The University of Akron
School of Speech-Language Pathology and Audiology

Speech-Language Pathology Handbook for Supervisors SLPA:650

The University of Akron
College of Health and Human Sciences

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The University of Akron Liaison to the Extern Sites
The Distance Learning Coordinator/Externship Coordinator serves as the liaison between the School of Speech- Language Pathology and Audiology and the external clinical sites for the graduate clinicians in Speech-Language Pathology. All matters related to the clinical practicums should be brought to the appropriate liaison's attention.

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Goals of the Clinical Practicum Experiences:
There are several goals to the clinical practicum experiences:

1. To gain competency with communication disorders, service delivery models, and practice management procedures that may not be available at The University of Akron
2. To enable graduate clinicians to experience and better understand the demands and responsibilities unique to the particular work settings
3. To provide graduate clinicians with hands-on training related to clinical report-writing
4. To provide graduate clinicians with experiences they need for future employment
5. To gain competency working with specific client populations in accordance with ASHA standards
6. To enable graduate clinicians to gain the clinical hours needed to meet the requirements for the certification and licensure
7. To maintain professional clinical collaboration and interaction between The University of Akron and the extern facility
8. To prepare the graduate clinicians for their Clinical Fellowship following graduation

Graduate Clinician Clinic Assignment

What do I need to know about clinical assignments?

The coordinator and students work collaboratively to arrange clinical placements in their communities depending upon the graduate clinician's individual training needs as well as upon his/her level of training and competence. Before a clinical practicum experience can begin, an affiliation agreement between the University of Akron and the facility must be established.

In order to receive an assignment, graduate clinicians must be enrolled in the appropriate practicum course. For the purposes of this handbook, the appropriate practicum course is SLPA:650.

Clinical Practicum experiences are organized so that graduate clinicians meet, at a minimum, licensure requirements of the Ohio Speech and Hearing Professionals Board, certification requirements of the American Speech-Language Hearing Association. (ASHA) and licensure requirements of the Ohio Department of Education. Additional experiences may be required to fulfill a graduate clinician's interests or out of state licensure needs. Students who live out of state are responsible for researching their state licensure requirements and communicating this information with the coordinator at the start of the program.

Clinical certification requirements are outlined in ASHA's Certification Handbook for Speech-Language Pathology or Audiology. This may be found online at https://www.asha.org/uploadedFiles/SLP-Certification-Handbook.pdf. All membership and certification forms may be downloaded and printed from the website.

What is the Typical Sequence of Clinical Training within the Distance Learning Program?

- **Three** placements (SLPA:650) are **introductory** in nature.
    - Each of the three initial placements should be attended a minimum of 2 days per week across the entire span of the semester. Exceptions to this schedule may be made according to the unique circumstances of a particular setting. Exceptions or modifications need to be approved by the University coordinator.
    - One placement must be completed with pediatrics and another placement must be completed with adults. The third placement is optional (pediatrics vs. adults).
    - Students should obtain a minimum of 50 direct clinical hours during each of these rotations.
    - These "introductory" placements are meant to:
        - Provide graduate students with their first experiences evaluating and treating a variety of disorders and populations.

- Expose graduate students to a variety of settings and service delivery models.
- Provide hands-on training for clinical report writing.
- *Gradually* ease the student clinician into taking over the caseload. Students begin by observing, then participating in activities with the SLP, and gradually begin leading/owning sessions as the semester progresses.
- **This handbook is written to offer guidance to supervisors who are hosting graduate student clinicians during one of these three introductory placements.**

- For reference, two placements follow the introductory placements and are considered the "advanced" externship rotations:

- The student has already obtained 100-150 direct clinical hours leading up to the start of the externships. Occur **after** the abovementioned "introductory" placements.
- One externship is completed in a school setting (i.e. school externship)
- One externship is completed in an adult medical setting (i.e. medical externship).
- Each of these two externship placements should be attended a minimum of 3 days per week across the entire span of the semester. Students may also complete the externship(s) 5 full days per week across 8 weeks.
- Students should obtain a minimum of 125 direct clinical hours during each of these externships.
- Refer to the appropriate handbook provided by the graduate coordinator for expectations and suggested schedule of activities across the term.
    - School externship handbook
    - Medical externship handbook

