COMD 688R - Section 002

Winter 2016

Section 002: 125 TLRB on T from 7:00 pm - 8:15 pm

Instructor/TA Info

Instructor Information

Name: Lee Robinson  
Office Location: 163 TLRB  
Office Phone: (801) 422-7650  
Email: lee_robinson@byu.edu

Name: Nancy Blair  
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Office Phone: 801-422-7747  
Email: nancy_blair@byu.edu

Course Information

Prerequisites

Acceptance to the graduate program in COMD. Students must complete undergraduate courses with a B- or better grade. Approval from Ms. Robinson is also required. Successful completion of 2 semesters and a term in the BYU Speech Clinic

Description

This is a practicum course that includes clinical work and class meetings. You are required to attend all clinical assignments and class meetings. Your clinical assignment is at an externship site that has already been arranged.

Materials

Learning Outcomes

Goal #1
Students will demonstrate ability to plan and implement an assessment of clients presenting with various communication disorders (as identified in ASHA's nine disorder areas) and with various severity levels while under the direction of a certified SLP at an approved clinical rotation site such as a hospital, a public school, a skilled nursing care facility or a private practice, etc.

<table>
<thead>
<tr>
<th>Specific Objectives</th>
<th>Method of Evaluation</th>
<th>Feedback Mechanisms</th>
<th>CAA Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will learn to:</td>
<td>Clinical</td>
<td>Clinical</td>
<td>IV-C</td>
</tr>
<tr>
<td>Manage paperwork specific to the site</td>
<td>Educator ratings on the Evaluation of Clinical Performance form (S)</td>
<td>Educator ratings</td>
<td>IV-D</td>
</tr>
<tr>
<td>Apply diagnostic clinical skills to each case as appropriate</td>
<td>Written and verbal feedback for each session supervised (F)</td>
<td>Written feedback</td>
<td>IV-E</td>
</tr>
<tr>
<td>Conduct caregiver interviews</td>
<td>Final Evaluation</td>
<td>Verbal feedback</td>
<td>IV-G</td>
</tr>
<tr>
<td>Read assessment manuals and practice assessment administration</td>
<td>Intervention d, f</td>
<td>Evaluation a-g</td>
<td></td>
</tr>
<tr>
<td>Select and administer both formal and informal measures</td>
<td>Interaction a-d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score and interpret assessment</td>
<td>CF1, 2,3,4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
results accurately  
Make appropriate  
diagnosis,  
recommendations  
Consult with  
caregivers and  
give appropriate  
feedback  
Any new clinical  
skills specific to  
the site that the  
clinical educator  
deems necessary  
for success at  
that site

Goal #2

Students will demonstrate the ability to plan and implement treatment of clients  
who present with various communication disorders (as identified in ASHA’s  
nine disorder areas) and with various severity levels while under the direction of  
a certified SLP at a clinical rotation such as a hospital, public school, skilled  
nursing care facility, private practice, etc.

<table>
<thead>
<tr>
<th>Specific Objectives</th>
<th>Method of Evaluation</th>
<th>Feedback Mechanisms</th>
<th>CAA Standard</th>
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</thead>
</table>
| Students will learn  
to:  
Treat specific  
disorders  
using | Rating on the Clinical  
Evaluation of  
Performance at | Clinical educator  
ratings  
Written feedback  
Verbal | IV-C  
IV-D  
IV-E  
IV-G  
Intervention d, f |
evidence based practice, current methods that are appropriate for the age and severity level of the patient or client. Meet with clinical educators to discuss client need, treatment plans, etc. Demonstrate independence by planning sessions, then asking for clinical educator input. Collect and establish baseline and follow-up data. Collect on-line data. Interpret

<table>
<thead>
<tr>
<th>Feedback</th>
<th>CF 2,3,4</th>
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</thead>
<tbody>
<tr>
<td>Midterm(F) Written and verbal feedback for each session supervised (F) Final Evaluation as rated by the supervising clinical educator (S)</td>
<td>Feedback</td>
</tr>
<tr>
<td>Session data and make clinical decisions based on the data</td>
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<td>----------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Adjust to the client's severity level (mild, moderate, severe)</td>
<td></td>
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<tr>
<td>Adjust to the client's needs during therapy session (make adjustments in therapy materials, goals, criterion, reinforcement, etc. as needed)</td>
<td></td>
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<tr>
<td>Any clinical knowledge and/or skill necessary to be successful at the clinical rotation site</td>
<td></td>
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</tbody>
</table>
and as considered necessary by the supervising clinical educator

Goal #3

Students will demonstrate appropriate case management skills including appropriate social behavior, oral and written communication, prevention activities, and sensitivity to multicultural populations while working under the direction of a certified SLP in a clinical rotation such as a hospital, public school placement, skilled nursing care facility, private practice, etc.

