

University of Wisconsin – Stevens Point
Clinical Practicum, Graduate Level - CSD 791-794
Communication Sciences and Disorders
Fall Semester – 2020

Supervisor: James Barge M.S. CCC-SLP

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Hours: TBD following completion of clinic schedule

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Statement on Tele-therapy and In-Person Therapy: The majority of intervention at this time will occur in a tele-tx context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

Scheduling your clients: Please be mindful of the master schedule posted on my door and/or on the One Drive, as to avoid overlapping of therapy sessions whenever possible. Please see “Getting Started in Clinic” list.

Objectives:

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 explanation of findings to interested parties.
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. Note that the availability of information will be dependent upon your physical location. If you are working remotely, there will be a process in place to provide you with the needed information for you to prepare to work with your client. In either situation, 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 strongly encouraged to review the master therapy schedule on my office door and/or posted on the One Drive prior to scheduling your patient. Overlapping sessions are to be avoided when possible.
3. Complete Clinic Card and direct it to Mrs. Skebba.

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's discretion.
2. SOAP notes are required following each treatment and completed within 24 hours.
3. Reflection/Review Accomplished through discussion or written reflection.
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. Include the beginning and end times within the soap note.
5. Weekly supervisory meetings: Weekly scheduled meetings are an option for all clinicians at the discretion of either the clinician or supervisor. I do intend to provide prompt feedback and promote an open dialogue throughout the semester.

6. Video Self-assessment: We will select at a minimum of one therapy session to review together.
7. Observation – It is my goal to observe as much of your sessions as possible. You will receive feedback on the findings of my observation.
8. Demonstration of therapy – Please let me know if you would like me to demonstrate therapy. I may enter your session to assist, clarify or provide some other service as needed.
9. 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.
10. Evaluation of Clinical Performance – Formal evaluations will be provided in the middle and at the end of the semester.
11. Final Reports – All corrected copies should be submitted. All clinic forms (test protocols, etc) should be included.
12. Infection Control and Universal Precautions – Please refer to the Center’s infection control Policy and Procedures.
13. Confidentiality – Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
14. Accommodations: Please discuss during the first week any accommodations required for a documented disability.
15. Professionalism – Your conduct, attitude, attire directly significantly influence the degree the client and family members determine your professional credibility. Your clients and caregivers deserve a well prepared, organized and respectful clinician. The clinic dress code will be followed.
16. Partnership – We are seeking the same objectives, your growth and development as a clinician and the provision of excellent care to people with cognitive, communicative and swallowing deficits. The keys to attaining these goals are candid discussions, development and the refining of skills, broadening of insights into cognitive communication and swallowing disorders and greater respect and empathy for all parties involved.
17. Thank you in advance and best wishes to you this semester. I will help you in any way I can to improve your intervention skills.
18. 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 (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 at 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 (Links to an external site.)Links to an external site. for details on all emergency response at UW-Stevens Point.

Face Coverings:

- At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the [Disability and Assistive Technology Center](#) to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.

Other Guidance:

- Please monitor your own health each day using [this screening tool](#). If you are not feeling well or believe you have been exposed to COVID-19, do not come to class; email your instructor and contact Student Health Service.
 - As with any type of absence, students are expected to communicate their need to be absent and complete the course requirements as outlined in the syllabus.
- Maintain a minimum of 6 feet of physical distance from others whenever possible.
- Do not congregate in groups before or after class; stagger your arrival and departure from the classroom, lab, or meeting room.
- Wash your hands or use appropriate hand sanitizer regularly and avoid touching your face.
- Please keep these same healthy practices in mind outside the classroom.

Enforcement – Suggested Language for Discussing Requirement with Students

- Day 1/Week 1: Review language in syllabus. Remind students that face coverings have been required by the university's administration in all classrooms and buildings. They are mandatory based on the advice of medical professionals because, combined with physical distancing and other measures, they help protect both the health of others and the person wearing the mask. Remind students that if they cannot wear a face covering due to their own health concerns, they should contact UWSP's Disability and Assistive Technology Center to seek a formal accommodation.
 - Flexibility may be required in the early days of the semester as the campus community adjusts to this requirement.
- After Day 1:
 - As necessary or when it feels appropriate, continue to remind students that we are all in this together and that face coverings are required in all buildings, classrooms, labs, and meeting spaces; physical distancing, hand washing, etc. are important for everyone to do. Don't shy away from mentioning how weird this experience is for everyone and thank them for helping to keep us all safe and healthy, at school and in the classroom.
 - If a student is not wearing a face covering, it would be best to quietly check to see if they forgot it or whether there is a health-related concern preventing them from wearing a mask. If so, refer them to UWSP's Disability and Assistive Technology Center to seek a formal accommodation.

- If a student forgets a face covering: “In this building you can go to [see office list for each building/campus location] to pick up a temporary one-time use mask. Please do so now before class starts” OR “Feel free to return to your room/car/apartment to get yours. “They are mandatory in all classrooms.”
- If a student refuses to wear a face covering: “You have the option to participate in class remotely/online. I will need you to please leave the classroom. By university policy, I’m not allowed to begin class unless everyone is wearing a face covering. You are welcome to return when you’re willing to wear a mask.”
- If a student then refuses to leave, consider taking a 5-10 minute break so that the instructor and student can speak privately, and hopefully deescalate the situation: “Unfortunately, if you refuse to wear a face covering and you refuse to leave class, my only option is to cancel today’s class for everyone and report this to the Dean of Students. One result of your choice not to wear a mask may be that you are officially withdrawn from this course. At a minimum, the university will not allow you to attend in person if you are not wearing a face covering.” [Faculty/Instructor should report this to the Department Chair, Registrar, and the Dean of Students (General Incident Report form)]
 - At this point, the Dean of Students office will contact the student for a conversation.
 - If the student is willing to wear a face covering, they will be permitted to return to class. If not, they will either attend online or be withdrawn from the class depending on the circumstances and the result of the disciplinary process.
- If a student, having been instructed not to attend the next class in person still comes to the classroom, the faculty/instructor should consider repeating the steps above, including canceling the class again.

Getting Started in Clinic Quick Guide:

1. Contact your therapy partner if applicable.
2. Familiarize yourself with our schedules (yours and mine)
3. Send me a zoom invite to provide your client's basic information. This should be a brief meeting, less than 15 minutes in length. This should occur Monday (8-31) or Tuesday (9-1)
4. Call client, client's family member
5. Introduce yourself (selves)
6. Confirm their interest in speech therapy services this semester
7. Confirm the mode of service delivery, tele-therapy or in-person
8. Determine day(s) of the week and time of therapy that works for the client, the clinician(s), and myself.
9. Let me know the details of your conversation ASAP.
10. Review available information provided to you regarding your client.
11. Meet with supervisor to discuss initial session and plan for semester, review of your questions, and determination of frequency of supervisor meetings.

Documentation Guide for Writing Soaps

Documentation of time

Begin each daily note by stating the amount of time spent with the client. For example,

The client was seen for 65 minutes

Soap format

(S) Subjective

All relevant information stemming from the session that is not measurable. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation.

(O) Objective

All relevant information derived from the session that is measurable. For example, accurate in 65% attempts with minimal assistance. In theory, you (present in the therapy room) and I (watching remotely) should be able to write the same objective statement.

(A) Assessment

As an SLP, what is your interpretation of the above information? The assessment section is not a reiteration of the above, nor should it ever contain information that is not conveyed in either S or O.

This is your professional opinion of the current state of the client. For example, *XX persists with expressive > receptive aphasia as evidenced by continued word retrieval struggles. These word finding issues limit his participation in his areas of responsibilities and desired interests. It should be noted, however, that XX was benefitted by the provision of phonemic cues to elicit the target word.*

(P) Plan

The plan indicates the recommended direction that the therapist and client should take on subsequent session(s). Continue with plan of care is inadequate. Instead, *“Continue with provision of phonemic cues to assist with word finding skills toward stated expressive language goals, instruct family members as able.”*

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing, that answers the following questions:

What did I see?

What did I hear?

What did I do in response to what I saw and heard?

What affect did my response have upon the patient and their performance?

University of Wisconsin – Stevens Point
Clinical Practicum Graduate Level –Fall 2020
CSD 791 -794

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715-252-0203 – text/call (emergencies)

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Office hours: Please see schedule on door

OBJECTIVES:

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
 - Therapy planning and implementation
 - Goal writing and other documentation
 - Gathering pre- and post-data
 - Professional report writing
 - Managing and interpreting data
 - Self-evaluation of clinical skills
 - a. What information is necessary to make appropriate clinical decisions?
 - b. What is the function of the lesson plan?
 - c. What is the importance of self-reflection and feedback?
 - d. What is the role of the student clinician/supervisor in the clinical practicum?
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
4. The knowledge, skills, and disposition criteria for this course are consistent with the required teaching standards. Please see “Clinic Handbook” for details in the CSD shared drive under form.
5. The knowledge, skills and disposition criteria for this course are consistent with the required ASHA standards. Please see the clinic handbook for details in the CSD shared drive under forms or go to the ASHA website for current standards.

Statement on Tele-therapy and In-Person Therapy: The majority of intervention at this time will occur in a tele-therapy context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-therapy and in-person settings. Specific instructions will be provided to you based on your assigned setting.

PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT and STOP BY MY OFFICE (042D) to PICK UP YOUR CLIENT INFORMATION. Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Please see end of syllabus for the tentative schedule and requirements.

2. SIGN UP FOR A 1 HOUR MEETING TO DISCUSS YOUR “Client File Review” (found in syllabus) AND PLAN FOR THE FIRST DAY OF THERAPY. PLEASE DO THIS WITH YOUR CO-CLINICIAN (if applicable).
3. SCHEDULING THERAPY- Please schedule your therapy ASAP. You can fill out the sign-up sheet on the door of the room you choose. Once you sign up for a room, turn in the white card to Ms. Skebba. BE SURE to notify me of this room number and the time of therapy. (This is not applicable if you are running the preschool group)
4. CMC - Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.
5. INFECTION CONTROL AND UNIVERSAL PRECAUTIONS: Please refer to the Center’s infection control policies and procedures as described in the “Guidebook on Infection Control Policy and Procedures” to maintain a clean environment for treatment purposes.

GENERAL INFORMATION - The following is a list of requirements for clinical practicum. Become familiar with EVERY point, as you will be responsible for this information throughout the semester. If you have a co-clinician, use the **P-drive** to save your lesson plans, reflections, and FTR. If you do not have a co-clinician use the **S-drive**.

