Documenting Areas and Topics to Address in Clinical Experiences

College of Education Procedure

Goals of the Process

A. Facilitate successful and mutually beneficial clinical experiences
B. Purposeful and timely communication about areas and topics to be addressed in clinical experiences
C. Documentation of feedback and communication about areas and topics
D. Opportunity to collaborate on plans for continuous improvement of clinical experiences for all stakeholders

Description of the Process in Clinical Experiences

The Documenting Areas and Topics to Address in Clinical Experiences form is completed and begins the process for reviewing concerns and planning for opportunities to improve the clinical experiences. This form is primarily to facilitate communication and feedback about concerns and to document the communication and feedback. This form should be completed as early and often as needed in order to provide purposeful and timely communication so that areas and topics may be addressed in the clinical experiences.

Procedures for Initiating a Reasons for Concern in Clinical Experiences

1. Gather documentation and any previous feedback provided during the clinical experiences
2. The individual reporting in the clinical experiences should complete the form
   a. Date (immediate concern occurred, decision to proceed with a reason(s) for concern based on previous documentation/communication)
   b. Candidate
   c. Mentor
   d. Placement Site
   e. Description of the Clinical Experience
   f. Description of the areas and topics to be addressed and specific details
3. The completed form is submitted to the UA supervisor, UA liaison, or UA course instructor (if not a supervised clinical experience) by the individual reporting (i.e. mentor, supervisor)
4. The UA supervisor, UA liaison, or UA course instructor should review the form and contact the mentor, candidate, etc. to discuss the concerns and obtain signatures on the form.

5. The UA supervisor, UA liaison, or UA course instructor should submit the completed form with signatures to the appropriate certification area program coordinator.

6. The program coordinator will contact the supervisor, liaison, or course instructor about the information submitted.

7. The program coordinator will supervise next steps as a result of communication and documentation about the areas and topics that need to be addressed in the clinical experiences:
   a. Monitoring the concerns and plan for improvement provided in the clinical experiences.
   b. Schedule a meeting with individuals to discuss the documentation and develop a remediation plan.
   c. Request a meeting with the Department Head and/or other UA offices’ personnel.

8. The program coordinator will notify the Office of Clinical Experiences of any action taken in the clinical experiences and if changes are being requested in the clinical placement.
DOCUMENTED AREAS AND TOPICS TO ADDRESS IN CLINICAL EXPERIENCES

Date: ___________________

Candidate: ________________________________________________________________

Mentor: ________________________________________________________________

Placement Site: __________________________________________________________

Grade/Subject/Placement Description: ________________________________________

This form is to be completed by the mentor, supervisor/liaison, or course instructor when there is a concern originating in a clinical experience placement. Areas for improvement and topics should be documented and addressed as early as possible. Please describe in detail the area(s) of concern in the current placement. Also include details of initial meetings about the areas to be addressed being documented. (Attach pages as needed.)

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When complete, this form should be submitted to the assigned supervisor, liaison, or course instructor (if not supervised). The supervisor will get signatures from the candidate and the mentor and submit the form to the Program Coordinator or Department Chair.

Candidate: __________________________________________ Date:____________

Mentor: _____________________________________________ Date:____________

Supervisor/Liaison: ___________________________________________ Date:____________

Program Coordinator/Department Chair: ___________________________________________ Date:____________

The Program Coordinator will contact the candidate and schedule a meeting to discuss the documentation. The Office of Clinical Experiences will be notified of any action taken and if changes are being requested in the clinical placement.