



Practice Educator Handbook

February 2024

MASTER OF SPEECH PATHOLOGY

School of Health Sciences | College of Health and Medicine

Acknowledgment of Country

The University of Tasmania acknowledges with deep respect the traditional owners of lutruwita (Tasmania), the palawa people.

The palawa people belong to one of the oldest continuing cultures in the world. Our Island is deeply unique with spectacular landscapes. Our cities and towns are surrounded by bushland, wilderness, mountain ranges and beaches.

The palawa people have cared and protected this Country for thousands of years. They know this land, they live on the land, and they died on these lands. We honour them. We acknowledge with deep respect their knowledge that represents a range of cultural practices, wisdom, traditions, and ways of knowing the world.

We pay our respects to elders past and present who have led their communities through times of stability, of change, of invasion and dispossession, and are still leading today. We acknowledge the Tasmanian Aboriginal community that continue to care for Country.

The University of Tasmania recognises a history of truth which acknowledges the impacts of invasion and colonisation upon Aboriginal people resulting in the forcible removal from their lands.

As speech pathologists, we recognise with sorrow the palawa people's loss of language and we strive to support the palawa people to have a voice.

The University of Tasmania stands for a future that values Aboriginal perspectives, culture, language and history, and a continued effort to fight for Aboriginal justice and rights, paving the way for a strong future.

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About this Handbook

This Practice Educator Handbook explains the opportunities, requirements, and procedures for practice education within the Master of Speech Pathology (MSPPath) at the University of Tasmania (UTAS).

The handbook is organised in two sections. The first section provides general information about the UTAS speech pathology practice education program and the practical and procedural guidelines for practice educators. The second section provides information and resources to support you to provide positive learning experiences for students as they develop the necessary knowledge, skills, and attributes appropriate for entry to the profession. Across topic areas there are suggested links to further resources and more in-depth information.

This Handbook is also available on the PEP Website [PEP Website](#).

If you have any suggestions or additional content to improve this Handbook, please contact the Speech Pathology Practice Education Coordinator alison.holm@utas.edu.au.

Acknowledgments

This Practice Educator Handbook was developed by the speech pathology course academic team in consultation with practice educators in the community, the University of Tasmania College of Health and Medicine Professional Experience Placement team, and School of Health Sciences Placement team.

Some of the content of this Handbook is adapted from the equivalent resources for the UTAS Master of Clinical Psychology and Bachelor of Nursing, as well as speech pathology programs at the Australian Catholic University, Curtin University, Flinders University, and Griffith University.

Disclaimer

The content in this Handbook is complementary to information provided on the University of Tasmania [Professional Experience Placement](#) website and information provided about specific practice education components of units within the Master of Speech Pathology. If there is inconsistency between the information provided, please contact the Speech Pathology Practice Education Coordinator for clarification.

Introduction and general information

THANK YOU

Thank you for supporting quality Professional Experience Placements (PEP) for our speech pathology students. Your willingness to facilitate student learning through practice education is highly valued and essential to developing a competent and skilled speech pathology workforce. Thank you also for taking the time to read this Handbook to understand practice education in our course and how we can work together to support student learning.

PURPOSE OF PRACTICE EDUCATION

Practice education learning should be challenging and rewarding. It is an important and valued component of students' developmental pathway to meeting *the [Professional Standards for Speech Pathologists in Australia](#)*¹ ('Professional Standards'). The Professional Standards provide the minimum standards for speech pathology practice in Australia. Through practice education placements, students develop and demonstrate core areas of competence in the domains of:

1. professional conduct;
2. reflective practice and life-long learning; and
3. speech pathology practice.

Practice education is where students engage with professional contexts (e.g., hospitals, schools, clinics) and work with practicing speech pathologists to integrate, apply and extend the knowledge and skills developed in other units within the course. Practice education placements are an integral component of the MSpPath.

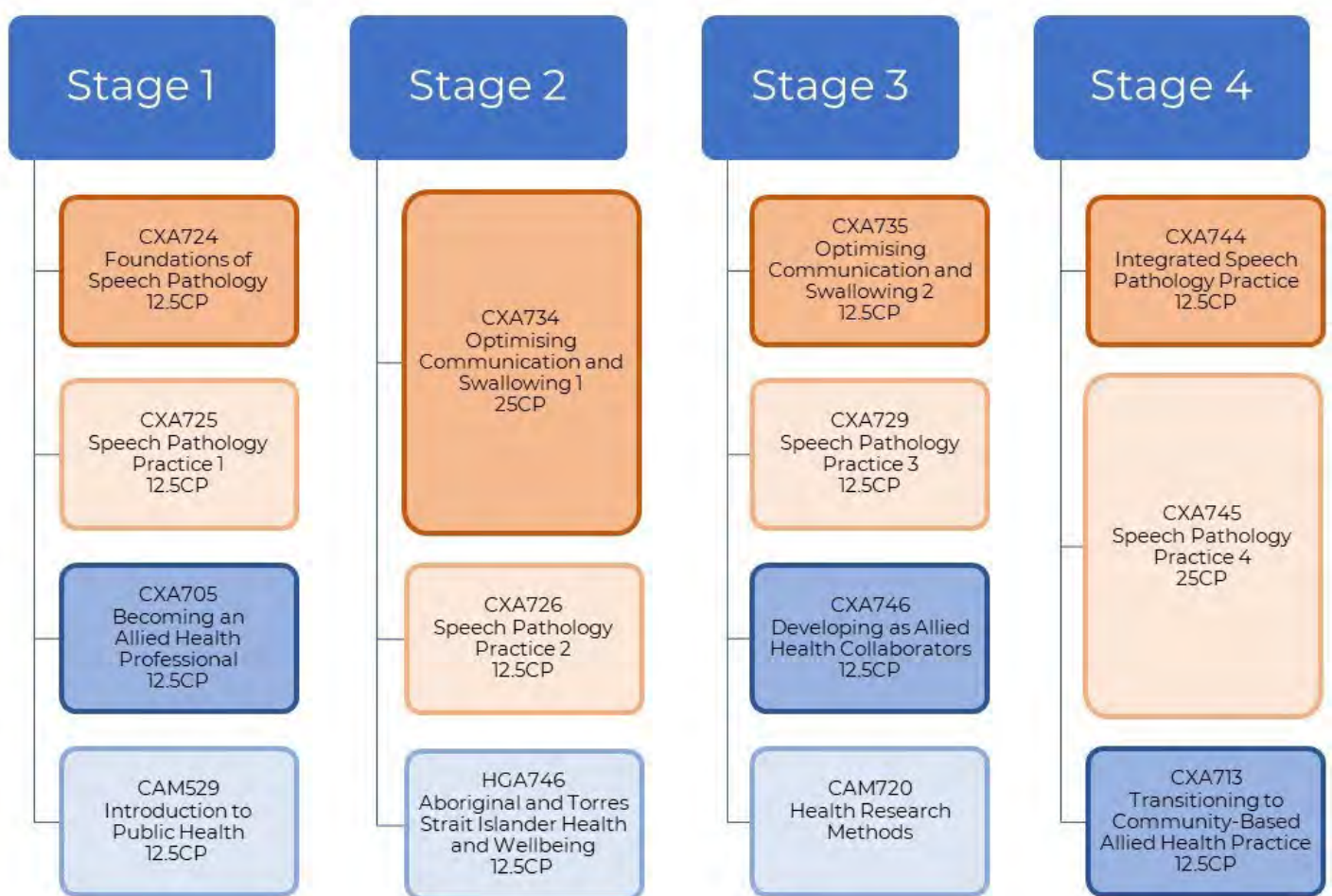
Across the practice education placements in the course, students will experience a variety of professional contexts and service delivery models. Students will develop an understanding of the scope of speech pathology, the relationship between speech pathology and other professions, and the importance of interprofessional practice. Students will not experience every aspect of speech pathology practice on placement, but they will develop the essential skills that are transferable to other practice environments.

As a practice educator you help contextualise speech pathology practice. You support students to continually develop and put into practice the knowledge, skills and attributes appropriate for entry to the speech pathology profession through experiential learning.

¹ Speech Pathology Australia, 2020

OVERVIEW OF THE MASTER OF SPEECH PATHOLOGY

The MSpPath is a two-year course at the University of Tasmania. The course aims to prepare speech pathologists for entry into practice, capable of providing quality and safe person-, community- and population-centred care across a range of geographical and practice settings, including rural and remote areas. Emphasis is placed on preparing graduates as critically reflective, evidence-based practitioners to work collaboratively in interprofessional teams and provide leadership and innovation to the development of socially, ethically and culturally sensitive solutions to optimise communication and swallowing across the lifespan. The content and framework of the course is guided by the Professional Standards. The practice education philosophy is holistic and extends across the scope of speech pathology practice contexts and roles.



UTAS MSpPath course structure

The MSpPath aims to prepare graduates with the knowledge, skills and attributes to support individuals, families, and communities. Students also develop the capabilities needed to contribute to health and education system reform, to advocate for people's rights for optimal communication and swallowing, and implement health promotion and prevention strategies.

The MSpPath introduces a set of key mechanisms to provide the students with conceptual and practical tools to apply throughout all units in their curriculum and which are deeply embedded within both academic and practice education units. A fundamental aim of each of these tools is to *promote transferability across the lifespan, across ranges of practice, and across practice contexts.*

The 10 Habits of Effective Speech Pathologists

A core set of principal values and attitudes, presented as 10 key habits, underpin the integration of knowledge with the development of effective core practice skills to ensure life-long behaviour through reflection. This conceptual framework draws on Covey's (1990) definition of habits:

'...the intersection of knowledge, skill and desire. Knowledge is the theoretical paradigm, the what to do and the why. Skill is the how to do. And desire is the motivation, the want to do. In order to make something a habit, we have to have all three.' (1990, p.22).

A set of core habits, *The 10 Habits of Effective Speech Pathologists*, are presented in the first week of the MSpPath course. These habits are integrated throughout the course to ground reflection on the development of practice skills. The habits encourage the prioritisation of relationships, person centeredness, attention to client and community end goals, diversity, evidence-based practice, team skills, articulated rationales, advocacy, agility, creativity, innovative behaviour and self-reflection.

