

Communication Sciences and Disorders 791-794

Summer Semester – 2024

University of Wisconsin – Stevens Point

Communication Sciences and Disorders: Clinic

Instructor: James Barge M.S. CCC-SLP Office: 42B Phone: 715 346-3085

Email: jbarge@uwsp.edu Office hours: pending completion of therapy schedule

Welcome to Clinic - Summer 2024.

How do I get 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. Enter your times on the master schedule.
4. Review the case history for your client.
5. Schedule a meeting with me to discuss your approach to this assignment.
6. 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
7. Training sessions may be required prior to the beginning of the clinical assignment.

Is your client to be seen In-person or virtually?

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. Clinicians are to check for symptoms associated with Covid-19.

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 for tele-tx:

We will also be using Clinic Note for all tele-tx cases. This requires you to document from UWSP. Please see me with questions or concerns.

What Health Precautions are required?

Face Coverings

- Wearing of face coverings is optional in the clinic.
- 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.

Other Guidance:

- Please monitor your own health each day using [this screening tool](#). If you are not feeling well or believe you have been exposed to COVID-19, do not come to class; email your instructor and contact Student Health Service.

As with any type of absence, students are expected to communicate their need to be absent and complete the course requirements as outlined in the syllabus.

Maintain 6 feet of physical distance from others whenever possible.

Do not congregate in groups before or after class; stagger your arrival and departure from the classroom, lab, or meeting room.

Wash your hands or use appropriate hand sanitizer regularly and avoid touching your face.

Please keep these same healthy practices in mind outside the classroom.

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

What 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
 - Electronic 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.

How is this going to work?

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 (within 24 hours) SOAP notes are required following each treatment. Please see documentation guide. Regarding co-clinician documentation, SOAP note scheduling will be assigned to the clinicians. During the second half of the semester each clinician will be assigned responsibility for documentation on a specific day of the week.
3. 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.
4. Video Self-assessment: We may select a therapy session to review together.
5. Observation – It is my goal to observe as much of your sessions as possible. You will receive feedback on the findings of my observation.
6. 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.
7. 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.
8. Evaluation of Clinical Performance – A formal evaluation will be provided at the end of the semester.
9. Final Reports – All corrected copies should be submitted electronically.
10. 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.
11. Accommodations: Please discuss during the first week any accommodations required for a documented disability.
12. 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.

How will communication take place?

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.

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 for us to meet and exceed these expectations are candid discussions, refining of skills, broadening of insights and deep respect for all parties involved.

What is the Grading Scale?

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.

Additional Resources

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 and 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.

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 2024
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 Clinicnote 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 7/08/24. Please let me know when it is ready in Clinicnote for my review. If you have questions or concerns about the report let me know. The completed Final Therapy Report is due by 08/05/24.

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 06/17/24	Receive clinical assignments, review client files, schedule clients, etc.
Week 2 06/24/24	Therapy
Week 3 07/01/24	Therapy No clinic on the 4 th
Week 4 07/08/24	Optional Midterm evaluation 1st draft of final therapy report due on Monday 7/08/24 ish
Week 5 07/15/24	Therapy
Week 6 07/22/24	Therapy
Week 7 07/29/24	Last day of therapy is 08/01/24 Final therapy sessions (parent conferences are usually scheduled for the last day of therapy), schedule final supervisory conference
Week 8 8/01/24	Final supervisory conferences Final therapy report (completed copy) due on Monday 08/05/24.

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

Clinical Practicum CSD 793

Summer 2024

Supervisor: Amanda Pagel M.S., CCC-SLP
Phone: 715-346-2577 (Office) 920-475-8867 (Cell)
Email: apagel@uwsp.edu

Office: 044B

Welcome to clinical practicum - I am thrilled to be working with you and your client this semester!

Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
 - a. Therapy planning and implementation
 - b. Writing goals, objectives, and other documentation
 - c. Professional report writing
 - d. Managing and interpreting data
 - e. Self-evaluation of clinical skills
3. To provide an opportunity to use professional interactions skills with the clinical supervisor, parents/families, and other student clinicians.

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

Wisconsin Educator Preparation Standards:

Standard #1 Pupil Development: 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.

Standard #2 Learning Differences: The clinician understands how children learn and develop, and can provide learning opportunities that support their intellectual, social, and personal

development.

