

CSD 630 Clinical Practicum: 3 Units

Summer 2018

COURSE INFORMATION

Magnolia High School – 2450 W. Ball Anaheim, CA (June 11- June 22) Practicum Instructor: Katherine Bowman

Hope School – 7901 Knott Avenue, Buena Park (June 4-June 15) Practicum Instructor: Olivia Martinez

Speech and Language Development Center – 8699 Holder Street, Buena Park (July 16-25) Practicum Instructor: Lauren Shearer

TERI Center – 251 Airport Road, Oceanside, CA (May and June) Tuesdays and Thursdays Practicum Instructor Dr. Deanna Hughes

Course Overview

This diagnostic practicum is designed to provide clinical diagnostic and intervention opportunities for clinicians in their initial stages of training. It will present students a variety of evaluation experiences with all aspects of communication for pediatric and adult populations. This practicum will allow students the opportunity to gain additional diagnostic skills with adults with developmental disabilities such as autism and intellectual disability. Additional skills specific to assistive technology (AT) and augmentative alternative communication (AAC) devices will be acquired. Students will work primarily in a community-based setting allowing them the opportunity to engage in a variety of assessment tools and methods such as: observations in natural settings; authentic assessment methods (curriculum based portfolios, ethnographic interviews, checklists, questionnaires, etc.); dynamic assessment methods (test-teach-retest, mediation hierarchies, test modifications, etc.), formal standardized test administration, and language sampling. All results will be analyzed and interpreted by the students while considering cultural, linguistic, educational, and environmental variables of individual clients. A professionally written report with recommendations will be prepared and verbally shared with staff and families when appropriate.

Enrollment Information

This course is designed for graduate students in the Communication Sciences and Disorders program of study.

Course Materials

Readings and materials posted on Blackboard

Beukelman, D.R., & Mirenda, P. (2013). *Augmentative and alternative communication: Supporting children and adults with complex communication needs* (4th ed.). Baltimore: Paul H. Brookes

Optional-American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: Author.

Speech-Language Pathology Knowledge and Skills (KASA-ASHA/CFCC)

Speech-Language Pathology Knowledge and Skills (KASA – ASHA/CAA) 2017 Standards: Knowledge Outcomes

III-A: Knowledge of Basic Principles

Social/Behavior Sciences

III-B: Basic Communication and Swallowing Processes

Biological, neurological, acoustic, psychological, developmental, and linguistic and cultural basis

III-C: Speech, Language, Hearing, Communication, and Swallowing Disorders and Differences

Articulation (etiologies, characteristics, and anatomical physiological, acoustic, psychological, developmental, linguistic, & cultural correlates); Fluency (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Voice and resonance, including respiration and phonation (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Hearing, including the impact on speech & language (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning) (including etiologies, characteristics, and anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates), Social aspects of communication (behavioral and social skills affecting communication) (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, and cultural correlates); Communication modalities (e.g., technology) (etiologies, characteristics, & anatomical physiological, acoustic, psychological, developmental, linguistic, & cultural correlates)

III-D: Principles and Methods of Prevention, Assessment and Intervention

Principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders across the life span, including consideration of anatomical physiological, psychological, developmental, linguistic, and cultural correlates of the disorders. Interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders

III-E: Standards of Ethical Conduct

Standard IV-A The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences

Standard IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- augmentative and alternative communication modalities

Standard IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E The applicant must have demonstrated knowledge of standards of ethical conduct.

Standard IV-F The applicant must have demonstrated knowledge of processes used in research and of the integration of

Clinical Skills and Processes

IV-B: Oral and written or other forms of communication

IV-G: Prevention, evaluation, and intervention of communication disorders and swallowing disorders; Interaction and personal qualities, including counseling, collaboration, ethical practice, and professional behavior; Effective interaction with patients, families, professionals, and other individuals, as appropriate

IV-F: Delivery of services to culturally and linguistically diverse populations

III-F: Application of the principles of evidence-based practice

V-A: Self-evaluation of effectiveness of practice

Clinician Expectations

Professionalism: Clinicians are expected to attend all scheduled sessions for the entire camp. They will receive direct feedback documenting their accomplishments, as well as suggestions for future performance. All clinicians will be scheduled for diagnostic experiences. It is expected that they will meet regularly with their clinical supervisor to obtain additional assistance as needed. Clinicians are expected to come to meetings prepared, having practiced tests and ready for additional guidance.

