



Faculty of Health Sciences
School of Human Communication Sciences

Clinical Educators Handbook

For students enrolled in the Bachelor of Speech Pathology & Master of Speech Pathology

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1 LA TROBE UNIVERSITY

The mission of La Trobe University is to promote the scholarly acquisition, transmission, application and preservation of knowledge through teaching and research of the highest international standards, and to provide a learning environment in which intellectual freedom is protected and intellectual rigour fostered. The University will also develop further its regional provision by building on the activities and facilities already established on its regional campuses.

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2 SCHOOL OF HUMAN COMMUNICATION SCIENCES

The School of Human Communication Sciences is committed to providing an educational environment that ensures students receive quality, modern curricula, taught appropriately and with flexible mode of delivery such that practitioners of speech pathology from this School are current in knowledge, competent in up-to-date clinical practice and are able to critically question and produce an evidence base for their own practice. The aims and objectives of the School are:

- to foster an environment of learning
- to encourage questioning and evaluation
- to promote quality research in speech pathology academic and practice areas.

Two mechanisms for education leading to professional qualification are offered by the School: Bachelor of Speech Pathology and Master of Speech Pathology

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3 SPEECH PATHOLOGY AUSTRALIA

During 2007, the School of Human Communication Sciences (HCS) successfully completed negotiations with the professional body, Speech Pathology Australia to provide eligibility for professional membership of the HCS graduates. The School of HCS was required to demonstrate how the undergraduate and Masters courses prepared students to a level of competency outlined in the *“Competency Based Occupational Standards (CBOS) for Speech Pathologists, Entry Level, Revised 2001.”*

The School has chosen to further highlight their commitment to ensuring graduates meet competency as defined by CBOS by changing documentation and assessment guidelines in the Clinical Education Program. CBOS terminology will appear throughout this handbook and on assessment forms. Students and clinicians are recommended to review the CBOS document prior to the commencement of clinics. Copies of this document can be obtained on the Speech Pathology Australia website at: http://www.speechpathologyaustralia.org.au/library/6b_CBOSentrylevel_2001.pdf.

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4 GENERAL INFORMATION

4.1 Enquiries

Enquiries about the Bachelor and Master of Speech Pathology Clinical Education Program, placements, schedules or this Handbook should be directed to:

Ms. Rita Muntener
Clinical Education/Student Admin Officer
Telephone (03) 9479 1931

4.2 Police Clearances/Working with Children (WWC) Checks

All students are required to undergo a police security & WWC checks prior to the commencement of any clinical placement. The student will present the original certificate showing the result of their police security check as requested on the first day of placement. The certificate remains the property of the student and photocopying of the document is not permitted. The student is responsible for maintaining a current police security check certificate, which is usually valid for 12 calendar months (Jan-Dec).

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4.3 Equal Opportunity Policy

La Trobe University is committed to providing an environment that is free from sexual harassment and discrimination. The School is committed to supporting students with disabilities, mental health issues and medical conditions and recognises that some students may require reasonable adjustments to support them in meeting the essential components of the program (the fieldwork objectives as outlined in the SPEF). For instance, some students may require some flexibility with clinical placements; however, they will still need to demonstrate the essential skills and knowledge required for the placement.

If you require reasonable adjustments, please contact the LTU Clinical Education Coordinator as soon as possible to discuss your requirements. Disclosure of personal circumstances is treated confidentially and is only disclosed to the supervisor or third party upon specific request from the student. For further information and advice please contact the Equity & Access Unit on 9479 2900.

4.4 Discrimination

La Trobe University supports Affirmative Action strategies and the principles of equal opportunity.

4.5 Confidentiality

Students and Speech Pathologists are required to abide by their professional association's regulations and by relevant agency rules regarding confidentiality.

Clinical Educators are requested to highlight to students' relevant information regarding agency regulations on confidentiality prior to the placement.

Students are required to sign written confidentiality agreements acknowledging their responsibilities to maintain client confidentiality. Students will be unable to commence clinical placements until this document has been signed. (Please refer to [Appendix 2](#)).

The School is aware that students forward reports or session plans to Clinical Educators for marking via facsimile or e-mail. The School discourages this process given the potential for information to be forwarded to the wrong facsimile or e-mail address. Faxing or emailing

client information should only be undertaken if the client's well being or management is jeopardized by a time delay in receiving information. All identifiable client information must be removed before transmitting information via facsimile or e-mail.

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4.6 Ethics

Students and Clinical Educators are expected to act in accordance with the Speech Pathology Australia Code of Ethics available from the Speech Pathology Australia website at: <http://www.speechpathologyaustralia.org.au/library/codeofethics.pdf>

4.7 Occupational Health and Safety

It is important to provide an environment for students that is, as far as practical, safe and without risks to health. Policies and procedures relating to Occupational Health and Safety in the facility must be conveyed to the student during orientation. These include infection control and emergency procedures, and in agencies where modified Barium Swallow procedures are conducted, limiting exposure to radiation.

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5 CLINICAL EDUCATION PROGRAM

The Clinical Education Programs in the Bachelor and the Master of Speech Pathology courses have been specifically designed to facilitate integration of theory into practice. The programs facilitate students' development of problem solving, professional and clinical skills. The courses and the Clinical Education Programs have been designed to ensure students are able to demonstrate professional competence as defined by the professional body, Speech Pathology Australia, and are eligible for membership of this association.

5.1 Rationale

Clinical placements provide students with the opportunity to integrate theory into practice with the support and supervision of experienced Speech Pathologists. Involvement in clinical placements also facilitates students' understanding of funding systems in health, support services and the roles and tasks undertaken in interdisciplinary teams. The clinical placements, therefore, develop and strengthen skills taught and also assist the student in preparation for working in today's environment.

Clinical placements occur throughout the Bachelors and Masters courses. Students are expected to undertake tasks at specified levels of competency, developing their skills from requiring guidance to independence by graduation.

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5.2 Course Objectives

Graduates will be clinically competent to perform roles in prevention, assessment, diagnosis and treatment of clients with communication and swallowing disorders.

Additionally, the graduate will:

- be able to identify significant/critical information presented by clients, either explicitly or less directly through verbal and non-verbal behaviour
- be able to generate therapy based on knowledge from theory and an understanding of the practical attributes and restrictions presented by clients' circumstances
- be able to generate methods of measuring/evaluating intervention strategies presented to clients
- be able to express logically and concisely the relevant features of clients' communication status and management in both verbal and written reports
- be persistent in developing problem-solving skills and applying them to situations encountered in clinics
- be able to manage a small department and
- be able to provide consultancy services as required.

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5.3 Organisation of Student Clinical Education

The School of Human Communication Sciences sends out an “Offers Package” to all senior clinicians in late August/early September. This information package describes the clinical education requirements for all Undergraduate and Masters students. Clinicians are called on to make offers to provide students with clinical placements. When these offers are received by the School students are allocated to appropriate clinics and both clinicians and students are notified of schedules, contact names and details, names of LTU clinical educators, and information regarding School expectations. This notification is usually given in October for Masters Students for placement between November and February, and in February of the following year for Undergraduate students. Some changes to confirmed placements are inevitable throughout the year as circumstances for both students and clinicians are not always predictable.

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5.3.1 Allocation to Clinics

Students are allocated to clinics by the Clinical Education Coordinator according to clinical education requirements of the year level/clinical unit they are enrolled in. The clinical education program has been designed to meet Speech Pathology Australia's CBOS Entry level 2001. The Clinical Education Coordinator monitors the student's progress toward meeting these standards by a review of the Competency Checklist / CBOS Clinical Contact Hours Form ([Appendix 5](#)), and a Placement Preference form during the allocation process. Factors which determine allocation include:

- Student's progress toward meeting CBOS competency across the Range Indicators
- Number and Types of Placements offered
- Location of Clinic
- Student's ability to travel
- Student's access to accommodation in rural settings
- COMPASS™ionate reasons
- Student's academic commitments

For reasons of equity and in order to ensure a coordinated approach to allocation, students in both the Bachelor and Masters Programs are not permitted to organise their own placements.

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5.4 Roles of La Trobe Staff

5.4.1 Clinical Education Coordinators

Ms. Rachel Davenport, Ms. Debbie Kras & Ms. Kath Brierty HS1 337

The coordinators are responsible for the overall coordination of the clinical education program. The role includes allocation to clinics, monitoring of a students' progress toward achieving CBOS competencies across Range Indicators, representation of clinical education at academic level, organization of clinical education workshops, and the output of the Clinical Education Newsletter.

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5.4.2 La Trobe University Clinical Educators (LTU Clinical Educator)

This term refers to an academic staff member of School of Human Communication Sciences at La Trobe University whose role is to assist and support both students and external clinical educators to derive the maximum benefit from clinical placements. The LTU Clinical

Educator is likely to have another role within the Clinical Education Program eg Unit examiner or Clinical Education Coordinator. The role of the LTU Clinical Educator is to:

- Initiate contact with Clinical Educators early in placement by email or telephone. Negotiate manner and timing for future contact.
- Be responsive to students' and clinical educators' requests for information or assistance.
- Be available for visits to the clinical placement on request within the limitations of travel time and distance
- Assist students and clinical educators to develop appropriate goals and tasks for students as required.
- Receive, review and sign mid placement feedback forms
- Notify Unit examiner of "at risk" students.
- Review and sign Final Placement Forms.
- Coordinate Shared Placements (*See section 12.5.3*)

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5.4.3 Unit Examiner

This term refers to the Academic staff member at LTU who is responsible for developing the Unit syllabus according to the set curriculum, monitoring assessment results and representing the Unit at Chief Examiners Meetings.

5.4.4 Year Coordinator

The Year Coordinator provides support and advocacy for all students in the specific year level.

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5.4.5 La Trobe Communication Clinic Manager

The Manager of the LCC is responsible for delivery of effective client services and the day to day running of LCC.

5.4.6 Clinical Education / Student Administration Officer

The role of this staff member is to:

- Manage and provide coordinated and effective administration of student services functions for the Clinical Education Program and the School's Undergraduate and Postgraduate courses.
- Manage all administration tasks associated with students, the clinical education program, and requests by the Academic staff, Faculty and the University.

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6 INFORMATION FOR CLINICAL EDUCATORS

6.1 Role of Clinical Educators

The term used to describe a Speech Pathologist in an external facility who provides clinical education to Bachelor and Masters students is Clinical Educator. Some terms that have been used in the past are external supervisor or external clinician.

Students expect that the Clinical Educator will provide them with orientation, supervision and assessment. They also understand that the Clinical Educator is responsible for managing the overall program for the clients. Through supervision, the Clinical Educator attempts to promote and develop student's theoretical and therapeutic skills. Clinical Educators are expected to discuss issues related to client management, provide feedback to students about their sessions, assist with planning and model assessment and therapy techniques.

It is acknowledged that each Clinical Educator will have their own style of supervision and client management, just as students have individual learning styles and objectives for clinical placements.

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6.2 Preferred Experience of Clinical Educators

1. A clinical educator must have at least one calendar year of experience before taking sole responsibility for student supervision (more experience is desirable).
2. At present a clinician does not need to be a Speech Pathology Australia member to supervise students, but should be eligible for membership of Speech Pathology Australia.
3. It is highly desirable that clinicians attend workshops and activities related to supervision at least once a year.
4. The Certificate Advancing Clinical Education run by the Advancing Clinical Education Team is strongly encouraged.

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6.3 Professional and Legal Implications in Clinical Education

6.3.1 Permission for Students to attend Clinics – Letter of Exchange

A Letter of Exchange is needed because of Professional Indemnity cover and to ensure that issues such as clinician responsibilities and workload during student placement is clearly understood. The "Letter of Exchange" is the current contract. A Letter of Exchange will be sent to an Agency, to cover placements for either one placement, or one year of placements. Documentation should be signed by the Clinician and returned to the School before the actual placement takes place. Legal requirements that both students and Clinical Educators should adhere to are outlined in [Appendix 1](#).

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6.3.2 Unethical Behaviour

Students should be reported to the School for any unethical or improper conduct.

6.3.3 Information for Clients

All clients and/or families need to be told when students are involved in diagnosis or treatment. It is also important that clients are informed when students are observing sessions, including behind one-way screens.

If video or audio tapes are used in student education, many institutions require prior written permission from clients.

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6.3.4 Client Welfare

The Clinical Educator has final responsibility for client welfare. Therefore he/she will make decisions regarding student involvement with clients based on this responsibility.

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6.3.5 Student's Rights to Confidentiality

Clinical educators should respect the students' rights to confidentiality regarding results of placements and will:

- only discuss the performance of an individual with those involved in assessing that student;
- not identify the student when discussing performance with clinicians or others not involved.

LTU Clinical Educators are not permitted to provide explicit information about students' past performance. However, students are advised to discuss their strengths and weakness with clinicians in order to work to improve in all areas.

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6.3.6 Orientation

Clinical educators are responsible for the orientation of students in the clinical placements. A student's orientation should include at a minimum:

- Outline of the service provided to clients
- Tour of facility and amenities
- Information pertaining to emergency, infection control and confidentiality procedures in the clinic.
- Record keeping information

6.3.7 Learning Agreement

In all clinics, a written agreement outlining the expectations and responsibilities should be made between the student and clinical educator(s). Students should be prepared for discussions regarding their identified learning needs. Clinical educators should consider the clients available, the type and number of reports and plans required and the role of observation and participation to facilitate student learning when completing the agreement. *(Please refer to [Appendix 3](#) and [Appendix 4](#) for further information.)*

The Learning Agreement should be reviewed following the opportunity to observe a student's performance.

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6.3.8 Observation

Students benefit from the opportunity to observe others interacting with clients and performing assessment and therapy procedures. Observation sessions may occur at the beginning of a placement later in the placement or to demonstrate specialized techniques or therapy models. Clinical educators are encouraged to reflect on the value of observation and where possible incorporate it as one of their roles as a Clinical Educator.

6.3.9 Feedback

Clinical educators will be required to provide feedback on a student's performance to facilitate growth and development. The form and frequency of feedback needs to be negotiated between the student and clinical educator.

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6.3.10 Assessment

Clinical Educators need to be aware of the COMPASS™ assessment procedures and evaluation criteria for each clinical placement. Please refer to the appropriate sections under specific year level entries.

6.3.11 Struggling Students

It is the responsibility of the Clinical Educator to highlight early concerns with a student's progress to the LTU Clinical Educator. They will provide advice and support to both the student and clinical educator. Please refer to section 8 Unsatisfactory performance.

