

Department of Communication
Sciences and Disorders
School of Health and Rehabilitation Sciences

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Note: This is an active document that is updated and redistributed to incorporate changes in national, state, and institutional process and procedures

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INTRODUCTION

The clinical manual is designed to assist CSD students throughout the clinical practicum components of their graduate program. The manual includes clinical policies and procedures for internal and external practicum experiences, American Speech-Language-Hearing Association (ASHA) certification standards, and MA State and Department of Elementary and Secondary Education (DESE) licensing standards, and operating guidelines, and procedures for the MGH Institute's IMPACT Practice Center. Clinical practica are part of the preparation for mastery in the six domains of the IHP's Core Competencies (<https://www.mghihp.edu/impact-practice-core-competencies>). In addition, students will be oriented in class and clinical meetings to clinical policies, forms, and procedures that are accessible through the Institute's D2L Courseware.

Overview: Entry Level Practicum Experiences

All beginning CSD students complete their first two terms of clinical practicum in the MGH Institute's Speech Language and Literacy Center (SLLC) supervised by CSD faculty. The SLLC is housed within the Institute's inter-professional IMPACT Practice Center. Students spend one term working with children with oral disorders of communication and one term working with children and adults utilizing explicit, structured and systematic approaches to intervention for written language disorders.

The purpose of the initial clinical experiences is the establishment of foundational competencies related to excellence in clinical practice, professional practice competencies, and the integration of academic coursework knowledge into clinical skill application through faculty mentorship.

Each beginning student is assigned as lead clinician to one client and to a graduate dyad partner and client. Dyad partners share equally in the provision of services in each session. Clients come twice weekly for sessions. Experiences with clients are accompanied by three hours a week of practicum seminars, taught by faculty, that focus on diagnosis and remediation of communication disorders. In addition, students attend faculty guided clinical team meetings (CT Groups) weekly where they present their clients, analyze cases, and learn to apply theoretical information to practice. Experiences are closely linked to coursework in academic courses.

Overview: Intermediate/Advanced Practicum Experiences

Three Terms of Intermediate/Advanced Practicum Experiences

All students participate in three terms of intermediate to advanced clinical practice. Students work with clients across the lifespan with diverse disorders of varied severity. All students work with culturally and linguistically diverse populations and participate in intervention, diagnosis, and prevention activities. All students will complete a school-based placement, which will make them eligible for licensure by the MA Department of Elementary and Secondary Education as a Specialist in Speech, Language, and Hearing

Disorders. The CSD Department is affiliated with over 200 hospitals, schools, early intervention centers, and special settings in the New England area.

The Speech Language and Literacy Center within the IMPACT Practice Center also has an Advanced Acquired Disorders Center, which provides services to adults with acquired communication disorders, such as aphasia, and conducts research in the area of acquired disorders. Students may participate in this advanced clinic during their terms of advanced clinical practice. Advanced students see multiple clients weekly. Generally, 8 graduate students each term are assigned to this practicum, and are supervised by faculty experts.

Concentration Practica

All students who choose to enroll in a concentration area (autism, adult neurogenic disorders, medical, literacy with licensure, literacy without licensure, early intervention, or voice) will participate in one clinical rotation within their concentration population.

MA State DESE Reading Licensure Practicum

All students who concentrate in literacy and who want to become licensed by the MA Department of Elementary & Secondary Education (DESE) as Reading Specialists will spend 150 hours in a reading practicum. This practicum will be based in the schools and supervised by a MA-licensed Reading Specialist, in addition to the three above-mentioned SLP settings (a 4th placement). This 3-credit 4th placement, under the supervision of a DESE licensed Reading Specialist, does not count toward ASHA hours or the minimum academic/clinical credits needed to graduate. Students concentrating in Literacy who do not wish to become eligible for MA licensure are not required to complete a 4th placement.

MA State Early Intervention Licensure Practicum

Students who want to be licensed by the MA Department of Public Health as Early Intervention Specialists must do one of their 3 required advanced clinical outplacements in a Massachusetts Early Intervention setting and complete the Early Intervention elective.

IMPACT Practice Center's Speech Language and Literacy Center

The Speech, Language and Literacy Center (SLLC) is operated by the Department of Communication Sciences and Disorders at the MGH Institute of Health Professions. The Center is an integral part of the department's clinical education curriculum. The clinical education experiences within the SLLC have been designed to integrate science, theory, and practice under the mentorship and direction of licensed CSD faculty supervisors. These clinical experiences are coordinated closely with classroom-based coursework and practicum seminars to promote knowledge and skills integration and to meet knowledge and skill standards established by ASHA.

The SLLC provides prevention, assessment, and intervention services in the areas of speech, language, and literacy to children and adults. It does not discriminate in the

delivery of professional services on the basis of race, ethnicity, gender, age, religion, national origin, sexual orientation, or the ability to pay. The graduate student clinicians, working under the supervision of nationally-certified and state-licensed faculty, perform the services provided at the SLLC. The faculty of record on each case is the individual responsible for all aspects of that client's care and co-signs all documents. Supervision is provided through direct observation, collaborative hands-on work with clients, review and revision of documentation, and weekly case discussion/clinical team meetings which include video review of sessions. Students are generally observed directly by their faculty supervisor 100% of the time initially, with a goal of increased independence over the course of two terms. ASHA standards for 25% direct observation of intervention and assessment are met. Supervision is based on client and student needs and modified accordingly. There is always a licensed faculty member on site and in charge of the SLLC when clients are being seen.

CERTIFICATION AND LICENSURE INFORMATION

The American Speech-Language-Hearing Association (ASHA)

ASHA is the national scientific, professional, and credentialing association for speech - language pathology/hearing scientists. ASHA promotes appropriate academic and clinical preparation and provides opportunities for continuing professional development to keep practitioners current with the latest knowledge. ASHA can be reached at www.asha.org or 800-498-2071.

Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology

The CAA accredits clinical doctoral programs in audiology and master's degree programs in speech-language pathology. The CAA establishes accreditation standards and facilitates continuous quality improvement of accredited programs. The MGH Institute master's education program in Communication Sciences and Disorders is accredited by the CAA. The CAA can be reached at 800-498-2071, 2200 Research Boulevard, #310, Rockville, MD. <https://caa.asha.org/>

Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology

Students are oriented to the Standards and Implementation Procedures for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology in the context of their clinical practicum seminar, which takes place during their first term in the program. Standards and application procedures for membership and certification are reviewed during clinical seminars prior to graduation. The current standards can be viewed at the following link: <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification->

[Standards/.](#)

American Speech Language and Hearing Association Praxis Examination

The national examination in speech-language pathology is designed to assess, in a comprehensive fashion, the applicant's mastery of knowledge of professional concepts and issues to which the applicant has been exposed throughout professional education and clinical practice. To be eligible for certification by ASHA, graduates must obtain a passing score on the Praxis Series examination in speech-language pathology. The program recommends that students take the examination no earlier than the summer of their final term in the program, when the majority of coursework has been completed and studying for the program's summative comprehensive examination has prepared them for this exam.