UTAS SPEECH PATHOLOGY

KEY HABITS

1. Prioritise relationships
2. Be person-centred and responsive
3. Know where you are heading
4. Be a champion for diversity
5. Use and make the evidence
6. Know your team
7. Be able to answer why
8. Advocate and give voice
9. Be agile, creative and innovative
10. Consciously reflect on yourself



	Habit	Explanation
Habit 1	Prioritise relationships	Building relationships at the outset and placing these at the centre of ongoing work with individuals, families, and broader communities is critical to building positive therapeutic alliance and maximising effective outcomes.
Habit 2	Be person-centred and responsive	Understanding the difficulties from the perspective of the client – not just the problem itself, that takes into account of the client wishes, what they need, their values, and the values of others in their environment is critical to a holistic approach to service delivery.
Habit 3	Know where you are heading	Beginning with the end in mind – whether this is what the client wants, what a service can offer, what is realistic yet ambitious, is underpinned by a philosophy of being driven by meaningful and achievable outcomes.
Habit 4	Be a champion for diversity	Recognising and valuing diversity, being aware of the differences between equality and equity, appreciating ableism, access and lack of access, is foundational to working with people and the diverse communities from which they come.
Habit 5	Use and make the evidence	Developing the skills to critically evaluate and use the evidence base underpins being a <i>consumer</i> of evidence, while methods of enquiry will enable <i>making</i> the evidence and contribute to the profession.
Habit 6	Know your team	Knowing who the team are, understanding their roles, and how teams work together will result in better practice and more effective client management.
Habit 7	Be able to answer why	Understanding the rationale for every decision made is critical to best practice, principles of accountability, educating and engaging others, and to professional satisfaction! This plays a fundamental role in clinical decision making.
Habit 8	Advocate and give voice	Advocating for and developing the advocacy abilities of people with communication and swallowing disorders will enable clients and communities to be heard and visible, increasing access to services and supporting human rights.
Habit 9	Be agile, creative and innovative	Thinking creatively, laterally and flexibly when problem-solving will enable innovation to be part of practice and overcome barriers.
Habit 10	Consciously reflect on yourself	Consciously reflecting on one's own knowledge and skill development, on attitudes, of interactions with clients, and on decisions, will facilitate reflection as a life-long habit, and reinforce the importance of self-care and self-renewal.

The 10 Habits of an Effective Speech Pathologist

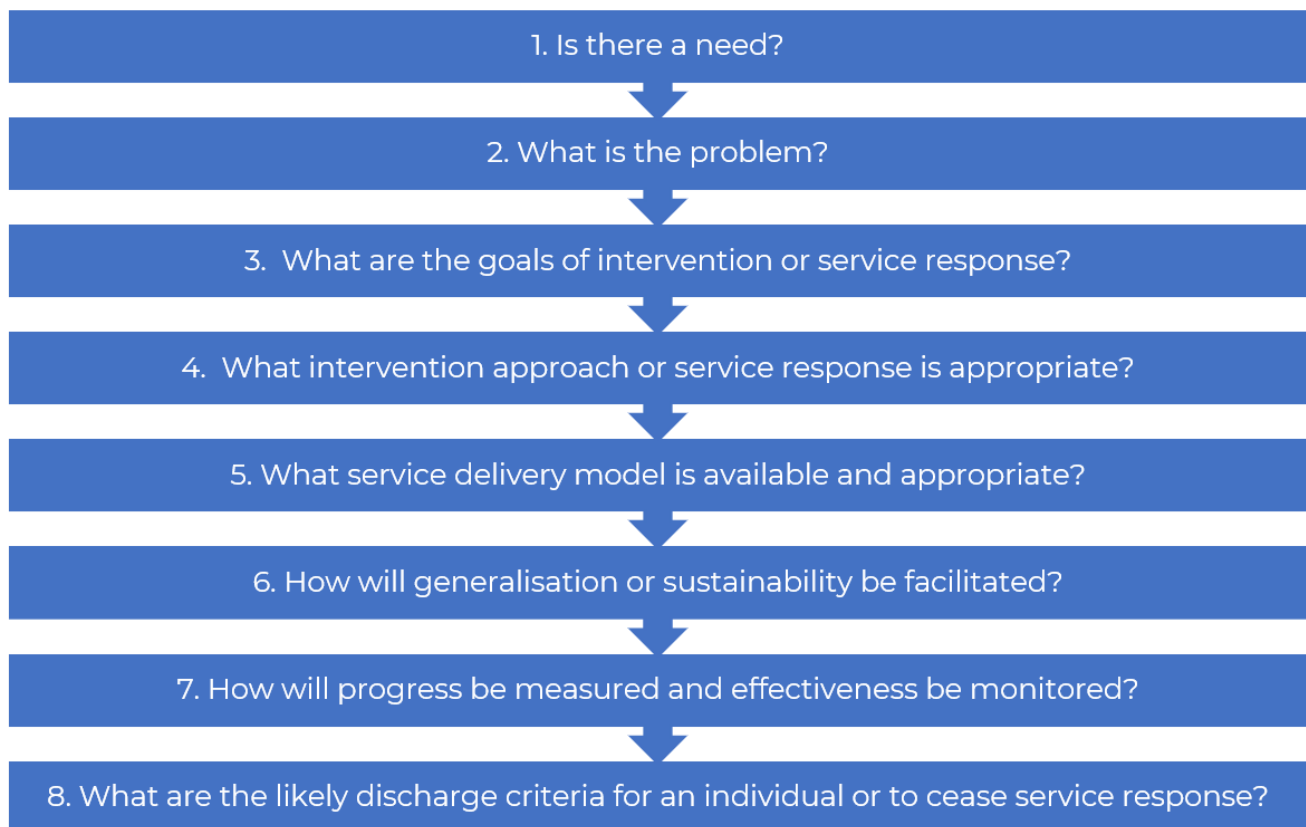
A Case- and Community-based Problem-Solving Approach

A case-based problem-solving approach, based on Whitworth, Franklin and Dodd's (2004) approach for speech pathology curricula and adapted by the UTAS team to apply to both case and community-based problems and needs, provides tools for reinforcing the UTAS 10 habits.

Clinical Reasoning Framework

The 10 Habits are reinforced through an eight step *Clinical Reasoning Framework*. This framework provides a strong foundational set of questions to apply in practice. The clinical reasoning framework is integrated and applied across academic and practice units. Each step may not be applicable to every individual, or community or context where decisions need to be made. However, the framework provides an opportunity to systematically apply principles to explore each situation. While generally sequential from Step 1 to 8, the clinical reasoning process is reinforced as fluid, iterative and interactive.

Clinical reasoning framework



(adapted from Whitworth et al, 2004, by the UTAS Speech Pathology team)

Culturally safe and responsive practice

Culturally safe and responsive practice is underpinned by recognition that culture may reflect a person's country of birth, their family background, their language/s, their religion, beliefs and behaviours, attitudes, customs, and social structures and contexts. The biopsychosocial model is used to develop MSpPath students' holistic understanding of each individual connected to their social, cultural and environmental context and which shape their particular response to health, impairment and disability. Students also require deep knowledge and self-reflection to identify social and cultural attitudes and assumptions to provide culturally safe services. Students develop the skills and understanding to work in a culturally responsive way using strengths-based, relationship-focused, and action-oriented approaches.

Culture is central to the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Recognition and understanding of the current and historical impact of colonisation on Aboriginal and Torres Strait Islander peoples underpins their distinct rights and responsibilities as the Indigenous people of Australia. There is an ongoing process to ensure MSpPath academic staff and graduates develop the skills, knowledge and attitudes to enable them to respond to the needs of Aboriginal and Torres Strait Islander peoples effectively.

Transferability

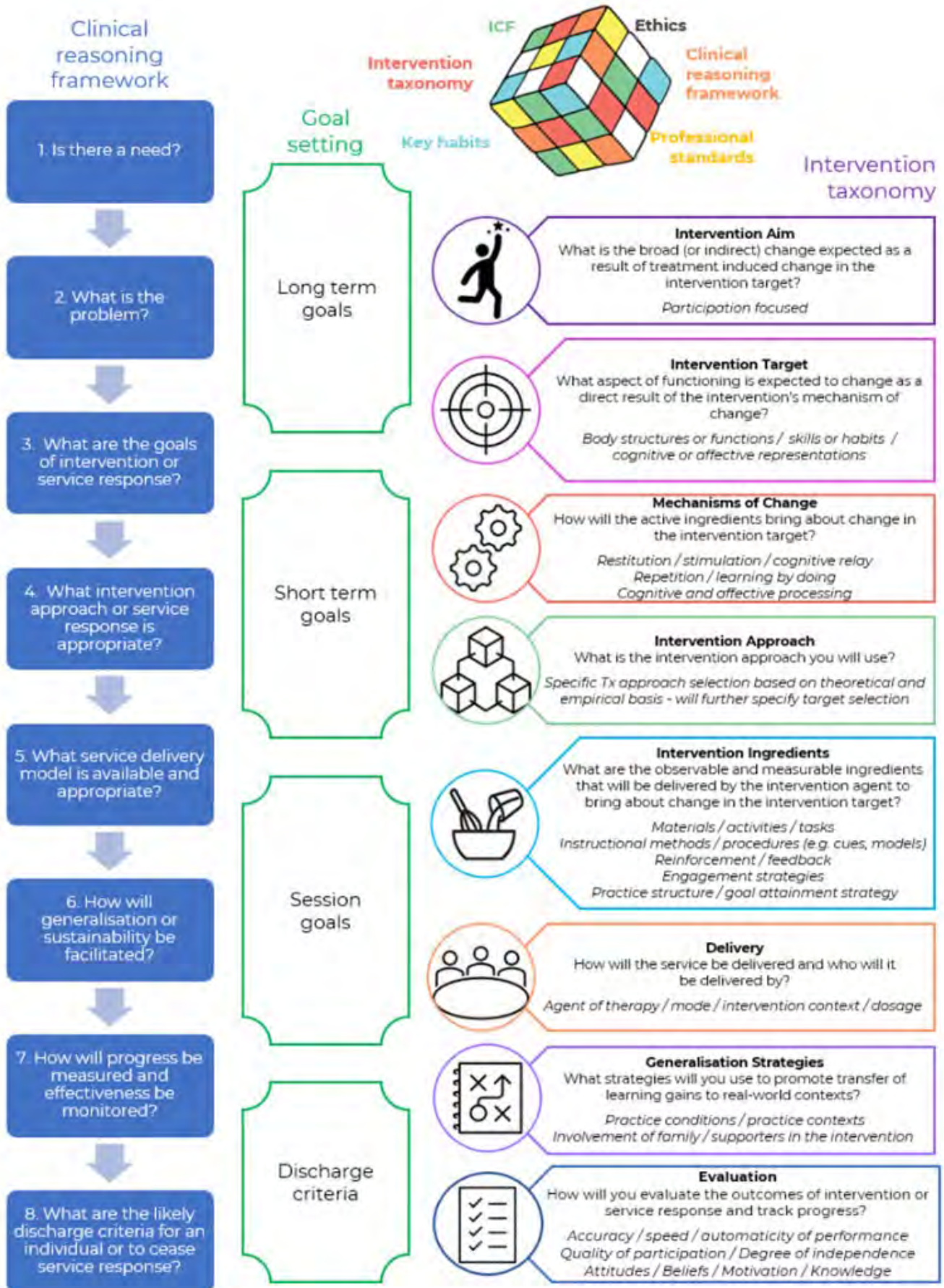
The concept and importance of transferability of student learning *across the lifespan*, *across ranges of practice*, and *across practice contexts* is emphasised to students throughout the course. Transferability of knowledge and skills is highlighted through the organisation of the curriculum and common theoretical principles and frameworks.

