

CLINICAL SWAP SHOP

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Kean University of New Jersey (Union, NJ)

Sherry Sancibrian, M.S.

Texas Tech University

Nancy Alarcon, M.S.

University of Washington

Open Swap Meet

Clinic Directors were invited to use available table space to display their strategies, tools and materials. The participants were invited to cruise the swap meet, network and share ideas.

Bring and Brag

This portion of the session highlighted tools and strategies in an array of brief presentations by Clinic Directors. Directors were invited to come to the microphone and speak for up to 3 minutes. The following is a list of the directors who shared during this portion of the session, and the tools, ideas and strategies they presented:

Farral Belmore, Northern Michigan University

- Clinical handbook
- Evaluation tools
- Brochure
- Supervisor's guide: orientation instructions for supervisors in / out of clinic
- Supervisor's evaluation form (taken from U. of Florida)

Sally Gallena, Loyola University

- Supervisory logs are kept by student clinician/supervisor; some resistance to the time it takes
 - Stimulates discussion in conferences
 - Gives student real-time feedback
 - Allows student time to process feedback before reacting
 - Provides written confirmation of what was said in session.
 - Provides record to document progress

Jim Feeney, College of St. Rose

- Parent resource manual: helps parents come away from diagnostic with information
 - Each faculty member contributed to the manual
- Online Software Program: Blackboard
- Students required to do a case presentation, faculty and supervisors attend the presentation; now done on-line on discussion board

Nancy Allen, Plattsburg State University

- Increased technology: Network Neighborhood
 - Secretary can use files
- Supervisors/students have access
 - Date calendar
 - Overall client schedules/room assignments
 - Observer sign-up sheet
 - Templates for report writing

Cheryl Messick/Elaine Morner, University of Pittsburgh

- Clinical Competencies to evaluate students in first experiences
 - Set up in Excel format
 - Format calculates numbers quickly and gives grades
- Does not have own clinic but does have in/out placements

- Developed concrete competencies (checklist) to say when they can go from in- to out- placements (i.e., being able to administer a test, or participate in a role play....5 point scale...must achieve 5s)

Bonnie Soman, Adelphi University, NY

- 15 programs formed Metro NY Council of University Clinic Directors
- Goals/Objectives: share info on new standards

Susan Bartlett, University of Connecticut

- Has a New England group of Clinic Directors
- Writes letters
- Will send us samples of outcome measures, topics in clinic syllabus,
- “News/Notes/Naggings”: Newsletter to students (email, hard copies)
- Questionnaire on functional outcomes

Karen Croley, University of Tulsa, Oklahoma

- Clinic Website
 - Policies/procedures
 - Content/index searchable
 - Clinic/diagnostic assignments
 - Direct connections to Praxis information
 - Clinic forms
 - Announcements
 - Updates/reminders
 - Tutorial section [tests used most frequently; summary of what test covers, video-clips (streamed) on test and subtests... forms...sample scoring...therapy plans]
 - Templates for reports

LaRae McGillivray, Minnesota State University - Moorhead

- Changed clinic...found they were seeing fewer clients, less diverse disorders...So they targeted
 - Expansion of center
 - Started Auditory Processing Disorders Clinic
- Got external funds for 3 years
- Billing insurance co. and external providers
- Have billing specialist
- Students learn to write knowing it is going to insurance company
- Shared some samples

Ann Michael, University of Tennessee

- Midwest Clinic Directors Group
 - Has Listserv
- Designed clinic calendar outlining major tasks for next year so do nit have to nag people

Lisa O'Conner, California State University, LA

- Competing for externship sites, lack of time to work with offsite externships
 - Formed committee to consider issues
 - After 1 year, it is working; developed handbook for Student Interns and Supervisors and so forth; available for under \$20.00; standardized way of evaluating our students, is required
 - Did Supervision Workshop, planning another aimed at Public Schools

Vicki McCready, University of North Carolina, Greensboro

- State Supervisor's Organization.
 - Trains Supervisors to supervise SLP Assistants
 - Publishing a book on it

- Would like to talk to people teaching courses that accompany clinical practicum....she is using Blackboard...posting information
- Multicultural: student groups get case studies (have 5 on handout)... represents 5 major racial/ethnic groups, has developed presentation on it, has scoring guide...looks at speaking skills (new standards)

Lynda Coyle, University of Wyoming

- NHSSLA advisor: they hold an auction to clean out materials room and rotate materials...held around Christmas...raised \$300 first time, then \$689
- Students keep their documents on University system in their own files, password protected...maintains confidentiality

Judi Keller, Texas Tech University

- Handbook for extern supervisors
 - Tells about their department
 - ASHA Code of Ethics
 - School Code of Ethics
 - Bill of Rights
 - ASHA clock hours guidelines
 - What students should expect from supervisors
 - Supervisor requirements
 - Clinic calendar
 - Medicare Part B info
 - Safety control
 - Clinician Evaluation forms
- NHSSLA: students publish directory with their pictures; they fund and pay for it.

