
Handbook for Center for Communication Disorders Clinical Instructors
Communication Sciences and Disorders Program
California State University, Chico

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TABLE OF CONTENTS

CENTER FOR COMMUNICATION DISORDERS	2
PURPOSE OF ON-CAMPUS CLINIC	2
DESCRIPTION OF CENTER	2
SUPERVISED CLINICAL EDUCATION HOURS REQUIREMENTS	2
OBSERVATION HOURS	2
DIRECT SUPERVISED CLINICAL EDUCATION HOURS	3
CLINICAL INSTRUCTOR INFORMATION	4
QUALIFICATIONS	4
THE CLINICAL INSTRUCTOR’S TASKS	4
THE CONTINUUM OF INSTRUCTION	5
INFUSING EVIDENCE-BASED PRACTICE INTO CLINICAL INSTRUCTION	6
CLINICAL INSTRUCTOR REQUIREMENT	7
OFFICE HOURS	7
STUDENT MEETINGS	7
REQUIREMENTS FOR CLINICAL INSTRUCTION: ASHA STATEMENT	7
CLINICAL TEACHING EXPECTATIONS	8
FEEDBACK AND EVALUATION	8
SELF-EVALUATION	8
CLIENT DOCUMENTATION	9
MATERIALS	9
GRADING AND COMPETENCY EVALUATION	10
INFUSING EBP INTO CLINICAL INSTRUCTION	10
CLINICAL REPORTS	11
PROCEDURES AND CONDUCT OF STUDENTS	12
STUDENT PREPARATION PRIOR TO BEGINNING THE INTERNSHIP	12
CONFIDENTIALITY/ HIPAA COMPLIANCE	12
CODE OF ETHICS	13
ATTENDANCE	13
DRESS CODE	13
IDENTIFICATION	14
LIABILITY INSURANCE	14
INFECTIOUS CONTROL	14
ESSENTIAL FUNCTIONS	15
REMEDATION PROCEDURES	16
MANAGING UNSATISFACTORY CLINICAL PERFORMANCE	16
POLICY AND PROCEDURES FOR STUDENT COMPLAINTS	17
PROBATION POLICIES AND PROCEDURES	17
STUDENT GRIEVANCE AND COMPLAINT PROCESS	17
CMSD 684 SYLLABUS: CLINICAL PRACTICUM	19

CENTER FOR COMMUNICATION DISORDERS

PURPOSE OF ON-CAMPUS CLINIC

The purpose of the on-campus clinical practice is to provide students in-depth, guided supervision in their initial clinical experiences.

DESCRIPTION OF CENTER

Clients typically are referred to the Center for Communication Disorders (CCD) by teachers, speech-language pathologists in the field, doctors, or they are self-referred. Upon referral, the CCD office sends out a case history form to be completed by the client and schedules an appointment for a diagnostic evaluation. After completing the diagnostic evaluation, the diagnostic team writes a report and, if a disorder is found, recommends the client be placed on the eligibility list for therapy or makes a referral for an appropriate service provider. Clients are selected from the eligibility list based on the needs of the clinic, including variety of ages and disorders and available schedule.

Once selected for therapy, clients are assigned to student clinicians on a semester basis. Each client is seen by a student clinician twice per week for fifty minute sessions, under the direct supervision of licensed and certified Speech-Language Pathologists. In special circumstances, session times may be longer or shorter as deemed appropriate by the supervising SLP. The university clinic may provide therapy for a client up to a maximum of three semesters. Exceptions to this limit are based on the needs of the training program.

SUPERVISED CLINICAL EDUCATION HOURS REQUIREMENTS

By fulfilling CMSD program requirements, students simultaneously meet requirements for California State Licensure, ASHA Certificate of Clinical Competence (CCC), and the Speech-Language Pathology Services Credential. A total of 400 supervised clinical education hours are required.

OBSERVATION HOURS

Students complete 25 hours of observation of clients who have communication disorders within the scope of practice of speech-language pathology. These observations must be under the direction of a Clinical Instructor who holds CCC-SLP. Students who have completed their baccalaureate degree at CSU, Chico will have accrued these observations hours as part of the course requirements in Voice and Fluency Disorders, Language Disorders, Diagnostic Methods, Aural Rehabilitation, and Clinical Methods courses. It is the students' responsibility to maintain the log sheet during the semesters (s)he is completing the observations. Prior to beginning the graduate program, logs containing original instructor signatures must be submitted to the

Administrative Support Coordinator. These will become part of each individual's practicum (clock hours) file, maintained in the program office.

