Diagnostic Team CSD 792 Syllabus

**Spring 2020**

**Diagnostic Time: Tuesday 9:00-11:00 AM**

**Instructor:** Charlie Osborne **Office**: 44B

**Office Hours:** TBA **Phone:** (715) 346-4960

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## Course Description

This course provides you with the opportunity to progress towards the development of *Skills and Knowledge* as specified by ASHA, for acquiring clinical competence in speech-language pathology. *Skills and knowledge* are acquired across a continuum, with increasing levels of independence, consistency, and problem-solving occurring over time. This practicum experience allows us to work closely, and with a variety of clients, to accomplish the objectives cited below.

### Course Objectives

1. To develop clinical skill in oral and written communication sufficient for entry into professional practices *(ASHA Stan. III-A)*
2. To develop clinical skill in the evaluation of clients with communicative disorders and/or swallowing disorders *(ASHA Stan. IV-E-1)*
3. To develop interaction and personal qualities for effective professional relationships with clients, families, caregivers, and other professionals *(ASHA Stan. IV-E-3)*
4. To adhere to the ASHA Code of Ethics and behave professionally *(ASHA Stan. IV-E-3d)*
5. To participate in formative assessments (ongoing measurement) for the purpose of improving student learning *(ASHA Stan. V-A)*

## Before Diagnostics Begin

1. Schedule: We will meet to discuss the upcoming diagnostic each week. I have two diagnostic teams. Each will rotate every other week. We will need to set a weekly meeting to discuss current and future diagnostics.

2. Scheduling Diagnostics: Our diagnostic evaluations will usually take place on **Tuesday mornings between 9:00 AM and 11:00 AM in room 25**. 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 spring board 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. The following schedule indicates when diagnostic reports are due. We will typically spend time at the end of each diagnostic session discussing options for writing the diagnostic report. The goal will be to have a completed report, turned in to the office before the next diagnostic. Deadlines for when the rough draft is to be in, etc. will be determined by us when we have our initial team meeting. Here are several helpful guidelines to follow:

1. With each rough draft, turn in **ALL** **previous drafts** **and** **ALL test** **forms**.
2. Each member of the team is responsible for scoring and interpreting the tests that they administer.

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

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

5. Professionalism: Your preparedness, organization, conduct, attire, and grooming influence your credibility as professionals. In addition, respect for your client, family members, co-clinicians, and supervisor, and demonstrating pleasure in what you are doing, greatly contribute to an air of professionalism. Notable attention will be given to the trait of professionalism.

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

1. **Evaluation of Clinical Performance** – Formal evaluations will occur at midterm 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).

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|  Expected Level of Performance (Midterm – Final) Complexity of Clients High ------- Mid------Low**Anderson’s Continuum of Supervision**Evaluation-Feedback Transitional Stage Self-Supervision Stage Stage **Clinician Level of Experience** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_** 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.

And remember, no matter where you go, there you are.

* Unknown, Buckaroo Banzai, from the film

Clinician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Dx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disorder/Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# DIAGNOSTIC QUESTIONS AND IDEAS

1. Questions about the client that need to be answered by the assessment.
2. Questions I have about the suspected disorder area or assessment.
3. Suggestions for diagnostic procedures.