

Sacred Heart University

From the Selected Works of Taryn Rogers

2018

SLP 501 Syllabus Fall 2018.docx

Taryn Rogers, *Sacred Heart University*



Available at: <https://works.bepress.com/taryn-rogers/9/>



SLP 501 A: Practicum Seminar 1: Managing Behavior and Service Delivery

Instructors:

Prof. Taryn Rogers, M.A., CCC-SLP

Phone: 203 365-4504

E-mail: rogerst7@sacredheart.edu

Office: N282, Center for Healthcare Education

Office hours: Monday 11am-1pm, Wednesday 1-3pm, Thursday 1-3pm, or by appointment

Class Time/Place: Wednesday 3:30-4:30pm; S208, Center for Healthcare Education

Place of Course in Program: The purpose of this course is to provide students with an opportunity to review and reflect on their clinical experiences in SLP 502, to apply concepts from academic coursework to their clinical practice, to master skills involved in clinical assessment and intervention, and to focus on acquisition of skills in managing challenging behavior, writing appropriate short- and long-term objectives, participating in IEP and PPT processes, and communicating with paraprofessionals, colleagues, and families.

Course Description: This course accompanies SLP 502, the first clinical experience in SLP and serves as a forum for expanding knowledge and skills related to clinical practice.

Required Texts:

Roth, F.P. & Worthington, C.K. (2016). *Treatment Resource Manual for Speech-Language Pathology, 5th Edition*. Clifton Park, NY: Cengage Learning.

Course Objectives

<u>Dates</u>	Learning Outcomes - Upon completion of this course, students will be able to:	Meets ASHA CFCC Standard	Meets CAA Standard	Meets CHP Learning Objectives	Meets CT SDE CCT Standard	Assignments	Assessment Method
8/29	Understand general principals of intervention and theories of learning	IV-D: Knowledge of Principles of Intervention	3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms	CHP 2. Apply critical thinking and problem solving skills.	Domain 3. Planning for Active Learning	Roth & Worthington, Chp. 1, pgs 4-6, 14-17	Class discussion
9/5	Write long-term goals and short-term objectives for a variety of clinical settings	V-A: Written Skills; V-B2a: Intervention	3.1.1B Professional Practice Competencies; 3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms	CHP 2. Apply critical thinking and problem solving skills.	Domain 3. Planning for Active Learning	Write a LTOs and STOs based on given current level of performance Roth & Worthington, Chp 1; pgs 12-14	Group activity & discussion
9/12	Design and write an evidence-based session plan	V-A: Written Skills; V-B2: Intervention; IV-F:	3.1.1B Professional Practice Competencies	CHP 3. Engage in evidence-based practice through use of relevant	Domain 3. Planning for Active Learning	Write a session plan in groups of two; Roth & Worthington,	*Session Plan (Due 9/19)

		Evidence-based clinical practice	3.5B An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident	information technology and analysis of professional literature		Chp 1, pgs 24-29, 34-38	
9/19	Select, develop and use appropriate materials & instrumentation	V-B2c: Intervention	3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms	CHP 3. Engage in evidence-based practice through use of relevant information technology and analysis of professional literature	Domain 3. Planning for Active Learning	In class activity; Explore SLP Lab clinical materials	Group activity & discussion
9/26	Use treatment session data to drive clinical decision-making and planning	V-B2d & VB2e: Intervention	3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms	CHP 2. Apply critical thinking and problem solving skills.	Domain 3. Planning for Active Learning	Roth & Worthington, Chp 1, pgs 30-31	Class discussion
10/3	Understand sequencing of therapy targets and effective use	V-B2b & V-B2e: Intervention	3.1.5B Intervention to Minimize the Effects of	CHP 2. Apply critical thinking and problem solving skills.	Domain 4. Instruction for Active Learning	Roth & Worthington, Chp 1 pgs 10-11	Class discussion