ASHA provides information about the Praxis examination at:

http://www.asha.org/certification/praxis/praxis_registration/

Registration for the examination can be completed online at:

<http://www.ets.org/praxis/asha/>

Students should send their scores directly to ASHA (code: R5031), to the state licensure board where the student plans to work (MA: R7421), and to the Massachusetts State Department of Elementary & Secondary Education (copies are accepted).

Massachusetts Department of Education Teaching Licensure

The program is accredited by the Massachusetts Department of Elementary & Secondary Education (DESE) to prepare students for an Initial License in the areas of Teacher of Students with Speech Language and Hearing Impairments, and the Initial License for Reading Specialist. All graduating students must meet the academic and clinical standards for an Initial License in the areas of Teacher of Students with Speech, Language, and Hearing Impairments. In addition to completing the program's academic and clinical requirements, all applicants for DESE licensure in Massachusetts must pass the ASHA Praxis examination and the Massachusetts Tests for Educator Licensure in the areas of Communication and Literacy Skills.

Graduates of the CSD master's program who want to apply for licensure as Reading Specialist must pass the Reading Subject Matter Test of the Massachusetts Tests for Educator Licensure (MTEL), and hold an Initial License in another area. Graduates who do not already hold an Initial Teaching License can make an application for Reading Specialist following one year of employment in MA in the role of SLP under an Initial License.

Students will be advised on the process of obtaining DESE licensure through advising seminars. The MA DESE can be reached at: <http://www.doe.mass.edu/licensure/>

All students must complete an Educator Licensure and Recruitment (ELAR) profile with

DESE by following the link above. This results in the assignment of a Massachusetts Education Personnel ID (MEPID) number, which allows the program to endorse students for licensure upon graduation.

Questions should be addressed to Dr. Charles Haynes, DESE liaison, at chaynes@mghihp.edu.

Massachusetts Department of Public Health (DPH) Early Intervention (EI) Specialist

Students who want to become certified by the Massachusetts Department of Public Health in Early Intervention (ages 0-3) must complete a placement in EI at a DPH- approved site and successfully complete the class, “Early Intervention: Birth to 3”. Graduates are eligible for Provisional Certification with Advance Standing as Early Intervention Specialists. Students will be oriented to the EI specialization process in the clinical seminars. For more information on this EI certification, contact the DPH at www.eitrainingcenter.org.

GENERAL CLINICAL POLICIES AND PROCEDURES

Observation Hours

The observation of patients in the diagnosis and treatment of speech and language disorders has a two-fold purpose:

1. To introduce students to a variety of disorders and their manifestations.
2. To observe the application of theory and the clinical management of the patient by the clinician.

ASHA requires the completion of 25 hours of observation within the scope of practice of speech-language pathology. The program maintains documentation of these hours in the program office (see D2L for a copy of the Supervised Observation Hours form). Students are initially oriented to this process through D2L “Orientation 101” following admission. Students who have completed their 25 hours of observation in other settings prior to entering this program must submit written documentation of the obtained hours along with the supervisors’ signatures and ASHA certification numbers. These hours must be provided to the Department Office prior to beginning the program. (See Appendix A)

Total Hours Required by ASHA

ASHA requires that applicants complete at least 375 hours of supervised clinical practice that include the evaluation and treatment of 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. Applicants for certification must have had experience with multi-linguistic and multi-cultural populations. At least 325 hours must be completed at the graduate level. Students with undergraduate practicum experience must submit copies of official documentation from their undergraduate programs to the CSD Department Office. Students will be oriented to clinical practicum standards in the context of clinical seminars. Clinical hours are recorded by students and approved by supervisors in our online data system, E*Value. Students track their hour totals and their progress towards completion using E*Value at <https://www.e-value.net/login.cfm> and submit those totals to the CSD Department each term in the context of a Total Hours Tracking Form. (See Appendix B)

Evaluation of Clinical Competency

The clinical evaluation system is used to evaluate clinical competency and skills across settings. All grading for clinical practice is Pass/Fail. The system uses definitions for performance in each area of competency based on amount of supervisory support with standards for independence that change as students move from an entry level to an advanced level of practice. The evaluation measure is correlated with ASHA standards for clinical knowledge and skills, CAA Professional Practice Competencies, and the MGH Institute's Core Interprofessional Competencies.

Students are evaluated by clinical supervisors each term at midterm and during the final weeks of practicum. Self-evaluation is a central part of the clinical evaluation process across terms. Developmental goals, a list of strengths, and a plan with strategies for meeting these goals are co-created by the student and supervisor as part of each clinical evaluation and are documented in the evaluation.

Clinical evaluations are conducted in written and verbal form. Evaluations are recorded electronically by supervisors in the E*Value electronic record keeping system in individual student portfolios. Students will be oriented to E*Value in seminars during their first term in the program.

The same process is followed in external sites. A faculty practicum coordinator meets with the student and the clinical supervisor on site at midterm and facilitates the student's reflection on their growth and their learning goals as part of the evaluation process.

A formative assessment of oral communication skills is conducted in the context of a formal self-evaluation process, which occurs progressively over the first two terms of practicum in the SLLC. In addition, there are items related to oral communication on the clinical evaluation measure. Students keep copies of these assessments, and copies are kept on file in the Department Office. Forms relating to these assessments are available on the online D2L courseware. Written communication of clinical information is evaluated using a writing rubric developed by CSD faculty to assess critical thinking, content, organization, style and form. The rubric is used as a writing guide, as a self-reflection tool, and as an evaluative

tool during Term I and Term II of Entry Level practice. Systematic implementation in advanced settings is being piloted in 2018-19.

The clinical evaluation system is reviewed with each student during their first term of enrollment in the in-house Clinical Practicum. All checklists, point systems, and definitions are accessible to all on the online D2L Courseware. A copy of the Clinical Evaluation will be reviewed with students in clinical team meetings during the first term. It is the student's responsibility to review the competencies and definitions of performance relating to his or her level of practice each term. Copies of the forms can be found in E*Value and online in the CSD Student Resource Module on D2L. (See Appendixes C, D, E)

Evaluation of Supervision and Practicum

Students complete a supervisor evaluation each term. The supervisor evaluation is designed to give feedback to the supervisor in how effective they were in supporting the students towards developing clinical skills and foundational competencies such as critical thinking, effective communication, collaboration, accountability, and self-knowledge and reflection. Students are oriented to the process of supervision during clinical team meeting activities during Term I. Anonymous supervisor evaluations are submitted at the end of the term in E*Value for in-house placements. Supervisor evaluations are used as part of the annual review process for faculty, and as part of the practicum placement process by clinical practicum coordinators. In external placements where there is often only one student assigned, supervisor evaluations are not anonymous. Students learn to give feedback and discuss supervisory strategies that they find facilitative to learning in a professional manner using the supervisor evaluation process.

