ABSTRACT: Purpose: This article describes a distinctive preclinical experience for 1st-year graduate students resulting from a partnership between Pacific University’s School of Communication Sciences and Disorders in Forest Grove, OR, and a local retirement/assisted-living facility.

Method: The model was specifically designed to expose graduate students to aspects of healthy aging and age-related impairments while providing them with an opportunity to practice clinical skills in a low-stress environment before more rigorous clinical placements.

Results: This partnership achieved integration of clinical and academic education through the amalgamation of 3 different graduate courses across the students’ 1st academic year. Graduate students and residents alike benefitted from the generational connection, and as a result, formed lasting bonds that helped to diminish the stereotypes associated with aging and health care. Specific procedures for the implementation of this program, as well as its benefits, are discussed.

KEY WORDS: aging, assessment, education, gerontology, adults
In the fall of 2012, Pacific University (Forest Grove, OR) developed a new School of Communication Sciences and Disorders (CSD) and a graduate program in speech-language pathology. The clinical program was designed to give students multiple opportunities for practica in various clinical settings within the community. Clinical practica are infused throughout the program each semester and provide opportunities for students to integrate and apply academic learning at progressively higher levels of performance and independence.

The community-based model of placement exposes students to how services are offered in the community (Goodall, 2012; Kosky & Schlisselberg, 2011). In addition, the program provides students with numerous opportunities to interact with various professionals and to recognize the ongoing challenges in working with members of any one population (Goodall, 2012; Kosky & Schlisselberg, 2013). Students at the beginning of their graduate program can benefit from the creation of clinical sites that provide students with preclinical opportunities to practice clinical skills in less high-stakes environments.

During the first semester of the graduate program, students are enrolled in a clinical methods course in which they receive foundational knowledge and engage in preclinical observations and experiences. One such preclinical site is Cornell Estates (www.cornell-estates.com/), which is a locally owned and operated retirement and assisted-living facility in a quiet neighborhood in Hillsboro, OR. Cornell Estates has, as their mission, a goal to create a unique environment that caters to the diverse needs and interests of the residents.

Forming the Partnership

Forming community partnerships and providing community service is an integral part of the missions of both Cornell Estates and Pacific University. In this type of partnership, graduate students are not only providing community service, they are the recipients of service provided by residents who agree to allow the students to practice preclinical skills such as interviewing, rapport building, screening, and evaluation. The partnership provides the opportunity for members of both communities to fulfill the mission of service and to participate in the paradigm of shared community that is referred to as the fullness of life at Cornell Estates.

At the time of the program’s inception, Cornell Estates already had a wide variety of established community partners, including local schools, environmental organizations, and nonprofits. In addition to their numerous community partnerships, the facility partnered with multiple programs from Pacific University, including the School of CSD, School of Audiology, School of Dental Health Sciences, School of Occupational Therapy, School of Pharmacy, and School of Healthcare Administration & Leadership. In 2015, more than 35% of Cornell Estates residents volunteered their time to contribute to the education of more than 100 Pacific University students from six disciplines so as to provide the students with varied and progressive opportunities to learn, contribute, and develop their health care skills.

The School of CSD partnership with Cornell Estates was awarded grant funds from the Faith Gabelnick Endowed Fund for Community Service, which was designed to emphasize the importance of service learning, community partnerships, and philanthropy as tools to promote an informed, engaged citizenry and to specifically engage students and faculty at Pacific University in the pursuit of community service and altruism. The grant supported the purchase of assessments and other materials used for the program.

In the fall of 2011, the director of clinical education and another faculty member, who specializes in the area of aging and dementia, met with the coordinator of community activities at Cornell Estates to develop goals for the partnership and to brainstorm how the partnership could look. The following goals were established:

- Graduate students in CSD will understand the typical aging process and its effects on a person’s speech, language, and swallowing ability.
- Graduate students in CSD and residents of Cornell Estates will develop relationships of mutual trust and appreciation over the period of 1 academic year.
- Graduate students in CSD will meet skill standards for screening and evaluation in the areas of cognition, memory, swallowing, use of voice, and oral-motor skills.
- Residents of Cornell Estates will understand the role of the SLP in the areas of cognition, memory, swallowing, use of voice, and oral-motor skills.

Developing the Program

During the initial planning stages of the partnership, it was agreed that the students and residents would meet for seven sessions: four times during the first semester of their first academic year and three times during the second semester, thereby allowing the program to be infused across multiple courses for maximum impact. Before the first visit each year, two
faculty members with clinical and topical expertise conduct a presentation at Cornell Estates for residents that focuses on what SLPs do; the general program of study for the graduate students; and what changes in the areas of speech, language, and swallowing can occur as a person ages. In addition, before the first meeting of students and residents, the director and the coordinator of community activities at Cornell Estates go to the university to conduct a presentation for the graduate students on the process of living at a retirement/assisted-living community. An important message in the presentation is “seeing health” not “seeing impairment.” This is an important tenet of the relationship between the students and their partners within the facility and is reinforced throughout their course work.

