

## DIAGNOSTIC PRACTICUM

**Supervisor:** Christie Witt, M.S., CCC-SLP

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**Office Hrs:** See office door

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This is an addendum to “CD 495 & CD 791-794 Clinical Therapy Practicum” syllabus that can be found on [D2L](#).

### Our Schedule

Our diagnostic evaluations will take place on **Thursdays 9:00-11:00 am**. Keep your schedules free during those times every week during the semester. **Each week you will need to check the diagnostic schedule at the front desk. All diagnostics are on the calendar in the red diagnostic folder.**

### Once diagnostics begin

1. **Team organization:** All clinicians will be active in every diagnostic appointment.

All team members are responsible for file review, preparing diagnostic, taking data, interpreting data, scoring tests, analyzing results, making recommendations, and writing the report.

2. **Weekly Meeting:** We will discuss the up-coming diagnostic and any past diagnostics.
3. **Diagnostic reports:** Reports will be written as a team and need to be complete before the next diagnostic appointment. You are writing a professional report that will represent you as professionals and this clinic. Your first draft should be your best work. Subsequent drafts will occur as needed and determined by Ms. Witt.
4. **Clock hours:** Please keep track of the number and type of clock hours earned. You will also document “staffing” hours (meetings to discuss evaluation, treatment and/or recommendations, or exit meetings with parents, caregivers). You should keep track of your hours on a weekly basis. It is not the supervisor’s responsibility to keep track of your hours. Staffing hours DO NOT include preparing for diagnostics, scoring tests, transcribing language sample, or meeting with the supervisor or team. However, supervisors have the discretion for exceptions. Clockhours are to be submitted via Calipso at the end of the semester.
5. **Professionalism:** Your preparedness, organization, confidence, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating enthusiasm.
6. **Additional responsibilities:** The team is responsible for video recording the diagnostic session, reserving any equipment and supplies prior to the evaluation, as well as cleaning up the diagnostic room after the session. This includes sanitizing the table, supplies, and equipment used and putting them back where they belong.
7. **Evaluation:** We will meet as a “Diagnostic Team” at mid semester and use *Calipso* to discuss your progress and development. At the end of the semester we will meet again to discuss your semester progress. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in your diagnostic decision-making, and diagnostic skills.



# Communication Sciences and Disorders 794

## Diagnostic Practicum 792-794

University of Wisconsin – Stevens Point

Communication Sciences and Disorders

Spring Semester 2019

Supervisor:

James Barge M.S. CCC-SLP

Office: 42B

Phone: (715) 346-3085

E-mail: [jbarge@uwsp.edu](mailto:jbarge@uwsp.edu)

Dx time: 9:00 – 11:00 Tuesdays

Alternating Tuesdays beginning on 1-29-19

**Scheduling:** Please keep the above time periods free. Check the diagnostic schedule (Red folder) frequently.

**Team Organization:** All members will play an active role in your diagnostic assignments. All team members are required to review files, prepare for the assessment, record and interpret data, score tests, analyze findings, determine recommendations and create written reports. Each week the role of team leader will rotate through the team. The team leader will bring the report to the meeting, provide a verbal overview of the key elements of the case history and referral, ensuring all paper work is completed, and the final report is submitted.

**Weekly Meeting:** Required for discussing current and future diagnostic assignments. Anticipate an hour meeting length. These meetings are typically held at the off-week diagnostic time.

**Diagnostic Reports:** Reports will be the responsibility of the entire team and completed by the date of the subsequent diagnostic case as applicable. Maintain a high degree of professionalism within the report as it reflects on our clinic, yourself and your supervisor. Revisions will be required as needed.



**Clock Hours:** Keep track of the number and type of clock hours obtained. Include our weekly meeting and exiting meetings with parents, caregivers as “staffing hours”.

**Professionalism:** Much of the success achieved in the field of communicative disorders can be attributed to the nature of the relationship between the patient, family members and caregivers with the practitioner. Your preparedness, organization, attire and demeanor significantly affect this relationship.

**Room and Equipment:** The team is responsible for video recording the diagnostic evaluation, reserving required equipment and obtaining supplies prior to the beginning of the evaluation. Please clean and sanitize the room, supplies and equipment as needed.

**Partnership** – We are seeking the same objectives, your growth and development as a clinician and the provision of excellent care to people with communicative deficits. The keys to these goals are candid discussion, refining of skills, broadening of insights and respect for all parties involved.

Thank you in advance and best wishes to you this semester. I will help you in any way I can to improve your skills of evaluation and assessment.

**Grading:** Your final grade will reflect your clinical competence, documentation skills, professional conduct and improving levels of diagnostic decision-making abilities.

Grades

A	95% - 100%	A-	90 – 95.49%
B+	87 - 89.99%	B	83 – 86.99%
B-	80 - 82.99%	C+	77 – 79.99%
C	73 - 76.99%	C-	70 – 72.99%

In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. Offer assistance if trained and willing to do so. Guide emergency responders to victim.



In the event of a tornado warning, proceed to the lowest level interior room without window exposure which is the middle hallway in the department. See [www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans](http://www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans) (Links to an external site.)Links to an external site. for floor plans showing severe weather shelters on campus. Avoid wide-span rooms and buildings.

In the event of a fire alarm, evacuate the building in a calm manner. Meet and the College of Professional Studies sign on Fourth Avenue. Notify instructor or emergency command personnel of any missing individuals.