Students also evaluate their practicum sites each term. The practicum self-reflection and evaluation process requires students to reflect on how their experience has expanded their clinical knowledge and skills, their collaborative ability, critical thinking, innovation and creativity, communication and perspective taking, growth mindset in response to challenges, and self-knowledge and reflection in each term. All of these forms can be found in E*Value. (Please see Appendixes F, G)

Professional Conduct

All students must adhere to the principles of ethics described in the ASHA Code of Ethics which is posted online in the CSD Student Resource module and reviewed in Seminars. In addition, students in the CSD Program are expected to adhere to the guidelines for professional conduct as stated in the MGH Institute's IMPACT Practice Center Policies and Procedures Manual, and to the Department of Communication Sciences and Disorders Policies and Procedures Manual, as well as following all guidelines specific to the professional role of speech-language pathologists.

These guidelines have been established to protect the rights of students, faculty, and

clients, and can be found here:

<http://www.asha.org/Code-of-Ethics/>

<https://www.mghihp.edu/faculty-staff/handbooks-manuals-and-guides>

Impact Practice Center Manual (See IMPACT Practice module in D2L)

Supervision

The manner and amount of supervision provided to students is determined and adjusted to reflect the competence of each student and to allow each student to progress towards the independence required to enter professional practice. Supervision is adjusted to ensure that specific needs are met for each individual receiving service. The clinical competency evaluation utilized to evaluate students each term at midterm and final is based on a 1-5 scale. The amount of direct instruction needed is correlated with the stage of development of the student.

5 = demonstrates behavior independently

4 = demonstrates behavior with minimal guidance from supervisor

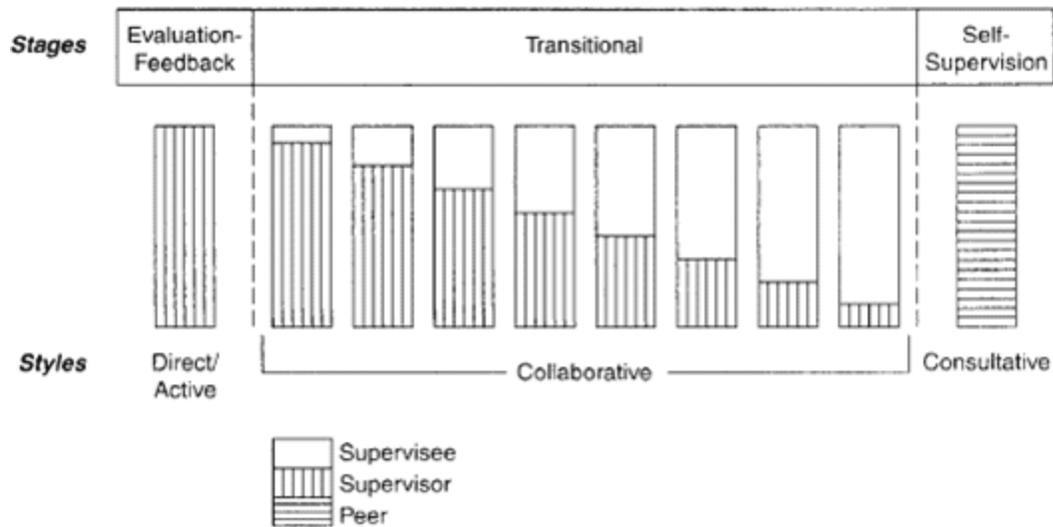
3 = demonstrates behavior with general guidance from supervisor

2 = demonstrates behavior with specific instruction from supervisor

1 = fails to demonstrate behavior consistently regardless of amount of supervision or needs excessive and repetitive instructions

Competency Scale Based Upon Level of Experience				
	High Pass	Pass	Pass with Concerns	Fail
CD 761 and CD 762	3.0-5.0	2.0-2.99	1.5-1.99	1.0-1.49
CD 771, CD 871, CD 872	4.0-5.0	3.0-3.99	2.5-2.99	1.0-2.49
CD 873	4.5-5.0	3.5-4.49	3.0-3.49	1.0-2.99

Using Anderson's continuum of supervision (1988) students who enter into all clinical placements, both internal and external practicum sites are understood to begin in the evaluation/feedback stage of the continuum for each new experience, and advance to the transitional and self-supervision stages with support.



Supervisors are responsible for making final decisions regarding all client care conducted by student clinicians. Supervisors must directly supervise a minimum of 25% of the student’s total contact time with each client during intervention and assessment in accordance with ASHA standards. Practicum sites can and will establish their own guidelines regarding the specific issues addressed below. Students must always collaborate with supervisors in the planning and provision of services. (Appendix H)

Referrals

Students should not make referrals to outside sources without specific permission from their supervisor. All service delivery must be provided in collaboration with the supervisor.

Client Schedules

Students should not alter a client’s schedule without consulting their supervisor. All service delivery must be provided in collaboration with the supervisor.

Contact with Family and Professionals

Students provide care and interact with clients and families in accordance with recognized standards of ethical practice. All interactions with persons associated with the client should be made only with specific approval of the supervisor. Supervisors are responsible for overseeing the form and content of all interactions associated with client care. Students should not interact with clients in non-professional contexts. Students are not allowed to provide personal services (babysitting, petsitting, housesitting) while they are directly involved with a client and/or client’s family.

Client Plan of Care

Supervisors are responsible for all final decisions regarding client care. Discussions of alternative care plans should be conducted within the context of supervisory meetings.

Cancellations by Client and Absence of Students due to Illness

Students are responsible for knowing the procedures pertaining to client and clinician cancellation as outlined by each clinical setting. Students must notify their supervisor and establish a plan of action for client coverage in the event that they are absent due to illness. Most absences other than illness are not allowed during clinical terms. Vacations must be planned during the breaks between academic terms. Except for exceptional situations, illness is the only approved reason for cancellation by students. Exceptional situations must be approved by the supervisor and the practicum coordinator.

Professional Practice

Accountability and Integrity

Students are responsible for practicing in a manner that is consistent with the ASHA code of ethics and the scope of practice documents for speech-language pathology. Students must adhere to all state and institutional regulations and policies and use the highest level of integrity with each individual served.