- **Supplemental (Mandatory) Clinical Training Assignments:** 1) Simulated Diagnostic Clinic 2) Simucase

  1) Beginning with our 2021 "start" cohort, students participate in a simulated diagnostic clinic offered by University of Akron clinical supervisors. Students gain experience with the following, as it relates to the pediatric and adult population:

    - Develop an assessment plan based on client data and evidence-based practice.
    - Administer different types of standardized and authentic assessments.
    - Evaluate and compare the psychometric properties of norm-referenced assessments to guide in the selection of assessments.
    - Create or modify informal assessments based on client needs.
    - Score assessments based on standardization rules.
    - Interpret data and develop an assessment report.
    - Make appropriate referrals based on assessment data.

2) Students complete simulated cases via Simucase and participate in group debriefing meetings with University of Akron clinical supervisors, in order to provide them with experience and training in "hard to fill" disorder areas (i.e. fluency, voice, AAC).

The use of clinical training via simulated cases will contribute to the following graduate student outcomes:

- To meet competency skills training requirements across the scope of practice in speech-language pathology, which is required for professional licensure
- To enhance knowledge of the disorder areas given the opportunity to apply information learned in lecture directly to clinical cases
- To be better prepared for live externship rotations through ability to transfer and apply knowledge and skills obtained through successful completion of simulated cases

Expectations of Graduate Clinicians

What is expected of graduate clinician clinicians?

Attendance:

Schedule for Introductory Placements (700:650):
Graduate clinicians are expected to attend clinical placements a minimum of 2 days per week during the entire length of the semester, including finals week. The SLP supervisor and Graduate clinician can determine a weekly schedule (i.e. Monday/Wednesday, Tuesday/Thursday); the Coordinator does not need to be involved in this discussion. Graduate clinicians are expected to attend the entire day that the SLP supervisor is scheduled.

Graduate Clinician Absence: Professionalism is always required, and good attendance is one crucial aspect of professionalism. Students must be committed to their clinical practica and externships in the same way that they would be for paid employment. Graduate clinicians are expected to attend clinical placements a minimum of 2 days per week during the clinical semesters. Additionally, graduate clinicians follow the calendar of the facility where they are completing their externships. If the University of Akron is closed, but the facility remains open, the graduate clinician is expected to report to their externship site. Graduate clinicians are expected to be at the externship placements while the SLP supervisor is present. Schedules may vary based on the SLP supervisor's availability, caseload management, and delivery of in-direct services.

Graduate clinicians are not permitted to be absent from externships unless the absence is excused. The student must email the supervisor and clinic/program coordinator prior to each/every absence. Problems with attendance and professionalism will negatively impact your grade, affect letters of recommendations and references, and influence competencies and clock hours. In some cases, where problems with attendance and professionalism exist, a student may be removed from their clinical site at the discretion of the supervisor, clinic/program coordinator, or department chair.

Reasons for excused absences include:

- Personal illness/injury, including exposure to contagious disease which can be communicated to others
    - 1-2 days off: no doctor's note required, make up at the supervisor's discretion

  - 3rd day off: must have doctor's note, make up at the supervisor's discretion
  - 4-5+ days off: requires discussion of practicum extension, medical leave, grade reduction, and/or an incomplete and will be determined by supervisor & faculty.
- Significant illness/injury of immediate family (spouse, parents, children, grandparents, siblings, grandchildren) to care for the family member
  - Make-up days typically required and per the supervisor/clinic director/program coordinator's discretion
- Medically necessary appointments that cannot be scheduled at an alternative time
  - Make-up days typically required and per the supervisor/clinic director/program coordinator's discretion
- Funeral
  - No make-up day required
- Religious holidays/observation
  - No make-up day required
- Other reasons approved by the supervisor and clinic/program coordinator

Any additional, unapproved absences not classified within this policy or excessive absences may result in an In Progress grade/extension of placement or letter grade reduction. In addition, failure to follow the notification procedure outlined in this policy may also result in a letter grade reduction and is at discretion of the faculty. Students should not attempt to negotiate days off with their supervisors. This will be seen as unprofessional behavior and will be reflected in the student's grade and/or demonstrate need for a support plan in the area of professionalism.