	of modeling, cueing and prompting		Changes in the Speech, Language, and Swallowing Mechanisms				
10/10	Write a treatment note in SOAP format	V-A: Written Skills; V-B2f: Intervention	3.1.1B Professional Practice Competencies; 3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms	CHP 3. Engage in evidence-based practice through use of relevant information technology and analysis of professional literature	Domain 3. Planning for Active Learning	Write a treatment note in groups of two; Roth & Worthington, Chp 2; pgs 68-77	*Treatment note (Due 10/17)
10/17	Understand the role of professionalism and ethics in the delivery of services	IV-G: Professional Issues; IV-E: Ethics, V-B3d: Interaction & Personal Qualities	3.1.1B Professional Practice Competencies; 3.1.6B General Knowledge and Skills Applicable to Professional Practice	CHP 1: Apply ethical principles in approaches to learning, research, and practice; CHP 4. Demonstrate knowledge, skills, attitudes, and values of professional behavior that will lead to success in future health care practice	Domain 6. Professional Responsibilities and Teacher Leadership	Review CALIPSO evaluation & rubric and professional behaviors	Class discussion
10/24	Understand behavior	V-B2: Intervention	3.1.5B Intervention to	CHP 4. Demonstrate	Domain 2. Classroom	Roth & Worthington,	Class discussion

	modification techniques and application within a clinical session		Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms	knowledge, skills, attitudes, and values of professional behavior that will lead to success in future health care practice	Environment, Student Engagement and Commitment to Learning	Ch. 1 pgs 17-24	
10/31	Understand the role of interprofessional teams and collaborative partnerships to interact and coordinate care effectively	IV-G: Prof. Issues; V-B2a, V-B2g: Intervention; V-B3b: Interaction & Personal Qualities	3.1.1B Professional Practice Competencies; 3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms; 3.1.6B General Knowledge and Skills Applicable to Professional Practice:	CHP 7. Demonstrate readiness for interprofessional collaboration for the benefit of individuals and society.	Domain 6. Professional Responsibilities and Teacher Leadership	Role play activity; Roth & Worthington, Chp 1, pgs 31-34	Group activity & discussion
11/7	Understand setting-specific professional terminology	V-A: Oral & Written Skills; IV-G: Prof. Issues	3.1.1B Professional Practice Competencies; 3.1.6B General Knowledge and Skills Applicable to	CHP 5. Communicate and collaborate effectively and appropriately in a variety of cultural contexts.	Domain 6. Professional Responsibilities and Teacher Leadership Commitment to Learning	In-class activity; Roth & Worthington, Ch. 1, pgs 38-41	Class discussion

			Professional Practice				
11/14	Use self-reflection and self-assessment to improve clinician effectiveness in the delivery of services	V-A: Written Skills; IV-G: Prof. Issues; V-B2e: Intervention	3.1.1B Professional Practice Competencies; 3.1.6B General Knowledge and Skills Applicable to Professional Practice	CHP 2. Apply critical thinking and problem solving skills	Domain 5. Assessment for Learning	Write a summative self-reflection/video critique on a clinical video	*Self-reflection (Due 11/28)
11/21		No Class – Thanksgiving Break					
11/28	Understand the components and purpose of a progress report and discharge summary in intervention	V-A: Written Skills; V-B2f & VB2e: Intervention	3.1.1B Professional Practice Competencies; 3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms	CHP 2. Apply critical thinking and problem solving skills	Domain 5. Assessment for Learning	Roth & Worthington, Chp 1 pg 11-12, pg 69-73	Class discussion
12/5	Understand the role of counseling and effective communication with clients/families	V-B3a & V-B3c: Interaction & Personal Qualities	3.1.6B General Knowledge and Skills Applicable to Professional Practice; 3.1.5B Intervention to Minimize the Effects of	CHP 5. Communicate and collaborate effectively and appropriately in a variety of cultural contexts.	Domain 6. Professional Responsibilities and Teacher Leadership	View video, and role-play providing counseling on issues raised Roth & Worthington, Ch. 11	Class discussion

			Changes in the Speech, Language, and Swallowing Mechanisms				
--	--	--	--	--	--	--	--

* graded assignment

Academic Products, Assessment Types and Criteria

Graded Assignment	% of grade	Due Date	Assessment Type	Assessment Criteria
Session Plan	30	9/19	Formative	Rubric 501-1
Treatment Note	30	10/17	Formative	Rubric 501-2
Reflective paper; Professional self-assessment	30	11/28	Summative	Rubric 501-3
Class Participation	10	n/a	Summative	Rubric 501-4

Formative Assessment: Descriptions

Session Plan. Students will be given information on a child or adult with a communication/swallowing impairment. In groups, students will write a session plan in based on the given information. Session plans will follow the guidelines for content and clinical writing, given in class. Students may have some prior experience writing a session plan, gained through participation in their Clinical Practicum. Session plan is due 9/19 and will account for 30% of the course grade.