Professional Duty

Students must understand and follow all site rules related to maintaining the safety of all individuals served. Confidentiality rules must be strictly followed to protect the privacy and rights of those that are served. Students must meet all clinical responsibilities in a timely and punctual manner. Students should plan to arrive early and be consistently well prepared for clinical practice. Standards for timely submission of documentation may be established by each clinical setting. Students are responsible for understanding and adhering to all standards for each setting.

Communication

Students should utilize professional communication across modes to ensure that the highest quality of care is delivered. All drafts of clinical documentation should be edited and proofed for accuracy, grammar, spelling, and punctuation prior to submission. Students should make every effort to complete documentation as if every draft were a final draft.

Cultural Competence

Students should understand the impact of his or her own set of cultural and linguistic variables and those of individuals served on the delivery of effective care. These include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender and sexual orientation. Students should understand the

characteristics of individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical and cognitive history and status, socio economic status, and physical and sensory abilities) and how these characteristics relate to providing care to individuals served. Collaborative Practice
Students should understand and demonstrate interprofessional team competencies and utilize those competencies to perform effectively on IP teams to deliver client centered care.

Professional Practice Grading

Students who do not meet site standards for professionalism consistently will receive a failing grade under the professionalism competency on the Practicum Competency Evaluation Checklist for that term and will be required to improve that competency prior to graduation to a minimum value of 3. Students with failing or low professionalism grades will not be considered for advanced practica.

OUTPLACEMENT PRACTICUM: ADDITIONAL POLICIES AND PROCEDURES

(Please review the prior sections for general guidelines)

Clinical Placements in External Sites

Prerequisites for enrolling in *CD 771, 871, 872, 873: Outplacement practicum* include the following:

- a cumulative grade point average of 3.0;
- meet competencies and receive a passing grade in two terms of CD 760-01 and 02 (in-house clinical);
- status as a matriculated student;
- sufficient course work related to the population to be served.

Practicum Committee

The members of the Practicum Committee include the Director of Clinical Education, the Associate Director of Clinical Education and the Assistant Practicum Coordinator. The Practicum Committee is responsible for overseeing clinical education in Intermediate and Advanced placements, monitoring and mentoring each student's clinical competency growth during CD 771, 871, 872 and 873, assigning placements, and developing plans of action for issues related to placements. Students should take concerns related to placements directly to the placement coordinator assigned for that placement. Concerns that the coordinator is unable to mediate will be referred by the coordinator to the Practicum Committee.

Factors Considered for Placement

Introduction

Each student is expected to participate actively in their clinical competency development by

setting personal goals for development utilizing on-going assessment and feedback from supervisors and self-reflection. Facilitated by this self-assessment and in consultation with the Clinical Practicum Committee, Academic Advisor, other academic faculty, and/or clinical instructors, students are expected to play an active role in identifying and requesting clinical education experiences that will foster growth in identified developmental areas.

Ultimately, the Clinical Practicum Committee makes all clinical education assignments. Factors will include accuracy of student self-assessment, prior academic and clinical performance, and characteristics of the learning environment at the clinical site. *Students may not decline a clinical placement; such action will be considered refusal to take a required course.*

There is no guarantee that assignments will be in the facilities or geographic locations requested by students or that students will complete a full-time clinical experience or internship in the metropolitan Boston area.

Students are advised that not all facilities are available for all clinical education experiences. Availability is based on resource constraints of the clinical facilities and on the Clinical Practicum Committee's decisions regarding appropriateness of the facility to specific clinical experiences in the curriculum and/or to a specific student's learning needs. Placement planning meeting documents can be found in Appendix I.

Timing and Schedule of Clinical Experiences

The specific timing (including start and end dates, day(s) of week, and hours) of any given clinical education experience may vary from facility to facility and year to year based on resource availability. Students are expected to comply with the facility's timing of clinical education experiences and must flex their personal schedules to accommodate specific time constraints of the facility.

The Clinical Practicum Committee will include anticipated timing of clinical placements in information provided to students as part of the clinical education match process. If the timing of a clinical education experience is changed by a clinical facility, the Clinical Practicum Committee will communicate the change to the student(s) immediately upon notification by the facility.

Expenses and Travel

Students are responsible for all expenses associated with clinical education. Clinical education, especially a full-time clinical experience, typically involves some expense to the student. The cost associated with a given clinical education experience will depend on many variables including, but not limited to, the cost of transportation, and meals. Students are advised to plan for such expenses, as students will be assigned to clinical facilities requiring travel outside of the Boston area or outside the public transportation system.

Students are responsible for all travel to and from clinical education experiences. This includes local travel (e.g. daily or weekly travel for a full-time experience or practicum).

Many clinical education facilities are not accessible by public transportation. Every student should anticipate needing access to a car for some portion of the clinical education component of the curriculum.

Different Sites

To meet ASHA certification requirements, students are required to complete 375 hours of clinical practicum. In order to meet the Massachusetts DESE requirements for initial licensure, one of these sites must consist of 100 hours in a M.G.L. c 71-approved private school, an educational collaborative, a public school, or any combination.

A fourth term of outplacement clinical practicum in reading is required for students seeking licensure as a Reading Specialist from the Massachusetts DESE. The credits from this practicum do not count toward the CSD Program minimum credit requirements to graduate, nor do the hours count toward ASHA's 375-hour requirement, unless the supervisor is ASHA-certified and the work is within the scope of practice for written language as outlined by ASHA.

Grades

Practicum is graded on a Pass/Fail basis. Supervisors determine a recommended grade using the Clinical Practicum Evaluation of Clinical Competency Checklists. The Director of Clinical Education, in consultation with the practicum coordinators, is the faculty of record for all clinical practicum courses and is responsible for assigning the final grades for those courses.

Non-Passing Grades

Students receiving a Fail any two terms of clinical practicum will be dismissed from the Program. Students receiving a non-passing grade in practicum must participate in a Clinical and Academic Review where an intervention plan is developed, based upon ASHA and program clinical competency requirements, with strategies to support acquisition of clinical competencies.

Students must pass each clinical competency with an average grade across terms of 3 or higher to meet ASHA's standards for clinical skill competency. Students falling below this standard in practicum must participate in a Clinical and Academic Review where an intervention plan is developed, based upon ASHA and program clinical competency requirements, with strategies to support acquisition of clinical competencies.

Refusal of Practicum

Practicum courses are required, just as academic courses are. Students enrolled in clinical practicum are expected to attend their assigned placement. Students who refuse a clinical placement will not be assigned to another placement for that term and may not graduate on time.

Termination of Practicum

There are four categories of issues that are considered grounds for removal of a student from a clinical practicum experience by the Clinical Director in collaboration with the Practicum Coordinators. Categories of issues considered grounds for termination of a practicum are listed below:

1. Unethical behavior, according to the ASHA Code of Ethics, on the part of student or supervisor.
2. Unprofessional behavior on the part of the student or supervisor that is unable to be mediated.
3. Significant safety or health issues.
4. Significant and persistent deviations from accepted ASHA practice patterns across clinical contexts at the practice site.