Supervising SLP absence: Graduate clinicians cannot provide direct services unless a licensed/certified SLP is on the premises. If a supervising SLP is going to be absent, the graduate clinician should only attend his/her externship if alternative arrangements have been made in advance. Arrangements may include completing observations, paperwork, or projects related to the externship. Make-up days are scheduled according to the supervisor's discretion.

Dress, Grooming, and Appearance:
Graduate clinicians are expected to dress for evaluations and therapy in an appropriate, **professional** manner, i.e. in attire appropriate to any place of business. Clothing which is either too casual or too dressy, i.e. shorts, sundresses, very short skirts, jeans, tee-shirts, sweatshirts, party wear, see-through clothing, etc., is out of place in a clinical work environment. In general, a clean, neat pair of pants, a dress, a skirt, together with a blouse, shirt, jacket or sweater is considered to be appropriate. Bare midriffs, plunging necklines and low-rise pants are not allowed. Makeup, jewelry, and hair color should be tasteful. Obvious body piercings or tattoos should be removed or covered during clinic. Clinical Supervisors should inform graduate clinicians about specific dress codes prior to the start of the rotation.

Timeliness:
Graduate clinicians are expected and required to be **on time** for all clinical appointments. Furthermore, they are expected to arrive ahead of appointment times to prepare for sessions and to begin on time. Graduate clinicians should contact the clinical supervisor immediately if there are circumstances beyond their control that cause them to be late.

Identification*:*
Graduate clinicians can wear a University Zip Card name badge, if required at the facility. Please note that our

Distance Learning students do not acquire University badges unless specifically requested and purchased for the purpose of a clinical practicum experience. The student will need to contact the Zip Card Office at the University of Akron in advance of the start of the placement to order a badge.

Clinical Supervision Guidelines

What are the clinical supervision requirements for graduate clinicians?

ASHA Standard V-E: Supervision of graduate clinicians must be provided by a clinical educator who holds ASHA certification in the appropriate profession, who has the equivalent of a minimum of 9 months of full-time clinical experience post-certification, and who has completed a minimum of 2 hours of professional development in clinical instruction/supervision after being awarded ASHA certification.

The amount of direct supervision must be commensurate with the graduate clinician's knowledge, skills, and experience; must not be less than 25% of the graduate clinician's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.

It is understood that in a clinical training program, clinical supervision takes place according to the training level and individual needs of each graduate clinician and each client served. ASHA standards specify a minimum of 25% supervision; **however, clinical supervision time must be adjusted accordingly for beginning clinicians and adjusted as the graduate clinician become more independent.**

To assure a quality clinical learning experience for graduate clinicians, we suggest that supervisors:

- Create a positive learning environment that fosters the graduate clinician's professional and personal growth
- Establish and maintain an effective working relationship with the supervisee
- Orient the graduate clinician to the facility
- Provide the graduate clinician with instructional materials, access to the records, facilities, and facility policies
- Assist the supervisee in developing clinical goals and objectives
- Demonstrate clinical methods and participate with the supervisee in the clinical process
- Assist the supervisee in developing and refining assessment skills
- Assist the supervisee in developing and refining practice management skills
- Assist the supervisee in developing and refining therapeutic skills
- Assist the supervisee in analyzing assessment and treatment sessions
- Assist the supervisee in the development and maintenance of clinical records (e.g. medical records, ETR, IEP or IFSP)
- Assist the supervisee in preparing, executing, and analyzing interprofessional/team interactions
- Assist the supervisee in self-evaluation of clinical performance
- Assist the supervisee in developing skills of verbal counseling and communication with team members
- Share information regarding ethical, legal, regulatory, and reimbursement aspects of

professional practice
- Model and facilitate professional conduct
- Demonstrate research skills in the clinical or supervisory processes
- Complete on-going clinical performance evaluations to include, but not limited to, midterm and final

Please note: Graduate clinicians cannot be left alone at a facility without a SLP supervisor due to the concern of liability for personal harm/injury, damage/theft of property, and access to confidential client/patient records. If the SLP supervisor is unavailable, then graduate clinicians may be present during facility business hours when facility employees (i.e. other school staff or hospital staff) are present. SLP supervisor must be present while graduate clinician(s) are in the facility outside of facility business hours. A graduate clinician is not permitted to complete direct client care if a licensed SLP is not on the premises.