1. LESSON PLANS-Please write a weekly plan and turn it in to me at least 24 hours before your first therapy session of the week. Plans should be in P-drive or S-drive. Please name: Reeve lesson plans. These will be on going.

Due to COVID-19 clinic restrictions, lesson plans, SOAPs, and reports may be placed in a shared folder on the One Drive. Any client documents that are place in the One Drive must have identifying information removed and have pseudo names.

2. SOAP NOTES –SOAP notes must be completed after every session within 24 hours. **The SOAP note form will be emailed to you. These will be ongoing.** Save on your P-drive or S-drive, name: Reeve SOAP notes.

Due to COVID-19 clinic restrictions, lesson plans, SOAPs, and reports may be placed in a shared folder on the One Drive. Any client documents that are place in the One Drive must have identifying information removed and have pseudo names.

3. REFLECTIONS/FEEDBACK: Accomplished through discussion or written reflection
4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Include the beginning and end time within the SOAP note. **Keep all your data sheets in a therapy binder and bring to weekly meetings.** We will have data show-n-tell during our weekly meetings.
5. WEEKLY SUPERVISORY MEETINGS - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client’s response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance.

6. VIDEO/Calipso self-evaluation: Using the supplied Calipso evaluation form, you will complete a video self-evaluation prior to midterm. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-2 clinical goal(s) for you for the remainder of the semester based on the evaluation. You will be using the supplied Calipso evaluation forms to grade yourself based on ASHA standards.
7. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.
8. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Skebba (346-2900) and the client/client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
9. DEMONSTRATION THERAPY-I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. CAREGIVER CONTACT: Always keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, and possible home carryover activities. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail) Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.

11. WRITTEN ASSIGNMENTS

This course acts as a capstone course for undergraduates and is a chance for graduate students to improve their clinical writing skills. Students will complete a variety of written assignments (see description A below). Other written assignments will be completed as necessary (i.e. Plan of Care, dismissal reports, note to future clinician).

This course also fulfills the American Speech-Language and Hearing Association's (ASHA) standards regarding knowledge outcomes of a program of study as follows:
Standard III-A: The applicant must possess skill in oral and written communication sufficient for entry into professional practice.

Implementation: The applicant must demonstrate skill in performing a variety of

written and oral communication tasks. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

A. The writing portion of this course will include a minimum of your final therapy summary report and:

- a. **Introduction letter to parent/caregiver. This is to be completed and given to parents on the first day of therapy.**
- b. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions. **When you make corrections, do not remove my previous comments. I will delete them after reviewing your revisions.**
- c. **Lesson Plans and Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client.

12. **CONFIDENTIALITY:** Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.

13. **ACCOMMODATIONS:** Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first week of classes of any needs based on a disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.

Any student who faces challenges securing their food or housing and believes this may affect their performance in the course is urged to contact the Dean of Students for support. Furthermore, please notify the professor if you are comfortable in doing so. This will enable her to provide any resources that she may possess.

14. **EVALUATION** - formal evaluations will be completed at midsemester and at the end of the semester. Your final grade will be determined by the average of the two grades.

Grades will be based on the following:

- | | | |
|----------------|-------------|---------------|
| a. A 95.5-100 | B- 81-83.99 | D+ 66.5-70.00 |
| b. A- 91-95.49 | C+ 78-80.00 | D 61-66.49 |
| c. B+ 88-90.99 | C 74-77.99 | F Below 61.0 |
| d. B 84-87.99 | C- 71-73.99 | |

15. **Professionalism & Dress Code** – Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities. The

clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered.

16. Partnership – We are entering into a form of partnership. We share several common goals including (but not limited): to improve the client's communication status; to increase your clinical expertise; to improve your ability to develop clinical solutions; to develop your ability to accurately assess your own clinical performance; to learn how to make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through cooperation and consistent communication. I will, at times, assume an evaluative role with you, but it is my intent that, for the most part, our relationship of supervisor/supervisee will be one that is more collaborative in nature.

17. Attendance- Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have my phone number and email. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel. **If you are sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We do not want to make our clients sick.**

18. Punctuality-You must be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Double check that all your clocks coincide; I will be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Child Safety in the Clinic

- Do not ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- An adult must be with children that are washing their hands.
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc..**
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

*Expectations for Students- Be a self-starter, ask questions, be proactive, be creative, have fun, be engaged, functional goals and objectives, activities focused on facilitating communication, independence, and problem solving.

WITH TEAM WORK, WE WILL ALL MEET OUR GOALS!!!!

In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. Help 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 (Links to an external site) for floor plans showing sever 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 at 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 (Links to an external site) for details on all emergency responses at UW-Stevens Point.

Tentative Schedule: (subject to change depending on the needs of your client)

Week #1-2: We will have two meetings prior to clinic starting.

- **First meeting: Attend a group meeting time set up S. Reeve** to discuss syllabus, client scheduling and starting date of therapy; please *turn in copy of class schedule ASAP.*
- **Call the client/parents** to finalize therapy schedule times
- **Sign up for a therapy room & complete white clinic card.**
- **Write letter to parent/caregivers. Letter should include:**
 - Brief paragraph introducing yourself
 - Help me get to know your child (likes, allergies, food preferences, other helpful information)
 - What is the best way to contact you (phone? E-mail?)
 - Is it ok for us to contact your child's teacher (if yes, need release of records form)
- **Sign up for a second one-hour meeting time (with co-clinician if applicable) and come prepared to discuss:**
 - "Client Paperwork Start-Up checklist" sent to you via email.
 - "Client File Review" (found in syllabus).
 - What ideas do your caregivers have for their child?
 - Have your first lesson plan written and saved on your s/p-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
 - 1 or 2 measurable long-term goals for the semester and plans on how you will collect baseline data on the LTGs.
 - 2-3 measurable STOs for each LTG & plans on how you will collect baseline data on the STOs
 - Activities to establish rapport with your client.
- **Complete an initial draft of background information for your Final Therapy Report. Also include LTG/STO on your report (these may change after you obtain baseline data. These sections are due Friday September 11, 2020.**
 - *Create space* at the top of your FTR or POC for all necessary identifying information.
 - Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.

Week #2-3: Begin therapy sessions. Remember – you are responsible for keeping track of your clock hours. When you are obtaining pre-baseline data on initial objectives, count these as diagnostic clock hours. Clock hour forms are by office 041.

Week #3-4: Please add "Status of client at the beginning of the semester" to your FTR or POC. To be turned in *Friday September 25th, 2020.*

This section contains information from your initial testing/observations. *This section is similar to the "Present Level of Academic Achievement and functional Performance" in an IEP. In this section you describe the student's strengths and the unique needs of the child. You may include parent concern/comments as well. Consider describing how the disability affects involvement in age-appropriate activities.*

- This section should be measurable, objective, functional, and current.

- It also includes the results of most recent evaluations (e.g. formal and informal baseline data)
- You will use this information to establish a baseline for writing goals
- Remember that “measurable” means you can count it or observe it. When you are tempted to write unmeasurable terms such as ‘difficulty,’ ‘weak’, ‘unmotivated’, ‘limited’, uncooperative’, and so on, stop and ask yourself, “What do I see the student doing that makes me make this judgment call?” What you actually see or hear the student doing is the measurable content you need to identify in your status section.

Week #3-4: Finalize your goals and objectives written in standard format and reflecting your baseline information. Share these with client’s parent/caregiver.

Week #5: *Friday October 2nd, 2020:* FTR or POC due with the following completed: background information, status at the beginning of the semester, goals and objectives for the semester.

Week #5-6: Complete video self-evaluation using the “Evaluation of Therapy Skills” form. Develop one or two clinical goals(s).

Week #7-8: Midterm/video self-evaluation discussion with supervisor.

Week #9-10: *Friday November 6, 2020:* Procedures section completed on **FTR or POC**. Discuss and plan post baseline data process

Week #11: *Friday November 13, 2020:* First draft of final sections of therapy report due (add results if available, otherwise add later) and projected recommendation. If appropriate for your client, create a home program packet to have ready to give at our final conferences.

Week #12: See Mrs. Reeve to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of **final therapy date of Thursday December 3. End of the semester parent/teacher conferences will be either Tuesday December 1 or Thursday December 3 or arranged for another day.**

Week #13: The last week of clinic and final parent conferences to be conducted next week (November 30-December 3). Reports should be in near final form. Begin note to next semester clinicians.

Week #14: Parent/teacher conferences to be conducted this week during the last week of clinic.

Week #15: Paperwork check out meeting.

CLIENT FILE REVIEW
COMPLETE BEFORE OUR FIRST MEETING

You can find all the pertinent information in your client's chart. Look through IEPs, past therapy reports, notes, etc. I also encourage you to talk with parent/caregivers, previous clinicians, and school-based clinicians and teacher. This may be hand written or typed. We will mainly be using it to guide our discussion.

Name: _____

Client's initials: ___ Client's Chronological Age _____ Client's DX _____

Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator. How does the client communicate (strengths/weaknesses)? What does the client need to learn to communicate more effectively?

What did you find out from the previous/current clinician(s) and parent/caregivers?
(Contact previous SLHC-UWSP clinicians and/or current clinicians from other facilities)

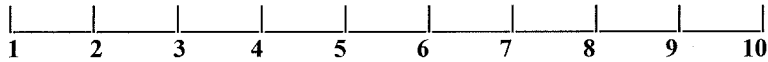
Note any teaching strategies discussed in the previous FTR:

What else would you like to know about your client? How can you find out that information?

What areas do you need help with in getting started? Be specific here.

In your opinion, what are your clinical strengths? (If you haven't had clinic yet, what do you *think* they are?)