Active Shooter - Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Follow instructions of emergency responders.

See UW-Stevens Point Emergency Management Plan at [www.uwsp.edu/rmgt](http://www.uwsp.edu/rmgt) (Links to an external site.)Links to an external site. for details on all emergency response at UW-Stevens Point.





**Diagnostic Team CD 792 Syllabus  
Spring 2019  
Diagnostic Time: Tuesday 1:00 – 3:00 PM**

**Instructor:** Charlie Osborne  
**Office Hours:** TBA  
**Email:** [cosborne@uwsp.edu](mailto:cosborne@uwsp.edu)

**Office:** 44B  
**Phone:** (715) 346-4960

### Course Description

This course provides you with the opportunity to progress towards the development of *Skills and Knowledge* as specified by ASHA, for acquiring clinical competence in speech-language pathology. *Skills and knowledge* are acquired across a continuum, with increasing levels of independence, consistency, and problem-solving occurring over time. This practicum experience allows us to work closely, and with a variety of clients, to accomplish the objectives cited below.

### Course Objectives

1. To develop clinical skill in oral and written communication sufficient for entry into professional practices (*ASHA Stan. III-A*)
2. To develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders (*ASHA Stan. IV-E-1*)
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. IV-E-3*)
4. To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. IV-E-3d*)
5. To participate in formative assessments (ongoing measurement) for the purpose of improving student learning (*ASHA Stan. V-A*)

### Before Diagnostics Begin

1. Schedule: We will meet to discuss the upcoming diagnostic each week. When will meet during our regularly scheduled diagnostic time (diagnostics typically run every other week).
2. Scheduling Diagnostics: Our diagnostic evaluations will usually take place on **Tuesday afternoons between 1:00 PM and 3:00 PM in room 25**. Keep your schedules free during those times.

### Once Diagnostics Begin

1. Diagnostic Team Organization: Each team member is responsible for reviewing the client's file prior to our weekly meeting. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. (See attached **Diagnostic Questions and Ideas**). Your remarks will provide a spring board for our planning discussion. Please bring the client's file to the weekly meeting and be prepared to provide a verbal overview of significant points from the case history and/or referral. As the semester progresses, you will gradually assume responsibility for conducting the client initial and exit interviews.
2. Diagnostic Reports: Report formats for various disorders will be provided to assist you in the content and organization of your report. The following schedule indicates when diagnostic reports are due. We will typically spend time at the end of each diagnostic session discussing options for writing the diagnostic report. The goal will be to have a completed report, turned in to the office before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting. Here are several helpful guidelines to follow:

- a.) With each rough draft, turn in **ALL previous drafts and ALL test forms**.
- b.) Be sure to let me know which /s/ drive has the rough draft.  
The final draft is to be single spaced and printed on a high quality printer. You are welcome to use my office printer for final drafts.
- c.) Each member of the team is responsible for scoring and interpreting the tests that they administer.

3. **Weekly Team Meetings:** We will meet for 30-60 minutes each week. The purpose of this meeting will be to plan the upcoming diagnostic. In addition, we will review and evaluate the previous diagnostic session if we did not have an opportunity to do so the day it was conducted. Your self-evaluation, as well as of the team as a whole, is an important component of our meeting, as it prepares you for independence as a professional. If you feel the need to discuss any issues with me beyond the weekly meeting, you may see me during designated practicum office hours as posted on my door, or contact me by email or phone.

4. **Clock Hours:** Please keep track of the number and type of clock hours earned using the appropriate **clock hour log** form. ASHA is now looking for documentation of time spent in "staffing." This means participation in meetings during which evaluation, treatment, and/or recommendations are discussed or formulated, with or without the client present. IEP meetings and exit meetings with clients and/or parents would be considered staffing time. Preparing for diagnostics, scoring tests, transcribing language samples, and meeting with the supervisor or team may not be counted as staffing hours.

5. **Professionalism:** Your preparedness, organization, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are doing, greatly contribute to an air of professionalism. Notable attention will be given to the trait of professionalism.

6. **Additional Responsibilities:** The team is responsible for setting up and cleaning up the diagnostic room, and reserving and obtaining equipment and supplies. Following the session, please sanitize the table, supplies and instruments used.

7. **Evaluation of Clinical Performance** – Formal evaluations will occur at midterm and at the end of the semester. At the beginning of the semester we will discuss clinical expectations (yours and mine). Our collective decision on what is reasonable (where you hope to be on Anderson's Continuum) will serve as the measure for the midterm evaluation. Also, at the midterm conference we will determine the performance level you hope to be at by the end of the semester (this too, will be the "expected level of performance" you will use when performing your self-evaluation at the final conference).

<b>Expected Level of Performance</b> (Midterm – Final)			<b>Complexity of Clients</b> High ----- Mid-----Low
<b><u>Anderson's Continuum of Supervision</u></b>			
Evaluation-Feedback Stage	Transitional Stage	Self-Supervision Stage	<b><u>Clinician Level of Experience</u></b> High ----- Mid-----Low
_____   _____   _____			

I ask that you come to the grading conferences with your completed assessment of your performance and the grade you feel you deserve. At these meetings we will discuss your performance along with **your** and my evaluation of your performance. An appropriate letter grade will be determined. Please review the provided grading form and scale for more specific information.

And remember, no matter where you go, there you are.

■ Unknown, Buckaroo Banzai, from the film