<table>
<thead>
<tr>
<th>Specific Objectives</th>
<th>Method of Evaluation</th>
<th>Feedback Mechanisms</th>
<th>CAA Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will learn to:</td>
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</tr>
<tr>
<td>Prepare and present a case presentation</td>
<td>*Midterm Evaluation</td>
<td>Supervisor ratings</td>
<td>III-G</td>
</tr>
<tr>
<td></td>
<td>(F)</td>
<td>Written feedback</td>
<td>IV-B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verbal feedback</td>
<td>IV-G Interaction</td>
</tr>
<tr>
<td>Attend and actively participate in colloquium meetings</td>
<td>Written and verbal</td>
<td>Written feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td>feedback for each</td>
<td>Verbal feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td>session supervised</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set appointments and meet with supervising clinical</td>
<td>*Final Evaluation</td>
<td>Supervisor ratings</td>
<td></td>
</tr>
<tr>
<td>educators regarding</td>
<td>(S)</td>
<td>Written feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*filled out by the</td>
<td>Verbal feedback</td>
<td></td>
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<tr>
<td></td>
<td>supervising clinical</td>
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<td></td>
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<td></td>
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<tr>
<td>client performance</td>
<td>educator</td>
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<tr>
<td>Interact appropriately with clinical educators, faculty, staff, and other students</td>
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<td></td>
</tr>
<tr>
<td>Interact appropriately with clients and caregivers</td>
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<tr>
<td>If applicable to the site, plan and implement appropriate prevention activities</td>
<td></td>
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<tr>
<td>As appropriate to the site and caseload, demonstrate appropriate sensitivity to multicultural populations when planning and implementing assessment and treatment procedures</td>
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</tbody>
</table>
Attend all clinic assignments and appointments

Goal #4

Students will demonstrate understanding of all internship policies and procedures.

<table>
<thead>
<tr>
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<th>Method of Evaluation</th>
<th>Feedback Mechanisms</th>
<th>CAA Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will learn to:</td>
<td>Quiz (F)</td>
<td>Acceptance to internship rotations</td>
<td>III-G</td>
</tr>
<tr>
<td>Read and understand all the policies and procedures associated with internships</td>
<td>Participation in the practical part of the orientation (interview, fashion show) (F)</td>
<td></td>
<td>IV-B</td>
</tr>
<tr>
<td>Apply to internships</td>
<td>Final Evaluation (S)</td>
<td></td>
<td>IV-G</td>
</tr>
<tr>
<td>Meet with Ms. Robinson to develop a Clinical Training Plan</td>
<td></td>
<td>Interaction a-d CF 1, 2,3,4</td>
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</tbody>
</table>

Goal #5

Students will demonstrate appropriate clinical writing skills as they learn the paperwork system specific to their internship site.
<table>
<thead>
<tr>
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<th>Method of Evaluation</th>
<th>Feedback Mechanism</th>
<th>CAA Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will learn to:</td>
<td></td>
<td></td>
<td>IV-B</td>
</tr>
<tr>
<td>Turn all paperwork in on time</td>
<td>*midterm rating (F)</td>
<td>Supervisor ratings</td>
<td>IV-G</td>
</tr>
<tr>
<td>Incorporate supervisor feedback into SOAP notes, treatment plans/progress notes</td>
<td>*Final draft grade sheet (S)</td>
<td>Written feedback on reports</td>
<td>Evaluation a-g</td>
</tr>
<tr>
<td>and diagnostic reports</td>
<td></td>
<td></td>
<td>Intervention a-d</td>
</tr>
<tr>
<td>Write appropriate treatment goals for both treatment plans and lesson plans</td>
<td>*filled out by the clinical educator assigned to supervise the case</td>
<td></td>
<td>CF 1,2</td>
</tr>
<tr>
<td>Include all appropriate information in treatment plans (additional testing,</td>
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<tr>
<td>baseline, semester goals, intervention plan and home program)</td>
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<tr>
<td>Include all appropriate information in the progress note</td>
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</table>
Teaching Philosophy

I approach teaching much the way I approach a clinical case. I look for the strengths and areas of concern in the class as a group and I try to meet the class needs according to what the class is ready to learn. I have set topics that I cover in this class but I also take time to ask the class what questions they have and will sometimes spend several minutes answering just one or two questions. If I choose to spend more time on one topic that is not listed in the syllabus it is because I deem the topic to be relevant to the class and something the class is ready to learn at that time.