How much supervision and input do you feel that you need? (1=no supervision; 10=maximum supervision)



Justify your response:

Therapy Tips

Things to think about before/during/after therapy

1. Have I arranged the room in such a way to decrease distractions and increase attention? Have I made adaptations for any special needs or concerns? (e.g., wheelchairs, child who is a climber, etc.)
2. Am I thinking about the client as a communicator or a list of goals? How will the therapy I have planned affect the client's ability to interact and communicate?
3. Have I planned age-appropriate activities? Are they fun and interesting? Will they elicit a lot of targets?
4. Have I over-planned? Do I have Plans B and C in case one of my activities doesn't work as I have anticipated?
5. Do I have all of the materials I need? (books, toys, artic cards, games, pen/pencil, crayons, scissors, paper, tests, test forms, etc.)
6. Do I have a "cheat sheet" for things I plan to elicit or address during play or reading activities? (e.g., cooking task to address /k,g/ in IP—"cut, cook, carrot, cold, Coke, candy, good, go, gooey, gum")
7. Do I have an understanding of cueing strategies and how to use them?
 - Verbal cues:**
 - *Model with direct imitation-: "Say "fan."
 - *Model with delayed imitation: "This is a fan. What do you want?" ("fan")
 - *Cloze technique: "Oh, you want the f ____." (while pointing or holding fan)
 - *Binary choice: "Do you want the *fork* or the *fan*?" (always use desired response as the last option—child more likely to repeat correctly what he just heard)
 - *Request for clarification: "You want the *pan* (fan)?"
 - Visual cues:**
 - *Tucker Signs, signs
 - *Gestures to indicate a phonological property like stop/go or front/back sound
 - *Pointing to your mouth as you produce the sound or just demonstrate the position of the articulators.
 - *Pointing
 - Phonemic placement cues:**
 - *Describing what the articulators are doing in age-appropriate terms ("When you make the /f/ sound remember to bite your bottom lip and let the air leak out.")
 - *Using a descriptive name to describe phonemes such as "leaky tire sound" (/f/), "be quiet sound" (/ʃ/), "buzzing bee sound" (/z/), etc.
8. Do I have a behavior management plan? Will I remove privileges, use time-out? What will I do if the child refuses to participate...or cries...or throws toys...or self-stims... or tantrums?
9. Do I introduce each therapy activity and its purpose or do I just jump from one thing to another?
10. Do I have a way to keep data that is consistent and logical?
11. Do I look professional? Can I sit down, bend, reach, and stand up without tugging at my clothes to keep tops and bottoms covered? Am I chewing gum?
12. Did I have fun? Doesn't it feel great to make a difference in someone's life?

Clinical Practicum Fall 2020

Supervisor: Sarai Holbrook, Ph.D., CCC-SLP
Phone: 715-346-2072-office
385-414-3993-cell (emergency use only)

Office: CPS 040
Email: sholbroo@uwsp.edu
Meeting time: TBA

"Harmony is being different together"

Welcome to Fall Practicum! I anticipate that we will have a smooth and productive semester in which we will see our clients improve their ability to communicate. Equally as important, I want you to learn more about yourself as a clinician and develop your own skills. Each student brings different abilities, personalities, ideas, and even insecurities to the clinic setting. It is my hope that we can develop and strengthen your attributes and improve your confidence and skill on those areas that you are concerned about.

Do all the good you can, and make as little fuss about it as possible.
Charles Dickens

You know more than you think you do.
Lee Robinson

Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
 - Therapy planning and implementation
 - Writing goals, objectives, and other documentation
 - Professional report writing
 - Managing and interpreting data
 - Self-evaluation of clinical skills
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
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.

My heart is singing for joy this morning. A miracle has happened! The light of understanding has shone upon my little pupil's mind, and behold, all things are changed.

Anne Sullivan

Before Therapy Begins

1. Stop by and see me/email me for your clinic assignment. At this time, you will receive the “yellow sheet” and we can discuss possible therapy times. Try to schedule before our first meeting.
2. **Prior to our first meeting** read the client’s file carefully and fill out the form (pp. 9-10) that is at the end of this syllabus.
3. Please come to our first meeting with the following:
 - Completed summary form (see number 2 above)—one per clinician
 - Some general ideas for your first session
 - Your schedule—if some clinic times with other placements aren’t set, please indicate tentative times
4. As therapy arrangements become finalized, you will need to sign up for a therapy room. You can fill out the sign-up sheet on the door of the room you choose. Let’s discuss rooms before you sign up as some clients need a larger or smaller room. Once you sign up for a room, turn in the white card to Ms. Skebba.
5. Read the procedures for the Infection Control Policies for Clinical Practicum.

We will discuss how we will handle therapy plans, data, and other paperwork issues during our first group meeting.

General Information Regarding Practicum

Attendance

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all of your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have all of my phone numbers, so there is no reason you should not be able to get in touch with me. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel.

Note: If you are really sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution (goal = no sickness in the clinic. Let's stay open! 😊). We don't want to make our clients sick and/or your therapy will not be effective – even virtually – if you are that sick.

Therapy Plans

We will discuss therapy plan format at our first meeting.

A note about therapy plans... **ALWAYS over-plan!** Think in terms of no longer than 10-15 minutes per activity for a preschooler and be prepared for one activity to “bomb,” so have a Plan B and C just in case.

Weekly Meetings

We will meet in a weekly clinic group each week. I think that the sharing of information among ourselves is a powerful way of learning and is excellence practice for “real world” clinical problem solving and sharing. At our weekly meetings, you may be asked to show and narrate a video, teach a new treatment technique, or look up current evidence-based practices to share with the group. You can always schedule an individual meeting with me any time during the semester if you need to do so.

Date	Topic
Week of 9/7	Clinic Introduction
Week of 9/14	Grand Rounds/Establishing Goals and Objectives
Week of 9/21	Grand Rounds/Planning Therapy

Week of 9/28	Data collection/Troubleshooting
Week of 10/5	Theoretical Foundations (come to meeting with theory behind tx approach)
Week of 10/12	Self-Assessment/Modification
Week of 10/19	Grand Rounds with video
Week of 10/26	Midterms

Written Assignments

This course acts as the capstone course for undergraduates and is a chance for graduate students to improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports.

This course also fulfills the American Speech-Language and Hearing Association's (ASHA) standards regarding knowledge outcomes of a program of study as follows:

Standard III-A: The applicant must possess skill in oral and written communication sufficient for entry into professional practice.

Implementation: The applicant must demonstrate skill in performing a variety of written and oral communication tasks. For written communication, the applicant must be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Self-Evaluation of Writing

During the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy summary report according to my feedback. You will also have opportunities to discuss my comments as they relate to your revisions. **When you make corrections, do not remove my previous comments. I will delete them after reviewing your revisions.**

Final Therapy Summary Reports

We will begin the "final" report fairly early in the semester. See clinic grading form for the parameters you must address. A professional writing style free of grammar, spelling, and typing errors is mandatory. It is also imperative that subsequent drafts address questions, comments and concerns that I voiced on the previous drafts.

Client Cancellations

If the client or client's parents cancel a therapy session, cancellation notices will be posted by the faculty mailboxes. **If you cancel therapy, it will be your responsibility to let me, Ms. Skebba, and the client/client's parents know of the cancellation. If**

your client lets you know that he/she will be canceling a future therapy session, let Ms. Skebba and me know about the cancellation.

Tentative Schedule:

(subject to change depending on the needs of your client and depending on if we can keep the clinic open past Thanksgiving ☺)

Week of September 3

Getting started, e.g., meet together, schedules, room assignments, etc.

Week of September 7

Baseline/pre-test; establishment of objectives for your client; begin POC; Therapy syllabus (see below)

Week of September 14

POC due

Week of October 19

Video self-evaluation is due at the end of the week

Week of October 26

Midterm evaluation--I'd like for your video self-evaluations to be completed prior to the midterm conference

Week of November 18

First draft of the beginning of your Final Therapy Report is due. See One Drive for form. It should include everything except your final data and summary and impressions:

- Create space at the top for all necessary identifying information,
- background information (this section usually includes When the child was Referred, by whom & why, A brief description of those initial concerns, When child started to receive therapy, Brief statement on their progress etc.)
- Status at the beginning of therapy this semester (this section usually contains information from your initial testing/observations; any information gleaned from the IEP and file)
- Goals (LTG) and objectives (STO) written in standard format and reflecting your baseline information.

Week of December 7

Final conferences; final therapy report due in completed form after the conference
The rest of the FTR should include:

- Post-assessment results
- Whether the STOs were met OR not
- Summary and Impressions section
- Recommendations section

Therapy Tips

Things to think about before/during/after therapy

1. Have I arranged the room in such a way to decrease distractions and increase attention? Have I made adaptations for any special needs or concerns? (e.g., wheelchairs, child who is a climber, etc.)
2. Am I thinking about the client as a communicator or a list of goals? How will the therapy I have planned affect the client's ability to interact and communicate?
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Verbal cues:

- *Model with direct imitation-: "Say "fan."
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- *Request for clarification: "You want the *pan* (fan)?"

Visual cues:

- *Visual Phonics, signs
- *Gestures to indicate a phonological property like stop/go or front/back sound
- *Pointing to your mouth as you produce the sound or just demonstrate the position of the articulators.
- *Pointing

Phonemic placement cues:

- *Describing what the articulators are doing in age-appropriate terms ("When you make the /f/ sound remember to bite your bottom lip and let the air leak out.")
 - *Using a descriptive name to describe phonemes such as "leaky tire sound" (/f/), "be quiet sound" (/ʃ/), "buzzing bee sound" (/z/), etc.
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 12. Did I have fun? Doesn't it feel great to make a difference in someone's life?

Child Safety in the Clinic

- Don't ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
- Do not plan art projects that require glue guns, staplers, etc.
- Monitor activity level around the bean bags.
- Avoid items such as balloons, pointed scissors, etc

- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- **Do not reinforce your client with candy or other high-sugar snacks;** typically eating and talking do not go well together. We can discuss appropriate reinforcements for your [client](#).
- Monitor how the child uses the automatic doors and don't let them run out into the parking lot.

COMPLETE BEFORE OUR FIRST MEETING

You can find all of the pertinent information in your client's chart. Look through IEPs, past therapy reports, notes, etc. This may be written on typed. We will mainly be using it to guide our discussion.

Name: _____

Client's initials: ___ **Client's Age** _____ **Client's DX** _____

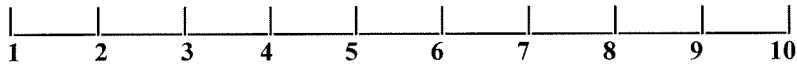
Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

What else would you like to know about your client? How can you find out that information?

What areas do you need help with in getting started? Again, be specific here.

In your opinion, what are your clinical strengths? (If you haven't had clinic yet, what do you *think* they are?)

How much supervision and input do you feel that you need? (1=no supervision; 10=maximum supervision)



Justify your response:

How would you define our roles as student clinician and clinical supervisor?

Name _____

Video Self-Evaluation
Holbrook/Clinic

Please complete this individually and turn in a hard copy to me by Friday, October 11. Be thoughtful and reflective.