The concept of transferability is reinforced through the aspiration of developing the 10 Habits, framing of all practice (including case studies in academic assessments) within the Clinical Reasoning Framework and an overarching common theoretical framework. Transferability is highlighted through the integration of child and adult content across all ranges of practice and a unified set of assessment principles and processes. For example, the students are introduced to the similarities (and differences) in collection of language samples and application of language analysis frameworks throughout the lifespan and for different purposes. This explicit recognition of transferability and the expectation that it can and should scaffold new learning then spirals through the curriculum.

The Intervention Taxonomy

With the progression to clinical populations in Stage 2 (Stage 1 focuses on typical development and change over the lifespan, along with theoretical foundations and assessment processes), a key addition to the philosophy of our program has been the development of an Intervention Taxonomy that is used across the lifespan and across all practice areas across the course. The framework forms part of the 'Rubik's Cube' of clinical practice, combining the 10 Habits of Effective Speech Pathologists, the Code of Ethics, the Professional Standards, the ICF, and the Clinical Reasoning Framework, to bring theoretically informed decision making to the intervention process. The Intervention Taxonomy (see figure) is an overt strategy to strengthen application of evidence and to promote transferability in our graduates.

The UTAS Speech Pathology Intervention Taxonomy



Interprofessional Capability Framework

In Stage 1 of the course, students complete CXA705 Becoming an Allied Health Professional that explores practising as an allied health professional within the Interprofessional Capability Framework. This framework identifies shared allied health processes such as person-centred care, clinical reasoning, cultural responsiveness, and ethical principles to guide decision making and service responses through collaborative team-based care. Students will integrate and apply this learning throughout their practice education placements.

Students complete additional 'work integrated learning' (WIL) practice experiences attached to the shared, interprofessional units in Stage 3 and Stage 4 of the course. Students will be assessed on their development of collaborative practice capabilities that align with the Interprofessional Capability Framework.

Overview of Practice Education in the Course

Speech Pathology Practice: Unit structure and assessment

There is a Speech Pathology Practice stream of four units within the MSpPath course. The focus of the Speech Pathology Practice units is to develop students' competence and confidence to deliver services to optimise communication and swallowing across the lifespan and in different practice contexts. Practice education placements are central to the Speech Pathology Practice units. However, these units also include other learning and assessment tasks including online learning activities, simulated learning and role play activities, and skill development activities in residential school workshops. The Speech Pathology Practice units require students to apply and integrate their knowledge and capabilities from the other units in the MSpPath course to the professional practice of speech pathology.

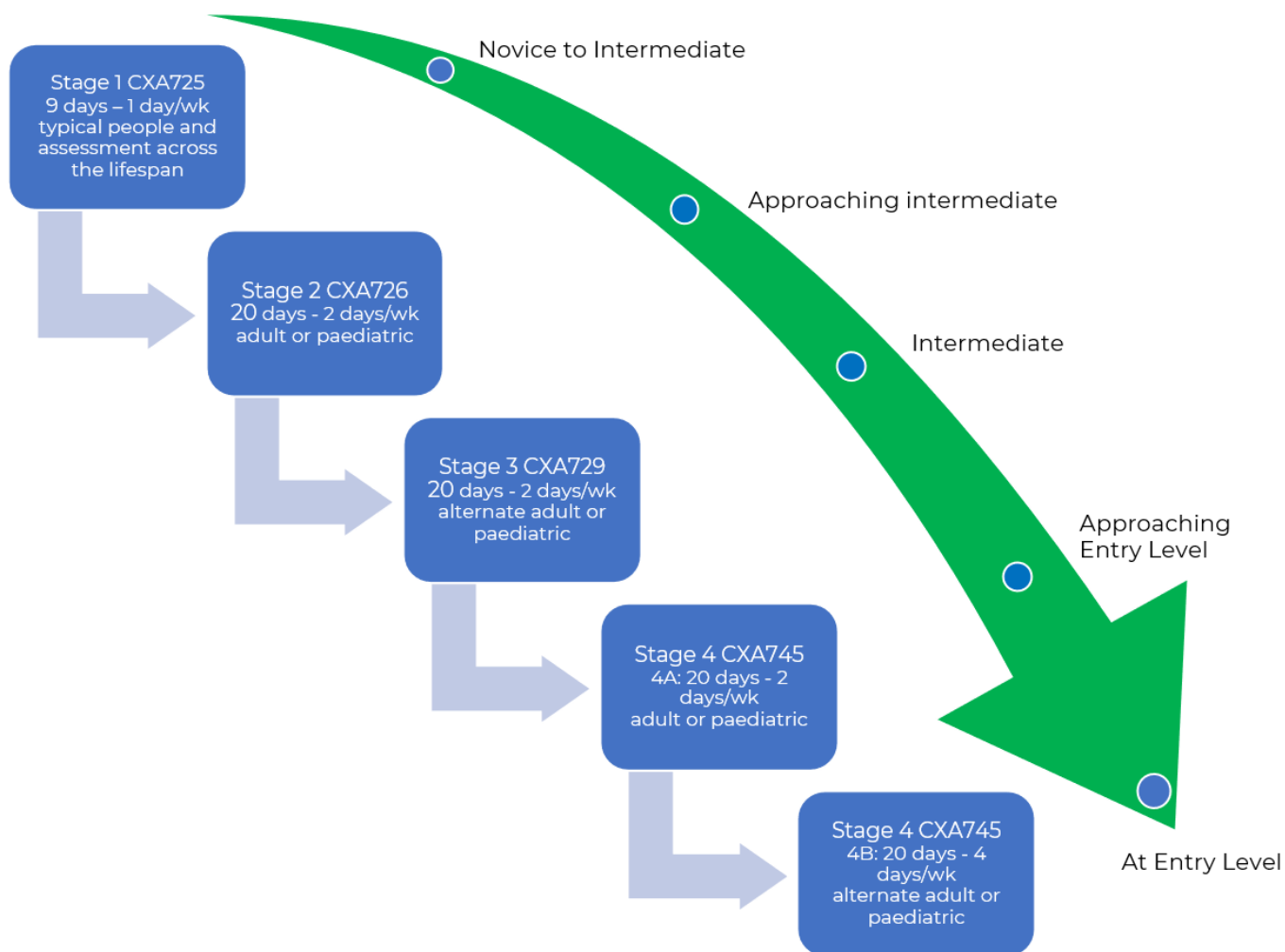
All placements occur within a Speech Pathology Practice academic unit. Students should refer to the unit outlines and assessment information. The unit coordinator for each Speech Pathology Practice unit is responsible for the assessment items within the unit and for developing and delivering learning activities that support each practice education placement. There will be opportunities to develop hands-on skills practice prior to placements and students will complete hurdle skill tasks.

All Speech Pathology Practice unit assessment tasks are assessed on a Pass/Fail basis. Students do not receive a 'grade' for their competency development but must achieve the minimum benchmark expectation for a given stage in the course. The unit coordinator is responsible for taking all available information into account and applying the Pass/Fail criteria on assessment tasks and the unit overall. The unit coordinator works with the Practice Education Coordinator (when this is a different academic staff member) and the Academic Lead in relation to unit assessment criteria.

Unit	Context	Typical schedule
<i>Stage 1 - CXA725 Speech Pathology Practice 1</i>	<ul style="list-style-type: none"> Residential School workshops 3 days in early childhood context 3 days in primary school context 3 days in aged care context 	1 day/week for 9 weeks Sept-Oct
<i>Stage 2 - CXA726 Speech Pathology Practice 2</i>	<ul style="list-style-type: none"> Residential School workshops 20 days in either an adult or paediatric service placement context 	2 days/week for 10 weeks Apr-June
<i>Stage 3 - CXA729 Speech Pathology Practice 3</i>	<ul style="list-style-type: none"> Residential School workshops 20 days in either an adult or paediatric service placement context 	2 days/week for 10 weeks Sept-Nov
<i>Stage 4 - CXA745 Speech Pathology Practice 4</i>	<ul style="list-style-type: none"> Residential School workshops 20 days in an adult placement service context 20 days in a paediatric placement service context 	4A: 2 days/week for 10 weeks Feb-April 4B: 4 days/week for 5 weeks May-June

OVERVIEW OF COMPETENCY PROGRESSION

A graduate of the MSpPath course will demonstrate steady and significant progress during and across practice education placements along the [Competency Assessment in Speech Pathology](#) (COMPASS®) continuum of Novice to Entry Level competency. To graduate, students will demonstrate competency across all *Professional Standards for Speech Pathologists in Australia* domains.



Complexity, Familiarity and Support

In practice education, a progression in competency is measured across three domains of complexity, familiarity and level of support required. Complexity is defined in terms of developing the ability to move from managing simple to complex tasks that include knowledge, skills and attitude. Familiarity is defined in terms of the development of expertise involving the development of knowledge through experience, integrating this with other knowledge sources and skills, and applying it effectively in clinical situations. Level of support is defined in terms of the degree of guidance required to perform a skill competently.

With competency the degree of complexity increases, while the degree of familiarity and the level of support both decrease. Familiarity decreases because we know students will be able to transfer their knowledge, skill and experience from other contexts into new contexts. So even if they have not been in exactly the same situation before they are able to transfer what they do already know to the new situation – they do not need to be as 'familiar' to be able to manage with some continued support from their PE or peers.

Stage	Complexity	Familiarity	Support
1	Low	High	High
2	Low	High	High
3	Moderate	Moderate	Moderate
4	Moderate	Moderate	Low

Their Stage 1 placement takes place with a typical population. Therefore, complexity is low (it is not a clinical population), familiarity is high (they have learned about typical development before going into the placement), and, as it involves the first authentic experience with administration of assessments and analysis of data, the level of support required is high.

In the Stage 2 placement students are introduced to their first 'clinical' populations and will be required to engage in intervention with clients of low complexity and relatively high familiarity (i.e. familiarity is relevant to what we expect them to do independently); level of support is high. During their Stage 3 placement they will engage with a more complex range of clinical populations. Complexity, familiarity and levels of support for independent working are expected to be moderate.

In Stage 4 students are expected to work independently with populations of moderate complexity, moderate familiarity, and with a low level of support.

Stage 1: CXA725 Speech Pathology Practice 1

The students' first placement is a 9-day placement split into three 3-day (1 day/week over 3 weeks) experiences in an early childhood centre, a primary school, and an aged care context. This placement experience introduces students to concepts of typical speech, language, hearing, swallowing, voice and fluency development and change across the lifespan. It will also introduce students to speech pathology assessment, analysis and interpretation as well as resource development and/or community education principles. Students will start to develop their assessment planning and demonstrate evidence-based practice. It will give students an opportunity to continue to develop their reasoning, communication and professionalism as they engage and interact with people across the lifespan and their families, their peers and educators, as well as other professionals in a range of contexts.