DIRECT SUPERVISED CLINICAL EDUCATION HOURS

Students must earn at least 375 supervised clinical education hours (i.e., direct patient contact), in addition to the 25 observation hours, that concern the evaluation and treatment of children and adults with disorders of speech, language, swallowing, and hearing. Practicum must include experience with client populations across the life span, from culturally and linguistically diverse backgrounds, with various types and severities of communication and/or related disorders. Students must also **demonstrate utilization of evidence based practices (EBP) when determining therapy treatments for their clients.**

CLINICAL INSTRUCTOR INFORMATION

QUALIFICATIONS

The Clinical Instructor is a master clinician who holds the Certificate of Clinical Competence in speech-language pathology from the American Speech-Language-Hearing Association (ASHA) and is licensed by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Additionally, all Clinical Instructors must demonstrate two years experience beyond their Clinical Fellowship.

Clinical Instructors who are new to our program must complete CAPCSD's Supervision Modules prior to supervising students. For Clinical Instructors already established in our program, one year is granted for the completion of these modules. Required modules are titled Foundations of Clinical Education and Effective Student-Clinical Educator Relationships. Certificates of completion must be submitted to the Internship Coordinator (klmartin@gmail.com) prior to the start date for new Clinical Instructors or by August 1, 2019 for current Clinical Instructors. These modules are free and ASHA CEUs are available.

CAPCSD Enrollment Instructions - [click here](#)

THE CLINICAL INSTRUCTOR'S TASKS

Clinical Instructors should have a thorough understanding of ASHA's [Position Statement on Clinical Instruction](#) (2008).

ASHA (1985) outlined 13 tasks identified as "basic to effective clinical teaching and constituting the distinct area of practice which comprises clinical instruction in communication disorders."

The identified tasks were as follows:

1. Establishing and maintaining an effective working relationship with the supervisee
2. Assisting the supervisee in developing clinical goals and objectives
3. Assisting the supervisee in developing and refining assessment skills
4. Assisting the supervisee in developing and refining clinical management skills
5. Demonstrating for and participating with the supervisee in the clinical process
6. Assisting the supervisee in observing and analyzing assessment and treatment sessions
7. Assisting the supervisee in the development and maintenance of clinical and Clinical Instruction records
8. Interacting with the supervisee in planning, executing, and analyzing Clinical Instruction conference
9. Assisting the supervisee in evaluation of clinical performance
10. Assisting the supervisee in developing skills of verbal reporting, writing, and editing
11. Sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice
12. Modeling and facilitating professional conduct
13. Demonstrating research skills in the clinical or Clinical Instruction process

THE CONTINUUM OF INSTRUCTION

The kind and amount of assistance needed by a student in his/her first semester of clinical practice differs significantly from that needed by an individual with many years of work experience. Furthermore, Clinical Instructors have different expectations as well as different needs from instruction throughout their professional careers.

Anderson (1988) described a 3-stage continuum of instruction that provides a framework to account for these differences. The goal is to progress to the self-instruction stage, which may not occur during the internship experience. Stages are described in detail below.

EVALUATION-FEEDBACK STAGE → TRANSITIONAL STAGE → SELF-INSTRUCTION STAGE

The first stage is the Evaluation-Feedback Stage. Here, the Clinical Instructor provides direction, evaluation, and feedback, and the supervisee functions primarily as the recipient of information. Anderson notes that the beginning student clinician, one working with a new type of client, and one who has just entered a new setting may be found in this stage. These students typically expect and need explicit instruction about what to do and how to do it as well as directive feedback. In this stage, Clinical Instructors use a direct-active style while supervisees employ a passive style. The aim for both Clinical Instructor and supervisee is to leave this stage as soon as possible and progress to a point further along on the continuum.

In the Transitional Stage, shared responsibility begins and shifts gradually from the Clinical Instructor to the supervisee for all aspects of their interaction. Although the supervisee is not yet able to function independently, he/she is progressing along the continuum in that direction. Individuals at this stage show emerging competence, and the Clinical Instructor is able to recognize this increased knowledge and skill. The Clinical Instructor facilitates and accepts the supervisee's growing ability to assume responsibility. A collaborative style of interaction is appropriate at this stage, with some direction and feedback coming from the Clinical Instructor; however, the supervisee is an active participant.

In the Self-Instruction Stage, the supervisee is able to accurately self-analyze, and he/she is able to plan and implement changes based on the analysis. Here, the supervisee assumes the dominant role and is accountable for effectiveness, exhibiting the independent functioning that is the goal of instruction. Supervisees in this stage need not have total expertise; rather they know when and how to ask for help and well-developed strategies for problem-solving. The appropriate style for this stage is the consultative style, where the Clinical Instructor is mainly listening, supporting, and problem-solving. When appropriate, the Clinical Instructor may offer direct suggestions but recognizes and accepts the supervisee's option of rejecting the suggestions. Not all students progress to the stage of self-instruction by the end of their graduate program.