1. Carefully observe your interaction with your client (and co-clinician, if applicable). Reflect on your body language, facial expression, and other nonverbal communication. How did you come across to your client and family members? Is there anything you would change?
2. Consider the intervention techniques you used. List a few techniques that you noted in your session and give a specific example for each. Were you satisfied with the variety and type of intervention techniques? Support your answer.
3. Consider your cueing hierarchy. Give at least one example in which you used several cues to get the desired response. What types of cues tended to be most beneficial?
4. What intervention techniques and/or activities tended to get the best response from your client? Speculate why. (Of course, this can vary widely from day to day).
5. Think about prompts and interaction style with your client. Specifically, were your questions yes/no (closed) or open-ended? Did you ask too many questions? Did you talk too much or too fast? Did you say "Can you?" when you should have said "Let's..."? Did you pause enough to give your client time to respond or initiate? Did you teach and instruct your client or just test, test, test? Also consider the type of feedback/reinforcement and the frequency
6. What clinical skill(s) would you most like to improve upon for the rest of the semester?
7. Brag on yourself! What did you see that made you feel confident and proud?

Therapy Syllabus

You will develop your own personal “therapy syllabus.” A table format will be the easiest/best way to portray and convey this information. You will likely want to put your table in a horizontal format to give yourself more room. This table will be a working, living document in which you might make changes throughout the semester.

In your table I would like you to include the following information:

STO	Rationale for STO	Possible activities	Therapy techniques	Rationale for tx techniques	Cueing hierarchy

Clinical Practicum Fall 2020

Supervisor: Pamela Terrell, Ph.D., CCC-SLP

Phone: (715) 346-3423-office

(715) 544-0230-home

(715) 572-2548-cell

Office: CPS 034

Email: pterrell@uwsp.edu

Meeting time: TBA

The purpose of life is not to be happy - but to matter, to be productive, to be useful, to have it make some difference that you have lived at all.

Leo Rosten

Welcome to Fall Practicum! I anticipate that we will have a smooth and productive semester in which we will see our clients improve their ability to communicate. Equally as important, I want you to learn more about yourself as a clinician and develop your own skills. Each student brings different abilities, personalities, ideas, and even insecurities to the clinic setting. It is my hope that we can develop and strengthen your attributes and improve your confidence and skill on those areas that you are concerned about.

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Charles Dickens

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1. To gain experience evaluating and treating individuals who have communication disorders.
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Anne Sullivan

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Date	Topic
Week of 9/2	Clinic Introduction
Week of 9/7	Grand Rounds/Establishing Goals and Objectives
Week of 9/14	Grand Rounds/Planning Therapy
Week of 10/19	Midterms

Written Assignments

This course acts as the capstone course for undergraduates and is a chance for graduate students to improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports.

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Final Therapy Summary Reports

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Statement on Tele-therapy and In-Person Therapy

The majority of intervention at this time will occur in a tele-tx context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx

and in-person settings. Specific instructions will be provided to you based on your assigned setting.

Tentative Schedule:

(subject to change depending on the needs of your client)

Week of September 2

Getting started, e.g., meet together, schedules, room assignments, etc.

Week of September 7

Baseline/pre-test; establishment of objectives for your client; begin POC and therapy syllabus

Week of September 14

POC due

Week of October 5

Video self-evaluation is due at the end of the week

Week of October 12

Midterm evaluation--I'd like for your video self-evaluations to be completed prior to the midterm conference

Week of November 23

First draft of the beginning of your Final Therapy Report is due. See Canvas for form. It should include:

- create space at the top for all necessary identifying information,
- background information (this section usually includes When the child was referred, by whom & why, A brief description of those initial concerns, When child started to receive therapy, Brief statement on their progress,
- Status at the beginning of therapy (this section usually contains information from your initial testing/observations; and
- your goals (from the IEP), and objectives written in standard format and reflecting your baseline information).

Week of November 30

Final conferences; final therapy report due in completed form after the conference

Therapy Tips

Things to think about before/during/after therapy

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- *Visual Phonics, signs
- *Gestures to indicate a phonological property like stop/go or front/back sound
- *Pointing to your mouth as you produce the sound or just demonstrate the position of the articulators.
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Phonemic placement cues:

- *Describing what the articulators are doing in age-appropriate terms ("When you make the /f/ sound remember to bite your bottom lip and let the air leak out.")
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- Monitor how the child uses the automatic doors and don't let them run out into the parking lot.

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You can find all of the pertinent information in your client's chart. Look through IEPs, past therapy reports, notes, etc. This may be written on typed. We will mainly be using it to guide our discussion.

Name: _____

Client's initials: ____ **Client's Age** ____ **Client's DX** _____

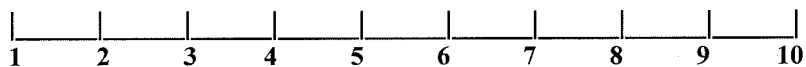
Summarize the case & discuss in broad terms the intervention plan. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

What else would you like to know about your client? How can you find out that information?

What areas do you need help with in getting started? Again, be specific here.

In your opinion, what are your clinical strengths? (If you haven't had clinic yet, what do you *think* they are?)

How much supervision and input do you feel that you need? (1=no supervision; 10=maximum supervision)



Justify your response:

How would you define our roles as student clinician and clinical supervisor?

Name _____

Video Self-Evaluation
Terrell/Clinic

Please complete this individually and turn in a hard copy to me by Friday, October 11. Be thoughtful and reflective.

1. Carefully observe your interaction with your client (and co-clinician, if applicable). Reflect on your body language, facial expression, and other nonverbal communication. How did you come across to your client and family members? Is there anything you would change?
2. Consider the intervention techniques you used. List a few techniques that you noted in your session and give a specific example for each. Were you satisfied with the variety and type of intervention techniques? Support your answer.
3. Consider your cueing hierarchy. Give at least one example in which you used several cues to get the desired response. What types of cues tended to be most beneficial?
4. What intervention techniques and/or activities tended to get the best response from your client? Speculate why. (Of course, this can vary widely from day to day).
5. Think about prompts and interaction style with your client. Specifically, were your questions yes/no (closed) or open-ended? Did you ask too many questions? Did you talk too much or too fast? Did you say "Can you?" when you should have said "Let's..."? Did you pause enough to give your client time to respond or initiate? Did you teach and instruct your client or just test, test, test? Also consider the type of feedback/reinforcement and the frequency
6. What clinical skill(s) would you most like to improve upon for the rest of the semester?
7. Brag on yourself! What did you see that made you feel confident and proud?

You will develop your own personal “therapy syllabus.” A table format will be the easiest/best way to portray and convey this information. You will likely want to put your table in a horizontal format to give yourself more room. This table will be a working, living document in which you might make changes throughout the semester.

In your table I would like you to include the following information:

STO	Rationale for STO	Possible activities	Therapy techniques	Rationale for tx techniques	Cueing hierarchy

DIAGNOSTIC PRACTICUM
CSD 791-794
Fall 2020

Supervisor: Pamela Terrell, Ph.D., CCC-SLP
Email: pterrell@uwsp.edu
Office Hours: pending clinic schedule

Office: CPS 034
Phone: (715) 346-3423

This is an addendum to “CD 495 & CD 791-794 Clinical Therapy Practicum” syllabus. Please refer to it often.

Blessed are the flexible for they shall never be bent out of shape.

Welcome to your first Diagnostic Practicum! As you think about your first day as an evaluator of communication skills it is perfectly normal to be a little bit nervous and a little bit excited. There are a lot of unknowns when diagnosing communication disorders. What if the client doesn't talk? What if there are behavior problems? What if I don't administer, score, or interpret a test correctly? Deep breath....relax. It's a learning process and we, as clinicians, are forever evolving. Communication is dynamic and ever-changing, clients come with their individual personalities and histories, and so do we. When you put all of those factors together it is only natural that a little disequilibrium should result. Accept now that things won't always go as planned, be willing to be flexible, and learn to embrace your mistakes.

As you develop your skills of interviewing and counseling, administering and interpreting tests, conducting play-based assessments, and writing diagnostic reports keep a few concepts in mind:

- Consider each client as a total communicator. Don't think of a client in terms of a phonological disorder or a diagnosis of autism. Think of the client as a human being with an innate desire to communicate and interact with others. Consider all aspects of communication including verbal, written, behavioral, social, facial expressions, gestures, eye gaze, etc. Everyone is saying something, even those who are nonverbal. How does your client communicate and why?
- Be willing to follow the client's lead. If a potential strength or weakness is noted during the interview or play, go ahead and probe even if that wasn't part of your plan.
- Be teachable. None of us have “arrived.” Our clients, peers, and supervisors have much to teach us.
- Have fun! Yes, evaluations are work, but they are also fun. Don't get so caught up in the scoring and writing that you forget to enjoy the process of uncovering communication strengths and weakness and the privilege of sharing in someone else's life.

We are all apprentices in a craft where no one ever becomes a master.
Ernest Hemingway

Our Schedule

Who knows? We'll do 'em when we've got 'em. Maybe face-to-face? Maybe virtually?
See above quote about flexibility.

I find that the harder I work, the more luck I seem to have.
Thomas Jefferson

Once diagnostics begin

1. **Team organization:** All team members are responsible for reviewing the client's file prior to our weekly meeting. Each week a different member will serve as team leader. The team leader is responsible for bringing the client's file to the weekly meeting, providing a verbal overview of the significant points from the case history and/or referral, and finalizing the report. The team leader is also responsible for turning in billing forms and making additional phone calls or contacts.
2. **Preparation:** You should come to our weekly meeting with not only a thorough knowledge of the chart, but a list of questions and an outline of your plan for the diagnostic session. The purpose of the meeting is to *refine* your diagnostic plan, not to *create* it. This means that you should already have spent some time in the CMC reviewing possible tests, looking over parent questionnaires, and developing a plan.
3. **Diagnostic reports:** Scoring tests, interpreting diagnostic findings and writing reports is a team effort; however, the team leader is responsible for making sure that it gets done in the following timely fashion. Suggested timeline:
 - Approximately 2 days after the DX – first draft of report due , along with copies of test protocols or any supplemental materials (writing sample, language sample, etc.)
 - Within 24 hours– first draft returned to you
 - 2-3 days later – second draft of report due
 - One week after DX – final report due
 - a) Use “track changes” with each subsequent draft or save each draft separately under a different name
 - b) Rough drafts should be typed, double-spaced and free of grammatical and spelling errors. The team leader needs to initial each draft indicating responsibility for proofreading that draft.
 - c) Final report is to be single spaced and printed on a high quality printer.