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6.3.12 Caseload

The clinical educator will where possible:

- provide students with a caseload of clients appropriate to the students' level of learning and clinical skill.
- provide a caseload demonstrating different disorders of communication, as appropriate to the specific placement.

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6.3.13 Report Writing and Maintenance of Client Records

The clinical educator will:

- assist students to identify the appropriate format for, and information to be included in, clients' management records
- assist students to use appropriate professional style.

6.3.14 Clinical Equipment

The clinical educator will assist students in the use and maintenance of clinical equipment.

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6.3.15 Evaluation of Students' Learning

The clinical educator will:

- evaluate the students' performance according to a standard format
- communicate evaluation to students at regular intervals
- maintain supervisory records ensuring students' confidentiality
- facilitate students' development and consolidation of self-evaluation skills.

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6.3.16 Student Self-determination

The clinical educator will:

- assist students to develop professional client and self management skills
- assist students to assign priorities to their learning program
- facilitate students' involvement in the implementation of the supervisory program.

7 EXPECTATIONS AND ASSESSMENT (BACHELOR OF SPEECH PATHOLOGY)

7.1 Student Assessment

All students on clinical placement will be assessed with regards to their performance. Assessment is based on learning and growth in clinical practice during the placement and the ability to work consistently at the criterion set for that Unit and year. Students should NOT be assessed on the basis of their performance during a single session.

The external clinical educators are responsible for making a recommendation to the LTU Clinical Educator of a student's performance at the end of the placement, unless assistance has been requested from the LTU Clinical Educator prior to that. Concerns regarding a student's progress should be discussed with the student and LTU Clinical Educator as early as possible in the placement and prior to mid or final placement assessment feedback meetings.

The following processes apply to clinical educators supervising students in the Bachelor of Speech Pathology course. To complete mid placement and final placement COMPASS™, clinical educators and students will:

1. Consider the general and specific expectations for the end of the placement in the relevant year or Unit. The expectations specify pass level performance on the COMPASS™ Assessment for the end of the placement.
Please note that the pass level expectations are used as the basis for both mid-placement feedback and the final assessment. It is expected that students should be working towards the pass level criteria at mid placement and may not have reached it.
2. Consider the observations made, the discussions, which have taken place and the plans or reports submitted. Decisions should be based on the way the student has been working recently (not on past problems which no longer affect performance), the amount of guidance/direction the student has required and still requires, and the consistency of performance.
3. Decide on your recommendation for whether the student's overall performance at mid and end placement is satisfactory or unsatisfactory (see Pg 28 in the COMPASS™ Assessment Booklet)
4. Ensure pertinent comments are written in the spaces provided on pages 28 and 29 in the COMPASS™ Assessment Booklet.
5. Use the form to indicate strengths and weaknesses and to devise strategies for improving any areas. Clinical educator(s) and student should sign the form. **These signatures verify that the clinical educator has given the student the assessment and that the student has received and read the assessment form.**

Steps 1-3 apply to both the mid-placement feedback and final assessment. Steps 4 and 5 should be completed at the final assessment.

6. Completed COMPASS™ assessment forms should be signed by both the Clinical Educator, and Student and given to the Student. It is the **STUDENTS' RESPONSIBILITY** to submit this form within 7 days of completion of the placement to :
 - the assigned LTU Clinical Educator who will then pass the forms on to Rita Muntener, Clinical Education Administration Officer, for the final grade to be recorded.

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7.2 Grading

Please refer to the relevant sections under each year level for specific definitions of Pass /Fail performance criteria.

7.3 Definition of Terms Used in the Assessment Booklet and The Expectations.

For specific explanations and definitions of terms used in the COMPASS™ Assessment please refer to the COMPASS™ Assessment Booklet and the COMPASS™ Resource Manual. Other commonly used terms are defined below.

7.3.1 Client Centred

The effectiveness of the session should be evaluated by observing the client's responses during the session. That is, the student and clinical educators should evaluate the effectiveness of techniques used by considering what the client did.

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7.3.2 Clients

Clients are defined as those people for whom professional speech pathology service is provided. Thus, clients may include people with communication or swallowing impairments, their families or caregivers, teachers or other professionals or other members of the community.

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8 UNSATISFACTORY PERFORMANCE - (FACULTY OF HEALTH SCIENCES REGULATIONS)

8.1 Early concerns

If a clinical educator is concerned about a student's abilities or attitudes, the appropriate La Trobe staff member should be contacted. These are:

Bachelor of Speech Pathology:

- 2nd year HSC21DDP and HSC22DDP - Unit Examiner – *Dr Beverly Joffe*
- 3rd year HCS3CLI - Assigned LTU Clinical Educator
- 4th year HSC4PRA/HCS4PRB - Assigned LTU Clinical Educator

Master of Speech Pathology:

- 1st year HCS5PPR – Assigned LTU Clinical Educator
- 2nd year HCS5APP – Assigned LTU Clinical Educator

Marginal students may be withdrawn to undertake additional work before recommencing a clinic.

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8.2 Professional Conduct

The clinical educator will:

- inform students of the legal and professional implications of the students' own conduct within the clinic
- inform students of the impact on client management of State and Federal legislation with respect to the particular caseload of the clinic.

Clinical Educators are requested to notify the Clinical Education Coordinator, immediately a student fails to meet clinical responsibilities, so that the School can take the appropriate action.

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8.3 Withdrawal of a Student from a Clinical Placement

As part of the course requirements for degrees and diplomas of La Trobe University's Faculty of Health Sciences, students are placed in clinics and hospitals on the advice of the School concerned and Unit to conditions established between the clinic or hospital and the Faculty.

The School shall have the right to withdraw a student from a clinical placement, either for a specific period of time and Unit to specific conditions, or for the remainder of the academic year, where:

1. the student is consistently unable, after due instruction and guidance, to perform in clinic without an inappropriate or an unattainable degree of supervision from clinical or School personnel with respect to:
 - clinical skills involving a patient's comfort or safety
 - the performance of technical procedures already taught, demonstrated and practised in a prior clinical or practical situation
2. the student performs in a manner detrimental to the clinical experience of other students
3. the student breaches the legal, ethical or professional codes relative to clinical work
4. the student demonstrates gross negligence in the performance of an assigned duty.

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8.3.1 Procedures

- a. Collaboration and mediation to occur between the Student, LTU Clinical Educator, Subject Examiner, Year Level Coordinator, Head of School and the External Clinical Educator/s.
- b. If the mediation process does not result in an acceptable outcome to either the Student, the School of Human Communication Sciences or to the External facility, then the faculty guidelines for withdrawal of a student from Clinical Placement will be implemented.

http://www.latrobe.edu.au/health/Policies/08_05_Withdrawal.html

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8.3.2 Urgent Withdrawal from a Clinical Placement

Where the Head of School is of the opinion that prima facie evidence exists to warrant the withdrawal of a student from a clinical placement as a matter of urgency, the student may so be withdrawn, provided that within 3 working days a meeting of a Committee constituted as in 8.3.1 (f) is called.

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8.4 Withdrawal by a student (La Trobe Regulation)

An enrolled student may withdraw from any unit, or course for which he or she is enrolled. Withdrawal carries no guarantee that the student will be permitted to re-enrol in the unit, or course from which he or she has withdrawn. Students are strongly advised to discuss plans to withdraw with their year Coordinator and the Clinical Education Coordinator.

"If a student withdraws from a Unit before two-thirds of the period during which the Unit is taught has passed, a K result will be awarded (discontinued without academic penalty).

After two-thirds of the Unit has been taught, the result KN (discontinued with academic penalty) will be recorded by most schools unless the Chief Examiner recommends otherwise."

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8.5 Confirmation of Results

A confirmation of results through a brief extension to the placement for further clinical practice may be offered to confirm results. This will be at the discretion of the Unit Examiner. The Clinical Education Coordinator/LTU Clinical Educator will advise the clinical educator of the recommended duration of the extension.

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8.6 Supplementary Placements

Students may be offered a supplementary placement and assessment by the Chief Examiners' meeting if they receive what is considered to be a redeemable failure.

The following constitutes a redeemable failure on the COMPASS™ assessment:

- Not reaching set pass criteria on no more than 1 generic professional competency
- AND
- Not reaching set pass criteria on 3 or less CBOS units
- OR
- Not reaching set pass criteria on 1-3 CBOS units, where there is a **large variability** in the final ratings, as determined by the COMPASS™ student individual report.

Where students achieve a mark which is in close proximity to the expectation on 4 or more units this should be discussed with the La Trobe Clinical Educator or Unit Examiner. To determine whether:

- A confirmation of results should be offered
- A supplementary placement should be offered
- The result is a significant failure and the student needs to repeat the whole unit.

Supplementary placements will not normally be recommended for students who significantly fail a clinical Unit (see section 8.9)

Students may be offered a supplementary placement by an interim Chief Examiners' meeting or may be offered a provisional supplementary placement in anticipation of the Chief Examiners' meeting awarding a supplementary assessment.

Supplementary placements will be arranged as and when possible. The duration will normally be of one third to one half the duration of the original placement. They cannot be guaranteed to occur before the supplementary examination period or before the commencement of the following semester. Therefore the progression of the student to subsequent Units may be affected.

During a supplementary placement, a student is evaluated in all units on the COMPASS™ assessment, as outlined on the assessment form, not just in the areas the student originally failed.

The format of the clinical experience and the way in which this will be assessed should be outlined specifically in the Learning Agreement and will vary according to individual needs and recommendations made by the Clinical Education Coordinator.

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8.7 Extension of Placements

A placement will not normally be extended for any reason. If the student has been unwell for a prolonged period, or the clinical education feels there are special circumstances, the LTU Clinical Education and or Clinical Education Co-ordinator must be consulted to discuss the appropriate action.

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8.8 Special Consideration

A student whose work during the academic year or at a specific time during the placement has been affected by illness or other serious cause may apply in writing to the Head of School for special consideration by the relevant Chief Examiners' Meeting. Students are urged to see their year Coordinator to discuss special consideration. An application for special consideration must be accompanied by a medical certificate or other appropriate evidence and must be made not later than forty-eight hours after the conclusion of the placement.

If the Chief Examiners' Meeting agrees to grant special consideration, a further placement or part thereof will be arranged to occur as soon as possible by the Clinical Education Coordinator.

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8.9 Significant Failure

A student with a significant fail (in more than 2 areas on the COMPASS™ assessment booklet) in a clinical Unit (and who has therefore not been recommended for supplementary placements) or who has failed in a supplementary placement will normally be referred by the Chief Examiners' Meeting to the Committee to review unsatisfactory progress.

The following constitutes a significant failure on the COMPASS™ assessment:

- Not reaching the set pass criteria on 2 or more generic professional competencies eg. Reasoning and communication

OR

- Not reaching set criteria on 2 generic professional competencies and 1 or more CBOS unites eg. Reasoning, communication and assessment

OR

- Not reaching the set pass criteria on 4 CBOS units (all generic professional competencies are at the set criteria), where there is **large variability** as determined by the COMPASS™ student individual report, eg. a 4th year student is at intermediate level on 4 CBOS units and entry level on all others
- The unit examiner will also consider the clinical educator's recommendations

This committee considers all relevant evidence and submissions and may recommend:

1. supplementary or special assessment, or
2. pass by compensation, or
3. re-enrolment under prescribed conditions (such as a remedial study program), or
4. exclusion from the course for a specific period of time or until specific requirements are met, or
5. exclusion from further participation in the course.

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8.10 Appeal

The student has the right to appeal against any decision of a Chief Examiners' Meeting, or the Academic Progress Committee.

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8.11 Minimum attendance

A student who is absent for, or unable to participate in, more than one seventh of a clinical placement must discuss continuation/extension/repetition of the placement with the Unit Examiner. Students must supply a medical certificate when absent from clinics due to ill health.

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9 1ST YEAR CLINICAL EDUCATION PROGRAM (BACHELOR OF SPEECH PATHOLOGY)

Class Requirements:

- 10 hours lectures
- 7 hours tutorials
- 8 Pre-clinical tasks (PCT)
- 14 hours external clinic observation
- 5 hour first aid course

Location: Bundoora Campus, external facilities and external Speech Pathology Clinics

Unit Examiner: Dr. Michelle O'Brien

9.1 Description of Experience

Students are assisted to enhance their knowledge and understanding of the range, nature and components of normal communication across the C-BOS Range Indicators of speech, language, swallowing, voice and fluency, across the lifespan. Students are facilitated to increase their understanding of the nature of the speech pathology discipline, the roles of a speech pathologist and Professional and Ethical behaviour. Through Pre-clinical tasks students are provided with opportunities to practice pre clinical skills such as observation, documentation, transcription, interaction and reporting. An awareness of C-BOS General Practice Principles is encouraged through activities that require students to interact with individuals in a variety of settings, from different backgrounds, and at different life stages. Through tutorials, students share knowledge and insights gained through pre clinical and clinical experiences.

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9.1.1 External Clinical Observations

The placement consists of 2 days observation (minimum of 14 hours) in July. The objective of the experience is to increase the student's awareness and basic understanding of the nature of the speech pathology profession and the culture of the workplace. The student Speech Pathologist will "shadow" the clinician in order to observe all aspects of the working environment. The student can be provided with some opportunities to interact with clients during the 2 days. The focus of the external clinical experience should be on the role and responsibilities of the Speech Pathologist.

9.2 Responsibilities - Student

Clinicians can expect that students:

- will contact the clinic at least 3 weeks prior to scheduled starting date
- be familiar with the Speech Pathology Australia Code of Ethics and act within this code at all times
- have read, and signed a Confidentiality Agreement ([Appendix 2](#))
- be able to provide a certificate showing the result of a current Police Security Check
- Provide a current Working with Children Check
- be required to complete a learning task based on this experience. This task will be marked by the Unit examiner.
- Be familiar with CBOS range indicator statements.

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9.3 Responsibilities – Clinical Educators

Clinicians are asked to:

- Provide a clinical observation experience that meets the objectives as outlined in Section 9.1.1.
- Provide students with appropriate OH&S information relating to the placement

-
- Complete and sign HCS1PPA External Clinical Observation Feedback Form ([Appendix 11](#)). This form is to be handed to the student who will sign it then submit it to the Unit Examiner.

10 2ND YEAR CLINICAL EDUCATION PROGRAM (BACHELOR OF SPEECH PATHOLOGY)

Class Requirements:

- Fourteen clinical sessions per year (eight (4-hour) sessions in Language and Phonology (L&Ph) clinic and six (5-hour) sessions in Phonological Awareness for Literacy (PAL) Clinic.
- One 2- hour large group orientation session in Week 1, Semester 1.
- One 90-minute, large group COMPASS session in Week 1, Semester 1.
- 2 clinic group orientation days (1 for L&Ph and 1 for PAL).
- Two 1-hour tutorials in week 3 of semester 1 (for students in L&Ph clinic in semester 1) and week 3 of semester 2 (for students in L&Ph clinic in semester 2).
- 3 feedback days (2 in L&Ph and 1 in PAL).