The described stages of the continuum are not time bound. Both Clinical Instructors and supervisees should expect to move through the stages in sequence; however, they may shift temporarily to either a less advanced or more advanced stage for specific tasks or interactions. For example, some students may progress along the continuum, working well into the transitional stage for a particular clinical assignment, but when they are assigned a new client or different Clinical Instructor, they return to the evaluation-feedback stage. This is common for many students when they begin an off-campus placement. Furthermore, supervisees may function at different points on the continuum for different tasks in managing an individual client. For example, a supervisee who plans and administers recommendations may need specific direction and feedback to counsel a parent or to provide programming suggestions to a teacher.

INFUSING EVIDENCE-BASED PRACTICE (EBP) INTO CLINICAL INSTRUCTION

Students are expected to utilize evidence-based practice (EBP) in diagnostics and treatment, and Clinical Instructors are expected to facilitate and guide that process. ASHA (asha.org/Members/ebp/intro/) describes evidence-based practice as the following:

“The goal of EBP is the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve...”

“Because EBP is client/patient/family centered, a clinician's task is to interpret best current evidence from systematic research in relation to an individual client/patient, including that individual's preferences, environment, culture, and values regarding health and well-being. Ultimately, the goal of EBP is providing optimal clinical service to that client/patient on an individual basis. Because EBP is a continuing process, it is a dynamic integration of ever-evolving clinical expertise and external evidence in day-to-day practice.”

For example, if the student is going to work on articulation therapy, s/he needs to investigate Bankson and Bernthal or another text or journal article and write the plan so that the goal is supported by EBP. If it is dysfluency, s/he can review her Barry Guitar text or another text, find the section on Easy Onset, and locate a peer reviewed article to support the approach in the chapter reference section. These steps are second nature to Clinical Instructors, but student clinicians need to be directed in this area.

In addition to using references in textbooks, ASHA’s website contains valuable EBP information within the [Practice Portal](#), [Evidence Maps](#), and [Systematic Reviews](#). Please explore this with your students.

CLINICAL INSTRUCTOR REQUIREMENTS

OFFICE HOURS

You are required to establish office hours for the semester **during times that students are available**. The number of hours you are required to hold is directly related to your appointment: a minimum of 30 minutes of office hours for every 3 students that you supervise. Please try to break office hours of more than 2 hours into different days.

STUDENT MEETINGS

You are required to hold mandatory weekly meetings with your students throughout the semester. Students may be seen individually or in small groups as the Clinical Instructor sees fit. Some Clinical Instructors find it beneficial to require students to attend both small group and individual meetings, as both have merit. Group meetings are beneficial because students can be exposed to various diagnostic and therapy techniques that they can all use in the future; furthermore, they can engage in critical thinking and problem solving together. Whether group or individual meetings occur, the Clinical Instructor must keep record of these meetings.

REQUIREMENTS FOR CLINICAL INSTRUCTION: ASHA STATEMENT

The amount of instruction should be appropriate to the student's level of knowledge, experience, and competence and the instruction should be sufficient to ensure the welfare of the client populations. Direct instruction must be in real time and must never be less than 25% of the student's total contact with each client. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence.

It is imperative that Clinical Instructors understand that some students will require more than the 25% of total contact based on factors such as student ability, student knowledge of client's disorder, and student experience. In cases where academic preparation is not congruent with clinical assignment, the Clinical Instructor shall provide additional supervision, meetings, referral to faculty with expertise, and/or supplemental EBP readings. CI's must provide documentation of this process.

In the event that a client cancels or is not scheduled for any reason other than campus holiday, it is the expectation that the Clinical Instructor reports to the CCD and remains on site for the duration of that scheduled time. The Clinical Instructor should use that time for student meetings, reviewing client files/reports, etc. In the event that the Clinical Instructor is unable to be present, s/he must arrange for coverage by another current Clinical Instructor or faculty member. Make-up hours should then be reciprocally provided to the Clinical Instructor who provided coverage.

CLINICAL TEACHING EXPECTATIONS

Effective clinical teaching involves Clinical Instructor feedback to the students, Clinical Instructor evaluation of the student, and development of the student's self-analysis, self-evaluation, and problem-solving skills. ASHA's [Code of Ethics](#) (2016) mandates that individuals "hold paramount the welfare of persons they serve professionally." If supervisees do not have the ability to make appropriate progress along the continuum toward independence, it is the ethical and professional duty of Clinical Instructors to manage this problem. Because of differences in perceptions of clinical competence, evaluation decisions are difficult and are subject to great variability across Clinical Instructors. Thus, it is imperative that Clinical Instructors collect and analyze data throughout a term for all students. Clinical Instructor accountability is demonstrated via documentation of problem areas and supporting action to attempt to develop clinical competence in supervisee. The Clinical Instructor must be able to demonstrate that s/he has provided specific, direct feedback throughout the term, with opportunities and support for making necessary changes.

