

Communication Sciences and Disorders 791-794 Summer Semester – 2022

University of Wisconsin – Stevens Point Communication Sciences and Disorders: Clinic

Instructor: James Barge M.S. CCC-SLP

Office: 42B Phone: Email: jbarge@uwsp.edu

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

1. Specific service delivery instructions

A. In-Person Clinical Assignments, Special Instructions:

During your initial phone conversation with the client or family members, please inform them that the following policies are in place:

Cleaning after sessions:

1. Leave therapy room door open after your session.
2. Clean everything that is touched during the session.
3. Face shielding is required when the client is unable to wear a mask.
4. Clinicians are to check for symptoms associated with Covid-19.

Regarding Documentation:

Utilize the p drive if you have a solo assignment

Utilize the s drive if you are paired with another clinician.

B. Tele-therapy Clinical Assignments, Special Instructions:

During the initial phone conversation, confirm with the client or family member that all sessions will be conducted via zoom.

Prior to each session:

- Verbally request permission to conduct this session via tele therapy. Document their response at the beginning of your soap note.

During each session: **Maintain strict confidentiality in your setting.**

Regarding Documentation:

Utilize shared drive for all SOAP notes. Assign 2 letter ID to your client.

Utilize the p drive if you have a solo assignment Utilize the s drive if you are paired with another clinician.

This requires you to document from UWSP. Please see me with questions or concerns.

2. All clinical Assignments-Getting Started:

1. Contact the client or family members to determine dates and times of session.
2. Please refer to the master schedule posted on my office door to avoid overlapping sessions whenever possible.
3. In person assignments, remember to inform our visitors of the face covering policy.
4. Enter your times on the master schedule.
5. Review the case history for your client.
6. Schedule a meeting with me to discuss our approach to this assignment.
7. Be prepared to discuss the following issues at our first clinical meeting:
 - Questions you may have regarding the client's disorder and therapy
 - Questions pertaining to our clinician/supervisor roles.
 - Questions related to the client and/or disorder to assist in treatment planning.
 - Ideas for lesson planning for the first two sessions

3. Face Coverings

Face coverings are required at all times throughout Communication Sciences and Disorders facilities located on the ground floor of the College of Professional Studies Building

It is all of our responsibilities to follow the policies as directed by the University of Wisconsin – Stevens Point to maintain the safe operation of our clinic.

4. What we are going to accomplish this semester together:

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.

5. 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. *That being stated, the attributes of flexibility and adaptability arising from your sincere practice of actively listening to your client is highly valued by your supervisor and, likely, by your future clients.*
2. Timely 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. Video Self-assessment: We may select a therapy session to review together.
6. Observation – It is my goal to observe as much of your sessions as possible. You will receive feedback on the findings of my observation.
7. 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.
8. 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.
9. Evaluation of Clinical Performance – A formal evaluation will be provided at the end of the semester.
10. Final Reports – All corrected copies should be submitted electronically.
11. 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.
12. Accommodations: Please discuss during the first week any accommodations required for a documented disability.
13. Professionalism – Your conduct, attitude displayed, your attire directly and significantly influence the degree the client and family members assess your professional credibility. Your clients and caregivers deserve a well prepared, organized, informed and respectful clinician. The clinic dress code will be followed.

6. Feedback and Weekly supervisory meetings:

Feedback will be provided to you dependent upon the service model. In either case, feedback will be prompt. Weekly meetings will be held as the assignment dictates. Meetings will be held at my discretion. You are **encouraged** to set up a meeting throughout this semester. Please email me with notice and provision of recommended dates/times.

7. 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 and cognitive deficits. The keys to us meeting and exceeding our expectations are candid discussions, refining of skills, broadening of insights and deep respect for all parties involved.

8. 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%

Grades will be determined through use of Calipso and influenced by adherence to clinical procedures as described in this document.

9. Other

UWSP Service Desk The Office of Information Technology (IT) provides a Service Desk to assist students with connecting to the Campus Network, virus and spyware removal, file recovery, equipment loan, and computer repair. You can contact the Service Desk via email at techhelp@uwsp.edu or at (715) 346-4357 (HELP) or visit this [link for more information](#).

