CLINICAL PRACTICUM – Fall 2019

CSD 791 – CSD 794

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**OBJECTIVES:**

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

**PRE-THERAPY INFORMATION**

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1. AN EMAIL NOTIFICATION WILL BE SENT and STOP BY MY OFFICE (042D) to PICK UP YOUR CLIENT INFORMATION. Review the information available on your client, including background information and past therapy history. Be sure to write down the client’s contact phone # for your records. Please see end of syllabus for the tentative schedule and requirements.
2. Attend the group information meeting.
3. SIGN UP FOR A 1 HOUR MEETING TO DISCUSS YOUR “Client File Review” (found in syllabus) AND PLAN FOR THE FIRST DAY OF THERAPY. PLEASE DO THIS WITH YOUR CO-CLINICIAN (if applicable).
4. SCHEDULING THERAPY- Please schedule your therapy ASAP. You can fill out the sign-up sheet on the door of the room you choose. Once you sign up for a room, turn in the white card to Ms. Skebba. BE SURE to notify me of this room number and the time of therapy. (This is not applicable if you are running the preschool group)
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.
6. INFECTION CONTROL AND UNIVERSAL PRECAUTIONS: Please refer to the Center’s infection control policies and procedures as described in the “Guidebook on Infection Control Policy and Procedures” to maintain a clean environment for treatment purposes.

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

1. LESSON PLANS-Please write a weekly plan and turn it in to me at least 24 hours before your first therapy session of the week. Plans should be in P-drive or S-drive.

Please name: Reeve lesson plans. These will be on going.

1. SOAP NOTES –SOAP notes most be completed after every session within 24 hours. **The SOAP note form will be emailed to you. These will be ongoing.**

Save on your P-drive or S-drive, name: Reeve SOAP notes.

1. REFLECTIONS/FEEDBACK: Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. I will provide feedback in a different color. This will be an on-going document throughout the semester. Please respond to any questions I put to you. Reflect on the following:
	1. Client’s behavior (positive or negative)
	2. Comment on the outcomes of your planned objectives
	3. What could you have adjusted to make the session more productive?
	4. What did you do that made the session a success?
	5. Mention parent discussion that might be applicable
	6. **Include resources used – evidence-based research/reading.**
2. DATA COLLECTION – you are required to collect data during each therapy session. The data collected will support the content of your SOAP note. **Keep all your data sheets in a therapy binder and bring to weekly meetings.** We will have data show-n-tell during our weekly meetings.
3. WEEKLY SUPERVISORY MEETINGS - Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and his/her management. Areas of discussion may include: any concerns regarding management or supervision of management; discussion of your client’s response to therapy; problem-solving; therapy challenges; and self-evaluation of your performance.
4. VIDEO/Calipso self-evaluation: Using the supplied Calipso evaluation form, you will complete a video self-evaluation prior to midterm. I am looking for great discussion and open dialogue about therapy skills to this point. My hope is to generate 1-2 clinical goal(s) for you for the remainder of the semester based on the evaluation. You will be using the supplied Calipso evaluation forms to grade yourself based on ASHA standards.
5. OBSERVATION: At the beginning of the semester observation will be more frequent, as you become more skilled these observations will not be as frequent. I may or may not inform you that I will be observing. After every observation I will give you some short verbal and/or written comments about your session. During our weekly meeting I will go into more detail about my observation. The purpose of the observation and feedback is to facilitate the development of your clinical knowledge and skills.
6. CANCELLATIONS-If the parent or client cancels therapy, cancellation notices will be posted by the faculty mailboxes. If you cancel therapy, it is YOUR responsibility to let your supervisor, Ms. Skebba (346-2900) and the client/client's parent know of this cancellation. If one member of the team needs to cancel, it is expected that the other clinician will just take over the entire session.
7. 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.
8. CAREGIVER CONTACT; Always keep the caregivers informed of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, and possible home carryover activities. Do not assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, e-mail) Please make sure to log any emails/phone calls in a communication Log and any handouts or homework given.
9. WRITTEN ASSIGNMENTS