We do not have formal exams in this class. I have a list of curriculum topics that I cover. During winter semester each student will give a 30 minute case presentation.

Classroom Procedures

I like to start class on time and I expect students to quiet down and pay attention when I call the class to order. I expect cell phones and other devices to be turned off before class starts. This class is so small that it is impossible to ignore side conversations so please don’t engage in them. I don’t mind if you bring your laptops to class and use them. In fact the room is set up for it but please be socially mature enough to use technology responsibly (e.g. no checking email, surfing the net, facebooking or whatever). I usually start class by asking students if they have any questions for me before we get started on the topic of the day. The word colloquium means “a gathering of professionals
to discuss topics of interest.” Hence, I run this class as informally as possible and hope to create an atmosphere where students feel comfortable asking questions, sharing triumphs as well as learning about skills, policies/procedures, etc.

I do not allow students to bring small children, family members or babies to class. This is a professional class meeting. In a work place setting we would not anticipate that an employee would bring children or babies to a staffing meeting. If a student has a child care issue (e.g. babysitter is ill and can't take care of the child) and will have to miss class please make arrangements with class members to get notes, see me or my TA for additional help, etc.

**Study Habits**

Students who do well in this class are typically excited about the clinical process. They are usually nervous but they don’t let that stop them from trying new skills. Students talk to their clinical educators early and often about their clients. They are always prepared with some sort of a plan when they meet with their clinical educators and they take notes during the meeting. Successful students are not afraid to call their clinical educators at home or in the evening if they have a question and they don’t use the fact that our clinical educators are part-time as an excuse for not meeting with them. The successful student prepares in advance for their client and writes their SOAP notes as soon as the session is over. They are on time and behave and dress professionally.

**Participation Policy**

I expect each of you to participate in class discussions. I do not keep track of student participation. You cannot hide in this class so be aware that you are responsible to be alert and ready to discuss.

**Course Topics**

Course topics include but are not limited to:

**COURSE TOPICS**

1. Clinic handbooks re: policies and procedures
2. Evidence based practic
3. Graduation requirements/counting ASHA hours
Professional Behavior

Students enrolled in this class have begun their professional career. It is my expectation that students will behave professionally while conducting business in the clinic.

Our clinic is a professional environment. Please think of this space as a professional work area. If this were your place of employment you would not typically bring your children or family members to the clinic for child care purposes. You would not typically use the clinic for non-work related social time. With this rationale in mind please follow these guidelines:

Clinic rooms are to be used for conducting therapy with clients. If a therapy room is not scheduled for therapy then students may schedule the room for study. Please see Sandy Alger or the student secretaries regarding scheduling procedures.

Clinic rooms are not to be used for child care, personal time (i.e. dates, spending time with friends as a hang out, or any other inappropriate activity).

Typically we do not use therapy rooms for TA sessions. Please have the professor you are working with see me regarding exceptions to this policy.

Please remember that the entire clinical faculty have access to the clinic rooms at all times via video and audio. Conversations that take place in the clinic rooms are not private so please maintain a professional and respectful tone with other students, faculty and staff when talking in the clinic rooms.

Externship Presentation

Each student will give a 10-minute presentation to the class during the semester. Please do the following:

1. Clear the topic with Ms. Robinson, this keeps us from having duplicate topics
2. Prepare a ppt and distribute it to the class via Learning Suite no later than 24 hours before giving the presentation, students who are Skyping into class will need the ppts before class starts

3. If you are required at your externship site to prepare a presentation, you are welcome to use the same presentation for our class

4. The presentations are timed to ensure that we end class on time

**Remediation Plan**

**REMEDIATION PLAN:** Occasionally students struggle to master clinical skills and need additional tutoring, practice, readings, demonstrations, etc. in order to achieve competence in certain clinical areas. If the student is judged by the clinical educator to be at risk for failing a clinical placement a remediation plan will be developed by the student and the clinical educator.