Students removed from placement for unethical behavior on their part will receive a grade of Fail, as will students who are not able to meet clinical competencies related to professionalism. Students who have a placement terminated due to site-related issues or illness will receive a grade of Incomplete. Every effort will be made to find a new site in these cases.

Mediation

Issues can be referred by the Practicum Coordinator to the Practicum Committee for mediation, whereupon a mediation process led by the Practicum Coordinators will follow. The following areas of concern are considered grounds for the initiation of a mediation process:

- Concerns regarding the supervisory process.
- Communication breakdowns between supervisor and student.
- Personal style conflicts between the supervisor and student.
- Health issues pertaining to the placement.
- Unprofessional behavior on the part of the student or supervisor.
- Contract issues related to time, student or supervisor responsibilities, and opportunities for learning.

Mediation Process

1. Contact the IHP practicum coordinator assigned to your site.
2. Provide a summary of issue(s) related to items above.
3. Practicum Coordinator may schedule a meeting with student and supervisor to develop a plan of action. Plan of action may include:
 - a. Formal intervention plan, Clinical Academic Review (CAR)
 - b. Continued current communication with site, supervisor, and student
 - c. Additional visits

Policy for Documentation of Supervised Clinical Hours and Clinical Practicum Evaluations

Submission of Completed Forms

Documentation for clinical practicum is submitted utilizing two systems, E*Value and D2L. Documentation must be completed by the final day of classes each semester. Students will be oriented to the clinical documentation system during the first term in the Speech Language and Literacy Center and in an external clinical placement meeting during Term II.

All documentation must be checked by the student for accuracy prior to submission. Documentation submitted following that date will result in a grade of Incomplete for the term. Students submitting incomplete, inaccurate, and/or late documentation will receive a notation in the area of Professional Competency on their Clinical Evaluation for the term.

Students are required to keep copies of all completed forms.

Location of Forms

Copies of forms for clinical documentation can be found online in the CSD Student Resource Module under External Placement in D2L and in the electronic E*Value system.

SPEECH LANGUAGE AND LITERACY CENTER POLICIES AND PROCEDURES

(Please review the IMPACT Practice Center (IPC) Manual for policies and procedures related to all practice in the IPC. The following policies and procedures are specific to the CSD Department's programs):

Patient Files

REDCap

Starting with the 2018-2019 year, all client demographic and background information will be electronically stored in REDCap. REDCap is a secure, web-based application system that supports data storage. All clients attending the SLLC will be provided with a link to the program and complete all necessary permission forms, demographic information and case history forms for student review. Further procedures regarding student access to the REDCap program will be provided in September, 2018.

Paper Files

Many of the SLLC client information, specifically clinical assignments, attendance records, outside information and reports and other materials will continue to be stored in paper file folders. Files do not leave the IMPACT Practice Center and students may not copy or carry anything with client identifiers including testing protocols outside of the center. Hours of access to client files is based on the operating hours of the IPC and will be posted in the student workroom in the IPC.

Getting Started

Check to make sure that your client has a hanging file with a manila file in the student work room in the IPC. Report to your supervisor any missing materials.

Contents of New Client Files Should Contain:

- Attendance sheets
- Contact sheets
- Tab section dividers

Contents of Established Files (Returning Clients)

- All information listed for new files (see above)
- A completed case history form
- Written information provided by family/client such as IEPs (Individual Educational Plans written by school systems) and previous reports
- Diagnostic assessment assignments, one with identifying information and one without
- Family/client handout summarizing diagnostic information
- Treatment Plan
- 2 Sample Lesson Plans (most recent)
- Final Progress Note summarizing the progress for the year, one with identifying information and one without
- Final family/client handout summarizing progress for the year

Ongoing Responsibilities for Maintenance of Client Files

1. All client related contact must be approved by the faculty supervisor.
2. File information should be maintained in the tabbed sections.
3. File all client information such as reports, test protocols as soon as it is received.
4. Document attendance for each session the day of the session.
5. Diagnostic Information should be filed as soon as it is completed.
6. Two Sample Lesson Plans at the end of each term.
7. Final Progress Note no later than the last day of the term.

Confidentiality and Communication

Confidentiality is central to protection of client privacy and rights. The procedures will be reviewed in orientation to clinic and seminar term I. Please Review General Policies and Procedures stated in the IPC's Policies and Procedures Manual

Documentation of Clinical Practice

Format

All paperwork should be computer generated and edited for grammar, spelling, and punctuation prior to submission to your supervisor. Final drafts of documentation must contain no errors.

Lesson Plans

Lesson plans must be submitted weekly to the supervisor at least 24 hours prior to each

session via the distance learning courseware or email. Supervisors may request specific timelines related to their schedules that require submission of plans more than 24 hours in advance of sessions. Email may be utilized with permission of the supervisor and adherence to confidentiality policies.

Evaluation of Documentation

The use of report models and supervisor written feedback will be provided to students for all clinical writing assignments. The use of the Clinical Writing Rubric will be used on the Diagnostic Report/Assignment and the Final Progress Note. (see form in Appendix and in D2L Seminar).

Supervision

Students will be provided with guidelines for moving towards independence over the course of the Term I and Term II with the goal of decreased specific feedback and increased self-supervision. No student will be supervised less than 25% of the time for intervention or 25% of the time for assessment.

Hour Documentation

ASHA hours and onsite hours must be submitted weekly via the E*Value electronic system. Students can create a computer generated Total Hour Report with their hour totals so they can track their progress towards graduation. The CSD Department will generate a total hour sheet at the end of each term to track student progress.

Materials

Tests

Tests and materials do not leave the building and must be used within the IPC or other designated areas in 2CC.

Sign out tests that you are reviewing or using in the Center on the sign out form that can be found in the Student Work Room. Replace all tests in the appropriate file when finished

Toys

Clean and replace all toys and materials on the appropriate shelf or container immediately following a therapy session (please refer to cleaning procedures outlined in the IMPACT Practice Center's Policies and Procedures Manual).

Therapy Rooms and Sessions

No eating or drinking is permitted in the therapy rooms or waiting area in the IPC. No water or gum chewing is allowed during sessions.

Clean and replace all materials following each session. Remove all garbage and wipe down tables with disinfectant following each session. Clean writing boards and replace pens in their appropriate slots.

Scheduling

The clinical faculty conducts all scheduling and schedule changes. Clinicians must not change their client's session time without first clearing changes with their supervisor.