Suggested Schedule for Clinical Practicum Experiences (Introductory/ SLPA**:650)** The activities listed below are ***suggestions*** to the type of schedule that could be followed to provide graduate clinicians with a diverse and beneficial clinical practicum experience. An individualized plan should be developed based on the facility's requirements and /or capabilities, the supervisor's schedule, pre-established procedures, and the graduate clinician's capabilities.

Time Frame	Suggested Activity
Prior to initiation of clinical practicum	• Completion and submission of facility-specific onboarding requirements, which may include documentation of physical exam, immunizations, and background check(s) • Graduate clinician and SLP supervisor review practicum guidelines • Graduate clinician and SLP meeting via phone, web-based, or in-person conference (optional meeting) • Discuss expectations and learning style • Confirm weekly schedule • Consider reading materials or supplemental materials that may support the graduate clinician's training
Weeks One & Two	• Orientation to building and site • Become familiar with site procedures including code of conduct, fire/tornado, etc. • Obtain information about risk management and infection control procedures followed by site • Introductions to staff and other professionals • Attend meetings or other professional SLP activities/responsibilities • Schedule a weekly meeting, if possible • Become familiar with facility diagnostics and therapeutic protocols • Review HIPAA/patient privacy protocols • Become familiar with the client-record system and begin reviewing clients' records/files • Discuss lesson plan procedures, data collection system, and clinical- report writing • Observe and jointly participate in intervention sessions with supervising SLP, as appropriate • Observe clients during other activities (i.e. other therapy appointments, in the classroom)
Weeks Three & Four	• Plan and lead intervention for up to 25% of shared caseload • For remaining caseload, continue to observe but jointly participate in sessions on a more frequent basis • Contribute to clinical documentation • SLP supervisor completes and reviews Weekly Clinical Feedback Form (Optional; see Appendix)

Weeks Five & Six	• Plan and implement intervention and/or evaluation for 25% to 50% of shared caseload. Complete appropriate documentation for assigned caseload • For remaining caseload, continue to observe but jointly participate in sessions on a more frequent basis. Contribute to clinical documentation • Actively participate in staff & patient care meetings • SLP supervisor completes and reviews Weekly Clinical Feedback Form (Optional; see Appendix)
Weeks Seven & Eight	• Plan and implement intervention and/or evaluation for 50-75% of shared caseload. Complete appropriate documentation for assigned caseload • For remaining caseload, continue to observe but jointly participate in sessions on a more frequent basis than in weeks prior. Contribute to clinical documentation • Actively participate in staff & patient care meetings • Formal review of midterm evaluation • SLP supervisor completes and reviews Weekly Clinical Feedback Form (Optional; see Appendix)
Weeks Eight Through the End of Clinical Practicum	• Plan and implement intervention and/or evaluation for 50% to 100% of the shared caseload. Complete appropriate documentation for assigned caseload • For remaining caseload, continue to observe but jointly participate in sessions on a more frequent basis than in weeks prior. Contribute to clinical documentation • Actively participate in staff & patient care meetings • Consult with other professionals as it relates to patient care • Complete family interviews and family counseling • Other responsibilities required by the supervisor and/or facility • SLP supervisor completes and reviews Weekly Clinical Feedback Form (Optional; see Appendix) • Formal review of final evaluation & approval of all clock hours

Obtaining and Documenting Clinical Clock Hours

What are ASHA's standards for obtaining and documenting clinical clock hours for certification in Speech-Language Pathology and Audiology?

The graduate clinician is required to log the amount of time spent participating in direct client contact. These clock hours are tracked in the on-line management system, Calipso at https://www.calipsoclient.com/uakron/account/login. This system helps to keep accurate records of graduate clinicians' clinical hours that are maintained for graduation, for ASHA certification and state licensure purposes. Graduate clinicians receive instructions on using the Calipso management system when they enter our graduate program.

Prior to supervising a graduate clinician, each supervisor will be emailed instructions and a one-time PIN to register for his/her free supervisor account. Once a supervising SLP has registered, he/she will remain in the Calipso management system for subsequent semesters. Supervisors approve all clinical clock hours within the Calipso management system.

In order to count clinical clock hours toward meeting certification and/or licensure requirements, a graduate clinician must be actively involved in the diagnostic or intervention process.

