

SLP Program Policy 301

Speech-Language Pathology Clinical Practicum Overview

Effective Date: July 30, 2009

Supersedes Date: July 30, 2006

Review Date: May 2026

Policy: All SLP students involved in clinical practicum will enroll in AUSP 7200, Introduction to Clinical Practice in Speech-Language Pathology, in their first semester and AUSP 7208, Clinical Experience in Speech Pathology, in each subsequent semester of full-time graduate study.

The cumulative grade of the first two semesters of clinical practicum (7200/7208) must be a B- (2.67) or greater. A cumulative clinic grade for the last five semesters must be at least 3.00. Students must obtain a B (3.00) or better in each of their last two semesters. Also, satisfactory acquisition of knowledge and skills for certification as prescribed by the American Speech-Language-Hearing Association is required. A minimum of 14 semester credit hours of AUSP 7200/7208 may be counted toward the 60-hour degree requirement.

Procedure:

I. Description of AUSP 7200 and AUSP 7208/8208

- a. These courses consist of a weekly class and a supervised clinical practicum in speech- language pathology. The content of the courses includes the theory of therapeutic process, policies and procedures of the Memphis Speech and Hearing Center, scope of practice, ethics, assessment, family/parent counseling, public school law, and professional issues. Attendance and participation in these classes are required.
- b. Grades in these courses include both class and practicum participation and performance.

II. Clinical Assignments

a. Clinical Practicum

- i. Students are assigned a clinical placement each semester. The load of client contact hours is generally expected to grow each semester as students progress through the 7200/7208 class series. In 7200, students should expect clinic to focus on completing guided observation hours if needed, and in-house clinical experiences as appropriate to the student's preparedness level and appropriate clinical need.
- ii. All students will complete a diagnostic rotation within the MSHC during their tenure in the program to establish a general knowledge of speech-language evaluations and family/caregiver/community support. Diagnostic placements that focus on specialty areas (such as voice, AAC, autism, feeding, literacy, or fluency) may also occur, but cannot supplant the speech-language evaluation rotation unless they incorporate a complete speech-language evaluation as part of the more specialized diagnostic.

- iii. Students holding graduate assistantships are assigned responsibilities according to the terms of their contract which can include up to 10 hours a week of additional client contact.
- b. Progression of Clinical Assignments
 - i. Each semester the director of clinical education meets with the student to discuss their past clinical placements and plan for future assignments. The goal is for all students to have experience with prevention, assessment and treatment of disorders across the scope of practice and the lifespan; experience with diverse ethnic and cultural backgrounds; and exposure to multiple types of settings.
 - ii. Clinical assignments should follow a systematic knowledge and skill-building sequence in which basic course work precedes or is concurrent with practicum as much as possible. Preparation may consist of the formal courses in the SLP curriculum, laboratory assignments, and supplemental workshops as part of AUSP 7208.
 - iii. Students are placed with a member of the University's clinical faculty in their first semester of clinic. Typical first placements are with young children with language and speech disorders and/or the Adult Services for Standard English Training (ASSET) program.
 - iv. Students with an undergraduate degree in communication disorders may be placed with clients with more complex disorders if they have had preparatory undergraduate coursework, clinical experiences, or are taking concurrent coursework that provides knowledge of the disorder.
 - v. Students who have undergraduate degrees in other fields of study obtain 25 observation hours in their first semester. Those who have had coursework in related areas (i.e., education or linguistics) may participate in the ASSET program in their first semester.
 - vi. The Director of Clinical Education in Speech-Language Pathology tracks each student's coursework and previous clinical experiences to ensure that a student is prepared for the current assignments. During orientation, before the beginning of a semester, the faculty meet with their assigned students to present an overview of the clients' needs and general information regarding the disorders they will be seeing.
 - vii. All clinical faculty meet with their students weekly to discuss the plans for assessment or treatment as well as provide education regarding the clients' disorders. If a student is assigned to a clinical experience that involves disorders for which he/she has limited academic preparation, the clinical faculty member is advised in advance so that additional instruction can be provided. Students may be given reading assignments to prepare for the experience.
 - viii. The assignment of students to external practicum takes into consideration the recommendation of the clinical faculty and the prerequisite coursework and experiences specified by the professionals at the off-site facility.
- c. Student Responsibilities
 - i. Students are expected to be prepared to see their client at the scheduled appointment time with all necessary paperwork and equipment preparation completed. They are to remain in the clinic for the entire block of hours scheduled. If a client does not show up, the student may be assigned other

duties by the faculty member. If for some reason a client is not scheduled during a student's regular clinic time, the student is still expected to be available unless dismissed by the faculty member.

