

## Procedures for Practicum Students

**Observation hours:** Students in SLP must complete 25 hours of clinical observation, usually before they begin clinical practicum. Observation hours may also be completed early in the term of a new placement and prior to collecting clinical clock hours in a practicum setting.

**Course Prerequisites for Practicum Experiences:** Relevant professional coursework must be completed before beginning a practicum in a specific disorder area. At times, students may complete a practicum concurrently with a relevant disorders course. **A minimum grade of B- is required for all professional coursework that is prerequisite to practicum placements.**

**Beginning Practicum:** Students with clinical experience may receive exemption from up to 2 credits (50 hours maximum) of clinical practice in their major area. In the minor area, this undergraduate credit is limited to one (20 clock hours maximum). All students who enter the program without any undergraduate clinical experience will be required to complete at least the first clinical education registration under the supervision of University of Minnesota supervisors.

**Practicum Assignments:** The student and the Director of Clinical Programs will plan the student's clinical experiences. The Director of Clinical Programs makes all clinical education assignments, based on the student's academic coursework and needs for clinical knowledge and skills across the practice areas and populations. Once each semester, you should complete a practicum request form and return to the Director of Clinical Programs to consider practica placements for upcoming semesters. Students are welcome to arrange a meeting with the Director of Clinical Programs to discuss their practicum placements. A schedule of clinical assignments for the student's second year of graduate study is usually arranged during spring semester of the first year of graduate study, once again in consultation with the Director of Clinical Programs. Information regarding specific practicum sites, prerequisites, and the semesters in which they are available can be obtained from the Director of Clinical Programs.

Near the middle to end of each semester, students, advisors and supervisors will receive information regarding the practicum assignments for the next semester. Students are asked to please check their University email account and mailboxes frequently for information pertaining to practicum.

**Interview/Contract:** Upon receiving confirmation of next semester's assignment, the student should contact the supervisor before the beginning of that semester to arrange a face-to-face interview and to complete the Clinical Practicum Contract (See sample in Appendix B). The contract is designed to establish mutually agreed upon guidelines and expectations for the practicum schedule, attendance, dress code, clinical activities, and other site-specific policies and procedures so that all are discussed before practicum begins. Some practica have specific hour and day requirements; some are flexible in this regard. However, the student and supervisor must adhere to a predictable and consistent schedule of attendance throughout the term. Attendance at practicum is mandatory.

**Safety:** The student is responsible for following administrative policies, standards, and practices of the practicum site. Safety precautions for infection control should be practiced at all times. [See the National Center for Infectious Diseases (NCID) guidelines in Appendix B of this handbook.]

**Clock Hour Forms:** The student will receive two copies of the ASHA clock hour forms. (See samples of these forms in Appendix A of this handbook.) Clock hour forms are available in the Grad Room. **The student should retain one original form and return the other original form to Katy McCarthy.**

- **Students must submit the clock hours before a grade will be submitted.**
- **It is the student's responsibility to alert the Director of Clinical Programs if you are falling short of hours in any specific area.**

**Travel to Practicum Sites:** Students should be aware that most of our practicum sites are off-campus and travel will be required. Students are responsible for securing transportation to off-campus practicum settings. It is very difficult to meet clinical requirements without having access to an automobile. Most

students will receive at least one placement that requires a significant commute (e.g., more than 30 minutes drive). Also, some practica require that students have a car to commute between multiple sites (e.g., several clinics in a single practice, several schools in a district).

**Practicum Credits:** Practicum registrations are for 1-8 credits per semester. No more than 8 credits may be completed at any single practicum site. Register for speech-language pathology practica under SLHS 8720 section 001 and audiology practica under SLHS 8820 section 001. If you have two practica in one semester, register both section 001 and 002 of SLHS 8720 or 8820.

Usually, the number of credits should match the number of clock hours achieved as closely as possible. However, sometimes students find that they have completed more hours or fewer hours than they expected for their practicum registration. For too few hours, students may complete the needed hours in the coming term, but no grade will be assigned until all clock hours (including clinical knowledge and skill competencies) sufficient to warrant the credit registration have been completed satisfactorily. We allow students to pre-register for clinical credits if they can fit them under the tuition cap, thereby avoiding extra tuition fees in a later term. Students can use extra hours to fulfill required hours in those categories on the clock hour summary form. If it is necessary to change the number of credits in the same term (e.g., student is graduating that term), a student can petition the Graduate School to change the registration after the deadline has passed.

**Time Commitment:** Practica are very time-consuming. Students can expect certain time requirements when registering for clinical practice in semesters.

Each credit registration is equal to 21 clinical clock hours. For example, a 3-credit practicum will result in over 4 hours per week of ASHA countable time for a minimum of 63 hours per semester.

