

Internship Requirements

The purpose of the internship course is to provide field placements for graduate students in supervised and approved clinical settings, such as public schools, hospitals, and community clinics. To be successful, positive working relationships between our program and the intern sites are important. Open lines of communication are encouraged. The expectations and responsibilities of the onsite supervisors, university supervisors and students are stated below to clarify and ensure successful participation of all parties. Prior to placement, the Clinic Director must ensure that there is a current contract affiliation or Memorandum of Understanding (MOU) between the internship site and Cal State East Bay.

I. COURSE REQUIREMENTS

A. Interns

1. Eligibility
 - a. Intern must be a second year graduate student.
 - b. Intern must have successfully completed pertinent course work
 - c. Intern must have completed all practicum coursework with the exception of Assessment, which may still be in progress.
2. Submission of a completed *Internship Planning Form*, signed by an academic advisor.
3. Minimum hours required for 6 units of internship, unless other arrangements made:
 - a. Typically, for a 6 unit internship; 210 onsite hours to be broken down as follows:
 - 1) 150 contact hours (including approximately 20+ assessment hours) to meet current ASHA standards. Clinicians keep track of ASHA contact hours and consultation/collaboration hours weekly using either the *Temporary Intern Clock Hour Tracking Form* available under Resources on the department website, or another method agreed upon by the intern and the internship supervisor. These hours will then be logged into CALIPSO for the supervisor to approve upon completion of the internship.
 - 2) Remaining 60 hours spent in counseling, conferences, staffings, observation, written documentation, etc.
 - i). Note regarding consultation hours: ASHA does not recognize clock hours spent in consultation without the client/patient and/or caregiver present. Therefore, types of consultation hours should be logged separately in CALIPSO as follows:
 - “Consultation/collaboration with clients/patient/family” – Intern should report hours both here and in Treatment and/or Evaluation.
 - “Consultation/collaboration with clients/patient/family/teachers/staff” – Intern should report hours here, and in Treatment and/or Evaluation only if client and/or caregiver are present.
 - “Consultation/collaboration in IEP/IFSP setting” – Intern should report hours here, and in Treatment and/or Evaluation only if client and/or caregiver are present.
 - 3) Please refer to Internship Memo provided prior to internship each term.
 - b. Recommended arrangement of hours:
 - 1) At least 15-20 hours weekly, with medical settings typically requesting a full time commitment.
 - 2) 1/2 day, 5 days per week or full-day, 3 or 4 days per week for 12-13 weeks. Schedule to be arranged between site supervisor and student intern.

Final arrangements will depend on the background, interests and general competence of the intern. The onsite supervisor will make decisions, with intern's input, as to how early direct patient contact will begin and how soon thereafter cases will be assigned. The intern should gradually assume the caseload and is expected to independently manage the onsite supervisor's entire caseload. This goal will be achieved through systematic

transfer of responsibilities of case management to the intern. A suggested schedule is as follows:

- 2-3 weeks observation and directed participation;
 - 6 weeks gradual assignment of cases and directed participation;
 - 3-4 weeks management of full caseload.
4. Interns should adhere to the Code of Ethics established by the American Speech-Language Hearing Association:
<http://www.asha.org/Code-of-Ethics/>
They must understand their role as learners and comply with the professional directives of the supervisor. They must consult with the supervisor before making client or program-related decisions.

B. Onsite Supervisors

1. Eligibility

- a. School Speech-Language Pathologists: C.C.C., Credential (CRS or CH) and at least three years post Masters experience and one year in current placement.
- b. Clinic Speech-Language Pathologist: C.C.C., CA SLP License and at least three years full time post Masters experience and one year at the internship facility.

2. Onsite supervisors are expected to be competent clinicians who provide “best practices” in their current settings. They serve as role models for the interns in what may be their first clinical situation in the community. They introduce the intern to the complexities and various responsibilities within their scope of practice for the internship site, including Inter-Professional Practice. The site supervisor should understand that the intern is a learner and should be able to evaluate the intern’s work objectively. They should discuss their evaluations with the intern in a supportive and direct manner appropriate to the needs of the individual intern.

3. The Clinic Director verifies current ASHA Certification by requiring that the onsite supervisor sign a statement verifying their current status on the *Internship Information and Agreement* form completed at the beginning of each internship. Each site supervisor is responsible for updating both their ASHA and CA SLP Licensure Information in CALIPSO.