Care Team The University of Wisconsin-Stevens Point is committed to the safety and success of all students. The Office of the Dean of Students supports the campus community by reaching out and providing resources in areas where a student may be struggling or experiencing barriers to their success. Faculty and staff are asked to be proactive, supportive, and involved in facilitating the success of our students through early detection, reporting, and intervention. As your instructors, we may contact the Office of the Dean of Students if we sense you are in need of additional support which we may not be able to provide. You may also share a concern if you or another member of our campus community needs support, is distressed, or exhibits concerning behavior that is interfering with the academic or personal success or the safety of others, by reporting [here](#).

Equal Access for Students with Disabilities* UW-Stevens Point will modify academic program requirements as necessary to ensure that they do not discriminate against qualified applicants or students with disabilities. The modifications should not affect the substance of educational programs or compromise academic standards; nor should they intrude upon academic freedom. Examinations or other procedures used for evaluating students' academic achievements may be adapted. The results of such evaluation must demonstrate the student's achievement in the academic activity, rather than describe his/her disability.

If modifications are required due to a disability, please inform the instructor and contact the [Disability and Assistive Technology Center](#) to complete an Accommodations Request form. Phone: 346-3365 or Room 609 Albertson Hall.

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.](#)) 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.](#)) for details on all emergency response at UW-Stevens Point.

10. Documentation Guide for SOAPS

1. 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

2. Documentation of Consent (tele-therapy)

The client agreed to have this session conducted through tele-therapy

3. Soap format

(S) Subjective

All relevant information stemming from the session that is **not measurable**. Not measurable does not suggest unimportant. 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. *The client was pleasant, cooperative and well-motivated. Or, The patient's spouse reports improved word finding skills during conversation with friends.*

(O) Objective

All relevant information derived from the session that is **measurable**. For example, *client was accurate in 65% attempts with minimal assistance when naming her grandchildren.* 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 SLP** interpretation of the above information? The assessment section is not a reiteration of the above, nor should it ever contain information that is not referenced in either S or O.

The assessment section is your professional opinion, as an SLP, of the current state of the client. For example, *XX persists with expressive > receptive aphasia as evidenced by chronic word retrieval struggles. These word finding issues limit his participation in his areas of responsibilities and desired interests related to verbal expression. 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 **specific recommended direction** that the therapist and client should take on subsequent session(s). To write, "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**. Your documentation should provide answers to the following questions from a speech pathologist's perspective:

What did I see?

What did I hear?

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

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

**University of Wisconsin Stevens Point
Summer Semester 2022
Clinical Practicum - CSD 793**

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

Office: 46B
Phone: (715) 347-8378 (cell)

General Information

Therapy Plans – Please have your treatment plan to me prior to each session if requested.

SOAP Notes & Self Reflection – It is expected that you will record daily SOAP notes for your client. Please let me know when your note is in your shared drive so I can review it. Self-reflections should be completed after each session on the provided feedback form. Summarize what you felt went well & why, what didn't go well & why, and things you plan on changing for the following week's sessions. This information allows me a window into your therapy-thought process.

1. Data Collection – You are required to collect data during each therapy session. The data collected will support the content of your SOAP note. Data may be quantitative and/or qualitative, whatever is appropriate.

2. Weekly Supervisory Meetings – We will have individual clinic meetings each week.

3. Written Reports - The first four sections of the Final Therapy Report are due on **7/11/22**. Please let me know when it is ready in the shared drive for my review. If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by **08/08/22**.

4. Evaluation of Clinical Performance – A formal evaluation will occur at the end of the semester. If you would like a midterm evaluation, please let me know. Due to the shortened semester, midterm conferences are optional.

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 your evaluation(s).

You will use the following information to determine "expected level of performance" so you have a point of reference when performing your self-evaluation at the evaluative conference.

Two factors that help determine your expected performance are:
Complexity of Client and Clinician Level of Experience

Anderson's Continuum of Supervision

Evaluation-Feedback Transitional Stage Self-Supervision Stage

I ask that you come to the grading conference 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.