Holidays

The IPC is a neutral entity that honors all cultural and religious beliefs and seeks to create an inclusive environment. In support of this policy, no religious holidays are celebrated or represented by the faculty and graduate students providing services in the center. This means no decorations for holidays or gifts or holiday specific activities are utilized. Clients are welcome to bring items related to their celebrations and beliefs into the center if they choose to do so.

Snow Cancellations

The center operates on the snow cancellation schedule of the Institute. Clinicians will be notified by email, phone, or text depending on preference through the automated Ionline system or they can call the IHP Snow Hotline at 617-724-8484 if the Institute closes due to weather. Student clinicians must notify their clients if the center is closed due to weather.

Edibles in Therapy

Both the parents/guardians and the supervisor must approve any edibles used in sessions before the therapy session begins. Disinfect all surfaces that come in contact with food products. Edibles for the client should be provided by the client and/or parent/caregiver.

Gifts

Students should not give gifts to their clients. Prizes will be available for all clients and supplied by the center. Clients may give small gifts to students if they choose to do so. Students are not allowed to accept gifts of cash.

Clinical Team Case Discussions (CT) Groups

Please refer to procedures in the CSD Clinical Seminars D2L. You will be oriented to these procedures by faculty in the context of CT groups during September and in weekly Clinical Team Meeting agendas provided by your supervisor.

Mission/Outcomes

Students will develop their ability to apply theory to clinical practice while learning to think critically, analyze and synthesize information, collaborate and communicate professionally.

Structure

Students participate in faculty mentored clinical team meetings for 2 hours weekly in groups of 4-8. Students present their clinical cases weekly for discussion by the group.

Student Expectations

- Come to CT-Group meetings on time.
- Communicate with the supervisor prior to the group meeting time if the discussion group has to be missed due to illness or family emergency.
- Prepare a 15-minute discussion of the client each week. Presentations should include:
 - digital system cued to key aspects of the session
 - a summarization of the session or task's objectives
 - a summarization of the theoretical rationales supporting the objectives and the procedures
 - a discussion of the session's strengths and weaknesses
 - questions for the supervisor and for the team
 - considerations/plan for future sessions based upon the data from the session under discussion
- Participate actively in group discussions of all clients by:
 - asking questions
 - making suggestions
 - adding information
 - listening actively
- Use professional communication style, specifically:
 - profession specific vocabulary
 - MAE grammar
 - appropriate speech rate
 - clear articulation
 - professional voice quality

Electronic Client Documentation and Information

- No identifying information regarding clients should be transmitted via email in any setting.
- All drafts of client documentation should include the client's code (first initial and last initial of the client) in lieu of any identifying personal information.
- All client information that is identifying, such as case histories, must be filed in the client's official file in the badge-accessible IPC designated area. **CLIENT CHARTS MUST NEVER LEAVE THE CENTER** or other settings.
- All final drafts of documentation containing identifying information on student's H: drives should be deleted following final approval of the document by supervisors.
- Client-specific identifying information will be included only in the final copy of diagnostic reports, and other documentation, and will be filed in the IPC's locked file area.

APHASIA CENTER MANUAL

2018-2020

APHASIA CENTER POLICIES AND PROCEDURES

(Please see IMPACT Practice Center Manual for policies and procedures related to all practice in the IPC. The following policies and procedures are specific to the CSD Department's programs)

The Aphasia Center provides assessment, and intervention services in the areas of speech, language, and literacy to adults with acquired communication disorders; specifically, aphasia, dysarthria, apraxia of speech and cognitive disorders. Research in the area of acquired disorders is also completed within this Center. The Aphasia Center is considered to be an Intermediate or Advanced placement.

The Aphasia Center does not discriminate in the delivery of professional services on the basis of race, ethnicity, gender, age, religion, national origin, sexual orientation, or the ability to pay. Aphasia Center services are provided free of charge, though a nominal clinic support fee may be requested each semester. The graduate student clinicians are assigned to the Aphasia Center for a 13-week semester and work under the supervision of ASHA certified and state licensed faculty. Student clinicians perform the services provided at the Aphasia Center. The student clinicians provide individual treatment sessions to approximately 6-9 clients per week. Most clients participate in therapy sessions twice weekly for one-hour individual sessions and at least one hour of group therapy. Many clients will require completion of an initial diagnostic assessment or periodic re-assessment. Generally, seven graduate students each term are assigned to this practicum, and supervised by one full-time and two part-time faculty supervisors. The faculty on each case is the individual responsible for all aspects of that client's care and will co-sign all documents. Supervision is provided through direct observation, collaborative hands on work with clients, review and revision of all documentation, and bi-weekly case discussion groups which may include video review of sessions. Students are generally observed directly by their faculty supervisor 50% of the time initially with a goal of increased independence over the course of the semester. ASHA standards require 25% direct observation. There is always a licensed faculty member on site and in charge at the Aphasia Center when clients are being seen.

The Aphasia Center program is coordinated by CSD department faculty members Rachel Pittmann, MS CCC-SLP and Marjorie Nicholas, PhD CCC-SLP. Rachel Pittmann is the primary coordinator and supervisor and Marjorie Nicholas, Suzanne Pennington, and other faculty members serve as supervisors.

Preparing for Aphasia Center Placement

Prior to starting a placement within the Aphasia Center, it is recommended that student clinicians review notes from Aphasia Class, CD 839. Textbooks that will be helpful include the *Manual of Aphasia and Aphasia Therapy* and *Aphasia and Related Neurogenic Language Disorders*.

It is helpful to review the administration and scoring of the *Boston Diagnostic Aphasia Examination-3 (BDAE-3)*, *Standard Form*, *Boston Naming Test (BNT)*, and the *Cognitive*

Linguistic Quick Test (CLQT).

Student Clinician Orientation

All Aphasia Center student clinicians are required to complete an orientation with the primary supervisor. This meeting will take place approximately one week before the beginning of direct client contact. During this meeting, caseloads will be assigned and client/clinician schedules will be provided. Also, the supervisor and student clinicians will provide each other with their contact information (phone number). Many of the following topics will be discussed and explained during the orientation.

Client/Clinician Schedules

Aphasia Center supervisors will provide each student clinician with a therapy schedule approximately one week prior to the beginning of the semester. This schedule will be provided electronically and will include individual session times, the required group times as well as the required clinical case discussion group meetings (CD Groups).

Scheduling Changes

The clinical faculty conducts all scheduling and schedule changes. Clinicians must not change their client's session time without first clearing changes with their supervisor.

