

Communication Sciences and Disorders 791-794

University of Wisconsin – Stevens Point

Communication Sciences and Disorders

Summer Semester – 2021

Instructor: James Barge M.S. CCC-SLP

Office: 42B

Phone: (715) 600-2499

Email: jbarge@uwsp.edu

Office hours: pending completion of summer therapy schedule, please email or call to set up times.

Outcomes:

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

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

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

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

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

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

Students will: (ASHA Standards)

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

Pre-Therapy Information

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

Requirements

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

12. Final Reports – All corrected copies should be submitted electronically.
13. Confidentiality – Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording. The student will ensure a confidential environment in which to engage in tele-therapy. All written electronic correspondence with your supervisor will be void of any identifying information.

14. Accommodations: Please discuss during the first week any accommodations required for a documented disability.

15. Grades –

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

16. Professionalism – Your conduct, attitude displayed, your attire directly and significantly affect the degree the client and family members assess your professional credibility. Your clients and caregivers deserve a well prepared, organized and respectful clinician. The clinic dress code will be followed.
17. Partnership – I believe we both are seeking the same objectives, your growth and development as a clinician and the provision of excellent care to people with communicative deficits. The keys to these goals are candid discussion, refining of skills, broadening of insights and respect for all parties involved.

“Things that just happen are sometimes more beautiful than things you really think and plan” Bob Ross

**Diagnostic Practicum Summer 2021
CSD 793**

Supervisor: Amanda Pagel, MS CCC-SLP
Phone: (920) 475-8867 - cell

Office: CPS 042C
Email: apagel@uwsp.edu
Meeting time: Tuesdays 9-11am

Course Description

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

Course Objectives

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

Before Diagnostics Begin

1. Schedule: We will meet to discuss the upcoming diagnostic each week. One of the first things on the agenda will be to establish a time to do this.
2. Scheduling Diagnostics: Our diagnostic evaluations will usually take place on Tuesday mornings from 9-11am in room TBA. Keep your schedules free during those times.

Once Diagnostics Begin

1. Diagnostic Team Organization: Each team member is responsible for reviewing the client's file prior to our weekly meeting. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. Your remarks will provide a springboard for our planning discussion. Please bring the client's file to the

weekly meeting and be prepared to provide a verbal overview of significant points from the case history and/or referral. As the semester progresses, you will gradually assume responsibility for conducting the client initial and exit interviews.

2. Diagnostic Reports: Report formats for various disorders will be provided to assist you in the content and organization of your report. We will typically spend time at the end of each diagnostic session discussing options for writing the diagnostic report. The goal will be to have a completed report turned in to the office before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting.

3. Weekly Team Meetings: We will meet during our diagnostic spot on the off weeks to finalize the report for the prior diagnostic and plan the upcoming diagnostic.

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

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

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

**CLINICAL PRACTICUM Graduate Level
Summer 2021
CSD 791-794**

Supervisor: Amanda Pagel, M.S., CCC- SLP
Office: CPS 046C
Phone: 920-475-8867 – text/call
Email: apagel@uwsp.edu

NOTE: Some 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)

Clinic COVID Guidelines Summer 2021

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to follow the social distancing, travel and group gatherings guidelines required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

COVID 19 Testing/screening requirements:

- Please remember to complete the daily symptom screenings each day you plan to come to campus.
- Students who live on campus will continue to be required to be tested weekly for COVID 19.
- Students that live off campus and Staff/faculty will now need to complete biweekly COVID 19 screenings if they are coming to campus even 1 day per week.

Please see the [COVID 19 Testing page](#) for more information.

PRE-THERAPY INFORMATION

1. AN EMAIL NOTIFICATION WILL BE SENT to you that your client has been assigned. Please E-Mail me or see me and we can make a time to meet via Zoom or in person so I can give you that information either on Monday 6/14 or Tuesday 6/15. The purpose of this 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. If your client is in-person, go to the clinic office to request your client's chart to review. Because this is a shortened clinical experience, I am asking that you begin your summer FTR right away by completing the Background Information section at this time. (If your client is attending via teletherapy and you are unable to come to campus, please coordinate with me to obtain redacted information).
3. SCHEDULING THERAPY- Please schedule your therapy session ASAP, Clinic begins on 6/21/2021. We will talk about time recommendations as well as in-person and virtual options before you call the parent or client.