Location: Clinical sessions are conducted at the LTU Communication Clinic

Unit Co-ordinator: Dr. Beverly Joffe

10.1 Prerequisite Skills

Students who have passed the prerequisite Units (usually those in Year 1 of the course) for HCS2DDP (2nd year clinic) are expected to be able to demonstrate the following levels of skill at the START of their second year clinical practicum:

Students are expected to:

- identify which articulators are involved in pronouncing English speech sounds and to say how they are positioned.
- write down the broad phonetic transcription of any English word upon hearing it twice.
- identify word shapes in CV terms
- recognise basic phonological processes in a speech sample.
- recognise which of Brown's 14 grammatical morphemes occur in a language sample.
- identify simple and complex sentences (e.g. those containing coordination and/or subordination) in a language sample
- scan a language sample and recognise syntactic errors
- demonstrate a broad understanding of the normal development of components of communication and related behaviours including cognition, pragmatics, semantics, syntax, phonology discourse and pre-literacy skills
- understand how to interpret standardized assessments
- list components of a basic case history together with the rationale for them.

10.2 Description of Experience

This clinical placement is the initial avenue by which students strengthen their ability to transfer theory into practice. Theory Units such as Normal Communication and Swallowing and Professional Practice in 1st year, and Disorders of Language and Phonology and Audiology in 2nd year are essential units for this Unit. Opportunities will be provided for contact with pre-school and school-aged children who evidence a broad range of cognitive, linguistic, articulatory, and pragmatic impairment.

The clinical placements provide opportunities for students to develop their clinical reasoning, diagnostic and therapeutic skills through a supportive, professional environment and gain essential working knowledge of communication and learning related problems in children, and the health, social, and cultural factors which influence these.

Students working in small groups will gain hands-on experience in the management of clients with communication impairment and their families. Students may be paired or grouped with

other 2nd year students to work in a collaborative peer learning model. Learning experiences in a context such as this, help students expand on their problem-based learning experiences from the 1st year of the Speech Pathology course.

Students will complete both a Language and Phonology placement, and a Phonological Awareness for Literacy Placement – one in each Semester. Objectives for each experience will be specified at the outset of each particular placement. Further expectations and learning needs will be negotiated via individualised learning contracts between each student and their particular clinical educator.

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10.3 Broad Objectives

Developmental Disorders Clinic provides students with an opportunity to develop their ability to:

- work in a clinical environment, in a collaborative, collegial, ethical, responsible and professional manner
- apply theory to practice
- use principles of evidence-based practice to manage children with speech and language problems
- use basic therapeutic skills with children and their caregivers
- collect and analyse data relevant for appraising communication disorders in children
- discuss and be involved in completing some assessments (formal and informal) with young children with communication disorders
- engage in clinical reasoning related to assessment and treatment of paediatric communication disorders
- develop treatment plans and apply tailored treatment strategies
- apply paediatric speech pathology treatment strategies
- use reflective practice to enhance clinical practice
- document clinical progress and write professional reports
- work (as a speech -pathologist -in -training) with children of different ages and stages of speech language and literacy (including preschool and primary school levels)
- apply different service delivery model
- work in individual and group therapy contexts
- Develop an understanding of the broader role of a speech pathologist (eg: administration requirements; liaising with other kinder teachers, etc)

10.4 Levels of Expectation for 2nd Year

The minimum level of performance for passing clinic in 2nd Year is as follows:

- The student must be performing at novice level on all four Generic Professional Competencies and all observable CBOS units.

NB Where a student has not had the opportunity to demonstrate any of the behavioural elements of a unit, this unit is not rated and marked “Not Observed”. If a student has had the opportunity to demonstrate a behaviour but has failed to do so, the Clinical Educator will indicate this by a notation beside the “Not Observed” comment and will NOT mark the scale.

Expectations and examples for novice level performance are outlined on pages 17-39 of the COMPASS™ Assessment Resource Manual

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10.5 Assessment

The 2nd year clinical placement is divided into two parts; an eleven week preschool Language and Phonology clinic and an eight week school-age Phonological Awareness for Literacy clinic.

The pass level expectations outlined above are used as the basis for both mid placement feedback and the final assessment. Students are given one COMPASS™ Assessment Booklet

during Orientation Week. It is the students' responsibility to hand this to their Clinical educator at the beginning of their placement. The one form will be used for both mid placement feedback and the final assessment. The Clinical Educators will complete the COMPASS™ Assessment Booklet as indicated below.

The COMPASS Assessment will be completed only during the Language and Phonology clinical placement. The PAL clinical component will not be formally assessed, however students will be provided with informal feedback. It is expected that students will reach a novice level of competency by the completion of this PAL placement, as judged by their Clinical Educators. The Clinical Educators will complete a PAL Summary form ([Appendix 12](#)) with students at the end of the placement. Satisfactory completion of this placement is a hurdle requirement for passing the DDP subject. Some students will complete their PAL clinic before Language and Phonology; others will participate in the Language and Phonology clinic first.

10.5.1 Mid Placement Feedback

- The Clinical Educator will complete the mid-placement assessment and sign the COMPASS™ Assessment Booklet at a scheduled individual meeting time during Week 7 of the Language and Phonology placement. This a formal opportunity for the student and the Clinical Educator to report on the level of competence achieved thus far, and for the student to receive individual verbal and written feedback from the Clinical Educator.
- There is not a pass/fail criteria for the mid placement evaluation. However, students who are not demonstrating novice behaviours for a unit of COMPASS™ at mid-placement would be considered to be at risk of not developing sufficient competency in this unit by the end of the placement.
- The form needs to be signed by the student to indicate that the student has read and discussed the feedback on the form.

10.5.2 Final Assessment

- In the final week of the Language and Phonology placement the Clinical Educator will complete and sign the COMPASS™ Assessment Booklet for each student.
- In order to achieve a pass in the clinic, a student must be performing at novice level or above in all the GPC units and in all the CBOS units in which the student has had the opportunity to demonstrate competency. For example, in the 2nd year clinic it is not often that students will have the opportunity to demonstrate pass level competency in CBOS Unit 6, Professional, Group and Community Education. In this case the unit would be marked as 'Not Observed'.
- There will be an opportunity for individual verbal feedback and discussion of the final assessment.
- The form needs to be signed by the student to indicate that the student has read and discussed the feedback on the form.
- The Clinical Educator will keep the final assessment form until the student has completed all outstanding client reports and records. It is then the student's responsibility to ensure the original COMPASS™ Assessment Booklet is submitted to Rita Muntener, Clinical Education/Student Administration Officer within 7 days of the assessment taking place.
- The student and Clinical Educator should keep a copy of the completed assessment form for their records. (Please note that students will not be able to use the Clinic photocopier for this purpose).

10.5.3 PAL Feedback

- Throughout the PAL placement students will be provided with both written and verbal feedback from their clinical educators
- During the final week of the PAL placement clinical educators will meet individually with each student to discuss the placement and provide feedback on the student's performance. This meeting will allow the clinical educators an opportunity to highlight strengths to the student, but also identify possible future areas to work on.
- During this final meeting the clinical educator will complete the PAL Summary Form ([Appendix 12](#)) with each student. The student will then need to provide a copy of this to Rita Muntener (Clinical Education / Student Administration Officer) within 7 days of the completion of the clinic.
- If the clinical educator in the PAL clinic has any concerns about a student's ability to reach the required competency level in this placement, this will be highlighted to the student at an early stage, and strategies to support the student will be put in place.

10.5.4 Clinical Experience Records

CBOS Checklist/Clinical Hours

- Students are also required to keep a record of their clinical experience on the CBOS Checklist/Clinical Hours form ([Appendix 5](#)). This form should be filled out by the student **at the end** of their first clinical placement and signed by the Clinical Educator and student. A new form will then be completed by the student **at the end** of the second clinical placement and signed off by the Clinical Educator and by the student.
- The Clinical Educator should sign off on the forms **before** signing off on the COMPASS™ assessment form.
- The student needs to hand the form to Rita Muntener Clinical Education/Student Administration Officer after Part 2 of the placement is completed.

List of Clinical Experiences ([Appendix 9](#))

- There are a range of clinical experiences that each student may have in the DDP. Each student's experience will differ because of the nature of a client centred approach. In order for a student to keep track of those experiences a list of the most common ones available in a DDP clinic have been listed in [Appendix 9](#).
- Students are required to initial those that have been covered in their first clinic and have the Clinical Educator sign off on these
- The same form is used to record the experiences of their second clinical placement with the relevant Clinical Educator .
- The Clinical Educator should sign off on the list **before** signing off on the COMPASS™ assessment form.

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10.5.5 Description of the Grading for 2nd Year

Fail Level

Functioning below a novice level in 2 or more COMPASS™ Units at the end of the Language and Phonology clinical placement

AND/OR

The Clinical Educator indicates that the student has not made sufficient progress in 2 or more competency areas to satisfactorily complete the placement.

Students who are functioning below a novice level may demonstrate the following types of behaviours:

- Even with a high degree of supervisory support the student cannot:
 - Draw conclusions about a client
 - Develop an appropriate plan of action
 - Understand the total clinical situation
 - Apply problem solving strategies, principles and theories
 - Meet clinical responsibilities
 - Respond to client needs
 - Recall or apply aspects of theory appropriately

Pass Level

The student is performing at a novice level on all four Generic Professional Competencies and all observable CBOS Units at the end of Part 2 of the clinical placement.

AND

The Clinical Educator indicates that the student has made sufficient progress in each competency area to satisfactorily complete the placement.

Students who are functioning at a novice level demonstrate the following types of behaviours;

- Can recall some aspects of relevant theory
- With a high level of support can;
 - Draw conclusions about a client
 - Develop an appropriate plan of action
 - Understand the total clinical situation
 - Apply problem solving strategies, principles and theories
 - Meet clinical responsibilities
 - Respond to client needs

10.6 HCS2AUD Basic Audiology

Class Requirements:

- 2-hours of demonstrations
- 6-hours of clinical component in semester 1.

Location:

External Agencies

Unit Examiner:

Dr Chyrisse Heine

10.6.1 Objectives

- To acquire expertise in otoscopy
- To acquire expertise in pure tone hearing screening
- To acquire expertise in immittance screening
- To acquire expertise in reporting findings
- To recognise the importance of clinic hygiene

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10.6.2 Levels of Expectation for 2nd Year:

Students are expected to:

- Accurately screen the hearing of children and or adults
- Demonstrate accurate use of otoscopic & tympanometry equipment and procedures
- Make appropriate recommendations for further audiological assessment as required
- Accurately record screening results and recommendations

NOTE: Second year clinics must be passed in order to progress to third year clinical units.

11 3RD YEAR CLINICAL EDUCATION PROGRAM (BACHELOR OF SPEECH PATHOLOGY)

Class Requirements:

- A 3 hour orientation session during the University Orientation Week
- Disorders of Motor Speech and Swallowing Clinic (DSS) - Five 3.5 hour clinical sessions in specified blocks during the Academic Year. 1 pre-clinical and mid-placement tutorial.
- External Clinical Placement - One 3.5 hour clinical session per week for 13 weeks in either semester one or two
- Online quiz in LMS (formally WebCT) (Hurdle requirement)
- Three 1.5 hour tutorials in the same semester as the clinic takes place

Location: External Facilities in Metropolitan and/or Rural locations

Unit Examiner: HCS3CLI - Ms. Rachel Davenport, Mrs. Debbie Kras and Mrs. Kath Brierty
DSS Clinic - Ms. Debbie Phyland

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11.1 Objectives

Students develop client management skills in two different clinical settings.

Specific Objectives are:

- Refine clinical observation skills commenced in second year. Students will require opportunities to observe clients and clinicians in the first few weeks.
- Develop interpersonal skills. Students will be provided with opportunities to interact with clients and with other professionals involved in client management, following observation of the clinician.
- Become familiar with the structure of the speech pathology service and the administrative responsibilities of the Speech Pathologist. Students will participate in appropriate administrative tasks.
- Increase understanding of broad professional issues. Students will need time to become familiar with the specific work culture and practice within the Speech Pathology service.
- Learn selected assessment and therapeutic techniques and models of service delivery. Rudimentary diagnostic and therapeutic skills have been acquired at 2nd year and students will require opportunities to observe and practice the use of tools and techniques as applicable to the clinical populations serviced by the placement.
- Progressively develop problem solving skills.
- Progressively develop self reflective/ evaluation skills.
- The student will have the opportunity to revise and apply theory learned in academic Units to the clinical population serviced. Where the relevant academic Units have not been taught, the student has the opportunity for theoretical introduction to the relevant clinical area with assistance from their clinical educator.
- Adhere to the ethical code set down by Speech Pathology Australia and behave in a professional manner at all times.
- Monitor progress in obtaining professional competency and devise a plan of action to address competency gaps.

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11.2 Description of Experience

11.2.1 External Clinical Placement – 13 Weeks

This experience is designed to extend and enhance client management skills in a clinical setting external to La Trobe Communication Clinic. It involves incremental skill development in a developmental or acquired disorders clinical

setting. Students will have the opportunity to work with clients with communication and swallowing disorders and interact with client's families and significant others. Students will need time to become orientated to the new clinical setting and require considerable guidance and observation opportunities initially. They will then progressively participate more in active client management.

11.2.2 La Trobe Based Tutorials

Students will attend 3 tutorials in the semester their placement takes place. These will happen at the beginning, middle and end of the placement. Students will be assigned to one of two groups (three in semester 1) and will meet with a La Trobe supervisor.

The tutorials will provide students with an opportunity to debrief, discuss their placements, share resources and gain support from peers and the La Trobe supervisor.

Attendance at all three tutorials is a hurdle requirement

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11.3 Levels of Expectations for 3rd Year

The 3rd Year student enrolled in HSC3CLI is expected to perform at the minimum of an Intermediate level on the Behavioural Descriptors of Student Competency in the COMPASS™ Assessment Booklet. A more detailed outline of this descriptor is available in the COMPASS™ Assessment Booklet and Resource Manual SPAA 2006.

This Intermediate standard of performance must be applied to each of the four Generic Professional Competencies and to the seven CBOS Units of the COMPASS™ Assessment Booklet.