- ii. Students are not required to attend offsite placements during University breaks/holidays, during the Mid-South Conference, on religious holidays, or on the day of the benchmark and comprehensive exams. For any other absences (illness, appts, inclement weather, car trouble, etc.), the offsite supervisor and clinic director must be informed, and the student is required to attempt to make up the time that is missed.
 - iii. If a student becomes ill and cannot see onsite patients, it is the student's responsibility to notify the responsible faculty member as far in advance as possible and to arrange for a substitute clinician. At the beginning of each semester, students are encouraged to identify other student clinicians who could back-up their clinics. If this is not possible, the responsible faculty member will cover the session. Cancellation of the client is not preferred, but it may be necessary to reschedule the appointment.
 - iv. Students are responsible for returning equipment and materials to the proper area immediately after use and for sanitizing toys (Phys-309) and cleaning up the session room after each appointment.
- d. Objectives for SLP Students in Audiology Clinic
- i. Students will be expected to demonstrate competency in screening hearing of individuals (children and adults) who can participate in conventional pure-tone air conduction methods. Students may become competent in screening for middle ear pathology through screening tympanometry for referral of individuals for further evaluation and management.
 - ii. Students will demonstrate an understanding of the interpretation of an audiogram and the procedures for gathering case history information.
 - iii. Students will be given opportunities to provide services to individuals with hearing loss and their families/caregivers (e.g., auditory training; speech reading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of trouble shooting, including verification of appropriate battery voltage).
- e. Practicum in Clinical Education
- i. Occasionally an experienced student may have the opportunity to assist a faculty member in the clinical education process. The responsibilities assigned to the student may include demonstration of therapy techniques and other areas of supervisory management.
 - ii. A student will not evaluate another student.
 - iii. When a clinical faculty member wishes to provide a student with this experience, a proposal defending its appropriateness is presented to the Director of Clinical Education in Speech-Language Pathology.
 - iv. Only the hours of demonstration therapy will be counted toward ASHA requirements.
 - v. The certified clinician must meet ASHA's minimum observation requirements for the student clinician providing direct services.

III. Clinical Education – Observation and Instruction

- a. The clinical faculty use the Continuum of Supervision (Anderson, 1988) as a guide regarding the amount of time and approach to supervision. The goal is for the student to acquire independence at the end of each semester with his/her assigned clients and confidence to practice professionally by the end of the program. The exception is when students work with clients covered by Medicare, and those require 100% in the room supervision.
- b. Observation and intervention on the part of the clinical educator can vary based on the skill level of the student and the complexity of the client's concerns. Assessment sessions are typically observed 100% to ensure that the procedures are accurate, and the client and family receive a clear explanation of the diagnosis and recommendation. Clients with significant behavior issues are monitored more closely to ensure safety for both the client and the student.
- c. Students and educators meet regularly to discuss the progress of their clients and plan sessions. Students are encouraged to initiate and contribute to the discussion regarding the planning and provision of services at the expected level of their knowledge and skills. The educator or student can request, and schedule additional time as needed.

IV. Evaluation of Clinical Competency

- a. Daily/Weekly Evaluations
 - i. The clinical faculty member will provide verbal and/or written feedback to students throughout the semester.
 - ii. Students receive feedback on a regular basis regarding their performance in the clinic. These can be in individual or group conferences each week with their clinical faculty member or a general debrief after a session. Additional meetings with the faculty member may be requested as needed.
- b. Mid-Semester and Final Evaluation Procedures
 - i. Each student will have the opportunity to meet with his or her faculty member at mid-term time and at the end of the semester. The student's performance in clinic to date will be discussed. In addition, each student may meet with the Co- Directors of Clinical Education in Speech-Language Pathology, if necessary. Students must plan to be available for meetings through the end of the exam period.
- c. Grading for A USP 7200 & A USP 7208
 - i. Participation and completion of A USP 7200/7208 class assignments are factored into overall grade.
 - ii. External off-site preceptors will be asked to give students a rating based on the Areas of Evaluation listed below. The grade can influence a student's final clinic grade. The Co-Directors of Clinical Education in Speech-Language Pathology will assign a final clinic grade for each student enrolled in clinical practicum in conjunction with the clinical faculty.
 - iii. Areas of Evaluation
 1. Each faculty member will evaluate the clinical performance of the students whom they supervise. A clinical competency rating will be determined for each student enrolled in clinical practicum (please refer to Speech- Pathology Clinical Competencies in Appendix 3.3). The competency ratings are based on a student's performance in:

- a. Intervention
- b. Evaluation
- c. Oral and Written Communication
- d. Clinical Interaction
- e. Professionalism

2. Rating Scale

- a. The Rating Scale provides a quantitative measure of student performance, gives students information regarding their areas of strength and challenge, monitors improvement, and provides supporting information for the final grade. Ratings describe clinicians who have limited clinical competence and/or need extensive support, as well as clinicians who are relatively competent and independent in various clinical areas.
- b. The rating scale can be found in Clinical Education [Appendix 5.1](#).
- c. These ratings are a descriptive measure and are not based on a percentage of compliance in a section.

3. Level of Experience based on Semester

- a. When assigning grades, the Level of Experience is taken into consideration, primarily based on the number of semesters of clinic the student has completed.
- b. The only exception is that Professionalism expectations are the same regardless of the number of semesters of clinic the student has completed.
- c. The Level of Experience chart can be found in Clinical Education [Appendix 5.1](#).

4. Professionalism Grading

- a. A professionalism grade of “Minor Concerns” pulls a student’s final clinic grade down by .5 letters (e.g., A to A-, B- to C+). A professionalism grade of “Major Concerns” pulls a student’s final clinic grade down by 1 full letter (e.g., A+ to B+, B to C).
- b. A “minor concern” is defined as an action/series of actions (of lack thereof) that a supervisor has addressed with a student in feedback at least once and yet is still not consistently corrected or feedback implemented going forward.
- c. “Minor Concerns” ratings across 2 semesters means that any concern after that becomes a “Major Concern”.
- d. Individual clinical supervisors will rate all skills except Professionalism independently. The Professionalism category will be decided by the whole clinical team.
- e. If the clinical team has “Major Concerns” regarding a student’s skills at any point in the program, a Clinical-Academic Support Plan form is initiated.