Course Description
This practicum is designed to provide educational clinical intervention opportunities for clinicians in their initial stages of training across a range of disorders in the adult population including: aphasia, apraxia, dysarthria, cognitive deficits, fluency, and voice.

Outcomes and Competencies
This course meets the following outcomes and standards:

Graduate Outcomes:
1A, 1B, 1C, 2A, 2B, 2C, 2D, 2E, 3A, 3B, 3C, 4B, 4C, 5A, 5B, 5C, 5D, 5E, 5F, 6A, 6B, 7A, 7B, 7C, 7D, 8A, 8B

At the end of the semester, the student will be able to plan and implement effective intervention for the adult client including:

- Perform baseline assessment measures including accurate interpretation of data
- Determine appropriate short and long term goals
- Develop appropriate and varied daily treatment plans
- Interact professionally with clients, families, allied professionals, colleagues, and supervisor
- Apply academic information and current research/evidence-based approaches to intervention plan
- Modify treatment approach as needed; manage behavioral, cognitive and linguistic challenges to promote optimal client performance
- Demonstrate understanding of normal and disordered cognitive/linguistic skills
- Demonstrate understanding of cultural, linguistic, educational, and environmental variables in addition to pre-morbid status when interpreting baseline data and planning treatment.
- Demonstrate effective and professional written communication skills on daily progress notes and on formal written report given to client/family at the end of the semester

Speech-Language Pathology Knowledge and Skills (KASA-ASHA/CFCC) 2014 Standards:

Knowledge Outcomes:

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 research principles into evidence-based clinical practice.

**Clinical Skills and Processes:**

**Standard V-A:** The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

**Standard V-B:** The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.
2. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
   b. Collaborate with other professionals in case management.
   c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
   d. Adhere to the ASHA Code of Ethics and behave professionally.

**Standard V-F:** Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

**California Commission on Teaching Credentialing (CTC) Standards**

**General Program Standards:**
3. Educating Diverse Learners
4. Effective Communication and Collaborative Partnerships
5. Assessment of Students
6. Using Educational and Assistive Technology

**Speech-Language Pathology Standards:**
3. Speech, Language, Hearing and Swallowing Disorders
4. Assessment of Speech and Language Disorders
5. Assessment of Students
7. Consultation and Collaboration

**Remediation**
Students in the M.A. program in speech-language pathology as well as doctoral students working toward clinical certification will be reviewed every Fall and Spring semester by the faculty of the Speech and Language Sciences Division. Each student’s academic and clinical progress will be addressed; remediation recommendations, if any, will be determined by the faculty of the Division.

Students with Disabilities: Americans with Disabilities Act (ADA) Accommodation
The University is committed to providing reasonable academic accommodation to students with disabilities. The Student Disability Services Office provides university academic support services and specialized assistance to students with disabilities. Individuals with physical, perceptual, or learning disabilities as addressed by the Americans with Disabilities Act should contact Student Disability Services for information regarding accommodations. Students who need accommodation of their disabilities should contact me privately, to discuss specific accommodations for which they have received authorization. If
you need accommodation due to a disability, but have not registered with Student Disability Services at 619-594-6473 (Calpulli Center, Suite 3101), please do so before making an appointment to see me.

**Religious Observances**
The University’s policy on absence for religious observances is as follows: “By the end of the second week of classes, students should notify the instructors of affected courses of planned absences for religious observances. Instructors shall reasonably accommodate students who notify them in advance of planned absences for religious observances.”

**Commitment to Diversity and Inclusion**
The University is committed to cultivating “…a campus climate that promotes human dignity, civility, and mutual appreciation for the uniqueness of each member of our community…Freedom from discrimination, harassment, and violence against persons or property is a basic right and is requisite for learning. Freedom of speech shall be protected. By the same token, the campus community shall denounce and confront acts of intolerance, abusive behaviors, and the beliefs and past events that have separated us as a people.”

**Academic Honesty**
Students are expected to maintain the highest standards of academic honesty and respect. According to [SDSU's Center for Student Rights and Responsibilities](http://www.sdsu.edu), students may be expelled, suspended, or put on probation for academic dishonesty.

Per [SDSU's STANDARDS FOR STUDENT CONDUCT](http://www.sdsu.edu), examples of academic dishonesty include cheating that is intended to gain unfair academic advantage; plagiarism that is intended to gain unfair academic advantage; furnishing false information to a University official, faculty member, or campus office; forgery, alteration, or misuse of a University document, key, or identification instrument; misrepresenting oneself to be an authorized agent of the University or one of its auxiliaries; encouraging, permitting, or assisting another to do any act that could subject him or her to discipline.

