

**CSD 6290– Spring 2024**  
**Clinical Practicum II**  
**January 9-May 5, 2024**  
**Selected Dates: T/TH 11:30-12:45**  
**Swaid 236**

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**Course Description:**

This is the second of five clinical practicum courses. This graduate course is designed to introduce the knowledge and skills required for the diagnosis and treatment of individuals with communication disorders. This course includes weekly classroom instruction pertaining to the assessment and treatment of communicative disorders, clinical writing in CSD, professional conduct, and relevant professional issues. In addition to the classroom component, participants will complete a supervised clinical practicum awarding intervention experience with clients enrolled in services at the Harding University Speech Clinic (HUSC). To meet the clinical competencies required for the course, students must achieve a grade of an “A” or a “B” in this course. Students that meet the clinical competencies will acquire clinical clock hours towards the 400 required for licensure, receive documentation of skills on their KASA form, and progress to CSD 6390. Students that achieve a grade of “C” or below will not progress to CSD 6390 and will not receive clinical clock hours (even if previously approved) or document the standards on the KASA form. A student that does not demonstrate the required competencies may repeat the course the following semester pending their academic standing within the department. A student who chooses to withdraw from practicum, who is removed from the clinical experience due to the inadequate completion of the requirements, or who is removed for major infractions of unprofessional conduct, will receive a grade of “F” and will not be awarded clinical competencies or clock hours for the semester.

**REQUIRED TEXTS:**

**Required Materials**

The Harding University Speech Clinic: Clinic Handbook

This document is available in digital form on the CSD website and on Canvas. All clinical forms are available in the handbook and in the clinician prep room. Forms are updated frequently and the use of the most current form (with proper formatting) is expected.

**Recommended:**

Meyer, S.M. (2004). *Survival guide for the beginning speech-language clinician. (2nd edition)*. Austin, Texas: Pro-ed.

Roth, F. P., & Worthington, C. K. (2015). *Treatment resource manual for speech-language pathology (5th Ed.)*. Clifton Park, NY: Cengage Learning.

Shipley, K.G, & McAfee, J.G. (2009). *Assessment in Speech-Language Pathology: A resource manual. (5<sup>th</sup> Ed.)*. Clifton Park, NY: Delmar Learning.

At the end of the semester, each participant should be able to integrate the acquired knowledge and skills into the beginning frameworks of clinical practice in the field of communication sciences and disorders. At the conclusion of this course, the students (with moderate guidance from the clinical educator) will be able to:

1. Identify the client's disorder(s) being treated in therapy
2. Identify the effect(s) of the client's communication disorder(s) in their activities of daily life.
3. Formulate measurable long-term goals and behavioral objectives using evidence-based practice.
4. Communicate the purpose of therapy and the desired outcome of each therapy session
5. Accurately collect and record data from the therapy session that aligns with the session/semester objectives
6. Demonstrate the ability to accurately document therapy using the S.O.A.P. format
7. Maintain communication with the CE by meeting deadlines, implementing feedback, and seeking guidance when necessary
8. Demonstrate the use of standardized and criterion referenced assessment methods
9. Accurately administer and score the results of comprehensive diagnostic instruments.
10. Effectively and efficiently collect intake information from clients and professionals and accurately report the information in the report.
11. Maintain chart organization and compliance with the HUSC policies.

**COURSE REQUIREMENTS: – All course requirements must be completed in order to receive credit for this course.**

- Clinical Practicum Lab: Providing therapy services are the primary objective of this class and lab. Clinical assignments will vary. Your clinical educator will provide a mid-term clinical evaluation and a final clinical evaluation utilizing the evaluation rubric on Calispo. Details of evaluation rubric will be given in class.
- Clock Hour Documentation: Complete documentation should be submitted using the Calispo software.
- Clinical Paperwork: All clinical paperwork must be completed in ClinicNote. ClinicNote may only be accessed from the computers in the HUSC labs. HIPAA guidelines will be discussed in class and students MUST abide by those guidelines.
- Students are required to attend scheduled class meetings and participate in planned activities/readings and assignments as assigned.
- Each student will complete an oral staffing of a patient/client they are serving

- Each student will create an evidence-based treatment plan for a patient/client they are serving

### **Grades**

The final grade for this course will be determined by the grades achieved on class (Graded by CD) and clinical assignments (graded by CE). Class assignments are due at the beginning of class. To prepare students for the process of documentation/billing, practicum assignments are due on Saturdays at 8:00p.m. Class or practicum assignments that are not received at these times will be considered late. Late work will be assigned a grade of “zero,” but students are required to complete all practicum assignments to receive credit for the course, pass the competencies, and accrue clock hours. If minor infractions of the clinic handbook occur (OSHA, attendance, dress code etc.), the student’s practicum grade will be reduced in increments for each infraction (1=5%, 2=10% etc.). Major violations (HIPAA, ethics) will result in a grade deduction, academic sanctions, and/or dismissal from the program, dismissal from the University and/or legal action taken against them. Using a weighted scale, the final grade for the course will be determined by the percentage of points achieved out of the total points possible for the semester. The following scale will be used:

A=90-100%, B=80-89%, C=70-79%, D=60-69%, F=0-59%

The course grade will be formed by the following weights:

Clinical Practicum Lab 70%

Diagnostic Lab 20%

Class Assignments 5%

Final Exam (check-out) 5%

**Academic Integrity Policy:** Honesty and integrity are characteristics that should describe each one of us as servants of Jesus Christ. As your instructor, I pledge that I will strive for honesty and integrity in how I handle the content of this course and in how I interact with each of you. I ask that you join me in pledging to do the same.