Treatment Note. Students will write a SOAP note for a client based on the session plan that was previously completed in groups. The document should follow the guidelines for content and clinical writing, given in class and your text. Students may have some prior experience with writing a therapy document, gained through participation in their Clinical Practicum. Treatment note is due 10/7 and will account for 30% of the course grade.

Summative Assessment: Descriptions

Self-Reflection and Video Critique. Students will view a 10-minute evaluation or treatment video of him/herself and provide a critique on the observation. The paper will have the following sections:

- Description of the clinical experience; synopsis of the clinical situation, type of therapy, background of client
- Comment on what went well and why in the session
- Comment on areas for improvement and provide action plan for further growth. Give several concrete steps you will take before the start of your next placement or graduation to advance your clinical skills.
- Provide evidenced-based support for all self-reflections
- You must use at least 10 different professional vocabulary terms. Use and underline these technical terms to refer to diagnoses, clinical procedures, service delivery models, documentation and HIPPA standards, etc.

The paper will account for 30% of the course grade and is due 11/28.

Class Participation. Instructors will complete the Class Participation assessment rubric, based on the frequency and quality of the student's contributions to class discussion. Class participation will account for 10% of the course grade. Please note that class participation is NOT the same as class attendance.

SHU Grade Criteria

Letter Grade	Grade Range	Grade Points
A	93-100	4.0
A-	90-92	3.67
B+	87-89	3.33
B	83-86	3.00
B-	80-82	2.67
C+	77-79	2.33
C*	73-76	2.00
C-*	70-72	1.67
D+*	67-69	1.33
D*	60-66	1.00
F	0-59	0.00

***Note:** the following grades are not available for Graduate Courses: C-, D+, D

Assessment Rubric 501-1: Session Plan

Criteria	Levels of Achievement			
	Needs improvement 0-14	Competent 15-17	Proficient 18-19	Outstanding 20
Long-Term Objectives (20%)	LTOs are inappropriate, not functional, and all components ("do" action statement, condition, criterion) are omitted	LTOs are appropriate and functional. 2/3 components are omitted	LTOs are appropriate and functional. 1/3 components are omitted	LTOs are appropriate, functional and complete
Short-term objectives (20%)	STOs are inappropriate, non-specific, and all components ("do" action statement, condition, criterion) are omitted	STOs are appropriate but non-specific and 2/3 components are omitted	STOs are appropriate and specific, but 1/3 components are omitted	STOs are appropriate, specific, and complete
Materials (20%)	All materials are inappropriate or unmotivating for developmental level and client age.	Some materials are inappropriate or unmotivating for developmental level and client age	Most materials are appropriate and motivating for developmental level and client age	All materials selected are appropriate and motivating for developmental level and client age
Activities and tasks (20%)	Limited evidence of therapy activities. Does not break tasks down into logical, sequential steps and does not support a particular goal.	Some evidence of therapy activities. Tasks may not be presented logically into sequential steps or to support a particular goal.	Therapy activities described with some logical and sequential steps to address a particular goal.	<u>Therapy activities described and breaks</u> tasks down into logical, sequential steps to address a particular goal.
Evaluation criteria are clearly stated (20%)	Plan for progress monitoring is lacking with no evidence for basic prompt/cue level benchmarks	Some plan for progress monitoring is described but no evidence for prompt/cue level benchmarks.	Plan for progress monitoring is described with some evidence for prompt/cue level benchmark.	Consistent, accurate, and logical plan for progress monitoring. Prompt/cue level benchmark is clear and logical.

Total: _____ **/100**

Assessment Rubric 501-2: SOAP Note

Criteria	Levels of Achievement			
	Needs improvement 0-14	Competent 15-17	Proficient 18-19	Outstanding 20
Subjective (S) (25%)	No subjective section present or information is inappropriate; Impression of client is not stated	Subjective information present with some inaccuracies; Minimal impression of client stated	Subjective information present with only one inaccuracy; Impression of client stated	Subjective information complete and thorough with impression of client
Objective (O) (25%)	Objective information is inappropriate, not functional, and all components ("do" action statement, condition, criterion) are omitted; No data or level of cueing present	Objective information is appropriate and functional but minimal data or level of cueing is present	Objective information is appropriate and functional and most data is present	Objective information is appropriate, functional and complete. Data and level of cueing is complete
Assessment (A) (25%)	No evidence of assessment statement or progress toward goals	Assessment statement is present, but poorly summarized, inaccurate. Limited information regarding progress toward goals is stated	Assessment statement is present and accurate, with some discussion regarding progress toward goals.	Assessment statement is accurate and thorough with good support for clinical reasoning and progress toward goals.
Plan (P) (25%)	Plan does not take into account treatment data, evidence, and/or best practice; plan is incomplete with regard to client strengths and needs	Plan does not fully incorporate all treatment data, evidence, and/or best practice; plan is not appropriately prioritized with regard to client strengths and needs	Plan incorporates assessment data, but not evidence, and/or best practice; Plans is generally appropriately matched to client strengths and needs	Plan incorporates assessment data, evidence, or best practice; plans are appropriately matched to client strengths and needs