In order to accumulate the required number of "countable" hours, the student can expect to spend many more hours per week in the practicum setting than the actual "ASHA countable time." You will be expected to spend time reviewing files and tapes, organizing information, gathering materials, setting up equipment, scoring tests, writing reports, etc. For planning purposes, a typical ratio of clock hours to time scheduled in practicum is as follows:

Clock Hours	Credits	Time Spent on site
63	3	Three half-days / week
84	4	Two full days / week
126	6	Four full days / week
168	8	Five full days / week

Some practica have specific hour and day requirements; some are flexible in this regard. The student is responsible for knowing the specific requirements of the practicum he or she is taking. Attendance at practicum is mandatory (see page 17).

**Length of Practicum:** A practicum does not end when a student has accumulated the minimum number of required hours for the semester. Students are expected to remain at their practicum site until the end of the semester. If clock hours obtained exceed the number anticipated, a student may use those hours in a future term's registration or as a special note on a resume (e.g., Total clock hours accrued=XXX). Regardless of the credit registration, a student may count all clinical clock hours s/he accrues.

**ASHA Countable Time:** "ASHA countable time" is defined in the following way: any time that a supervised student engages in what a speech-language pathologist or an audiologist would be doing in a given clinical setting, with specific exceptions as noted below, is considered "ASHA countable time."

- Only **direct client contact** time may be counted as clinical practicum hours. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing activities, in-service training, and writing reports may not be counted.

- Evaluation refers to those hours in **screening, assessment and diagnosis** which are accomplished prior to the initiation of a treatment program. Hours to be counted in the evaluation category may also include **re-evaluation; including nonstandardized treatment probes and informal functional assessments**. **Assisting the supervising clinician in assessment or intervention** may be considered countable time (for example, collecting data).
- Time spent with either the client or a family member engaging in **information seeking, information giving, counseling, or training for a home program** may be counted as clinical clock hours (provided the activity is directly related to evaluation and/or treatment).
- Time spent in a **multidisciplinary staffing, educational appraisal and review or in meetings with professional persons** regarding diagnosis and treatment of a given client may be counted.
- If a client presents communication disorders in two or more of the disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each. For example, if a client with both language and articulation problems received 20 hours of treatment and approximately 3/4 of each treatment session was spent on language and 1/4 was spent on articulation, the clinician should record credit for 15 hours of language treatment and 5 hours of articulation treatment.
- *Conference time with clinical supervisors within the professions of communication disorders may not be counted.*
- **Observation may not be used as countable clinical clock hours**, but only toward observation hours (25 hours required). Although observation is an important part of the student's experience and will typically occur in the early portion of every clinical placement, it does not count toward clinical clock hours.
- Students will experience clinical practice with populations across the lifespan. For counting hours, "children" are defined from birth through elementary school years. "Adult" years begin at middle school transition planning (usually around age 14) and older.

**Practicum Meetings with Supervisors:** Throughout the term, students and supervisors should establish regular schedules of meetings, including weekly or bi-weekly informal meetings and other meetings to establish goals, conduct midterm and final evaluations. During these meetings, both student and supervisor should share impressions and recommendations for maximum performance in practicum.

**SLHS Contact with External Supervisors:** Twice during each term, the Director of Clinical Programs or the practicum assistant, Katy McCarthy, will contact students by email to request feedback from students regarding their progress in practicum. This information will be kept confidential. Similarly, we will contact each supervisor by email or phone to learn about student progress in practicum and to determine whether there are any questions or problems. A copy of those comments will be shared with each student. A site visit to a practicum setting may be requested at any time.

## **Grading Procedures**

**Receiving an "S" grade:** Near the end of each practicum, supervisors will submit an evaluation report of student competencies in practicum and provide a suggested grade for each student. (See sample forms in Appendix A of this manual.) All clinical practicum registrations will be graded S/N (satisfactory/unsatisfactory). Although supervisors recommend a grade for each student, the Director of Clinical Programs makes final grading decisions. Students who fail to make sufficient progress or who violate any of the "Professionalism" competencies – (see Student Performance Review) may receive an N in practicum. Remember that a grade of "S" will not be submitted until signed clock hours forms are

submitted to Katy McCarthy, the supervisor's evaluation is completed, and the clinical portfolio is completed and received.

**Receiving an "I" grade:** Students often receive an I grade in practicum for one of two reasons: 1) incomplete documentation of satisfactory performance in practicum (e.g., clinical portfolio, signed clock hour form, and supervisor's evaluation must all be turned in prior to grade assignments) or 2) too few clock hours were achieved to reflect the credit registration. Once paperwork and clock hours have been secured, the I grade will be changed to S, presuming satisfactory practicum performance.