This presentation also helps set the stage for the relationship between the residential volunteer and the student as being one of mutual benefit, and not one where students are positioning themselves as health care workers coming in to “help,” but one in which the residents are volunteering their time to the students’ education by allowing them to “practice” clinical skills on them and provide feedback. Most importantly, the program is designed so that the graduate students remain matched with the same resident throughout the entire year in order to support the formation of a lasting relationship.

In order to develop this type of partnership, a few additional prerequisites were needed. Most important was having a community coordinator on site at Cornell Estates. This person bears a great deal of responsibility for making the program successful. He or she is responsible for soliciting volunteer residents, pairing students with residents, scheduling meeting rooms and dates, finding substitute residents if necessary, and serving as a liaison to the residents and staff. The final established schedule of activities for each of the visits is as follows:

- **Visit 1:** Students and residents get to know each other.
- **Visit 2:** Students complete a case history with their resident.
- **Visit 3:** Students administer cognitive assessments to their resident.
- **Visit 4:** Students administer memory assessments to their resident.
- **Visit 5:** Students administer an oral-motor assessment to their resident.
- **Visit 6:** Students complete a feeding and swallowing evaluations.
- **Visit 7:** Students and residents celebrate the partnership.

## Laying the Groundwork for Academic and Clinical Integration

Three graduate courses were identified as having content related to this experience: two in the fall semester and one in the spring semester. Activities that students were involved in with their residents at Cornell Estates were matched with the specific course that focused on that particular content. Preparation for the students for each visit to Cornell Estates occurred in the appropriate course. In the fall semester, students are enrolled in Clinical Methods, which focuses on the principles of assessment and intervention, and Communication and Aging, which focuses on the normal biological, psychological, and sociological changes associated with aging. In the spring semester, students are enrolled in the Dysphagia course, which focuses on the assessment and intervention of feeding and swallowing disorders.

Before each visit to Cornell Estates, the students reviewed the protocols or assignments for each visit during one of their courses. Assignments in various courses were coordinated with the activities at Cornell Estates. For example, for the clinical methods course, after completion of a case history, each student was required to write the background information section of a diagnostic report based on his or her resident’s case history. The memory and cognitive screenings were reviewed as part of the communication course. For the oral-motor, feeding, and swallowing evaluations, students reviewed all of the protocols and procedures in the dysphagia course. Faculty supervised all of the feeding and swallowing evaluations, and students had the opportunity to meet clinical competencies in this area.

An important aspect of the program is the reflection piece. Following each visit with a resident, the students are required to complete a reflection paper in which they write about things that went well with their visit, how assignments or activities went, and about the challenges they faced. The students are asked to reflect on the following:

- Describe your interaction with your resident.
- What challenges did you face?
- What surprised you about your experience with your resident?

## The Visits

Each visit to Cornell Estates begins with the residents and students meeting together in a large activity room, where they then sit together. This helps to bring the entire community together and also allows for a reintroduction of the purpose of the visit and
the schedule for the day. Pacific University faculty reviews the activities for the day and then the students accompany the residents to their apartments to complete the activity. For the feeding and swallowing evaluations, the students and residents are in small groups where faculty supervise the evaluation.

An important component of each visit is the feedback that the residents give to their students regarding how it felt to be on the receiving end of the evaluation and their impressions of how the student did. Students are given suggestions on how to request feedback from their residents and to debrief after each visit with the resident. Typically, the residents tell the students that they did very well, but they have honest and revealing feedback about the challenges of some of the assessments, particularly the memory and cognitive assessments. Students are also given talking points on how to address the residents’ questions about “how they did” on any one exam. The students are tasked with practicing the exams and skills and not necessarily interpreting and scoring them. They are told to tell the residents that they do not know how the residents scored because they do not complete them and that the purpose of the tests is not to get results from the resident, but just to practice the exam administration.

Visit 1: Getting to Know Each Other
After meeting their resident in the large activity room, the students accompany the residents to their apartments and get to know each other. Suggestions for conversation starters are given to the students in the clinical methods course. Students provide written reflection following this visit.