General guidelines for this clinical experience:

- arrive at the site at least five minutes prior to the scheduled start time
- have all materials prepared and bring electronics as needed to complete documentation
- dress appropriately for the site, specific dress code will be discussed in orientation
- complete required paperwork
- be attentive to client, staff and other clinicians
- interact with the caregivers and family members if available
- integrate coursework, prior knowledge, and research theories (as appropriate) into clinical experience
- initiate acquiring additional and related information (research unfamiliar topics, read articles, read ahead in your text books, ask you supervisor)
- incorporate supervisor's suggestions/feedback into your sessions and paperwork
- conduct themselves in a professional manner both in and outside of the clinic, including public behavior and online presence (i.e.; Facebook, Instagram, Twitter, YouTube and other social media venues).
- become more independent throughout the semester while given support and guidance
- be accountable to the ASHA Code of Ethics, even during your clinical training (<http://www.asha.org/uploadedFiles/ET2010-00309.pdf#search=%22code%22.>)

Clinical Processes: Clinicians will be paired and work both independently and in groups for diagnostic and treatment activities. Each clinician will be assigned an initial caseload consisting of one assigned camper for an initial diagnostics evaluation and treatment. The diagnostic assessment will be conducted in pairs and treatment will be provided individually. The clinic site is fluid, and you may work in a group setting through out the day. For diagnostic evaluation, clinician pairs will conduct observations, review records, conduct assessment activities, and finally draft an initial AAC camp progress report. The final AAC camp progress report will be the required clinical documentation end product. Requirements for clinical documentation of treatment will be daily therapy log notes and the final AAC camp progress notes. Additional templates for communication plans and progress notes will be provided to students and posted on Blackboard.

Assessment Tools: Clinicians will utilize the following instruments as well as informal measurements:

- *Test of Aided Symbolic Performance* (Bruno, 2010)
- *Functional Communication Profile-Revised* (Kleinman, 2003)
- *Augmentative and Alternative Communication Profile* (Kovach, 2009)



Course Assessment and Grading

Grades will be based on individual performance (not effort) and reported in each student's clinic file. At least one mandatory conference will be held to discuss clinical competencies (additional conferences may be scheduled as needed). Students will be graded based on their roles, which may differ per experience. Clinic documentation will be graded for both content and style. The final grade will be determined from performance of all roles (individual observations and review of Four square reflection tool) and written reports at the end of the semester based on cumulative clinical performance. Students are expected to meet with the Clinical Faculty if they are experiencing difficulties or have questions. Assignment dates and/or topics may be changed at the discretion of the Clinical Faculty.

Grade Considerations

- 1. Demonstration of planning and preparation for assessment and intervention**
 - a. Completion of necessary readings pertinent to client's age and presenting problem
 - b. Selection of appropriate test instruments (formal & informal) and materials
 - c. Contribution to staffing meetings
 - d. Organization
 - e. Clarity
 - f. Supporting Evidence / Rationale for choices
 - g. Timeline
- 2. Demonstration of effective administration of a variety of assessment procedures**
 - a. Set-up of environment appropriate for client's age, interest, motivation and behavior
 - b. Behavior management
 - c. Execution of a variety of assessment methods (Interview & testing) and clinical effectiveness.
 - d. Effective administration, scoring, and analyses of formal/informal assessment measures, data collection via language sampling and observation skills.
 - e. Effective execution of age-appropriate assessment techniques across target areas
 - f. (speech, language, fluency, etc.) per client as appropriate
 - g. Development and recommendations of a home program for clients as appropriate
- 3. Demonstration of appropriate conceptualization of the clinical process, modification of behaviors, and communication of prognosis**
 - a. Effective use of data to inform Clinical Educator/ family/staff about assessment
 - b. Professional oral and written reports
 - c. Appropriate response to client's reactions
 - d. Appropriate modification of assessment strategy in response to client's reaction and/or behavior
 - e. Appropriate clinical interviewing skills/interaction with families
 - f. Effective collaboration skills with colleagues, allied professionals, and families as appropriate for client.
- 4. Reflection of own clinical performance including strengths and areas to continue improving**
 - a. Accuracy and thoroughness of self-assessment
 - b. Response to supervision
 - c. Growth towards independence
 - d. Follow-through of administrative duties (e.g., timeliness, paperwork, follow-through, etc.)