Preparing for the First Session

Upon caseload assignment, client files should be carefully reviewed. Each file will contain the information outlined below. The past semester's student clinician will have placed a Client Treatment Plan and the most current SOAP note in the front of each file. Please use these documents in planning your sessions. These will include details about client goals and performance as well as informal information about client's personalities and needs. The treatment plan should also have noted the date, time, and room number of a previously recorded treatment session that can be reviewed on the viewing system. Please review at least one previous digitally recorded session per client prior to meeting the clients. Contact information for the last student clinician should also be provided. It is recommended that incoming student clinicians contact the last student clinician to exchange client information. (Please see Confidentiality Guidelines outlined in the IMPACT Practice Center's Policies and Procedures module in D2L.)

If needed, student clinicians may schedule to meet individually with the supervisor to discuss the clients on the caseload.

Please contact each client prior to their first therapy session to remind them of the time and date of their first session that semester. (Clients receive their schedules by email and/or mail). Clients/caregivers may be contacted via phone and/or email. Client contact lists will be provided electronically prior to the start of the semester.

The initial session is primarily spent in rapport-building, or "getting to know each other".

Students should use this time to become familiar with the communication skills of each client and to ask questions about each client (students should have some previous knowledge about each client from the file review). It is helpful for the student clinician to prepare and present personal information to share with the client. Appropriate examples include short photo albums, scrapbooks, or slide presentations.

Please prepare and give each client/caregiver your contact information, printed on paper, including phone number, email address, and photograph for communication of cancellations, illness, etc.

Supervisor/Client Sessions

The supervisor will conduct a client therapy session with many of the clients within the first three weeks of the semester. The schedule will be determined by the supervisor and will allow the student clinician to observe a master clinician providing treatment to a client. Student clinicians are invited to participate in these sessions to take data.

Preparing for Subsequent Sessions

Treatment tasks should be administered in the second session of the semester. To determine appropriate tasks, please use the information from the previous semester's treatment plans and SOAP notes, including the goals, and from the client sessions to be completed by the supervisor. Generally, the client completes approximately three treatment activities for each session. It is recommended that additional therapy activities be prepared and available.

Client Diagnostic Evaluations and Diagnostic Reports

Each clinician will be required to complete a minimum of one diagnostic evaluation and diagnostic report. This can either be completed on a client that is new to the Aphasia Center or with a client who has been attending the center for at least two semesters. The supervisor will assign a minimum of one client per caseload for assessment.

Diagnostic testing should begin during the first session. This includes the completion of a client/caregiver interview where a detailed case history/background information will be completed. Assessment measures that should be completed include the *BDAE-3 (Standard Form)*, the *Boston Naming Test*, and the *Cognitive Linguistic Quick Test*. Other testing measures may also be required as per supervisor recommendation. Audio recording of the assessment is recommended.

Diagnostic reports should include concise written background information, testing scores and interpretation, impressions, plan of care, and, long- and short-term goals. Multiple revisions of diagnostic reports may be required. Report due dates will be assigned by the supervisor.

Patient Files

Each client has a hanging file with a manila folder in the designated filing cabinet in the Student Workroom in the IMPACT Practice Center. For Fall 2017 a new file system will be used so every client that is seen in Fall 2017 should have a new file made for them and that file will be used going forward until it is full. Report to your supervisor any missing materials. New and ongoing client files should contain:

- A file organization checklist
- A completed case history form
- A signed digital recording release form
- An attendance sheet
- Medical records or other information from outside facilities
- Dated diagnostic protocols (BDAE, BNT, CLQT etc)
- Diagnostic reports and monthly SOAP notes
- Audiotapes (when applicable)

Aphasia Groups and Group Binder/Box

Students are required to plan and implement Aphasia Center Groups. These may include, but are not limited to, a Discussion Group, a Movie Group, and Wii group. Conversation group will meet as a whole two weeks per month and will be alternated with two smaller groups (group split in two) the other two weeks of the month. The responsibilities of the student clinicians during the conversation group include assisting clients in understanding the conversation within the group by writing notes for them and by clarifying information. They are also responsible for making sure the conversation remains ongoing and that all members who wish to contribute to the conversation have an opportunity to do so. In addition, students should use their best judgment to guide the conversation away from offensive or politically incorrect topics should these arise. The group box and binder (found in the Aphasia workroom on the tall metal bookcase) should be taken to each group. Client name tags, found in the group box, should be distributed during each group and collected at the end of the group. Minutes for each group will be recorded in the Group binder.

The client's spouses/caregivers have chosen to have their own support group simultaneous to the Aphasia Conversation group. This group is held independently from the Aphasia Center student clinicians or supervisors. There are no student responsibilities for this group.

Movie Group (Fall and Spring Semester only) takes place on Thursday mornings from 10-11:00 am. The student clinicians will be divided in pairs which will each be assigned to implement movie group for 3-4 consecutive weeks. Each pair of students will be rotated through this group. Please refer to the Movie Group Protocol for details on planning and leading this group.

Students are responsible for preparing the classrooms assigned to the groups ahead of time to accommodate the needs of the group and for returning the classroom chairs and tables to the former configuration after the group.

Co-Treatments

Various clients are seen once weekly in a co-treatment with another client where social skills can be practiced and therapeutic tasks can be shared. These are particularly prominent during the Summer semester. Each client who participates in a co-treatment will also be seen individually once weekly with his/her primary clinician. Occasionally, the primary clinician will not be present in the co-treatment session, and it will be the responsibility of the clinician assigned to the co-treatment to implement the co-treatment session. It is the primary clinician's responsibility to complete the client's monthly SOAP note, including any important data or findings from the co-treatments.

Observation at Spaulding Rehabilitation Hospital

During the Fall and Spring semesters, each student, in a small group of 2-3 student clinicians, will be provided an opportunity to observe adult Speech and Language assessments and/or treatments at Spaulding Rehab Hospital for approximately 2-3 hours total with Suzanne Pennington. Student clinicians will not provide direct client care, but will take data on sessions and participate in a discussion and the written report for each session. The purpose of this observation is to be exposed to the continuum of care that our clients in The Aphasia Center have experienced and to reflect upon similarities and differences in the two settings.

Aphasia Center Outings and Parties

Students are required to collaborate in the planning and implementation of a group outing that will generally take place during the last week of the treatment semester. All clients, spouses/caregivers, supervisors, and students will be invited to the outings. Please contact the supervisor regarding the given budget for each outing/party.

General guidelines include deciding on a location 6 weeks prior to the event, creating invitations 5 weeks prior to the event, distributing the invitations and advertising the event (in person and by mail) 3 & 4 weeks prior to the event, collecting RSVPs (and money when applicable) 1 & 2 weeks prior to the event.

Documentation of Clinical Practice

All drafts of clinical documentation should be computer generated, edited, and proofed for grammar, spelling, and punctuation prior to submission. Students should make every effort to complete documentation as if every draft were a final draft. Monthly S.O.A.P. notes are required where the client's attendance, participation, data, and progress toward goals will be reported. Revision of goals and establishment of new goals should be included as appropriate. During the semester, a total of three progress notes will be written. SOAP notes will be sent to the supervisor via email, using the client's initials only. Due dates for the notes will be specified in the student practicum contract. Supervisors may require revisions of these SOAP notes and supervisors may request a due date for revised reports.

