The following topics of discussion were generated by attendees:

- Challenges in finding medical outplacements
- Means by which programs set the number of admission to grad programs
- How to guarantee the number of students a clinic can accommodate
- Workload formulas for supervisors
- The percentage of observation time for supervisors
- Speech/language screening procedures for graduate students
- How to coordinate scheduling of academic courses and clinic
- Criteria for international students and TOEFL scores
- Objective disposition assessment (of “soft” skills such as interpersonal abilities, professionalism, respect)
- Having FTE listed as “staff” instead of clinical faculty
- Audiology programs-off-campus supervisors no longer keeping their CCCs

Discussions:

Speech-language screenings for students:

TCU (Texas Christian University) has an oral proficiency screening required before students take clinic. This involves reading a list of phonetically balanced sentences, conversation on varied topics for 3-5 minutes, an oral mechanism exam, and hearing screening. If students fail any part of this, an adult case history form is completed. There is no charge for them to have therapy. They do accent reduction, voice, and articulation therapy. They tell students it provides the opportunity to see what it is like to be a client. (Lynn Flahive offered to put their forms on the CAPCSD website)

Another program has a writing portion of the screening that includes the student writing about a case they observed. They emphasize early screenings so students who fail the screening can get help long before they take clinic.
Review ASHA policies on oral communication skills of students seeking certification (see Standard IVb in the 2005 Standards for Certification). If the problem interferes with provision of care to clients, students must work on these skills. Legally we can’t require students to have therapy but can refer to Essential Functions.

Usually programs have the more advanced students treat the students who fail the screenings. Many programs do not charge the students for the therapy.

Off-Site Placements:

Build relationships with sites-let sites know that you know your students’ abilities better than they do

Do a site visit and talk face-to-face with potential supervisors

At Georgia State they prepare the student for the interview, coaching them on questions and responses. They also advise students not to tell an interviewer that they don’t want to work in health care settings.

Some report planning ahead up to two years to hold spaces at some sites for students.

Reference was made to Physical Therapy and how this discipline has a national network of sites and one universal evaluation form for all clinical instructors to use. It was suggested that the CAPCSD consider this more unified method of evaluating student clinical skills to assist off-campus supervisors and clarify the common expectations for graduate students.

Some universities coordinate site visits with other health disciplines such as nursing and pharmacy.

Reimbursement Process/Off-Campus Supervision:

A clinic director from New York also advocated one evaluation form for use in all off-campus placements. She mentioned that students are mandated to go to the first off campus site they are accepted.

Another school says that students are asked their top three choices. If they don’t get accepted to one of those, then they are asked for their next three choices of placements.

Showing appreciation for supervisors was advocated and students are encouraged to consider “giving back” by supervising students once they are out working in the field.
If facility/site wants pay for the supervisors’ time, consider tax exempt service to help facilities recognize the benefit to the mission of the institute when they take students. Tell the benefits of having someone at no charge cover part of the caseload.

Other ways to show appreciation for off-campus supervisors included offering discount cards from the community. One person mentioned their Board of Trustees has approved “volunteer faculty status” for professionals such as off-campus supervisors. Offsite supervisors can be given faculty-staff rates at university recreation centers and university library use. Another program offers free CEUs.

The Competency-Based Assessment in Speech Pathology (COMPASS) model from Australia as presented in another CAPCSD session was referenced when discussing that the U.S. may need to consider other models for obtaining hours than having all students gain all experiences. Use of such an assessment might reduce the pressure and tension of evaluation.

It was suggested by one director to bring issues to the Dean of the College and express the concerns in language administrators can relate to.

Building of relationships as part of the clinic director’s role was mentioned. Maybe practicum coordinators can do this and be advocates for the students.

National contractors such as Health South and Genesis Rehab were also discussed as ways to gain hours for students.

Networking with undergrad-only programs in Communication Disorders for ideas on medical and off-campus placements was mentioned.

It was suggested that we are at a data collection phase for this overall issue of external placement. A more formal study of the current status of external placements could be beneficial. For example, are there differences in rural vs. urban issues, regional vs. nation-wide?

The American Physical Therapy Association’s model was praised for its national supervision program and standards. The following weblink may be of interest to directors regarding this topic: http://www.apta.org/Educators/Clinical/

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**Workload:**

Challenges of various formulas were discussed since they vary by the number of students, number of hours, or whether the program is on a term or semester schedule. It was noted that some supervisors don’t understand the formulas or may have issues with them once they are informed of the formula.

Framing formulas as guidelines and being flexible with them when possible was suggested. They can be useful when justifying staffing needs.

One program allows overload pay for supervisors

Someone noted that academic faculty are more likely to assist with supervision depending on how they are approached. If they are told their expertise is needed in an area of high interest to them it is more likely they can supervise. Benefits to having academic faculty help with supervision were discussed.

Ideas for continuing certain topics as threads on the CAPCSD website were suggested.

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**Offsite Audiologists Dropping CCCs:**

The situation: The American Board of Audiology (ABA) credential does not require graduate practicum supervision by an audiologist who holds the ASHA CCC (these professionals need state licensure but not their CCCs). The ASHA CCC credential requires supervision of graduate practicum by those audiologists who hold the ASHA CCC.

One suggestion was for university departments to pay for the CCCs to continue having these professionals supervise.

Supervisors need to buy into the shared partnerships of training professionals.

It may be beneficial for students to be aware that they may work with a professional but the hours cannot be used toward certification if the Audiologist no longer has CCCs. Students must investigate where to get a credentialed supervisor.

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**Objective Disposition Testing:**

University of Akron interviews potential applicants and does an informal assessment of pragmatics in the interview.

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**Determining the number of admissions to a graduate program:**
Some suggested 10-15% over the required number and then a lower proportion on the second wave of admissions.

One suggested that you won’t lose the best students by having a lower number. Just keep in communication with those students so they get to know you and want to attend your school. He noted he used to have 30% over in his first cut, but now due to the economy this is 15% over.

Scheduling clinic and academic courses

One school has their first year grad students in class Tuesdays and Thursdays 12:30-3:30 while the second years are in class from 3:30 to 6:15. The first years can then see children after school and adult neuro cases in the morning.

Another program has told the dept head when they are slow in the clinic so classes are held then. For example, clinic is slow Fridays or early in the morning. They then give the faculty choices of slow times when they can schedule classes.

A third program has classes on Mondays for all grad students (three classes that day) and then internships Tuesday through Thursdays.

Another suggested reminding the faculty that supervisors are being paid for their time and therefore they need clients to see at those times.