Clinical Practicum Spring 2020

CSD 495

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# 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

1. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.

# Before Clinic Begins

1. Stop by and see me for your clinic assignment. At this time, you will receive the “yellow sheet” and we can discuss possible therapy times. Once we have spoken, you can contact your client or the client’s parents to set up therapy.
2. Sign up for a 30-minute meeting time with me. If you have a co-clinician, coordinate the meeting time with them. It’s best if we can all meet together.
3. Prior to our first meeting read the client’s file carefully and determine the  
   important information that will be helpful for you to start clinic. **Complete  
   the Initial Meeting form on the S drive.**
4. Please come to our first meeting with the following:

* Information from the file; complete the Initial Meeting form.
* Some ideas for your first session

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

## **General Information Regarding Practicum**

**Attendance**

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

**Dress Code**

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

#### **Client Cancellations**

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

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.

## **Weekly Meeting**

You will attend a 30 minute weekly meeting (with your co-clinician if applicable). During this meeting we will discuss client management, writing skills, clinical skills, and any details relevant to your client. As the semester progresses, these may be cancelled at the discretion of the supervisor.

## **Written Assignments**

#### **Lesson Plans**

You will begin the semester by writing a daily plan **at least 24 hours** before your therapy session. I do not have a preference on how you format these, but I do want to see what activities you have planned, how you will use those activities to target your client’s goals, how you plan to track data, and therapeutic techniques you intend to use during the session. Save these to the S or P drive.

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

As you become more comfortable with your client, daily lesson plans may not be necessary.

**SOAP Notes**

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

**Data Collection**

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

#### **Self-Reflection**

You will complete a self-reflection once a week. They are due by Friday at 5p. Use the form **provided in the S drive**. I will provide written feedback for each session once you have completed your self-refection. The comments and suggestions I make on the forms are meant to help you and I will try to provide a lot of written and verbal feedback. Please look them over and if you have any questions, bring them to our weekly meeting or schedule a time to meet with me privately.

**Video Observation**

You will complete one written self-evaluation of a 30 minute segment of therapy. This is meant to help you notice aspects of your therapy you may not be aware of in the middle of clinic. We will discuss your evaluations during a weekly meeting.

**Final Therapy Reports (FTR)**

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

**Semester Schedule**

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| **Date** | **Assignment** |
| Week 1  1/21-1/24 | Receive clinical assignment, attend initial supervisory meeting, schedule client, plan for start of therapy |
| Week 2  1/27-1/31 | First week of clinic |
| Week 3  2/3-2/7 | **Background section of FTR due 2/7 at 5p** |
| Week 4  2/10-2/14 | **Client status section of FTR due 2/14 at 5p** |
| Week 5  2/17-2/21 | **Goals and Objects section of FTR due 2/21 at 5p** |
| Week 6  2/24-2/28 |  |
| Week 7  3/2-3/6 | **Video observation due 3/6 at 5p** |
| Week 8  3/9-3/13 | **Midterm meetings** |
| 3/16-3/20 | Spring Break |
| Week 9  3/23-3/27 |  |
| Week 10  3/30-4/3 |  |
| Week 11  4/6-4/10 | **Procedures section of FTR due 4/10 at 5p** |
| Week 12  4/13-4/17 |  |
| Week 13  4/20-4/24 | **Summary and Impressions and Recommendations sections of FTR due 4/24 at 5p** |
| Week 14  4/27-5/1 | Last day of clinic is 5/1 |
| Week 15  5/4-5/8 | **Final Evaluation**  Clock hours are due to Ms. Reynolds, Therapy Schedule Form due, return all borrowed materials to the CMC |