Standard #3 Learning Environments: The clinician understands how students differ in their approaches to learning and creates instructional opportunities that are adapted to diverse learners.

Standard #4 Content Knowledge: The clinician understands and uses a variety of instructional strategies to encourage students' development of critical thinking, problem solving, and performance skills.

Standard #5 Application of Content: The clinician uses an understanding of individual and group motivation and behavior to create a learning environment that encourages positive social interaction, active engagement in learning, and self-motivation.

Standard #6 Assessment: The clinician uses knowledge of effective verbal, nonverbal, and media communication techniques to foster active inquiry, collaboration, and supportive interaction in the classroom.

Standard #7 Planning for Instruction: The clinician plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.

Standard #8 Instructional Strategies: The clinician understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.

Standard #9 Professional Learning and Ethical Practice: The clinician is a reflective practitioner who continually evaluates the effects of his/her choices and actions on others (students, parents, and other professionals in the learning community) and who actively seeks out; opportunities to grow professionally.

Standard #10 Leadership and Collaboration: The clinician fosters relationships with school colleagues, parents, and agencies in the larger community to support students' learning and well-being.

Before Clinic Begins

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the 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 preferences and your availability.
 - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.
 - b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
 - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.
2. Please bring the following items to our initial supervisory meeting:
 - a. Client review form (one per clinician)

- b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.
- c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

For Each Session

1. Written lesson plan
 - a. What are the short term objectives you are targeting?
 - b. What activities are you using? How do they support your goals?
 - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also, clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

General Information Regarding Practicum

1. Attendance

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend all of your weekly therapy sessions with your clients and any meetings with your supervisor. If you need to cancel a therapy session or a meeting with me, please tell me ASAP. You have my phone number, so there is no reason you should not be able to get in touch with me. You are responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel.

2. Supervisory Meetings

These traditional supervisory meetings are held every week. This is a time set aside for us to discuss your client and their 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. Stop in anytime if you have questions or concerns outside of our scheduled meeting.

3. Therapy Plans

We will discuss therapy plan format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a "waste of time."

4. Written Assignments

This course provides an opportunity for students to learn and improve their clinical writing skills.

Students will complete various written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice. 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.

5. Data Collection

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

6. Reflection

We will decide together what form post-evaluation reflections will take (written, verbal, combination), and this form may change throughout the semester based on clinician and supervisory needs.

7. Midterm Evaluation

Due to the short summer semester, we will not have a formal midterm evaluation procedure.

8. Observation

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

9. Clock hours

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end when submissions are due.

10. Co-Clinicians

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.
- b. I will check-in with each clinician individually to talk about equity and shared workload.
- c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

11. Telehealth

If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

12. Inclusivity Statement

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

General Clinic Information

1. Dress Code

Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

2. Child Safety

- a. Do not leave a child unattended (e.g., if have forgotten something, bring the client along)
- b. An adult must be with children that are washing their hands
- c. Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- d. Do not plan art activities that require glue guns
- e. Encourage walking in the hallway for everyone's safety
- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

3. Infection Control and Universal Procedures

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

4. 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 disability that may require a reasonable modification for you to participate fully in

this course. All accommodations should be approved through the Disability Resource Center (DRC) <https://www3.uwsp.edu/datc/pages/apply-for-accommodations.aspx>

5. 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 are important qualities. Students will have to follow the Clinic Dress Code and dress professionally. The Clinic Handbook can be found on CANVAS.

6. CMC

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

7. Building Safety

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don’t open the door unless you know there is an all clear).

Grading

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

A 95.5-100/4.27-4.49	B- 81-83.99/3.1-3.33	D+ 66.5-70.00
A- 91-95.49/3.96-4.26	C+ 78-80.00/2.72-3.0	D 61-66.49
B+ 88-90.99/3.65-3.95	C 74-77.99/2.5-2.71	F Below 61.0
B 84-87.99/3.34-3.64	C- 71-73.99	

CLIENT FILE REVIEW

Name: _____

Based upon your review of the client's file, respond to the following questions:

Client's initials: ____ Client's Chronological Age _____ Client's DX _____

Referral Information:

(This should include referral source, date of initial referral, & reason for referral)

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:

(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize most recent services.)

Environmental and Educational History:

(Note current living situation and current education. What do your client's caregivers/client hope to see happen this semester)

What did you find out from the previous/current clinician(s)?