FEEDBACK AND EVALUATION

Feedback and evaluation should be ongoing throughout the clinical experience. Clinical Instructors must provide formal verbal and written feedback at least weekly. Clinical Instructors are required to conduct mid-term and final evaluations for clinical competencies with their student clinicians using the CCD's [Supervisor Evaluation of Student Form](#). The evaluations should be conducted in person and individually at the midpoint and conclusion of the semester. During these evaluations, student and Clinical Instructor discuss the student's strengths and areas of improvement and establish objectives for improving performance. Clinical Instructors must keep record of weekly meetings and demonstrate supporting action toward remediation of any problem areas or incompetencies.

Evaluations of Clinical Instructors are completed by the students toward the end of each semester. These forms will be provided by the ASC, and are to be returned to her for placement in the Clinical Instructor's permanent personnel file after the semester is over.

SELF-EVALUATION

Students must complete at least one self-evaluation per semester, with one being the video observation report. Other formats may be used in addition. A copy of the final written self-evaluation should be submitted to the Administrative Support Coordinator at the end of the semester.

CLIENT DOCUMENTATION

Students must keep a working file for each client. The working file is to contain (a) lesson plans b) SOAP notes, and (c) therapy materials. This file is to be reviewed by the Clinical Instructor and returned to the student each week. Please inform your students that record keeping is a part of the semester grade. For HIPAA purposes, working files remain in CCD Computer Labs and must not be removed from the clinic area.

Lesson Plans - Students must be required to write lesson plans for therapy sessions. Initially, you may find that a lesson plan for each session is necessary. However, as the semester progresses, a weekly lesson plan suffices. It is expected that there be an EBP rationale for the goals.

SOAP Notes - Students must be required to write SOAP notes for each therapy session. SOAP stands for: S= Subjective (state of the client), O= Objective (data from the various treatment activities), A= Assessment (Clinician's interpretation of the progress), P= Plan (what will you work on for the next session and longer term).

Clinic Reports - Clinical Instructors are responsible for teaching clinical writing and guiding students through the process of Initial Case Reports and Final Case Reports. It is expected that Clinical Instructors will ensure that the final version is accurate and complete. The Clinical Instructor is responsible for editing the reports, which includes ensuring accuracy of content and writing mechanics (grammar, spelling and punctuation), appropriate professional tone, and use of original statements (no cut and paste plagiarism from other reports). Refer to the Clinic Calendar for report due dates.

Client reports (feedback and revisions) are to be presented in hard copy format ONLY. Electronic submissions are not permitted due to HIPAA regulations. If the Clinical Instructor is unavailable, reports need to be kept in the student's working file in the secured computer lab file cabinet. When returning drafts and final reports to students, the Clinical Instructor may hand deliver to students or place their working file in their designated computer lab.

No client documentation can be removed from the clinic at any given time. Report revisions, lesson plans, and SOAP notes must be worked on in designated HIPAA compliant areas (CI offices and student labs).

MATERIALS

All materials and clinic technology must be kept on site unless permission is obtained from the Clinic Director. Technology must be signed in/out of the clinic office through the ASC and returned by end of day. Students and Clinical Instructors may also check out their assigned client's clinic file(s), but these must be kept in clinic areas and returned to the clinic office by end of day.

GRADING AND COMPETENCY EVALUATION

The Clinical Instructor should use documentation of performance, including mid-semester and final evaluations to consider clinical competencies when determining the student's grade. All on-campus clinical practica are letter graded. Final semester grading is based on the [CCD Grading Rubric](#). In an effort to provide a smooth transition from one clinical experience to the next, Clinical Instructors and students will meet at a final semester conference to collaboratively develop clinical/professional goals, which the student can share with future Clinical Instructors.

[KASA Signatures](#) - Students are responsible for having their KASA skills form signed each semester, when appropriate. A rating of 4 or 5 on the Clinical Instructor Evaluation of Student Form would constitute enough skill attainment to get a signature on the KASA for that particular skill.

[Hours Log](#) - Students are responsible for keeping track of the *exact* number of contact minutes they obtain while in clinic. **Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted.** Students must complete a CMSD hours log indicating the age group, ethnic/linguistic/SES diversity, category of service, and hours obtained. These records must be signed by the CI and submitted to the CMSD office at the completion of the semester. Students are required to input hours into the University's electronic data management system.

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supported by EBP. If it is dysfluency, s/he can review the Barry Guitar text or another text, find the section on Easy Onset, and locate a peer reviewed article to support the approach in the chapter reference section. These steps are second nature to Clinical Instructors, but student clinicians need to be directed in this area. ASHA's website contains valuable EBP information within the [Practice Portal](#), [Evidence Maps](#), and [Systematic Reviews](#). Please explore these resources with your students.