Visit 2: Case History
Before this visit, the students review the process of obtaining a case history and practice using open-ended questions in the clinical methods course. There is also a review of report writing, with emphasis on the background information section. Students complete the case history with their resident and ask the resident for feedback. Following the visit, the students complete the following:

- Case history form
- Background information section of a report
- Reflection

Visit 3 and 4: Cognitive and Memory Assessments
Before these two visits, the students review the cognitive and memory assessments as part of their communication course. Issues related to what it feels like to be on the receiving end of an assessment are also discussed in the course. This discussion is fueled in part by a simulated pop quiz that is designed to induce feelings of anxiety and inadequacy in the students. The students often remark that this quiz gives them a greater perspective on what it is like to perform a task that may be difficult, and worse yet, designed to induce some level of failure, as many cognitive exams are. Students also practice giving positive encouragement and troubleshooting difficult or emotional situations that may arise during the testing. The purpose of giving these tasks is not about the results they elicit, but about the art of their administration. The skills associated with timing, materials management, tone, volume, pacing, and encouragement are stressed. Students often reflect on the benefit they get from being able to focus on administration and not scoring of their first attempt to work with an adult.

On the day of the visit, once again, the students meet in the large meeting room so a faculty member can do a quick reminder about that day’s tasks. Students administer the assessments in the residents’ apartments. Residents give the students feedback on how it felt to be on the receiving end of these assessments. These assessments can be challenging for residents. Following the visit, the students complete a reflection paper.

- The following cognitive assessments are administered to the residents: the Mini Mental State Examination (MMSE; Folstein, Folstein, & McHugh, 1975), portions of the Cognitive Linguistic Quick Test (CLQT; Helm-Estabrooks, 2001), and A Quick Test of Cognitive Speed (AQT; Wiig, Nielsen, Minthon, & Warkentin, 2002).
- The following memory assessments are administered: portions of the Arizona Battery for Communication Disorders in Dementia (ABCD; Bayles & Tomaeda, 1993), the Hopkins Verbal Learning Test—Revised (HVLT–R; Brandt & Benedict, 2001), portions of the CLQT, and Digit Span Forward & Backward (Randolph).
- The following assessments are used in the event that a participant is visually impaired: portions of the ABCD and portions of the Western Aphasia Battery (WAB; Kertsez, 1982).

Visit 5: Oral-Motor Assessment
Before this visit, the students review and practice protocols for an oral-motor assessment in the dysphagia course. The students complete the assessments in
the residents’ apartments, and the residents provide feedback.

Visit 6: Feeding and Swallowing Evaluation

This is the only visit where the students are directly supervised. This supervision helps to reinforce the paradigm of preclinical low-stress engagement. Before the visit, the students review and practice the protocols for feeding and swallowing evaluations in the dysphagia course. At the visit, the students and residents are divided into six groups, and each group meets in a designated area at Cornell Estates. Six Pacific University faculty supervise these assessments, with one faculty member supervising each group. The students have the opportunity to successfully meet skills standards for screenings and evaluation in the areas of feeding and swallowing and to receive clock hours for the evaluation.

Visit 7: Celebration of the Partnership

The last visit of the year is designed to celebrate the partnership. In this visit, selected students, residents, Pacific faculty, and the Cornell Estates community activity coordinator speak about the experience and what it meant to them. Residents from Cornell Estates present a "graduation" certificate to the students, and the students in turn give thank you gifts and cards to the residents. This short program is followed by socialization and celebration.

Feedback

The feedback from the students regarding the partnership experience has been positive all around. Before the experience, the students reported that they had little exposure to older adults outside of their family, and had expressed their own personal views of stereotypes and fears. The students were asked to write a reflective paper on their own stereotypic views of aging and their fears in relation to working with or interacting with this population. One such report included:

Something I still have a hard time with, though, when talking to my Grandma or someone from her age bracket, is accepting rigid views on topics such as sexuality, gender identity, and gender roles. I know this isn’t the case for all elderly people, but I’ve had a few encounters, and I’m still having a hard time understanding the views of their generation and how they can’t shift them.

Another fear often expressed by students before the experience was that they would make a mistake or be rude, as expressed here: “One area I am still insecure about is assuming less independence or ability than the person has, such as speaking too loudly from assuming hearing impairment, offering a bus seat or to assist, even if they are perfectly capable” or a personal experience:

I would speak loudly and slowly to make sure the residents could understand me. For a time, I believed that I was there to “save” them from their “suffering.” It wasn’t until one resident finally told me, “Stop yelling in my ear, I’m not deaf,” that I realized I was treating the residents like they were invalids and needed massive amounts of help. I had a stereotype that led me to believe that once you hit a certain age, you can no longer do anything by yourself and that you always require assistance.