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

Note any teaching strategies discussed in the previous FTR:

Starting Therapy Checklist

- ✓ Receive Welcome Email
- ✓ Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester (Monday June 17th between 1:30 and 3:30) 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. (Zoom is also an acceptable option.)
 - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
 - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files -- including case history forms and IEPs.
 - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
 - o You may either write notes or complete the "Client File Review" sheet attached below. Either method of review is fine with me but know file review is a skill that is graded in clinic, so please be sure to be thorough either way. If you have trouble reading medical records or an IEP – ask for help.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. 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). **Therapy MUST be scheduled on Tuesdays and Wednesdays as these are the only days I'm working this summer.**
- Fill out clinic card (found at the front office) and hand-in to Christine.
- Schedule a 45-minute meeting with me to discuss the background information on your client and your plan for the first day of therapy. Ideally this will occur on Tuesday June 18th or Wednesday June 19th.
 - o If you have a partner, please coordinate this so that you are both present.
 - o Bring the following completed documents (electronically is fine):
 - o Student Self Reflection Form (sent to you by Mrs. Reynolds)
 - o File review notes and/or sheet
 - o Draft of a lesson plan for the first session
- 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 July 29th, 2024.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
 - o 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).
 - o 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 2024

Supervisor: Trescha Kay, MA CCC-SLP
Phone: (715) 346-3588-office

Office: CPS 042C
Email: tkay@uwsp.edu

Practicum Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
 - Therapy planning and implementation
 - Professional report writing
 - Managing and interpreting data
 - Self-evaluation of clinical skills
3. To provide an opportunity to use professional interaction skills with the clinical supervisor, parents/families, and other student clinicians.

General Information Regarding Practicum

Attendance

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

Dress Code

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

aware that as you tug on your clothing to make sure you are adhering to dress code policies; you are taking your attention away from the client.

Client Cancellations

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

If one member of the team needs to cancel, it is expected that the other clinician will take over the entire session.

Caregiver Contact

Keep the caregivers informed at all times of what you plan on working on that day; at the end of the session give the parents information about the session. Typically, this involves any new communication skills that were achieved, a general idea of progress, etc. Don't assume that just because the parent watched the session that they have a good grasp of what happened. If the caregiver is not able to observe, you will need to come up with a method of communication (e.g., notes sent home, phone calls, etc.).

Child Safety in the Clinic

- Don't ever leave a child unattended (e.g., if you have forgotten something, take the client with you to go get it.)
- An adult must be with children that are washing their hands.
- **Do not let children stand on chairs, lean back in chairs, sit on a counter, etc.**
- Do not plan art projects that require glue guns, staplers, etc.
- Do not use items such as balloons, pointed scissors, etc.
- Monitor activity level in the lobby and hallways.
- Encourage walking, not running.
- **Do not reinforce your client with candy or other high-sugar snacks;** typically eating and talking do not go well together. We can discuss appropriate reinforcements for your client. **Talk to me before you plan a cooking activity.**
- Monitor how the child uses the automatic doors
- Monitor your child's behavior in terms of getting "too wild" or "too loud"

Observation

I will be observing your therapy sessions as much as I can during the semester. If there is a part of therapy you want to make sure I watch, please let me know ahead of time.

Punctuality

You must be in the waiting room at least 5 minutes before your session is to start. Double check that all your clocks coincide; I'll be looking at the waiting room clock. Please be prompt for all meetings. Adhere to deadlines for all paperwork.

Written Assignments

SOAP Notes

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

Data Collection

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

Plan of Care (POC)

See clinic grading form for the parameters you must address. A professional writing style free of grammar, spelling, and typing errors is mandatory. It is also imperative that subsequent drafts address questions, comments and concerns that I voiced on the previous drafts.

Clinical Practicum

Supervisor: Carly Dinnes
Phone: 715-346-2101
Email: cdinnes@uwsp.edu

Office: 046C CPS

Welcome to clinical practicum!

Objectives

1. To gain experience evaluating and treating individuals who have communication disorders.
2. To develop and improve skills in the areas of:
 - a. Therapy planning and implementation
 - b. Writing goals, objectives, and other documentation
 - c. Professional report writing
 - d. Managing and interpreting data
 - e. Self-evaluation of clinical skills
3. To provide an opportunity to use professional interactions skills with the clinical supervisor, parents/families, and other student clinicians.

