learning goal planning.

### Teaching Clinics -

During placements that are eight to ten weeks in duration, students participate in several university-led Teaching Clinics. As part of the day, students complete a guided self-assessment to determine if they are progressing towards completing the Minimum Expectations of the course. These reports are submitted to and reviewed by the CI, who follows up with individual students, as needed. Students can also meet individually with the C.I as needed. During the first placement, the CI meets with all students either individually or in small groups to ensure the placement is progressing as expected.

For more information about Teaching Clinics, see "Embedded Placement Activities" on Page 42

## Learning Conferences:

For Year 2 placements, two weeks prior to the mid-term assessment and two weeks prior to the final assessment, the student completes a self-assessment and meets with the CE to review and devise an action plan for the remaining weeks of the placement.

## Assessment of Clinical Skills and Professional Skills:

This formal assessment is completed at midterm as feedback to guide learning in the final weeks of the placement. Following submission, these are reviewed by the CI who contacts students and CEs if needed for clarification. Remember that students need to receive direct feedback that lets them know if they are not on track to meet expectations. The midterm assessment includes the opportunity to indicate if you have any concerns that students might not meet expectations. This should not be perceived as a punitive measure, but rather as a way to ensure that the CI can work with the CE and students to provide any additional supports needed to help the students meet expectations. CEs are strongly encouraged to indicate if they have even the slightest concern, as often a quick check-in from the CI can be beneficial for all.

## Throughout placement

The CI is available to support students and/or CEs throughout the placement. These discussions can remain confidential on request.

## If Problems Arise

### Step One: Early Identification

Students and CEs are strongly encouraged to bring any concerns regarding a practicum experience to the attention of the CI *as soon as they arise*. CEs are prompted on the midterm assessment to contact the CI if there is any indication that the student is at risk of failing the placement. Contact with the CI prior to the midterm is encouraged if there are any questions regarding a student who is struggling in the placement. The CI will help to problem-solve and to facilitate discussion and management of such concerns. Students and/or CEs may discuss their experience *in confidence* with the CI. Once a plan has been decided, the individual may implement the plan independently, or with the support of the CI, who will contact the second party only with consent of the first party.

### Step Two: Developing a Written Plan

On occasion, a student may experience difficulty in meeting the learning and performance expectations for a practicum course. In such cases, the CE must notify the CI as soon as concerns arise, even if a midterm assessment has not yet occurred.

If a student is not demonstrating adequate performance in either professional behaviour and/or clinical skills, based on the assessment of the CI, written notice must be given to the student and a specific written plan for developing these skills must be negotiated cooperatively by the CI, CE, and student.

This plan will include:

1. Clear identification of problems in learning and teaching;
2. Specification of learning objectives to be achieved and behaviour changes expected;
3. Any necessary actions, procedure, or modifications required to the clinical practicum and

4. A time schedule and procedures for evaluating the outcome of the plan.

The CI will document the plan and provide a copy to the student and the CE.

At this time, the Coordinator of Graduate Studies and the student's faculty advisor will also be notified.

*Note: In extreme circumstances, a placement may be discontinued with the knowledge and approval of the Chair of the department.*

**Step Three: On-going Support and Final Grading.**

The CI will also assist the student and the CE in implementing the plan and in evaluating its success on an on-going basis.

**If a student achieves below B- (minus) in a Clinical Course**

If the student does not meet the learning objectives outlined in such a plan, a grade of failure (FZ) will be assigned for the practicum course by the CI. This grade is the equivalent of a failure in an academic course and is subject to the regulations and appeal procedures described in the SGS Calendar and the Student Handbook under section 2.1.3 .

*Note: If a student fails a placement, the student may choose to appeal the grade, in which case the CE may be called upon to personally offer evidence in support of the assessment provided to the university. It is advisable to keep a dated written record of meetings with students at risk of failure.*

# Evaluation of Clinical Faculty Teaching

At the end of the placement, students will provide feedback about her/his /their individual clinical education experiences. The general performance and quality of teaching will be addressed in the topic areas and using the rating scale, as indicated below. Areas of teaching not addressed in the placement are left blank. Typically, reports are provided annually to those clinical educators for whom evaluations from three or more students have been accumulated, however, this may change with notice to the community.

Feedback is shared ONLY with the individual CEs for the purpose of enhancing their clinical teaching skills unless consent is otherwise provided. In instances where ratings are consistently low or concerning, ACCEs may reach out to discuss with and gain clarification from the CEs. If desired, further education on supporting clinical learning will be provided as needed.

1. The first question asks the student to indicate the amount of contact she/he/they had with the clinical faculty member. It is recognized that time spent with the CE varies based on the structure of the placement and/or the stage of learner. (1 poor, 2 Fair and 3 Good).