**Receiving an "N" grade:** Students receive N in practicum very rarely; but when this occurs, no credit and no clock hours are counted for that experience. N grades are assigned when a student fails to make sufficient progress in a practicum setting. Representative examples include any of the following: not achieving expected performance outcomes, not mastering required clinical knowledge, skills, or procedures, demonstrating insufficient oral or written communication skills, or ineffective interpersonal communication style. Any violation of the "Professionalism" competencies (e.g., attendance, health and safety considerations, ethical conduct, etc. -- see Student Performance Review) is also grounds for an N in practicum. The Director of Clinical programs determines whether an N grade is warranted after consultation with the supervisor, the student, and the student's academic adviser.

**Student Evaluations of Practicum:** Students are STRONGLY ENCOURAGED to complete a Student Evaluation of Teaching Form (SET - Form C-SR) to evaluate their experiences in each practicum. This form will be placed in your campus mailbox toward the end of the semester. Completed forms are to be returned to the Department Chair. Student anonymity is ensured. If you have any concerns about providing feedback in confidence and anonymity, please discuss these concerns with the Director of Clinical Programs. This is a very important aspect of evaluating practicum sites and supervisors. Please assist us in improving our clinical education by taking a few minutes to complete this form.

**Problems, Questions, or Concerns:** The Director of Clinical Programs is available to discuss any concerns students or supervisors may have about practicum placement, goal setting, evaluations and grading, or related issues.

### ***III Goals and Expectations for Student Clinicians and Supervisors***

---

## **Goals and Expectations for Student Clinicians and Supervisors**

### **Goals of Clinical Experience**

In the process of acquiring a graduate degree, students participate in several different types of clinical practica representing a variety of clinical settings. Some of these practica are completed in the Julia M. Davis Speech-Language-Hearing Center in Shevlin Hall under the supervision of University faculty. Most of the later practica are completed in external settings, schools, clinics, rehabilitation centers, and hospitals. One setting may be primarily diagnostic while another setting may provide extensive intervention. Some settings will focus on specific disorders (e.g., cleft palate, neurogenics, AAC). Others may represent a broad disorders range, but limited age groups (e.g., ECSE, long-term care, elementary school). Each student will have a unique set of practicum assignments, which represents a range of clinical experiences. Each setting has something valuable to offer and no single setting provides everything a student needs.

The practicum experience is a unique type of learning situation. The supervisor and student work closely and develop a professional relationship. This relationship requires good communication skills on the part of both parties if it is to succeed. These skills include:

- The student has an active part in this relationship: don't be a passive participant in your practicum.
- Ask questions.
- If feedback is not forthcoming when you feel you need it, ask for it.
- If there are problems, talk to your supervisor in a nonjudgmental, but straightforward, manner — tell him/her how you feel or how you perceive the situation, using examples to help clarify your concerns.
- If you don't feel comfortable with the level of specificity in which expectations and responsibilities are defined, ask for more structure.

You should also discuss your concerns with the Director of Clinical Programs or with any of the other departmental supervisors. Above all, remember that your supervisor has ultimate responsibility for the clients, and those clients should be your primary concern. During each term, we will communicate with you and your supervisor at least twice, asking each of you for feedback on the practicum and your progress toward clinical competencies in that setting. We will share the supervisor's feedback with you by email. We will not share your comments with the supervisor, unless you specifically request that we do so. Your comments to us are always confidential.

## Keys to Success in Practicum

The following suggestions are taken from supervisor feedback and response to student performance.

**Schedule:** Maintain a regular practicum schedule. Before the semester begins, the student and supervisor should determine the exact schedule of attendance for the semester that is mutually agreed upon. Once established, do not ask to deviate from this commitment as the semester progresses. The hours should be regular and sufficient to allow ample preparation time, client contact time, student-supervisor meeting time, and time for any other clinical duties required by the practicum site (e.g., on-site paperwork, charting, equipment or materials cleanup, staffings, etc.) Be punctual! Make sure that you arrive with ample time to fulfill any responsibilities for arranging materials or setting up equipment.

**Attendance:** Attendance at every scheduled practicum session is mandatory. Students should not request absences from their supervisor unless threatened by significant illness or other urgent negative circumstances. A student must consider himself or herself responsible to the supervisor, the clients, and the Department in attending practicum reliably. If an absence occurs, notify your supervisor immediately and plan to make up missed hours. Supervisors should not be approached to "excuse" absences due to a student's wish to study for tests, complete academic projects, conduct other outside employment, etc. Plan your time carefully. Do not miss practicum. Unexcused absences are grounds for an "N" (unsatisfactory) grade in practicum.