CLINICAL REPORTS

Clinical Instructors are responsible for teaching clinical writing and guiding students through the process of Initial Case Reports and Final Case Reports. It is expected that CI's will ensure that the final version is accurate and complete. The CI is responsible for editing the reports, which includes ensuring accuracy of content and writing mechanics (grammar, spelling and punctuation), appropriate professional tone, and use of original statements (no cut and paste plagiarism from other reports). Refer to the Clinic Calendar for report due dates. Examples of Reports are in the Appendices.

Client reports (feedback and revisions) are to be presented in hard copy format ONLY. Electronic submissions are not permitted due to HIPAA regulations. If you are not on campus, students will turn in drafts and final reports to your secure box in AJH 100. When returning drafts and final reports to students you may hand deliver to students or place in secured student file in designated writing labs (AHJ 105 and 112F).

PROCEDURES AND CONDUCT OF STUDENTS

STUDENT PREPARATION PRIOR TO BEGINNING THE INTERNSHIP

Prior to beginning clinical practicum at the Center for Communication Disorders (CCD) each student will have purchased professional liability insurance, have a Certificate of Clearance, and have completed CPR training, have had two-step TB clearance and BBP and HIPAA training.

CONFIDENTIALITY/ HIPAA COMPLIANCE

Confidentiality of client information is of utmost importance and must be maintained. Client privacy rights are federally stipulated in the Health Insurance Portability and Accountability Act (HIPAA) and the ASHA [Code of Ethics](#). Students are expected to adhere to these regulations. To help ensure confidentiality, the client's master file may not be removed from the clinic. However, students may check out a file to take to the clinician preparation room (AJH 104), to their writing lab (AJH 105 or 112F), or to the clinical instructor's office. Photocopying of any information in the file is not allowed. Further, all rough drafts or any documents containing the client's personal information must be destroyed once no longer needed. For educational purposes, students may retain drafts in which protected patient information has been deleted.

While it is appropriate for students to share information regarding their clients, including diagnostic information and therapy techniques, they must take care not to discuss their clients in the reception area or outside of the clinic. See the following Employee/Student Confidentiality Form. Student clinicians may not invite visitors to the clinic.

CSU, Chico, Employee/Student Confidentiality Form

Use and/or disclosure of protected health information (PHI) or patient identifiable information is strictly prohibited. The California State University, Chico Student Health Service adheres to the regulations of the California Medical Information Act (CMIA) and the Health Insurance Portability and Accountability Act (HIPAA). As an employee, volunteer or business associate of the above named facility, I agree that use and/or disclosure of PHI \and patient identifiable information is against federal and California state law. I further understand that California Medical Information Act (CMIA) and Health Insurance Portability and Accountability Act (HIPAA) regulations are adhered to by the CSUC Student Health Service.

CODE OF ETHICS

The [Code of Ethics](#) published by the American Speech-Language Hearing Association is to be followed by the clinicians. Please read and follow these standards. Should a question arise in regards to ethics, particularly when it is directly related to clinical conduct, the clinician is expected to ask the CI for direction.

Certain professional standards are expected of students in training. Clinicians are to maintain a professional relationship with clients and their caregivers. While clinicians are encouraged to seek pertinent information in regards to their clients and how their disorder manifests itself in other environments, clinicians should not become “friends” with the client or caregiver. For example, it would not be appropriate to start going out for coffee, dinner, etc. and calling the client or caregiver just to “chat.”

ATTENDANCE

Students should be set up at least 10 minutes prior to the beginning of the session. CIs will be present and prepared to observe. Students are expected to have in place audio recording systems, all intervention materials for the session, and a clean and organized therapy room. They are expected to meet clients *promptly* for therapy and work with them for the entire 50 minute session. If a student is late to set up and be prepared for a session after one warning from the supervisor, that student will be required to meet with the Clinic Director (CD) and may forfeit that client and clinic for the semester. CI approval is required to shorten a therapy session. There is no reason to arbitrarily shorten a therapy session. Only personal illness or other extenuating circumstances are acceptable reasons for clinician absences. The clinician is responsible for contacting the client, the clinic office, and his/her supervisor prior to the scheduled appointment time when s/he meets for therapy. The clinician should have the client’s phone number(s) available for use in such emergencies.

Note: Students are required to provide a medical note to the CD if a session is missed. Greater than 3 sessions missed will entail meeting with the CD and will require repeating CMSD 684.

DRESS CODE

Professional appearance and attitude are expected of all student clinicians. A simple rule is to dress as if you were interviewing for your first SLP job. Clinic supervisors and the clinic director will make final decisions regarding inappropriate dress. Jeans are appropriate if they are nicely tailored. The following items are not to be worn in or in the vicinity of clinic: shorts

(unless they are knee length), tank tops, tube tops, tops that are shoulderless/strapless, expose backs, midriffs, undergarments, or are low-cut and considered to be revealing. This standard exists whether or not you have therapy that day. Flip-flops are not appropriate; however, sandals can be worn if they are not noisy and stay on your feet. Visible body piercings and tattoos are not allowed. If you are in doubt, it is advisable to err in the conservative direction. If dress is inappropriate on the day of therapy, that session will be forfeited and the student will be required to meet with the CD.