*For Items 2 -19 the following rating scale is used 1 = Poor, needs much attention, 2 = Fair, needs some attention, 3= Good, satisfactory, 4 = Very good, consistently better than average, 5 = Excellent, exemplary teaching*

## General Evaluation:

The students are asked to provide their view of the CE's performance using the above rating scale based on all their experiences with the CE:

2. Established clear expectations.
3. Was responsive to your learning style.
4. Incorporated your learning agenda and objectives.
5. Was readily accessible, given workplace limitations.
6. Demonstrated enthusiasm for teaching.
7. Demonstrated a caring attitude for clients and families.
8. Demonstrated sensitivity to the needs of students.
9. Took time for questions and discussion.
10. Stimulated problem solving.
11. Answered questions clearly.
12. Explained CE rationale for decisions.
13. Suggested alternative sources to obtain information.
14. Maintained an atmosphere that encouraged differing points of view.
15. Provided constructive feedback.
16. Promoted self-assessment and self-responsibility for learning.
17. Shared CE relevant knowledge and experience.
18. Was an effective role model.
19. Overall, I would rate this experience as

## Evaluation of Quality of Teaching:

The students are asked to provide their view of the CE's quality of teaching in the following content areas. If the content area was not dealt with, an N/A should appear on the CE's report

20. Assessment.
21. Oral and Written Reporting.
22. Developing and Planning.
23. Intervention.
24. Counselling and Interviewing.
25. Evaluation and Problem-Solving.
26. Ethical Issues.
27. Administration.
28. Prevention and Screening Issues.
29. Family and Community Issues.
30. Research in Speech-Language Pathology and/or Audiology.

Students may also make additional comments or suggestions under each category and/or provide general comments upon completion of the above.

# Guidelines, Policies and Procedures

## Recording Clinical Hours

Proof of completion of a minimum of 350 hours of clinical experience is required for registration with most provincial regulatory bodies and professional associations in Canada, as well as for international regulatory agencies in Australia, the United Kingdom and the United States. The student is required to keep accurate records of clinical hours, as per university guidelines.

While not a requirement of the program, it is helpful to track additional experiential hours to support reflections on clinical performance in placements, especially if applying for certification in a jurisdiction outside of Ontario (e.g., Total Clock Hours, Numbers of Clock Hours in Direct Client Contact, Number of Clock Hours in Observation and Number of Hours in Other Indirect Service).

*Note: Students must also be aware of the requirements of the regulatory body from the area where they plan to work and keep records throughout the SLP program accordingly. Students are strongly encouraged to separately collect, and track required clinical and academic data of these types in a format suitable for the relevant agency.*

Over the course of the two-year M.H.Sc program, students will engage in clinical activities in a variety of disorder areas that will be counted as clinical hours. This will primarily occur during clinical placements, however, all students could potentially accrue over 55 hours (this varies from year to year) during academic coursework.

The Clinical Education Representatives will track and compile a list of clinical hours obtained in academic courses (at the end of each academic unit), which the ACCE will approve. Students will use this list as evidence to confirm that the hours they have reported have been approved.

In each clinical placement, the student will complete the InPlace logbook to show the summary of clinical hours obtained. This logbook will be verified by a CE (for more information see the next section).

## General Guidelines Concerning Clinical Activities

In clinical placement courses, students will be involved in various clinical activities as appropriate to their level of experience and the clinical setting. Definitions of clinical activities used in the SLP program are based on the current guidelines for clinical hours.

For counting clinical hours in clinical courses see:

[Appendix D1.1 General Guidelines for Clinical Activities in Practicum Courses](#)

## Tracking and Reporting Hours

### Summary of Clinical Practice Hours InPlace Logbook Form

Students will track their clinical hours using daily logs. At the end of the placement students will ask the CE to verify a cumulative report of the hours accrued.

*IMPORTANT: It is critical that students submit hours logs in their entirety with careful attention to detail. These forms support the student in accurately compiling total clinical hours accrued at*

*the end of the professional program for submission to professional and regulatory agencies. Any changes to forms after they have been verified by the CE must be approved by an ACCE.*

## Reporting the Total Hours to Professional and Regulatory Agencies

At the end of the final placement, students will be guided to complete a summary report of all clinical hours accrued throughout their M.H.Sc program. This will include clinical hours completed during academic coursework, in addition to all clinical hours accrued during clinical placements.

Students will need to be vigilant about counting hours as per the requirements of the jurisdiction in which they plan to register. They should be prepared to submit a clinical hours form in the format required by the program, as well as in the format required by any other jurisdiction, along with a brief report noting any variance in allotting clinical hours.

This final program form is verified by an ACCE. Students will also complete and submit a request for document release and the summary form will be forwarded, as requested, by the graduating student to the appropriate agency(ies) upon program completion. Students will also download and keep a copy of this final report in their personal records. Students may opt to fill in and save copies of the program form linked below as a back-up to the InPlace hours logs, however, this is optional.

[Appendix D1.2 For Reference Program Summary of Clinical Hours Form](#)

## Embedded Placement Activities

Clinical learning experiences that are embedded into many of the clinical placements include Teaching Clinics and Interprofessional Education learning activities.

### Teaching Clinics

In weeks three, five and seven of placement courses SLP1500, SLP1508 and SLP2500 and once during SLP1507, students participate in several university-led in-person and/or virtual clinical activities designed to support the development of clinical reasoning and self-assessment skills pertaining to their placement experience.

For half of the day, groups of students are assigned to a facilitator (SLPs from the clinical community). The students each present a clinical scenario for group discussion (preferably a video recording of themselves in clinical practice) and prepare learning questions focused on clinical skills applied or needing development. They will consider and discuss confirming and developmental aspects of the experience with their peers and the facilitator. Structured guidelines for these groups are provided in the appendices, as below.

