

Communication Sciences and Disorders 791-794

University of Wisconsin – Stevens Point

Communication Sciences and Disorders

Summer Semester – 2019

Instructor: James Barge M.S. CCC-SLP

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Office hours: please see schedule on door

Outcomes:

1. Acquire skills and knowledge required to assess and treat patients with communication disorders.
2. Develop and advance skills in the areas of:
 - Therapy planning
 - Goal writing
 - Data collection
 - Written documentation
 - Interpretation of data
 - Ongoing development of self-evaluation skills
 - Verbal professional presentation experience
3. Develop skills of interaction with supervisory staff, patients/clients, other students.
4. The knowledge, skills and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:

The clinician understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches, and can create learning experiences that make these aspects of subject matter meaningful for students.

The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social and personal development.

The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community and curriculum goals.

The Clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.

The clinician is a reflective practitioner who continually evaluates the effects of his or her choices and actions on pupils, parents, professionalism in the learning community, and who actively seeks out opportunities to grow professionally.

Students will: (ASHA Standards)

1. Develop clinical skill in oral and written communication sufficient for entry into professional practice

2. Develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders.
3. Develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders.
4. Develop interaction and personal qualities for effective professional relationships with clients, families, caregivers and other professionals.
5. Adhere to the ASHA code of Ethics and behave professionally.
6. Participate in formative assessments (ongoing measurement) for the purposes of improving student learning.

Pre-Therapy Information

1. Client Information – Review the information available on your client. Be prepared to discuss the following issues at our first clinical meeting:
 - a. Questions you may have regarding the client’s disorder and therapy
 - b. Questions pertaining to our clinician/supervisor roles.
 - c. Questions related to the client and/or disorder to assist in treatment planning.
 - d. Ideas for lesson planning for the first two sessions.
2. Scheduling Therapy – You are encouraged to review the master therapy schedule on my office door and begin scheduling your patient.
3. Complete Clinic Card

Requirements

1. Please provide therapy treatment plans for the initial week following our pre-therapy meeting. Ongoing therapy treatment plans will be required per the supervisor.
2. SOAP notes are required following each treatment.
3. Reflection/Review. Please complete either the reflection form following each session or contact the supervisor for review of the session.
4. Data Collection – You are required to acquire data throughout your sessions. As appropriate, data can be either quantitative and/or qualitative. Your data will be the support of your SOAP note.
5. Weekly supervisory meetings: Weekly meetings are optional and at the discretion of the supervisor. If required, meetings will be scheduled each week to discuss the topics related to your client’s care.
6. Video Self-assessment: We will select a therapy session to review together.
7. Grand rounds – You will present the issues relating to your client’s case to an audience comprised of other students and faculty members
8. Observation – It is my goal to observe as much of your sessions as possible. You will receive feedback on the findings of my observation. More detailed assessment will be provided during the weekly meeting.
9. Demonstration of therapy – Please let me know if you would like me to demonstrate therapy. At times, I may enter your session to assist, clarify or provide some other service as needed.
10. Caregiver communication – It is expected that the caregiver be provided with information regarding the objectives of your session and, upon conclusion, a brief review of the session.
11. Evaluation of Clinical Performance – A formal evaluation will be provided at the end of the semester.

12. Final Reports – All corrected copies should be submitted. All clinic forms (test protocols, etc) should be included.
13. Infection Control and Universal Precautions – Please refer to the Center’s infection control Policy and Procedures.
14. Confidentiality – Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
15. Accommodations: Please discuss during the first week any accommodations required for a documented disability.

16. Grades –

A	95% - 100%	C	74 – 77.99%
A-	91 – 95.49%	C-	71 – 73.99%
B+	88-90.99%	D+	66.5 – 70.99%
B	84-87.99%	D-	61 – 66.99%
B-	81-83.99%	F	Below 61%

17. Professionalism – Your conduct, attitude displayed, your attire directly and significantly affect the degree the client and family members assess your professional credibility. Your clients and caregivers deserve a well prepared, organized and respectful clinician. The clinic dress code will be followed.
18. Partnership – I believe we both 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.

Therapy self – evaluation

jbarge

Clinician initials

date of therapy session

time of session

Client diagnosis

1. Concepts/Tasks/Activities that I was comfortable or uncomfortable with:

2. I would like more information about the following:

3. Please list any other questions or concerns.