4. **Team meetings:** We will meet for about one hour 1-2 weeks before a scheduled diagnostic to plan the upcoming assessment. Come prepared to that meeting having already reviewed the chart and have some ideas of what you want to assess and how you want to do it. That includes looking over some potential assessments prior to our meeting. See pages 4-5. After we meet, you will need to solidify and submit your diagnostic plan (p. 6).
5. **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, IEP, or exit meetings with parents). Staffing hours DO NOT include preparing for diagnostics, scoring tests, transcribing a language sample, or meeting with the supervisor or team.
6. **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 pleasure in what you are doing, greatly contribute to an air of professionalism.
7. **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, sanitize the table, supplies, and instruments used.
8. **Evaluation:** We will meet individually at mid semester and use the *Clinical Evaluation Form* to discuss your progress and write goals for the second half of the semester. At the end of the semester we will meet again to evaluate progress towards your goals. You will be graded on clinical competence, clinical writing, professional conduct, increased independence in clinical decision making, and improvement of clinical skills.
9. **Dress Code:** Please read and follow the Departmental Dress and Personal Appearance Code. Violations in the dress code will adversely affect your clinic grade.

There is no great writing, only great rewriting.
Justice Brandeis

Final Assessment Plan (Team captain emails prior to DX)

Client: _____

Date of Assessment: _____

Clinicians: _____

1. Write out some questions for the case history for clarification or additional information.
2. List the standardized and non-standardized assessment tools you will be using. Also include the rationale for your selection of items to be used.
3. List any activities you are planning along with the purpose and rationale of the activities.
4. Write out your general schedule for the session (put approximate times and who is doing what).
5. Be proactive. Think of any potential counseling and/or family education needs.

**CLINICAL PRACTICUM Graduate Level
FALL 2020
CSD 791-794**

Supervisor: Amanda Pagel, M.S., CCC- SLP

Office: CPS 046C

Phone: 920-475-8867 – text/call

Email: apagel@uwsp.edu

NOTE: The majority of intervention at this time will occur in a teletherapy context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

OBJECTIVES:

1. To gain experience providing therapy to clients with communication disorders,
2. To gain experience evaluating clients throughout the course of therapy,
3. To develop and improve skills in the areas of:
 - Therapy planning and implementation
 - Goal writing and other documentation
 - Gathering pre- and post-data
 - Professional report writing
 - Managing and interpreting data
 - Self-evaluation of clinical skills
 - a. What information is necessary to make appropriate clinical decisions?
 - b. What is the function of the lesson plan?
 - c. What is the importance of self-reflection and feedback?
 - d. What is the role of the student clinician/supervisor in the clinical practicum?
4. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.
5. The knowledge, skills, and disposition criteria for this course are consistent with the required teaching standards. Please see Clinic Handbook for details in the CSD shared drive under forms.

ASHA and Teacher Standards

****Refer to specific skills cited on the grading form****

1. To develop clinical skill in oral and written communication sufficient for entry into professional practice (ASHA Stan. V-A)(INTASC Stan 6, 10)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Stan. IV-B-2) (INTASC Stan. 1,2,3,4,5,6 & 7)
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (ASHA Stan. V-B-3)(INTASC Stan. 10)
4. To adhere to the ASHA Code of Ethics and behave professionally (ASHA Stan. V-B-3d)(INTASC Stan. 10)

Face Coverings:

- At all UW-Stevens Point campus locations, the wearing of face coverings is mandatory in all buildings, including classrooms, laboratories, studios, and other instructional spaces. Any student with a condition that impacts their use of a face covering should contact the Disability and Assistive Technology Center to discuss accommodations in classes. Please note that by university policy unless everyone is wearing a face covering, in-person classes cannot take place. Failure to adhere to this requirement could result in formal withdrawal from the course.

Other Guidance:

- Please monitor your own health each day using this screening tool. If you are not feeling well or believe you have been exposed to COVID-19, do not come to class; email your instructor and contact Student Health Service.
 - As with any type of absence, students are expected to communicate their need to be absent and complete the course requirements as outlined in the syllabus.
- Maintain a minimum of 6 feet of physical distance from others whenever possible.
- Do not congregate in groups before or after class; stagger your arrival and departure from the classroom, lab, or meeting room.
- Wash your hands or use appropriate hand sanitizer regularly and avoid touching your face.
- Please keep these same healthy practices in mind outside the classroom.

PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT to you that your client has been assigned. Please E-Mail me and we can make a time to meet via Zoom so I can give you that information. The purpose of this Zoom meeting is to meet each other, briefly overview the client, and discuss your experience and comfort level. I will also give you the client's contact information so that you can establish contact and schedule your sessions. I am expecting this meeting to last about 15 minutes. (If you have a partner, please coordinate this so you are both present.)
2. I am working on making redacted information on your client available to you virtually. As soon as that is available, I will let you know. Please thoroughly review this information.
3. SCHEDULING THERAPY- Please schedule your therapy session ASAP, Clinic begins on September 8th. We will talk about time recommendations as well as in-person and virtual options before you call the parent or client. I am primarily working from home but will be in the building on Fridays. If your client has in-person therapy, it will need to be scheduled for Fridays.
4. Schedule a 45-minute Zoom meeting with me for Wednesday 9/2, Thursday 9/3, or Friday 9/4 to discuss the background information on your client and plan for your first day of therapy. (If you have a partner, please coordinate this so that you are both

present.) Be prepared to discuss the following issues: Any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions.

5. **CMC - Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.**

GENERAL INFORMATION - The following is a list of requirements for clinical practicum. Please become familiar with every point, as you will be responsible for this information throughout the semester. Use the shared One-Drive folder I will send to you to save your lesson plans, reflections, and FTR.

1. **THERAPY TREATMENT PLANS-** Please provide therapy treatment plans for the initial two weeks following our pre-therapy meeting. Ongoing therapy treatment plans will be required per the supervisor's discretion.
2. **SOAP NOTES –SOAP notes must be completed after every session within 24 hours. The SOAP note form will be emailed. These will be ongoing each week. Save in the One Drive.**
3. **REFLECTIONS/FEEDBACK:** Complete daily self-reflection within 24 hours after your session. If we are able to meet within 24 hours of the session, this will be included within our discussion. If we are unable to meet within 24 hours of the session, please write your self-reflection and submit to me. I will then provide feedback. Please respond to any questions I put to you. Reflect on the following:
 - a. Client's behavior (positive or negative)
 - b. Comment on the outcomes of your planned objectives
 - c. What could you have adjusted to make the session more productive?
 - d. What did you do that made the session a success?
 - e. Mention parent discussion that might be applicable
 - f. **Include resources used – evidence-based research/reading.**
4. **DATA COLLECTION – you are required to collect data during each therapy session, which may include quantitative and/or qualitative measures. The data collected will support the content of your SOAP note. Keep all your data sheets in one location so we can refer to them.**
5. **WEEKLY SUPERVISORY MEETINGS –** Weekly scheduled meetings are an option for all clinicians at the discretion of either the clinician or supervisor. I do intend to provide prompt feedback and promote an open dialogue throughout the semester.
6. **VIDEO SELF-EVAL:** You will complete a video self-evaluation prior to midterm. **(If you are seeing your client at clinic)** 1-3 clinical goal(s) will be established for you to work on the evaluation form will be sent to you. If you are doing virtual therapy, you will evaluate most recent therapy session. More information will be provided.

7. **OBSERVATION:** At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills. During virtual therapy, if I am unable to watch your therapy, you will have my contact information available to call in case of emergency.
8. **CANCELLATIONS-**If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor Amanda Pagel (920-475-8867), Ms. Christine Skebba (346-2900) (**Ms. Skebba only needs to be contacted if you are seeing your client in the clinic**). If one member of the team needs to cancel, it is expected that the other clinician will take over the entire session. You must contact supervisor and parent if you are cancelling a session.
9. **DEMONSTRATION THERAPY-**I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. **CAREGIVER CONTACT:** Always keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.) **Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.**
11. **WRITTEN ASSIGNMENTS: The writing portion of this course will include a minimum of your final therapy summary report and:**
 - a. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given.
 - b. **Lesson Plans/SOAP notes/Self-Evaluations;** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections. SOAP notes are completed after every session.
 - c. **End of Semester letter to the next clinician.** To include: An example of a recorded session you would like the next clinicians to watch. Strategies you know work with your child. Activities you found helpful.
12. **FINAL REPORTS-ALL CORRECTED (and redacted) COPIES SHOULD BE SAVED ON YOUR ONE-DRIVE.**

13. **INFECTION CONTROL AND UNIVERSAL PRECAUTIONS:** Please refer to the Center's infection control policies and procedures as described in the "Guidebook on Infection Control Policy and Procedures" to maintain a clean environment for treatment purposes.
14. **CONFIDENTIALITY:** Please refer to the Center's policies and procedures regarding **electronic information, client records and audio/video recording.**
15. **ACCOMMODATIONS:** Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first week of classes of any needs based on a disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.
16. **EVALUATION** - formal evaluations will be completed at midsemester and at the end of the semester. Your final grade will be determined by the average of the two grades. Grades will be based on the following:

A 95.5-100	B- 81-83.99	D+ 66.5-70.00
A- 91-95.49	C+ 78-80.00	D 61-66.49
B+ 88-90.99	C 74-77.99	F Below 61.0
B 84-87.99	C- 71-73.99	

17. **Professionalism** – Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others is important qualities. Students will have to follow the Clinic Dress Code and dress professionally, if not you will be asked to go home and change your clothes.
18. **Partnership** – We are entering into a form of partnership. We share several common goals including (but not limited): to improve the client's communication status; to increase your clinical expertise; to improve your ability to develop clinical solutions; to develop your ability to accurately assess your own clinical performance; to learn how to make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through mutual cooperation and consistent communication. I will, at times, assume an evaluative role with you, but it is my intent that for the most part our relationship of supervisor/supervisee will be one that is more collaborative in nature.
19. **Attendance-** Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have my phone number and email, so there is no reason you should not be able to get in touch with me. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel. **If you are really sick (i.e. fever, diarrhea,**

vomiting, productive cough), please err on the side of caution. We don't want to make our clients sick.

20. Punctuality- Please be on time and do not keep the clients waiting. A good rule of thumb is to be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 3 minutes before your session is to start. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Child Safety in the Clinic

- Don't ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- An adult must be with children that are washing their hands.
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
- Do not plan art projects that require glue guns, staplers, etc.
- Do not use items such as balloons, pointed scissors, etc.
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- **Do not reinforce your client with candy or other high-sugar snacks;** typically eating and talking do not go well together. We can discuss appropriate reinforcements for your client. **Talk to me before you plan a cooking activity.**
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

Getting Started in Clinic Quick Guide:

Contact your therapy partner if applicable.