Levels of Expectations 3rd Yr

An example of a few cues and behaviours that may be shown by 3rd year students performing at an Intermediate level in the Generic Professional Competencies have been listed below. Please see the COMPASS™ Resource Manual pages 9 – 26 for a comprehensive list of behaviours.

Generic Professional Competency Unit 1: Reasoning

Requires moderate amount of time and conscious effort to participate in activities requiring reasoning skills.

- Conduct and explain the timing and sequencing of their assessment and intervention decisions effectively
- Evaluate progress in therapy, including the selection and attainment of criteria to determine termination of therapy
- Explain their reasoning processes logically having considered the literature, theory and diagnostic data to support the management approach selected
- Apply new insights and knowledge to clinical situations
- Identify when observations or conclusions may not be valid
- Plan an intervention program with appropriate long term, short term and sessional goals.

Some examples of behaviours to be expected at the intermediate level:

- Generates and implement individually tailored plans for familiar clients. Will need assistance to adapt plans to unfamiliar clients
- Recognises key issues for a client but will need assistance to prioritise these to ensure that a comprehensive plan is developed and carried out.
- Is beginning to move from a theoretical only approach

Generic Professional Competency Unit 2: Communication

Has a basic but effective repertoire of communication skills that can be applied in familiar situations with client /caregivers and people in the workplace.

- Instructing, modelling, motivating and reinforcing
- Present written information clearly, concisely and meaningfully
- Switch communication modes when required
- Develop and maintain a positive interaction
- Prevent, identify and repair communication breakdown
- Maintain appropriate communication boundaries
- Actively listen
- Recognise, interpret and respond to non verbal communication signals

Some examples of behaviours to be expected at the intermediate level:

- Plans to address the non verbal and cultural components of a situation, but will need support to refine these plans
- Identifies the majority of information that is to be included in an oral or written report. Will need some assistance to ensure information is clear, concise and meaningful to a target audience.

Generic Professional Competency Unit 3 – Lifelong Learning

Identifies and reports accurately on **most** aspects of his/her performance in familiar situations and shows a positive orientation to learning:

- Think critically about what they learn
- Accurately report what took place
- Engage regularly in verbal or written self evaluation
- Identify appropriate standards of performance
- Identify strategies for change
- Participate in the performance assessment and development of a learning plan
- Show initiative
- Willingness to ask questions

Some examples of behaviours to be expected at the intermediate level:

- Reflects and evaluates their performance (in a familiar setting) against their personal goals
or appropriate standard of performance
- Initiates the identification of his/her strengths, weaknesses and learning needs and able to suggest learning goals. Will need some assistance from the educator to identify all aspects of learning goals.
- Changes aspects of performance in response to feedback and self evaluation

Generic Professional Competency Unit 4 – Professionalism

Displays effective organisational skills with familiar clients and conducts self in a professional manner:

- Be familiar with and act in accordance Speech Pathology Australia Code of Ethics in all their interactions
- Manage time and meet deadlines responsibly within sessions
- Effective organisation of work space
- Effective time management and manages their caseload
- Obtain appropriate information from other team members and provide them with information about the speech pathology management of their client
- Attend sessions and meetings on time
- Be prepared with assessment and intervention materials
- Adopt professional dress to the service with little or no feedback
- Be familiar with roles of other team members and make referrals to relevant professionals eg. ENT

Some examples of behaviours to be expected at the intermediate level:

- Acknowledges and participates in developing a plan to address any problem areas
- Has an understanding of the role, duties and responsibilities of the speech pathologists within the service provider's organisation in relation to client care, and understands the need to be accountable
- Demonstrates an understanding of how core ethical principles guide aspect of daily practise

The behaviours expected from a 3rd year student performing at an **Intermediate level** across all the CBOS Units are fully detailed in the COMPASS™ Resource Manual pages 27 - 39. Please refer to the appropriate pages in this manual.

CBOS Unit 1 Assessment – pg 28

CBOS Unit 2 Analysis and Interpretation – pg 29

CBOS Unit 3: Planning of Speech Pathology Intervention – pg 31

CBOS Unit 4: Speech Pathology Intervention pg – pg 33

CBOS Unit 5: Planning, Maintaining and Delivering Speech Pathology Services – pg 35

CBOS Unit 6: Professional, Group and Community Education – pg 37

CBOS Unit 7: Professional development – pg 38

11.4 Responsibilities – Student

Clinicians can expect that students will:

- contact the clinic at least 3 weeks prior to scheduled starting date
- be familiar with the Speech Pathology Australia Code of Ethics and act within this code at all times
- have read, and signed a Confidentiality Agreement ([Appendix 2](#))
- be able to provide a certificate showing the result of a current Police Security Check
- negotiate the learning agreement at the commencement of placement ([Appendix 3](#))
- be responsible for bringing the COMPASS™ mid placement Assessment Booklet to the LTU Clinical Educator for discussion.
- be responsible for bringing the completed end final COMPASS™ Assessment Booklet to the LTU clinical educator for evaluation.
- maintain an accurate record of clinical experiences through completing the Clinical Assessment Tracking sheet / Contact Hours form ([Appendix 5](#))

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11.5 Assessment

11.5.1 External Clinical Placement – 13 Weeks

Mid-Placement feedback

The External Clinical Educator together with the student, will complete the COMPASS™ Assessment Booklet mid-way through the clinical placement. Each of the assessable competencies in the COMPASS™ Assessment Booklet should be marked along the scale with an M. This mid placement feedback is to be considered a formative assessment process, where the focus is on identifying the student's current level of performance, highlighting areas of strengths and identifying any difficulties the student might be having in developing competency, and then determining and planning for learning needs over the remainder of the placement. The Assessment Booklet needs to be signed by the External Clinical Educator and by the student to indicate that the student has read and participated in the feedback process. **The student should keep the COMPASS™ Assessment Booklet as this will be used again for the end of**

placement assessment. This Assessment Booklet must be brought to the LTU Clinical Educator for signing within 7 days of the mid placement assessment taking place.

If there are concerns about a student's progress, after mid placement, or at other times, the External Clinical Educator will inform the LTU Clinical Educator. Strategies to assist the student will be identified. The LTU Clinical Educator is available to assist if necessary and a visit to the clinic may be made by LTU Clinical Educator if requested, within the limitations of time and distance.

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Final Assessment

In the final week of placement the External Clinical Educator together with the student will complete and sign the COMPASS™ Assessment Form. The levels of expectation are presented below. Opportunity for individual verbal feedback to discuss the end placement assessment results is also given. The External Clinical Educator will not hand the end placement COMPASS™ Assessment Booklet to the student until all outstanding client reports and records are complete.

The student must sign the COMPASS™ Assessment Booklet to indicate that she/he has read it and discussed it with the External Clinical Educator.

It is the STUDENT'S RESPONSIBILITY to ensure that the original COMPASS™ Assessment Booklet is submitted to the LTU clinical education coordinator for evaluation within 7 days of the assessment taking place.

The student should keep a copy of the Assessment Booklet for their personal record.

Please note: *the student will not receive a final grade if the COMPASS™ Assessment Booklet is not submitted to the LTU clinical education coordinator within the designated time frame.*

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11.5.2 Description of the Gradings for 3rd Year

Fail Level

A fail level will be determined by the LTU clinical education coordinator after considering all 3 factors below:

1. The students competency level identified (by the LTU clinical education coordinator) as being at a novice level on the COMPASS™ Assessment Booklet.
2. The student rating was shown to have a high degree of variability as a result of particularly low performance (novice level) on the competencies (General Professional Competencies 1-4 and CBOS Units 1-4) on the COMPASS™ Assessment Booklet.
3. The **External Clinical Educator** has indicated concern (both in written and verbal form) that the overall level of student competence was not at the required intermediate level of performance as described on the COMPASS™ Assessment Booklet.

Pass Level

The student's competency level was evaluated by **both the LTU clinical education coordinator and the External Clinical Educator**) as being at an intermediate level on the COMPASS™ Assessment Booklet.

All 3rd Year Units (including HCS3CLI 3rd Year clinic) must be passed before students may progress to 4th Year.

11.5.3 Disorders of Motor Speech and Swallowing Teaching Clinic

Unit Coordinator: Debbie Phyland

This experience is designed to provide students with a preliminary clinical experience in disorders of motor speech and swallowing. Students will work in pairs and attend 5 clinical sessions over 5 weeks in an acute hospital setting. Students are also required to attend an introductory, pre-clinical tutorial and mid-placement tutorial at La Trobe University, as a hurdle requirement. These tutorials are aimed at guiding the students in their revision.

Please note that Facilities participating in the DSS clinical experience will be provided with a specific DSS Handbook, which is also available on the HCS website.

SPAA (2006). COMPASS™: Competency Assessment in Speech Pathology. Melbourne, Speech Pathology Association of Australia Ltd.

12 4TH YEAR CLINICAL EDUCATION PROGRAM (BACHELOR OF SPEECH PATHOLOGY)

Class Requirements:

- Orientation Sessions during the University Orientation Week
- Submit the online clinic handbook quiz within 2 weeks of commencing Clinic
- HCS4PRA: 36 days
- HCS4PRB: 36 days
- Tutorials: 6 during the year
- Online quiz in LMS (formally WebCT)

Location: Latrobe Communication Clinic & Allied facilities
Metropolitan, rural or interstate Speech Pathology Clinics

Unit Examiner: Ms. Rachel Davenport

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12.1 Objectives

- Refine previously developed clinical skills and reach entry level on the COMPASS™ assessment .
- Become familiar with a broad range of work settings
- Develop specific clinical skills related to particular work settings
- Develop clinical management skills
- Develop an understanding of and participate in the broader range of roles and activities of a speech pathologist across a working week
- Monitor progress in obtaining professional competency and devise plan of action to address competency gaps

12.2 Description of Experience

The opportunity to ensure competence across all Range Indicators is enhanced by splitting the 4th year clinical experience into two semester long Units. These placements may be made up of 36 days in one facility, or combinations of 12 or 24 days in two or three facilities. A split placement experience provides further opportunities to balance the student's experience across the Range Indicators. It is recommended that in at least one semester the student attends a single facility for 36 days, where possible. Students' previous clinical experiences, specific learning needs, and the availability of suitable external clinic facilities determine specific clinic allocations.

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12.2.1 HCS4PRA and HCS4PRB

Students attend 36 days of clinical placement through the La Trobe Communication Clinic and/or external clinical placements, which may constitute intensive, general or specialist clinical experiences. Students generally attend 3 or 4 days per week in semester 1 for HCS4PRA and Semester 2 for HCS4PRB.

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12.2.2 Tutorials

As part of the clinical experience students attend the university for tutorials during semester 1 and 2 every four weeks.

Tutorials are designed to provide opportunities for:

- Further developing clinical problem solving
- Peer support

- Learning about a range of Clinical Settings
- Comparing own performance with others
- Sharing of resources and ideas for intervention.
- Workshopping aspects of professional practice

Additionally Students are encouraged to meet with their La Trobe supervisor to problem solve any issues that might be arising on their clinical placements.

Regular contact with the LTU Clinical Educator is encouraged through these tutorials. Special arrangements will be made for students placed in rural or interstate clinics.

Students are also able to access peer support in the tutorial group through WebCT chat room and discussion posts. Students are encouraged to utilise this facility at least 4 times throughout each semester.

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12.3 Levels of Expectations for 4th Year

The following expectation levels are guidelines for both students and staff and represent the pass level of performance for 4th year students in all clinics.

For the final assessment of all 4th year clinical subjects, students are expected reach entry level performance in a minimum of 8 of the 11 competencies in the COMPASS™ assessment as described by the 'Entry-level' behavioural descriptors described on the fold out sheet of the COMPASS™ Assessment Booklet, and elaborated on in the COMPASS™ resource manual. Four of these *must* be Generic Professional Competencies.

The behaviours students are expected to demonstrate are as follows:

Generic Professional Competency Unit 1: Reasoning

Comprises of Elements

- 1.1 Uses effective thinking skills to ensure quality speech pathology practice
- 1.2 Integrates collaborative and holistic view points into professional reasoning.
- 1.3 Uses sound professional reasoning strategies to assist planning for all aspects of service management

Examples of entry level behaviour for this unit would be:

1. Critically evaluates, interprets and synthesizes information from a variety of knowledge bases
2. Shares decision making with the client and/or caregiver and acknowledges the validity of their perspective

For other examples please refer to the COMPASS™ Assessment Resource Manual on page 20.

Generic Professional Competency Unit 2: Communication

Comprises of Elements

- 2.1 Uses interpersonal communication skills to facilitate the effective practice of speech pathology
- 2.2 Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives
- 2.3 Communicates effectively with work teams

Examples of entry level behaviour for this unit would be:

1. Maintains a focus on the communication partner

2. Documentation is up to date, legible, objective and accurate and completed in a timely manner

For other examples please refer to the COMPASS™ Assessment Resource Manual on page 22.

Generic Professional Competency Unit 3: Lifelong Learning

Comprises of Elements

- 3.1 Reflects on performance
- 3.2 Structures own learning/professional development
- 3.3 Demonstrates an appropriate attitude to learning
- 3.4 Able to change performance

Examples of entry level behaviour for this unit would be:

1. Accurately and objectively accesses or reports on own performance, but seeks supervision in less familiar and/or complex situations e.g. when working with a new client group
2. Changes performance in response to new information or learning experiences

For other examples please refer to the COMPASS™ Assessment resource Manual on page 24.

Generic Professional Competency Unit 4: Professionalism

Comprises of Elements

- 4.1 Displays appropriate organizational skills
- 4.2 Conducts self in a professional manner
- 4.3 Discharges administrative responsibilities appropriately
- 4.4 Demonstrates ethical behaviour

Examples of entry level behaviour for this unit would be:

1. Participates in and can deliver a quality service using different service delivery models.
2. Is client centred e.g. can focus on the client's needs and seeks his/her point of view regarding their needs and priorities.

For other examples please refer to the COMPASS™ Assessment Resource Manual on page 26.

The behaviours expected from a 4th year student performing at an **Entry level** across all the CBOS Units are fully detailed in the COMPASS™ Resource Manual pages 27 - 39. Please refer to the appropriate pages in this manual.

CBOS Unit 1 Assessment – pg 28

CBOS Unit 2 Analysis and Interpretation – pg 29

CBOS Unit 3: Planning of Speech Pathology Intervention – pg 31

CBOS Unit 4: Speech Pathology Intervention pg – pg 33

CBOS Unit 5: Planning, Maintaining and Delivering Speech Pathology Services – pg 35

CBOS Unit 6: Professional, Group and Community Education – pg 37

CBOS Unit 7: Professional development – pg 38

In addition to the above described behaviours, other examples of the types of behaviours that **may** be shown by an entry level student, for each unit, can be found in COMPASS™ Assessment Resource Manual

Description Of The Gradings For 4th Year

The student has to reach entry level on the COMPASS™ assessment after each individual placement in order to pass the placement.

