
Handbook for Clinical Internship Instructors and Student Interns

Communication Sciences and Disorders Program

California State University, Chico

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GENERAL INFORMATION

PURPOSE OF INTERNSHIPS

The purpose of the Internship experience is to provide students with an opportunity to extend their academic and clinical training beyond the university setting. The Internship experience places students in settings where they have an opportunity to provide services to multiple clients/patients with a variety of disorders over the course of a semester.

THE CAMPUS LIAISON TO THE INTERNSHIP SITE

A Campus Supervisor is assigned to each intern, and this person serves as the liaison between the CMSD program and the Internship site. Matters related to the student's performance and internship process & procedures should be brought to the Campus Supervisor's attention.

During the Internship experience, the assigned Campus Supervisor will contact the site to discuss the student's progress and status. In addition, except in instances where distance prohibits such visits, arrangements will be made for one to two site visits by the Campus Supervisor.

GOALS OF THE INTERNSHIP EXPERIENCE

There are several goals of the Internship experience. They include the following:

1. To expose students to communication disorders, service delivery models, and case management procedures not readily available at the university.
2. To enable students to experience and better understand the demands and responsibilities unique to particular work settings.
3. To allow students to explore specific client populations and/or work settings
4. To provide students with experiences that will prepare them for future employment
5. To enable students to gain the clinical hours needed to meet the requirements for ASHA certification and state licensure
6. To promote communication and interaction between The University and the Internship site

STUDENT PREPARATION PRIOR TO BEGINNING THE INTERNSHIP

Prior to beginning the Internship experience, students will have successfully completed undergraduate coursework, at least two semesters of graduate coursework, and at least 50 hours of supervised clinical experience in the university's Center for Communication Disorders. They must also be advanced to candidacy prior to placement. In addition, each student will have purchased professional liability insurance, have a Certificate of Clearance, and have completed CPR training.

Arrangements for the placement of graduate student interns are made between California State University, Chico (CSUC) and off-campus sites such as schools, hospitals, or private practices. To participate in such placements, each student must initiate contact with the internship

coordinator to complete pre-internship requirements, as some sites require specific parameters be completed for placement eligibility. The student must receive prior approval from the Communication Sciences and Disorders Program (CMSD) to take part in an Internship experience.

ASSIGNMENT TO AN INTERNSHIP FACILITY

Once students have met the prerequisites of the CMSD Program and internship sites, they are eligible for an Internship. A number of facilities require interviews. Specific assignments are made by the University's Internship Coordinator in consultation with the faculty and with the approval of the placement site. Assignments take into consideration the student's academic and clinical performance, possible career interests, clinical practicum needs, previous experiences, class schedule, and geographic location. For local placements, students are expected to be able to travel throughout the region, including locations as far as Marysville, Roseville, Sacramento, and/or Redding. It is expected that students will have access to a reliable vehicle before the second year of the program.

Students must have clinical experience in at least three distinct settings prior to graduation. The first setting is the on-campus clinic during the first year of the graduate program. In the second year, students will be placed in two internships, one in each of two of three possible semesters (Summer, Fall, Spring). One school placement is required (100 hours minimum in order to qualify for a credential upon graduation), the second placement will either be medical, or other.

Internship planning begins during the fall semester of the first year of the graduate program. Students are expected to decide by October 1st if they would like to be considered for a summer internship. Students who wish to be considered outside a 100-mile radius of the University need to discuss geographic preferences with the Internship Coordinator by December 1st. Any accommodations required for a documented disability should be discussed prior to December 1st.

Students will be notified of their internship assignments by the Internship Coordinator. This typically occurs in late spring of the first year of the graduate program. It is recommended that students begin communicating with their Clinical Instructor one month prior to the start of the internship to discuss onboarding requirements. It is the student's responsibility to fulfill and complete any onboarding requirements delineated by the facility prior to the start date.

The Internship site and University will mutually agree upon the length of the Internship (number of weeks; days per week). Unless otherwise agreed upon, the student should attend the Internship 4 days per week for the full duration of the semester (12 weeks for summer, 16 weeks for fall/spring). It is expected that students will accrue between 100-200 clock hours in an Internship (generally 4 units). ***Students and Clinical Instructors are required to sign an agreement outlining the above. Under no circumstances may the student reduce the internship experience once s/he has obtained the minimum number of clock hours to graduate.*** The Internship Agreement Form is due to the program office before the conclusion of the first week of the experience.