II. FACILITY REQUIREMENTS

To be specified in contract or MOU negotiated between Cal State East Bay and the internship facility.

III. INTERN PREPARATION RESPONSIBILITIES

A. Pre-therapy:

1. Complete the facility’s recommended reading list.
2. Read records of assigned cases.
3. Review the facility’s diagnostic and therapeutic materials.
4. Review the facility’s procedures for case management and written documentation.

B. Therapy:

1. Submit treatment plans to the onsite supervisor as directed.
2. Complete written documentation for cases, as required.
3. Prepare pertinent letters and other communications regarding the cases, as appropriate.
4. Prepare case summaries at the conclusion of the internship.

IV. RESPONSIBILITIES OF INTERNSHIP SITE SUPERVISORS

- A. Clinic Director provides each site supervisor with information on clinical internship requirements and current ASHA clinical practicum supervision standards. Each site supervisor will be provided with a CALIPSO orientation email outlining the evaluation metrics and process.
- B. Complete the CALIPSO Performance Evaluation once at mid-term and again at the end of the internship, based on on-going observation of the intern during assessment, treatment and consultative sessions. Please refer to the Addendum for CALIPSO grading rubrics and areas to be evaluated
- C. Throughout the internship, provide the intern with consistent, frequent feedback, both written and verbal, regarding competencies aligned with ASHA Standards in the following areas: Evaluation; Treatment; Professional Practice, Interaction, and Personal Qualities; and Written Documentation as outlined in CALIPSO.

V. RESPONSIBILITIES OF CAL STATE EAST BAY SUPERVISOR

- A. Arranges for a phone conference with the internship site supervisor and the intern approximately midway during the internship based on the *Internship Information and Agreement* form submitted within the first two weeks of the practicum. During the conference, the site supervisor will review the completed and previously discussed CALIPSO performance evaluation with the Cal State East Bay supervisor. In the event that the intern's skills do not meet the graduate programs' minimum requirement, the Cal State East Bay supervisor will immediately conference with the site supervisor and intern to develop a support plan. Additional conferences may be scheduled for the balance of the internship as appropriate.
- B. Serves as a resource to address any concerns or questions that arise. They are available to quickly respond to communications from both the site supervisor and intern.
- C. Reviews the final CALIPSO evaluation to provide the university grade for the internship.
- D. Serves as a liaison between the university and the intern site. The Cal State East Bay supervisor should possess the insight necessary to facilitate a positive working relationship between the site supervisor and the site's administrative personnel, the intern and university personnel. The Clinic Director will also serve as a liaison professional as needed by the intern, site supervisor and/or assigned Cal State East Bay supervisor.

Internship Procedures

Preliminary Arrangements

1. See advisor at least six months prior to the start of the planned internship term. Complete *Internship Planning Form* for Internship with faculty advisor four months prior to the start of the planned internship. In addition, clinicians may consult with the Clinic Director regarding interests and possible placements.
2. Return the *Internship Planning Form*, signed by the clinician's advisor, to the Clinic Director who will initiate arrangements for the internship. Clinicians will be kept informed of progress in arranging the internship.
3. A meeting of all prospective interns is held each term to assist them in preparing for internships. The meeting will discuss intern responsibilities and other necessary information and paperwork/documentation required for and related to the internship.

Once Internship Arrangements are Final

1. Interns are responsible for contacting onsite supervisor to arrange schedule, including start date and making sure that they have fulfilled requirements of assigned internship site (e.g., TB clearance, *Live Scan*, HR procedures, etc.)
2. As soon as the internship begins, interns are responsible for the following:
 - a. Completing the *Internship Information and Agreement* in duplicate and returning one copy to the Cal State East Bay supervisor by the end of the second week of the internship.
 - b. Maintaining accurate records of clinical hours by using either the *Temporary Intern Clock Hour Tracking Form* available under Resources on the department website, or another method agreed upon by the intern and the internship supervisor. Clock hours should be logged weekly into CALIPSO for eventual submission to the internship supervisor for approval at the end of the internship.

Following the Internship

1. When the internship is completed, interns are responsible for completing evaluations of their internship supervisor(s) in CALIPSO.