GRADING:

A (5.2-6.0)

A- (4.8-5.19)

B+ (4.4-4.79)

B (4.01-4.39)

B- (3.6-4.0)

C+ (3.01-3.59)

C (2.01-3.00)



Score	EVALUATION SKILLS PREPAREDNESS, INTERACTION & PERSONAL QUALITIES
1	No evidence presented by student for skill/competency; absent preparation /follow-through
2	Reviewed required materials, minimal preparation, required guidance for administration/ scoring/observations/ and/or to complete administrative duties
3	Reviewed required materials, practiced procedures, assistance required for administration/ scoring, completed administrative duties with reminders, required assistance with interpretation
4	Reviewed required materials, practiced procedures, asked questions to clarify administration/ scoring/etc., completed administrative duties, used resources to formulate interpretation
5	Preparation evidenced, presents own ideas/rationale for materials, practiced procedures/scoring, used resources to formulate interpretation, completed administrative duties, requires reminders/additional practice/independence
6	Well prepared, showed initiative, appropriate independence, integrates suggestions and utilizes resources effectively for own learning

Score	WRITTEN DOCUMENTATION
1	Unable to complete task without maximum specific directions. Documentation was not submitted as specified re: formatting and timeframe for submission. Incorrect grammar and/or content, typos in report
2	Correct grammar/less than 3 typos. HX/SOAPS: Includes information reported, however needed >50% clarification, elaboration and additional information; weak proof-reading GOALS/BASELINE/EVIDENCE: Goal and baseline mismatch, goals unclear/incomplete, or evidence lacking/inappropriate to goal. PROGRESS/SUMMARY: Not accurate (Missing some test results, results are not reported clearly) Requires maximum supervisor input. >60% editing
3	Correct grammar/no typos HX/SOAPS: includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >20% of section GOALS/BASELINE/EVIDENCE: Includes all elements, accurate but may not be thorough/appropriate & evidence supports goals PROGRESS/SUMMARY: Basic recommendations, significant supervisor input. >40% editing
4	Correct grammar/no typos HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >15% of section GOALS/BASELINE/EVIDENCE: All three sections are organized, reported accurately/completely. Easy to follow PROGRESS/SUMMARY: Starting to integrate results to formulate complex recommendations. Some preceptor directions still required <30% editing
5	Correct grammar/no typos HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >5% of the section GOALS/BASELINE/EVIDENCE: All three sections are organized, well-written. All



	<p>results reported accurately.</p> <p>PROGRESS/SUMMARY: Appropriate. Integrating/interpreting results correctly to form recommendations with minimal supervisor input. No typos.<20% editing</p>
6	<p>Correct grammar/no typos</p> <p>HX/SOAPS: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for >5% of the section GOALS/BASELINE/EVIDENCE: All three sections are organized, well-written. All results reported accurately.</p> <p>PROGRESS/SUMMARY: Appropriate. Integrating/interpreting results correctly to form recommendations with minimal supervisor input. No typos.<10% editing</p>

University Policies

Students with Disabilities Policy:

In compliance with ADA guidelines, students who have any condition, either permanent or temporary, that might affect their ability to perform in this class are encouraged to contact the Office of Disability Services. If you will need to utilize your approved accommodations in this class, please follow the proper notification procedure for informing your professor(s). This notification process must occur more than a week before any accommodation can be utilized. Please contact Disability Services at (714) 516-4520 or (www.chapman.edu/students/student-health-services/disability-services) if you have questions regarding this procedure, or for information and to make an appointment to discuss and/or request potential accommodations based on documentation of your disability. Once formal approval of your need for an accommodation has been granted, you are encouraged to talk with your professor(s) about your accommodation options. The granting of any accommodation will not be retroactive and cannot jeopardize the academic standards or integrity of the course.

The Use of Computers:

Students need to have a Chapman e-mail account. Announcements and messages from us to the class may come by e-mail. If you do not check your Chapman account regularly, but use another account instead, please set your Chapman account so that it will forward messages to your other account. **Computer Help:** The Help Desk is available for students. The phone number is (714) 997-6600. If you have trouble accessing features of Blackboard, please contact the Help Desk first and your professor second. **PLEASE NOTE:** If you choose to use your laptop in class, it is expected that you will use it for class purposes only. This means you may not visit social media sites during class (such as Facebook), send e-mail messages, or otherwise use your laptop for social reasons. Likewise, you may not use your cell phone during class to send or read text messages. We understand that many of you like to take notes on your laptop but please be aware that the sound generated from constant typing may be distracting to your classmates; please be professional and courteous and use your best judgment at all times.

Grades:

For graduate work at Chapman University, the grade of "A" is awarded only in the cases of clearly exceptional performance. Students working towards a masters or educational specialist degree are expected to maintain a 3.0 ("B") average. More than one absence may result in a lowered grade.



Chapman University Academic Integrity Policy:

Chapman University is a community of scholars, which emphasizes the mutual responsibility of all members to seek knowledge honestly and in good faith. Students are responsible for doing their own work, and academic dishonesty of any kind will not be tolerated anywhere in the university

Calendar and Assignments

Table with 2 columns: Date-Time and Location/Activity. Rows include Assessment of camper, Decoration of classroom, First day of camp, Debriefing with onsite and University Supervisors, Last day of camp, and several empty rows.