If a Remediation plan is considered,

- the clinical educator will meet with the student to discuss the concern and plan how to resolve it.
- If necessary, other faculty members will observe the clinician in a session (live or on video) and provide feedback focusing on the stated concern.
- The clinical educator then will meet with the student (and with the observers if desired) to go over the feedback and design a plan of action. Specific performance criteria may be set as needed.
- When these criteria are set, the student will be informed as to the current grade and what consequences will result if the student fails to meet the performance criteria.
- The student and the clinical educator then sign the Remediation Plan to indicate their agreement with the plan of action.

The student and the clinical educator should discuss periodically the student’s progress toward meeting the goals of the Remediation Plan so that modifications can be made as appropriate. When specific performance criteria are achieved, the clinical educator and one of the observers should initial their
agreement. At the end of the semester/term, the clinical educator should complete the Evaluation of Plan section to indicate the effectiveness of the plan and if any further action will be necessary.

Office Hours, Cohort Questions and the Rule of 3s

As the Clinic Director and Internship Coordinator I have many demands on my time. I am more than happy to meet with students to discuss individual concerns. The best time to schedule an appointment with me is Friday between 10AM-noon. Once that time is filled with appointments the next best time to meet with me is largely dependent on my supervisory schedule and that changes from semester to semester. The best time to talk to me about making an appointment is right after class.

Class time is a time for the cohort to ask questions related to clinical work, policies and procedures, due dates, assignments, internship applications, needed materials, the list is endless. Any question that pertains to one or more student in the cohort is fair game. If I don’t have an answer I will think about it, talk to the clinical faculty and get back to the cohort with an appropriate answer.

Rule of 3s

There are many other places where students can get answers to their questions. Students can:

1. Ask Dr. Blair, she is the assistant Internship Coordinator
2. Read the syllabus and handbooks
3. Ask your clinical educator
4. Ask our very capable secretarial staff
5. Ask my Clinic TA via email or in person
6. Ask a question in colloquium
7. Ask a second year student
8. Ask the graduate coordinator, Dr. Channel
9. Ask your thesis advisor
The Rule of 3s is simply that students please ask 3 sources BEFORE making an appointment with Ms. Robinson about a question that could be handled in class or that someone else could answer.

**Cell Phone and email policy**

Cell phone:
I have posted my cell phone number for graduate student use only. Please do not give my cell phone number to people who are not associated with BYU or with graduate education. Example: Is it okay to give my cell phone number to an off-campus site supervisor who is supervising your externship? Yes because they are directly working with your education.

Example: Is it okay to give my cell phone number to a parent in your ward who has questions about how to sign their child up for services in the BYU clinic? No, not without my permission because there are other ways that person can get in touch with me, such as the BYU Speech and Language Clinic Web page or through the department secretary or the clinic TA.

When you text me, always identify who you are the first time you text me. I do not routinely program my student’s numbers into my phone but I will program you in once you have texted me.

When is it okay to text or call me?

1. When I am supervising your case and you need a consult
2. When you have an emergency—such as a death in the family, illness, accident or harm to yourself, if you think you are in danger and you don’t know what to do, if you are being harassed or are struggling to stay in the graduate program and need help, etc.
3. When you have tried the rule of 3s and still don’t have an answer
4. When I have told you to call or text me—so we have set up an appointment via phone
5. If you are at an externship site and you need help with anything then it is ALWAYS okay to call or text me

When is it not okay to text or call me?

1. I turn my phone on silent at night so you can text me in the middle of the night but I won’t get it until the morning
2. Unless it is an emergency or you need a client consult, do not text or call me on the weekends

3. If you are a student at an externship site then it is ALWAYS okay to call/text me, even on the weekends

Email:

Depending on the day I may not have a chance to check email until 5 or 6pm. Example: during fall semester I teach on 3 classes Tuesdays and Thursdays, one right after each other will no more than an hour break in between each class. I do not check emails on Tuesdays and Thursdays until very late in the day. However, I do check my email. I may not respond right away, but I do check my email daily and try to respond as quickly as possible. I do not read or respond to emails that are sent after 10 pm until the following day. I often do not check email on the weekend because my weekends are very busy with my personal life, yes I do, in fact, have a personal life. Read your emails carefully before you hit send. All emails sent to me or to clinical educators from students are considered confidential and professional in nature. Make sure you are expressing yourself in a professional manner before you hit send.

When referring to clients in an email do not use names. Use initials only.