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12.4 Responsibilities – Student

Clinicians can expect that students:

- will aim to contact the clinic at least 3 weeks prior to scheduled starting date
- be familiar with the Speech Pathology Australia Code of Ethics and act within this code at all times
- have read, and signed a Confidentiality Agreement (*see Appendix 2*)
- be able to provide a certificate showing the result of a current Police security check
- negotiate the learning agreement at the commencement of placement (*Appendix 3*)
- be responsible for bringing the COMPASS™ mid placement Assessment Booklet to the LTU Clinical Educator for discussion (For students on a regional or interstate placement other arrangements will be made)
- be responsible for bringing the completed end final COMPASS™ Assessment Booklet to the LTU clinical educator for evaluation.
- maintain an accurate record of clinical experiences through completing the Clinical Assessment Tracking sheet / Contact Hours form (*Appendix 5*)

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12.5 Assessment

The pass level expectations (*see Section 12.3*) are used as the basis for both mid placement feedback and the final assessment. The Clinical Educator will complete the COMPASS™ Assessment Form which is provided by the student, as follows:

12.5.1 Mid-placement feedback

The External Clinical Educator together with the student, will complete the COMPASS™ Assessment Booklet, provided by the student, mid-way through the clinical placement. Each of the assessable competencies in the COMPASS™ Assessment Booklet should be marked along the scale with an M on the black bordered Mid/End placement pages. For further instructions refer to page 1 of the assessment booklet. This mid placement feedback is to be considered a formative assessment process, where the focus is on identifying the student's current level of performance, highlighting areas of strengths and identifying any difficulties the student might be having in developing competency, and then determining and planning for learning needs over the remainder of the placement. The Assessment Booklet needs to be signed by the External Clinical Educator and by the student to indicate that the student has read and participated in the feedback process. **The student should keep the COMPASS™ Assessment Booklet as this will be used again for the end of placement assessment.** This Assessment Booklet should be brought to the LTU Clinical Educator for signing, where possible, within 7 days of the mid placement assessment taking place. For students who are placed regionally and interstate other arrangements will be made.

If there are concerns about a student's progress, after mid placement, or at other times, the External Clinical Educator will inform the LTU Clinical Educator. Strategies to assist the student will be identified. The LTU Clinical Educator is available to assist if necessary and a visit to the clinic may be made by LTU Clinical Educator if requested, within the limitations of time and distance

12.5.2 Final Assessment

In the final week of placement the External Clinical Educator together with the student will complete and sign the COMPASS™ Assessment Form. The levels of expectation are presented below and in the student and clinical educator's handbook. Opportunity for individual verbal feedback to discuss the end placement assessment results is also given. Each of the assessable competencies in the COMPASS™ Assessment Booklet should be marked along the scale with an E on the black bordered Mid/End placement pages. The External Clinical Educator will not hand the end placement COMPASS™ Assessment Booklet to the student until all outstanding client reports and records are complete.

The student must sign the COMPASS™ Assessment Booklet to indicate that she/he has read it and discussed it with the External Clinical Educator.

It is the STUDENT'S RESPONSIBILITY to ensure that the original COMPASS™ Assessment Booklet is submitted to the LTU clinical education coordinator for evaluation within 7 days of the assessment taking place.

The student should keep a copy of the Assessment Booklet for their personal record.

Please note: the student will not receive a final grade if the COMPASS™ Assessment Booklet is not submitted to the LTU clinical education coordinator within the designated time frame.

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12.5.3 Shared Placements

When students have more than one clinical placement constituting the 36 day Unit, e.g. a 12 and a 24 day placement, they need to pass each individual clinic in order to pass the Unit. If any areas of concern at mid-placement are noted in more than one clinic, the LTU Clinical Educator will liaise with each clinician concerned. As each clinic comprising the total Unit needs to be passed, the final grading will be made proportionate to each clinic. If a student does not pass all areas in one or more of their clinics, the student will be required to either, undertake a Confirmation of Results, do a supplementary placement or repeat the equivalent percentage of the 36 days.

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12.5.4 Description of Grading For 4th Year

Fail Level

A fail level will be determined by the LTU clinical education coordinator after considering all 3 factors below:

1. The student's competency level identified (by the LTU clinical education coordinator) as being below **entry level** on the COMPASS™ Assessment Booklet.
2. The student's rating was shown to have a high degree of variability as a result of particularly low performance (below entry level or lower) on the competencies (General Professional Competencies 1-4 and CBOS Units 1-4) on the COMPASS™ Assessment Booklet.
3. The **External Clinical Educator** has indicated concern (both in written and verbal form) that the overall level of student competence was not at the required entry level of performance as described on the COMPASS™ Assessment Booklet.

Pass Level

1. The student's competency level was evaluated (by the LTU clinical education coordinator) as being at an Entry Level on the COMPASS™ Assessment Booklet.
2. The **External Clinical Educator** has indicated that the student's overall level of performance had reached the criteria of an Entry Level of performance as described in the COMPASS™ Assessment Booklet.

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13 1ST YEAR CLINICAL EDUCATION PROGRAM (MASTER OF SPEECH PATHOLOGY)

Unit Examiner: Ms. Donna McNeill-Brown (All units)

13.1 Overall Objectives

The learning objectives for the clinic include:

1. Interview individuals to obtain and document detailed case history information relevant to making a speech pathology diagnosis.
2. Apply knowledge of the significance and limitations of methods and tools of investigation
3. Conduct assessment procedures with a range of adult and paediatric clients presenting with varied communication and/or swallowing problems
4. Apply processes of critical reasoning, problem solving and principles of evidence based practice to the assessment of communication and swallowing disorders
5. Incorporate psychosocial, cultural and medical factors as part of the final clinical interpretation and recommendations
6. Analyse, integrate and interpret speech pathology and other relevant data and determine diagnosis and prognosis
7. Document all aspects of the assessment process and recommendations in the form of a speech pathology assessment report
8. Provide feedback to the client and/or significant other and referral sources concerning the assessment procedures, final clinical interpretation and broad recommendations

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13.2 Description of Experiences

Students are involved in clinical experiences that emphasise **the assessment, description and diagnosis** of clients who demonstrate communication and swallowing disorders. Students experience the real working environment under the supervision of qualified speech pathologists. The three-part structure of this programme aims to introduce and facilitate **progressive development** of the specific skills outlined below. Part A is designed to provide students with a one-off initial observation experience. Part B allows for further observation that coincides with a series of highly structured tasks over an extended period of time. Part B also requires students to commence assessment and diagnostic-related tasks under guidance as well as opportunities to reflect upon their own clinical performance. Part C is an intensive clinical placement that provides opportunities for students to conduct tasks related to *Competency – Based Occupational Standards for Speech Pathologists – Entry Level. Units 1, 2, 6 and 7.*

13.3 Levels of Expectation

Each part of the programme has a **specific set of objectives** to ensure a gradual progression in the acquisition of clinical skills. In the sections below, each part is explained with respect to its specific components, the objectives and the levels of competence that students are expected to achieve. Levels of competence are based on the guidelines set out in the Competency Assessment in Speech Pathology (COMPASS™).

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13.4 Structure of the 1st Year Clinical Education Program

13.4.1 Part A – Semester One (HCS5NCP)

Requirements: One 3½-4 hour Observation Session

Location: Metropolitan Speech Pathology clinics

Objectives

- To introduce students to a clinical setting
- To introduce students to analytical and reflective observation of clinical practice

Assessment

- No external assessment required
- Students are expected to complete a reflective Clinic Experience report (1,500 words) that is set and also marked by the Unit Examiner.

Expectations

- For students to conduct themselves in a professional and ethical manner
- For students to complete a Clinic Experience report/assignment.

Tutorial Support

- Nil

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13.4.2 Part B – Semester Two (HCS5BCP)

Requirements: Six, 4 ½ hour sessions of clinic

Location: Metropolitan Speech Pathology clinics and/or the La Trobe Communication Clinic (LCC).

A **structured framework** of set tasks is designed by Unit Examiners to support and guide external clinicians regarding the learning objectives and the progression of the placement

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Objectives

Clinic – Part B is designed to provide a series of experiences to ensure a smooth transition into Clinic-Part C in which the expectations of students are much greater. Further, this clinical placement aims to identify those students who may need particular support in order to prepare for and complete the more rigorous demands of clinic-Part C. Essentially, Part B is designed as a series of hurdle requirements (based on COMPASS™ generic units 1-4 and CBOS Units 1 & 2) to adequately prepare students for Part C.

Assessment

- COMPASS™ (Generic Units 1-4 and CBOS Units 1 & 2) will be completed upon conclusion of the clinic
- Students are expected to complete a series of guided observation reports. These are set and marked by the Unit Examiner.
- Students are expected to provide a reflective report of their experience of 500 words

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Expectations

At the end of the placement, students are expected to be reliably competent at Novice level = Pass Level.

The following COMPASS™ elements and examples are the focus of assessment and further behavioural descriptors can be accessed in the COMPASS™ Assessment Resource Manual. Examples are taken from novice level behavioural descriptors.

1. Generic Professional Competency Unit 1 : Reasoning*Elements:*

- 1.1 Uses effective thinking skills to ensure quality speech pathology practice.
Example: Can make some connections between different knowledge bases, and recognise some aspects of relevant information but may not identify the most pertinent.
- 1.2 Integrates collaborative and holistic viewpoints into professional reasoning.
Example: Relies on clinical educator to help them to see the situation from the client/caregiver's viewpoint and ensure the client is involved in the clinical decision making process.
- 1.3 Uses sound professional reasoning strategies to assist planning for all aspects of service management.
Example: Participates in a holistic and individualised approach with the support of close collaboration with the clinical educator who will identify aspects of the situation that the student has not recognised.

2. Generic Professional Competency Unit 2 : Communication*Elements:*

- 2.1 Uses interpersonal communication skills to facilitate the effective practice of speech pathology.
Example: Has some effective communication skills but requires a high degree of supervision, collaborative participation, monitoring and feedback to assist him/her expand and apply his/her repertoire.
- 2.2 Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives.
Example: Maintains objective, legible, accurate and up to date documentation with a high degree of direction and feedback from the clinical educator and provision of sufficient time.
- 2.3 Communicates effectively with work teams.
Example: Communicates with colleagues and peers in a respectful manner and attempts to develop an understanding of and appropriate response to their needs.

3. Generic Professional Competency Unit 3 : Lifelong Learning*Elements:*

- 3.1 Reflects on performance.
Example: Needs high degree of structure, guidance and support to identify meaningful aspects of his/her performance in a situation, reflect on and evaluate this performance and to identify possible responses to these insights.
- 3.2 Structures own learning/professional development.
Example: Participates in developing goals and a plan to meet these goals. Will need assistance to identify opportunities to learn and prioritise learning goals.
- 3.3 Demonstrates an appropriate attitude to learning.
Example: Actively follows up resources directed to by the clinical educator.
- 3.4 Able to change performance.
Example: Changes performance in response to specific, direct feedback.

4. Generic Professional Competency Unit 4 : Professionalism

Elements:

- 4.1 Displays appropriate organisational skills.
Example: Discharges limited/simple responsibilities reliably, e.g. rings clinic to cancel sessions if ill, follows through on agreed commitments.
- 4.2 Conducts self in professional manner.
Example: Respects facilities, materials and staff of the organisation, e.g. leaves clinic rooms clean and tidy, follows rules for managing materials, is polite to all staff.
- 4.3 Discharges administrative responsibilities appropriately.
Example: Follows organisational policies, procedures and guidelines as directed by the clinical educator.
- 4.4 Possesses a professional attitude/orientation.
Example: Requires direction and feedback to assist him/her to consistently adopt professional dress, language and behaviour as appropriate to the service.
- 4.5 Demonstrates ethical behaviour.
Example: Demonstrates ethical behaviour in a rule-based fashion. Able to participate in discussions regarding the application of ethical principles and values to the practice of speech pathology.

CBOS Unit 1 : Assessment

Elements:

- 1.1 Establishes and documents the presenting communication and/or swallowing condition and issues; identifies significant other people in the client's life and collates information in the client.
Example: Identifies the presenting condition, related issues and significant people in the client's life with a high level of input from the clinical educator.
- 1.2 Identifies the communication and/or swallowing conditions requiring investigation and the most suitable manner in which to do this.
Example: Can make suggestions regarding assessment options and procedures based on his/her recall and understanding of relevant theory. Focussed on formal rather than informal assessment.
- 1.3 Administers speech pathology assessment relevant to the communication and/or swallowing information required.
Example: Inconsistent in his/her ability to perform formal assessments, may need to perform these collaboratively.
- 1.4 Undertakes assessment within the ethical guidelines of the professional and all relevant legislation and legal constraints, including medico-legal responsibilities.
Example: Needs to be directed as to the ethical and legal guidelines involved in assessment.

CBOS Unit 2: Analysis and Interpretation

Elements:

- 2.1 Analyses and interprets speech pathology assessment data.
Example: Participates in the interpretation of assessment data.
- 2.2 Identifies gaps in information required to understand the client's communication and swallowing issues and seeks information to fill these gaps.
Example: Makes some connections between case history and/or assessment data and the client's presenting communication and/or swallowing disorder. The clinical educator will need to assist the student to integrate assessment data from various sources and establish a diagnosis.

- 2.3 Determines the basis or diagnosis of the communication and/or swallowing issues or condition and projects the possible outcomes.
Example: Unable to project the possible outcomes of the communication and/or swallowing disorder.
- 2.4 Reports on analysis and interpretation.
Example: Requires a high level of direction and feedback, generous timeframes and redrafts to develop a coherent, readable assessment report and direction regarding obtaining consent, organisational requirements and appropriate recipients of the report.
- 2.5 Provides feedback on results of interpreted speech pathology assessments to the client and or significant others and referral sources, and discusses management.
Example: participates in providing feedback to the client and significant others, with the clinical educator ensuring that the feedback is understood and other referrals made s necessary.

13.4.3 Part C – Semester Three (Summer) (HCS5PPR)

Requirements: 16 day placement (usually completed over 4 weeks)

Location: Metropolitan, rural or interstate Speech Pathology Clinics. International students may choose to undertake a clinic in their country of origin if this can be arranged by the Clinical Coordinators.