5. Partnership – You and I are entering into a form of partnership. We share several common goals including, but not limited to: improve the client's communication status; increase your clinical expertise; develop your ability to problem-solve clinical situations; develop your ability to accurately assess your own clinical performance; learn how make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through 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 supervisor/supervisee will be one that is more collaborative in nature.

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

Clinical Practicum Assignment Schedule

Dates	Assignment
Week 1 06/20/22	Receive clinical assignments, review client files, schedule clients, etc.
Week 2 06/27/22	Therapy
Week 3 07/04/22	Therapy
Week 4 07/11/22	Optional Midterm evaluation 1st draft of final therapy report due on Monday 7/11/22 ish
Week 5 07/18/22	Therapy
Week 6 07/25/22	Therapy
Week 7 08/01/22	Last day of therapy is 08/01/19 Final therapy sessions (parent conferences are usually scheduled for the last day of therapy), schedule final supervisory conference
Week 8 8/08/22	Final supervisory conferences Final therapy report (completed copy) due on Monday 08/08/22

Clock hours need to be in Calypso, Therapy Schedule Form due, note to future clinician(s) due, return all borrowed materials to the resource room

**Diagnostic Team CSD 793 Syllabus
Summer 2022
Diagnostic Time: Tuesday 9:00-11:00AM**

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

Office: 46B
Phone: (715) 347-8378 (Cell)

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.
2. Scheduling Diagnostics: Our diagnostic evaluations will usually take place on **Tuesday mornings from 9:00-11:00AM in room 025**. Keep your schedules free during those times.

Once Diagnostics Begin

1. Diagnostic Team Organization: Each team member is responsible for reviewing

the client's file prior to our weekly meeting. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. (See attached Diagnostic Questions and Ideas). Your remarks will provide a 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. Here are several helpful guidelines to follow:

- a.) With the rough draft please include ALL test forms.
- b.) The final draft is to be single spaced and printed on a high-quality printer. You are welcome to use my office printer for final drafts.
- c.) Each member of the team is responsible for scoring and interpreting the tests that they administer.

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

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

5. Professionalism: Your preparedness, organization, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are

doing, greatly contribute to an air of professionalism. Notable attention will be given to the trait of professionalism.

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

7. Evaluation of Clinical Performance – Formal evaluations will occur at midterm (optional) 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).

Expected Level of Performance (Midterm – Final)

Complexity of Clients
High ----- Mid-----Low

Anderson’s Continuum of Supervision

Evaluation-Feedback Transitional Stage Self-Supervision Stage
_____ | _____ | _____

Clinician Level of Experience
High ----- Mid-----Low

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

Clinical Practicum
Summer 2022
Graduate Level - CSD 791-794

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

Office: CPS 044B

Phone: 920-475-8867 – text/call

Email: apagel@uwsp.edu

Objectives:

1. Acquire skills and knowledge required to assess and treat patients with communication disorders.
2. Develop and advance skills in the areas of:
 - a. Therapy planning
 - b. Goal writing
 - c. Data collection
 - d. Written documentation
 - e. Interpretation of data
 - f. Ongoing development of self-evaluation skills
 - g. Verbal explanation of findings to interested parties.
3. Develop skills of interaction with supervisory staff, patients/clients, other students.

The knowledge, skills, and disposition criteria for this course are consistent with the following Department of Public Instruction PI 34 standards for certification:

- a. 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.
- b. The clinician understands how children with broad ranges of ability learn, and provides instruction that supports their intellectual, social and personal development.
- c. The clinician organizes and plans systematic instruction based upon knowledge of subject matter, pupils, the community and curriculum goals.
- d. The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
- e. 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.