The placement is a structured communication and mealtime observation, screening and assessment placement using a placement model of 1 speech pathologist practice educator (PE) to up to 6 students. Students will receive high levels of support from their PEs and are supported by online activities, residential school workshops and simulated learning experiences to develop the skills and knowledge required.

Each student's development across the placement is jointly assessed by the practice educators using COMPASS® Online. To be awarded an ungraded pass for this placement students are expected to be between COMPASS® 'novice' and 'intermediate' levels of competency across the Professional Competencies and the CBOS competencies. Refer to the COMPASS® Assessment Resource Manual for further information and description of performance levels. Students will need to have an overall rating between Novice and Intermediate and no concerns expressed by the Practice Educator.

Stage 2 and 3: CXA726 Speech Pathology Practice 2 and CXA729 Speech Pathology Practice 3

The students' second and third placements take place in a range of external paediatric and adult speech pathology practice contexts. These placements will typically be for 2 days/week for 10 weeks. However, some organisations or students may require different schedules for the 20 days of placement.

Depending on the service context, students will have experience with either a range of paediatric or adult clients and have an increased responsibility for client management (including assessment and intervention) and/or service responses. If students are in a paediatric placement in Stage 2, then their Stage 3 placement will be in an adult context or vice versa.

Students will also gain experience in non-direct client-related activities such as administration, case conferences, meetings, and community development. Students will demonstrate steady progress along the COMPASS® Visual Analogue Scale (VAS). Online learning activities, residential school workshops and simulated learning activities will provide students with an opportunity to identify and practice skills before attending placement.

A range of placement supervision models may be used during this placement. For example, either a student unit model of 1 speech pathologist Practice Educator (PE) for 4 students (maximum), a paired placement of 2 students to 1-2 PEs or a traditional model of 1 student to 1-2 PEs. The supervisory model is dependent on the placement context.

In **Stage 2**, students will receive significant levels of support and guidance from their Practice Educator and/or peers. To be awarded an ungraded pass for this placement, students are expected to demonstrate at least **'approaching intermediate'** level competency overall on COMPASS® and an 'approaching intermediate' level of competency across the Professional Competencies and the CBOS competencies. This means that the student's performance will generally reflect the intermediate level competency behavioural descriptors although some novice level behaviours may remain evident. There needs to be evidence of progression towards 'intermediate' level competency along the Visual Analogue Scale (VAS) at end-placement assessment when compared with mid-way COMPASS (on competencies where there has been opportunity).

In **Stage 3**, students will receive moderate levels of support and guidance from their Practice Educator and/or peers. To be awarded an ungraded pass for this placement, students are expected to demonstrate at or above **'intermediate'** level competency overall on COMPASS® and 'intermediate' level of competency across the Professional Competencies and the CBOS competencies. No competencies can remain in the 'novice' range. There needs to be evidence of progression of competency along the Visual Analogue Scale (VAS) at end-placement assessment when compared with mid-way COMPASS (on competencies where there has been opportunity).

Some examples of the competencies students may be expected to develop on these two placements include: progression in their ability to manage workplace tasks; manage increasing numbers of client sessions in a day; develop and implement assessment management plans with clients; demonstrate evidence-based practice in your planning and management; independently conduct familiar aspects of assessment, diagnosis and/or general management with a small number of clients presenting with communication and/or swallowing difficulties with moderate guidance and support from peers and/or the speech pathology Practice Educator; independently plan familiar aspects of client management with moderate guidance and support from peers and/or the speech pathology Practice Educator.

Stage 4: CXA745 Speech Pathology Practice 4

The students' fourth and fifth placements are both in Stage 4 of the course. These placements will be for 20 days each. The penultimate placement will typically be for 2 days/week for 10 weeks. The final placement will typically be for 4-days/week for 5 weeks. However, some organisations or students may require different schedules for the 20 days of placement.

These placements will continue to develop the students' skills in optimising communication and swallowing to a level of entry-level independence. Students will be involved in all aspects of the day-to-day role of a practising speech pathologist and the normal service delivery practices of the organisation. Students will demonstrate steady and significant progress along the continuum of competency for the competencies assessed by COMPASS® and demonstrate **approaching entry level** for the **penultimate placement**, and **entry level** for the **final placement** (with a population different from the penultimate placement).

Penultimate placement: To be awarded an ungraded pass for this placement, students are expected to demonstrate 'approaching entry' level competency overall on COMPASS and an 'approaching entry' level of competency across the Professional Competencies and the CBOS competencies. This means that the student's performance will generally reflect the 'entry' level competency behavioural descriptors although some 'intermediate' level behaviours may remain evident. There needs to be evidence of progression towards 'entry' level competency along the Visual Analogue Scale (VAS) at end-placement assessment when compared with mid-way COMPASS.

Final placement: To be awarded an ungraded pass for this placement students are expected to demonstrate 'Entry Level' competency *overall rating* on COMPASS® and 'Entry Level' practice skills across all COMPASS® Units. Students will also need to be considered to have achieved competency across the Professional Standards for Speech Pathologists in Australia domains.

A range of placement supervision models may be used during these Stage 4 placements. Often it may be a paired placement of 2 students to 1-2 Practice Educators or a traditional model of 1 student to 1-2 Practice Educators. Students will have gradually reduced levels of support and guidance across the placements. Towards the end of each placement, students should have a balance of supervised and non-supervised experiences. Students should take independent responsibility for most aspects of speech pathology practice unless the situation is new or a number of features of the client and/or workplace combine to create complexity. Students should be able to identify times when they continue to need support regarding areas of complexity or advanced practice.

Practice Education: Key roles and contact details

Speech Pathology Practice Education Coordinator (PEC) & Speech Pathology Practice Unit Coordinator

Associate Professor Alison Holm

Alison is responsible for practice education co-ordination in the course. She supports students and practice educators in all processes related to placements and is the liaison between the University and the educator. Alison also monitors student progress on placement and co-ordinates student competency assessment with COMPASS®. Alison actively engages with practice educators and students throughout the placement and provides support as required or requested. We seek and respond to feedback from students, practice educators, service providers, clients, Speech Pathology Australia, and other stakeholders to continually improve practice education in the course. Alison is also the Unit Coordinator for each Speech Pathology Practice unit. She is responsible for coordination and administration of the assessment items and works with the Academic Lead in relation to unit assessment criteria.

alison.holm@utas.edu.au

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Academic Lead, Speech Pathology

Professor Anne Whitworth

Anne is responsible for overall governance of the MSpPath. Anne is available to discuss any aspect of practice education with students, practice educators, service providers or other stakeholders. Anne is involved in matters concerning student progression between units including unsatisfactory progress, alternative enrolments, and changes to enrolment.

anne.whitworth@utas.edu.au

+61 3 6324 3563

Tasmania Placements Team (School of Health Sciences)

Natalie Lucas

The Tasmania Placements team is responsible for the administration of all placements in the School of Health Sciences including verifying required pre-placement compliance documentation. The team also administers the student placement agreements with host organisations.

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Practice education organisation and expectations

The following general guidelines are communicated to students as part of their preparation for PEP and are provided for your information.

ALLOCATION OF PRACTICE EDUCATION PLACEMENTS

The *Tasmania Placements Team* and the Practice Educator Coordinator manage the allocation of all MSpPath students to placements according to their practice education requirements. The practice education component of the Speech Pathology Practice units is required to meet Speech Pathology Australia's requirement for students to achieve competency across the three domains of the *Professional Standards for Speech Pathologists in Australia*. The Practice Education Coordinator monitors students' progress towards meeting the required competency across the course.

To ensure equity of placement experiences and a coordinated approach to placement allocation, students *cannot* organise their own placements. Placement experiences are offered state-wide and students will be required, where necessary to travel and/or relocate for one or more placements during their course. Relocation and travel costs are the responsibility of the students. However, the [University Centre for Rural Health](#) does offer assistance to eligible students with accommodation in some rural areas.

Students are required to make themselves available for the duration of their dates of placement. Both full-time and part-time students will be expected to be available on any week day when placements are scheduled. Periods of recreational leave cannot be accommodated during a placement. Students cannot plan holidays to take place during their placements.

STUDENT RESPONSIBILITIES AND RIGHTS

Attendance

The University of Tasmania has a 100% attendance expectation for practice education placements. Missing days of placement compromises competency development. Placement providers are not required to provide additional days and, in many circumstances, will be unable to offer additional placement days. This means that missed days may compromise successful completion of the unit, as well as impacting client care, other students, and the placement provider.

Any absence, whether planned or unexpected, must be recorded. In the event of illness or circumstances resulting in absence, students must:

- notify their practice educator; and
- notify the Practice Education Coordinator.

If more than one day of a particular placement is missed then students must obtain documented evidence regarding the absence (e.g., Medical Certificate/s, Statutory Declaration explanation). This must be emailed to the Practice Education Coordinator as soon as practicable.

Ethical and professional expectations

Throughout their practice education placements students must abide by Speech Pathology Australia's [Code of Ethics](#) (2020). There are some ethical issues that may arise during practice education:

- *Informed consent:* All clients and/or families should be informed when students are involved in any aspects of observation, assessment or management. In conjunction with their Practice Educator, students must obtain the client's consent to be assessed/treated by a student speech pathologist under supervision. To ensure this consent is voluntary, it must be clear that their service will neither be affected nor disadvantaged by not consenting to be seen by a student.
- *Confidentiality:* Any information students obtain about a client, either verbally, from records or any other source, should not be disclosed to any other person without the express permission of the client concerned. This includes discussing clients with peers outside of the placement context. Client records should not be left unsecured (e.g. left unattended where they may be read by an unauthorised person) and should never be removed from the service location. If students use any information from clients in university assessment tasks (e.g. written case reports, progress notes, assessment forms, written reflections) students must ensure it has been completely de-identified (i.e. delete names, dates of birth, or other personal information of the client). Students can use a pseudonym (noting that it is a pseudonym) and year of birth (e.g., Born in 2018, now 3;08 years of age). Students will fail any assessment item if client confidentiality is breached.
- *Consent to record:* Students may find it useful to record sessions to review for the purposes of self-evaluation and reflection. Students must always get express prior consent from their Practice Educator and client to record and follow the consent processes of the service provider. To respect their client's right to privacy, they must be fully aware that they are being audio or video recorded.

Students must always demonstrate professional behaviour on placement. This includes their interactions with clients and families, their practice educator, other staff, and other students. Practice educators can expect students to do some pre-placement preparation so students should check what is required. Students must become familiar with the policies and procedures of the service provider including consent, confidentiality and record keeping, mandatory reporting of abuse or neglect, infection control, and emergency procedures. While the practice educator retains medico-legal responsibility for the speech pathology management of the client, it is the student's responsibility to provide appropriate care in line with their level of experience and education. It is their responsibility to be thoroughly prepared for each session. Students must demonstrate effective time management on placement and be punctual for specific appointments and to complete all commitments to clients and the service (e.g. reports, statistical records).