Total: _____ **/100**

Assessment Rubric 501-3: Professional Self-Assessment

Criteria	Levels of Achievement			
	Needs improvement (0-14)	Competent (15-16)	Proficient (17-18)	Outstanding (19-20)
Description (20%)	Vague, sparse	Adequate to convey clinical setting	Provides sufficient detail to evoke setting and context	Rich, vivid
Analysis of change (20%)	Vague difference between pre/post	Adequate description of concrete changes in knowledge/skill in at least one area	Thoughtful description of changes in knowledge/skill in at least two areas	Several clear, compelling examples of detailed description of change
Accurate use of 10 technical vocabulary items (20%)	Inaccurate use of vocabulary	Most terms used appropriately	All but a few terms used appropriately and in correct context	All terms used correctly; smoothly and professionally integrated in text
Challenges (20%)	Vague, superficial	Challenges stated but not deeply analyzed	Challenges identified and analyzed	Challenges honestly stated and analyzed creatively
Action Plan (20%)	Absent or vague	General goals stated without specific, concrete steps to be taken	At least one goal addressed with concrete steps to achieve it	Several appropriate goals stated with concrete steps to achieve each

Total: _____/100

Assessment Rubric 501-4: Class participation

	Needs Improvement 16	Competent 18	Proficient 19	Outstanding 20
Answers Qs (20%)	Never	Rarely	Occasionally	Consistently
Asks Qs (20%)	Never	Rarely	Occasionally	Consistently
Volunteers information/experience (20%)	Never	Rarely	Occasionally	Consistently
Provides feedback to fellow students (20%)	Never and/or inappropriate and disrespectful	Rarely	Occasionally	Consistently
Comments during discussions (20%)	Never	Rarely	Occasionally	Consistently

Total: _____/100

Course Policies

Academic Honesty: A standard of honesty, fairly applied to all students, is essential to a learning environment. Students abridging a standard of honesty must accept the consequences; penalties are assessed by appropriate classroom instructors or other designated people. Serious cases may result in discipline at the college or University level and may result in suspension or dismissal. Dismissal from a college for academic dishonesty, constitutes dismissal from the University.(University Student Handbook).

Plagiarism. Plagiarism means that the work you are turning in is not your own, such as using a paper obtained from the internet as your own, failure to cite material used or quoted, working/consulting with your peers to complete work unless otherwise instructed, or cutting and pasting together work from sources not written by you. Plagiarism is unacceptable for graduate work. All cases of plagiarism will be addressed, initially, between the student and Instructor. If the Instructor believes the violation to warrant it, a formal Report on Violation of Academic Integrity will be submitted to the Dean of the College, who will rule on the consequences. If you have any questions or doubts regarding plagiarism, please ask the faculty. It is your responsibility to ensure that no cases of plagiarism are found in your work. Since it will not be possible to determine whether plagiarism is intentional or unintentional, all instances will be treated the same way. Any submission of work taken directly from another source (e.g. copied from a book, the internet, or material developed by another student) will be considered plagiarism and grounds for no credit on the assignment. Students are encouraged, however, to use a variety of resources in obtaining ideas and illustrations that will help them complete assignments independently. All students are expected to be familiar with the information on plagiarism in in the SHU SLP Student Manual, Appendix 14, and adhere to these guidelines.

Attendance, Tardiness, and Class Participation policies are stated in the SHU SLP Student Handbook:

- Students are expected to attend, arrive on time, come prepared having read and completed all assigned reading and other work, and participate in scheduled activities, both the regularly scheduled class time and scheduled Problem-Based Learning sessions (Tuesdays, 5-6:30).
 - More than one unexcused absence from class or PBL will impact the student's grade.
 - *Absences due to illness*. One excused absence will be granted due to illness per semester, with a doctor's note documenting that the student was too ill to attend class. This note must be provided on the next scheduled day of class or practicum. If a note is not provided, the absence will be considered unexcused.
 - For each unexcused absence beyond one, the student's overall final grade will be decreased by 5%.
 - If a student has three or more absences (excused or unexcused) over the course of a single semester, the student may receive a grade of F for the course, may be unable to advance to the next level of practicum, and will be at risk for losing their place in the graduate program.
- Students are expected to arrive on time to class. For classes lasting less than 1.5 hours, arriving between the class start time and 15 minutes is considered tardy. Arrival after 15 minutes will be considered absent. For classes between 1.5 and 3 hours, arriving up to 30 minutes after class start is tardy; after 30 minutes is absent.
- Tardy arrivals to class, beyond twice, will result in a 1% deduction of the student's overall grade per tardy arrival.