Room 159 is a Faculty Office

Although students have access to Room 159 to set up recordings for their sessions, please remember that room 159 is a faculty office space. Clinical educators are working in room 159. They are supervising session, grading lesson plans/SOAP notes, editing treatment plans/progress reports, working on clinic management issues and consulting with students who have made appointments.

Each clinical educator is happy to help students who have urgent questions but we do ask that you please be respectful of students and clinical educators who most likely have other pressing issues they are working on at the same moment you might be trying to ask a “quick” question.

Grading Policy
Students will be assessed at midterm and final using the Competency Checklist and the Evaluation of Clinical Performance Forms (see forms at the end of this syllabus). The student and clinical educator will set one to three goals targeting student clinical knowledge and skills. Students must show progress on these goals from midterm to final evaluation.

Clinical educators will also assign a midterm and final rating based on the numbers located on the back of the Evaluation of Clinical Performance form. After meeting with the clinical educator she will put a copy of the completed forms in students' boxes or via email or digital dialog. Clinical educators will provide a copy to Ms. Robinson for grading purposes.

Student’s final grades are based on the following pieces of information:

1. Final rating for each clinical site
2. Presentation and other clinical assignments, participation in class (approximately 10% of the grade)

Students must earn a final rating of 3 or better on each of the competencies listed on the Competency Checklist and must earn a final rating of 80 or better for each case on the Evaluation of Clinical Performance form in order to pass the clinical rotation.

PLEASE be aware that if you fail (receive lower than an 80 on the final evaluation) one client and pass another client then you will fail the course. I cannot allow a student clinician to advance in their clinical preparation if they fail a specific clinical assignment.

A letter grade is assigned based on the following percentages: 93-100% A, 90-92% A-, 87-89% B+, 83-86% B, 80-82% B-, 77-79% C+, 73-76% C, 70-72% C-, 67-69% D+, 63-66% D, 60-62% D-, and below 60% , an E.

Please note that if a student earns lower than a B- in clinic then they must re-take the same clinical experience (e.g. C grade during a semester means the student must retake the course during another semester, a spring term would not count). Also, the clinical hours for the semester or term in which a student earns a C+ or lower are invalid and can not count towards ASHA hours.

**Grading Scale**

<table>
<thead>
<tr>
<th>Grades</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>93-100%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92%</td>
</tr>
<tr>
<td>B+</td>
<td>87-89%</td>
</tr>
<tr>
<td>B</td>
<td>83-86%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82%</td>
</tr>
<tr>
<td>C+</td>
<td>77-79%</td>
</tr>
<tr>
<td>C</td>
<td>73-76%</td>
</tr>
<tr>
<td>C-</td>
<td>70-72%</td>
</tr>
<tr>
<td>D+</td>
<td>67-69%</td>
</tr>
<tr>
<td>D</td>
<td>63-66%</td>
</tr>
<tr>
<td>D-</td>
<td>60-62%</td>
</tr>
<tr>
<td>E</td>
<td>below 60%</td>
</tr>
</tbody>
</table>
A  93%
A-  90%
B+  87%
B  83%
B-  80%
C+  77%
C  73%
C-  70%
D+  67%
D  63%
D-  60%
E  0%

Clinic Confidentiality Policy

If you have not read and signed the Clinic Confidentiality Policy then please download and read it now, today and sign it and give the signed copy to Sandy Alger.

Clinic Confidentiality Policy (May 2011).doc  Download

Clinical Assignment Attendance Policy

Clinical Rotation Attendance Policy:
Failure to attend a clinical assignment (BYU clinic/internship/screenings) without notifying the clinic director AND the site clinical educator may result in a failing grade. Student will also be subject to an immediate dismissal from the site and will not be allowed to return to that site in the future. NOTE: If a student receives a failing grade in ComD 688R ALL clinical practicum hours earned during the semester or term become invalid and can not be submitted as ASHA hours.

Illness/Family Emergencies:
Student must notify BOTH the site clinical educator and the clinic director (Lee Robinson 801-376-3804) the morning that he or she is unable to attend due to illness. If the student misses more than one day due to illness the student is expected to contact both the site clinical educator and the clinic director the morning of each subsequent day missed.
If a student is unable to attend a clinical assignment due to a family emergency the student must contact the site clinical educator AND the clinic director to make arrangements immediately.