Other student responsibilities

Students also have a responsibility to:

- contact their Practice Educator(s) at least two weeks prior to placement to introduce themselves and make arrangements for the first day and any pre-placement preparation
- prepare thoroughly for the placement
- provide speech pathology services under professional supervision and always act within their scope of practice
- follow the instructions and requests of their practice educator(s)
- take ownership of and manage their own learning
- identify and document learning goals and strategies for every placement
- recognise the limits of their knowledge and skills and proactively problem-solve, seeking support when needed
- reflect on their learning through regular self-assessment and reflective practice activities throughout the placement (NB – an example of the session reflection template is provided at the end of this Handbook.)
- discuss their strengths and weaknesses with their practice educator(s) based on their own reflections and previous feedback provided during placement
- actively implement change in their professional practice based on reflection and feedback
- maintain their own health and safety while on placement
- proactively discuss any concerns or issues that may influence their performance during placement with the university Practice Education Coordinator.

Students' rights while on placement

Throughout their practice education placements, students have a right to expect that:

- their Practice Educator will:
 - have appropriate qualifications
 - provide adequate orientation and pre-placement preparation
 - discuss and establish their learning goals for the placement with them
 - be responsible for managing their client service including the safety of clients, as well as student practice education within their workplace
 - be flexible, fair and consistent in values
 - facilitate their learning by modelling, guiding, and supporting students while encouraging independence by providing a level of supervision appropriate to their level of experience, knowledge, competence, and confidence
 - spend adequate time observing the student and providing timely, balanced, independent, constructive and specific feedback across all aspects of performance
 - assess their speech pathology practice competency in an objective, independent, constructive and specific manner across all aspects of performance

- treat the student with respect and fairness
- communicate expectations and requirements
- support the student to be themselves and develop their own practice and interaction style that is appropriate and effective within the context
- demonstrate good self-management and professionalism
- they can be assertive - but not passive, aggressive or demanding
- they can make mistakes without fear of retribution
- they can contact the Practice Education Coordinator if they have concerns about progress or the fairness with which either they or others are being treated within the placement
 - this contact will be treated confidentially, and students will be advised of options for dealing with the situation either independently or with the involvement of the university
- they can contact the Academic Lead if they are concerned with how their progress is being managed by the Practice Education Coordinator
- they will be informed of any significant concerns that the Practice Educator may have about their progress and whether the Practice Education Coordinator has been contacted regarding these concerns.

UNIVERSITY RESPONSIBILITIES

The University of Tasmania has a responsibility to:

- plan, allocate and administer practice education placements that meet the requirements of the Speech Pathology Practice units and accreditation requirements for graduates
- manage the academic aspects of the MSpPath course to ensure students have the relevant theoretical knowledge and background experience required for the placement
- process the practice education placement COMPASS outcome and integrate it with the assessment for the relevant unit. Determination of final grade is the responsibility of the University in consultation with the Practice Educator
- provide appropriate cover through the University's insurances while students are involved in approved placement activities as a requirement of their course
- support students by:
 - ensuring communication access to the Practice Education Coordinator
 - facilitating access to academic and personal support services to maximise students' ability to complete practice education placement requirements
- support Practice Educators by:
 - offering practice education workshops for educators interested in increasing their knowledge and skills in practice education
 - providing clear and comprehensive information regarding expectations and requirements for practice education and assessment processes
 - visiting placement sites as required or requested
 - ensuring communication access to the Practice Education Coordinator.

Student preparation for Practice Education

TASMANIA PLACEMENTS TEAM

The Tasmania Placements team will email students to notify them about placement dates, contacts and other important placement related information. The Tasmania Placements team should be the first point of contact if students have questions regarding compliance requirements or other documentation for placement. The team can be contacted by email, phone, or in person during office hours. The best way to contact the office in the first instance is via email: Tasmania.Placements@utas.edu.au.

COMPLIANCE REQUIREMENTS

Students must complete the Professional Experience Placement (PEP) compliance requirements at the start of their course and ensure they remain current throughout the course. The compliance requirements are explained on the [PEP website](#). Speech pathology students are all required to have evidence of:

- Safety in Practice form – which involves the student making declarations of meeting the requirements of the University Health and Safety policy and procedures, the University Behaviour policy, the professional association Code of Ethics and Code of Conduct; and capacity to meet the University Mandatory Functional Requirements (see below);
- immunisation for Diphtheria, Tetanus and Pertussis; Hepatitis B Virus; Measles, Mumps and Rubella; Varicella; Tuberculosis; Influenza; COVID-19;
- National Police Record Check;
- Working with Vulnerable People (Children) registration;
- First Aid and CPR certificate;
- Hand hygiene certificate.

Some placement providers may have compliance requirements in addition to those of the College and the School. Practice educators should inform the Practice Education Coordinator of any additional compliance requirements for their organisation. Students will be advised of any requirements prior to that placement commencing.

Mandatory Functional Requirements

All MSpPath students are required to establish and maintain their medical, physical and psychological capacity to practise safely. Students are therefore required to declare their capacity to safely undertake [Mandatory Functional Requirements](#) (MFR) through their annual *Safety in Practice Agreement*. Broadly, these requirements include capacity to read and write; to undertake critical thinking and reflective analysis; and to communicate. The MFR also include the psychological capacity to understand the importance of and demonstrate the professional attributes of honesty, integrity, critical judgement, insight and empathy; to interact in a caring, respectful manner; and to maintain self-control in professional situations. The MFR also specify requirements for physical capacity. If a Practice Educator has any concerns about a student's MFR capacity, they should contact the Practice Education Coordinator.

STUDENT UNIFORM

The University of Tasmania speech pathology uniform is required for most placements. Please advise students of whether they are required to wear the UTAS uniform at your placement site. If the uniform is not required, smart-casual wear is expected. Students must dress appropriately for the practice context students are attending and maintain a professional appearance. The student's University of Tasmania Student ID (UTAS student photo ID card) must always be visible during placements.

The speech pathology uniform is a short-sleeved navy polo shirt with the University of Tasmania logo. The University of Tasmania fleece vest is optional. The polo shirt is worn with any navy blue or black trousers/pants or skirt that allows students to move comfortably and appropriately, and black closed-in flat shoes.

PREPARING FOR A PLACEMENT

Students should contact you via email at least two weeks prior to their placement to introduce themselves and make arrangements to prepare for the placement. This initial contact is an opportunity to begin establishing a positive working alliance between the student and Practice Educator(s). The initial contact is a good opportunity to respond to any questions students have about the placement. Some of the things students may need to clarify or discuss with you include:

- arrangements to meet you on the first day and expected work hours
- an overview of the client caseload or service delivery of the organisation
- any preparation required including any assessments/relevant texts/resources required
- confirmation of any additional compliance requirements and confirmation that their compliance is current
- transport requirements (e.g., home visits undertaken)
- parking, public transport, location/access to service
- accommodation arrangements (where required)
- uniform or dress requirements
- communication expectations.

Students should send you their *pre-placement questionnaire* a few days before the placement starts so you are aware of their previous experiences and skills.

When students start a placement you should discuss with them a proposed timetable for the placement, including opportunities for observation, learning opportunities, and other activities including feedback, administration, planning, and liaison. You should also identify relevant organisational policies and procedures, and documentation and administrative requirements of the placement as early as possible.

In the first week of the placement, students will draft, discuss and finalise with you a Practice Education *Learning Goals Agreement*. This details the agreed learning goals for the placement. This agreement can be adapted to be appropriate, relevant and achievable for the placement.

(NB – examples of the templates the students have been given for the pre-placement questionnaire and the learning goals agreement are provided at the end of this Handbook.)

Practice Education assessment and support

COMPASS

Speech Pathology Australia has defined the knowledge, skills and attributes expected of a competent speech pathologist across the three domains of the Professional Standards for Speech Pathology in Australia (2020). The student's progress toward Entry Level competency will be evaluated throughout each placement. You must observe, assess, and give feedback on the student's performance. You and the student will both complete the placement assessment process at the mid-point and at the end of each placement. This process should be discussed as early as possible in the placement to define expectations and to facilitate the best learning experience.

The student's speech pathology practice competencies will be assessed on placement using the Competency Assessment in Speech Pathology (COMPASS®) tool. An electronic copy of the COMPASS® Assessment Booklet and Resource Manual is available to you from the COMPASS Online portal. Students will be familiar with COMPASS® and the behavioural descriptors for Novice, Intermediate, and Entry Level students. Students will be aware of the competency expectations for each placement.

The mid-placement rating is for the purposes of feedback and discussion (i.e., formative feedback), with the end-placement rating being used to establish Pass/Fail in the Speech Pathology Practice unit. The ratings of competence recorded at the mid-placement assessment provide an opportunity for qualitative assessment and early identification of areas of particular difficulty.

If you indicate to the student at the mid-placement feedback that their competency development is below the level expected for their stage in the course, the student must immediately arrange to meet with the Practice Education Coordinator. A learning contract will then be developed with the student to address the most significant areas of concern.

Students will usually demonstrate increasing competence on the COMPASS® competence scale over the placement. Sometimes students may move backwards from one placement to the next at the start of the new placement, due to the change in caseload mix and organisational requirements. If either you or the student are concerned that the student is not progressing as expected, or if they are regressing during the placement, the University Practice Education Coordinator should be contacted to discuss the issues and develop a plan for support if needed.

The Practice Education Coordinator will finalise the student's COMPASS® practice assessment and use the resulting overall 'zone of competency' along with information from you and the student about their progress through the placement to determine if the placement requirements have been satisfactorily met. The Practice Education Coordinator may contact you to discuss the COMPASS assessment further if needed.

COMPASS® Online information

The student's practice assessment will be completed using the COMPASS® Online tool. This is a secure system that only authorised University staff can access. You will receive an email with details regarding your personal login for COMPASS® Online. Both the mid and end placement COMPASS® Assessments will occur using the Online system.

Students will complete a self-assessment using COMPASS® Online before meeting with you to discuss their progress at both mid placement and end placement assessments. This is important to develop self-evaluation, reflection, and learning, and is an integral component of the COMPASS® Assessment process. It is important that they come to the meeting with you with evidence or specific examples to support their self-ratings.

When viewing the COMPASS® Online assessment template with the student during their assessment, the upper green line is the student line, and the lower grey line is the Practice Educator line. This enables you to compare your perceptions of competency development to the student's perception. The final assessment discussion with the student should happen before the last day of the placement.

If you have any questions at all about the assessment process, the level of expectation at a given stage in the course, or how to rate a particular aspect of competency please contact the Practice Education Coordinator for advice.

SUPPORTING STUDENTS AND EDUCATORS

Students or the Practice Educator can request that the Practice Education Coordinator visit the student on placement. The visit is not an assessment but is intended to provide an opportunity for observation and discussion between the student, the Practice Educator, and university staff regarding their progress, their experiences, and university support available.

Most students enjoy and do well in their placements and establish a positive and reciprocal learning relationship with their Practice Educator. However, some students may be identified as not meeting the Practice Educator's expectations of competency relative to their stage of development and progression in the course. This can be a challenging time for both students and Practice Educators and some people may experience strong emotional reactions or feel uncertain as to the best course of action.