**Appearance:** Dress code, official identification, and personal hygiene are important. Ask your supervisor about appropriate dress before your first meeting. Observe what dress is typical for the setting and try to match that of your supervisor and other professionals in the setting. Being a student does not exempt you from appropriate dress. Shorts, T shirts, jeans, tank tops, sweatshirts, and athletic shoes are not appropriate in most professional settings. In medical settings, women should wear dress slacks or skirts/dresses; men should wear ties.

Many persons are allergic to strong scents and to certain foods. Please do not wear perfumes, aftershaves, or other scented products in practicum. Avoid exposure to tobacco smoke entirely and make certain that your clothing is absolutely "smoke-free."

**Safety:** Remember that the client's welfare comes first. Be aware of personal safety for yourself and your clients. Learn emergency procedures in every facility. Also learn by observing your supervisor, but remain cautious, and do not overextend your knowledge or skill base. It is always better to say "I don't know, but I'll find out" and ask first if you are unsure! For example, do not transfer wheelchair-bound patients unless you have been given specific training and permission from that facility to do so. If a client needs assistance to go to the bathroom during a practicum session, ask your supervisor for guidance. Be aware of potential threats to client safety (e.g., choking hazards for babies and toddlers; accessibility risks for disabled individuals). If you are using food as part of your clinical session, verify permission from your supervisor beforehand. Never leave a child alone in any setting. Be aware of personal safety for yourself and your clients.

**Confidentiality:** Conduct training and adhere to ALL privacy and confidentiality standards for the facility. Students who enter practicum must complete all of the University of Minnesota Privacy tutorials to safeguard Protected Health Information (PHI). Be familiar with the policies of the Julia M. Davis Speech Language Hearing Center, also (See HIPAA Rules in Appendix B.).

**Preparation:** Planning and preparation are key learning strategies for successful practicum. Early in practicum, students should take extra time to learn the commonly delivered tests, know the treatment materials, review charts, understand the report writing formats and due process requirements. This preparation will allow students to perform more comfortably and competently in each setting. There is no substitute for preparation time.

## **General Expectations for Student Clinicians in the Program**

By the completion of the graduate program, students should acquire independent clinical management skills. To achieve this objective, students will be supervised according to certification guidelines established by the American Speech-Language-Hearing Association throughout their clinical education. Student clinicians must demonstrate effective interpersonal and behavior management skills to work with infants, pre-school and school-aged children, and adults of all ages. Students are assigned to clinical education experiences with a variety of populations and age groups in order to provide students experiences with a broad range of communication disorders in different clinical settings. In addition, all students must be able to:

- collaborate with supervisors and other professionals in clinical settings.
- be responsible for reporting communication findings and recommendations at interdisciplinary staff or school meetings for Individualized Education Plans (IEP).
- communicate information accurately and appropriately to clients, caregivers, and families, in a manner that is respectful of various cultural, educational, and linguistic backgrounds.

Clinical education demands the direct application of academic background to a practical setting. For example, many typical clinical settings in Speech-Language Pathology will require a student clinician to be able to:

- Perform a thorough oral mechanism and motor speech examination
- Interact with a child to gather a language sample
- Provide visual and auditory perceptual judgments of voice, speech, or swallowing function
- Observe and interpret non-verbal communication behaviors
- Administer, score, and interpret standardized and criterion-referenced examinations of speech, language, or cognition
- Keep accurate and timely records of intervention, including lesson plans, chart notes, formal diagnostic reports, and other written clinical summaries
- Develop, implement, monitor, and evaluate intervention programs
- Deliver technical assistance to professional peers as part of an interdisciplinary team
- Counsel speech- and language-impaired clients and their families

Similarly, many typical clinical settings in Audiology will require a student clinician to be able to:

- Visually inspect the ear canal and tympanic membrane
- Visually observe and monitor client responses to sounds
- Manually fit hearing aids, test probes, earmold material, and other prostheses in the ear
- Adhere to standardized hearing assessment and rehabilitative protocols
- Keep accurate and timely records of hearing assessment and intervention, including lesson plans, chart notes, formal diagnostic reports, and other written clinical summaries
- Develop, implement, monitor, and evaluate intervention programs for aural rehabilitation
- Deliver technical assistance to professional peers as part of an interdisciplinary team
- Counsel hearing-impaired clients and their families

Student clinicians in Speech-Language Pathology will also conduct some Audiology activities. Audiology students will also conduct some Speech-Language Pathology activities. Consequently, student clinicians should have the prerequisite abilities to perform activities in either area.

Additionally, all students entering clinical education must demonstrate knowledge of and agree to adhere to the Code of Ethics of the American Speech-Language-Hearing Association and to other University and institutional policies on privacy, infection control, and other health and safety guidelines.