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Objectives

Objectives are based on the following units of *Competency – Based Occupational Standards for Speech Pathologists – Entry level. (Speech Pathology Australia)*

Assessment

The Clinical Supervisor will complete COMPASS™ Generic Units (1-4) and CBOS Units 1, 2, 6, & 7 **mid-way** through the placement and in the **final week** of the placement.

The LTU Clinical Educator should be requested to assist in feedback and assessment when there is concern about student progress in the placement and will provide support for the student and the clinician. A visit to the clinic may be arranged where necessary and where possible. Where necessary and appropriate, marginal students may be withdrawn to undertake alternative work to assist their learning.

The student and the external clinical educator will agree on how the supervision, mid-placement feedback and final assessment are to be organised at the beginning of the placement.

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Expectations

Students are expected to participate reliably at intermediate level and possibly, but not necessarily, with emerging entry level.

The following COMPASS™ elements and examples are the focus of assessment and further behavioural descriptors can be accessed in the COMPASS™ Assessment Resource Manual. Examples are taken from intermediate level behavioural descriptors.

Generic Professional Competency Unit 1 : Reasoning

Elements

- 1.1 Uses effective thinking skills to ensure quality speech pathology practice.

- Example:* Explains decisions to the client/caregiver and asks for their opinion.
- 1.2 Integrates collaborative and holistic viewpoints into professional reasoning.
Example: Identifies some of the constraints and possibilities in relation to the client's situation.
 - 1.3 Uses sound professional reasoning strategies to assist planning for all aspects of service management.
Example: Recognises key issues for a client but will need assistance to prioritise these issues and to ensure a comprehensive plan is developed and carried out.

Generic Professional Competency Unit 2 : Communication

Elements:

- 2.1 Uses interpersonal communication skills to facilitate the effective practice of speech pathology.
Example: Anticipates and plans to address the nonverbal, cultural or situational components of a situation to facilitate effective communication. Will need support through guided reflection or feedback to refine these plans
- 2.2 Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives.
Example: Documentation is up to date and legible and completed within negotiated time frames. Will need occasional feedback from the clinical educator to ensure information is objective and accurate.
- 2.3 Communicates effectively with work teams.
Example: participates in negotiation, consultation or collaboration with colleagues and peers.

Generic Professional Competency Unit 3 : Lifelong Learning

Elements:

- 3.1 Reflects on performance.
Example: Appreciates the client/caregiver's, peer's or clinical educator's point of view with some guidance from the clinical educator.
- 3.2 Structures own learning/professional development.
Example: Actively seeks opportunities to develop his/her knowledge or skills e.g. asks to observe clinical educator or a colleague.
- 3.3. Demonstrates an appropriate attitude to learning.
Example: Initiates sharing information with peers and colleagues.
- 3.4 Able to change performance.
Example: Changes aspects of performance in response to feedback and self-evaluation.

Generic Professional Competency Unit 4 : Professionalism

Elements:

- 4.1 Displays appropriate organisational skills.
Example: Manages time and meets deadlines responsibly within sessions with familiar clients and across a routine work day.
- 4.2 Conducts self in professional manner.
Example: Is reliable in discharging agreed duties and meeting agreed deadlines.
- 4.3 Discharges administrative responsibilities appropriately.
Example: Applies organisational policies, procedures and guidelines with monitoring and feedback from the clinical educator.
- 4.4 Possesses a professional attitude/orientation.
Example: Has an understanding of the role, duties and responsibilities of speech pathologists within the service provider's organisation in relation to

direct client care and understands the need to be accountable for these responsibilities.

4.5 Demonstrates ethical behaviour.

Example: Demonstrates an understanding of how core ethical principles guide aspects of daily practice.

CBOS Unit 1 : Assessment

Elements:

1.1 Establishes and documents the presenting communication and/or swallowing condition and issues; identifies significant other people in the client's life and collates information in the client.

Example: Partially establishes the nature of the presenting communication and/or swallowing condition and issues.

1.2 Identifies the communication and/or swallowing conditions requiring investigation and the most suitable manner in which to do this.

Example: Identifies most of the key components of an appropriate assessment procedure for simple or previously experienced cases, but may neglect some aspects.

1.3 Administers speech pathology assessment relevant to the communication and/or swallowing information required.

Example: Needs time to develop an assessment plan, with opportunity for discussion, reference to theory and reflection on feedback from the clinical educator.

1.4 Undertakes assessment within the ethical guidelines of the professional and all relevant legislation and legal constraints, including medico-legal responsibilities.

Example: Needs to be guided as to the ethical and legal guidelines involved in assessment.

CBOS Unit 2: Analysis and Interpretation

Elements:

2.1 Analyses and interprets speech pathology assessment data.

Example: Analyses formal assessment data according to the test or tool protocol correctly.

2.2 Identifies gaps in information required to understand the client's communication and swallowing issues and seeks information to fill these gaps.

Example: Requires a moderate degree of support to integrate information from all sources of data to ensure a holistic, accurate and appropriate interpretation, diagnosis and plan for further assessment or intervention.

2.3 Determines the basis or diagnosis of the communication and/or swallowing issues or condition and projects the possible outcomes.

Example: Generates suggestions as to the possible outcomes of the communication and/or swallowing disorder based on his/her previous experience and to identify possible consequences of the communication and/or swallowing disorder across different environments.

2.4 Reports on analysis and interpretation.

Example: Will require a low to moderate level of support to develop a coherent, readable assessment report, depending on the complexity of the client and the context.

2.5 Provides feedback on results of interpreted speech pathology assessments to the client and or significant others and referral sources, and discusses management.

Example: Will collaborate with the clinical educator in determining the appropriate management option.

CBOS Unit 6 : Professional, Group and Community Education

Elements:

6.1 Identifies the practice of speech pathology in a range of community contexts.

Example: Identifies some aspects of previously experienced community contexts that affect the practice of speech pathology and how this can be interpreted and applied.

6.2 Develops, contributes to, and maintains professional and team based relationships in practice contexts.

- Example:* Works collaboratively with a range of peers, colleagues and staff members.
- 6.3 Undertakes preventative, educational and/or promotional projects or programs on speech pathology and other related topics as part of a team with other professionals.
Example: Collaborates with the clinical educator and other members of the team in development and provision of preventative, educational and/or promotional materials/projects/programs.
- 6.4 Demonstrates an understanding of principles and practices of clinical education.
Example: Seeks collaboration with his/her clinical educator when they are uncertain or uncomfortable about any aspect of speech pathology work.

CBOS Unit 7 : Professional Development

Elements:

- 7.1 Uphold the Speech Pathology Australia Code of Ethics.
Example: Identifies some aspects of ethical dilemmas encountered in speech pathology practice but will need the clinical educator to assist in identifying all aspects of the problem and the range of possible strategies to resolve the situation.
- 7.2 Continues professional development.
Example: Will initiate searching the literature and identifying other opportunities to learn about research trends, concepts and theories relevant to the speech pathology problem he/she is addressing.
- 7.4 Demonstrates an awareness of formal and informal networks for professional development and support and a capacity to develop them.
Example: Participates in peer learning and begins to be aware of clinic-specific supports to promote learning.
- 7.5 Develops personal growth and professional identity as a speech pathologist.
Example: Clearly identifies his/her strengths and weaknesses, and works towards addressing these.

13.4.3.4 Supervision Support

No formal tutorials will be conducted, however LTU clinical educators provide individual support to students and/or supervising clinicians throughout the placement. LTU clinical educators will contact each external clinical educator prior to the commencement of the clinic and at the mid-placement point. Students and/or external educators may contact the LTU clinical educators at **any time** throughout the placement for additional support/discussion etc

14 2ND YEAR CLINICAL EDUCATION PROGRAM (MASTER OF SPEECH PATHOLOGY)

Unit Examiners: (HCS5TIA/TIB)
Donna McNeill-Brown (HCS5APP)

14.1 Overall Objectives

The learning objectives for this clinical programme are based on the CBOS units and their elements.

Specific objectives are:

- Assessment of the client
- Analysis and interpretation of the client's communication and/or swallowing problem
- Planning of Speech Pathology intervention
- Implementation of Speech Pathology intervention
- Planning, maintaining and delivering Speech Pathology services.
- Professional, group and community education.
- Professional development

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14.2 Description of Experience

This experience is designed to extend and enhance clinical skills developed in 1st year. The three-part structure of this programme aims to facilitate *progressive development* of the specific skills outlined above. Part A is designed to provide students, via observation and a series of highly structured tasks, with opportunities to reflect upon and practice treatment skills at novice level. Part B provides an intensive/follow-up clinical experience in which students manage clients at entry level. Part C provides opportunities for students to achieve independent, entry-level management of clients and demonstrate skill mastery as described in the *Competency-based Occupational Standards for Speech Pathologists – Entry level*.

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14.3 Structure of the 2nd Year Clinical Education Program

14.3.1 Part A – Semester One (HCS5TIA)

Requirements: Six sessions of clinic, 3 ½- 4hours duration each.
Location: La Trobe Communication Clinic
Unit Examiner :

Objectives

Part A is designed to provide a series of guided observations and clinical experiences to allow students to become familiar with principles of clinical intervention practices. This clinic is highly structured and it involves a mix of observation of demonstration classes and supported clinical tasks. It is anticipated that this clinical experience will prepare students adequately for Parts B & C. Further, this clinical placement aims to identify those students who may need particular support in order to prepare for and complete the more rigorous demands of upcoming clinics. Essentially, Part A is designed as a series of hurdle requirements to adequately prepare students for Parts B & C.

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Assessment

Assessment will be completed upon conclusion of the clinic by the primary clinical supervisor based on COMPASS™.

- Students are expected to complete a 1,000 word essay based on their understanding of the WHO model and how it relates to their observations of clients.
- Students will be assessed on COMPASS™ Generic Units 1-4, and specific elements of CBOS Units 1, 2, 4, 5, and 7.

Expectations

Students are expected to participate reliably at novice level. The following examples are based on COMPASS™ novice level behavioural descriptors.

5. Generic Professional Competency Unit 1 : Reasoning*Elements*

5.1 Uses effective thinking skills to ensure quality speech pathology practice.

Example: Can make some connections between different knowledge bases, and recognise some aspects of relevant information but may not identify the most pertinent.

5.2 Integrates collaborative and holistic viewpoints into professional reasoning.

Example: Relies on clinical educator to help them see to see the situation from the client/caregiver's viewpoint and ensure the client is involved in the clinical decision making process.

5.3 Uses sound professional reasoning strategies to assist planning for all aspects of service management.

Example: Participates in a holistic and individualised approach with the support of close collaboration with the clinical educator who will identify aspects of the situation that the student has not recognised.

6. Generic Professional Competency Unit 2 : Communication*Elements:*

6.1 Uses interpersonal communication skills to facilitate the effective practice of speech pathology.

Example: Has some effective communication skills but requires a high degree of supervision, collaborative participation, monitoring and feedback to assist him/her expand and apply his/her repertoire.

6.2 Uses oral and written reporting and presentation skills to successfully meet speech pathology objectives.

Example: Maintains objective, legible, accurate and up to date documentation with a high degree of direction and feedback from the clinical educator and provision of sufficient time.

6.3 Communicates effectively with work teams.

Example: Communicates with colleagues and peers in a respectful manner and attempts to develop an understanding of and appropriate response to their needs.

7. Generic Professional Competency Unit 3 : Lifelong Learning*Elements:*

7.1 Reflects on performance.

Example: Needs high degree of structure, guidance and support to identify meaningful aspects of his/her performance in a situation, reflect on and evaluate this performance and to identify possible responses to these insights.

7.2 Structures own learning/professional development.

Example: Participates in developing goals and a plan to meet these goals. Will need assistance to identify opportunities to learn and prioritise learning goals.

7.3. Demonstrates an appropriate attitude to learning.

Example: Actively follows up resources directed to by the clinical educator.

7.4 Able to change performance.

Example: Changes performance in response to specific, direct feedback.

8. Generic Professional Competency Unit 4 : Professionalism

Elements:

8.1 Displays appropriate organisational skills.

Example: Discharges limited/simple responsibilities reliably, e.g. rings clinic to cancel sessions if ill, follows through on agreed commitments.

8.2 Conducts self in professional manner.

Example: Respects facilities, materials and staff of the organisation, e.g. leaves clinic rooms clean and tidy, follows rules for managing materials, is polite to all staff.

8.3 Discharges administrative responsibilities appropriately.

Example: Follows organisational policies, procedures and guidelines as directed by the clinical educator.

8.4 Possesses a professional attitude/orientation.

Example: Requires direction and feedback to assist him/her to consistently adopt professional dress, language and behaviour as appropriate to the service.

8.5 Demonstrates ethical behaviour.

Example: Demonstrates ethical behaviour in a rule-based fashion. Able to participate in discussions regarding the application of ethical principles and values to the practice of speech pathology.

CBOS Units

Elements

1.1 Establishes and documents the presenting communication or swallowing condition and issues; identifies the significant other people in the client's life and collates information on the client.

Example: Identifies the presenting condition, related issues and the significant people in the client's life with a high level of input from the clinical educator.

2.2 Identifies gaps in information required to understand the client's communication and swallowing issues and seeks information to fill those gaps.

Example: Makes some connections between case history and/or assessment data and the client's presenting communication and/or swallowing disorder.

3.3 Establishes rapport and facilitates participation in the speech pathology intervention program.

Example: Will need support from the clinical educator to manage his/her anxiety about/during interactions with the client to facilitate establishment and maintenance of a respectful working relationship.

4.4 Upholds the Speech Pathology Australia Code of Ethics.

Example: Acts ethically in a rule based manner once advised of expectations by the clinical educator e.g. obtaining informed consent, maintaining confidentiality.

5.5 Develops personal growth and professional identity as a speech pathologist.

Example: Identifies some of his/her strengths and weaknesses he/she brings to the workplace.

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14.3.2 Part B – Semester Two (HCS5TIB)

Requirements: One 9-day clinical placement

Location: La Trobe Communication Clinic

Unit examiner : **To be confirmed**

Clinical Supervisor : **Dr. Susan Block**

Objectives

Objectives are based on all units of *Competency – Based Occupational Standards for Speech Pathologists – Entry level*. (Speech Pathology Australia).

For students to participate in an intensive clinical experience and follow-up clinic with the same client. Students are expected to apply assessment, diagnostic and treatment/intervention skills as appropriate in this clinical placement.

Assessment

- The Clinical Supervisor will complete COMPASS™ mid-way through the placement and in the final week of the placement.
- The LTU Clinical Educator should be requested to assist in feedback and assessment when there is concern about student progress in the placement and he/she will provide support for the student and the clinician. A visit to the clinic may be arranged where necessary and possible. Also where necessary and appropriate, marginal students may be withdrawn to undertake alternative work to assist their learning.