Practice educators are encouraged to contact the Practice Education Coordinator to seek support as early as possible if they have concerns that a student is not meeting their expectations of competency relative to the student's stage of development and progression in the course. A meeting can then be arranged to discuss concerns with student progress and/or professional behaviour within a placement. The goal of this meeting is to clarify the nature and significance of the concerns. The student, Practice Educator, and Practice Education Coordinator can then collaboratively develop an action plan. This planning provides the opportunity for the University staff to work with the student and the Practice Educator to develop learning goals, strategies and experiences, and access resources designed to assist the successful completion of the placement.

Additional experience required to achieve competency level

Students may be granted an extension to their placement if they do not reach the required level of competence by the end of the planned placement time. This extension may happen if the student is close to reaching competence, or there have been extenuating circumstances preventing the development of competency (e.g. student/educator health, or other circumstances covered by UTAS special consideration circumstances). Alternatively, there may be an opportunity for an additional placement period with a different organisation. This decision will be made at the discretion of the Academic Lead in conjunction with the Practice Education Coordinator taking all circumstances into account (including the availability of the practice educator/organisation to extend the placement).

English language requirements

If the practice educator is concerned that a student does not demonstrate a satisfactory standard of English language competency for professional practice, the student will meet with the Speech Pathology Academic Lead to discuss possible requirements to improve English language performance.

WITHDRAWAL FROM PLACEMENT

Students may be withdrawn from placement and/or have their commencement deferred, by the Manager, College Professional Experience Placement Safety in Practice, in consultation with the Practice Education Coordinator in situations where they:

- have committed an act of misconduct as defined under the Student Behaviour and Conduct Ordinance and/or Student Academic Integrity Ordinance;
- have breached the professional conduct, discipline requirements or other rules of the professional experience placement provider;
- are consistently unable, after due guidance and instruction, to perform at the required standard as assessed by supervising university or practice educators;
- have contravened professional experience placement rules;
- demonstrate behaviour that is disrupting other students, colleagues, or people in the practice setting; or
- have an increased risk of injury or misadventure involving themselves or others.

Students will be withdrawn from placement via the College of Health and Medicine Professional Experience Placement Risk Management Process. If their placement is deferred and the period of deferral is of such length to affect their academic progress, the Unit Coordinator shall:

- provide notice of the reasons for deferral in writing to the student; and
- advise the student of the requirements for satisfactory completion of the relevant unit.

HEALTH AND WELLBEING WHILE ON PLACEMENT

Students are encouraged to develop and use self-care and mental wellbeing tools and strategies to manage themselves and their workload, particularly during high stress periods when on placements. Students can proactively create a Self-Care Plan and identify sources of support through university [counselling and wellbeing support services](#) and their own circles of support (e.g., family, friends). Students are also encouraged to use the self-reflection, self-assessment and goal-setting skills taught in the course to manage their health and wellbeing.

Students are expected to take reasonable care to protect their own health and safety on placement by:

- following instructions, including training provided in health and safety workshops;
- complying with any occupational health and safety policies; and
- reporting any behaviour or situations that are hazardous to others.

In the event the student is involved in an incident, accident or injury while on placement the student must follow the incident/injury/accident reporting procedures within the particular workplace and ensure the incident/injury/accident has been reported as soon as practicable to the relevant supervisors and Practice Education Coordinator.

Students must also complete a [University of Tasmania Online Incident Notification](#). When accessing the notification for the first time, the student will need to login on the University 'Sign In' page, which will come up first. If the student has any questions, please email health.safety@utas.edu.au. A staff member will assist the student to complete this form as needed.

TRAVELLING TO PLACEMENTS

Students should plan their travel arrangements well in advance of their placement dates and investigate all transport options. The PEP website includes some useful tips for [travelling in rural areas](#).

Practice Education Training and Resources

USEFUL PRACTICE EDUCATION REFERENCES

- Cook, K., Tillard, G., Wyles, C., Gerhard, D., Ormond, T., & McAuliffe, M. (2019). Assessing and developing the written reflective practice skills of speech-language pathology students. *International Journal of Speech-Language Pathology*, 21(1), 46-55. doi:10.1080/17549507.2017.1374463
- Kenny, B., Davenport, R., Johnson, R.B. (2019) Speech-language Pathology students learning clinical reasoning. In Higgs, J., Jensen, G.M., Loftus, S., Christensen, N. (2019) *Clinical reasoning in the health professions* (4th ed). Elsevier

PRACTICE EDUCATION RESOURCES AND TRAINING

The School of Health Sciences provides varied learning events and workshops to support practice educators. Information about upcoming training opportunities will be sent to you. In addition, there is a wealth of online resources and training relevant to practice education and facilitation of student learning.

Practice educators who have not supported students before (or would like a refresher) may like to complete the free *Clinical Educator's Journey: Online course* provided by the University of Queensland: <https://shrs.uq.edu.au/ceu/clinical-educators-journey-online-course>

There are four modules in the course:

1. Preparing for the Journey
2. The Journey Begins
3. Guiding the Student on the Learning Journey
4. Challenges Along the Way

Please also refer to the following useful websites:

- www.clinedaus.org.au
- globalwil.org
- www.supportingstudents.org.au
- acen.edu.au
- <https://www.heti.nsw.gov.au/Placements-Scholarships-Grants/clinical-placements/clinical-placement-resources/clinical-supervision-resources>

UTAS Templates and Guidelines

The Speech Pathology Practice Education information and Resources section on the students' MSpPath Course MyLO site includes useful and important forms and resources that students can use on placement.

- Pre-placement questionnaire – this should be completed and emailed to you before the placement starts (template provided in this Handbook)
- Learning Goals Agreement template (template provided in this Handbook)
- Reflection on session guide
- UTAS child case history form
- UTAS practice experience map – student record of practice hours and experiences (template provided in this Handbook)
- Documentation examples, templates and guidelines – e.g. management plans, assessment plans, session plans. Some blank/completed examples of these are provided in this Handbook for your information. You can ask students to use either UTAS templates or the ones you use in your workplace.

Speech Pathology Practice Education Pre-placement questionnaire

Student name:

Preferred name:

Preferred pronouns:

Practice educator name:

Placement context:

Date:

The information you provide in this questionnaire will form the basis of early discussions between you and your practice educator (PE). The information will not be shared with anyone without your permission. Before you complete the questionnaire, reflect on your development of skills, knowledge and attributes so far in the course. Refer to your MyPractice Standards Workbook and re-read the reflection that you wrote at the end of the last semester. If you are uncomfortable with any of the questions, please leave them blank.

Why did you choose a career in speech pathology?				
Outline your previous practice education experiences:				
What are the strengths you bring to this placement?				
What are the areas of challenge for you in regard to this placement?				
How would you rate yourself in the following skills:				
	Strong	Developing	Emerging	Unsure
Self evaluation				
Observation/recording				
Confidence				
Assessment skills				
Interpretation skills				
Intervention skills				
How do you learn best?				
What is your role in learning?				

What is your practice educator's role in your learning?
How would you like your PE to carry out this role?
If you are having a problem with a session, how do you think you would like to solve it?
What is the best thing someone else has ever done to help you learn a skill?
What things have you found to be least helpful in assisting you in learning a skill?
How and when do you like to get feedback?
How anxious/concerned do you feel about this placement?
Are there any particular aspects of the placement you are worried about?
Are there ways your PE can assist you with this?
Are there any specific external factors that you would like your PE to know may affect you during this placement? (i.e. work and/or family commitments, health issues)?

Please email this to your practice educator at least two working days before the placement starts.

Acknowledgement: This questionnaire was adapted from one previously used by the Royal Hobart Hospital Speech Pathology team.

Speech Pathology Practice Education Learning Goals Agreement

Student name:

Practice educator name:

Placement context:

Date of learning goals discussion:

Date of agreement:

Before you start your placement, reflect on your development of skills so far in the course and identify the key goals you would like to achieve in this placement. Refer to your MyPractice Standards Workbook as you develop these goals and re-read the reflection that you wrote at the end of the last semester. Draft these goals for discussion with your practice educator/s during the first few days of placement. Refine the goals and strategies and add any additional goals that you have identified following this discussion. When you both agree that the goals and strategies are appropriate, relevant and achievable for the placement then date the agreement and email a copy of this agreement through to your practice educator.

EXAMPLE GOAL

<i>Goal: What knowledge and skills do I want to gain?</i>
<i>To gain knowledge and skills on how to collect, transcribe, and analyse a language sample.</i>
<i>Reflection: For this goal, my skills are currently...</i>
<i>While I had practised the skill of analysing language samples during the Residential School, my first experience collecting and transcribing a sample was on my Early Childhood Placement. I obtained a language sample from a 4-year-old, and I found it difficult to collect a long enough sample to include 20 utterances. I used a conversational sampling context, which seemed most appropriate for the setting. I will look forward to trying a narrative retell sampling context on my Primary School Placement, which I anticipate will result in a longer language sample for school-age children.</i>
<i>Specific strategies I will use to develop this goal</i>
<ol style="list-style-type: none"> 1) <i>Revise my course notes, Residential School materials, and language sampling protocols.</i> 2) <i>To become familiar with principles for best practice in school-age language sampling, including transcription conventions for and key measures when analysing school-age language samples.</i> 3) <i>By completing a minimum of 2 transcription and analysis attempts in collaboration with a peer after collecting a narrative retell language sample.</i>
<i>Time frame for me to reach this goal</i>
<i>Day 2 of placement</i>
<i>Outcome: Evidence that I have achieved my goal</i>
<ul style="list-style-type: none"> • <i>When I have confidence in my knowledge and ability to collect a language sample of at least 20 utterances with moderate levels of support from my practice educator.</i> • <i>When my practice educator or peer checks my transcription and agrees I have accurately applied transcription conventions.</i> • <i>When I have confidence in my knowledge of attaining measures of language (phonology, morphology, syntax, semantics) from a language sample.</i>

- When I receive feedback that confirms my knowledge and skills of collecting, transcribing, and analysing narrative language samples as an approach to assessment is of a Novice-Intermediate level on COMPASS.

Professional Standard and/or CBOS/COMPASS competency this will improve

- Professional Standards 3.2 Assess communication (and swallowing) needs and 3.3 Interpret, diagnose and report on assessments
- CBOS Unit 2: Assessment

GOAL 1

Goal: What knowledge and skills do I want to gain?

Reflection: For this goal, my skills are currently...

Specific strategies I will use to develop this goal

Time frame for me to reach this goal

Outcome: Evidence that I have achieved my goal

Professional Standard or CBOS/COMPASS competency this will improve

GOAL 2

Goal: What knowledge and skills do I want to gain?

Reflection: For this goal, my skills are currently...

Specific strategies I will use to develop this goal

Time frame for me to reach this goal

Speech Pathology Practice Education
UTAS Session reflection guide

Student name:

Practice educator name:

Session type/context:

Date:

What went well in this session and why?