#### Teaching Clinic Agenda

**Morning Small Group Reflective Teaching Clinic** (9:00 a.m. – 12:00 p.m.): Individual student (clinical skills) presentations with discussion and feedback.

**Afternoon Education Session:** The afternoon educational content is tailored to each clinical course.

## Alternative Assignments

Teaching Clinics are requisite. Students who are unable to attend Teaching Clinics due to extraordinary circumstances (e.g., illness) are required to complete an alternative assignment, which can be found on the departmental course website.

[Appendix E1.1 Teaching Clinic Format](#)

[Appendix E1.2 Release of Video or Audio Recordings for Teaching Purposes](#)

[Appendix E1.3 Instructions for Preparation of Video Recordings](#)

## Interprofessional Education

What is Interprofessional Education?

Interprofessional education (IPE) occurs when individuals from at least two different professions learn about, from and with each other to collaborate effectively as team members in working towards best outcomes.

What is an interprofessional education learning activity?

1. Are two or more professions involved?
2. Does significant interactivity between/among participants occur?
3. Are there opportunities to learn about, from and with one another?
4. Are interprofessional teaching/learning moments addressed? (e.g., is learning about how team members work together discussed?)

What does the University of Toronto IPE curriculum mean for students in clinical settings?

As part of the University of Toronto IPE curriculum, students are expected to achieve competencies for IPE (see page 6 in the M.H.Sc Student Handbook) through participating in specific learning activities. Specifically, the *IPE Component in a Clinical Placement* core learning activity is integrated with Unit 7: SLP1508Y – Advanced Clinical Laboratory in Speech-Language Pathology. Students participate in either a structured or flexible model.

The following documents describe the flexible IPE learning activities required in Unit 7: SLP 1508:

[Appendix E2.1 Flexible Activity 1: Shadowing, Interviewing Team Members](#)

[Appendix E2.2 Flexible Activity 2: Analyzing Interprofessional Interactions of Team Members](#)

[Appendix E2.3 Flexible Activity 3: Collaborating with Team Members](#)

## Supplemental Placements

### What is a Supplemental Placement?

A Supplemental Placement is a placement experience of short duration, usually no more than the equivalent of three days. Typically, these occur during placement units. A Supplemental Placement may be required to assist a student in obtaining clinical hours in a particular area, such as hearing disorders. A student may be withdrawn from the assigned full-time placement for a period in order to attend an additional site for the Supplemental Placement. Every effort is made to assign the Supplemental Placement prior to the start of the full-time placement.

### How are Supplemental Placements arranged?

Supplemental Placements are arranged on a per student basis and are typically targeted and individually assigned by an ACCE. Where there exists an opportunity for a preference-based lottery for a group of students, this approach will be used.

### What are the Supplemental Placement requirements?

The learning expectations will be outlined in the confirmation e-mail letter sent by the department. Usually, the focus is on learning activities required to meet clinical hour's needs (e.g., child assessment, fluency treatment with adults, minimum expectations for hearing disorders course,).

### How is the Supplemental Placement graded?

Due to the shortened length of the placement, students will prepare for the Clinical Educator (CE) a Supplemental Clinical Assessment Form instead of the traditional assessment of student performance.

This assessment will not be included in the student's overall mark. It is intended to provide feedback to inform the university about the student's performance. If concerns arise from this assessment, the Coordinator of Clinical Education will be in contact with the CE and the student to review it.

Evidence may be collected from the Supplemental Placement to be included in portfolios or to address Minimum Expectations for the SLP 1532H Clinical Laboratory in Hearing Disorders course.

Students are also required to track and submit clinical hours obtained on the InPlace system (described below) with the CE's verification, as in full-time placements.

### What Paperwork Is Submitted and When?

The completed Supplemental Placement Assessment Form is submitted on-line with verification from the CE. Students will indicate the number of clinical hours accrued in this placement experience on the form and the CE will sign to verify. Students are required to also submit their hours in InPlace using the Supplemental Course as Assigned course.

The assessment and submission of hours are due two business days after completion.

Additional evidence may be collected by the student to be included in portfolios or to address the Minimum Expectations for the SLP 1532H Clinical Laboratory in Hearing Disorders course as required.

[Appendix E3.1 Supplemental Assessment Form](#)

# Placement Policies

## Health Requirements and Proof of Immunization

Students entering the M.H.Sc program are expected to be in a state of health that allows them to participate fully in academic and clinical programs and pose no risk to themselves or others. After admission, but prior to registration within the program, students must submit to the Administrative Assistant Student Affairs (Room 1064) medical certification stating that they have been immunized against polio, diphtheria, tetanus, rubella, measles, mumps, chicken pox, hepatitis B, and COVID-19, (see below) and are free of tuberculosis.

### Proof of Vaccination against COVID-19

As of Oct 15<sup>th</sup>, 2021, only those who have submitted attestations and evidence of being fully vaccinated to UCheck are allowed on campus. Departmentally, the Coordinator of Graduate Studies and administrative staff collect and review COVID-19 vaccination information in parallel with this deadline. Submissions of medical exemptions are not automatically approved and require independent review and approval by the Office of the Vice Provost.