Student Learning Outcomes:

(Consistent with ASHA Standards, see grading form)

1. Develop clinical skill in oral and written communication sufficient for entry into professional practice. (ASHA Stan.V-A)(INTASC Stan 6, 10)
2. Develop clinical skill in providing intervention to clients with communicative disorders and/or swallowing disorders. (ASHA Stan. IV-B-2) (INTASC Stan.1,2,3,4,5,6 & 7)
3. 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. Adhere to the ASHA code of Ethics and behave professionally. (ASHA Stan. V-B-3d)(INTASC Stan. 10)

Clinic COVID Guidelines Summer 2022

Students are expected to follow all University guidelines regarding COVID safety in order to protect our most vulnerable clients. Because COVID continues to be a rapidly changing situation, please frequently visit the University's COVID site for the most up to date policy information:

<https://www.uwsp.edu/coronavirus>. The student is also encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

All students (regardless of whether they are providing in-person services or teletherapy) are expected to be in the clinic in some capacity (for chart reviewing, documentation, meetings, etc.) and therefore are required to do their part to keep clients safe and the clinic open. This includes:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and on campus. Face masks are highly recommended in the community around people outside of your immediate household.
 - 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.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- **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.

General Information

- **Schedule:** The summer semester moves very quickly (only 6 weeks of clinic!), and you must be prepared to hit the ground running right away week 1 with baselining.

Additionally, I am part time this summer, meaning I will only be on campus on **Tuesdays and Wednesdays**. Therapy must be scheduled during this time. Additionally, please keep my availability in mind when it comes to meetings, answering questions, touching base, etc.

- **Checklists:** Included in this syllabus are 3 checklists for you to use at the start of the semester (“Starting Therapy Checklist”), during midterms (“Midterm Checklist”), and at the end of the semester (“Ending Therapy Checklist”). Please read through this information carefully as you will be responsible for completing these tasks.
- **Resource Folder:** I will share a OneDrive Folder with you entitled “Resources for Clinicians.” In this folder, you will find a variety of useful documents, links, articles, and templates. This folder will be shared with multiple clinicians and is not secure, so ensure that you do NOT put any client information into this folder.
- **S:/P: Drives:** You will be given access to either a S: drive (if you are a student working alone) or a P: drive (if you are working with a partner). These are SECURE and can only be accessed here in the clinic. This is where you will save SOAP notes, Final Therapy Reports (FTR), Plan of Care (POC) – anything that contains your client’s name or other identifying information. I have access to your S:/P: drives and will check these frequently to review SOAP notes, check progress on the FTR/POC, and add feedback.
- **Feedback:** I typically try to provide at least 2 forms of feedback: written and verbal.
 - **Written Feedback:** In your S:/P: drives, you will see a “Feedback and Reflection Form.” This is a running document that I use to type out feedback as I observe your sessions. Typically, at the beginning of the semester, I provide frequent and detailed written and verbal feedback. As you gain independence, the amount of feedback will fade and the type of feedback I provide will change. This is to be expected and is keeping with best practice to promote self-monitoring and independence.
 - **Verbal Feedback:** The timing of verbal feedback may look different for every clinician and may change throughout the semester, though it is my goal to touch base with you verbally at least weekly (likely more at the beginning of the semester). Depending on schedules and clinician/supervisor preference, we could meet after scheduled sessions to discuss right away how each session went. Another possibility is to set up a predetermined time to meet weekly/biweekly to discuss that week’s sessions and future plans. Additionally, clinicians are welcomed to stop by my office any time the door is open to discuss any questions or concerns. **We will make decisions regarding opportunities for**

verbal feedback/discussion as schedules for the semester form and needs are determined.

