CSAD 229C: Speech III Practicum

Spring 2016

Methods Course Instructor: Kris Courtwright, MS, CCC-SLP

Clinical Instructors Fall 2016

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Place of Course in Program

This supervised clinical practicum course is placed in the curriculum at the graduate level while the graduate student is completing related coursework (228C Speech III Methods) concurrently with this practicum in multiple speech and language disorders and augmentative communication.

Knowledge and Skills Acquisition (KASA) for Certification in Speech-Language Pathology

**Standard III-C:** The applicant must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:

- Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)
- Etiologies
- Characteristics

Communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

**Standard III-D:** The applicant must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

- Social aspects of communication
- Prevention
- Communication Modalities
- Assessment

**Standard IV-G:** The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition
to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, or other appropriate alternative methods):

1. Evaluation (must include all skill outcomes listed in a-g below for each of the 9 major areas)
   
   a. Conduct screening and prevention procedures (including prevention activities)
   
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
   
   c. Select and administer appropriate evaluation procedures, such as behavioral observations non-standardized and standardized tests, and instrumental procedures
   
   d. Adapt evaluation procedures to meet client/patient needs
   
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
   
   f. Complete administrative and reporting functions necessary to support evaluation
   
   g. Refer clients/patients for appropriate services

Focus:

- Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)

- Communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

2. Intervention (must include all skill outcomes listed in a-g below for each of the 9 major areas)

   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process
   
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process)
   
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention
   
   d. Measure and evaluate clients'/patients' performance and progress
   
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
   
   f. Complete administrative and reporting functions necessary to support intervention

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g. Identify and refer clients/patients for services as appropriate

Focus:

- Cognitive aspects of communication
- Social aspects of communication
- Communication modalities

3. Interaction and Personal Qualities

Focus:

- Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- Collaborate with other professionals in case management.
- Provide counseling regarding communication and swallowing disorders
- Adhere to the ASHA Code of Ethics and behave professionally.

**Student Assessment**

Student knowledge and performance of KASA requirements will be assessed through student performance on written and practicum assignments including:

1. Assessing the client’s current communication disorder, including an updated client history specific to the client’s disorder.

2. Planning the semester’s goals and objectives for each client. Objective, measurable, client centered goals will be required for daily SOAPE notes (lesson plans) and for the initial and final case reports.

3. Conducting speech intervention with two (2) clients for a total of four (4) hours weekly, totaling a minimum of 30 client contact hours/semester in order to obtain course credit. Most students will complete more than 30 hours.

4. Interpreting test and therapy results with the client’s family members/caregivers at least three times in the semester in the therapy room. Family members/caregivers should be included in the home exercise program.

5. Writing daily lesson plans in the form of SOAPE notes. Documentation of measurable outcomes, as well as an analysis, is also required daily SOAPE notes. SOAPE notes must be in your supervisors in box in the supervision room at least one hour prior to therapy on each day of therapy.

6. Writing Initial and Final Reports of all history, evaluation and therapy (including goals and objectives) information. Please be aware that your first drafts are graded.
7. Evaluating two sessions of your therapy for each client, preferably near the middle and end of the semester. Written critiques are to be submitted to the supervisor. Your supervisor will determine whether the sessions must video recorded. Video Recordings of clients MUST remain in the clinic. All videoed recordings may be downloaded to a flash drive and must be immediately deleted after the student has reviewed the recorded session. They can be viewed in an available therapy room or the Student Clinician’s room. They can also be used for classroom presentations, then deleted. These recordings may not be taken home. A violation of this policy will result in the student receiving a failing grade in the clinic.

8. Meeting with your Clinical Instructor (CI) on a weekly basis. It is essential that you come prepared for these meetings with questions written in advance of the meeting. If you must cancel your meeting, call your CI or leaving an e-mail message in advance. Some CI’s may accept text messages, please consult with them regarding this matter.


10. Participating in a midterm and final performance evaluations and conferences.

**Schedule**

Clinical instructors may alter due dates or require additional assignments.

Each session the clinician is required to complete therapy logs and respond to supervisor comments. In addition, SOAP or lesson plans are due on a weekly basis. Your CI will provide you with a day and time that SOAP notes /lesson plans are due.

All SOAP notes, reports, or any other client related correspondence must be sent via CSUS email to your CI’s CSUS email.

You are expected to attend a weekly meeting with your CI. These meetings may be group or individual sessions.

Week 1: Meet with Clinical Instructors (CI). Read client files for assigned clients.

Week 2: Submit chart reviews for each client to your CI. Interview questions due to CI if required.

Week 3: First day of clinic for most clients. Complete clinic required forms. Conduct interviews.

Week 4: Conduct evaluations. Chart baseline behaviors. Set up semester objectives. Interview summaries are due to CI if required.