The Health Form is collected to establish that each student has fulfilled the university's requirements, as well as the standards set forward by the Public Hospitals Act, Section 4.2, Ontario Regulation. The forms are not collected for the purposes of storing for student use. Students must make a copy of the completed health form and supporting documentation BEFORE submitting them, as students will be required to provide the health form to placement sites multiple times throughout the program. There is an administrative fee for obtaining a copy of the record once it has been submitted.

The Ontario Ministry of Health and Long -Term Care strongly recommends an annual influenza vaccine. In addition, many clinical facilities require all staff and students to receive the influenza vaccine. If there is an outbreak and a student is not vaccinated, they may be: redeployed by the site or, when appropriate, dismissed from the clinical site for the safety of the student and patients/clients. It is the policy of some sites to require students who have not had the influenza vaccine to wear a mask while on placement, regardless of an outbreak.

Typically, it is the responsibility of each clinical placement site to ensure that a student's immunization status meets site-specific requirements. Students are responsible for following directions particular to the placement site.

Failure to fulfill any of the immunization requirements as set out by the placement site could result in the student being suspended from participating in clinical placements.

#### [F1.1 MHSc-Student Immunization-Forms](#)

# Minimum In-Person Clinical Hours Policy

## In-Person Clinical Hours Policy for the Classes of 2022 and 2023

### Guiding principle:

All students must achieve both the eight curriculum objectives and the national SLP competencies across all clinical contexts (in-person and virtual).

### Minimum In-Person Clinical Hours Requirements

All students must complete a minimum of 60 in-person direct clinical hours across the following three courses (i.e., SLP1500, SLP1508, SLP2500). In-person hours are defined as both face-to-face client contact and/or associated case discussion with team members, even if case discussion is in the virtual format.

### Hours Tracking

The number of in-person hours will be tracked in the InPlace system.

### Review

This policy will be reviewed in the fall of 2022 for a decision regarding the class of 2024, which will reflect the practice patterns and clinical environment at that time.

## Attendance and Absences During Clinical Placements

Attendance obligations are considered equivalent to obligations to an employer. Students are expected to be present for the hours indicated on the clinical placement offer (e.g., 8:30 a.m. to 4:30 p.m.). Additionally, the total number of scheduled hours/days at clinical placements is considered to be a vital component of the M.H.Sc. program and represents the minimum number of supervised hours/days needed for students to achieve competencies in the profession.

In some circumstances (e.g., illness, bereavement, religious holidays, medical appointments) a student must reasonably be absent from placement.

In these cases:

Students are responsible for informing BOTH the CE and the CI of their absence and the reason for absence by 9:00 am that day, or as soon as is practically possible.

After informing the CI, students must submit a **proposed plan** in writing to the CI for making up the missed hours from placement for any absence, ideally in advance, if possible. This plan and missed placement days can be tracked on InPlace following directions in the InPlace Student User Guide.

Absence from placement to attend a continuing education event is not normally acceptable, unless it is directly related to the clinical learning goals of the placement. Students must apply to the CI for approval in advance.

**Every effort must be made** to make up all missed placement time without exception.

A student may arrange to make up lost time outside of designated clinical hours only with the prior approval of the CI.

In the event that lost time cannot be made up, and this is acknowledged by the CE and CI, and absences exceed 5% of the total number of placement days, an approximately equivalent number of days will be added to the end of the placement.

Five percent means:

- SLP1500Y: 2 days
- SLP1508Y: 2 days
- SLP2500Y: 3 days

If it is not possible to arrange make up time by extending the placement, the ACCEs will arrange a Supplemental Placement. The duration of the Supplemental Placement will normally be equivalent to the length of the absence and will include all days in excess of 5% of days missed *at a minimum*, regardless of whether a student has completed the required hours and course minimum expectations.

When a Supplemental Placement is required, every effort will be made to schedule it within the grading period as determined by the School of Graduate Studies (SGS). Should this not be possible, the student will apply to the Coordinator of Graduate Studies for an extension to complete the Supplemental Placement. If the extension goes into another term, tuition fees may apply.

The Supplemental Placement must be completed within the extension period granted. A student cannot apply for more than one extension. Supplemental Placements of this type will not occur during academic units.

A student may not miss more than five days of clinical placement cumulatively across the entire program.

## Incident Weather

While on placement, students are asked to adhere to the policies of the site and their supervising CEs regarding absence due to incident weather. In the event of unexpected site closures, students must contact the CI as soon as possible to discuss make-up requirements.

## CPR Certification

Department of Speech-Language Pathology students are not required to provide a copy of a valid certificate in CPR at the Basic Rescuer (C) level. This level includes one-person and two-person CPR with infants, children and adults. However, some placement sites may require certification. The student is responsible for the expense of these courses.