The knowledge, skills, and disposition criteria for this course are consistent with the ASHA standards for Clinical Competence in Speech Language Pathology and the Wisconsin Educator Preparation Standards.

ASHA Standards for Clinical Competence in Speech Language Pathology

1. To develop clinical skills in oral and written or other forms of communication sufficient for entry into professional practice. (ASHA Standard V-A)
2. To develop clinical skill in providing intervention to clients with communicative and/or swallowing disorders (ASHA Standard V-B, 2a-g)
3. To develop interaction and personal qualities for effective professional relationship with clients, families, caregivers, and other professionals (ASHA Standard V-B, 3a-c)
4. To adhere to the ASHA Code of Ethics, and behave professionally (ASHA Standard V-B, 3d)
<https://www.asha.org/siteassets/publications/code-of-ethics-2023.pdf>

Wisconsin Teaching Standards:

Standard #1 Pupil Development: The teacher understands how pupils grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas. The teacher designs and implements developmentally appropriate and challenging learning experiences for pupils.

Standard #2 Learning Differences: The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

Standard #3 Learning Environments: The teacher uses his or her understanding of individual pupil differences and diverse cultures and communities to ensure inclusive learning environments that enable each pupil to meet high standards.

Standard #4 Content Knowledge: The teacher understands the central concepts, tools of

inquiry, and structures of each discipline he or she teaches. The teacher creates learning experiences that make the discipline accessible and meaningful for pupils to assure mastery of the content.

Standard #5 Application of Content: The teacher understands how to connect concepts and use differing perspectives to engage pupils in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues.

Standard #6 Assessment: The teacher understands and uses multiple methods of assessment to engage pupils in their own growth, to monitor pupil progress, and to guide the teacher's and pupil's decision making.

Standard #7 Planning for Instruction: The teacher plans instruction that supports every pupil in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, pedagogy, pupils, and pupils' communities.

Standard #8 Instructional Strategies: The teacher understands and uses a variety of instructional strategies to encourage pupils to develop a deep understanding of content areas and their connections, and to develop skills to apply knowledge in a meaningful way.

Standard #9 Professional Learning and Ethical Practice: The teacher engages in ongoing professional learning. The teacher uses evidence to continuously evaluate the teacher's practice, including the effects of the teacher's choices and actions on pupils, their families, other educators, and the community. The teacher adapts the teacher's practice to meet the needs of each pupil.

Standard #10 Leadership and Collaboration: The teacher seeks appropriate leadership roles and opportunity in order to take responsibility for pupil learning, to collaborate with pupils, their families, educators, and the community, and to advance the profession.

Before Clinic Begins

1. Stop by and see me for your clinical assignment where you'll receive a client information form (yellow sheet) and the 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 preferences and your availability.
 - a. Once a time has been determined, contact the client/caregiver to set up therapy. Please do this before our initial supervisory meeting.
 - b. When contacting the client/caregiver the first time, please use the phone in the CMC. If you get voicemail, please leave your name and personal cell phone number for a return call. This is a great time to review your voicemail greeting. You can continue to use the CMC phone if you prefer, but it does not accept voicemails. You can also email the client/caregiver. Please make note of your correspondence.
 - c. Once a day/time has been determined, please sign up for a therapy room. Each room has a calendar and you can reserve a room for the semester. Directions are on the form. Please make note to share this with me and fill out a white card for the front office.

2. Please bring the following items to our initial supervisory meeting:
 - a. Client review form (one per clinician)
 - b. Ideas for initial session. You can utilize the Therapy Plan template on your S or P drive to finalize after we meet.

- c. Be aware of clinic policies and procedures as stated in the Clinic Handbook (CANVAS)

For Each Session

1. Written lesson plan
 - a. What are the short term objectives you are targeting?
 - b. What activities are you using? How do they support your goals?
 - c. What supplies do you need?
2. Be in your therapy room no later than 15 minutes before your session. If someone is in your room up until your time, have materials ready to quickly move in.
3. Be in the lobby ready to greet your client at least 5 minutes before your session.
4. Clean up after each session. Wipe down tables, light switches etc. Also clean and sanitize all toys and materials.
5. Write SOAP notes immediately after your session if possible. Otherwise, complete your SOAP within 24 hours.