Final drafts of documentation must contain no errors and should be printed out, signed by the student clinician and supervisor, and placed in each client's file. Be sure to use the following naming convention when saving and sending files to your supervisors: client first/last initial, year, semester, type of document and number, clinician last name

MD 2017 Fall SOAP1 Pittmann

MD 2017 Fall SOAP2 Pittmann

MD 2017 Fall SOAP3 Pittmann

Students should make every effort to complete documentation as if every draft were a final draft.

Ongoing Responsibilities

1. Attendance should be documented for every session
2. Diagnostic reports and SOAP notes should be filed as soon as they are completed and signed by the supervisor
3. File information should be maintained in the order listed on the file organization checklist contained in the file.

Client Reassessments

Clients should be reassessed approximately every six months. Results of the reassessment will be included in the monthly SOAP note unless otherwise indicated.

Standard Aphasia Therapy Programs

Student clinicians may learn to administer the following aphasia therapy programs that they learned about in their aphasia course, depending on the treatment plan of their particular clients: (This is not an exhaustive list)

- Melodic Intonation Therapy (MIT)
- Voluntary Control of Involuntary Utterances (VCIU)
- Boardmaker (for Communication Notebooks)
- Treatment of Aphasia Perseveration (TAP)
- Sentence Production Program for Aphasia (SPPA)
- Verb Network Strengthening Treatment (VNeST)
- Oral Reading for Language in Aphasia (ORLA)
- Treatment of Wernicke's Aphasia (TWA)
- Various treatments for anomia
- Response Elaboration Treatment (RET)
- Anagram Copy and Recall Treatment (ACRT)
- Multiple Oral Rereading
- Various drawing therapy programs
- Amerind gesture training

Family Meetings

Student clinicians will conduct client/family/caregiver meetings with a minimum of one client during the semester (i.e. upon completing diagnostic testing, at midterm, or at end of semester). Clients may choose to participate in this meeting. Client performance and progress will be discussed, and family/caregiver will be educated regarding appropriate tasks or techniques that can be implemented outside of the therapeutic environment.

AAC Devices

AAC devices used by Aphasia Center clientele includes Dynavox, Lingraphica, and various applications on the iPad such as Proloquo2Go, Pictello and Small Talk Aphasia. In-services will be provided as needed. The supervisor is responsible for downloading new applications onto the iPad.

Research Opportunities

Participation in various research projects may be available in coordination with IRB approved faculty research projects and/or IRB approved research for a student thesis.

Interprofessional Activities

The IMPACT Practice Center is currently developing offerings each semester. Below are a few examples of interdisciplinary activities that occur in the Impact Practice Center:

Fall:

1. S-IHP's CAP Interdisciplinary program
2. Wellness Group
3. Caregiver Group
4. Screening Group

Spring:

1. Physical Therapy Health Promotions led-Group (as the therapy schedule allows). SLP students will also be responsible for creating an in-service about aphasia and presenting it to the PT students within the Health Promotions Group.

Required Reflective Writing (Journaling) Exercise

Each student will be required to write reflectively about one client on a weekly basis. This tool is to be used as a means for student clinicians to respond to and work through evoked emotions that may come as part of this clinical experience. Writing entries will be submitted for supervisory review a week before midterm and final evaluations. Further details will be provided in the semester's first CD group.

Student Practicum Contract

The student clinicians will provide their student practicum contract to the supervisor during the first week of the semester. The clinician is required to complete as much of the form as he/she is able, including the Contract Clinical Growth Goals, and will sign the form. The supervisor will complete the remainder of the form, sign it, and return a copy to the student. The contract may be submitted via the e*Value System.

Shared Resource Binder

Student clinicians are encouraged to share therapy resources that they have created or found. They may be placed in the Shared Resource Binder which is found on the tall metal bookcase in the aphasia workroom.

Room Schedule

Please refer to the SLLC Master Schedule for rooms that have been assigned to the Aphasia Center during that day/time.

End of Semester Treatment Plans for Incoming Clinicians

Prior to the last day of the semester, student clinicians are required to create a Treatment Plan for each client and place it in the client's folders. This should include any information that you would have liked to know about each client prior to meeting him/her. Details about client goals and performance as well as informal information about client's personalities and needs should be outlined. The treatment plan should also have noted the date, time, and room number of a previously recorded treatment session that the future student clinician can review on the Milestone viewing system. Please provide contact information such as email or phone number so that the future clinician may contact you, if needed. (Please see Confidentiality Guidelines below). A hard copy of each treatment plan should be placed in each client's folder by the last day of finals week. Treatment plans do not need to be submitted to the supervisor.

Materials

Tests and materials do not leave the building and must be used within the IPC and other designated areas.

Tests are kept in alphabetical order in the designated storage cabinet in the Student Workroom. Test manuals and forms are kept together in the files. Please keep all tests in alphabetical order.

Each test file contains original forms which are to be use for administering formal tests to your clients. Please do not use the final form in a file. Notify a supervisor if we are low on forms.

- **Treatment Materials:** Treatment materials and kept in designated filing systems also found in the Student Workroom. Materials include therapy manuals, picture cards, letter tiles etc. Sign out of these materials is not necessary though it is required that materials be returned to their place each day.
- **Boardmaker:** Two copies of Boardmaker are kept in the Faculty Observation Room. Each copy needs to be checked-out from a supervisor and documented on the sign-out sheet provided. They also need to be checked-in and returned to this location.
- **Laptops and iPads:** Laptops and iPads are also stored in the Faculty Observation Room. They can be checked-out from a supervisor and documented on the sign-out sheet provided. They also need to be checked-in and returned to this location.

Aphasia Case Discussion (CD) Groups

Mission/Outcomes:

Students will develop their ability to apply theory to clinical practice while learning to think critically, analyze and synthesize information, and collaborate and communicate professionally.

Structure

All Aphasia Center students participate together in faculty mentored Aphasia Center case discussion groups approximately twice monthly for one hour. (Please refer to this semester's CD Group schedule). When required, students present their clinical cases for discussion. Supervisors will provide instruction on test administration and scoring, data collection and reporting, clinical documentation, client counseling, clinical excellence etc. Timely arrival and active participation are required as they serve as a formative assessment measure at the end of each term. Communicate with the supervisor prior to the group meeting time if the discussion group has to be missed due to illness or family emergency.

Please see IMPACT Practice Center Manual and CSD Policies and Procedures Manuals for additional important policies and procedures.