



The Collaborative Approach to Clinical Education

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The collaborative partnership between clinical educator (CE) and student prepares students to become autonomous professionals as they get involved early on in clinical reasoning and problem solving.

The premise of the *collaborative approach*¹ between the CE and the student in a clinical practicum is that the learning process takes place on a continuum consisting of three main stages, each with its distinct characteristics. As the student gains competence, experience and confidence over the course of their clinical education (within a single practicum and throughout a series of clinical practica, culminating in the final internship) their learning needs and learning styles will change.

Initially, during the “Novice Stage” the student will be dependent on the CE for receiving information, instructions and extensive guidance for a wide variety of clinical tasks. The student’s role during this ideally short stage may be more passive and the CE’s role will be more active and dominant. Progressively, as new information becomes integrated with theoretical knowledge and experience, students will move into the longest stage, the “Advanced Stage”, and start to take increasing responsibility for clinical tasks, such as case history taking, test administration and therapy, while the focus of the relationship with the CE will become increasingly collaborative. Together they will engage in clinical reasoning during test analysis while trying to determine the nature and degree of the presenting problem, etc. Joint debriefing sessions, during which the student is expected to take the lead more and more as she/he gains more experience, will focus on both the client’s and the student’s performance. As students move along the continuum from the “Advanced Stage” to the final “Mentorship Stage”, they will rely more and more on self-analysis and self-supervision skills, and eventually take responsibility for their own caseload.

Where students find themselves on the clinical education continuum is determined by various factors, the most obvious being: level of knowledge, clinical experience, competence and confidence; more often than not they may be at different stages of the continuum for different skills and tasks. As students become more experienced they will always encounter novel situations (new populations, more complex cases) during which they may move back temporarily to the “Novice Stage”. This indicates that the learning stages are not just linear but also cyclical.

The challenge for the CE may lie in the need to be flexible, as she/he must be prepared to assume, at different times, the roles of traditional instructor/supervisor, collaborator/facilitator, and perhaps even that of mentor/advisor. This transformation may occur, in rare cases, over the course of one practicum (e.g. an internship) with one student, or across different practica with different students, depending on the levels of the students involved.

The collaborative approach can lead to higher satisfaction levels for the CE and the student as they witness the outcomes of the efforts involved in this collaborative partnership. In addition, especially in the case of a strong student, both parties may experience the relationship as collegial.

A more developed version of this article can be found on the McGill Website (www.mcgill.ca/scsd/clinicaltrainingmanual). That article offers practical applications of the model for various levels of practicum.

¹The approach described is very loosely based on Anderson’s “Continuum of supervision”; Anderson, J. (1988). *The supervisor process in speech-language pathology and audiology*. Boston: College-Hill.

CI Resources for School-based S-LPs and Audiologists

HOPE (Habilitation Outreach for Professionals in Education) is a Cochlear Americas program that was initiated to assist school-based and early intervention professionals in addressing the needs of children with cochlear implants. Early interventionists, teachers, speech-language pathologists, educational and paediatric audiologists, administrators and other school-based professionals are invited to participate in free online training sessions on the early intervention and educational needs of children with hearing loss.

Examples of past seminars include:

Speech and Spoken Language: You Can’t Have One Without the Other (Mary Ellen Nevins, Ed.D and Ashley Garber, CCC-SLP)

The Role of Language in Behaviour Management (Mary Ellen Nevins, Ed.D, Ashley Garber, CCC-SLP)

How to Read a Child’s MAP...or the T’s and C’s of CI (Barb Hagg, AuD, Amy Popp, AuD)

Online sessions are held two to three times a month, and include topics such as auditory skills, rationale for early CI implantation, assessment tools, auditory neuropathy, sign language with CI, therapy for bilaterally implanted children, multiple disabilities, and more.

Pre-registration is required at www.cochlear.com/HOPE. Seminars are one hour in duration. Certificates of participation are provided; the courses are approved by ASHA AAA, and AG Bell. Certificates of participation are provided for professionals in other disciplines. PowerPoint copies of presentations are usually available for downloading. There are presently 25 archived seminars.

A high-speed internet connection and computer with speakers are required.

If you would like to be included in HOPE seminar and workshop announcements, please send your email address to svandenhoff@

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