General Information Regarding Practicum

1. Attendance

Since clinical practicum is an essential part of your clinical training, it is assumed that you will attend **all** of your weekly therapy sessions with your clients and any 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 email and phone number, so there is no reason you should not be able to get in touch with me. You are responsible for contacting your client and the front desk. You may need to make up therapy sessions that you cancel.

2. Weekly Supervisory Meetings

Supervisory meetings are held once a week. This is a time set aside for us to discuss your client and their 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. Reach out anytime if you have questions or concerns outside of our scheduled meeting.

3. Therapy Plans

We will discuss therapy format at our first meeting. When planning out activities, think in terms of no longer 10-15 minutes per activity for a preschooler and be prepared for one activity to "bomb," so plan additional back up activities. For adults, be aware that conversation often IS the activity and therefore, not a "waste of time."

4. Written Assignments

This course provides an opportunity for students to learn and improve their clinical writing skills. Students will complete a variety of written assignments including SOAP notes, self-evaluations, and therapy reports. This meets ASHA Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

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.

5. Data Collection

Data must be taken during each therapy session. This will be used in your SOAP note documentation. Please keep your data collection notes for the end of the semester.

6. Reflection/Feedback

Complete daily self-evaluation within 24 hours after your session. These are designed to inspire true reflection of your session and critical thinking. This form can be found in either the S or P drive. If you are a clinician pair, you can both reflect on the same form, just initial the paragraphs.

7. Video Self-Eval

You will complete a video self-evaluation prior to midterm. Use the form in the syllabus. From this evaluation, we will generate 1-3 clinical goal(s) for you for the remainder of the semester. This is an opportunity for us to have open dialogue about what you see and perceive about your clinical skills.

8. Observation

I will observe your sessions weekly and with more frequency at the beginning of the semester. The amount of time will ebb and flow as the semester progresses. After each observed session I will provide some short verbal or written feedback. More robust discussions can occur during our weekly meeting.

9. Clock hours

Please track your clinical clock hours in a way that makes sense for you. We will compare time at the end of the semester when submissions are due.

10. Co-Clinicians

The expectation with clinical partners is the workload is 50/50. This may mean that you take turns writing SOAP notes, calling family members or other professionals. You both must be actively engaged in the therapy session. You may be paired someone you don't know well or don't have much in common with. It would benefit you to talk with your partner about learning styles, level of comfort with leading, extroverted, or introverted personality, attention to detail and timelines and outside responsibilities like work, classes, athletics etc. This is an opportunity to learn, collaborate, compromise, and empower each other.

- a. I will intervene if I observe one person controlling the session or hanging back and being too passive.
- b. I will check-in with each clinician individually to talk about equity and shared workload
- c. If you are having difficulty working with your co-clinician, please come see me, but only after you have had a mature discussion with your partner.

11. Telehealth

If clients are via telehealth, please get confirmation that this mode is still preferred. Work with me to make sure your email is permitted for longer zoom calls. Make sure you are in a location to ensure complete confidentiality. We can discuss more about best practices for serving our online clients.

12. Inclusivity Statement

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

General Clinic Information

1. Dress Code

Students must adhere to the clinic dress code which is found in the Clinical Practicum Handbook on CANVAS.

2. Child Safety

- a. Do not leave a child unattended (e.g., if have forgotten something, bring the client along)
- b. An adult must be with children that are washing their hands
- c. Do not let children stand on chairs, lean back on chairs, sit on counters etc.
- d. Do not plan art activities that require glue guns
- e. Encourage walking in the hallway for everyone's safety
- f. Avoid using food as a reinforcer unless approved by the parent. Talk to me before planning cooking/baking activities
- g. Monitor how the child uses the automatic doors
- h. Consult with the me if you have questions on behavior management

3. Infection Control and Universal Procedures

Students must work to prevent the spread of infection/illness by properly cleaning the therapy room after each session. Students must use disinfectant wipes to clean all table surface, chairs, high-touch points (doorknobs, light switches) and all clinic materials that are to be returned to the CMC. Additionally, leave all doors open between session to allow for ventilation.

4. 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 disability that may require a reasonable modification for you to participate fully in this course. All accommodations should be approved through the

Disability Resource Center (DRC) <https://www3.uwsp.edu/darc/pages/apply-for-accommodations.aspx>

5. 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 are important qualities. Students will have to follow the Clinic Dress Code and dress professionally. The Clinic Handbook can be found on CANVAS.