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

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

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

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

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

1. **The writing portion of this course will include a minimum of your final therapy summary report and:**
	1. **Introduction letter to parent/care-giver. This is to be completed and given to parents on the first day of therapy.**
	2. **Self-Evaluation of Writing;** during the semester, you will have opportunities to evaluate your own writing skills. You will revise your therapy report according to feedback given. You will also have opportunities to discuss my comments as they relate to your revisions. **When you make corrections, do not remove my previous comments. I will delete them after reviewing your revisions.**
	3. **Lesson Plans and 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.
2. CONFIDENTIALITY: Please refer to the Center’s policies and procedures regarding electronic information, client records and audio/video recording.
3. ACCOMMODATIONS: Reasonable accommodations are available for students who have a documented disability. Please notify your supervisor and the Clinical Director during the first week of classes of any needs based on a disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the Office for Students with Disabilities in the Student Services Center.

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

1. 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:
	1. A 95.5-100 B- 81-83.99 D+ 66.5-70.00
	2. A- 91-95.49 C+ 78-80.00 D 61-66.49
	3. B+ 88-90.99 C 74-77.99 F Below 61.0
	4. B 84-87.99 C- 71-73.99
2. **Professionalism & Dress Code** – Your conduct, the attitude you display, and your attire influence your credibility as a professional. Being prepared, being organized, being respectful of individuals you interact with during your clinical experience (client, client’s family, supervisors, other student clinicians, other associated professionals, etc.), and showing confidence and respect for others are important qualities. The clinic has a well-stated dress code policy that you are expected to follow. I recommend that you bend, sit, stand, etc. in front of a large mirror at home to make sure that all parts remain covered.
3. **Partnership** – We are entering into a form of partnership. We share several common goals including (but not limited): to improve the client’s communication status; to increase your clinical expertise; to improve your ability to develop clinical solutions; to develop your ability to accurately assess your own clinical performance; to learn how to make therapy a truly enjoyable experience for the client and yourself; etc., etc., etc. We can meet these goals through cooperation and consistent communication. I will, at times, assume an evaluative role with you, but it is my intent that, for the most part, our relationship of supervisor/supervisee will be one that is more collaborative in nature.

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

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

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

* **First meeting: Attend a group meeting time set up S. Reeve** to discuss syllabus, client scheduling and starting date of therapy; please ***turn in copy of class schedule ASAP.***
* **Call the client/parents** to finalize therapy schedule times
* **Sign up for a therapy room & complete white clinic card.**
* **Write letter to parent/caregivers. Letter should include:**
	+ Brief paragraph introducing yourself
	+ Help me get to know your child (likes, allergies, food preferences, other helpful information)
	+ What is the best way to contact you (phone? E-mail?)
	+ Is it ok for us to contact your child’s teacher (if yes, need release of records form)
* **Sign up for a second one-hour meeting time (with co-clinician if applicable) and come prepared to discuss:**
	+ “Client Paperwork Start-Up checklist” sent to you via email.
	+ “Client File Review” (found in syllabus).
	+ What ideas do your caregivers have for their child?
	+ Have your first lesson plan written and saved on your s/p-drive. We will pull this up and use this for our discussion. Your lesson plan should include the following:
		- 1 or 2 measurable long term goals for the semester, and plans on how you will collect baseline data on the LTGs.
		- 2-3 measurable STOs for each LTG & plans on how you will collect baseline data on the STOs
		- Activities to establish rapport with your client.
* **Complete an initial draft of background information for your Final Therapy Report. Also include LTG/STO on your report (these may change after your obtain baseline data. These sections are due Friday September 13th, 2019.**
	+ Create space at the top of your FTR for all necessary identifying information.
	+ Background information usually includes when the child was referred, by whom & why, a brief description of those initial concerns, when child started to receive therapy, brief statement on their progress since they originally started therapy.

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

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

**Week #3-4:** Please add “Status of client at the beginning of the semester” to your FTR. To be turned in week 5 (September 30th, 2019).

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

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

**Week #5 (October 4th):** FTR due with the following completed: background information, status at the beginning of the semester, goals and objectives for the semester.