Internship Agreement Form - Medical/Private Practice - [click here](#)
Internship Agreement Form - Schools - [click here](#)

ACCEPTANCE AND COMPLETION OF INTERNSHIP

Due to limited internship placement options, students who do not satisfactorily complete internship requirements or who refuse or cannot complete an internship assignment, do so at the risk of extending their graduate program.

DOCUMENTATION OF HOURS

Students are responsible for keeping track of the number of contact hours they obtain while participating in the Internship. **Only exact, direct contact (in minutes) with the client or the client's family in assessment, management, and/or counseling can be counted.** Students must keep a record of their time in CALIPSO, the program's digital data management tool. These records must be signed by the Clinical Internship Instructor at whatever frequency is determined by that Clinical Instructor (daily, weekly, monthly). At a minimum, the Clinical Instructor must review, revise, and approve the Intern's clock hours once on the final day of the Internship. At the Clinical Instructor's discretion, the Intern may be required to complete site-specific paperwork to document service delivery.

CLINICAL INTERNSHIP INSTRUCTOR

QUALIFICATIONS

The Clinical Internship Instructor must hold the Certificate of Clinical Competence in Speech Language Pathology from the American Speech-Language-Hearing Association (ASHA) and be licensed by the California Speech Language Pathology and Audiology and Hearing Aid Dispensers Board. Additionally, all Clinical Internship Instructors must demonstrate two years experience beyond their Clinical Fellowship. In school settings, the Clinical Internship Instructor must hold the Clinical Speech-Language Pathology Services Credential. It is the responsibility of Clinical Internship Instructor to furnish proof of credentials at the onset of the Internship experience.

As required by ASHA, in 2020, all SLPs who wish to engage in clinical supervision must complete a minimum of two hours of supervision tra

ining. Free trainings by ASHA and CAPCSD are available. It is the responsibility of the Clinical Internship Instructor to furnish proof of completion of this requirement before the Internship experience can begin.

CAPCSD Enrollment Instructions - [click here](#)

ASHA Supervision CEUs - [click here](#)

THE CLINICAL INSTRUCTOR'S TASKS

Clinical Internship Instructors should have a thorough understanding of ASHA's [Position Statement on Clinical Instruction](#) (2008) and [Code of Ethics](#) (2016).

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

DATA MANAGEMENT SYSTEM

The CMSD program uses CALIPSO for organizing and managing student records. Clock hours and competencies are tracked in CALIPSO. The Clinical Internship Instructor must register for CALIPSO in order to approve clock hours and complete the student's final evaluation. In order to register, the Clinical Internship Instructor should provide his/her ASHA number to the Internship Coordinator (klmartin@csuchico.edu) who will initiate the registration process. CALIPSO will generate an email containing a registration PIN number. Follow the prompts to complete the registration process. For additional step-by-step directions for navigating CALIPSO to approve clock hours or complete evaluations, see the instructional document below.

CALIPSO Instructions for Supervisors - [click here](#)

THE CONTINUUM OF INSTRUCTION

The enumerated tasks and their related competencies provide a detailed description of specifically what Clinical Instructors need to do. However, the ways in which they perform these tasks and demonstrate competency varies according to the needs of the specific intern. Clearly, the kind and amount of assistance needed by interns in their clinical experience 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.

REQUIREMENTS FOR CLINICAL INSTRUCTION: ASHA STATEMENT

Instruction 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.

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/patient populations. Direct instruction must be in real time and must never be less than 25% of the student's total contact with each client. These are minimum requirements that should be adjusted based on student's level of knowledge, experience, and competence.

It is required by the CMSD program that the Clinical Internship Instructor will be onsite for the entirety of the intern's experience. In the event that the CI is unable to be present, please contact

the Internship Coordinator and arrange for another qualified SLP to provide supervision. The substitute must submit documentation of their credentials so they may sign off on the student hours under their supervision.

INFUSING EVIDENCE-BASED PRACTICE INTO CLINICAL INSTRUCTION

Students are expected to utilize evidence-based practice (EBP) in diagnostics and treatment, and Clinical Internship Instructors are expected to facilitate and guide that process whenever necessary. 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.”

Exploration of evidence based practice is often second nature to Clinical Instructors, but students 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 interns.

FEEDBACK AND EVALUATION

Students appreciate verbal and/or written feedback regarding their performance. Clinical Internship Instructors should provide frequent verbal and written feedback to students during the Internship. Students are encouraged to share their KASA status with Clinical Internship Instructors early in the experience to target areas that for further development. Furthermore, student clinicians may come to the internship with established clinical/professional goals from the previous semester. These goals may be helpful areas of focus for the Clinical Internship Instructor to monitor throughout the Internship. In an effort to provide a smooth transition from one clinical experience to the next, Clinical Internship Instructors and students may meet at a final semester conference to collaboratively develop further clinical/professional goals.