**Severe Weather/Freeway Closures:**
Occasionally in the winter months, weather in and around the Wasatch front is too severe for travel on the freeways. Also, the freeways are occasionally closed due to accidents. If a student is commuting to a clinical assignment and is unable to attend due to severe weather conditions or a freeway closure then the student is expected to contact both the site clinical educator AND the clinic director immediately.

**Time Off Policy:**
If a student wishes to take time off during a clinical assignment for any reason other than illness, family emergency, severe weather or freeway closures, follow the procedure as outlined below:
The student must submit a written request to the clinic director at lee_robinson@byu.edu stating the reason for the time off and dates of the absence. The request must be submitted prior to placement at a site. If the request is approved then the student must arrange the time off with the internship clinical educator during the first week of the semester or term. Failure to obtain clinic director approval before discussing time off with a site clinical educator will result in a failing grade. Written requests for time off do not guarantee approval.

**Competency Checklist**
This form is provided for student access.
CompetencyChecklistRevised JAN07.doc  Download

**Evaluation of Clinical Performance**
This form is provided for student access.
EvaluationofClinicalPerformance.doc  Download

**Liability Insurance and Enrollment in ComD 688R**
In order for a ComD graduate student to be covered under the University Liability Insurance students must be enrolled in 1 credit of 688R if they wish to work in the BYU Speech and Language Clinic or at an externship site. Students are required to earn a minimum of 5 credit hours in ComD 688R. The required credit hours include the following:
3 credits in the BYU Speech and Language clinic (typically a spring, fall, winter or fall, winter, spring)
2 credits of externships (required: 1 pediatric and 1 adult rotation)

Students can enroll in additional ComD 688R credit for a variety of reasons, all of which will need to be approved by Ms. Robinson. Appropriate reasons to enroll in additional ComD 688R credit include: A specialty externship such as the U of U voice clinic, to earn additional experience in the BYU clinic during a spring term.

When students are enrolled in ComD 688R beyond the required 5 credits the student may receive either a letter grade or a Pass/Fail grade, depending on the requirements of the externship site and the clinical performance of the student. For the purposes of the Department of Communication Disorders a C or lower is considered a failing grade.

Green Sheet

This is our ASHA clinical hours tracking sheet. It does not have to be printed on green paper. There are hard copies of this form available and they are, in fact, printed on green sheets.

This form is posted in Learning Suite for student access. If students or externship clinical educators have questions regarding how to record hours please contact Ms. Robinson.

SLP CLIN HRS FORM SLP CLIN HRS FORM Revised S2014.doc Download

Class Project

Give a gift to the clinic. As a class decide what the BYU Speech and Language Clinic needs and figure out a way to provide it for the clinic. Decide as a class. The class will have fall and winter semester to work on this but don’t put this assignment off. Example of a class project: storybooks and a wagon,
whiteboards for the clinic rooms, art kits and oral motor mech kits for each therapy room.
I am willing to provide class time and a budget to help you with the project. Write a proposal as a class including a budget and a rational for needing the requested material. Submit the proposal to the clinic director for approval.

**Assignments**

**Assignment Description**

**Final Evaluation**

Due: Tuesday, Apr 12 at 11:59 pm

Final evaluation submitted here

**Review of Site and Supervisor**

Due: Tuesday, Apr 12 at 11:59 pm

Submit an evaluation of the site and the supervisor

**University Policies**

**ASHA Code of Ethics**

ASHA Code of Ethics 2010.pdf Download

**Remidiation Plan**

Occasionally students struggle to master clinical skills and need additional tutoring, practice, readings, demonstrations, etc. in order to achieve competence in certain clinical areas. If the student is judged by the clinical educator to be at risk for failing a clinical placement a remediation plan will be developed by the student and the clinical educator.

If a Remediation plan is considered,
- the clinical educator will meet with the student to discuss the concern and plan how to resolve it.
If necessary, other faculty members will observe the clinician in a session (live or on video) and provide feedback focusing on the stated concern.

The clinical educator then will meet with the student (and with the observers if desired) to go over the feedback and design a plan of action. Specific performance criteria may be set as needed.

When these criteria are set, the student will be informed as to the current grade and what consequences will result if the student fails to meet the performance criteria.

The student and the clinical educator then sign the Remediation Plan to indicate their agreement with the plan of action.