Placement sites accept CPR certification from most agencies in Canada. Some of the most popular courses among students are provided by the following agencies:

- [The Canadian Red Cross](#)
- [Heart and Stroke Foundation](#)
- [Lifesaving Society](#)
- [St. John's Ambulance](#)

## Mask-Fit Testing

Health care providers adopt infection control procedures including the wearing of personal protective equipment. One of the key pieces of personal protective equipment is a properly fit-tested mask. The Ontario Ministry of Health and Long-Term Care has developed directives for health care professionals to wear an approved respirator/mask when droplet protection is required. In order to protect the health and safety of health care learners, the use of respirators/masks may be required if there is evidence of potential exposure to airborne infectious agents.

Fit test data must be updated every 18 months – 2 years or when facial characteristics change due to weight gain/loss or facial trauma. For an adequate mask-to-face seal, learners must be clean shaven at the time of the mask-fitting. Accommodation requests will be considered on a case-by-case basis.

Mask-Fit clinics are arranged by the department during the first term of the program. Space is provided in the building and students will be sent notification to reserve a time with the service provider. The cost of the test is paid directly to the service provider by the student.

## On-Line Learning Modules

The following On-Line Learning Modules are completed by students prior to the first clinical placement unit.

### Toronto Academic Health Science Network Education Committee (TAHSNe)

#### Hand Hygiene Module

- The Hand Hygiene Module teaches students how to perform proper hand hygiene in order to decrease the spread of infections in a healthcare/school environment.

#### Workplace Hazardous Materials Information System (WHMIS)

- WHMIS is a comprehensive national system for safe management of hazardous chemicals that is legislated by both federal and provincial jurisdictions. The ultimate goal is to create a safer workplace by providing workers with the knowledge and tools to enable them to work safely. Students will be introduced to WHMIS prior to the first clinical placement in addition to being oriented to site-specific WHMIS procedures and resources while on placement.

#### Workplace Violence and Harassment Module

- Workplace Violence and Harassment Module defines workplace violence and harassment in a healthcare environment, and outlines ways to identify and manage such incidences.

#### Privacy E - Learning Module

- This module teaches students about the importance of maintaining the privacy and confidentiality of patients'/clients' health information (PHI) and ways to do so. It is completed in Year 1.

## Ontario Ministry of Labour

### Basic Occupational Health & Safety Awareness Training

All students must take the *Basic Occupational Health and Safety Awareness Training* program prior to attending their first placement. Once the student completes the tutorial, they will receive a confirmation that they will bring to the first day of placement, along with other documentation (e.g., health forms, mask fit, flu), as required. To meet the requirements of this regulation, the Office of Environmental Health & Safety has developed a *Basic Health & Safety Awareness Training* program.

### COVID-19 and COVID-19 Vaccine Curriculum

Likewise, the COVID-19 Vaccine Curriculum is self-directed and educates students about the vaccines.

Please refer to the *Pre-Placement* section in this guide and the SLP1500 Quercus Course for further information.

## Police Reference / Record Check (PRC)

Many speech-language pathology students will work directly with or in close proximity to children or vulnerable persons during their placements or clinical training. To protect these groups and maintain their safety, clinical sites may require M.H.Sc students to obtain a Level 3 police reference/record check, Vulnerable Sector Check (also referred to as a Background Check').

## Vulnerable Sector Check

A vulnerable sector check includes:

- The same type of information that is disclosed in a criminal record and judicial matters check and
- Applicable findings of:
  - not criminally responsible due to mental disorder,
  - record suspensions (pardons) related to sexually-based offences and
  - in certain circumstances, non-conviction charges related information, when a strict test is met.

In cases where a student is unable to attend or to continue with a practicum/clinical experience because of issues related to her/his/their PRC-VSC:

- a) The academic program will make reasonable attempts to assist the student in securing another practicum/clinical experience for the student who is trying to fulfill these degree requirements, but may not be able to do so and is not required to do so;
- b) Neither the academic program nor the University of Toronto is required to accept an alternative practicum/clinical experience proposed by the student.

All Year 1 M.H.Sc. students are strongly encouraged to undergo a PRC - VSC **prior to the winter break**. Students are cautioned that most clinical sites in Year 1 will require PRC - VSC for clinical placements (e.g., at school boards and in pre-school settings).

Year 2 M.H.Sc students must also have an up- to-date VSC for placements (typically within six months of the start of placement). Students need to apply for a VSC in the fall prior to the placement assignment.

*Note: The need for a PRC is requested by the practicum/clinical placement site, not the university. Students, therefore, DO NOT hand in PRC results of any level to the department. Students are asked to keep copies of the record check results and have them available in the event a clinical site requires the results.*

### Students who Live in the Metro Toronto Area (M Postal Code)

In accordance with the [Police Record Checks Reform Act \(PRCRA\)](#), the [Royal Canadian Mounted Police \(RCMP\) Ministerial Directive](#) and the [RCMP's Dissemination of Criminal Record Information policy](#), the Toronto Police Service (TPS) provides three types of Police Reference Checks:

1. Criminal Record Check (Level 1)
2. Criminal Record and Judicial Matters Check (Level 2)
3. Vulnerable Sector Check (VSC) (Level 3)

If the postal code of the student's residence begins with "M", she/he/they will go to the [Metro Toronto Police Website](#), and review the *Background Checks, Vulnerable Sector Screening (Level 3) sections*. Then, they must obtain a *Consent to Disclosure of Personal Information* form from the department Business Officer at [slp.businessmanager@utoronto.ca](mailto:slp.businessmanager@utoronto.ca) or from the CEA at [slp.clinicalaffairs@utoronto.ca](mailto:slp.clinicalaffairs@utoronto.ca).