Marilyn Wark, University of Memphis

- Scheduling program so scheduling is done uniformly
- Will share
- ACCESS data base file

- Prints for students: what hours they need, their demographics, what placements they have had, what clinical experiences they still need or want to have, funding issues, their clinic schedule
- They can access and fill in grid, good organizational tool.

Lesley Maxwell, Massachusetts General Hospital & Student Health Professionals, Boston

- Marketing: developed certification as Early Intervention Specialists and Reading - making students more marketable
- Literacy...all faculty recruited by State of Education and clinic staff are acting as trainers

Nancy Barlow, Indiana University

- Audiology Proficiency exam (Gateway exam) after onsite placement prior to externships...takes whole day; morning session all hands on; students move from station to station; afternoon do case studies...give piece of info and say what would you do? Give next piece and again, what would you do. Involves all academic and clinical faculty in department.
- They give proficiency exams on smaller level every month....leaves time for students to work on weak areas....culminates in annual.
- Book: required text; "SPIRIT TOUCHES YOU AND THEN YOU FALL DOWN" by Anne Fadiman; multicultural issues...required for all masters' students.

Laura Karcher, Indiana University

- Mentoring program: pairs first/second year grad students
 - Teaches supervision skills
 - Promotes collaboration between clinical supervisors and students
- Clinical Faculty Merit Worksheet: Clinical teaching, classroom teaching, research opportunities, and so forth...Community, state/national activities.

Ann Hillis, University of Texas at Austin

- Pair incoming students with mentors before beginning program
- Bring students to nursing homes to get experience with that population since it is difficult to provide in clinic

Ruth Peaper, University of New Hampshire

- Formal collaboration with UNH Writing Center
- They come in and team teach writing 'form' during Methods Course; then faculty can focus on content; much more efficient, less returning reports for editing.
- Invite OTs to co-treat in clinic (set up as independent study)
- Students went to nursing homes and asked residents to tell them their love stories, and published them in a pamphlet.

Elena Stuart, West Chester University

- Distance learning program, videoconferencing to two sites for clinical supervision; compressed 5 week summer experience on campus; have 2 -3 hours of therapy in A.M., 2 days a week P.M. hearing clinic, 2 days diagnostic clinic; housed at University at no charge.

Open Mike Session

Clinic Directors were invited to come up to the microphone, introduce a topic, and solicit input from colleagues. The individual who posed the question is listed when possible. Respondents are identified, when possible, to facilitate networking after the conference.

TOPIC #1:

Margaret Meth (William Paterson University): How do clinic directors deal with faculty who are tenured, about to retire, and the rest of clinical faculty agrees on policy and use of specific form, including department chair. Then the faculty member, with union backing, fights the policy, and is now a supervisor?

- Pray for person to retire

- Cite Code of Ethics
- Get him reassigned
- Cite risking accreditation
- Cite/rewrite bylaws
- Make clinic policy part of clinic bylaws
- Farral Belmore would send anyone copy of their bylaws
- Student evaluations affects situation? Students complain individually but are afraid their grades will be affected
- Document student's complaint, create paper trail
- Suggest Dean buy them out early retirement

TOPIC #2:

Kim Lamparelli: Is anyone using software billing program?

- THOR software (contact Lorraine McGilvery)
- Therapist Helper, good online services (buy contract), designed for private practitioners, will do insurance bills, can use for Audiology Dispensing program
- Quick Books, (contact Anne Hillis), workshop training, online support, \$350
- Medisoft Professional: scheduling, billing, medicare, Excel plug in; \$600, (contact University of Wyoming)
- So. Conn State University (contact Kevin), developing own Excel Spreadsheet
- Lytec, schedules, creates master bill, generates codes and appropriate documentation, training an issue (contact Anne Davidson)
- University of Nebraska, Lincoln (contact Marilyn) uses medical billing company, outsourced
- Nova Southeastern U., Florida: outsourced and now moving in-house

TOPIC #3:

Are clinics actually making money after all of the above?