Active involvement includes the following activities when the client is present and participating:

- Actual service delivery (therapy or diagnostics)
- Recording and analyzing data during the session
- Interviewing and counseling with clients/families regarding treatment recommendations, home programming, etc.
- Managing client's behavior
- Managing technological devices with the client present (speech-generating devices, assistive listening devices, preparing computer programs for sessions)
- Clinical documentation with the client present

The following activities CANNOT be counted towards clinical clock hours:

- Report writing without the client present and participating
- Planning sessions
- Learning to administer tests or procedures
- Passively observing without active involvement with the client/family
- Interprofessional or staff meetings without the client present and participating
- Conference time with supervisor

If you are in doubt about the legitimacy of an activity, consult the Coordinator.

Supervision of Clock Hours:

Persons holding the CCC-SLP may supervise:

- All Speech-Language Pathology evaluations and treatment services

- Aural habilitation and rehabilitation services
- Audiologic screening (i.e. pure-tone air conduction screening and testing, and screening tympanometry) for the purpose of the initial identification and/or referral of individuals other communication disorders or possible middle ear pathology
- Management of children and adults with central auditory processing disorders

Persons holding the CCC-A may supervise:

- Audiologic evaluation/assessment
- Intervention for central auditory processing disorders
- Amplification (hearing aid selection and management)
- Speech and/or language screening for the purpose of initial identification of individuals who may have other communication disorders
- Aural habilitation and rehabilitation services
- Evaluation and management of children and adults with central auditory processing disorders

How do graduate clinicians keep track of *clinical clock* hours?

Graduate clinicians are required to log the amount of time spent participating in direct client contact. These clock hours are tracked by a web-based program, Calipso. Graduate clinicians are required to enter their clock hours information into this system and monitor it to assure that their clock hours are correct and that they are approved by their supervisor(s). All clock hours must be entered by the graduate clinician into Calipso prior to the end of the clinical placement. Errors in entering clock hours or failure to submit clock hours may result in an In Progress (IP) for the practicum experience, and/or delay or prevention of ASHA certification or state licensure. The accuracy of your clinical hours is NOT the Clinical Instructor's responsibility-it is the graduate clinicians'! It is strongly recommended that graduate clinicians maintain a personal record of clinical hours.

How are graduate clinicians graded for clinic?

Evaluation and Grades:
At a minimum, graduate clinicians should be provided with a formal verbal and written evaluation twice during the experience; once at the midterm and again at final. Clinical Performance Evaluations are completed using an on-line management system, Calipso. During the evaluation, the graduate clinician and supervisor should discuss the graduate clinician's strengths and areas in need of improvement. Efforts should be made to establish objectives for improving performance.

Helpful Tips When Completing the Calipso Midterm and Evaluation:

- Supervisors should mark off all of the pertinent fields in the top section (i.e. patient population, severity of disorders, interprofessional practice). This is important for the graduate clinicians' clinical documentation for ASHA licensure.
- Supervisors will only need to provide a score in any of the clinical areas that the graduate student clinician had the opportunity to practice. All other areas can be left blank.
- Course number:
    - SLPA:650
    - # = the number of clinical practicum rotations that the graduate clinician has completed (i.e. if this is the first practicum= 1st, if this is the second practicum= 2nd)
    - Advanced; Distance Learning students will rarely use the Standard category
    - Year 1

  Example: SLPA:650 1stAd 1-1st Advanced Practicum Year

What if a graduate clinician needs support in his/her academic achievement or clinical skills?

Academic and Clinical Support Plans:
All speech-language pathology graduate students must meet the minimum criteria set by their course instructors or clinical supervisors for each class or clinical experience. An academic support plan will be created for students who have earned a grade of C+ or lower in the course by midterm. Midterm coincides with week 8 during fall and spring semesters and week 4 during summer semester. Clinical support plans will be created for students who receive a Likert score less than 4 for any standard on the CALIPSO Performance Evaluation or if s/he fails to demonstrate competency with the skills and abilities as outlined in the Technical Standards. The point of the support plan is to assist the student in meeting any criterion not achieved during the initial instructional or clinical experience. If a graduate clinician requires a Support Plan, the appropriate coordinator (Clinic Director or Externship Coordinator for clinical support plans, or Graduate Coordinator for academic support plans) will assist with development of the Support Plan.