Examples of cheating include unauthorized sharing of answers during an exam, use of unauthorized notes or study materials during an exam, altering an exam and resubmitting it for regrading, having another student take an exam for you or submit assignments in your name, participating in unauthorized collaboration on coursework to be graded, providing false data for a research paper, or creating/citing false or fictitious references for a term paper. Submitting the same paper for multiple classes may also be considered cheating if not authorized by the instructors involved.

Examples of plagiarism include any attempt to take credit for work that is not your own, such as using direct quotes from an author without using quotation marks or indentation in a paper, paraphrasing work that is not your own without giving credit to the original source of the idea, or failing to properly cite all sources in the body of your work.

*Please be advised that even the mere appearance of these behaviors falls within the definition of dishonesty.*

California State University Executive Order 969 mandates faculty reporting of all incidents of academic misconduct.

**Expectations**
As clinicians, you are expected to provide your clients with the best possible treatment. Specifically, you are expected to arrive at the clinic one hour prior to your client’s appointment; have all treatment materials prepared; dress appropriately, complete required paperwork; be attentive to your client; interact with the caregivers and family members; and integrate coursework, prior knowledge, and research theories (as appropriate) into your clinical experience. You are expected to initiate and take accountability for your education and clinical training; ie: obtain information (research unfamiliar topics, read articles, read ahead in your text books) and then ask questions when you are unsure. You are also expected to immediately incorporate supervisor’s suggestions/feedback into your sessions and paperwork (within one week. You must attend and participate in all scheduled meetings and staffings. And, lastly, you must conduct yourself in a professional manner both in
and outside of the clinic. Your public behavior and online presence (ie; Facebook, Instagram, Twitter, YouTube and other social media venues) must all be appropriate and in good taste as you are entering a profession that serves the general population. Additionally, you will be held accountable to the ASHA Code of Ethics, even during your clinical training (http://www.asha.org/uploadedFiles/ET2010-00309.pdf#search=%22code%22).

**Use of Calipso**

Students will be required to submit hours accrued each week to their supervisors via Calipso (www.calipsoclient.com/sdsu) by **4:00 each Friday**. This requirement is part of the professionalism competency for your clinical evaluations. Failure to submit hours by the deadline will impact your grade in clinic. Supervisors will make every attempt to review and approve the hours by 4:00 the following Monday.

**Grading Guide**

Grades will be based on PERFORMANCE (not effort) and reported in each student’s clinic file. Two mandatory conferences will be held (mid-term, final) to discuss clinical competencies and additional conferences will be scheduled as needed. A grading rubric will be used for written reports which will be integrated in the final grade determination at the end of the semester based on cumulative clinical performance. Students in clinic will be given oral/written feedback on a regular basis. Students are expected to meet with the Clinical Faculty if they are experiencing difficulties or have questions. Refer to Appendix B in the clinician’s handbook for the counseling/remediation policy regarding deficient clinical performance.

Clinical requirements may differ among Clinical Faculty due to client needs or to enhance student’s clinical development. **Be sure to ask questions if you are unclear of assignments, discussion, and/or directions.** All students are expected to integrate coursework, prior knowledge, and research theories into their clinical experiences. Assignment dates and/or topics may be changed at the discretion of the Clinical Faculty.

<table>
<thead>
<tr>
<th>Grade scale per semester</th>
<th>Fall Y1</th>
<th>Spring Y1</th>
<th>Summer Y1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3</td>
<td>C-</td>
<td>1.7</td>
<td>C-</td>
</tr>
<tr>
<td>1.7</td>
<td>C</td>
<td>2.0</td>
<td>C</td>
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<tr>
<td>2</td>
<td>C+</td>
<td>2.3</td>
<td>C+</td>
</tr>
<tr>
<td>2.3</td>
<td>B-</td>
<td>2.7</td>
<td>B-</td>
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<tr>
<td>2.7</td>
<td>B</td>
<td>3.0</td>
<td>B</td>
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<tr>
<td>3</td>
<td>B+</td>
<td>3.3</td>
<td>B+</td>
</tr>
<tr>
<td>3.3</td>
<td>A-</td>
<td>3.7</td>
<td>A-</td>
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<tr>
<td>3.7</td>
<td>A-</td>
<td>4.0</td>
<td>A-</td>
</tr>
</tbody>
</table>