Once complete, the student will submit the form to the Toronto Police Service Headquarters located at 40 College Street, Toronto (instructions about submission of this documentation during COVID-19 can also be found on this website).

*Note: A fee plus applicable taxes apply. For more information, [Fee Schedule - Police Reference Check Program \(torontopolice.on.ca\)](#)*

### Residents in Other Areas

Residents in other areas will consult their local police department in September to determine what is involved in obtaining a VSC Level 3 check. If a student is unable to complete this on their own, they are to let the ACCE and CEA know as soon as possible of any supporting documentation requirements.

## Use of Social Insurance Number

Some students may have placements where videofluoroscopic swallow studies are performed. In order to monitor potential radiation exposure, the placement site will provide dosimeters to students for the duration of the placement. In this case, students will be asked to provide their Social

Insurance Numbers at the placement site to register with the National Dose Registry (NDR) and obtain dosimeters.

## Student Identification Badges

Students are issued identification badges with their pictures in the first year of the program. Students are required to wear the identification badge issued by the university at all times while at a placement site. In the event that a badge is lost, the student is to contact the Business Officer in the Department of Speech-Language Pathology or a replacement.

## Privacy Policies

### Guidelines for Sharing Clinical Information and Recordings in Academic and Clinical Courses.

Students become custodians of personal health information (PHI) in both academic and clinical courses. Throughout their time in this program, there are numerous opportunities for clinical observations and placements where they will be exposed to confidential client information. It is expected that this information will only be shared with those in the client's immediate circle of care and/or with express written consent.

Any disclosure of PHI without appropriate consent, even accidentally, may result in academic penalty or even dismissal from the program. It is, therefore, essential that students carefully adhere to the following guidelines to ensure PHI is protected at all times.

*Note: These are minimum standards and when at a clinical site students must also comply with the site's policies for protection of PHI.*

### Ensuring Client Confidentiality with Documents and Information Related to Clinical Placements, Clinical Observations, Academic Courses and Research Subjects

This guideline refers to client information shared for teaching purposes in academic courses, guided observations (Appendices D4.1 and D4.2), Minimum Expectations documentation for placements, portfolios, Integrative Learning Experiences (ILEs) and Teaching Clinics or any other circumstance where hard copy and digital information is generated and/or shared. As much as possible, all written materials (hard copy and digital) must be redacted to ensure all identifying information has been removed. If documents containing PHI are to be stored on any device (e.g., laptop, cell phone, tablet), the device **MUST** be encrypted. Information that is stored on a computer or other device must be fully deleted immediately after it is used for its intended purpose (e.g., Teaching Clinic notes). Deleted files must also be cleared from the trash folder and any cloud back-ups. The student is to keep all handwritten notes and hard copies of written documentation in their immediate personal possession or in a secure (locked) location accessible only by the student, such as a locked filing cabinet.

Express written consent must be obtained before sharing any PHI. Consents are kept in the student's possession and stored in a secure, locked location as noted above. In some instances, the

site may also want to keep a copy of the consent. This should be stored as per the policy guidelines of the site. Any documents containing PHI that are shared with other students, professors, or clinical teaching staff (e.g., during Teaching Clinics), must be returned to the student presenter immediately after the presentation/activity. The student presenter is responsible for shredding or otherwise disposing of these **IMMEDIATELY**. Do not discuss site visits, clients or other PHI in public locations or with any individual who is not in the client's circle of care.

## Ensuring Privacy with Digital Recordings

Students are required to obtain written informed consent using the departmental consent form (Clinical Education Guide, Appendix D1.2) prior to ANY form of recording (e.g., computers, tablets, phones). As noted previously, it is the responsibility of the student to retain the original consent form in a secure (locked) location. In some cases, the site will request to retain the consent in the client file (in which case the student should retain a copy). All devices used to record **MUST** be encrypted. When in use for recording and while recordings are stored on the device, all media uploads to the Cloud **MUST** be disabled. Recordings can be uploaded to MyMedia and then deleted and cleared from the device. Ensure all recordings are deleted from MyMedia as per the consent provided.

Several departmental tablets are available for loan from the IT office. These have Cloud access disabled and are password protected to ensure maximum privacy. To arrange the loan of a tablet, students are to contact the Manager of Information Technology.

While recording, students should take appropriate measures to minimize client identification (e.g., avoiding using the client's name and giving identifying information, such as age, school, or other identifiers, if possible). As soon as possible after obtaining the recording, the file is to be uploaded to MY MEDIA at the University of Toronto, checked to ensure it is functioning properly (i.e., it plays correctly) and the original recording deleted from the recording device.

*Note: Recordings stored to My Media are stored on University of Toronto servers. Upload speed is impacted by the capacity of the local Wi-Fi service. If the video is taking too long to upload, consider using editing options to shorten the video to under 10 minutes.*

The student is not to share a link to the recording under any circumstances unless instructed to do so (e.g., by a CI for an assignment). In order to access videos on My Media, individuals need to have a link provided by the student and a UTORid. If sharing the My Media link, the student must do so ONLY from the student's University of Toronto e-mail account. If it is not possible to upload to My Media, instead save the recording to an encrypted USB stick and store in a secure, locked location.