- **Reflection:** As noted above, in your S:/P: drives, you will see a “Feedback and Reflection Form.” Underneath the notes I leave regarding the session, there is a spot for the clinicians to respond with a reflection on the session. This is a REQUIREMENT after each session - regardless of whether or not we verbally debrief following the session.
- **Lesson Plans:** Lesson plans are required for each session for a minimum of the first 2 weeks of therapy. Ongoing therapy treatment plans will be required per the supervisor’s discretion, which will factor in clinician experience level, type of case, complexity of treatment, etc. Therefore, being asked to complete additional lesson plans beyond the 2 weeks does not reflect poorly on the clinician.
- **SOAP Notes:** SOAP Notes must be completed within 24 hours of each session. SOAP note templates and guidelines can be found on the shared folder “Resources for Clinicians: Clinical Writing: SOAPs.”
- **Data:** You are required to keep data each session (- this will support the content of your SOAP note). Data can be both quantitative and qualitative. Often clinicians find it beneficial to set up a data collection sheet ahead of sessions. There are some templates available in the “Resources for Clinicians” folder under “Clinical Writing: Data Keeping.” If you develop your own data sheet that you think may benefit other clinicians, please feel free to add to the folder (ensuring first that you do not have identifying information on it).
- **Final Therapy Reports:** Final Therapy Reports (FTRs) are to be completed for each client each semester. Templates for the FTRs can be accessed in the “Resources for Clinicians” folder via “Clinical Writing: FTR.” If the client has been here in the clinic during previous semesters, you will review previous FTRs as you read through the client’s file. However, if you would like to see more examples, please let me know and I will be happy to provide you with some. As you will see in the examples, the FTRs are typically completed in sections that lend themselves nicely to the progression of therapy. Please plan to have the following sections ***drafted*** by the following dates:
 - Background Information – 6/28/2022
 - Status at the Beginning of Therapy –7/5/2022
 - Goals, Objectives, and Baselines – 7/12/2022
 - Procedures – 7/26/2022
 - Results, Summary/Impressions, Recommendations – 8/2/2022

- **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, and my presence in a session is not a direct reflection of your performance.
- **Caregiver Contact:** Always keep the caregivers informed of what you plan on working on that day, and at the end of the session give the parents information about how it went. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Do not assume that just because parents 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/or SOAP Notes and any handouts or homework given.
- **Infection Control and Universal Precautions:** In addition to wearing face coverings, students must also work to prevent the spread of infection/illness by properly cleaning the therapy room after sessions. Students must use disinfectant wipes to clean all table surfaces, chairs, high-touch points (such as doorknobs/light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all therapy doors OPEN between sessions to allow for better ventilation of air.
- **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.
- **Confidentiality:** Please refer to the Center's policies and procedures regarding electronic information, client records and audio/video recording.
- **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.
- **Evaluation:** Formal evaluations will be completed at the end of the semester, though formal midsemester check-ins are an option and at the student's and/or supervisor's discretion. You have access to the grading form to view the skills on which you will be graded in the "Resources for Clinicians" folder ("Midterms"). Final letter grades will be based on the following percentages:

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	

- **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.
- **Partnership:** We 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 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.
- **Attendance:** Since clinical practicum is an essential part of your clinical training, it is assumed and expected 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. **DO NOT COME TO CLINIC IF YOU ARE NOT FEELING WELL.** We don't want to make our clients sick. Please see Clinic COVID Guidelines located at the beginning of the syllabus for more information.
- **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 5 minutes before your session is to start. Please be prompt for all meetings. Adhere to deadlines for all paperwork.
- **Child Safety:** 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.

Starting Therapy Checklist

- ✓ Receive **Welcome Email**
- ✓ **Read Syllabus** in its entirety
- ☐ **Meet me briefly** (10-15 minutes) on Tuesday, June 21st to get your clinic assignment. You can email me ahead of time to claim a specific time, or feel free to stop by at any time during that day.
 - We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- ☐ **Check out your client's file** from the front office.
 - Review your client's file, completing the "Client File Review" found in the "Resources for Clinicians" folder under "Clinical writing: FTR"
 - Note: If you do not yet have access to your S:/P: drive, make sure you do NOT put any identifying information on this form. Instead of client's name, put "XX". Do not use other names, birthdates, etc. Do **not** save it to the shared folder.
- ☐ Please **schedule your therapy** sessions ASAP by contacting the client/parents. Clinic begins the week of 6/27/22. Let me know when you have it scheduled ASAP and sign up for the therapy room (by adding your name/time to the sheet on the door).
- ☐ **Fill out clinic card** (found at the front office) and hand-in to Mrs. Skebba.
- ☐ Schedule a **45-minute meeting** with me to discuss the background information on your client and plan for your first day of therapy. This should occur on Wednesday, June 22nd.
 - If you have a partner, please coordinate this so that you are both present.
 - Please have your lesson plan for the first session at least *drafted* by this time.
 - 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.
- ☐ **Let me know** what questions, concerns, thoughts you have as you prepare for your first session!