The student and the clinical educator should discuss periodically the student’s progress toward meeting the goals of the Remediation Plan so that modifications can be made as appropriate. When specific performance criteria are achieved, the clinical educator and one of the observers should initial their agreement. At the end of the semester/term, the clinical educator should complete the Evaluation of Plan section to indicate the effectiveness of the plan and if any further action will be necessary.

**Counting ASHA Hours**

The “Big Nine” defined:

1. Articulation
2. Fluency
3. Voice and resonance, including respiration and phonation
4. Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
5. Hearing, including the impact on speech and language
6. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
7. Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
8. Social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities)
9. Communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

Prevention defined: clinical activities that inform the public how to prevent disorder or limit the severity of the disorder. Examples include screening procedures, educational in-services, preparing and distributing client and parent education materials that are printed.

DX or Assessment defined: Assessing a client using a variety of tools or procedures (ex. Standardized tests, language/speech samples, bedside swallow evaluations, screening procedures, collecting baseline data, etc.)

TX or Intervention defined: Providing a prescribed, evidence based treatment to any client who qualifies for services (ex. LSVT, language therapy, articulation therapy, phonological process therapy, stuttering intervention, swallowing therapy, etc.)

Only count time where the graduate student clinician is working with the client. Paperwork and preparation time does not count towards ASHA hours.

If more than one graduate student clinician is working with a single client then the students must split that time or share the time. For example, if two students work with one client for 50 minutes, each student can count 25 minutes of ASHA time.

If more than one graduate student clinician is working with a group of clients then as long as there is a one-to-one ratio of clients to clinicians each student clinician can count the entire time towards ASHA hours. For example, if there are two student clinicians in the room and two clients and they work together for 50 minutes, each student can count the full 50 minutes.

If you have any questions about how to count ASHA hours please talk to Ms. Robinson or see your clinician educator.

Green Sheets.doc  Download

Honor Code

In keeping with the principles of the BYU Honor Code, students are expected to be honest in all of their academic work. Academic honesty means, most fundamentally, that any work you present as your own must in fact be your own work and not that of another. Violations of this principle may result in a failing
grade in the course and additional disciplinary action by the university. Students are also expected to adhere to the Dress and Grooming Standards. Adherence demonstrates respect for yourself and others and ensures an effective learning and working environment. It is the university's expectation, and every instructor's expectation in class, that each student will abide by all Honor Code standards. Please call the Honor Code Office at 422-2847 if you have questions about those standards.

**Sexual Misconduct**

As required by Title IX of the Education Amendments of 1972, the university prohibits sex discrimination against any participant in its education programs or activities. Title IX also prohibits sexual harassment-including sexual violence-committed by or against students, university employees, and visitors to campus. As outlined in university policy, sexual harassment, dating violence, domestic violence, sexual assault, and stalking are considered forms of "Sexual Misconduct" prohibited by the university.

University policy requires any university employee in a teaching, managerial, or supervisory role to report incidents of sexual misconduct that come to their attention through various forms including face-to-face conversation, a written class assignment or paper, class discussion, email, text, or social media post. If you encounter sexual misconduct, please contact the Title IX Coordinator at t9coordinator@byu.edu or 801-422-2130 or Ethics Point at https://titleix.byu.edu/report-concern or 1-888-238-1062 (24-hours). Additional information about Title IX and resources available to you can be found at http://titleix.byu.edu.

**Student Disability**

Brigham Young University is committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability which may impair your ability to complete this course successfully, please contact the University Accessibility Center (UAC), 2170 WSC or 422-2767. Reasonable academic accommodations are reviewed for all students who have qualified, documented disabilities. The UAC can also assess
students for learning, attention, and emotional concerns. Services are coordinated with the student and instructor by the UAC. If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy and procedures by contacting the Equal Employment Office at 422-5895, D-285 ASB.

**Academic Honesty**

The first injunction of the Honor Code is the call to "be honest." Students come to the university not only to improve their minds, gain knowledge, and develop skills that will assist them in their life's work, but also to build character. "President David O. McKay taught that character is the highest aim of education" (The Aims of a BYU Education, p.6). It is the purpose of the BYU Academic Honesty Policy to assist in fulfilling that aim. BYU students should seek to be totally honest in their dealings with others. They should complete their own work and be evaluated based upon that work. They should avoid academic dishonesty and misconduct in all its forms, including but not limited to plagiarism, fabrication or falsification, cheating, and other academic misconduct.