Students must ensure to delete all files from the device and clear from the device's trash folder before reactivating media sharing. For an extra level of protection, the CE can audit this process. Document the time/date of deletion from the device. Files can only be shared as consent permits and must be deleted from My Media or storage device as per consent. Students will be asked to keep and submit a record of deleted materials that may be randomly audited by the department to ensure compliance. If the student has any questions or is unclear on how to manage PHI at any time, an ACCE should be contacted for assistance.

## Workplace Safety Insurance Board (WSIB) and Private Insurance

Placement sites are asked to sign a declaration of understanding, a University of Toronto form, that describes insurance coverage relating to student placements and which only needs to be filled in once for all departments in Rehabilitation Sciences.

At the beginning of the academic year, all students are asked to sign a similar form. No further insurance forms are required. Students may be asked to present a copy of the declaration to their placement site.

### In the Event of an Accident or Injury

In the event of an accident or injury, ensure that first aid is given immediately, and that transportation is provided to a hospital, doctor's office or the student's home, if necessary. Sites complete the University of Toronto Accident Report and return it to the university within 48 hours of the incident.

If a Student Must Make a Claim:

The MCU ensures that students on work placements receive WSIB coverage for placement employers who have WSIB coverage and private insurance for employers who are not covered by WSIB. This covers injuries or disease incurred while fulfilling the requirements of their placement. Contact the ACCE for further instruction.

## International Placement Opportunities

### Criteria and Planning Steps for International Placements

#### Process and Timeline

The following process and timelines will be utilized for determining a student's eligibility for international clinical placements.

#### Late September/Early October – Initial Meeting

ICDR and the ACCE will meet with all Rehabilitation Sciences students interested in doing an international clinical placement to discuss opportunities, student criteria and process, and to answer any questions.

#### Late October / Early November – Application Deadline

M.H.Sc students will send an e-mail to notify the ACCE of their wish to be considered for an international placement.

Required Supporting Documentation:

Curriculum Vitae

Personal Statement - to include information on why they are interested in having the placement, where they would prefer to go, their life and travel experiences that are relevant and their expectations for the placement (maximum of two pages, double-spaced).

## Late November – Interviews

Students will be interviewed by a committee consisting of representatives from ICDR and the Department of SLP.

The interview will be approximately 20 minutes long and consist of questions relevant to international placements. Candidates will be assessed using a seven-point Likert scale.

### *Criteria:*

- At least B+ performance on previous clinical placements
- At least B+ performance on previous academic coursework
- High level of maturity as assessed by interview and observed throughout the professional degree program
- Appropriate personal characteristics, including assertiveness, confidence, cultural sensitivity, preparedness, etc.
- Previous experience with international travel in a service context is an asset, but not essential
- Dedicated attendance/involvement in ICDR activities such as the Speaker Series, biannual symposium and working groups
- Mental and physical health that will allow the student to successfully participate in all aspects of this clinical placements experience

## December – Notification

Students will be notified of their recommendation for a potential international clinical placement. It should be noted that even though a student is recommended, this is not a guarantee that an international placement will be available.

## December – June

Students will be notified of their placement match as soon as possible.

## International Placement Preparation

Students will participate in the Safety Abroad program in the Temerty Faculty of Medicine see (M.H.Sc Student Handbook for more information).

Students will have one group and one individual meeting with the ACCE and/or an ICDR representative to discuss cultural and travel issues and questions and/or attend ICDR Country/Group meetings.

Students will participate in the IPE Elective Learning Activity: Critical Perspectives in Global Health (4 evenings, January - March).

## During Placement

- Students will communicate via e-mail with the ACCE on a routine basis (frequency to be determined prior to departure).
- Where possible, web-based technology will be utilized to permit the student to participate in Teaching Clinics (procedures to be determined prior to departure).
- For those portions of Teaching Clinics the student is unable to participate in, alternate assignments will be completed (to be determined prior to departure).

## Post-Placement

Students who complete an international placement will be required to fulfill the following additional minimum expectations:

1. A project, as determined jointly by the ACCE, student(s) and/or CEs, to focus on giving a useful resource to the site and staff;
2. A written report of their experience – maximum three pages double-spaced.;
3. Recommendations for future clinical placements at that site. and
4. Students may also be asked to make a verbal presentation regarding their experience to a group of students and/or faculty, and/or to be involved in the process of selecting future students for potential international clinical placements.

It is the intention of this process to ensure that student candidates have the knowledge, skills, attitudes and behaviours, along with the appropriate supports necessary to participate and be successful in an international clinical placement.

## Clinical Placements - Requests from Other Programs

The department receives many requests for placements in the Toronto area from programs across Canada and the United States, as well as international programs.

As a service to the community, the ACCE may arrange placements for students enrolled in programs of speech-language pathology that offer recognized degrees for CASLPO registration and/or SAC membership.