What would I have done differently and why?

What have I learned from this session?

Some questions to consider as you reflect:

My perception of the session

- Was my session planning adequate and appropriate?
- Were the session goals achieved?
- Are there aspects of the intervention taxonomy I need to reconsider or research (e.g. the goals, the approach, the mechanisms of change)?
- Are there practical skills or preparations I need to improve (e.g. physical environment, activity selection, materials, data collection)?
- Are there interpersonal or therapeutic skills I need to improve (engagement, motivation, providing instructions, providing feedback)?

My experience and learning:

- Was there something that happened, or something I thought, or a concept, or interaction that surprised, concerned, challenged, confused or amazed me in this session? Why?
- What aspect of preparing for or doing this session engaged my thinking the most and why?
- How is what I have learned in this session connected to something I have learned elsewhere?
- Is there a connection I can make between something I learned or experienced in this session and something I learned or experienced elsewhere?
- What new knowledge or insights have I developed in terms of my perspective, understanding, or future practice?
- What do I need to do to incorporate what I have learned into my future practice?

Acknowledgement: Some of these questions have been adapted from questions included in: Lewis, A. V. (2013). Reflective practice what is it and how do I do it? *Journal of Clinical Practice in Speech-Language Pathology*, 15(2), 70-74; as well as aspects from Brookfield's Classroom Critical Incident Questionnaire.

Broader written reflections on learning and competency development and experiences are also submitted within university units. These are assessed using a written reflection coding schema developed by Cook, K., Tillard, G., Wyles, C., Gerhard, D., Ormond, T., & McAuliffe, M. (2019). Assessing and developing the written reflective practice skills of speech language pathology students, *International Journal of Speech Language Pathology*, 21(1), 46-55.

Speech Pathology Practice Education Practice experience map

Student name:

Practice educator name:

Placement context:

Course stage:

Within the UTAS MSpPath you must have a range of practice education experiences with individuals and communities across the lifespan, in a range of contexts, and with a range of populations. There is no requirement to have a certain number of hours in any one aspect of practice or an overall number of practice education hours. However to ensure you are having the range of experiences you need to keep a record of the different practice experiences you have for each day of placement.

The Practice Education Coordinator will review your practice experience map at the end of each placement to evaluate whether it has been a valuable placement in terms of the variation in practice areas and populations you have worked with. The record will also be used to plan your future practice education experiences to ensure you have a varied and comprehensive exposure to different practices areas and ways of working.

For each activity across the day you are asked to identify the following categories:


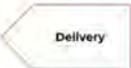


1. the time on the activity in 15 minute increments
2. the broad practice area: Speech (Sp), Language (Lang), Voice (Vo), Fluency (Fl), Swallowing (Sw), Multimodal Communication (MMC), Hearing (Hear), or if something else then just write it in
3. if it was with a person under 18 years or over 18 years: child or adult
4. whether it was predominantly focused on: assessment (Ax) or intervention (Tx) (with a very broad scope of what that looks like at individual/community level e.g. prevention = intervention)
5. if it involved working at a: community level (CL) – yes/no
6. if it involved working with First Nations people (FN) or people with cultural and/or linguistic diversity (CALD) or neither (NA) of these categories: FN/CALD/NA

So for example, you may record that you did an individual, 45-minute, assessment, of language, with an adolescent (child), who was from an Rohingya refugee background (CALD) (see completed example in table below).

The activity should include anything other than general preparation time or generic research. For example it could be direct interaction client or family (e.g. assessment, intervention, feedback), research for a particular client's planning and management, documentation (e.g. session planning, progress notes, report writing), active and engaged observation of other speech pathology professionals or students, interprofessional interactions and collaborative practice (e.g., MDT or family meetings, case conferences, discharge planning), education and advocacy work, development of professional materials, research activity.

. You do not need to get too worried about ensuring they are entirely accurate – your best estimate is all that is needed. If you are working across a range of practice areas, then divide the time between them. For example, if the session goals include both speech and language then divide the time between the two practice areas.



Speech pathology student: XXX	Practice educator: XXX	
A. BACKGROUND INFORMATION		
Client's name: Luke	Date of birth: XXX	Age: 4;10 years
Significant people (partner/parents/carer): Mother – Sarah; Preschool teacher - Karen		
Diagnosis and severity: Severe consistent phonological disorder		
Interests/other considerations: Loves animals, going into Prep next year		
Client's and/or family's ultimate / participation goals: Luke's speech is significantly impacting his ability to be understood by friends and adults. Luke and his mother want his speech to be easily intelligible by everyone.		
B. FAMILY PREFERENCES AND PLAN FOR FAMILY INVOLVEMENT		 
Family members to be involved and preferences (e.g., service delivery, intervention role, training): Sarah and Karen are both keen to be involved. Sarah able to do daily home practice with Luke. Karen also able to do follow-up activities on preschool days. Both would like support to know how to respond to Luke when he is frustrated.		
C. LONG- AND SHORT-TERM GOALS		 
Long-term goal/s Luke will have with age-appropriate spontaneous speech in all contexts within 6 months.		
+ EBP and/or client-centred rationale for intervention Luke has a consistent phonological disorder that is limiting his participation at preschool and his interactions in all contexts. Luke is frustrated when he is not able to be understood. He is starting school next year and the family are wanting Luke to have the support to improve his intelligibility before school to improve his social and academic outcomes. Consistent phonological disorder can also have implications for literacy development due to the underlying difficulty abstracting the phonological patterns and rules of the language (Dodd, 2014).		



Short-term goal 1

Luke will mark word-final consonants in spontaneous speech in all required contexts within 6 weeks. A minimal pairs contrastive approach with multiple oppositions will be used to target the final consonant deletion phonological pattern.

+ EBP rationale

There is a strong evidence base for minimal pair intervention using a meaningful contrast for consistent phonological disorder (Baker, 2021). Intensive targeted intervention can have effective results in improving intelligibility quickly. Final consonant deletion is having a significant impact on Luke's intelligibility and is a pattern that typically resolves early in phonological development (Dodd et al, 2002). Multiple oppositions targeting a range of final consonants simultaneously will be used to target the pattern of FCD rather than individual sound production as this is a phonological rather than articulatory disorder (Crosbie & Holm, 2017).

Short-term goal 2

Luke will be able to contrast /t/ vs /k/ and /d/ vs /g/ to accurately produce words in spontaneous speech in all speech contexts within 6 weeks. A minimal pairs contrastive approach will be used to target the backing phonological pattern.

+ EBP rationale

As for STG1. Backing is an atypical phonological pattern and it is significantly impacting Luke's intelligibility and therefore a high priority to target early in intervention (Crosbie et al, 2005).

Short-term goal 3

Luke will produce 2 and 3 element consonant clusters in word-initial position in spontaneous speech in all speech contexts within 6 weeks. A minimal pairs contrastive approach with multiple oppositions will be used to target the cluster reduction phonological pattern.

+ EBP rationale

As for STG1. Cluster reduction is having a significant impact on Luke's intelligibility. Cluster reduction is a delayed pattern in Luke's speech. 2-element cluster are typically acquired by 4 years. 3 element clusters are included using a complexity approach to target selection (Baker & McLeod, 2004) to facilitate system-wide change and consolidate the progress in earlier intervention targets.

D. INTERVENTION APPROACH OR SERVICE RESPONSE

Intervention approach or service response

Meaningful minimal pairs

+ EBP rationale (link to theory and mechanisms of change)

Meaningful minimal pairs is an approach that reinforces the importance of correct production of contrasts in sounds to contrast meaning – it highlights the homonymy in the child's system when they don't mark the contrasts correctly. There is a strong evidence base for the effectiveness of the intervention (Baker, 2021). Luke is already showing signs of frustration at not being understood and an efficient intervention for his speech is needed. There are clear phonological patterns in his speech that can be specifically targeted. This approach incorporates phonological principles of intervention: it focus on the phonological system; it aims to promote generalisation, it is meaning based and incorporates metalinguistic cues, and it helps Luke discover and learn the rules of the phonology. It



requires a high level of intensity of response to reinforce the production of the contrasts. Follow-up activities in different speech contexts reinforces the acquisition of the contrast.

E. SERVICE DELIVERY PLAN



Agent of therapy (e.g. student, TA, AHA, parent/caregiver)

Intervention will be implemented by the speech pathologist with Luke at home and preschool to allow Sarah and Karen to both observe some of the session to facilitate their skills to continue the activities in daily practice.

Context + mode (e.g. individual, group, telepractice, consultation)

Sessions will be on an individual basis in both home and preschool sessions.

Dosage – intensity – frequency – duration

16 x 30-minute twice weekly sessions (research study – limited to 16 sessions)

+ EBP rationale for service delivery plan (inc. generalisation strategies)

Twice-weekly sessions at home and preschool were provided to allow easy communication between home and preschool and to facilitate generalisation by targeting Luke's speech in different contexts and with different communication partners in follow-up activities. This delivery pattern is effective (Crosbie et al., 2005). The service delivery model was pre-determined by the research study protocol.

F. EVALUATION PLAN



Data to be collected (e.g. treatment, generalisation (treated/untreated probes, outcome measures, qualitative, quantitative) + how often

On-line data collection will be kept throughout intervention activities of correct/incorrect target productions.

To monitor Luke's progress untreated generalisation probes for each pattern targeted will be administered at the end of every second session. This data will determine when to move to the next phase of the intervention and when to introduce a new target pattern.

Luke will be re-assessed using the DEAP Phonology Assessment (Dodd et al., 2002) following the 16 x 30-minute intervention sessions to calculate improvement in PCC and phonological pattern use.