Familiarize yourself with our schedules (yours and mine)

Send me a zoom invite to provide your client's basic information. This should be a brief meeting, less than 15 minutes in length. This should occur Monday (8-31) or Tuesday (9-1)

Call client, client's family member

Introduce yourself (selves)

Confirm their interest in speech therapy services this semester

Confirm the mode of service delivery, tele-therapy or in-person

Determine day(s) of the week and time of therapy that works for the client, the clinician(s), and myself.

Let me know the details of your conversation ASAP.

Review available information provided to you regarding your client.

Meet with supervisor to discuss initial session and plan for semester, review of your questions, and determination of frequency of supervisor meetings.

Documentation Guide for Writing Soaps

Documentation of time

Begin each daily note by stating the amount of time spent with the client. For example,

The client was seen for 65 minutes

Soap format

(S) Subjective

All relevant information stemming from the session that is not measurable. This would include client or family member comments of success or struggle. In addition, please add your thoughts on their perceived attitude, motivation and level of cooperation.

(O) Objective

All relevant information derived from the session that is measurable. For example, accurate in 65% attempts with minimal assistance. In theory, you (present in the therapy room) and I (watching remotely) should be able to write the same objective statement.

(A) Assessment

As an SLP, what is your interpretation of the above information? The assessment section is not a reiteration of the above, nor should it ever contain information that is not conveyed in either S or O.

This is your professional opinion of the current state of the client. For example, XX persists with expressive > receptive aphasia as evidenced by continued word retrieval struggles. These word finding issues limit his participation in his areas of responsibilities and desired interests. It should be noted, however, that XX was benefitted by the provision of phonemic cues to elicit the target word.

(P) Plan

The plan indicates the recommended direction that the therapist and client should take on subsequent session(s). Continue with plan of care is inadequate. Instead, "Continue with provision of phonemic cues to assist with word finding skills toward stated expressive language goals, instruct family members as able."

Please remember that at the conclusion of the session, you have the responsibility to create a document, that has legal standing, that answers the following questions:

What did I see?

What did I hear?

What did I do in response to what I saw and heard?

What affect did my response have upon the patient and their performance?

Conversation group for people with aphasia
Fall 2020
1:00 pm – 2:00 pm
Mondays on Zoom

Clinical Supervisor: [Julia M. Fischer, Ph.D., CCC-SLP](#)

Office: 037 CPS

Phone: 715-346-4657 (w) 715-252-9610 (c)

Email: jfischer@uwsp.edu

Goal of a conversation group:

A conversation group is a time where people with aphasia can participate in conversations with communication partner support. It is also a time for people with aphasia to try using communication strategies. The group should meet each individual's communication challenges.

Volunteer Requirements:

Planning: Group leaders and Dr. Fischer will meet as needed during the semester.

Document hours: You will earn clinical hours for this assignment; ASHA Standard: Adult language treatment.

The following is a conference proposal written by 2 former aphasia group leaders.
Title: Aphasia Group: The Experience Enhanced Our Graduate Program

A common request from recent graduates of an SLP graduate program is more group practicum experience (UWSP School of Communicative Disorders, 2012). Group practicum experiences may be limited for a number of reasons. Two possible reasons include limited opportunities in the clinical settings where a student is placed during her or his program, and a student's need to earn practicum hours across the content areas and age groups described in Standards IV-C and V-F which may not be conducive to group treatment (Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2012). Graduate students report wanting to feel more prepared for an externship as well as for the responsibilities of a new job as reasons for wanting more group treatment experience (J. M. King, personal communication, October 22, 2012).

Method and Results

Two graduate students from the School of Communicative Disorders at the University of Wisconsin-Stevens Point detail how facilitating an aphasia group enhanced their graduate program. Each student kept a weekly reflection log tracking what she learned, what worked well, and what could have gone better. Several themes emerged from the logs highlighting the benefits of this group practicum experience. The themes included: applying course content to authentic communication activities for each group member; understanding the three prongs of evidence-based practice when planning and implementing a treatment program; learning the benefits of group aphasia therapy; and appreciating the role of humor and laughter in a supportive communication environment.

These themes will be illustrated with examples. These students who facilitated an aphasia group during graduate school recommend all graduate students take advantage of group practicum experiences to enhance their programs as well.

References

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2012). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved April 9, 2012 from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

UWSP School of Communicative Disorders (2012). [Annual assessment of graduate students completing their externship]. Unpublished raw data.

Important Dates

Begin group 9-14-2020

Last group 11-30-2020

Final meeting, discuss reflections, submit clock hours for approval

CLINICAL PRACTICUM Graduate Level – FALL 2020 CSD 791-794

Supervisor: Carri Nimm, M.S., CCC- SLP
Phone: 715-630-3443 – text/call

Office: CPS 046D
Email: cnimm@uwsp.edu

NOTE: The majority of intervention at this time will occur in a tele-tx context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

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- Please keep these same healthy practices in mind outside the classroom.

PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT to you that your client has been assigned. Please E-Mail me and we can make a time to meet so I can give you that information. Please let me know if you are comfortable coming to the clinic. I will be in my office on campus on Wednesday the 2nd. Review the information available on your client, including background information and past therapy history. Be sure to write down the client's contact phone # for your records. Please see end of syllabus for the tentative schedule and requirements. If you can not come in to read the file in the office please let me know.
2. Attend meeting with supervisor **September 4th** or **September 2nd** to touch base and go over semester expectations. In Person or Virtual options available. Please email me availability
3. SIGN UP FOR A 45 MINUTE MEETING (this can be virtual or in person) on Wednesday 9th TO DISCUSS YOUR BACKGROUND INFORMATION AND PLAN FOR THE FIRST DAY OF THERAPY. PLEASE DO THIS WITH YOUR PARTNER. Be prepared to discuss the following issues: Any questions you may have regarding the client's disorder and therapy; questions we need to have answered regarding the client/disorder to assist in treatment planning; a general plan for the first two sessions

4. SCHEDULING THERAPY- Please schedule your Therapy ASAP, Clinic begins on September 7th. Time recommendations will be on your student information sheet. We will talk about in person and virtual options before you call the parent or client. Since we cannot meet until Wednesday the 9th to go over your client's information, I will have you start September 14th, **unless we have discussed otherwise.**
 - After you schedule therapy with the client or parent, schedule a room for therapy. **Please notify me of this room number and the time of therapy.** Complete the CLINIC CARD and submit it to the desk. Let me know when you have submitted this information. This is only necessary if you are seeing a client at the clinic.
 - Watch your email and make sure you have been given your medical(HIPPA COMPLIANT) zoom account. You will be making those connections with your Client's for your weekly therapy. Details will be coming.
5. CMC - Be aware of the policies and procedures for the CMC. Please reserve your materials in advance of your sessions if you anticipate difficulties obtaining any items.

GENERAL INFORMATION - The following is a list of requirements for clinical practicum. Please become familiar with every point, as you will be responsible for this information throughout the semester. Use the shared One-Drive folder, I will send to you to save your lesson plans, reflections, and FTR.

1. LESSON PLANS-Please write a weekly plan (The template will be emailed to you) Turn into me each week by Sunday at 12:00am. Plans should be in the One Drive folder I will share with you. Please Label Plans: Nimm lesson plans. These will be on going in the same document each week.
2. SOAP NOTES –SOAP notes must be completed after every session within 24 hours. **The SOAP note form will be emailed. These will be ongoing each week.** Save in the One Drive, name: Nimm SOAP notes.
3. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session (reflections are part of the lesson plan template). These are designed to inspire true reflection of your session and critical thinking. Feedback will be provided in a different color on the side. This will be an on-going document throughout the semester. Please respond to any questions I put to you. Reflect on the following:
 - a. Client's behavior (positive or negative)
 - b. Comment on the outcomes of your planned objectives
 - c. What could you have adjusted to make the session more productive?
 - d. What did you do that made the session a success?
 - e. Mention parent discussion that might be applicable
 - f. **Include resources used – evidence-based research/reading.**
4. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. **Keep all your data sheets in one location so we can refer to them.**
5. WEEKLY SUPERVISORY MEETINGS - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of

discussion may include: any concerns regarding management or supervision of management; discussion of your client's response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance.

6. VIDEO SELF-EVAL: You will complete a video self-evaluation prior to midterm. **(If you are seeing your client at clinic)** 1-3 clinical goal(s) will be established for you to work on the evaluation form will be sent to you. If you are doing virtual therapy, you will evaluate most recent therapy session. More information will be provided.
7. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills. During virtual therapy I will always let you know when I am NOT able to watch your session and you will have my contact information available to call in case of emergency.
8. CANCELLATIONS: If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor Carri Nimm (715-630-3443), Ms. Christine Skebba (346-2900) **(Ms. Skebba only needs to be contacted if you are seeing your client in the clinic)**. If one member of the team needs to cancel, it is expected that the other clinician will take over the entire session. You must contact supervisor and parent if you are cancelling a session.
9. DEMONSTRATION THERAPY: I will be available to demonstrate therapy if necessary. Please let me know if you would like assistance in any area. There may be times when I will enter your session to assist, clarify, or just to get to know that client better. Please know that I view practicum as a team effort.
10. CAREGIVER CONTACT: Always keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail, etc.) **Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.**
11. WRITTEN ASSIGNMENTS: **The writing portion of this course will include a minimum of your final therapy summary report and:**
 - a. **Introduction letter to parent/caregiver:** This is to be completed and given to parents on the first day of therapy. This is some information about your self that introduces you to your client.

- b. **Self-Evaluation of Writing:** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given.
- c. **Lesson Plans/SOAP notes/Self-Evaluations:** as stated previously, you will write weekly lesson plans for your client and will receive feedback on the lesson plans. Students are also required to write weekly reflections. SOAP notes are completed after every session.
- d. **End of Semester letter to the next clinician:** To include: An example of a recorded session you would like the next clinicians to watch. Strategies you know work with your child. Activities you found helpful.