Week 5: Complete assessment. Initiate therapy. Initial goal plans to CI if required.

Week 6: Submit first draft of Initial Case Reports (ICR). This draft is graded.

Week 7: Continue therapy. Make corrections to ICR.
Week 8: Submit final draft of ICRs to your CI. Midterm competency meetings begin this week.

Week 9: Midterm competency meetings continue this week.

Week 10: Continue therapy.

Week 11: Continue therapy. Begin taking final data and/or complete post testing. Begin working on Final Case Reports (FCR).

Week 12: Submit FCRs.

Week 13: Make FCR corrections and resubmit to your CI.

Week 14: Complete end of semester paperwork. Conduct final conference with client/caregiver. Final reports are given to clients/caregiver.

Week 15: Dead Week. Make up clinic hours if needed. Meet with CI for final competency evaluation.

Week 16: Finals Week.

Late assignments will result in points being subtracted from total possible for that assignment.

**Grading**

Your grade for clinic performance may range from a low of 0.0% to 100% on the Semester Competency Form that the clinical instructor completes as a midterm and final evaluation.

A passing grade for clinic performance is based on the Final Clinical Competency Form. You should review this form BEFORE clinic starts so that you aware of all items that will become part of your formative and summative assessment for this clinic. The Clinical Competency form will be completed by your clinical instructor at midterm and at final, but it is the final Clinical Competency Report on which your clinic grade is based. The Clinical Competency Form is separated into four (4) general competency categories: Writing, Assessment, Treatment, and Professional Behavior. Each general competency area consists of numerous individual line items.

A passing grade for each clinic is a B- or higher. A passing grade is obtained by achieving a rating of 80% or better on the average combined score of the 4 general competency categories, provided that the student achieves; (a) an average rating of 80 or better for each of the 4 general competency categories and (b) a minimum score of 60 on all individual competency line items. Therefore, any student receiving (a) a rating of 59 or less on any one (or more) specific line item or (b) a rating of 79 or less for a competency category will not pass the clinic, even if their average combined score of the 4 general competency categories is a B- or higher. In such cases, a grade of C+ will be given for the clinic.
Letter grades will be based upon the following:

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<th>SCORE</th>
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<tr>
<td>93 – 100%</td>
<td>A</td>
<td><strong>Exceeds Performance Expectations</strong> (Minimum assistance required)</td>
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<td>• Clinical skill/behavior well-developed, consistently demonstrated, and effectively implemented</td>
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<td>• Demonstrates creative problem solving</td>
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<td>• Clinical Instructor consults and provides guidance on ideas initiated by student</td>
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<td>90 – 92%</td>
<td>A-</td>
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<tr>
<td>87 – 89%</td>
<td>B+</td>
<td><strong>Meets Performance Expectations</strong> (Minimum to moderate assistance required)</td>
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<td>83 – 86%</td>
<td>B</td>
<td>• Clinical skill/behavior is developed/implemented most of the time, but needs continued refinement or consistency</td>
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<td>• Student can problem solve and self-evaluate adequately in-session</td>
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<td>• Clinical Instructor acts as a collaborator to plan and suggest possible alternatives</td>
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<td>80 – 82%</td>
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<td>77 – 79%</td>
<td>C+</td>
<td><strong>Needs Improvement in Performance</strong> (Moderate assistance required)</td>
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<td>• Inconsistently demonstrates clinical skill/behavior</td>
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<td>• Student’s efforts to modify performance result in varying degrees of success</td>
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<td>• Moderate and ongoing direction and/or support from Clinical Instructor required to perform effectively</td>
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<td>73 – 76%</td>
<td>C</td>
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<tr>
<td>70 – 72%</td>
<td>C-</td>
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<tr>
<td>67 – 69%</td>
<td>D+</td>
<td><strong>Needs Significant Improvement in Performance</strong> (Maximum assistance required)</td>
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<td>• Clinical skill/behavior is beginning to emerge, but is inconsistent or inadequate</td>
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<td>• Student is aware of need to modify behavior, but is unsure of how to do so</td>
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<td>• Maximum amount of direction and support from clinical Supervisor required to perform effectively</td>
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<td>63 – 66%</td>
<td>D</td>
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<td>60 – 62%</td>
<td>D-</td>
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<td>0 – 59%</td>
<td>F</td>
<td><strong>Unacceptable Performance</strong> (Maximum assistance is not effective)</td>
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<td>• Clinical skill/behavior is not evident most of the time</td>
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<td>• Student is unaware of need to modify behavior and requires ongoing direct instruction from Clinical Instructor to do so</td>
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<td>• Specific direction from Clinical Instructor does not alter unsatisfactory performance</td>
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