**Report Grading Rubric**

**Intervention Report Writing Grading Rubric** –

<table>
<thead>
<tr>
<th>Points Earned</th>
<th>Point Totals</th>
<th>Report Writing</th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Point</td>
<td></td>
<td>Unable to complete task without maximum specific directions. Report was not submitted as specified re: formatting and timeframe for submission. Incorrect grammar and/or content, typos in report. If client names or identifying information is sent electronically, grade is F.</td>
<td>C</td>
<td>D</td>
<td>F</td>
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<tr>
<td>2 – 3 Points</td>
<td></td>
<td>Correct grammar/no typos. If one or more typos, grade is F. <strong>HX:</strong> Basic case history reported, however needed &gt;50% clarification, elaboration and additional information; weak proof-reading</td>
<td>B</td>
<td>B-</td>
<td>C+</td>
</tr>
<tr>
<td>Points</td>
<td>GOALS/BASELINE/EVIDENCE:</td>
<td>PROGRESS/SUMMARY:</td>
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<tr>
<td>4 – 5</td>
<td>Correct grammar/no typos or grade is F</td>
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<tr>
<td>Points</td>
<td>HX: Includes all of the elements as specified in the report guidelines, however clarification/elaboration was required for &gt;20% of section</td>
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<td></td>
<td>GOALS/BASELINE/EVIDENCE: Includes all elements, accurate but may not be thorough/appropriate &amp; evidence supports goals</td>
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<td></td>
<td>PROGRESS/SUMMARY: Basic recommendations, significant supervisor input. &gt;80% editing</td>
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<td></td>
<td>4 – 5 Points</td>
<td>A-  B+  B- = 4</td>
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<td></td>
<td>6 – 7 Points</td>
<td>A A-  B = 6  B+ = 7</td>
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<td></td>
<td>8 – 9 Points</td>
<td>A A  A-</td>
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<tr>
<td>10 Points</td>
<td>No typos/grammatical errors or grade is F</td>
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<td></td>
<td>Clearly written, organized, accurate, thorough. Only changes are supervisor preference, not content.</td>
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The three sections will each be scored individually and the points averaged for a total score.

Hx ____ + Baseline/Evidence ____ + Progress/Summary_____ /3 (avg) = Final Grade ____

Practical Course Information

1). **Group Staffings and Individual Meetings:** These are weekly and attendance is mandatory. Notify the supervisor if you have a scheduling conflict. Active participation in both group staffings and individual meetings with supervisor are encouraged and required. Students are expected to focus and participate in the clinical discussion, and not use this time to complete paperwork.

2). **Treatment Plans:** A comprehensive treatment plan is required for every session (which includes session timeline, script, goals, cueing hierarchies, materials and data collection). Email to supervisor 24 hours prior to your session. Failure to submit treatment plans by the deadline will impact your grade in clinic. Client initials only; no identifying information.
3). **SOAP notes**: A progress note, or SOAP note, must be written after each session. Failure to complete the SOAP notes on time will impact your grade in clinic. Notes must be handwritten in black ink only. Keep all SOAP notes in your folder, placed in hallway. Client initials only.

4). **Baselines**: Baselines are required for each goal. Plan to gather baselines during the first session. Treatment should begin as soon as possible to give your client the best service. Formal and informal assessment, observation, prior reports, and caregiver reports will be used to gather baselines.

5). **Long-term and short-term goals**: Include goals on treatment plans. Typically, but not always, LTGs are for one semester; STGs are for 2-4 sessions.

6). **Data collection**: Meticulous data collection needs to be completed each session and charted in SOAP notes immediately. Data collection sheets will be reviewed by supervisor.

7). **Home program**: Every client needs to have a home program, with family/caregiver training, education and participation.

8). **Feedback**: You will be given verbal, written, and hands-on feedback from your supervisor, a minimum of 25% of the time. Should you require additional feedback, please make an appointment during your supervisor’s office hours.

9). **Rounds**: During staffing, you will be expected to ‘round’ (discuss) your client in an organized and professional format (on Blackboard).

10). **Treatment Plan Presentations**: All clinicians will select a therapeutic intervention technique and give a brief presentation to the group during staffing. More details will be provided at the group meetings.

11). **Cancellation Protocol**: Should the clinician need to cancel a treatment session, the following steps must be completed:

   A. Call the Clinic Front Office 619-594-7747 and leave a detailed message on the voice mail.
   B. Call Supervisor’s office 619-594-7417 and leave a detailed message on the voice mail.
   C. Send an email to both the Supervisor and the Administrative Coordinator (mfulton@mail.sdsu.edu) with specific details.

12). **Clinical Experiences**: Each student will participate in 1-3 clinical experiences; however, not all experiences will be of the same design. Experiences may include individual treatment, co-treatment, or small group treatment.