ADDENDUM

Evaluation of Performance in Clinical Practicum

PERFORMANCE RATING SCALE

- 1 **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
- 2 **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
- 3 **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
- 4 **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

Grading Scale – SLHS 698

Start	End	Letter
4.57	5.00	A
4.26	4.56	A-
3.95	4.25	B+
3.64	3.94	B
3.33	3.63	B-
3.02	3.32	C+
2.71	3.01	C
2.40	2.70	D
1.00	2.39	F

AREAS FOR EVALUATION OF PERFORMANCE

EVALUATION	ASHA CCC	CAA	CTC
Conducts screening and prevention procedures	IV-D, V-B	1a	SLP 4
Collects case history information and integrates information from clients/patients	V-B	1b	SLP 4
Selects appropriate evaluation instruments/procedures	V-B	1c	SLP 4
Administers and scores diagnostic tests correctly	V-B	1c	SLP 4
Adapts evaluation procedures to meet client/patient needs	V-B, 1d	1d	SLP 4
Demonstrates knowledge of etiologies and characteristics, anatomical/physiological, acoustic, psychological, developmental, linguistic and cultural factors for each cognitive, communication and swallowing disorders	IV-C		SLP 2
Observes and identifies relevant client/patient behaviors			
Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses	V-B	1e	SLP 4
Makes appropriate recommendations for intervention	V-B	1e	SLP 7
Completes administrative and reporting functions necessary to support evaluation	V-B	1f	SLP 7
Refers clients/patients for appropriate services	V-B	1g	SLP 7

INTERVENTION

Develops setting appropriate intervention plans with measurable and achievable goals.	V-B	2a, 3.1.1B	SLP 5
Implements intervention plans (involves clients/patients and relevant others in the intervention process)	V-B,	2b, 3.1.1B	SLP 5
Selects or develops and uses appropriate materials/instrumentation	V-B	2 c	SLP 5
Sequences tasks to meet objectives			SLP 5
Provides appropriate introduction/explanation of tasks			SLP 5
Measures and evaluates clients'/patients' performance and progress	V-B	2d	SLP 5
Uses appropriate models, prompts or cues. Allows time for patient response.			SLP 3
Uses feedback/reinforcement which is consistent, discriminating and meaningful			
Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs	V-B	2e	SLP 3
Completes administrative and reporting functions necessary to support intervention	V-B	2f	
Identifies and refers patients/clients for services as appropriate	V-B	2g	SLP 3
Structures treatment sessions to maximize learning			

Professional Practice, Interaction, and Personal Qualities	ASHA CCC	CAA	CTC
Demonstrates knowledge of basic human cognition, communication and swallowing processes	IV-B	3.1.6B	SLP 3
Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice	IV-F	3.1.1B	SLP 3
Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities)	IV-G	3.1.1B, 3.1.6B, 3.8B	SLP 7
Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others	V-B	3a, 3.1.1B	SLP 5
Collaborates with clients/patient and relevant other in the planning process	IV-G	2a	
Provides counseling regarding cognitive, communication and swallowing disorders to clients/patients, family, caregivers, and relevant others	V-B	3c, 3.1.6B	SLP 5
Collaborates with other professionals in case management	V-B	3b, 3.1.1B, 3.1.6B	SLP 7
Displays effective oral communication with patient, family, or other professionals	V-A	3.1.1B	SLP 5
Displays effective written communication for all professional correspondence	V-A	3.1.1B	SLP 5
Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner	IV-E, V-B	3d, 3.1.1B, 3.1.6B	SLP 5
Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others		3.1.1B	
Demonstrates professionalism		3.1.1B, 3.1.6B	

Written Communication

Uses correct grammar, spelling, terminology, punctuation, tense consistency, "voice" consistency, etc.	V-A	3.1.1B	SLP 5
Uses the correct format for required clinical documents	V-A	3.1.1B	SLP 5
Writes relevant case history in concise, organized form	V-A	3.1.1B	SLP 5
Accurately and concisely describes results of tests and informal procedures and covers all relevant information and areas, including client/patient strengths	V-A	3.1.1B	SLP 5
Writes in lay-person terms, as appropriate, using examples to clarify	V-A	3.1.1B	SLP 5
Provides an accurate summary of impressions and recommendations	V-A	3.1.1B	SLP 5
Generates clinical documents in an acceptable time frame	V-A	3.1.1B	SLP 5
Incorporates supervisory feedback into document revisions	V-A	3.1.1B	SLP 5
Writes documents that are professional in presentation and tone	V-A	3.1.1B	SLP 5