12. FINAL REPORTS-ALL CORRECTED COPIES SHOULD BE SAVED IN YOUR ONE-DRIVE FOLDER THAT I HAVE SHARED WITH YOU.

13. **INFECTION CONTROL AND UNIVERSAL PRECAUTIONS:** Please refer to the Center’s infection control policies and procedures as described in the “Guidebook on Infection Control Policy and Procedures” to maintain a clean environment for treatment purposes.
14. **CONFIDENTIALITY:** Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
15. **ACCOMMODATIONS:** Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first week of classes of any needs based on a disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.
16. **EVALUATION:** formal evaluations will be completed at midsemester and at the end of the semester. Your final grade will be determined by the average of the two grades. Do not assume that an **A** is the typical grade given. Grades will be based on the following:
- | | | | | | |
|-------|----------|----|----------|----|------------|
| a. A | 95.5-100 | B- | 81-83.99 | D+ | 66.5-70.00 |
| b. A- | 91-95.49 | C+ | 78-80.00 | D | 61-66.49 |
| c. B+ | 88-90.99 | C | 74-77.99 | F | Below 61.0 |
| d. B | 84-87.99 | C- | 71-73.99 | | |
17. **Professionalism:** Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during your clinical experience (client, client’s family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others is important qualities. Students will have to follow the Clinic Dress Code and dress professionally, if not you will be asked to go home and change your clothes.

18. **Partnership:** We are entering into a form of partnership. We share several common goals including (but not limited): to improve the client's communication status; to increase your clinical expertise; to improve your ability to develop clinical solutions; to develop your ability to accurately assess your own clinical performance; to learn how to make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through mutual cooperation and consistent communication. I will, at times, assume an evaluative role with you, but it is my intent that for the most part our relationship of supervisor/supervisee will be one that is more collaborative in nature.

Attendance: Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have my phone number and email, so there is no reason you should not be able to get in touch with me. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel. **If you are really sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don't want to make our clients sick.**

19. **Punctuality-**You must be in the waiting room (VIRTUAL AND IN PERSON THERAPY) at least 5 minutes before your session is to start. Double check that all your clocks coincide: I'll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Child Safety in the Clinic

- Don't ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- An adult must be with children that are washing their hands.
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
- Do not plan art projects that require glue guns, staplers, etc.
- Do not use items such as balloons, pointed scissors, etc.
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- **Do not reinforce your client with candy or other high-sugar snacks;** typically eating and talking do not go well together. We can discuss appropriate reinforcements for your client. **Talk to me before you plan a cooking activity.**
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

*Expectations for Students- Be a self-starter, ask questions, be proactive, be creative, have fun, be engaged, functional goals and objectives, activities focused on facilitating communication, independence, and problem solving.

WITH TEAM WORK, WE WILL ALL MEET OUR GOALS!!!!

Tentative Schedule: (subject to change depending on the needs of your client)

- **I will Meet with you all separately or with your partner on Friday the 4th or the Wednesday the 2nd to go over general expectation. I will also need to give you your clinic assignment.**

Week #1-2 (Sept. 1-11th.): We will have one meeting prior to clinic starting on September 14th. Please contact me via email to set up a time with your co-clinician for a 45-minute meeting on Wednesday, September 9th. If this day does not work, please contact me directly ASAP. Via email or phone (715-630-3443).

- **Call the client/parents** to finalize therapy schedule times
- **Sign up for a therapy room & complete white clinic card. (At front desk and only if you are seeing children in the clinic)**
- **Write letter to parent/caregivers. Letter should include:**
 - Brief paragraph introducing yourself
 - Help me get to know your child (likes, allergies, food preferences, other helpful information)
 - What is the best way to contact you (phone? E-mail?)
 - Is it ok for us to contact your child's teacher (if yes, need release of records form)?
- **Please come to meeting on the 14th with your co-clinician prepared to discuss:**
 - Client file review (found in syllabus BELOW).
 - Client Paper Work start up check list. Attached to email.
 - What ideas do your caregivers have for their child?
 - Have your first general lesson plan written and saved on one-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
 - 1 or 2 possible measurable long-term goals for the semester based on information supplied by the parents and previous services and plans on how you will collect **baseline data** on the LTGs. This will be your best guess.
 - 2-3 measurable STOs for each LTG & plans on how you will collect baseline data on the STOs.
- **Complete an initial draft of background information for your Final Therapy Report. (Due Friday, September 11th)**
 - Create space at the top of your FTR for all necessary identifying information.
 - Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.
 - I will email an example. I would not use my example as a template. Start your FTR from scratch and use the new letterhead I will send with the syllabus.

Week #2-3 (September 7th-18th.): Begin therapy September 14th if possible. (some of you may be able to start sooner) Remember – you are responsible for keeping track of your clock hours. When you are obtaining pre-baseline data on initial objectives, count these as diagnostic clock hours. Clock hour forms are by office 041.

Week #4 (September 21st.) Your goals and objectives written in standard format and reflecting your baseline information to be discussed during your weekly meeting.

Week #3-4:(September 14-25th) Please add “Status of client at the beginning of the semester” to your FTR. To be turned in before your weekly meeting the week of September 21st).

This section contains information from your initial testing/observations. ***This section is similar to the “Present Level of Academic Achievement and functional Performance” in an IEP. In this section you describe the student’s strengths and the unique needs of the child. You may include parent concern/comments as well. Consider describing how the disability affects involvement in age-appropriate activities.***

- This section should be measurable, objective, functional, and current.
- It also includes the results of most recent evaluations (e.g. formal and informal baseline data)
- You will use this information to establish a baseline for writing goals
- Remember that “measurable” means you can count it or observe it. When you are tempted to write unmeasurable terms such as ‘difficulty,’ ‘weak’, ‘unmotivated’, ‘limited’, ‘uncooperative’, and so on, stop and ask yourself, “What do I see the student doing that makes me make this judgment call?” What you actually see or hear the student doing is the measurable content you need to identify in your status section.

Week #5 (September 26th): FTR due at your weekly meeting with the following completed: background information, status at the beginning of the semester, **goals and objectives for the semester.**

Week #6-7 (October 5th-17th) : Complete video self-evaluation, then evaluate yourself using the “Evaluation of Therapy Skills” form. You will also be required to grade yourself. (form will be emailed) Schedule meeting with supervisor for Week 8 (March 9th). The evaluation will be emailed to you.

Week #8 (October 19th): Midterm/video self-evaluation discussion with supervisor.

Week #10 (November 2nd): Discuss and plan post baseline data process.

Week #11 (November 9th): First draft of final sections of therapy report due. Includes procedures, assessment results & post baseline set-up (add results if available, otherwise add later and projected recommendation). If appropriate for your client, create a home program packet to have ready to give at our final conferences.

Week #12 (November 16th): See Mrs. Nimm to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of final therapy date.

Week #13 (November 23rd): The last week of clinic to get your baselines done and final parent conferences to be conducted next week Reports should be in near final form. Begin note to next semester clinicians.

Week #14 (November 30th): Parent/teacher conferences to be conducted this week during the last week of clinic.

Week #15 (December 7th): Paperwork check out meeting. (FTR complete, SOAP notes complete, Letter to clinician, Billing form, Yellow Form for next semester, and Hours submitted)

CLIENT FILE REVIEW
COMPLETE BEFORE OUR FIRST MEETING

Name: _____

Based upon your review of the client's file, respond to the following questions:

Client's initials: ____ Client's Chronological Age _____ Client's DX _____

Referral Information:

(This should include referral source, date of initial referral, & reason for referral)

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:

*(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize **most recent services**.)*

Environmental and Educational History:

(Note current living situation and current education. What do your client's caregivers/client hope to see happen this semester)

What did you find out from the previous/current clinician(s)?

(Contact previous SLHC-UWSP clinicians and/or current clinicians from other facilities)

Note any teaching strategies discussed in the previous FTR:

Clinical Practicum Fall 2020

Supervisor: Trescha Kay, MA CCC-SLP
Phone: (715) 346-3588-office
(715) 252-9211-cell

Office: CPS 042C
Email: tkay@uwsp.edu
Meeting time: TBA

NOTE: The majority of intervention at this time will occur in a tele-tx context, while some intervention will be held in-person. The procedures required to ensure safety, confidentiality and effectiveness will differ with each mode of presentation. This syllabus will largely address the common components of intervention across both tele-tx and in-person settings. Specific instructions will be provided to you based on your assigned setting.

Practicum Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
 - Therapy planning and implementation
 - Professional report writing
 - Managing and interpreting data
 - Self-evaluation of clinical skills
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.

ASHA and Teacher Standards

*****Refer to specific skills cited on the grading form*****

1. To develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. V-A*)(*INTASC Stan 6, 10*)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (*ASHA Stan. IV-B-2*) (*INTASC Stan. 1, 2, 3, 4, 5, 6 & 7*)
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals (*ASHA Stan. V-B-3*)(*INTASC Stan. 10*)
4. To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. V-B-3d*)(*INTASC Stan. 10*)

Before Clinic Begins

1. Set up a meeting time with me to receive your clinic assignment. If you have a co-clinician, coordinate the meeting time with them. At this time, you will receive your client's contact information and we can discuss possible therapy times and the details of

your client's case. Once we have spoken, you can contact your client or the client's parents to set up therapy.

2. Read the procedures for the Infection Control Policies for Clinical Practicum.

General Information Regarding Practicum

Attendance

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all your weekly therapy sessions with your clients and any weekly meetings with your supervisor. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. You have my phone number and email, so there is no reason you should not be able to get in touch with me. You are also responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel. **If you are really sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don't want to make our clients sick.**

Dress Code

The clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered. You will be moving a lot in therapy sessions with young children, sitting on the floor, and bending over, so plan your clothes accordingly. Also, keep in mind that the camera is high on the wall and looking down at you. **Do not put me or any other supervisor in the awkward position of having to comment on your attire.** Dress code violations will result in reducing your grade for clinical practicum. Be aware that as you tug on your clothing to make sure you are adhering to dress code policies; you are taking your attention away from the client.

Client Cancellations

If the client or client's parents cancel a therapy session, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it will be your responsibility to let me, the clinical secretary, and the client/client's parents know of the cancellation. If your client lets you know that they will be canceling a future therapy session, let the clinical secretary and I know about the cancellation.

If one member of the team needs to cancel, it is expected that the other clinician will take over the entire session.

Caregiver Contact

Keep the caregivers informed at all times of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Don't assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, etc.).

Child Safety in the Clinic

- Don't ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- An adult must be with children that are washing their hands.
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
- Do not plan art projects that require glue guns, staplers, etc.
- Do not use items such as balloons, pointed scissors, etc.
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- **Do not reinforce your client with candy or other high-sugar snacks;** typically eating and talking do not go well together. We can discuss appropriate reinforcements for your client. **Talk to me before you plan a cooking activity.**
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

Observation

I will be observing your therapy sessions as much as I can during the semester. If there is a part of therapy you want to make sure I watch, please let me know ahead of time.