- In the case of a severe or chronic illness on the part of a student or their dependent over the course of a semester, notify the Program Director and the Directory of Clinical Education (DCE) as soon as possible, to determine if accommodations can be made or if a leave of absence from the program will be required. Failure to notify the Program Director and DCE in a timely manner may result in unexcused absences being counted against the student's grade.
- Absence or tardiness related to illness or other emergency situation should be discussed with the course instructor as soon as possible. Documentation from a physician will be required for more than one day of absence due to illness, and other types of documentation may be required for absences or late arrivals due to reasons other than illness.
- In the event of absence or lateness, it is the responsibility of the student to obtain and learn missed materials from another student or from the instructor.
- In the event of an illness or emergency causing the student to miss an exam or quiz, the student must provide documentation of illness or other emergency. It is the student's responsibility to provide the professor with an MD note from their doctor or copy of Discharge Summary from Student Health Services, and to contact the instructor within 24 hours in order to make arrangements for a rescheduling of the exam or quiz. The instructor has total discretion if and when a missed exam or quiz will be rescheduled.
- Unexcused absences from an examination may result in a failing grade for that exam.

Multitasking. Students are expected to attend fully to class lectures, activities, student presentations, and interactive group assignments. Although computers (and phones, only with instructor permission) may be used to search for resources during class time, this can only occur with instructor permission. At all other times, computers are to be used ONLY for taking notes on class activities. Use of social media or commercial websites is strictly forbidden during class time. Work on classes other than the current one is also strictly forbidden. Infractions of these rules may result in disciplinary action. Although students may use computers to take notes, they should be aware of research that demonstrates that students who take handwritten notes perform better on academic assessments than those who use computers for note-taking (Mueller & Oppenheimer, 2014). Handwritten note-taking is highly recommended.

Students must seek the instructor's permission to record class lectures, as per University policy.

Conduct consistent with professional standards is required of all students in class, and anywhere on the SHU campus or when serving as a representative of SHU in practice or any other setting.

All typed assignments completed outside of class must be double-spaced, using Times, Times New Roman, or Arial font. All font sizes for typed assignments must be size 11-12. Any font size less than 11 or larger than 12 will be returned for re-typing to required font size. All submitted work must be correct in mechanics (e.g. spelling, grammar, word choice, punctuation, etc.). Points will be deducted for inadequate work.

APA style is required for written papers, including table, figure, and graph formats, references and citations, and appropriate professional language use.

Use people-first language in ALL work, to be consistent with IDEA. Emphasize the person more than the disability (i.e., a child with Down syndrome, NOT a Down syndrome child).

Student work will be returned as promptly as possible.

All assigned work is due at the beginning of class on the due date designated in the course syllabus. Work submitted late will receive an automatic 5-point reduction from the earned grade. Students are encouraged to submit all assignments on time.

Competency. In this course, your knowledge will be assessed on the appropriate portions of the exams, or other assignments. Competency of 80% or better on these assessments is necessary to meet certification standards of the Council for Clinical Certification in Audiology and Speech-Language Pathology. Students failing to attain the set criteria on a required competency assessment will be provided a remediation plan and an additional attempt to pass the competency. If students do not pass the competency a second time, one additional remediation will be provided. For students failing to attain the set criteria on a required competency assessment after the third attempt, the department and university are not able to recommend their application for ASHA certification and state licensure, even though they may receive an acceptable course/clinic grade or exceed the minimum GPA.

ADA Policy. Students with disabilities needing academic accommodation should register with and provide documentation to Jandrisevits Learning Center (JLC); no accommodations can be provided without written instructions from the JLC.

Mueller, P. & Oppenheimer, D. (2014). The pen is mightier than the keyboard: Advantages of longhand over laptop note taking. *Psychological Science*, 25, 1159-1168.
doi:10.1177/0956797614524581