Procedures:
Support plans can be either academically or clinically based. The instructor(s) and/or supervisor(s), along with the appropriate coordinator(s) are responsible for creating a plan based on knowledge, skill, or ability deficiencies demonstrated by a graduate clinician with the academic or clinical setting. Once a plan has been devised, the instructor/supervisor must review and discuss the plan with the graduate clinician. After doing so, the graduate clinician, instructor/supervisor, and coordinator must sign and date the plan, acknowledging the goals created, and the anticipated completion date/deadline. A copy of the signed support plan must be provided to the graduate clinician, the graduate clinician's graduate file, the supervisor/instructor, and the Clinic Director (clinic) or Graduate Coordinator (academic).

Prior to the start of a new clinical semester, the graduate clinician's supervisor(s) will be notified and receive a copy of the graduate clinician's plan from the Clinic Director.

The instructor(s) and/or supervisor(s) will assist the graduate clinician with development of knowledge, skill, and/or ability area(s) specified on the Support Plan. This assistance may include strategies including but not limited to: written feedback, verbal feedback, modeling of a skill, clinician self-assessments, research into a disorder, audio taping, videotaping, skill proficiency checklists, review of policies/procedures, in-services, supplemental readings, regular supervisory conferences, data collection by supervisor or the graduate clinician.

Until the plan is completed, the graduate clinician must meet with their instructor(s) and/or supervisor(s) on a pre-determined schedule to discuss progress made toward accomplishing the specified plan goals. The plan goals must be achieved no later than the end of the subsequent semester.

If an instructor(s) and/or supervisor(s) observes minimal to no improvement and/or failure of the graduate clinician to meet the plan deadline, the instructor(s) and/or supervisor(s) must inform the Graduate Coordinator. In this situation, the Coordinator will set up a meeting with the graduate clinician to discuss potential plans of action, e.g., delay externship placement, repeating a course, extension of a graduate clinician's program, etc.

Completion of the clinical support plan goals will be verified by the Coordinator; this verification will be provided by the graduate clinician's current or subsequent supervisor once the plan is in place. Once the plan has been completed, the Coordinator will document the graduate clinician's attainment of goals on the original plan or as a written addendum.

Completion of the academic support plan goals will be verified by the Graduate Coordinator; this verification will be provided by the graduate clinician's current or subsequent instructor once the plan is in place. Once the plan has been completed, the School Director will document the graduate clinician's attainment of goals on the original plan, or as a written addendum.

Clock Hours:
If a graduate clinician receives an average of 3.9 or lower as their final clinical grade on any Calipso evaluation, the graduate clinician will not be granted the hours for that clinical experience.

Clinical Support Plan Form

Graduate Clinician Name: _____

Clinic Supervisor/Course Instructor: _____

Clinic/Course: _____

Semester: _____ **Year:** _____

This support plan was developed in order to allow the graduate clinician to address deficiencies in coursework and/or clinical training. This plan is intended to remediate those deficiencies and allow the graduate clinician to acquire the necessary knowledge and skills and achieve the technical standards. The graduate clinician and supervisor/instructor will develop a support plan in order to achieve competency in any identified deficiency deficient area.

Directions: *Enter the ASHA standard and course/clinic objective that has not been met. Identify the additional responsibilities of the graduate clinician and the role(s) of the supporting supervisor/instructor.*

Support Plan

<table>
<tr><td colspan="3">Standard/Objective</td></tr>
<tr><td colspan="3">Graduate clinician Responsibilities</td></tr>
<tr><td colspan="3">Instructor Roles</td></tr>
<tr><td colspan="2">Begin date:</td><td>Review date:</td></tr>
<tr><td>Met ☐

Not Met ☐</td><td>Date:</td><td>Supervisor/Instructor: _____

Clinic Director/Graduate Coordinator: _____</td></tr>
</table>

Support Plan

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<tr><td>Met ☐

Not Met ☐</td><td>Date:</td><td>Supervisor/Instructor: _____

Clinic Director/Graduate Coordinator: _____</td></tr>
</table>

In the event that a graduate clinician is unable to fulfill the support plan, with or without reasonable accommodation, or refuses to participate in the support plan procedures, the graduate clinician may be dismissed from the program.

I participated in the meeting about the support plan (attached) and I agree to fulfill its requirements by the date specified above.