4. Schedule a 30-45 minute Zoom or in-person meeting with me 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 redacted lesson plans, feedback/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. If providing teletherapy and not in the clinic, please save in the One Drive.
3. **REFLECTIONS/FEEDBACK**: Included in your OneDrive Folder is a Feedback/Reflection document. I will provide written/typed feedback in that folder for the sessions I observe. Underneath each session's feedback is a spot for you to add your reflections on the session. Read the feedback provided and 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 and I will not require a written self-reflection.** If we are unable to meet within 24 hours of the session, please write your self-reflection in the table provided (underneath my feedback). Please respond to any questions I put to you. Here are some considerations for your reflection:
 - 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. **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.

7. 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.
8. 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.
9. 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.**
10. 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: Strategies you know work with your client. Activities you found helpful. Insights that would benefit the next clinician.
11. FINAL REPORTS: Because of the shortened nature of the summer session, the FTR should be completed in sections by the following dates:
 - a. Background Information - 6/21/21
 - b. Status at the Beginning of Therapy – 6/28/21
 - c. Goals, Objectives, and Baselines – 7/5/21
 - d. Results, Summary/Impressions, Recommendations – 7/29/21
12. 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.
13. CONFIDENTIALITY: Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
14. 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.

15. **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	

16. **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.
17. **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. 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.
18. **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 sick (i.e. fever, diarrhea, vomiting, productive cough), please err on the side of caution. We don’t want to make our clients sick. **Please see Clinic COVID Guidelines located at the beginning of the syllabus for more information.**
19. **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)

Set up a meeting time with me to go over client's basic information. This should be a brief meeting, less than 15 minutes in length and occur either 6/14 or 6/15.

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.

Set up a meeting with me to discuss initial session and plan for semester, review of your questions, and determination of frequency of supervisor meetings. This will be a bit longer of a meeting and should occur on 6/16 or 6/17.

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?

Communication Sciences and Disorders 793

University of Wisconsin – Stevens Point

Communication Sciences and Disorders

Summer Semester – 2021

Instructor: Mahwish Hashmi, M.S. CCC-SLP **Office:** TBA

Phone: (224)-65-7432 (cell)

Email: mhashmi@uwsp.edu

Office hours: TBA

Course Outcomes:

1. Acquire skills and knowledge required to assess and treat patients with communication disorders.
2. Develop and advance skills in the areas of:
 - Therapy planning
 - Goal writing
 - Data collection
 - Written documentation
 - Interpretation of data
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3. Develop skills of interaction with supervisory staff, patients/clients, other students.
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 - 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.

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 - d. Ideas for lesson planning for the first two sessions.
2. Scheduling Therapy – You are encouraged to review the master therapy schedule and begin scheduling your patient.

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Diagnostic Practicum Summer 2021
CSD 793

Supervisor: Trescha Kay, MA CCC-SLP
Phone: (715) 575-9363-office
(715) 252-9211-cell

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

Course Description

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

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

Before Diagnostics Begin

1. Schedule: We will meet to discuss the upcoming diagnostic each week. One of the first things on the agenda will be to establish a time to do this.
2. Scheduling Diagnostics: Our diagnostic evaluations will usually take place on Wednesday afternoons from 12:00 – 2:00 PM in room TBA. Keep your schedules free during those times.

Once Diagnostics Begin

1. Diagnostic Team Organization: Each team member is responsible for reviewing the client's file prior to our weekly meeting. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. Your remarks will provide a springboard for our planning discussion. Please bring the client's file to the

weekly meeting and be prepared to provide a verbal overview of significant points from the case history and/or referral. As the semester progresses, you will gradually assume responsibility for conducting the client initial and exit interviews.

2. **Diagnostic Reports:** Report formats for various disorders will be provided to assist you in the content and organization of your report. We will typically spend time at the end of each diagnostic session discussing options for writing the diagnostic report. The goal will be to have a completed report turned in to the office before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting.

3. **Weekly Team Meetings:** We will meet during our diagnostic spot on the off weeks to finalize the report for the prior diagnostic and plan the upcoming diagnostic.

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

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

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

Clinical Practicum Summer 2021

Supervisor: Trescha Kay, MA CCC-SLP
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Meeting time: TBA

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.

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. 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.

Plan of Care (POC)

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.

