Clinical Practicum Structure
This diagnostic practicum is designed to provide educational clinical evaluation opportunities for clinicians in their initial stages of training across a range of adult neurogenic disorders such as aphasia, apraxia, dysarthria, voice impairments and cognitive deficits.

Lectures will include: obtaining client’s background information; reading medical records as pertained to speech-language pathology; training and implementation of interviewing techniques; broad overview of the SLHS Assessment Protocols with emphasis and hands-on experience with tests most widely used; discussion and practice of informal evaluations; adaptation of procedures to meet client needs; interpreting, integrating, and synthesizing all information to develop diagnoses and make appropriate recommendations for intervention.

Assessment will incorporate the use of formal standardized test administration; dynamic assessment methods (test-teach-retest, mediation hierarchies, test modifications, etc.), language sampling and informal diagnostic procedures. All results will be analyzed and interpreted by the students while considering age, cultural, linguistic, educational, and environmental variables of individual clients. A professionally written report with recommendations will be prepared and given to the client during a conference at which time all results will be verbally discussed by the students.

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

SDSU Student Outcomes Assessment Program (SOAP) Outcomes:
Graduate Outcomes:
1A, 1B, 1C, 2A, 2B, 2C, 2E, 3A, 3B, 3C, 4A, 4B, 4C, 5A, 5C, 5E, 6A, 6B, 7A, 7B, 7C, 7D, 8A, 8B
By the end of the semester, given practical diagnostic experience, the student will be able to plan and conduct a complete diagnostic evaluation which includes the following components:

- Gathering of information prior to test administration (i.e., accessing medical records, collaborating with allied professionals, and interviewing the client and/or family members)
- Identification and practice of appropriate assessment measures prior to the diagnostic session, according to the client’s presenting diagnosis
- Correct administration and scoring of assessment procedures according to the assessment protocols
- Modification of administration depending upon the client’s behavioral, linguistic, and cognitive abilities
- Accurate interpretation of test scores while considering age, cultural, linguistic, educational, and environmental variables in addition to premorbid status
- Effectively communicating results/recommendations to the client and family
- Completion of a professional, formal written report including specific recommendations.

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

Clinical Skills and Processes:
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.

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. 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**
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
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 discuss

**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](https://www.sdsu.edu/student-affairs/students-rights-and-responsibilities), students may be expelled, suspended, or put on probation for academic dishonesty.

Per [SDSU's STANDARDS FOR STUDENT CONDUCT](https://www.sdsu.edu/student-affairs/students-rights-and-responsibilities), 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
Clinicians are expected to attend every meeting in order to: practice administration of selected tests; and participate in pre- and post-staffings to plan, present, and discuss assessment techniques under direct supervision. Clinicians will receive written feedback documenting their strengths as well as suggestions for future performance. It is expected that clinicians will meet regularly with their clinical educator to obtain additional assistance as needed. Clinicians are expected to become more independent throughout the semester while given support and guidance.

Grading Guide
Grades will be based on PERFORMANCE (not effort) and reported in each student’s clinic file. Two mandatory conferences will be held (e.g., mid-term, final) to discuss clinical competencies and additional conferences may be scheduled as needed. Students will be graded based on their roles (pre/post staffing, intake interview, testing, results conference, etc.) which may differ per experience. Full diagnostic reports will be graded for both content and style (format, grammar, punctuation, spelling) as discussed in staffing. The final grade will be determined from performance of all roles 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. Refer to Appendix B in the clinician’s handbook for the counseling/remediation policy regarding deficient clinical performance. Client cancellations may occur during the semester and the Clinical Faculty will reschedule as possible.

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.