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Expectations

Students are expected to participate at entry level by the end of the placement.

Tutorial Support

No tutorials

14.3.1.1 Assessment

Assessment is based on the full version of COMPASS™, both generic and CBOS units, as follows –

Generic Professional Competency Unit 1 : Reasoning
Generic Professional Competency Unit 2 : Communication
Generic Professional Competency Unit 3: Lifelong Learning
Generic Professional Competency Unit 4 : Professionalism

CBOS Unit 1 – Assessment
CBOS Unit 2 – Analysis and Interpretation
CBOS Unit 3 – Planning of Speech Pathology Intervention
CBOS Unit 4 – Speech Pathology Intervention
CBOS Unit 5 – Planning, maintaining and delivering Speech pathology services
CBOS Unit 6 – Professional, Group and Community Education
CBOS Unit 7 – Professional Development

Please see the COMPASS™ Assessment Resource Manual for descriptions of elements and behavioural descriptors.

Students are also expected to attend –
a session with the Child Fluency (Lidcombe) clinic,

a SPEAKEASY support group meeting, and
a Camperdown Fluency Clinic session (if it is running).

14.3.3 Part C – Semester Three (Summer) (HCS5APP)

Requirements: A 40day clinical placement consisting of a 20 day adult clinic and a 20 day paediatric clinic. These clinics are typically conducted 4 days per week for 5 weeks)

Location: Metropolitan, rural or interstate Speech Pathology Clinics

Unit Examiner: Ms. Donna McNeill-Brown

Objectives

Objectives are based on all units of *Competency – Based Occupational Standards for Speech Pathologists – Entry level*. (Speech Pathology Australia)

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Assessment

- The Clinical Supervisor will complete COMPASS™ mid-way through each placement and in the final week of each placement.
- Submission of the Professional Competency Portfolio (PCP) following the final placement
- The LTU Clinical Educator should be requested to assist in feedback and assessment when there is concern about student progress in the placement and will provide support for the student and the clinician. A visit to the clinic may be arranged where necessary and where possible.
- The student and the external clinical educator will agree on how the supervision, mid-placement feedback and final assessment are to be organised at the beginning of the placement.

Assessment is based on the full version of COMPASS™, both generic and CBOS units, as follows –

Generic Professional Competency Unit 1 : Reasoning
Generic Professional Competency Unit 2 : Communication
Generic Professional Competency Unit 3: Lifelong Learning
Generic Professional Competency Unit 4 : Professionalism

CBOS Unit 1 – Assessment
CBOS Unit 2 – Analysis and Interpretation
CBOS Unit 3 – Planning of Speech Pathology Intervention
CBOS Unit 4 – Speech Pathology Intervention
CBOS Unit 5 – Planning, maintaining and delivering Speech Pathology services
CBOS Unit 6 – Professional, Group and Community Education
CBOS Unit 7 – Professional Development

Please see the COMPASS™ Assessment Resource Manual for descriptions of elements and behavioural descriptors.

Expectations

- Students are expected to participate at entry level at the end of the second placement.
- If students significantly fail more than two COMPASS™ assessment units during their first placement, they may be required to repeat some or part of that placement.

- Please refer to section 14.3

Tutorial Support

- No formal tutorials, however LTU clinical educators and unit examiner provide support to students and/or supervising clinicians throughout the placement. LTU clinical educators will contact each external clinical educator prior to the commencement of the clinic and at the mid-placement point. Students and/or external educators may contact the LTU clinical educators at any time throughout the placement for additional support/discussion etc.

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15 APPENDICES

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APPENDIX 1: LEGAL AGREEMENT FOR LA TROBE UNIVERSITY STUDENTS AND CLINICAL EDUCATORS ON PLACEMENT

1. Students of the University should not be employed by or receive remuneration from your Agency in their capacity as students of the University. Unless your Agency pays a student whilst on placement, the University agrees to reimburse your Agency for any extra Work Cover premiums that may become payable by your Agency for the next two annual renewal periods as a result of any student successfully claiming Work Cover benefits from your Agency whilst on placement. Any reimbursement in accordance with this clause shall be net of any input tax credits that are available to the Agency under A New Tax System (Goods and Services Tax) Act 1999.
2. Whilst engaged in any clinical or professional program at your Agency, the University agrees to maintain:
 - Public and products liability and professional indemnity insurance for an amount of not less than ten million dollars and workers' compensation insurance (Work Cover) for its staff; and
 - Personal Accident Insurance to cover its Students.
3. The University agrees to indemnify and keep indemnified, your Agency, its employees, and agents and each of them from and against any loss of or damage to property or injury to or death of any person and all actions, claims, demands, costs, losses or expenses of any nature whatsoever which may be brought or made or claimed against them or any of them arising from or in relation to the negligence, unlawful act or wilful misconduct of any student or employee of the University in connection with activities related to this agreement, except to the extent (if any) that the action, claim, demand, cost, loss, damage or expense is due to the negligence, unlawful act or wilful misconduct of the Agency, its employees or agents.
4. The University acknowledges that some agencies require students to provide a Police Security Clearance Check prior to the commencement of clinical or professional education. If a Police Security Check is required, the Agency must provide notification of this requirement to the Student Placement Coordinator at least four weeks prior to the commencement of placement. The Agency should also provide the name of the person to whom the student should present the Police Security Check.
5. It is the responsibility of the student to present the original copy of the result of their Police Security Check to a nominated staff member of the Agency on the first day of the clinical or professional placement. A photocopy of this certificate can not be made and the certificate is to remain the property of the student.
6. It is the right of the Agency to decide whether or not to allow a student to commence clinical or professional placement if the original copy of the Police Security Check is not presented. If the Agency refuses the student permission to commence clinical or professional placement, the Agency must notify the School Placement Coordinator as soon as possible within 24 hours.
7. All students are required to sign a Confidentiality Agreement with the University prior to undertaking clinical or professional placement. This agreement is designed to protect the confidentiality of the patient/client and the Agency.
8. The Agency should make available to the students its written administrative guidelines, policies, manuals, rules, regulations, protocols, procedures, and by-laws and any other information relevant to students and the clinical or professional programs.
9. The Agency should provide facilities to enable staff of the University to conduct clinical and professional education discussions with the students. Such facilities may be shared with other users and may require advance booking arrangements.

10. Discipline of students and staff of the University shall be the responsibility of the University provided that your Agency shall be entitled to issue instructions to staff and students of the University in matters affecting patient care or treatment .
11. In this clause, terms which are defined in the A New Tax System (Goods and Services Tax) Act 1999 have the same meaning as those terms have in that Act. If GST is imposed on any supply made under or in accordance with this agreement, the recipient of the taxable supply must pay to the supplier an amount equal to the GST payable on or for the supply subject to the recipient receiving a valid tax invoice in respect of the supply at or before the time of payment.
12. Discipline of students and staff of the University shall be the responsibility of the University provided that your Agency shall be entitled to issue instructions to staff and students of the University in matters affecting patient care or treatment.
13. In this clause, terms which are defined in the A New Tax System (Goods and Services Tax) Act 1999 have the same meaning as those terms have in that Act. If GST is imposed on any supply made under or in accordance with this agreement, the recipient of the taxable supply must pay to the supplier an amount equal to the GST payable on or for the supply subject to the recipient receiving a valid tax invoice in respect of the supply at or before the time of payment.

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APPENDIX 2: CONFIDENTIALITY AGREEMENT

Definitions:

For the purposes of this agreement, the following definitions apply:

'Placement' means a clinical or work placement, fieldwork, internship or other professional placement that is undertaken as part of your course requirements, or the requirements for a Unit in which you are enrolled.

'Agency' means a Hospital, Company, Local Council, Community Centre or other institution or organisation including one within the University at which the student is undertaking the placement.

'Confidential information' means:

- (a) personal information or an opinion about an individual whose identity is apparent or can be reasonably ascertained from the information or opinion whether true or not. That is, information which allows an individual to be identified; or
- (b) any information that the Agency specifies as confidential; or
- (c) any information not on the public record and not available upon request that allows an individual or Agency to be identified.

This means material that can either be immediately identifiable (that is, an individual's or Agency's identity is immediately apparent from the information) or potentially identifiable (where further processes are required to determine the identity of an individual or Agency). Confidential information is not limited to written or electronic records or information conveyed verbally. It can appear in any form and be recorded on any medium. It may include such things as photographs, video recordings, x-rays or finger prints.

'Placement Coordinator' means the University staff member nominated to coordinate the placement activities of the student.

Introduction:

Privacy and the protection of confidential information is a serious issue and one of which all students need to be aware when undertaking a placement. Failure to do so can have legal ramifications. Students also need to be aware that confidentiality still applies after the placement has been completed. Confidential information learned whilst on placement should not be divulged at any time including during university based learning.

Students are required to abide by the confidentiality procedures of the Agency at which the placement is being undertaken. Therefore, the following agreement has been developed to ensure students are aware of their responsibilities with regard to maintaining confidentiality of materials. Students should also be aware of any Code of Ethics or Code of Conduct governing their discipline. In some cases there are specific legislative requirements of which students should be aware; for example, section 141 of the Health Services Act 1988 governing confidentiality and the Legal Practice Act 1996 and relevant Practice Rules.

This agreement has been developed as a means by which the University may ensure that you understand your responsibilities. If you do not understand any part of this document or if you have uncertainties about its interpretation or application during the placement, you should discuss the matter with your Placement Coordinator. **Please read the Confidentiality Undertakings carefully.**

Confidentiality Undertakings:

- (i) I will seek out and comply with the laws, regulations, procedures and policies of the Agency relating to confidentiality.
- (ii) I will not disclose confidential information to any third party without the prior permission of the Agency.
- (iii) I will not use confidential information for any purpose other than the placement unless advised by my Placement Coordinator that ethics approval has been obtained for other specified uses.
- (iv) I will not remove original files, test booklets, forms or other confidential documents from the Agency without the written permission of the Agency.

- (v) I understand that I must obtain permission from the Agency in order to make copies of information required for the purpose of the placement.
- (vi) Unless I receive permission from the Agency to do otherwise, I will delete confidential information from **ALL** materials before they are removed from the Agency. This includes informal notes, transcripts of sessions, videos, tape recordings and any other material in any form recorded on any medium.
- (vii) I will remove all confidential details before transmitting information via electronic means such as facsimile, internet and email transmissions. I understand that information may only be transmitted after obtaining permission from the Agency.
- (viii) I understand that I must obtain permission from my Placement Coordinator to forward documents containing personal information to the Agency and to do this only via Certified Mail.
- (ix) I understand that my obligations under this Agreement continue to have full force and effect when I am no longer an enrolled student of La Trobe University.

THIS AGREEMENT is made on the _____ day of _____ 20_____

BETWEEN: School of Human Communication Sciences, LA TROBE UNIVERSITY

AND

(Student Number)

(Print Student Name)

SIGNED for and on behalf of **LA TROBE UNIVERSITY**

*Clinical Education Coordinator
School of Human Communication Sciences*

(Date)

Declaration

I declare that I have read this confidentiality agreement and understand my responsibilities regarding the privacy and the protection of confidential information. I understand that a breach of this agreement may impact on the right to privacy of an individual or Agency and may lead to legal and/or disciplinary proceedings.

SIGNED by:

(Signature of Student)

(Date)

In the presence of

(Signature of Witness)

(Date)

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APPENDIX 3: THE LEARNING AGREEMENT

In all clinics, an agreement regarding the expectations for the placement should be made between the student and the clinical educator(s). Initial discussions should be instigated by the student prior to commencement of the placement. The student and the clinical educator should commence discussions and, using the Placement Agreement Form, draft a written agreement. If La Trobe clinical educators are involved, they should then add their commitment and comments. A written format is used to encourage consistency and should be modified as necessary once the placement is underway. The agreement should be seen as a statement of aims or goals and cannot be considered binding on any of the signatories.

IN PREPARATION:

- Students should consider their learning needs (e.g. areas or skills to be developed, client groups preferred, levels of responsibility, workload). To assist this process students should review their current experiences based upon the information collated from the Competency Based Checklist.
- Clinical educators should consider the type and number of clients available; the strengths or unique features of the clinic; the type and number of reports and plans required; the possible role of observation and participation or learning; the required preparation for the placement.
- The Clinical Educators should also review the role of the La Trobe Clinical Educator and initiate contact if wishing further information or support.

The agreement must be set out according to responsibilities and feasibilities for each individual. All individuals must have input to the process to determine the nature of the goals set.

Copies of this agreement should be forwarded by the La Trobe clinical educator.

The actual agreement should address the items set out in the Placement Agreement Form.

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The Learning Agreement

Between La Trobe Speech Pathology students and clinical educators



School of Human Communication Sciences

Faculty of Health Sciences

Student Name: _____

Subject Code: _____

Dates of Placement: _____

Facility Name: _____

Clinician(s) name(s): _____

This agreement will be the product of discussion between the student and the clinical educator to identify effective learning strategies within the workplace. The aim is that the educator and student expectations of the placement are clearly articulated and that specific student learning goals be set and linked to learning opportunities available in the workplace environment. The Agreement is designed to facilitate the development of the student's Lifelong Learning Competency (see pg. 12 COMPASS™ Resource Manual). This is a key generic professional competency that facilitates the development of occupational competencies across the student's placement and on into their professional lifetime.

*** Please complete Part 1 of the agreement by the end of the first week of placement ***

Part 1

Orientation and Discussion

Orientation Date: _____

Discussion Date: _____

The clinical educator is to comment on: the nature of the facility; the caseload and potential complexities and general departmental functioning. It is suggested that the clinical educator also list the type of learning opportunities available at their facility (eg. group therapy, speech /language screening of pre schoolers, conducting teacher information sessions, dysphagia assessment and management, etc)

- _____
- _____
- _____
- _____
- _____

The clinical educator is to outline Workload expectations.

File Notes/reports:

o Format and expectation discussed Yes No

o Timing and process for:

Treatment plans _____

Reports _____

File note entry _____

o Any other expectations eg. departmental presentations, reading material

The student is to discuss past clinical placements and the type of experience gained, (eg. school aged screening, case history taking, discharge planning or doing an OPE). The student is also asked to consider personal and other non speech related work experiences that may be relevant in their clinical life (eg. computer program skills, reception skills, single mother and work part time etc). Based on all of the above factors, the student is required to highlight their areas of professional and personal strength along with their potential gaps.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

The student and the clinical educator are to comment on their preferred learning / supervisory styles.