**Syllabus is Subject to Change**
This syllabus and schedule are subject to change. If you miss a clinic day, weekly meeting, or staffing, you are responsible for obtaining and knowing all information discussed during your absence.

**Staffing Calendar**
Topics covered in staffings may include: overview of cognitive, linguistic, and speech production deficits seen in clients with Left CVA, Right CVA, and TBI; treatment techniques for those deficit areas; problem-solving for individual clients, counseling techniques; report writing/goals. Other topics may include community resources; documentation for hospital settings; and how to read a medical record.
**CLINICAL PREPARATION**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Pre-Clinic Preparation and Responsibilities</th>
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<tbody>
<tr>
<td>5/26/15</td>
<td>Meeting – 12:00-2:00 Introduction to Clinical Process/Client Forms/Treatment Plans; Overview of Semester. <strong>Following the meeting:</strong> research client disorders, meet with previous clinicians, and watch clinic videos in order to prepare first two Treatment Plans. 2:00-2:30 – ALG/ACG Meeting</td>
</tr>
<tr>
<td>5/27-5/29</td>
<td>Individual meetings with supervisor: <strong>Bring:</strong> Completed Client worksheets, Progress Report first draft, Client File, Session #1 and Session #2 Treatment Plans, all materials, ideas and questions.</td>
</tr>
<tr>
<td>5/29/15</td>
<td><strong>Due 5/29 emailed by 12:00 noon:</strong> Final Treatment Plans for Session #1 and Session #2, including timeline, script, and ALL materials. No identifying information.</td>
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**CLINIC BEGINS**

<table>
<thead>
<tr>
<th>Week/Date:</th>
<th>Staffing Day/Time</th>
<th>Topic/Treatment/Due Dates</th>
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</thead>
</table>
| (1) June 1   | Monday June 1 2:00 | **Staffing Topic:** Baseline assessment, data collection, probes, goals, SOAP notes.  
**Treatment:** Client interview and file update, forms, baseline assessment. Complete baseline measures.                                                                                      |
| (2) June 8   | Monday, June 8 2:00 | **Staffing Topic:** TBD according to clinician need/competency  
**Treatment:** Begin treatment planning, goal formulation.  
**Due June 15 emailed by 12:00 noon:** Progress Report (History, Baselines, LTGs with evidence cited, Home Program, and Client Conferences paragraph) |
| (3) June 15  | Monday, June 15 2:00 | **Staffing Topic:** TBD according to clinician need/competency  
***Treatment: Initial Client/Family Conference (10-15 minutes) present Client Goal List.  
Treatment on drafted goals.  
**Due: June 12:** Self-Observation #1: Either hand-written or e-mailed by 12:00 noon. |
| (4) June 22  | **No staffing, Midterm conferences** | **Staffing Topic:** Determined by clinician need/competency.  
**Treatment:** Continue treatment on goals. |
<table>
<thead>
<tr>
<th>Date</th>
<th>Start Date</th>
<th>End Date</th>
<th>Staffing Topic:</th>
<th>Treatment:</th>
<th>Due:</th>
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<tbody>
<tr>
<td>(5) June 29</td>
<td>Monday, June 29 2:00</td>
<td></td>
<td>Clinician presentations begin. Clinicians will: select a video clip of their client, present the client’s background information in “Rounds” format (this is on Blackboard), discuss one evidence-based treatment approach, methods/materials and answer questions. Sign-ups will be posted on supervisor’s door.</td>
<td>Continue treatment on goals.</td>
<td>June 26: Self-observation #2: Either Hand-written or e-mailed by 12:00 noon.</td>
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<tr>
<td>(6) July 6</td>
<td>Monday, July 6 2:00</td>
<td></td>
<td>Clinician presentations.</td>
<td>Continue treatment on goals.</td>
<td>July 10: Self-observation #3: Either Hand-written or e-mailed by 12:00 noon.</td>
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<tr>
<td>(7) July 13</td>
<td>Monday, July 13 2:00</td>
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<td>Clinician presentations continue.</td>
<td>Continue treatment on goals.</td>
<td>Tuesday, July 14: Email by 12:00 noon. Final version of Progress Report. All sections included.</td>
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<tr>
<td>(8) July 20</td>
<td>Monday, July 20 2:00</td>
<td>Thursday, July 23</td>
<td>Clinician presentations.</td>
<td>Final week of clinic – Client Conferences: Report and Progress Summary hand-delivered to client.</td>
<td>File all paperwork. Sign up for Individual Meeting with Supervisor for Grade, Hours and completion of administrative duties.</td>
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</table>

Final week of clinic.