Ending Therapy Checklist

- Determine when you will hold your **last session**. Clinic ends the week of 8/8/2022.
- Confirm the final session** with client/caregivers and schedule a time during that last session to hold the final meeting.
 - Please coordinate this with my schedule to ensure my availability during that time as well.
- Prepare the **visual information** that is needed for the final meeting with caregivers. (For some, that may be a chart of progress and a list of procedures; for others, the whole FTR may be required).
 - Regardless, ensure your post-baseline results are completed and ready to be discussed with client/caregivers during the final meeting. This means that ideally you are not leaving your final baselining for the last session.
- Have your **yellow sheet** (i.e., "Case Recommendations") available during your final meeting to ask client/caregivers about interest for fall semester.
- Following the final meeting with clients/caregivers, **finalize FTR** and send me an email when it is ready for me to print.
- Complete final **SOAP note and fill out billing form**, checking your dates/times for the second half of the semester.
- Schedule a final meeting** with me to go over paperwork and grades (plan for 30 minutes).
- Submit hours** via Calipso, preferably before the final meeting with me.
- Attend your final meeting**, bringing your Billing Form and yellow sheet. I will print out your FTR and have you sign it at this meeting.
- Congrats!** Enjoy your time off!

**Clinical Practicum – Summer 2022
CSD 793**

Supervisor: Bethany Weltzin, M.S., CCC-SLP

Office: CPS 044A

Email: bweltzin@uwsp.edu

Phone: 715-346-2617

PRACTICUM OBJECTIVES:

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

ASHA and Teacher Standards

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

- To develop clinical skill in oral and written communication sufficient for entry into professional practice (*ASHA Stan. V-A)(INTASC Stan 6, 10)*)
- 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)*)
- 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)*)
- To adhere to the ASHA Code of Ethics and behave professionally (*ASHA Stan. V-B-3d)(INTASC Stan. 10)*)

BEFORE THERAPY BEGINS:

1. Stop by and see me for your clinic assignment, at which time you will receive an informational (“yellow”) sheet and a “Client File Review Form.” If you have a co-clinician, coordinate a time to stop by together. Please bring your schedule, as we will discuss possible therapy times based on the client’s preferences as well as your schedule. We will also discuss possible therapy rooms.
 - Once we have spoken, check and make note of the availability of the therapy room(s) we discussed, and you can then contact your client or the client’s parents to set up therapy; try to do this before our initial supervisory meeting (see #2).
 - **Contacting the client/parent(s):** when contacting the client/parent(s), first use the CMC phone and from then on, if you feel comfortable, you can call using your personal phone; otherwise, the CMC phone is always available for you to use.

You may also email if that is the client's preferred mode of communication. Correspondence with the client/parent(s) must be professional. Delete the contact at the end of the semester.

- Once your therapy is scheduled, reserve your therapy room by filling out the sheet on the therapy room door, filling out a white card (located at the front desk) and returning it to Mrs. Skebba at the front desk, and emailing me with the information as confirmation.
 - Follow the same procedures for scheduling if you are providing virtual therapy (reserve a therapy room and fill out/return a white card). Let me know if your Zoom account has been set up as HIPAA-compliant yet or not (this is something that must be set up by IT)
2. Sign up for a 45-minute initial supervisory meeting with me. If you have a co-clinician, coordinate the meeting time with them. Bring your schedule. Prior to this meeting, complete the following:
 - Read the client's file carefully and fill out the "Client File Review" form, one per clinician, and bring it to the meeting
 - Create therapy plans for the first 2 sessions, including your plans for obtaining baseline data – write your plans on the "Therapy Plans" template in your S or P drive. Please fill out all sections to the best of your ability with as much detail as possible.
 3. Review the "Clinical Resources" folder in the S drive under "Forms - bweltzin." Resources include topics such as SOAP note writing, FTR support, etc.
 4. Read the procedures for the Infection Control Policies for Clinical Practicum.
 5. 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.
 6. As you start therapy and going forward, make sure that you start your session time once you get into the therapy room, and make sure the session is the full number of minutes before ending the session/leaving the therapy room (unless the session needs to be ended early for a reason). Be attentive to the time and ensure that the client gets the full amount of therapy.