Graduate clinician Signature_____ Date_____

I participated in the meeting:

Supervisor/ Instructor Signature_____ Date_____

Clinic Director/Graduate Coordinator Signature _____ Date: _____

Copies:
Academic support plan: graduate clinician, instructor, graduate coordinator, advisor, permanent file
Clinical support plan: graduate clinician, supervisor, clinic director, advisor, graduate clinician permanent file

University of Akron
Distance Learning Master's Program in Speech-Language Pathology
Program of Study

Semester 1: Spring

- Language and Literacy Development and Disorders: Infancy to Early Childhood
- Advanced Phonetics

Semester 2: Summer

- Neuroscience for Communicative Disorders
- Clinical Processes in Communication Sciences and Disorders
- Language Disorders in Later Childhood

Semester 3: Fall

- Clinical Practicum* (SLPA:650)
- Speech Sound Disorders
- Adult Neuro-language Disorders

Semester 4: Spring

- Clinical Practicum* (SLPA:650)
- Cognitive Communicative Issues in Speech Language Pathology
- Dysphagia

Semester 5: Summer

- Clinical Practicum* (SLPA:650)
- Augmentative Communication
- Neurogenic Speech Disorders

Semester 6: Fall

- Clinical Practicum* (school-based or medical-based externship)
- Externship Seminar
- Public School Issues in SLP
- Voice Disorders

Semester 7: Spring

- Clinical Practicum* (school-based or medical-based externship)
- Externship Seminar
- Fluency Disorders: Assessment, Counseling & Treatment
- Audiology for the SLP

Semester 8: Summer

- Clinical Practicum* (medical-based externship if not completed in prior semester)
- Externship Seminar; 1 credit hour (medical-based seminar if student is completing externship in this semester)

- Research Methods
- Culturally Responsive Practices in SLP

*Students are required to complete a total of 5 clinical practicum experiences, however 6 semesters are allotted for their completion. Students will not have a clinical practicum during one of the semesters between semester 3-8 unless there are special circumstances.

Weekly Supervisor Clinical Feedback Form

Client(s) Initials: _____ Graduate Clinician Name: _____

Session Date: _____ Supervisor:_____

Independent 7	Supervisee takes initiative, makes changes when appropriate, and is effective (0-5% guidance)
Consistent 5-6	Supervisor provides general guidance and/or demonstration or modeling in order for supervisee to perform effectively (5-25% guidance)
Emerging 3-4	Supervisor provides frequent or specific guidance, demonstration or modeling in order for supervisee to perform effectively (25-50% guidance)
Underdeveloped 1-2	Supervisor must provide specific direction to alter supervisee's performance or supervisee's inability to make changes (50% or more guidance)
N/A	Not applicable at this time

I. PREPARATION SKILLS	
A. Prepares for treatment sessions	
B. Modifies plan and strategies to meet needs	
C. Selects materials consistent with functional needs of client(S)	
II. INTERVENTION IMPLEMENTATION	
A. Provides clear instructions and demonstration of desired responses	
B. Provides consistent and informative feedback	
C. Interprets performance recognizing difficulty and applies strategies to improve	
D. Maximizes use of time in therapy	
E. Uses appropriate reinforcers and schedules	
F. Modifies physical environment to facilitate learning and communication	
G. Manages interfering behaviors effectively and engages in conflict resolution	
H. Keeps goals in focus	
K. Collects data (Discriminates correct vs. incorrect responses)	
III. INTERPERSONAL AND PROFESSIONAL SKILLS	
A. Interaction with client and family is appropriate and culturally competent	
B. Interaction with supervisor/peers	
F. Therapy administrative responsibility (SOAPs, treatment plans, etc.)	
G. Response to supervision	

Comments: _____

_____

_____

_____

_____

Next week, focus on:

_____

Student Clinician Self-Evaluation of Session

Clinician: _____ Client's Initials: _____ Date: _____

Rating Scale: 1 = rarely/did not occur; 5 = consistently; NA = not applicable

PLANNING:						
Selected session objectives were appropriate for this session	1	2	3	4	5	NA
The task difficulty level for this session was appropriate	1	2	3	4	5	NA
Therapy techniques and materials were appropriate for client's age/ developmental level and disorder	1	2	3	4	5	NA
ATTENTION, MOTIVATION, AND BEHAVIOR MANAGEMENT:						
Clinical goal (purpose of task) was explained to client	1	2	3	4	5	NA
Instructions were given for each task, and were clear and simple	1	2	3	4	5	NA
The client understood what was expected of him/her	1	2	3	4	5	NA
The client attended to you, your instructions, and the therapy tasks	1	2	3	4	5	NA
The environment was arranged to support the client's attention (materials, etc.)	1	2	3	4	5	NA
Behavior limits were set and followed	1	2	3	4	5	NA
THERAPY:						
Stimuli were paced appropriately	1	2	3	4	5	NA
Target behavior/response was modeled accurately for client	1	2	3	4	5	NA
Client was given sufficient processing time	1	2	3	4	5	NA
Therapy and materials appeared to be organized	1	2	3	4	5	NA
Majority of the clinical interactions were directed toward the specific clinical goals (session focused on therapy goals)	1	2	3	4	5	NA
Appropriate type of reinforcement used (both positive and negative)	1	2	3	4	5	NA
Appropriate schedule of reinforcement used (constant or intermittent)	1	2	3	4	5	NA
A sufficient number of correct responses were obtained	1	2	3	4	5	NA
Error responses were accurately identified	1	2	3	4	5	NA
All responses were charted (data collection)	1	2	3	4	5	NA
Sufficient time was allotted to each therapy activity/goal	1	2	3	4	5	NA
Goals/procedures/tasks modified as necessary during session	1	2	3	4	5	NA
INTERACTION:						
Clinician related to client as a person – showed caring and respect	1	2	3	4	5	NA
Clinician's language level & communication style were appropriate for age and ability of client	1	2	3	4	5	NA
Clinician demonstrated appropriate interpersonal skills; rapport established with client and significant others	1	2	3	4	5	NA

State at least one thing you liked about this session: _____

_____

_____

State one thing you need to change before the next session: _____

_____

_____

_____

Any other comments or questions about the session? _____

_____

_____

Certificate of Clinical Competence ASHA 2020 Standards

What are the ASHA standards for certification?

Overview of the standards:

- Master's, Doctoral, or another recognized post-baccalaureate degree
- Coursework and clinical work must be completed at an ASHA accredited program. Program must be sufficient in depth and breadth to achieve knowledge and skills outcomes.
- Coursework in statistics and biological, physical, and social/behavioral sciences.
- Knowledge in basic human communication and swallowing processes: biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
- Knowledge in communication and swallowing disorders and differences: etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates
- Knowledge in the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders
- Demonstrate knowledge of ethical standards, research principles, and current professional and regulatory issues
- Skills in oral and written communication
- Practicum experiences that:
    - Encompass the breadth of the current scope of practice
    - Across the lifespan
    - Culturally/linguistically diverse populations
    - Various types and severities of communication and/or related disorders, differences, and disabilities
    - Interprofessional education and collaborative practice
    - Without specific clock-hour requirements for given disorders or settings
- A total of 400 clock hours of supervised practicum with at least:
    - 375 in direct client/patient contact
    - 25 in guided clinical observation
    - 325 must be completed while in an accredited graduate program
    - Up to 75 hours in clinical simulation
- Amount of supervision proportional to graduate clinician's level of knowledge, experience, and competence, with no less than 25% supervision of direct client/patient contact
- A combination of formative and summative assessments for the purpose of improving and measuring graduate clinician learning
- Supervision must be provided by an individual who holds the Certificate of Clinical Competence in the appropriate area of practice.

Standard V-B: Skills Outcomes:

Evaluation

- Conduct screening and prevention procedures, including prevention activities.
- Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.

- Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- Adapt evaluation procedures to meet the needs of individuals receiving services.
- Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- Complete administrative and reporting functions necessary to support evaluation.
- Refer clients/patients for appropriate services.

Intervention

- Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- Implement intervention plans that involve clients/patients and relevant others in the intervention process.
- Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- Measure and evaluate clients'/patients' performance and progress.
- Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- Complete administrative and reporting functions necessary to support intervention.
- Identify and refer clients/patients for services, as appropriate

Interaction and Personal Qualities

- Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- Adhere to the ASHA *Code of Ethics*, and behave professionally

Approved by ASHA Council on Clinical Certification in Audiology and Speech Language Pathology