Dress codes for off-campus placements will vary depending on the setting and supervisor. Please consult with off-campus supervisors before an initial visit.

IDENTIFICATION

Student clinicians are required to wear their ID when conducting sessions.

LIABILITY INSURANCE

Student clinicians are required to hold professional liability insurance, which is available at a discounted rate. Incoming students will receive information regarding insurance prior to beginning their clinical experience. Second year students are responsible for renewing their insurance before it expires. Proof of insurance must be provided to the ASC for placement in the clinician's file.

INFECTION CONTROL

To aid in the prevention of sickness and infection, the following procedures should be followed:

- Clinicians wash their hands prior to and following all clinical sessions.
- Clinicians are also responsible for wiping down the tables and chairs with disinfectant in the therapy rooms after each session. Disinfectant and paper towels should be available in all therapy rooms. (Notify ASC if supplies are missing.)
- Any materials that have come in contact with a client's mouth, bodily fluids, etc. must be disinfected prior to returning them to shelves. For example, this may necessitate washing toys in hot soapy water before re-shelving them.
- Probe tips for tympanometry must be wiped with alcohol following use.
- When performing oral motor exercises or diagnostics, gloves (provided in the clinic office) should be used at all times.
- Any item such as a tongue depressor, facial tissue, gloves, etc. which comes in contact with the client's bodily fluids shall be disposed of properly.

- If a client contaminates (vomits, urinates, has a nose bleed or has an accident that results in bleeding) the therapy room, place a note on the door indicating people are not to enter, and contact the supervisor and the ASC immediately to make arrangements for room cleaning.
- Both clinicians and clients who are experiencing a contagious illness should refrain from therapy.

At off-campus placements, students will follow applicable infection control procedures for the site. It is required that students receive Hepatitis B vaccination series prior to enrolling in a CSU a medical placement. These shots are available “at cost” (approximately \$35 per shot/3 shot series) at the CSUC Student Health Center, and require approximately 6 months to complete the series. A TB skin test is also required before beginning clinical practicum and may also be obtained at the University Health Center.

ESSENTIAL FUNCTIONS

All students read and sign the [Confirmation of Essential Functions](#) prior to beginning the program.

REMEDIATION PROCEDURES

MANAGING UNSATISFACTORY CLINICAL PERFORMANCE

If a supervisee is not acquiring competencies at an appropriate rate, as judged by the Clinical Instructor, s/he will discuss the problem with the supervisee. For skills that need to be developed, specific behavioral objectives will be set, including time limits for accomplishment. Performance will be reviewed and evaluated at designated intervals. Further, the supervisee must be actively involved in data collection and analysis relative to established objectives and must be able to formulate strategies for change during weekly conferences with the Clinical Instructor. If concerns still exist at the end of designated time periods, the Clinical Instructor should inform the Clinic Director of the situation. If satisfactory outcomes are not achieved by the end of the semester, the supervisee may be required to repeat target clinical experiences. **Clock hours are earned for satisfactory completion of clinical activity.**

During the process of remediation, meeting notes, written correspondences, and written feedback will be documented and placed in the student file to develop goals for future clinical experiences to ensure student success.

POLICY AND PROCEDURES FOR STUDENT COMPLAINTS

PROBATION POLICIES AND PROCEDURES

Graduate students who fall below a 3.0 GPA will be placed on academic probation in accordance with university guidelines. Refer to the university catalog for specifications. The faculty can require additional and specific conditions for a student on probation. The faculty will inform the student of these requirements following notification of probation from the graduate school. Students who do not meet the conditions for the probationary period will be dismissed from the CMSD program.

STUDENT GRIEVANCE AND COMPLAINT PROCESS

Grievances related to grades, university services, and academic programs on and off campus may be resolved either by an informal or formal process. Every student has the right to use these procedures. For initial consultation, please contact [Chico State Ombuds](#) at (530) 898-3955 or [Student Judicial Affairs](#), Kendall Hall 110, (530) 898-6897, for further information.

The CMSD program has the following policy regarding on- and off-campus practicum: If a problem or conflict arises between a student and Clinical Internship Instructor, the two should meet to resolve the problem, keeping in mind the Clinical Internship Instructor's ultimate responsibility for the treatment plan and welfare of the client. For on-campus practicum, if no resolution is reached at the first level, the Clinic Director will serve as mediator and meet individually, and, if necessary, collectively with the parties to resolve the issue. For off-campus placements, the campus supervisor serves as the initial mediator and the Clinic Director is apprised of the situation. If no solution is found, the Clinic Director becomes actively involved. If still no solution is found, the student may pursue informal or formal grievance procedures as described in the university catalog.