Placement requests are considered using the following order of priority:

1. Students in Ontario programs;
2. Other students in Canadian programs;
3. Canadian students in non-Canadian programs.

## Additional Resources

### Update - Clinical Placement Expense Reimbursement through McGeachy Bursary

Students are expected to have reserved \$3000.00 over the course of the program for expenses related to clinical placements. However, in circumstances where students will incur excessive costs associated with a given clinical placement, they are eligible to apply for partial or full reimbursement.

## Eligible Expenses

Students must obtain written approval from the course instructor PRIOR to the placement for all expenses submitted for reimbursement through the bursary funding.

- For **out-of-region placements**, eligible expenses include the following:
  - Travel to/from the placement location from/to Toronto
  - Reasonable accommodation costs, with prior approval from the ACCE, for the duration of the placementNote: travel between the placement site and the placement residence is not included.
- For **in-region** placements:
  - Most expenses associated with in-region placements are not eligible for this bursary.
  - In rare circumstances, where there is significant travel between clinical sites during the workday as part of the placement, students may be eligible for partial reimbursement of these costs such as mileage/taxi/public transit etc.
  - If the student is using their own car for travel, reimbursement for travel will follow the mileage allowance set by the U of T. Similarly, if a rental car is required for travel during a placement for, with prior approval, the student may be eligible for reimbursement of rental costs.
- Note: Travel between the placement site and the placement residence is not included.
- Out-of-region placements **requested by students** (i.e., returning home for a placement) will not be considered for **out of region** reimbursement, but may be considered for expense reimbursement on an in-region basis (as above), if applicable.
- Students who move from their primary residence **into the U of T region** to participate in placements will not be considered for out- of-region reimbursement but may be considered for in-region expense reimbursement, if applicable.

## Expense Coverage

- To be eligible for this bursary, students must first complete an Ontario Student Opportunities Trust Fund (OSOTF) needs assessment, including applying for Ontario Student Assistance Program (OSAP) and a line of credit, but do not necessarily need to receive or use either towards placement expenses.
- Students submit a preliminary *estimated* budget to the course instructor **prior** to the placement. Students **MUST** have written approval of this budget to be eligible.
- If, during the placement, there is a substantive change in the estimated budget, students must notify the course instructor and obtain updated approval immediately.
- Post-placement, students must submit original receipts using the departmental expense reimbursement form no later than 2 weeks post-placement unit.
- A mandatory minimum deductible of \$500 will apply to all clinical placement expenses submitted.
- In a circumstance where a student perceives a need to receive funds **prior** to participating in placement, students are directed to discuss this with the Coordinator of Graduate Studies.

### NOTE: U of T SLP Placement Region

Placements that fall within the area encompassed by Burlington, Orangeville, Barrie, and Oshawa are considered to be within the U of T SLP placement region.

## Application Instructions:

See above for eligible expenses and expense coverage and then follow these instructions:

Students must complete and submit the OSOTF Application, the Expense Report, Supporting receipts and/or the Travel Log digitally to [slp.clinicalaffairs@utoronto.ca](mailto:slp.clinicalaffairs@utoronto.ca).

### Accommodation

Students requesting accommodation reimbursement complete G1.1 and G1.3 and submit with rental receipts.

### Travel

Students requesting travel expense reimbursement of airfare must complete G1.1, G1.3 and submit with their boarding pass. Students requesting travel expense involving train fare, bus fare or car rental must complete Appendix G1.1, G1.3 and submit with receipts. Students requesting travel expense for kilometrage must complete Appendix G1.1, G1.3 and submit with Appendix G1.2.

[Appendix G1.1 Clinical Placement Expense Fund Expense Report](#)

[Appendix G1.2 Travel Journal](#)

[Appendix G1.3 APPLICATION FOR DEPARTMENTAL OSOTF AWARD](#)

## International Placement Reimbursement Policy

Recipients of the Chris Gandy Award are not eligible for the Clinical Placement Expense Fund for an international placement.

## Northern Ontario School of Medicine (NOSM)

NOSM offers a limited number of clinical placements to the University of Toronto program each year, for which the student is funded for travel and accommodation. All successful student applicants must accept the fully funded placement assigned to them. Where additional unfunded placements can be obtained for remaining student applicants at the discretion of the NOSM coordinator, self-funded students can apply for partial reimbursement through the Professional Masters Bursary after the placement. Review the policy on page 55-56 and follow the instructions at the top of this page.

## M.H.Sc Student Handbook

See the "Student" section of the University of Toronto SLP Website ([www.slp.utoronto.ca](http://www.slp.utoronto.ca)).

## Clinical Resource and Teaching Laboratory

The Clinic Resource Teaching Lab is located in Room 414 and is a group work / departmental study room.

## Clinical Resources and Tests

Clinical resources and tests are available for students to use for teaching and learning purposes. To access and/or return these materials students must contact the student representative assigned to their year.

## Case Study Rooms

Case study rooms are located on the second floor. Included are 222, 224, 238, 240, 251 and 255. The primary purpose for these rooms is for academic and clinical teaching, however, students may use these rooms for quiet study when they are not being used for teaching purposes.

## Class Representative(s)

### Clinical Education Representatives

Each class in the M.H.Sc. program will have a maximum of two representatives. The roles and responsibilities of the clinical education representatives can be found on Quercus.