

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/agency and CSUEB. Please also refer to the SLHS 698 syllabus as well as the updated communication (Intern Supervisor Letter and Intern Memo) for each term.

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 4 units of internship, are dependent on student clockhour needs after viewing CALIPSO Clockhour DB page.
 - a. Typically, for a 4 unit internship; 150 or more onsite hours to be broken down as follows:
 - 1) 100-150 contact hours, according to graduate student contact hour needs (including approximately 15+ 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 non-contact hours are spent in 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 as appropriate.
 - “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 mutually 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 by the end of the placement. 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 in accordance with ASHA standards
 - a. School Speech-Language Pathologists: C.C.C., Credential (CRS or CH) and at least nine months work experience after certification date.
 - b. Clinic Speech-Language Pathologist: C.C.C., CA SLP License and at least nine months work experience after certification date.
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, including verifying that they have met ASHA’s 2 CEU requirement in area of supervision at any time in their professional career.

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 as required.

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; Additional Clinical Skills, Professional Practice, Interaction, and Personal Qualities*; and *Written Documentation*, along with *Met/Not Met* competencies as outlined in CALIPSO.

V. RESPONSIBILITIES OF CSUEB CLINIC DIRECTOR

- A. Arranges for a Zoom 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 CSUEB Clinic Director. In the event that the intern's skills do not meet the graduate programs' minimum requirement, the Clinic Director 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 Clinic Director 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.

Internship Procedures

(Please refer to SLHS 698 syllabus, Internship Planning Meeting outline, including resources, Intern Memo and Supervisor Letter, which provide details regarding these procedures.)

Preliminary Arrangements

1. See advisor at least three months prior to the start of the first planned internship term after attending the Internship Planning meeting, scheduled in early Fall and Spring semesters. This meeting includes details of the process. Complete *Internship Planning Form* with faculty advisor three months prior to the start of the first 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 via Adobe Sign process as outlined in Internship Planning meeting. Clinicians will be kept informed of progress in arranging 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* to return to Clinic Director 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 CALIPSO *Supervisor Feedback* form(s) and *Student Evaluation of the Clinical Experience* as outlined in Intern Memo and mid-term conference.