6. CMC

Please be aware of the CMC policies and procedures for reserving and checking out materials. Utilize the graduate assistant on duty with any questions, concerns or material requests.

7. Building Safety

Fire alarms will sound indicating you, and your client, should exit the building. If there is an active shooter, please release the magnet on the door jam, lock the door and turn out the lights. Await instructions from officials (don’t open the door unless you know there is an all clear).

Grading

Students will be graded at the mid-term and end of the semester (except summer). A copy of the senior grading form can be found on CANVAS. Graduate students will be graded using CALIPSO. Graduate students must earn a B or better for clock hours to count.

Clock Hours Count			Clock Hours Do Not Count		
LG	%	CS	LG	%	CS
A	95.5 – 100	4.27 – 4.49	B-	81 – 83.99	3.10 – 3.33
A-	91 – 95.49	3.96 – 4.26	C+	78 – 80.00	2.72 – 3.00
B+	88 – 90.99	3.65 – 3.95	C	74 – 77.99	2.50 – 2.71
B	84 – 87.99	3.34 – 3.64	C-	71 – 73.99	Below 2.5
			D+	66.5 – 70.00	Below 2.5
			D	61 – 66.49	Below 2.5
			F	Below 61.0	Below 2.5

LG = letter grade

% = grade percentage

CS = CALIPSO score

OPTIONAL FORMS

COMPLETE AFTER OUR FIRST MEETING

You can find all of the pertinent information in your client's chart. Look through IEPs/IFSPs, past therapy reports, notes, etc. This may be written on typed. We will mainly be using it to guide our discussion.

Name: _____

Client's initials: ____ Client's Age _____ Client's DX _____

Summarize the case and discuss in broad terms the intervention plan. Make sure you look at final therapy reports, IEPs/IFSPs, medical reports, case history form, and other relevant information in the file. Think about the client as a total communicator, not a list of goals. How does the client communicate (strengths/weaknesses)? What does the client need to learn in order to communicate more effectively?

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? Again, 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)

| | | | | | | | | | |
1 2 3 4 5 6 7 8 9 10

Justify your response:

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

CLIENT FILE REVIEW COMPLETE BEFORE OUR SECOND MEETING

Name: _____

Based upon your review of the client's file, respond to the following questions:

Client's initials: ____ Client's Chronological Age _____ Client's DX _____

Referral Information:

(This should include referral source, date of initial referral, and reason for referral)

Developmental, Medical, Family History:

Summary of Previous Speech/Language Services:

(Mention previous services – school based services, birth to three, SLHC-UWSP, etc. Include length of time in therapy. Summarize most recent services.)

Environmental and Educational History:

(Note current living situation and current education. What do your client's caregivers/client hope to see happen this semester)

What did you find out from the previous/current clinician(s)?

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

Note any teaching strategies discussed in the previous FTR:

Starting Therapy Checklist

- Receive Welcome Email
- Read Syllabus in its entirety
- Meet me briefly (10-15 minutes) on the first day of the semester to get your clinic assignment.
 - You can email me ahead of time to claim a specific time, or stop by during that day.
 - o We will also talk about some scheduling considerations, including recommendations for dosage, day/time, and treatment room options.
- Complete a file review.
 - o You can complete a file review via ClinicNote by accessing case history and recent semesters' SOAPs and FTR under "Files." Ensure you are reading all files – including case history forms and IEPs.
 - o If you need additional information that you cannot find in ClinicNote, please check out the paper file from the front desk.
 - o Complete the "Client File Review Form" (Included below) and bring it to our next meeting.
- Please schedule your therapy sessions ASAP by contacting the client/parents. Clinic begins the second week of the semester. 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 your plan for the first day of therapy. This should happen toward the end of the first week of the semester.
 - o If you have a partner, please coordinate this so that you are both present.
 - o Complete the attached "Client File Review" and bring to this meeting.
 - o Have your lesson plan for the first session drafted by this time.
 - o 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 **July 29th**.
- Confirm the final session with client/caregivers and schedule a time during that last session to hold the final meeting.
 - o 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).
 - o 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.
- 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. Be sure your FTR is signed on ClinicNote
- Congrats! Enjoy your time off!