Effective clinical teaching involves the development of the student’s self-analysis, self-evaluation, and problem-solving skills. Verbal and written evaluations should be ongoing throughout the Internship experience. A formal mid-term evaluation and self-evaluations are often helpful for formative purposes but are not required. A final evaluation using CALIPSO must be completed and finalized by the student’s last day on site. The Clinical Internship

Instructor must go through the evaluation with the student to discuss the student's strengths and areas in need of improvement. Efforts should be made to establish objectives for continued improvement for the student's next clinical placement.

KNOWLEDGE AND SKILLS ASSESSMENT (KASA) SIGNATURES

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

KASA Skills Form - [click here](#)

REMEDIATION PROCEDURES

MANAGING UNSATISFACTORY CLINICAL PERFORMANCE

If a supervisee is not acquiring competencies at an appropriate rate, as judged by the Clinical Internship 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 Internship Instructor. If concerns still exist at the end of designated time periods, the Clinical Internship Instructor should inform the campus supervisor of the situation. The Clinic Director and Program Director may be brought in if needed. 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 689 SYLLABUS: CLINICAL INTERNSHIP
IN SPEECH-LANGUAGE PATHOLOGY
California State University, Chico
4 units**

INSTRUCTOR INFORMATION

Instructor:	Office:
Class meetings:	Office Hours:
Phone: 898-	e-mail: @csuchico.edu

COURSE DESCRIPTION

This course provides supervised practicum in the diagnosis and treatment of speech, language, and hearing disorders. Internship settings may include public schools, hospitals, private practice, and rehabilitation facilities. Designed to be taken during the second year of master's study. Offered for 2.0 to 8.0 units. You must register directly with a supervising faculty member. You may take this course more than once for a maximum of 20.0 units. Credit/no credit grading.

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	CFCC Standard	Evaluation Criteria for Mastery
Complete assessments	PS 5, SLP 1, 2, 3, 4	IV-C IV-D V-B	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist
Develop lesson plans	SLP 5	V-B	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist
Implement Therapy	SLP 5	IV-D V-B	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist

Monitor Progress	SLP 5	V-B	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist
Communicate & collaborate with ancillary individuals (e.g., family members, teachers, doctors)	SLP 5, 7	V-B	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist
Utilize EBP	SLP 5 PS 2, 3	IV-F	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist
Provide Documentation		V-A V-B	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist
Work with diverse populations	PS 2, 3 SLP 5	IV-D	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist
Demonstrate ethical standards & adherence to regulations	PS 2, 5	IV-E	Supervisor Evaluation of Student (Final Evaluation)– 3 or above on pertinent evaluation items CTC Standards Checklist

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. Report to assigned internships during days and times specified in contractual agreement.
4. Adhere to the policies and procedures required at the internship site
5. Provide diagnosis and therapy treatment services to remediate articulation, language, apraxia, dysphagia, aphasia, dysphagia, aural rehabilitation, and fluency and voice disorders in each clinical setting
6. All clinical practice shall be supervised by properly certified and licensed individuals in speech-language pathology
7. Demonstrate Evidence Based Practice throughout this internship

8. Attend IEP and related meetings, student study team meetings and patient care conferences

ATTENDANCE POLICY

It is the student's responsibility to contact his or her Clinical Internship Instructor in the event of illness. Please do so before 8 a.m. on the day of the absence. More than 3 days of illness will require a note from a doctor specifying the reason for the illness.

MEETINGS

Students will participate in a mid-semester conference which will include student, Clinical Internship Instructor, and Campus Supervisor.

Midterm/Final Individual Evaluations – Midterm and final evaluations will be based upon performance on the criteria listed in the Supervisor Evaluation of Student form, found in the *Graduate Student Academic and Clinical Handbook*. These will be completed by your master teacher and reviewed by both parties.

GRADING POLICY

Grading for this practicum is based upon performance on the criteria listed in the CSU, Chico [Supervisor Evaluation of Student Form](#). Areas to be evaluated include skills in evaluation, intervention, interpersonal skills, report writing and professional behavior. School placements will also include an evaluation of student competencies according to CTC standards.

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 their 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 [here](#).

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 [here](#)). 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.