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

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

**Week #9-10:** Procedures section completed on **FTR.** Discuss and plan post baseline data process

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

**Week #12:** See Mrs. Reeve to discuss date/time, and then call to schedule final parent/teacher conferences with families. Students are to inform parents, caregivers, and teachers of **final therapy date of Thursday December 5. End of the semester parent/teacher conferences will be either Tuesday December 3rd or Thursday December 5th.**

**Week #13:** The last week of clinic and final parent conferences to be conducted next week (12/3/19 or 12/5/19). Reports should be in near final form. Begin note to next semester clinicians.

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

**Week #15:** Paperwork check out meeting.

**CLIENT FILE REVIEW**

 **COMPLETE BEFORE OUR FIRST MEETING**

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

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client’s initials: \_\_\_ Client’s Chronological Age \_\_\_\_\_ Client’s DX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**What did you find out from the previous/current clinician(s) and parent/caregivers?**

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

**Note any teaching strategies discussed in the previous FTR:**

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

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

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

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

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**Justify your response:**

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

**Family Correspondence Log**

**(keep this in your personal Tx binder)**

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| --- | --- | --- |
| **Date** | **Type of****Contact** | **Detailed Description (e.g., what was talked about,** **type of homework, any parental concerns, etc)** |
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**The more contact you have with families and teachers, the fewer “surprises” you will have at the end. In addition, clients who practice outside of therapy tend to make better progress, thus you should have frequent contact, a variety of homework assignments, etc.**

**Therapy Tips**

Things to think about before/during/after therapy

* + 1. Have I arranged the room in such a way to decrease distractions and increase attention? Have I made adaptations for any special needs or concerns? (e.g., wheelchairs, child who is a climber, etc.)
		2. Am I thinking about the client as a communicator or a list of goals? How will the therapy I have planned affect the client’s ability to interact and communicate?
		3. Have I planned age-appropriate activities? Are they fun and interesting? Will they elicit a lot of targets?
		4. Have I over-planned? Do I have Plans B and C in case one of my activities doesn’t work as I have anticipated?
		5. Do I have all of the materials I need? (books, toys, artic cards, games, pen/pencil, crayons, scissors, paper, tests, test forms, etc.)
		6. Do I have a “cheat sheet” for things I plan to elicit or address during play or reading activities? (e.g., cooking task to address /k,g/ in IP—“cut, cook, carrot, cold, Coke, candy, good, go, gooey, gum”)
		7. Do I have an understanding of cueing strategies and how to use them?

**Verbal cues:**

 \*Model with direct imitation-: “Say “**f**an.”

 \*Model with delayed imitation: “This is a **f**an. What do you want?” (“fan”)

 \*Cloze technique: “Oh, you want the f\_\_\_.” (while pointing or holding fan)

 \*Binary choice: “Do you want the *fork* or the *fan*?”(always use desired response

 as the last option—child more likely to repeat correctly what he just heard)

 \*Request for clarification: “You want the *pan* (fan)?”

 **Visual cues:**

 \*Tucker Signs, signs

 \*Gestures to indicate a phonological property like stop/go or front/back sound

 \*Pointing to your mouth as you produce the sound or just demonstrate the

 position of the articulators.

 \*Pointing

**Phonemic placement cues:**

 \*Describing what the articulators are doing in age-appropriate terms (“When you

 make the /f/ sound remember to bite your bottom lip and let the air leak out.”

 \*Using a descriptive name to describe phonemes such as “leaky tire sound” (/f/),

 “be quiet sound” (/”sh”/, “buzzing bee sound” (/z/), etc.

 8. Do I have a behavior management plan? Will I remove privileges, use time-out? What will I do if the child refuses to participate…or cries…or throws toys…or self-stims... or tantrums?

 9. Do I introduce each therapy activity and its purpose or do I just jump from one thing to another?

 10. Do I have a way to keep data that is consistent and logical?

 11. Do I look professional? Can I sit down, bend, reach, and stand up without tugging at my

 clothes to keep tops and bottoms covered? Am I chewing gum?

 12. Did **I** have fun? Doesn’t it feel great to make a difference in someone’s life?