Tentative Schedule:

(subject to change depending on the needs of your client)

Week of June 17th (Clinic prep week)	Getting started, e.g., meet together, schedules, room assignments, etc.
Week of June 24th (Clinic starts)	Baseline/pre-test; rough draft of objectives for your client; begin therapy syllabus
Week of July 1st	Finalize LTGs and STOs
Week of July 15th	First draft of the beginning of your Final Therapy Report is due. See Canvas for form. It should include: <ul style="list-style-type: none">• All necessary identifying information,• Background information (this section usually includes when the client was referred, by whom and why, a brief description of those initial concerns, when client began to receive therapy, and a brief statement on their progress)• Status at the beginning of therapy (this section usually contains information from your initial testing/observations); and• Your goals and objectives written in standard format and reflecting your baseline information.
Week of July 29th (Last week of clinic)	Complete final baselining; hold final client session and FTR meeting
Week of August 5th	Final conference with supervisor; finalize FTR

Documentation Guide for SOAPS

1. Documentation of time

- a. 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)

- a. *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 and/or related to the client's goals. Include information about the amount of clinician support (e.g., minimal cues), compensatory strategies used (e.g., circumlocution), and any other relevant details about the task and how the client completed it. In theory, you (present in the therapy room) and I (watching remotely) should be able to write the same objective statement.

Quantitative STO example: *client independently identified 6/10 (60%) of her grandchildren with photo supports.*

Qualitative STO example: *client trialed a new compensatory strategy (i.e., paper planner); with moderate cues, client recorded their classes, meetings, and assignment due dates for the next two weeks.*

(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?

Diagnostic Clinical Practicum
Summer 2024
Graduate Level - CSD 793

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

Office: CPS 044B, 715-346-2577

Cell Phone: 920-475-8867 – text/call

Email: apagel@uwsp.edu

Meeting Times: Tuesdays 9:00-11:00

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*)

What to Expect

- **Diagnostic Team Organization:** Three students and one supervisor comprise our diagnostic team this semester. Students are responsible for contacting clients, reviewing files, planning and administering the assessments, and completing all paperwork. While students are not expected to be independent in evaluations at the

beginning of the semester, they are expected to intentionally build their independence across each diagnostic.

- **Team Lead:** Additionally, team members will alternate taking on the role of team lead. The Team Lead is responsible for: initial contact of client/family, securing reservations for the diagnostic room and materials, and ensuring all paperwork is completed by team (including billing form). The Team Lead is the supervisor's main point of contact for that case.
- **Schedule:** Our schedule time for completing diagnostics is **Tuesday mornings from 9-11am**. While we have a new client scheduled every other week, we will meet at the same time during our "off" weeks to finalize the previous client and plan for the upcoming client.
- **Attendance:** Attendance is required at all diagnostic evaluations and team meetings. Each student is an integral part of the team upon which the whole team relies. Should you be ill for a diagnostic or meeting, you must contact the supervisor and your team members *immediately* to ensure coverage of your role.
- **Preparing for a diagnostic:** Each team member is responsible for reviewing the client's file *prior* to our biweekly meeting. All members should come to the meeting prepared for an in-depth discussion of the client's file/case history. Additionally, each team member needs to complete and bring in written remarks about the client, disorder, and assessment to the weekly meeting. The team lead will bring the client's file to the weekly meeting. Following a discussion of the client's history, the team will plan out the assessment and assign roles for each member.
- **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 key points to include in the written report. Each member will be assigned a section of the report. The team lead will be in charge of proofreading and editing the entire report before submitting it to the supervisor. Diagnostic reports will be due within one week of the diagnostic evaluation (before our next meeting).
- **Clock Hours:** 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.
- **Professionalism:** Your preparedness, organization, conduct, and poise 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.

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

**Diagnostic Team CSD 793 Syllabus
Summer 2024**

**Diagnostic Times:
Every other Tuesday 9:00-11:00AM
(7/2, 7/16, 7/30)**

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 skills 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. Planning diagnostics: We will meet to discuss the upcoming diagnostic each week from **10:00 – 11:00 AM (6/25, 7/9, 7/23)**.
2. Our diagnostic evaluations will take place on **Tuesday mornings (7/2, 7/16, 7/30) 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 before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting.

3. 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 a professional. 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.