WRITTEN REQUIREMENTS AND COLLABORATION:

*Note: Forms will be in your S drive (or P drive if co-clinicians). Check your saved documents regularly for any feedback that may be added.

Therapy Plans: Therapy plans for the first 2 sessions are expected for the initial supervisory meeting. Therapy plans for each upcoming week should be completed in the S drive (or P drive if co-clinicians) no later than 12:00 noon on Fridays of the week before.

- Be detailed and thorough in your lesson plans, especially when describing the procedures/intervention strategies/prompting hierarchy.
- When thinking about therapy plans, remember to always over-plan! Think in terms of no longer than 10-15 minutes per activity for a preschooler and be prepared with a couple of back-up plans just in case.

- If you are co-clinicians: while you'll together plan therapy activities/materials/strategies, you each must take a different day of each therapy week and write the lesson plan for that day; the clinician with the last name that is alphabetically first can take the first session of the week, and the other clinician can take the second session of the week. Follow this pattern throughout the semester. Please write your initials after each therapy plan you write.

SOAP Notes: SOAP notes must be completed after every session within 24 hours; save to the S drive (or P drive if co-clinicians).

- If you are co-clinicians: while you'll collaborate about SOAP Notes, you each must take a different day of each therapy week and write the SOAP Note for that day; the clinician with the last name that is alphabetically first can take the first session of the week, and the other clinician can take the second session of the week. Follow this pattern throughout the semester. Please write your initials after each SOAP Note you write.

Feedback and Reflection Form: I will be observing your therapy sessions while writing feedback on your "Feedback and Reflection Form," which will be in your S drive (or P drive if co-clinicians). The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills. You will then have an opportunity to reflect on your therapy sessions using that same form, underneath each session's feedback. Read the feedback provided, answer any questions that were asked, and complete your daily self-reflection; reflections must be completed after every session within 24 hours (a helpful tip is to do this after your SOAP note, as both are due within 24 hours after your session). If you are co-clinicians, please write your reflections one after another on the form, indicating which reflection belongs to which clinician.

Final Therapy Report (FTR): You will begin to work on your FTR early on and will work on it section by section throughout the semester; please see the end of the syllabus for the Practicum Schedule, which includes deadlines. 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.

Data Collection: Data must be collected during each therapy session to monitor the client's progress towards his/her goals, and to support the content of your SOAP note. Keep all your data sheets organized and in one location so we can refer to them. It is imperative that you store your data sheets and any other clinic paperwork in a confidential manner.

Supervisory Meetings and Open Door Policy:

- Meetings: You will attend weekly supervisory meetings (with your co-clinician if applicable) until your goals are established, or until otherwise specified. During these meetings we will discuss writing skills, clinical skills, and any other details relevant to your client. As the semester goes on, we will transition to having shortened meetings at least once per week after your therapy session(s). I will stop by the therapy room after your session(s), and we will reflect together about the session(s) and steps going forward. Please reserve this time after your session(s) and wait to clean up the therapy materials until after we have met. In instances where there is not adequate time after your session(s) to meet on a regular basis, we will schedule a weekly meeting time.

- **Open Door Policy:** In addition to meeting after your session(s), at any time you may schedule a meeting with me by signing up on my door or stopping by my office. There also may be instances where I request that you sign up for a meeting if we need more time to collaborate outside of the after-session meetings.

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 the client better. Please know that I view clinical practicum as a team effort.

Open Communication: Throughout the semester, you are encouraged to bring any questions, comments, or concerns to me so we can address them as a team. If you need additional help or have other feedback, please let me know. Please do not wait until the middle or the end of the semester to do so. I will assist you in the best way I can, and we will work together as a team through open communication.

Collaborative Experience: This semester will be full of collaboration as we work together. We share several common goals including (but not limited to): 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 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.