Report Grading Rubric
Intervention Report Writing Grading Rubric –

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<th>Targets by Semester</th>
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<td>10 Points</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 ____

Student’s Clinical Duties

1. Pre-staff
   a. Typed Outline / Report Draft including
      i. Background
      ii. Information needed from family / client for interview
      iii. Possible tests, sub-tests, probes, etc. / Be prepared to discuss rationale
      iv. Timeline / Order of Priority
   b. Students will orally present case and answer questions

2. Following Pre-Staff
   a. Confirm appointment with client/family following pre-staff
   b. Arrange observation if appropriate
   c. Practice – Practice- Practice administration & scoring of tests
   d. Consult with clinical educator if you have questions

3. Day of DX
   a. Set-up of environment appropriate for client’s age / interests / motivation.
   b. One copy of each protocol to be used for monitoring
   c. Make sure partner/Clinical Educator reviews all used protocols for basals / ceilings.
   d. Confirm conference appointment with client/family
   e. Brief post-staffing of immediate notations/observations to be remembered.

4. Following DX
   a. Score all test protocols
   b. Interpret results & pose recommendations
   c. Meet with clinical educator if you have questions

5. Day of Conference
   a. Set-up of environment appropriate for family / client
   b. Typed outline of main points to discuss with examples from DX
   c. Rehearse presentation of information
   d. Have a visual handout to give to client
      i. List of service locations
      ii. Suggestions for home
      iii. Etc.
e. Email report draft to clinical educator
f. Follow-up with any phone calls if needed

6. Following Conference
   a. Email revised report to clinical educator within the week
   b. Make copies of signed report (same # as on release of information)
   c. Place all copies in client’s file and give to front office staff to mail.

**Grading Criteria**

7. Demonstration of planning and preparation for assessment
   a. Completion of necessary readings pertinent to client’s presenting problem
   b. Selection of appropriate test instruments (formal & informal) and materials
   c. Contribution to pre-post staffing meetings
      i. Organization
      ii. Clarity
      iii. Supporting Evidence / Rationale for Choices
      iv. Timeline

8. Demonstration of effective administration of a variety of assessment procedures.
   a. Set-up of environment appropriate for client.
   b. Execution of a variety of assessment methods (Interview & testing) and judgment of clinical effectiveness.
   c. Effective administration, scoring, and analyses of formal/informal assessment measures, data collection via speech and language sampling and observation skills.
   d. Effective execution of appropriate assessment techniques across target areas (speech, language, cognition, voice, fluency, etc.) per client as appropriate.
   e. Development and recommendations of a home program for clients as appropriate

9. Demonstration of appropriate conceptualization of the clinical process, modification of behaviors, and communication of prognosis to clients.
   a. Effective use of data to inform clinical educator/client 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.
10. Reflection of own clinical performance including strengths and areas to continue improving.
   a. Response to supervision
   b. Growth towards independence
   c. Follow-through of administrative duties (timeliness, paperwork follow-through, etc.)

Syllabus is Subject to Change
This syllabus and schedule are subject to change in the event of extenuating circumstances. If you are absent from class, it is your responsibility to obtain all information missed.

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<thead>
<tr>
<th>DATE:</th>
<th>TOPIC/RESPONSIBILITIES:</th>
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<tbody>
<tr>
<td>January 24</td>
<td>Orientation, begin assessment review</td>
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<td>January 31</td>
<td>Continue assessment review</td>
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<td>February 7</td>
<td>Continue assessment reviews</td>
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<td>February 14</td>
<td>Practice assessments, Pre-staff, Case Prep Due: 9:00 am – 2 video observations</td>
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<td>February 21</td>
<td>Continue assessment review, Pre-staff, Case Prep</td>
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<td>February 28</td>
<td>Assessment/Post-Staff (Teams B, C observe) Team A</td>
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<td>March 7</td>
<td>Assessment /Post-Staff (Teams A, C observe) Team B</td>
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<td>March 21</td>
<td>No Class – NCAA Tournament</td>
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<td>March 28</td>
<td>Post-Staff, Report Review CSHA – San Francisco</td>
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<td>April 4</td>
<td>No Class – Spring Break</td>
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