SHOW ME WHAT YOU KNOW: INTEGRATING CLASS AND CLINIC

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Introduction/Rationale

- Effective integration of didactic and clinical experiences for students can be challenging.
- Therefore it is important that academic and clinical faculty work congruently to facilitate, support, and monitor students’ application of academic knowledge to the solution of problems of disordered communication and service delivery.
Introduction/Rationale

- An important indicator of good clinical skills is the readiness to take risks to build on those “teachable” moments of energy and drama that arise unexpectedly in therapy.

- We have developed a “team approach” in which student clinicians, faculty and supervisors work together to understand, plan, observe, analyze, and integrate ‘class and clinic’ in the interest of optimal service delivery to current and future clients.
Traditional Clinical Education

Clinical Triad

- The triad was composed of one client, one clinician, and one supervisor.
- The novice clinician typically relied on the supervisor heavily for direction and often felt as though he/she was the only student struggling.
- By the end of a semester, the typical clinician is relatively independent in the day-to-day decisions regarding therapy activities, data collection, and feedback.
- At the end of a term the clinician has been exposed to only their own limited client caseload.
Clinical Teaming

- The Arkansas State University Speech and Hearing Center implemented a team approach to supervision this fall. Clinical Educators were charged with being a team facilitator, while student clinicians were grouped into clinical teams.

- The team functioned to promote learning communities through collaboration and group problem solving.
Team Roster:

- **Team Leader**: Creates an agenda, leads the meeting, assigns upcoming roles.
- **Recorder**: Takes minutes.
- **Hospitality**: Brings a light snack, cleans space.
- **Inspiration**: Provides motivation.
- **Task Master**: Keeper of dates/deadlines.
- **Faculty Facilitator**: Provides direction, learning topics, and serves as a clinical mentor.
# Team Meeting Agenda: Weekly

<table>
<thead>
<tr>
<th>Call to order</th>
<th>Leader starts the meeting.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspiration</td>
<td>Peer to peer motivation; quote, story etc.</td>
</tr>
<tr>
<td>Old business</td>
<td>Review pending issues from previous week.</td>
</tr>
<tr>
<td>New business</td>
<td>New rules, changes, updates, tips, etc.</td>
</tr>
<tr>
<td>Client issues</td>
<td>Brainstorming, peer-to-peer education.</td>
</tr>
<tr>
<td>Learning topic</td>
<td>Review of procedures, new tests, etc.</td>
</tr>
<tr>
<td>Plan for next meeting</td>
<td>Roster assignments are made for the following week.</td>
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</table>
Advantages to Clinical Teams

- Student clinicians get the benefit of learning about five times more clients than they would have without the teams.
- Student clinicians have a peer group to discuss the challenges of therapy and to brainstorm solutions to clinical problems.
- Clinician morale is improved and a sense of community is fostered in the cohort group.
- Team meetings prepare students for the “real world” practice.
Bridging the gap.....

A clinical supervisor and team facilitator encourages student clinicians to think on their feet by integrating academics and clinical activities that are:

- Meaningful and Relevant
- Functional
- Age appropriate
- Reinforcing to the client
Thematic Units

- A **thematic unit** is a multisensory approach that provides repeated opportunities for intense interaction and systematic support while targeting explicit skills.

Choosing a theme:

- Meaningful and Relevant
- Functional
- Age appropriate
- Reinforcing to the client
Benefits of Thematic Intervention

- Directs planning.
  - Planning is easier for a single theme.

- Provides structure.
  - Familiar/unfamiliar skills are enhanced.

- Links content.
  - Isolated skills are thematically linked to a whole.

- Promotes expanded learning.
  - Provides multiple opportunities for learning.

- Provides cohesive activities.
  - Multiple skills are integrated
Going on a camping trip......
Starting with a good book…
Talk the talk and walk the walk...

- A clinical supervisor and team facilitator should foster skills that lead students toward becoming successful clinicians, professionals and advocates.

- A successful clinician should be knowledgeable regarding reinforcement strategies, and use those to motivate clients and effect change.

- A successful supervisor should be able to reinforce and motivate student clinicians by using the same principles.
Modifying Behavior…

move it along

• Moves from concrete to abstract
• Instruction
• Demonstration
• Modeling & Imitation
• Shaping
• Prompting
• Fading
Principles of Reinforcement…
…everyone likes a reward

- Positive reinforcement
  - Primary = food, money
- Negative reinforcement
- Escape
- Avoidance
Aspects of Effective Feedback

What did I do?

- **WHO?**
  - Names, places, people…

- **WHAT?**
  - Comment on specific behaviors.

- **WHEN-WHERE-WHY-HOW?**
  - Give specific informative feedback.

- If a behavior is to be repeated or modified, it must first be identified.
Schedules of Reinforcement

...just do it

- Continuous Reinforcement = strongest
- Intermittent Reinforcement
- Fixed Ratio
- Variable Ratio
- Fixed Interval
- Differential Reinforcement
  - Moving from consistent to inconsistent scheduling.
“Making Change: Changing the world one word at a time”

Goals for this ASUSHC project…

Improve reinforcement strategies of clinicians.
  - Token economy system for reinforcement
  - Using real money (change) as tokens
  - Common goal of all clients.
  - Taking ownership of the outcome.

“Making change” for someone else is empowering.
“Making Change”

Client outcomes

- Motivation increased.
- Ownership of activities increased.
- Peer reinforcement became a major factor.
- Having a tangible product to represent their effort created improved levels of self-esteem, feelings of self-worth, pride, and accomplishment.
- $$$ is tangible and understood by all ages.
Making a difference… for all involved

“Making Change”

- Therapy goals → common goal → community involvement → campus involvement → universal involvement = making a difference.
- Increased rapport & motivation were noted.
- The use of effective reinforcement was apparent.
- A positive environment for interaction for all.
Parting thoughts…

- “Knowing is not enough; we must apply. Willing is not enough; we must do.”
  - Johann Wolfgang von Goethe

- “Nothing ever great was achieved without enthusiasm.”
  - Ralph Waldo Emerson

- “You cannot plough a field by turning it over in your mind.”
  - Author Unknown
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References


References cont.