Punctuality

You must be in the waiting room at least 5 minutes before your session is to start. Double check that all your clocks coincide; I'll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Written Assignments

SOAP Notes

SOAP notes must be completed after every session. They are due no later than 24 hours after your session. **Use the template on the S drive** for practicum. You will revise your notes based on my feedback. Always assume that your SOAP note will be read by another professional outside of clinic.

Data Collection

You are required to collect data during each therapy session. The data collected will support the content of your SOAP note.

Final Therapy Reports (FTR)

We will begin the “final” report fairly early in the semester. See clinic grading form for the parameters you must address. A professional writing style free of grammar, spelling, and typing errors is mandatory. It is also imperative that subsequent drafts address questions, comments and concerns that I voiced on the previous drafts.

Semester Schedule

Date	Assignment
Week 1 9/2-9/4	Receive clinical assignment, attend initial supervisory meeting, schedule client, plan for start of therapy
Week 2 9/8-9/11	First week of clinic
Week 3 9/14-9/18	Therapy Background section of FTR due 9/18 at 5p
Week 4 9/21-9/25	Therapy Client status section of FTR due 9/25 at 5p
Week 5 9/28-10/2	Therapy Goals and Objects section of FTR due 10/2 at 5p
Week 6 10/5-10/9	Therapy
Week 7 10/12-10/16	Therapy
Week 8 10/19-10/23	Midterm meetings
Week 9 10/26-10/30	Therapy
Week 10 11/2-11/6	Therapy
Week 11 11/9-11/13	Therapy Procedures section of FTR due 11/13 at 5p
Week 12 11/16-11/20	Therapy
Week 13 11/23-11/25	Thanksgiving Summary and Impressions and Recommendations sections of FTR due 11/25 at 5p
Week 14 11/30-12/4	Therapy Last day of clinic is 12/4
Week 15 12/7-12/11	Final Evaluation Clock hours are due in Calipso, Therapy Schedule Form due, return all borrowed materials to the CMC

University of Wisconsin Stevens Point
Fall Semester 2020
Clinical Practicum - CD 791 & 794

Instructor: Charlie Osborne
Office Hours: TBA (Virtual)
Email: cosborne@uwsp.edu

Office: 44B
Phone: (715) 346-4960 (Office)
(715) 347-8378 (Cell)

General Information

Teletherapy - Most, if not all, therapies will be conducted via Zoom due to COVID-19. While not ideal, we will strive to provide the best therapy as we can given the limitations of teletherapy. One key challenge will be establishing the clinical alliance with clients and their families. I suspect it may take a little more time than if we were seeing clients face-to-face (or is it "mask-to-mask" now?). Another challenge will be maintaining active communication between student clinician (you) and clinical mentor (me).

Communication between student clinicians and clinical mentor – Communication between us will be key this semester. I am planning to set up "office hours" via Zoom once my clinical schedule is complete. I will let you know when I know. Also, we can maintain communication via email and/or individual Zoom meetings (see #4 below).

Setting up therapy - You will be working on scheduling your client during the first week of the semester. Please make scheduling a priority, the sooner the better. The goal should be to have at least one session the second week of the semester (we're off the following Monday for Labor Day). I will provide you access to my Outlook calendar so you can view times of availability. I can supervise up to two clients during the same time. To do so, you will need to use your Zoom account and be sure to send me an invitation (which will be used for the duration of the semester).

Getting Started – Once you have your clinic assignment, I suggest you review the client's file with me via Zoom. If possible, you may want to view several sessions from the spring semester prior to teletherapy for returning clients. I will provide you with the days and times (and room #) when the client attended. I have placed the electronic copies of your client's anonymized SOAPS, POC (if applicable), and FTR from the previous semester in the shared drive, along with a note from your client's previous clinician(s).

Therapy Plans – Please have your treatment plan for a session in the shared drive before the day of the session. There are a variety of therapy plan forms available and you may use the one you feel most comfortable using. I don't require you to use a specific form, only that I understand what you have planned (and why).

1. **SOAP Notes** – It is expected that you will record daily SOAP notes for your client. Please see the handouts regarding SOAP notes in the clinic information provided by Ms. Reynolds in OneDrive (one is the "shell" for writing in and the other includes information on how to write a SOAP note). Let me know by email when you have placed the week's soaps in the shared drive.

You must include in each SOAP note that the session was done via Zoom and that the client or client's family consented to doing therapy via Zoom.

2. **Self Reflection** - Please complete a self-reflection form after each session and place it in a folder in the shared drive. I will review it, respond to your questions/comments in a timely fashion (hopefully).

3. **Data Collection** – You are required to collect data during each therapy session. The data collected will support the content of your SOAP note.
4. **Weekly Supervisory Meetings** – Supervisory Zoom meetings may be set up for once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client’s response to therapy; problem-solving therapy challenges; and self-evaluation of your performance. This is not required, but is an option. We will need to wait until my therapies are all scheduled to determine meeting times.
5. **Final Therapy Report:** The first four sections of the Final Therapy Report are due on **09/28/20 (ish)**. Please submit in the shared drive! If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **12/08/20**.
6. **Plan of Care** – Please have the POC completed by **09/28/20(ish)**. This is necessary only for CCCW clients. If you’re submitting a POC you do not need to turn in a rough draft of your FTR. Please submit in the shared drive!
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).*

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

*I ask that you attend 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.*

8. **Partnership** – You and I are entering into a form of partnership. We share several common goals including, but not limited to: to improve the client’s communication status; to increase your clinical expertise; to develop your ability to problem-solve clinical situations; to develop your ability to accurately assess your own clinical performance; to learn how make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through mutual cooperation & trust and consistent communication. I will assume an evaluative role with you when it’s necessary, but it is my intent that, for the most part, our relationship of mentor/mentee will be one that is more collaborative in nature. Flexibility will be one of our themes for the semester. Doing teletherapy is not the ideal delivery model, but it is an avenue we can use during the pandemic. We will need to take things as they come and adapt. Based on the previous semesters, I have learned that it is possible to provide quality therapy via Zoom. It is just different than F2F. Please know that I will provide as much support as possible for you so you have a positive experience this semester.

Please refer to the attachment entitled *Standardized Syllabus* for additional information regarding this clinical course.

Clinical Practicum Assignment Schedule

<u>Dates</u>	<u>Assignment</u>
Week 1 09/02/20	Receive clinical assignments, review client file, initial supervisory meeting, schedule clients, etc.
Week 2 09/08/20	Therapy begins! (9/7 Labor Day holiday)
Week 3 09/14/20	Therapy
Week 4 09/21/20	Therapy
Week 5 09/28/20	1st draft of final therapy report due on Monday 09/28/20
Week 6 10/05/20	Therapy
Week 7 10/12/20	Therapy
Week 8 10/19/20	Midterm evaluation Complete self-evaluation
Week 9 10/26/20	Midterm evaluation Complete self-evaluation
Week 10 11/02/20	Therapy
Week 11 11/09/20	Therapy
Week 12 11/16/20	Therapy
Week 13 11/23/20	Therapy <i>Gobble-gobble 11/26&27</i>
Week 14 11/30/20	Therapy Last day of clinic is 12/04/20
Week 15 12/07/20	Final therapy report (completed copy) due on Tuesday 12/08/20 Clock hours are due to Ms. Reynolds, Therapy Schedule Form due, return all borrowed materials to the CMC.

Graduate Clinical Practicum, Fall 2020
CSD 794

Clinical Supervisor: Charlie Osborne, M.A., CCC-SLP

Office: 044B CPS/Zoom

Phone: 715-346-4960

Email: cosborne@uwsp.edu

Course Goals and Objectives:

1. Complete diagnostic simulations via Simucase.

Course Requirements:

1. Sign up for Simucase.
2. Complete the Student Training
3. Complete the training for each case listed below. Complete the assessment with 90% or greater accuracy prior to our weekly debrief meeting for that case.
4. Attend the debrief session
5. Log your hours for submission in December.

Meetings

Debrief sessions: we will meet weekly to discuss each simulation.

Grading

You will receive a passing grade and earn clinical clock hours if you reach Mastery for each completed case.

ASHA Standards

1. The standards that you will meet will differ depending on what type of disorder your client has been diagnosed with and the treatment goals addressed.
2. Plan to identify possible standards and bring that information to the mid-term and end of the semester assessment conferences. I will work with you to determine which standards have been met for each clinical practicum.

Accommodations:

- Any student with a disability must contact the Office of Disability Services during the first 2 weeks of the semester to request accommodation.
- I will accommodate religious beliefs according to UWS 22.03. The student must notify me within the first 3 weeks of the semester indicating specific dates he/she is requesting accommodation for clinic assignments.

Semester Schedule:

Week	Case	Debrief Meeting
9/02/2020	Join Simucase, complete student training	
9/08/2020	Carley-Assessment (Fluency, 75 min); Holden-GFTA-3 Trainer (artic/phono, 45 min)	TBD
9/14/2020	Karen-Assessment (Aphasia, 120 min)	Touching base/office hour Monday, 2:00-2:45 pm, Zoom invite via email
9/21/2020	Fiona-Assessment (Fluency, 90); Aisha (FAR, 45 min)	Ditto
9/28/2020	Latreece (Language, 120 min)	Ditto
10/05/2020	Oliver-Assessment (dysphagia, 120 min)	Ditto
10/12/2020	Rob (Motor Speech, 75 min); Alexis-PPA Scale Task Trainer (Literacy/Phono, 45 min)	Ditto
10/19/2020	Dora (Fluency, 75 min); Chiung Wei (FAR, 45 min)	Ditto
10/26/2020	Hadley (Artic/Phono, 120 min)	Ditto
11/02/2020	Steven (TBI, 120 min)	Ditto
11/09/2020	Audrey (Dysphagia, 75 min); Jordan-PPA Scale Trainer (Literacy/Phono, 45 min)	Ditto
11/16/2020	Doug-Assessment (Cognition, 120 min)	Ditto
11/23/2020 (Thanksgiving)	Molly-Assessment (Fluency, 75 min)	Ditto
11/30/2020	Megan-CLQT (Language, 60 min); Cameron-Assessment (Artic/Phono, 60 min)	Ditto
12/07/2020	Kelly (Language, 120 min)	Ditto
	Total hours: 1650 minutes = 27.5 hours	