Student issues relative to academic programs are managed in a similar manner. If a problem or conflict arises between a student and instructor, the two will meet to resolve the problem. If no resolution is reached, the Program Director will serve as mediator and meet individually, and, if necessary, collectively with the parties to resolve the issue. If still no solution is found, the student may pursue informal or formal grievance procedures through Student Judicial Affairs, Kendall Hall 110, (530) 898-6897.

Students with complaints about the academic or clinical programs are advised to report their grievance to the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association and are provided the following contact information: CAA Office at American Speech-Language-Hearing Association, 220 Research Blvd, Rockville,

MD 20852 or phone ASHA's Action Center at (800) 498-2071. For specific procedures, visit: [CAA Complaint Procedures](#).

CMSD 684: CLINICAL PRACTICUM SYLLABUS
California State University, Chico
Semester, year

INSTRUCTOR INFORMATION

Instructor:	Office:
Class meetings: TBA	Office Hours: TBA
Phone:	e-mail:

COURSE DESCRIPTION

This course is designed to provide graduate students with quality clinical practicum experiences involving diagnostic, treatment, and counseling services to individuals across the lifespan who present with a wide variety of communication disorders.

COURSE OBJECTIVES/student learning outcomes

Students will complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the required skills required by ASHA and CTCC as follows:

SLO	CTCC Standard	ASHA Standard	Evaluation Criteria
Complete assessment	PS 5, SLP 1, 2, 3, 4	III-C; III-D; IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items
Develop lesson plan	SLP 5	IV-G	
Implement Therapy	SLP 5	III-D; IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items
Monitor Progress		IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3

			or above on pertinent evaluation items
Communicate with ancillary individuals (e.g., family members, teachers, doctors)	SLP 5	IV-G	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items
Utilization of EBP	SLP 5	III-E	
Write Initial and Final Case Reports		IV-B; IV-G	
Documentation		IV-G	

course expectations

Students are expected to:

1. Adhere to the ASHA Code of Ethics In all professional clinical practica experiences.
2. Read and follow the policies and procedures outlines in the CSU, Chico Graduate Academic and Clinic Handbook.
3. Participate in weekly clinical meetings.
4. Demonstrate use of Evidenced Based Practice that addresses AT LEAST ONE client's goals. The following websites may be helpful:
 - <http://www.asha.org/members/ebp/intro.htm> (ASHA systematic reviews).
 - <http://www.mnsu.edu/comdis/efficacy/article.html> (Web-based Information Resources for Evidence Based Practice in Speech-Language Pathology).
 - <http://www.speechbite.com/index.php> (This website has a search engine function specific to speech pathology).
 - <http://www.aacoinstitute.org/Resources/Press/EBPpaper/EBPpaper.html> (a flowchart for use of EBP for AAC which can easily work for all disorders)
 - You may also use other sources such as ERIC, PubMed, CINAHL. You can often download AJSLP, LSHSS, and JSRH articles from NSSLHA.

Contacting your client(s)

- It is the graduate clinician’s responsibility to contact his or her clients and inform them of their first session, days and times.

Initial and Final Case Reports

- All initial report drafts (ICR & FCR) should be double-spaced with at least 1” margins
 - All final drafts of reports (ICR & FCR) should be single spaced
 - Attach test protocols and all previous drafts when turning in reports to supervisor’s box
 - Evidenced-based practice (EBP) rationales will be required for each objective in the ICR
 - Important dates: ICR 1st draft due 9/23/13 ICR final draft due 10/7/13
FCR 1st draft due 12/5/13 FCR final draft due 12/16/13
- Refer to guidelines provided in the Student and Clinic Handbook for correct format. Two originals signed by clinician and supervisor must be turned in by final draft date.

Weekly Paperwork

- Obtain a Clinic Binder (i.e., Pend-a-flex) for your client. This is to contain your lesson plans, SOAP notes, description of materials to be used and data collection forms. Please place your binders in supervisor’s box in the clinic each [Day by time]. Hard copies of both the Lesson Plan and SOAPs for each week should be included.
- Lesson Plans and Therapy – Develop and implement lesson plans for your client. Refer to the *Student and Clinic Handbook* for the appropriate lesson plan format. Lessons plans are due [], and must receive written or oral approval by the supervisor.
- SOAP Notes – Write and turn in SOAP notes following therapy sessions. A sample SOAP is available for review in the *Student and Clinic Handbook*. SOAPs are due [].
- Accurate and complete SOAP notes are vital to client progress and will prove to be invaluable in writing your FCR.

Videotaping/Self Analysis

- Two self-analyses are required each semester. Refer to the CMSD Videotape Observation Report in your *Student and Clinic Handbook*.