Over the course of the experience, the students demonstrated more confidence in their ability to interact with the residents and to perform assessment-based tasks. Anecdotally, the tension in the room and nervousness seems to diminish substantially over time, and the atmosphere becomes one of old friends greeting one another. Students responded to reflection questions following the administration of tests, such as saying:

I shouldn’t have been, but I was surprised by my resident’s ability to do the tasks perfectly. He made one or two very small mistakes throughout the entire assessment packet, and I was almost shocked. I know it is because of my difficulty accepting the fact that he is 95 and can do all of these things still. I am learning to let go of that stereotype of older people, but it is a tough one.

Or “I need to practice speaking loud enough without being obnoxious or rude. Also, positioning yourself in a way that the client can hear you.”

Things We Learned

The Pacific University CSD program knew that this partnership was distinct in that it allowed the students to form a positive relationship, based on equality, with an older individual who was not a relative. What we did not anticipate was what an emotional and meaningful experience this would be for the students and residents alike. Both groups expressed a great deal of appreciation for the partnership and the opportunity to get to know each other. The students were especially moved by the feedback from the residents regarding the cognitive and memory assessments; how difficult they were and how hard it was to face deficits in those areas. We anticipated that the feeding and swallowing evaluations would feel the most challenging for the residents, but we found instead that residents enjoyed this experience very much.

We also learned that we had to be flexible. Sometimes, the residents were unavailable on the day of the scheduled visit and substitute residents had to be identified. The residents also needed several
reminders of the visits ahead of time by the staff at Cornell Estates. During the first year, the students met their residents in their apartments when they first got to Cornell Estates, and we attempted to bring the residents and students back together in small groups after the assessments to talk about the experience and for residents to give feedback to students. We found this to be challenging. The timing of getting groups together was a challenge due to the variability in how long it took certain groups to complete the assessments. It was also challenging to get the discussions started once the groups were together. In addition, the residents often forgot why the students were there that day, and we realized that they needed a reminder. As a result, we decided that the students and residents would first meet together in the large activity room and Pacific University faculty would welcome everyone and talk about what would be happening that day. Students would get feedback individually from their residents while in their apartments, and we did not try and have the residents and students reassemble when they finished their assessments.

Additional Outcomes

In addition to the outcomes set for the course, some additional unexpected outcomes were achieved through the partnership. This partnership also allowed the students and faculty to recruit for various research projects, including a master’s thesis project. One of the most rewarding unexpected outcomes of the partnership was the Community Partner Award for Cornell Estates. The faculty at Pacific University nominated Cornell Estates for a community partner award that is meant to honor community proxies providing an outstanding service to the university and its students. Cornell Estates also has a celebration each year to thank their resident volunteers who participate in their community programs. Representatives from the community, including the mayor of Hillsboro, attend the event and speak in honor of the resident volunteers. Faculty from CSD are invited to speak at this event each year.

One More Thing We Learned

The residents and students were very connected on an emotional level. The following comments are from the students’ reflection papers:

- My grandparents are the same age as this couple, and this interaction made me think of them. It’s rare for me to speak to a stranger of this age group at this level of depth and breadth. It makes me wonder what my grandparents might say to a student about their family and their past experiences.
- I had a wonderful time meeting my Cornell Estates friend. She is a wonderful woman with a lot of worldly knowledge. One of the first things she told me was that she was really excited to meet me because she really likes my name. From that point on, our conversations were caring and deep. I believe that we were able to form a strong friendship and this opportunity allowed each of us the ability to gain knowledge into each other’s lives and experiences.
- I really look forward to our sessions at Cornell Estates. I was a bit nervous at first, but I quickly became totally at ease. My resident was really helpful in facilitating my learning.
- I was surprised and inspired by my resident. She has experienced so many things in her life, both happy and sad, and she has a lot to offer. In addition, I was surprised that we had so much in common.
- This is a wonderful experience and I hope the residents get as much out of this as we do.

Conclusion

The inclusion of a preclinical experience pairing students with older adults has served many goals. Graduate students and residents alike benefit from the transgenerational relationship—residents with the knowledge that they are helping students with their education and students having the opportunity to practice clinical activities and assessments that will be part of their scope of practice as they move into internships and as professionals. The fundamental nature of the partnership is not one of students volunteering their time to serve an elderly population with needed services; rather, it is one of residents serving the students by providing the opportunity for them to practice clinical skills. Additionally, this paradigm encourages students to “see health” and form friendship-based relationships, as opposed to health care–based relationships, and to assist in the breakdown of age-related stereotypes.

We are currently in the fourth year of this partnership. Many of the residents who volunteered the first year have continued to volunteer year after year. The establishment of partnerships with community agencies can provide unique opportunities for integrating academic and clinical education and provide a bridge to off-campus practica. This partnership was developed to achieve integration of clinical and academic focus in the context of a fully field-based education and clinical model.
REFERENCES


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