Academic dishonesty will result in penalties up to and including dismissal from the class with a failing grade and will be reported to the Director of Academic Affairs. All instances of dishonesty will be handled according to the procedures delineated in the Harding University catalog.

### **Relationship to ASHA Standards:**

As delineated in the ASHA Standards for the Certificate of Clinical Competence ([www.asha.org](http://www.asha.org)), students must meet specific requirements in order to obtain licensure. The classroom instruction and the practicum experience are designed to aid in the development of the required knowledge and skills. Under the guidance and supervision of a licensed and certified speech-language pathologist, each student will be awarded unique opportunities and individualized instruction pertaining to the standards. While the completion of all of the standards is not feasible in this course, each student will receive exposure to components of the

Council for Academic Accreditation standards and the standards of the Council For Clinical Certification listed below:

CAA

### 3.1.1B Professional Practice Competencies

The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

### 3.1.2B Foundations of Speech-Language Pathology Practice

3.1.3B Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences The program must include content and opportunities to learn so that each student can demonstrate knowledge of principles and methods of identification of communication and swallowing disorders and differences and principles and methods of prevention of communication and swallowing disorders.

### 3.1.4B Evaluation of Speech, Language, and Swallowing Disorders and Differences

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in assessment across the lifespan for disorders and differences associated with articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language; swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology); cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning); social aspects of communication (e.g., behavioral and social skills affecting communication); and augmentative and alternative communication needs.

### 3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms

The program must include content and opportunities to learn so that each student can demonstrate knowledge and skills in

\*intervention for communication and swallowing differences with individuals across the lifespan to minimize the effect of those disorders and differences on the ability to participate as fully as possible in the environment.

\*intervention for disorders and differences of articulation; fluency; voice and resonance, including respiration and phonation; receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language;

swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myology); cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning); social aspects of communication (e.g., behavioral and social skills affecting communication); augmentative and alternative communication needs.

3.1.6B General Knowledge and Skills Applicable to Professional Practice The program must include content and opportunities to learn so that each student acquires knowledge and skills in working with individuals with communication and swallowing disorders across the lifespan and by demonstration of ethical conduct; integration and application of knowledge of the interdependence of speech, language, and hearing; engagement in contemporary professional issues and advocacy; engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services; clinical education and supervision; clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care; professionalism and professional behavior that is reflective of cultural and linguistic differences; interaction skills and interpersonal qualities, including counseling and collaboration; ability to work effectively as a member of an interprofessional team.

3.4B An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.

3.6B The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, record keeping, and administrative duties relevant to professional service delivery in speech-language pathology.

3.8B Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

CFCC

**Standard IV-B The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.**

**Standard IV-C The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, and anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:**

**Speech sound production, to encompass articulation, motor planning and execution, phonology, and accent modification**

**Fluency and fluency disorders**

**Voice and resonance, including respiration and phonation**

**Receptive and expressive language, including phonology, morphology, syntax, semantics, pragmatics (language use and social aspects of communication), prelinguistic communication, paralinguistic communication (e.g., gestures, signs, body language), and literacy in speaking, listening, reading, and writing**

**Hearing, including the impact on speech and language**

**Swallowing/feeding, including (a) structure and function of orofacial myology and (b) oral, pharyngeal, laryngeal, pulmonary, esophageal, gastrointestinal, and related functions across the life span**

**Cognitive aspects of communication, including attention, memory, sequencing, problem solving, and executive functioning**

**Social aspects of communication, including challenging behavior, ineffective social skills, and lack of communication opportunities**

**Augmentative and alternative communication modalities**

**Standard IV-D For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for persons with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.**

**Standard IV-E The applicant must have demonstrated knowledge of standards of ethical conduct.**

Standard III-F – knowledge of processes used in research and the integration of research principles into evidence-based clinical practice

Standard III-G – knowledge of contemporary professional issues

Standard V-A The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice. The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with persons receiving services and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on [students and professionals who speak English with accents and nonstandard dialects](#). In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation

- a. Conduct screening and prevention procedures, including prevention activities.
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet the needs of individuals receiving services.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

2. Intervention

- a. 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.
- b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services, as appropriate.

3. Interaction and Personal Qualities

- a. 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.
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the *ASHA Code of Ethics*, and behave professionally.

The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the *ASHA Scope of Practice in Speech-Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the [ASHA Scope of Practice in Speech-Language Pathology](#).

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Supervised clinical experiences should include interprofessional education and interprofessional collaborative practice, and should include experiences with related professionals that enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive service delivery model.

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations.

Clinical educators of clinical experiences must hold current ASHA certification in the appropriate area of practice during the time of supervision. The supervised activities must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) in order to count toward the student's ASHA certification requirements.

Standard V-C -The applicant must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

Standard V-E—Developmentally appropriate supervision completed by individuals who hold the Certificate of Clinical Competence.

Standard V-F- Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.