



CLINICAL PROGRESSION CONDITIONS for Personal Support Worker (PSW) Students (All Campuses)

Welcome to Fanshawe's PSW Program! The PSW clinical courses that you will be taking are designed to allow the student to synthesize all learned theoretical and laboratory information gained throughout the PSW program, and are designed to be taken sequentially. **Due to their course design, no exceptions can be made to this order for any reason.** As such, students must be aware of the following:

- a) **All clinical practice experiences *must be taken in sequence* (see below), and the student must successfully complete all clinical courses in their correct order.**

- b) **In order to progress to the Consolidation and then the Community courses, students must first pass all other theory courses, as well as their laboratory and clinical course. Therefore, if a student is unsatisfactory in the Long Term Care Clinical Practicum course(s), that student *will not be allowed to progress to the next clinical practice experience*. Similarly, if a student fails the Consolidation course, he or she cannot progress to the Community course.**

- c) **Students must be aware that this failure to progress to their next clinical course may have tuition funding implications, and full-time students will be held responsible for that full term's tuition. Students who require further explanation are advised to seek clarification from the PSW Program Coordinator.**

PSW Clinical Courses (in order) include:

1. HLTH-3020 PSW Long Term Care Clinical Practicum

Or:

1.a. HLTH-3024 PSW Long Term Care Clinical Practicum 1, then

1.b. HLTH-3025 PSW Long Term Care Clinical Practicum 2

After completion of all other theory and lab courses:

2. HLTH-3021 PSW Clinical Consolidation Practicum

3. HLTH-3022 PSW Community Practicum

Please indicate your understanding and acceptance of this condition by signing below and returning this form to your Program Coordinator for the first week of class.

"I understand and accept the condition stated above."

STUDENT NAME (Please Print): _____

STUDENT NUMBER: _____

STUDENT SIGNATURE: _____ **DATE:** _____

Clinical Progression Conditions