- Anne Hillis: Yes, but it is also life skills students should be learning, so does not matter if they're making money

TOPIC #4:

Does clinic pay salaries or does department? George Washington University, DC

- Clinic helps support department
- Some clinics charge competitively with private practitioners
- Satellite clinics help
- LIU: satellite clinics – service providers for 3 preschools, one board of education school...clinical staff services them and they bill for their services...staff and student provide one-on-one therapy; charging about \$90 per hour
- School on premises for children needing AAC; children come 4 days a week; school pays and money goes into clinic (8 children @ \$10,000), Lainy Friedel, Nova Southeastern
- University of Conn: Service provider for local school systems; students get real world experience, open year round; clinic covered by dedicated clinical staff person during school breaks and vacations; raises costs 1 % per year; dean pays half salary and clinic provides other half; hearing aid dispensing major part of income; are hiring a hearing aid tech this year
- Students cover 12 month clinic...are told that up front; get a set number of clinic vacation days; clinic faculty may cover
- Harriet Gregg, South Carolina State University: Extended school year program in summer; schools transport children to clinic in summer; this summer 30 children 4 days a week; clinic bills Medicaid

TOPIC # 5:

How many have staff clinic directors? How many are faculty? Advantages? Disadvantages?

- Most attending were faculty but NOT on tenure track
- Advantages: can take vacation whenever want, but it is a 12 mo. Position, does not worry about research etc

- Kevin, Southern Connecticut: advantage of staff positions: better paid per hour, no tenure promotion issues, clinical work is recognized for its value, different union structure (can be bad, can't get rid of someone easily for performance issues)
- Linda, University of Wyoming: faculty: only tenured vote on something, otherwise there is not really true division
- Gloria Schlisselberg, Mercy College, NY: Clinical supervisor at Hofstra was administrative; clear distinction between academic/clinic; now at Mercy the faculty are supervisors; the University philosophy defines how they view you
- Ellen Reuler, Portland State U: clinical faculty, have voting rights, not tenure track; can become senior instructor and then can be considered for tenure line or take sabbatical; no research requirements but rewarded for it
- Linda Oldenberg, Sacramento: not tenure track but accrues vacation, sits in on faculty meetings but not University committee meetings; 8-5 hours; no time for research, but recently given 3 credits to do research
- Gallaudet, Elena: not faculty, staff wants step incentive to move up... TOPIC: does anyone have staff steps?
- U. Cincinnati: Title that tie into salary increases although non-tenure track

TOPIC #6:

NYU: How do you provide feedback to off-campus supervisors about their supervision?

- Students provide feedback after experience, but site did not get it back
- if site used 3 consecutive times, summary of student feedback is sent to site
- Janet Nimitz, University of Pacific: student evaluation forms, present it to students as practicing supervisory skills themselves
- University of Wyoming: students sit down at end of practicum to discuss strengths, and so forth and recommendations; take out specific comments and code it and give to faculty so they see what's being said about their students. This process facilitates discussion about changes in curriculum. It is all done anonymously.
- Students taught to do it face-to-face, not anonymously while in our clinic, so they know how to give feedback to employers later

- Student evaluations submitted to secretary who collates and presents information anonymously...clinic director and supervisor only sees summary
- Students can do and submit evaluations online so they are anonymous
- Fernandez, Texas: At field placements they review criteria with supervisors
- Kevin: Need to support supervisors as they get negative feedback, sessions to train, forum for venting.

TOPIC #7:

What methods do clinics use to evaluate in house supervisors?

- Case studies based on experiences in clinic or poor supervisory issue and use case in discussion and generate strategies...do it monthly...all learn...now have training program that came out of it
- Developing a board game...scenario with three responses and find if you get to go forward or move back 3 spaces. Also need formal evaluations
- University of Connecticut: Students do the 13 tasks (ASHA) and calculate points and use for merit. Peer review of teaching effectiveness: Supervisor chooses team to do the evaluation on them...covers lots of areas...meeting held and everyone on team signs off on it. So someone mad at you can not just give you poor ratings and vice versa
- Student evaluation forms important; throw out clearly biased ones; add peer reviews (team functioning); add contribution to department; write out formal evaluation
- Liz, Boston University: student evaluations reviewed by clinic director; end of year final meetings, review aspects of clinical responsibilities; supervisor reviews evaluations and devises goals for future...onus off clinic director
- Jim: College of St. Rose: direct observation of supervisors in action; then supervisor is responding to your FIRST HAND information, not 2nd hand
- Checklist of interactive competencies (Apprentice Model)

TOPIC #8:

Any programs train off-site supervisors to your clinic model?

- Developing an ASHA CEU continuing ed unit on Supervision
- Traveling brown bag lunch series of training (continuing ed programs)

- Supervisors' lunch on campus, graduate students attend so meet field supervisors, have a presentation on supervision, invite field supervisors to guest speak in clinic and they're happy to be recognized for their expertise. Time provided for them to give us feedback on what they want our students to know
- Lisa O'Connor: Can't supervise Assistants in California without 6 hours of training so developing programs.

Closing remarks with appreciation to all who contributed to this swap shop format, including the facilitators. In the remaining time, participants were invited to continue to network and explore materials brought to the swap meet.