**Plagiarism**

Intentional plagiarism is a form of intellectual theft that violates widely recognized principles of academic integrity as well as the Honor Code. Such plagiarism may subject the student to appropriate disciplinary action administered through the university Honor Code Office, in addition to academic sanctions that may be applied by an instructor. Inadvertent plagiarism, which may not be a violation of the Honor Code, is nevertheless a form of intellectual carelessness that is unacceptable in the academic community. Plagiarism of any kind is completely contrary to the established practices of higher education where all members of the university are expected to acknowledge the original intellectual work of others that is included in their own work. In some cases, plagiarism may also involve violations of copyright law. Intentional Plagiarism-Intentional plagiarism is the deliberate act of representing the words, ideas, or data of another as one's own without providing proper attribution to the author through quotation, reference, or footnote. Inadvertent Plagiarism-Inadvertent
plagiarism involves the inappropriate, but non-deliberate, use of another's words, ideas, or data without proper attribution. Inadvertent plagiarism usually results from an ignorant failure to follow established rules for documenting sources or from simply not being sufficiently careful in research and writing. Although not a violation of the Honor Code, inadvertent plagiarism is a form of academic misconduct for which an instructor can impose appropriate academic sanctions. Students who are in doubt as to whether they are providing proper attribution have the responsibility to consult with their instructor and obtain guidance. Examples of plagiarism include: Direct Plagiarism-The verbatim copying of an original source without acknowledging the source. Paraphrased Plagiarism-The paraphrasing, without acknowledgement, of ideas from another that the reader might mistake for the author's own. Plagiarism Mosaic-The borrowing of words, ideas, or data from an original source and blending this original material with one's own without acknowledging the source. Insufficient Acknowledgement-The partial or incomplete attribution of words, ideas, or data from an original source. Plagiarism may occur with respect to unpublished as well as published material. Copying another student's work and submitting it as one's own individual work without proper attribution is a serious form of plagiarism.

Respectful Environment

"Sadly, from time to time, we do hear reports of those who are at best insensitive and at worst insulting in their comments to and about others... We hear derogatory and sometimes even defamatory comments about those with different political, athletic, or ethnic views or experiences. Such behavior is completely out of place at BYU, and I enlist the aid of all to monitor carefully and, if necessary, correct any such that might occur here, however inadvertent or unintentional. "I worry particularly about demeaning comments made about the career or major choices of women or men either directly or about members of the BYU community generally. We must remember that personal agency is a fundamental principle and that none of us has the right or option to criticize the lawful choices of another." President Cecil O. Samuelson, Annual University Conference, August 24, 2010 "Occasionally, we ... hear reports that our female
faculty feel disrespected, especially by students, for choosing to work at BYU, even though each one has been approved by the BYU Board of Trustees. Brothers and sisters, these things ought not to be. Not here. Not at a university that shares a constitution with the School of the Prophets." Vice President John S. Tanner, Annual University Conference, August 24, 2010

**Use of Technology in the Classroom**

Please use personal computers responsibly.

**Schedule**

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<th>Date</th>
<th>Column 1</th>
<th>Column 2</th>
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<tbody>
<tr>
<td>M Jan 04</td>
<td><strong>First Day of Winter Semester</strong> (01/04/2016 - 04/12/2016)</td>
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<td>T Jan 05</td>
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<td>Th Jan 14</td>
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<td>M Jan 18</td>
<td><strong>Martin Luther King Jr Day</strong></td>
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<td>T Jan 26</td>
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<td>T Feb 02</td>
<td>Class meeting tonight 7pm at my house. Skype, Facetime or call in with a classmate or with me or come to the meeting in person for pizza. Remember when you</td>
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get to my house to just walk in
and make sure you shut the
screen door behind you.

Presenting: Katie, Laurie,

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<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<td>Th Feb 04</td>
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<td>T Feb 09</td>
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<td>M Feb 15</td>
<td>Presidents Day</td>
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<td>T Feb 16</td>
<td>Monday Instruction</td>
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<tr>
<td>T Feb 23</td>
<td>Class tonight at Ms. Robinson's house</td>
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<td>T Mar 15</td>
<td><strong>Withdraw Deadline (Full Semester)</strong></td>
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<td>T Apr 12</td>
<td><strong>Last Day of Winter Semester</strong></td>
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<td>T Apr 19</td>
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</table>

Class tonight at Ms. Robinson's house
7pm. Pizza and presentations.
Just come in, make sure you shut the glass door.