NEGOTIATE strategies to develop Lifelong Learning Competencies

Please note that student participation in these areas will provide them with opportunity to demonstrate elements 3.1 reflection, 3.2 structure their own learning, 3.3 attitude to learning & 3.4 ability to change performance, of the COMPASS™ Assessment tool (pg 12 & 13 of the COMPASS™ Assessment Resource Manual).

1. Observation

a. Student observing the Clinical Educator

Clinical Educators are encouraged to provide some structured observation sessions including reflection/discussion early in the placement. To maximise this learning strategy, student and Clinical Educator should discuss how this should be structured to best meet their teaching/learning styles. Opportunities for the Clinical Educator to model new learning experiences and specialised techniques later in the placement should also be identified, as well as other relevant professional learning activities e.g. observing other members of an interdisciplinary team.

b. Clinical Educator observing the student

The nature, frequency and timing of observation of the student's work should be negotiated.

2. Feedback

Discuss type and quantity, specifying when and where this will occur and what responses are expected from the student. Also identify how this is likely to change over the duration of the clinic

3. Student Reflection and Self Evaluation

Negotiate the type of activities that would support the development of this competency and are feasible and constructive in the workplace (eg. student video of session, maintaining a journal, or a reflection session with the university educator) and a time frame for these activities.

Student Signature : _____ Date: _____

Clinical Educator Signature: _____ Date: _____

Part 2 - Goal Setting

This process will develop elements 3.2 & 3.4 of the COMPASS™ Lifelong Learning competency and facilitate the student's development of the occupational competencies (CBOS). The initial learning goals are to be completed by the student. Students are advised to use the COMPASS™ Assessment Booklet, & Resource Manual to identify on which areas of competency development they need to focus when considering their learning goals. They are encouraged to discuss their level of competency in terms of novice, intermediate & entry-level, when considering their learning needs in all the elements of the COMPASS™ Assessment Booklet.

For each learning goal, the student and the clinical educator are to agree on appropriate learning opportunities that are available within the workplace. These learning opportunities need a time frame (possibly over 1 or 2 weeks) for practice and successful completion. It is anticipated that this be a dynamic process and that learning opportunities are established every couple of weeks to ensure that the general goals are being achieved

Learning Goal (student driven)	Learning Opportunity / Action (Collaborative)	Date achieved (CE initials)
Eg. 1. Communication (GP2): Improve communication skills with older patients in a hospital setting (aim for Intermediate level)	Student will organise and plan an informal interview session with a non speech patient on the ward within 2 days	
Eg 2. Assessment (CBOS 1) Improve swallowing assessment (aim for intermediate level)	Active observation and participation (if possible) of clinician with a client swallow assessment tomorrow	
	Student to do an oral peripheral on a patient with guidance & support from clinician following the observation session	

Student Signature : _____ Date: _____

Clinical Educator Signature: _____ Date: _____

References: SPAA. 92006. COMPASS™: Competency Assessment in Speech Pathology. Melbourne: Speech Pathology Association of Australia Ltd

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Competency Based Checklist



Student Name: _____

Unit Code: _____

Facility Name: _____

Dates of placement: _____

Put a ✓ in each box that has been assessed during the clinic placement under the relevant range indicator and N/A if the unit was not assessed.

General Professional Competency Units

	Speech		Language		Voice		Fluency		Swallowing	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Unit 1 Reasoning										
Unit 2 Communication										
Unit 3 Life Long Learning										
Unit 4 Professionalism										

CBOS Units

	Speech		Language		Voice		Fluency		Swallowing	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Unit 1 Assessment										
Unit 2 Analysis & Interpretation										
Unit 3 Planning Intervention										
Unit 4 Speech Pathology Intervention										
Unit 5 Maintaining & Delivering Speech Pathology Services										
Unit 6 Professional Group & Community Education										
Unit 7 Professional Development										

Please turn over for the Clinical Contact Hours section which needs to be completed.

Clinical Contact Hours

Enter the **total** number of time units spent in each range indicator.
 Time scale: 15 minutes = 1 unit (please round up to the nearest unit)

Range Indicators

	Speech	Language	Voice	Fluency	Swallowing	Other - Hearing / Counselling
Adult						
Child						

Student signature: _____ Date: _____

Clinician signature: _____ Date: _____

LTU Clinical Supervisor: _____ Date: _____

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CLINICAL PLACEMENT FEEDBACK

Clinical educators are frequently involved in giving feedback to their students as a way to assist the student in developing improved clinical skills. Educators sometimes ignore a rich source of assistance in developing their own supervisory skills, that is, student feedback. Students have a lot to offer educators in highlighting their supervisory strengths and weaknesses. By obtaining student feedback educators can be assisted in setting goals for enhancing their supervision and clinical placements.

Several clinics already routinely request feedback about their supervision from their students. The School of Human Communication Sciences would like to encourage all clinical educators to do this. To assist clinics in this process we have devised a sample feedback form which clinics may like to use with their students. Alternatively clinics may like to develop their own form that better meets their individual site needs.

There are a few pointers worth considering before embarking on this process. These include:

1. Timing

The most honest feedback will usually be given after assessment have been finalized. Student feedback to clinical educators should not be tied to the assessment process as some students may feel unable to honestly comment if they think that their clinical assessment may be jeopardized by such comment! Feedback elicited within the first few weeks following the completion of the placement will probably be the most accurate.

2. Anonymity

If you only have a single student in your placement you are obviously going to know who gave this feedback. Our profession is small and students can sometimes be wary of giving critical feedback to potential employers. Be sensitive to this fact and discuss openly with your student how you intend to use the feedback and how their anonymity can be protected.

Where you have multiple students attending your clinic across a short period of time you may wish to inform the students that you will be requesting feedback after the completion of these blocks so as to maximize their anonymity. You can then send out a group of feedback forms at the one time.

3. Qualitative/Quantitative

The attached form has been devised to elicit qualitative information from your students because we believe this information if the most useful to supervisors in devising necessary strategies for change. You may wish to add rating scales if you want quantitative information.

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FACULTY OF HEALTH SCIENCES
SCHOOL OF HUMAN COMMUNICATION SCIENCES

CLINICAL PLACEMENT FEEDBACK FORM

Clinic: _____

Student Name: _____(optional)

Prime Clinical Educator's Name: _____(optional)

The purpose of this feedback form is to give students the opportunity to give their clinical educators feedback about their clinical placement and the supervision they received. Clinical educators are interested in gaining student feedback because this assists them in developing their supervisory skills and in maximizing the quality of the placement.

Please be honest and constructive in your comments.

1. Was the orientation phase of the placement adequate for you? Yes No

Comments: _____

2. Did your clinical educator adequately negotiate the placement with you? (e.g. take into consideration individual learning needs, preferences etc?) Yes No

Comments: _____

3. Did you have a clear picture of the clinical educator's expectations of you and did you receive a clear timetable outlining your clinical commitments? Yes No

Comments: _____

4. If you required it, were you given adequate opportunity to observe your clinical educators working? Yes No

Comments: _____

5. Did the clinical educators invite your opinions about when, how and what to give feedback on? Yes No

Comments: _____

6. Was the feedback you received constructive? Yes No
Was the feedback you received sufficient? Yes No
Was the feedback you received timely? Yes No
Was the feedback you received encouraging? Yes No

Comments: _____

7. Did your clinical educators provide adequate teaching when you required it? Yes No

Comments: _____

8. Did your clinical educators encourage you to self evaluate? Yes No

Comments: _____

9. Did you find your clinical educator approachable and supportive? Yes No

Comments: _____

10. Please make any further comments that you think will help improve the quality of this clinical placement and the supervision offered. Yes No

Comments: _____

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Thank you for your comments



Faculty of Health Sciences
School of Human Communication Sciences

**Bachelor of Speech Pathology
HCS1PPA Professional Practice Year One
EXTERNAL CLINICAL OBSERVATION FEEDBACK FORM**

Student Number: _____ Surname: _____ First Name: _____

Facility/Clinic Name: _____

Commencement Date: _____ Completion Date: _____

LTU Clinical Educator: _____

(The following must be completed by the External Clinical Educator at the completion of the Clinic)
External Clinical Educator: _____
Total Number of Days student attended your Facility: _____
Signature: _____ Date: _____

1. Interpersonal

Satisfactory Unsatisfactory

Comments may address ability to: establish rapport with clinicians clients and other health professionals as relevant, ask appropriate questions about the clinicians role and client activities and needs, with the clinical setting.

2. Professional

Satisfactory Unsatisfactory

Comments may address ability to: relate to professionals, ethical behaviour, and responsibility, understand confidentiality issues, present and maintain a professional manner when interacting with clients and professionals.

Comments

Signatures:

External Clinical Educator: _____ Date: _____

Student: _____ Date: _____

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Faculty of Health Sciences
School of Human Communication Sciences

Bachelor of Speech Pathology
HCS2DDP Development Disorders Clinic
CHECKLIST OF 2ND YEAR EXPERIENCES

The 2nd year clinic experience is strongly linked to HCS2APA/B. All students are encouraged to attend this Unit in order to facilitate skill development in clinic.

Student's name: _____

Clinic: _____

Clinical Educator's name _____

Below are a list of experiences that you may have in the DDP clinic. This list is to keep a record of you own experiences.

Students are to initial next to a task that they have carried out in the DDP clinic.
Clinical educators are then to verify this experience took place by initialling the relevant column.

This list of experiences is to form the basis of negotiations for the learning agreement in subsequent clinics.

Task carried out or observed	Student's initial	Clinical Educator's Initial
Observation of the Clinical Educator or 4 th year student taking a case history, conducting formal assessments and implementing therapy.		
Participate in discussions regarding client management facilitated by the Clinical Educator		
Review client files and identify reinforcement and motivational activities.		
Develop case history questions,		
Collect and analyse language samples,		
Question the Clinical Educator or 4 th year student regarding the rationales of assessment		
Administer a standardized assessment		
Question the clinical educator or 4 th year student regarding therapy techniques to further own knowledge and skills.		
Gradually take over primary management of clients previously seen by the 4 th year students or Clinical Educator		
Actively participate in group discussions, regarding client management		
Read literature relevant to clients.		

Self evaluate own performance in sessions by using videos and self-evaluation forms		
Continue management of 2 clients with guidance from the Clinical Educator.		
Discuss prognostic indicators and setting long term goals for a particular client within the Clinic.		
Note the roles and responsibilities of the speech pathologist and other members of the multi-disciplinary team.		
Keep a record of tasks undertaken on the CBOS Checklist / Clinical Contact Hours Form (<i>please refer to Appendix 5</i>). Discuss experiences with the Clinical Educator and opportunities to expand experiences.		
Read the Speech Pathology Clinic's policies and procedures		
Help in developing and updating resources for the Speech Pathology Clinic.		
Observe video taped recordings of own clinical performance and describe interpersonal and communicative skills demonstrated.		
Maintain adequate record keeping as specified by the clinic.		
Actively attempt problem solving in group discussions and report writing.		
Prepare hand over reports		
Prepare home exercise packages for clients		
Other: (specify)		
Other: (specify)		
If students wish to do so, they might develop further personal insight through the use of a reflective journal		

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**APPENDIX 10: HCS2AUD BASIC AUDIOLOGY
PURE TONE HEARING SCREENING ASSESSMENT FORM**

Client Name: _____

Client age: _____ Sex: _____ Date: ___ / ___ / ___

Examiner: _____

Place of testing: _____

OTOSCOPY

Right ear	Left ear
-----------	----------

IMMITANCE

	Right Ear	Left Ear
Equivalent Volume (ml)		
Compliance (ml)		
Pressure (daPa)		
Type		
Pass/ Fail		

Pure tone screening test results @ 20dBHL/ 25dBHL

Please circle appropriate level (indicate Pass or Fail):

Ear	500Hz	1000Hz	2000Hz	4000Hz	8000Hz
Right Ear					
Left Ear					

Comments: _____

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APPENDIX 11: ABSENTEE FORM



FACULTY OF HEALTH SCIENCES
SCHOOL OF HUMAN COMMUNICATION SCIENCES

ABSENTEE FORM

To be completed by students who have failed to attend a clinic session/s. The form is to be handed to their supervisors within 7 days of the non-attendance in **Duplicate**.

This form must be accompanied with a doctor's certificate if the failure to attend is due to illness.

Name of Student: _____

Name of Clinical Educator: _____

Location of Clinic: Internal Clinic External Clinic

If clinic is external please specify: _____

Date of your non-attendance: _____

Please provide reason for your non-attendance: _____

I have attached a doctor's certificate to this form:

Yes

No

Not applicable

Signed:

Student: _____ Date: _____

Supervisor: _____ Date: _____

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**APPENDIX 12: HCS2DDP DEVELOPMENTAL DISORDERS CLINIC
PAL PROGRAM**

Hurdle Requirements for PAL Program 2008

Student's Name: _____

Clinical Educator: _____

PAL Block: _____

Date Commenced: ____/____/____

Date Finished: ____/____/____

Hurdle Requirements	Criteria met (please tick)	Criteria not met
1. Conducted an assessment (case history, review or test)		
2. Completed an assessment and final report.		
3. Files up to date and in order.		
4. Assessment reports, progress notes, learning agreement, induction checklist, session plans handed in on time.		
5. Professional Conduct at all times, including attendance (see section 10.11).		
6. Demonstrated basic therapy skills with guidance		

Student Comments: (self evaluation to be filled in before feedback with clinical educator)

Clinical Educators Comments:

Clinical Educator: _____

Date: ____/____/____

Student: _____

Date: ____/____/____

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APPENDIX 13: IS THE CLINIC HANDBOOK WORTHWHILE?

Please let us know what you think about the Clinic Handbook by completing the following questionnaire.

There is one questionnaire for clinical educators and one for students.

Hand or mail it to

Rita Muntener
Clinical Education/Student Administration Officer
School of Human Communication Sciences
La Trobe University
Victoria 3086

CLINICAL EDUCATOR QUESTIONNAIRE

1. How much of the clinic handbook did you read this year?

2. How often did you refer to it?

3. Which sections did you find useful?

4. Which sections were irrelevant for you?

5. What else would you like included in the handbook?

6. Did you find any inaccurate information?

7. Is the handbook worth having?

8. Other comments:

STUDENT QUESTIONNAIRE

1. How were you notified of the existence of the Clinic Handbook?

2. Was this adequate?

3. If not, how would you have preferred to have been notified?

4. At what stage of the year did you first read it?

5. How much of it did you actually read?

6. How often did you refer to it?

7. What did you find most useful?

8. What did you feel was irrelevant?

9. What else would you like included in the Handbook?

10. Did you find any inaccurate information?

11. Is the Handbook worth having?

12. Other comments:

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