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Speech Pathology Assessment Plan

Speech pathology student:		Practice educator:	Date of assessment session:	
Client's name: Sofia Castelli		Date of birth:	Age:	
Reason for referral: Sofia is reporting increasing concerns about her reading and spelling. She is having difficulty recognising words.			Language/s spoken: English / Italian (mainly reads and writes in English)	
		Areas to be assessed + rationale	Assessment tools + rationale	
Function and disability	Body Functions	<p>Assess reading and spelling to profile strengths and weaknesses.</p> <p>Rationale: Sofia has raised concern about her reading and spelling. She is having difficulty recognising words in text messages and familiar recipes (e.g., meringue) and accessing their meaning. Sofia can sound words out, however, often produces regularization errors when attempting to read irregular words (e.g., plaid). Sofia relies on her reading and writing in English during activities of daily living and is concerned about these changes.</p> <p>Semantic variant PPA is associated with surface dyslexia and dysgraphia and damage to lexical representations (Teichmann et al., 2019). Surface dyslexia is characterized by damage to the lexical-semantic reading route; Whitworth et al., 2014).</p> <p>A comprehensive assessment of Sofia's reading and spelling will help identify the level and nature of breakdown, while identifying preserved skills to inform intervention strategies (Whitworth et al., 2014). Providing feedback to Sofia and her family will also help them to understand why reading and writing is difficult and why certain words are harder than others (Volkmer et al., 2022; Gallee et al., 2023).</p>	<p>Letter matching (PALPA 23) Letter matching tasks can be used to check the integrity of visual orthographic analysis and the early stages of the reading process. It is predicted that Sofia will perform well on this task.</p> <p>Visual lexical decision (PALPA 27) A visual lexical decision sub-test of the PALPA will be used to assess Sofia's ability to access her orthographic input lexicon and identify real words versus non-words. Difficulty on this task would indicate a lexical impairment (Teichmann et al., 2019). It is predicted that she will be more likely to reject irregular words (e.g., yacht), while regular and pseudo non-words (e.g., jale, kurb) may be accepted. Pseudo non-words may be accepted because they sound-out like real words. Poor performance on written lexical decision tasks implicates the orthographic input lexicon.</p> <p>Reading and spelling regular / irregular words The Arizona Battery of Reading and Spelling (ABRS; Beeson et al., 2010) will be used. Includes words with predictable sound-to-letter correspondences and irregular spellings. Error analysis will be completed.</p> <p>Rationale: This will allow the integrity of the sub-lexical reading route and use of phoneme-to-grapheme conversion processes to be assessed during reading and spelling.</p> <p>Given svPPA – it is hypothesised that Sofia will have <u>greater difficulty reading and spelling irregular words</u>. Predict that she will be able to use the sub-lexical route to read and spell regular words and non-words.</p>	H
	Body structures			


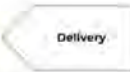


Speech Pathology Assessment Plan

	Activities & participation	<p>Further explore Sofia's daily activities and roles that rely on reading and writing and identify the strategies Sofia and her family are currently employing.</p> <p>Rationale: In order to design salient and specific intervention strategies, an understanding of Sofia's daily activities is important. This will support the design of authentic and functional intervention strategies to promote generalization and transfer outcomes. Further, working directly on reading and writing is recommended when reading and writing are of functional concern to the person.</p>	<p>Semi-structured interview A semi-structured interview based on the ICF will be used to explore Sofia's reading and writing from an activity and participation perspective. A topic guide will be prepared, along with visual and written supports. Checklists of common reading / writing activities will also be prepared to support the conversation. This will generate rich information to support functional goal setting and intervention planning.</p> <p>Functional reading / writing assessment Functional reading / writing assessment will allow observation of Sofia's reading and writing skills and the strategies she is spontaneously employing to formulate text messages, write a shopping list and/or read familiar recipes. It is predicted that Sofia will use a range of strategies, including the support of her communication partner to perform reading / writing tasks.</p>	H
Contextual factors	Environment	<p>Explore the strategies that Sofia and her family are currently employing to problem solve / work around reading and writing challenges. Assess Sofia and her family's understanding of her reading and writing difficulties and support needs to help tailor education and intervention strategies. Assess Sofia's potential to use technology to support her reading and writing.</p> <p>Rationale: Given the progressive nature of svPPA, Sofia's reading and writing difficulties are expected to progress over time (Teichmann et al., 2019). As such, a holistic approach, incorporating compensatory and indirect intervention approaches will be important.</p>	<p>Semi-structured interview – questions in the semi-structured interview will explore environmental factors supporting (or hindering) reading and writing.</p> <p>Dynamic assessment – trial different strategies / technology to respond to reading and writing difficulties experienced during functional reading tasks (e.g., reading a recipe, writing a shopping list). This will help determine the level of support Sofia needs and the strategies she is currently drawing upon. It is more effective to build on strategies Sofia is naturally using rather than introducing new strategies that require skill acquisition.</p>	H
	Personal	<p>Assess self-perceptions of reading and writing.</p> <p>Rationale: Self-perceptions of reading and writing will help understand the impact her difficulties are having on her confidence, wellbeing and mood. Personal factors could be a target of intervention and inform important outcome measures to track over time.</p>	<p>Semi-structured interview – questions in the semi-structured interview will explore personal factors supporting (or hindering) reading and writing. This will include self-perceptions of coping strategies and ways Sofia responds to reading and writing difficulties experienced. Coping strategies will also be observed during dynamic assessment tasks.</p>	H







Speech Pathology Session Plan

Speech pathology student:	Practice educator:	Date of session: Session 8
Client's name: Luke	Date of birth:	Age: 4;10 years
Service delivery		 
Context + format Individual sessions – alternating between home and preschool	People involved Luke's mother and preschool teacher to observe some of each session and both will provide individual 10-minute practice sessions	Session duration + frequency 16 x 30-minute twice weekly sessions

Sequence of session activities	Time
Introduction Check in with how home/school practice went. Conversation with Luke to informally monitor generalisation of targets (audio record)	3 mins
Activity 1.1 River walk crossing – targeting backing at word-level	10 mins
Activity 1.2 Untreated /t/ and /d/ word generalisation probe – 10 words	2 mins
Activity 2.1 Go Fish – targeting final consonants at phrase-level	8 mins
Activity 2.2 Untreated final consonants generalisation probe – 10 words	2 mins
Conclusion Discuss progress and follow-up activities with Luke and his mother, answer questions	5 mins




Speech Pathology Session Plan


<p>Long-term goal: Luke will have with age-appropriate spontaneous speech in all contexts within 6 months.</p>			
<p>Short-term goal: Luke will be able to contrast /t/ vs /k/ and /d/ vs /g/ to accurately produce words in spontaneous speech in all speech contexts within 6 weeks. A minimal pairs contrastive approach will be used to target the backing phonological pattern.</p>			
<p>Session goal 1: Luke will contrast /t/ and /d/ at the beginning of CV or CVC single words in a minimal pairs activity with 90% accuracy across 10 trials.</p>			
<p>+ session goal rationale (link to theory and mechanisms of change) Luke has a consistent phonological disorder resulting from a cognitive-linguistic difficulty learning his phonological system (Dodd, 2014). To help Luke understand the importance of phonological information, a minimal pairs approach will be used to contrast front and back sounds to highlight the homonymy in Luke's speech production and the loss of contrastive meaning because of the backing in his system. Both /t/ and /d/ will be targeted because the phonological pattern is impacting both sounds. Minimal pairs is an evidence-based intervention (Dodd et al., 2008), Luke has responded to targeting FCD in minimal pairs very effectively and is engaged and working well with the activities and follow-up practice. He enjoys game-based activities and is able to achieve a high elicitation rate. He is able to accurately discriminate front and back sound words and understands the concept.</p>			
<p>Process: Activity, procedure + strategies / principles + instructions + cues/feedback/ teaching moment</p>		<p>Materials</p>	<p>Contingencies</p>
<p>Activity 1.1: River walk crossing: cardboard stepping-stones placed across an imaginary river (with particularly scary crocodiles lurking nearby). The first few stones will have words without back sounds and the contrasting word pairs are further along the path (e.g. car – go – key – gear – tar – dough – deer etc). Luke has to say each word correctly 5 times to move from stone to stone. If he doesn't use the required front sound he has to return to the stepping-stone with its minimal pair because that's the word he said (eg, if Luke said 'go' instead of 'dough', he has to move back to 'go'). If Luke says the incorrect target he will be given feedback about the correct target: "you said 'go' but this stone is 'dough' – so you must want to go back to 'go' 'Dough' has a front sound /d/ and 'go' has a back sound /g/". Target of 100 productions of the /t/ and /d/ initial words. Keep tally of correct/incorrect /t/ and /d/ production This activity emphasises the meaning contrast between the minimal pairs – emphasise pragmatic cues about meaning of words.</p>		<p>Cardboard stepping stones + toy crocodiles Picture cards pairs: tan – can tar – car tea – key tick – kick tight - kite dough – go dye – guy deer – gear dame - game date – gate Tally record form</p>	<p>Step down:</p> <ul style="list-style-type: none"> • Provide additional cues re: front and back sounds with visual cues • Remove the target words with alternating targets (e.g. 'tick') and see if it is easier • Reduce to only saying the word 1 time on each stone • Provide model of word before Luke has to say it <p>Step up:</p> <ul style="list-style-type: none"> • Add in additional words with alternating /t/-/k/ targets or two front targets (e.g. 'date')

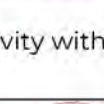


Speech Pathology Session Plan

<p>Activity 1.2: Administer untreated /t/ and /d/ word generalisation probe (no feedback or cues)</p>	<p>Untreated 10 word probe from previous session</p>	<p>Step down: N/A Step up: N/A</p>
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<p>Long-term goal: Luke will have with age-appropriate spontaneous speech in all contexts within 6 months.</p>	 <p>Intervention Aim</p>
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<p>Short-term goal: Luke will mark word-final consonants in spontaneous speech in all required contexts within 6 weeks. A minimal pairs contrastive approach with multiple oppositions will be used to target the final consonant deletion pattern.</p>	 <p>Intervention Target</p>
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<p>Session goal 2: Luke will mark a range of word-final consonants (plosives, nasals and fricatives) in CVC words in a set phrase in a minimal pairs activity with 90% accuracy across 10 trials.</p>	 <p>Mechanisms of Change</p>
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+ sessional goal rationale (link to theory and mechanisms of change)
Rationale for minimal pairs approach as for backing activities. Luke has already achieved the target for FCD single word production and so these activities will require him to use the same target words in set phrases to increase the linguistic complexity. A multiple oppositions approach targeting a range of final sounds (plosives, nasals and fricatives) are included in the activity words to target the *pattern* of FCD (cf. individual sounds) because of the phonological nature of Luke's disorder. All sounds are stimutable except /θ/. Nasal sounds are included as a correct reinforcement. Correct production of the final sound not the target – just for the sound to be marked. Feedback will focus on whether a consonant was heard in final position.

<p>Process: Activity + strategies / principles + instructions + cues/feedback/ teaching moment + data collection</p>	 <p>Intervention Ingredients</p>	<p>Materials</p>	<p>Contingencies</p>
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<p>Activity 2.1: Go Fish: Card game with pairs of words with and without final consonants. at phrase-level. "Have you got a...?". While recording responses allow Luke to see my cards so he see which cards he should be asking for. Provide pragmatic cues based on Luke's production e.g. "Fish! I don't have a 'row' only a 'rope' and a 'road'". If needed step back to provide visual reminder of 'tails and 'no tails' for final consonants – e.g. 'rope' has a /p/ sound on the end – it has a tail, 'row' doesn't have a sound on the end - it hasn't got a tail" Target of 100 productions of the final sounds on words. Keep tally of correct/incorrect final consonant production (accept error sounds as long as a sound is marked)</p>	<p>Picture cards pairs: bee – beep – beef – beam – beak - beet row – road – rose - rope buy – bite – bike lie – light – lime – like – lice sea – seed – seam – seek tea – team – tease – teach</p>	<p>Step down:</p> <ul style="list-style-type: none"> • Revise in single word context before returning to phrase level • Provide visual reminder of tails vs no tails <p>Step up:</p> <ul style="list-style-type: none"> • Move targets up to conversation level
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