GENERAL PRACTICUM INFORMATION:

Clinic COVID Guidelines Summer 2022

The UWSP Speech, Language and Hearing 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 be mindful of implementing the Covid guidelines required by UWSP and the 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. Students are encouraged to contact their supervisor if any Covid related questions/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. Badger Shields may be necessary during therapy so the client can see your entire face. Badger Shields must be fitted appropriately at the base. Open shields are not acceptable, unless a face covering is then worn underneath. Clear panel face coverings may also be worn so your mouth is more visible than a solid face covering. Any student with a condition that impacts their use of a face covering should contact the Disability Resource Center to discuss accommodations. Failure to adhere to this requirement could result in formal withdrawal from the course.
- After each therapy session, wipe down/sanitize surfaces in the therapy room including the table, chairs, doorknobs, light switches, and your own belongings. Follow the CMC's policy for the cleaning of borrowed CMC materials.

- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Follow the COVID Test Protocol established by UWSP for close-contact, symptom, and testing requirements.
- 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.

Professionalism: Your conduct, the attitude you display, your speech, and your attire influence your credibility as a professional. Being prepared, being organized, and being respectful of all individuals you interact with during your clinical experience (client, client's family, supervisors, other student clinicians, other associated professionals, etc.) is expected.

Dress Code: As previously stated, your attire is an important part of professionalism. The clinic has a well-stated dress code policy that you are expected to follow; please review it thoroughly and implement it daily. Professional dress is mandatory.

Attendance: Since clinical practicum is an essential part of your clinical training, you must attend all your weekly therapy sessions and all supervisory meetings. If for any reason you need to cancel a therapy session or a meeting with me, please let me know ASAP. Please see "Therapy Cancellations" below for additional information about your responsibilities if you need to cancel therapy.

Punctuality: Please be on time and do not keep the client waiting. You must be in the waiting room at least 5 minutes before your session is to start. Double check that all your clocks coincide. Your therapy start time should start once you are in the therapy room. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Confidentiality: Confidentiality is mandatory. Please refer to the Center's policies and procedures regarding electronic information, client records, and audio/video recording.

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."

Caregiver Contact: Always keep the caregiver(s) informed of what you plan on working on that day, and at the end of the session give the caregiver(s) 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 caregiver(s) 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, emails, etc.). Please make sure to log any notes/emails/phone calls in a correspondence log, as well as any handouts or homework given.

Therapy Cancellations:

- If the client or client's parents cancel a therapy session, cancellation notices will be posted by the mailboxes.
- If your client lets you know that he/she will be cancelling a future therapy session, let Ms. Skebba and me know about the cancellation.
- If you need to cancel therapy, it will be your responsibility to let me, Ms. Skebba, and the client/client's parents know of the cancellation in an adequate amount of time before the session. You may need to make up therapy sessions that you cancel. If you are not feeling well, you must NOT attend clinic; please see mandatory COVID Guidelines above.
- If one member of a clinician team needs to cancel, it is expected that the other clinician will take over the entire session.
- Document therapy cancellations in both your SOAP notes and in your therapy plans.

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 an accommodation for you to participate fully in practicum. All accommodations should be approved through the Disability Resource Center.

Practicum Schedule: (see next page)

Date	Summer 2022 Practicum Schedule
Week 1 6/20-6/24	Receive clinical assignment, schedule therapy, plan for start of therapy, schedule and attend initial supervisory meeting
Week 2 6/27-7/1	First week of therapy Obtain baseline data "Goals and Objectives" section of FTR due 7/1 at 4:30 PM
Week 3 7/4-7/8	Therapy "Identifying Information" and "Background Information" sections of FTR due 7/8 at 4:30 PM
Week 4 7/11-7/15	Therapy "Status of Client" section of FTR due 7/15 at 4:30 PM
Week 5 7/18-7/22	Therapy "Procedures" section(s) of FTR due 7/22 at 4:30 PM
Week 6 7/25-7/29	Therapy Obtain post-baseline data and document it in FTR "Summary and Impressions" and "Recommendations" sections of FTR due 7/29 at 4:30 PM Finalized, proofread FTR due 7/29 at 4:30 PM
Week 7 8/1-8/5	Last week of therapy FTR meetings with clients/clients' parent(s)
Week 8 8/8-8/12	Final Practicum Meetings Final paperwork and clock hours due to supervisor at the time of meetings