Meetings

- Group/Collaborative Meetings – Weekly group meetings will be held [day and time] in the supervisor’s office, unless otherwise notified. The purpose of these meetings is to analyze client/clinician interactions, discuss clinical problems, plan strategies, improve writing skills and address other relevant issues. The goal of the supervisory process is to increase your analytical and problem solving skills. Please come to group meetings prepared.

- Initial Meeting – Once you have received your client assignment, review the file and be prepared to make a short oral presentation to the group and turn in rough draft of 1st Lesson Plan
 - Client name, age, disorder
 - Goals from previous semester, if applicable
 - Areas you would like to conduct further assessment; tests
 - EBP documentation of efficacious treatment approaches

Midterm/Final Individual Meetings – Midterm evaluations will be based upon performance on the criteria listed in the Supervisor Evaluation of Student form, found in the *Student and Clinic Handbook*.

EVIDENCE BASED PRACTICE / SINGLE SUBJECT DESIGN

Evidence based practice (EBP) means integrating scientific evidence, clinician experience, and client needs for making clinical decisions.

- This semester, you are required to investigate systematic reviews and/or individual clinical studies related to AT LEAST ONE of your client's goals.
- Generate a simple SSD that could be used on your client this semester
- Provide a short written review (bring 4 copies) of the information you gathered, an explanation of your SSD and indicate how it will affect your treatment.
- It is the clinician's responsibility to visit ASHA and read the various modules on how to incorporate EBP into your intervention. Please begin with www.asha.org/members/ebp/intro.htm.

GRADING POLICY

Grading for this practicum is based upon performance on the criteria listed in the CSU Chico Supervisor Evaluation of Student form found in the *Student and Clinic Handbook*. Areas to be evaluated include skills in evaluation, intervention, interpersonal skills, report writing and professional behavior.

ATTENDANCE POLICY

The graduate clinician must call the client to cancel therapy. In addition, the clinician must contact his/her supervisor and also call Linda Shaver (898-5871) to notify the clinic of any cancellations made by you or your client. Therapy may be cancelled only if absolutely necessary. *In the case of 3 or more absences, the clinician will meet with the Clinical Director and will be directed to repeat CMSD 684. Under no circumstances is the clinic session to be cancelled for academic purposes.*

ACADEMIC RIGOR (excerpted from CSU statement of academic rigor)

Rigorous students are part of the equation of rigorous teaching and learning. A rigorous education is vigorous, difficult, deeply satisfying work, and it requires a lifestyle conducive to achieving excellence. College is not a temporary diversion or a period of entertainment, but a fundamental piece of student character, citizenship, and employment future. A diploma and good grades from a demanding institution count for something. Rigorous students:

- *Set high personal standards, develop a strong sense of purpose, come to class well-prepared, and complete assignments on time.*
- Develop an effective relationship with the instructor, in and outside of class, and make the most of University advising and other services.
- Treat the instructor, fellow students, and the classroom environment with complete respect. Give each class full attention and participation. Do not miss clinic or meetings, arrive late or leave early.
- Accept continuing responsibility for learning and for grade earned.
- Approach each class in a professional manner, as if the class was real employment. Treat a full-course load as full-time work and spend no less time on it. Determine exactly what is expected.
- Experiment with all teaching and learning strategies used in group and individual meetings, and also determine which work best for them.
- Demonstrate complete honesty and integrity.

ACADEMIC HONESTY

Any work submitted that is not the product of the student who has his/herr name on the work (which would include work taken from any other sources and not properly noted or work done by another student) is plagiarized work and will be prosecuted according to University Code. Any sign of cheating in any way on course exams or assignments will be addressed directly. If you do not understand what constitutes academic honesty, review the University Catalog.

STUDENTS WITH DISABILITIES

If you have a documented disability that may require reasonable accommodations, please contact Accessibility Resource Center (ARC) for coordination of your academic accommodations. ARC is located in the Student Services Center 170. The ARC phone number is 898-5959 V/TTY or fax 898-4411. Visit the ARC website at [ARC Website](#)

ADD/DROP POLICY:

Students may add or drop courses without restriction or penalty and without instructor approval during the first two weeks of the semester using the telephone registration system (TRACS) or using the Chico State Connection. During the third and fourth weeks of classes, COP forms are needed to add and drop and will require the approval signature of the instructor (COP Forms are available at: [Chico State Website](#)). After the end of the fourth week of the semester, all COP forms to add or drop will require a serious and compelling reason and require approval signatures of the instructor, department chair, and dean of the college. Do not assume that you will automatically be dropped for not attending class. It is your responsibility to make a commitment to dropping or staying in class by the end of the second week. It is your responsibility to follow the appropriate drop procedures or you risk getting a failing grade for the class.