

**Practicum III**

Code: 104191  
ECTS Credits: 6

Degree	Type	Year	Semester
2500893 Speech therapy	OB	4	A

The proposed teaching and assessment methodology that appear in the guide may be subject to changes as a result of the restrictions to face-to-face class attendance imposed by the health authorities.

**Contact**

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**Use of Languages**

Principal working language: catalan (cat)  
Some groups entirely in English: No  
Some groups entirely in Catalan: No  
Some groups entirely in Spanish: No

**Teachers**

Melina Aparici Aznar  
Laura Auge Domenech  
Joan Piña  
Juan Fernando Fuentes Cabrera  
Silvia Naches Solsona

**Prerequisites**

This subject is organized in three blocks:

BLOCK I: Practicum Speech pathology of otholaringological disorders.

There are no official prerequisites.

It is convenient that the students have precise knowledge of Anatomophysiopathology, clinical manifestatios and Diagnostic methods of both the auditory a (ear and central auditory pathways), and the phonatory and swallowing (larynx,

pharynx, oral cavity and nasal pits)apparatus . In addition to this knowledge, it is necessary that studenst have knowledge about the medical and surgical treatments we perform. The eespecialized explorations are the competence of the ENT.

BLOCK II: Practicum in neurologopedics

It is advisable to have taken and passed the following subjects:

Second year: 101710 - Neurology of Language & 104143.-The pathology of Hearing, Speech, Voice and

Swallowing

Third year: 101711 - Neurodegenerative diseases and dementias

BLOCK III: On-line Interuniversity Conference on Speech Therapy

There are no official prerequisites.

## Objectives and Contextualisation

BLOCK I: The fundamental objective of Block I is to complete the training of students in practical situations as a future speech therapist in patients affected by pathologies of the language, swallowing, hearing and voice, both in children and adults. In addition to the general objective of learning and applying terminology to allow them to interact effectively with other medical professionals or speech therapists, is intended that the students achieve the following specific objectives: 1. Bring the students closer to professional activity, so they can put into practice the skills and abilities acquired throughout their academic training, completing their theoretical training; 2. Familiarize students with the dynamics of personal and professional relationships in the work environment; 3. Learn how to interpret and analyze a medical report in patients with language, swallowing, hearing and voice pathologies. Also be to elaborate and redact: exploration and diagnosis, follow-ups, end-of-therapy and referral-of-patient reports; 4. Perform speech therapy interventions. Programming and realization of sessions: objectives, resources, techniques, methods, interviews. Learn how to explain and argument the chosen treatment; 5. Perform research tasks in the field of Speech Therapy. Learn and apply scientific methodology, analyze data, review publications.

BLOCK II: On completion of the first three years of the degree in speech therapy, which provide the theoretical basis for the examination and rehabilitation of neurological patients, students need to put into this knowledge into practice, using examination methods and working directly with the patient during the rehabilitation process. By the end of Block II of Practicum III, the student should be able to apply the skills learned throughout the degree to speech therapy with neurological patients.

BLOCK III: To know other professional fields on the logopedical practice.

## Competences

- Act appropriately with respect to the professions ethical code: respect professional confidentiality, apply professional criteria in the completion and referral of treatment.
- Adapt ones communication to various audiences in accordance with age, pathology, etc.
- Adapt to new situations.
- Advise users families and their general social environment, thereby promoting their participation and collaboration in speech-therapy treatment.
- Appraise personal intervention and that of others so as to optimise this.
- Carry out patient-centered management in health economics and ensure the efficient use of health resources in addition to the effective management of clinical documentation, with particular attention to confidentiality.
- Demonstrate knowledge of the limits of competence and be able to identify whether interdisciplinary treatment is required.
- Design and carry out speech-therapy treatment, whether individual or at group level, establishing objectives and phases, with more efficient and suitable methods, techniques and resources, attending to the distinct developmental phases of human beings.
- Design, implement and evaluate actions aimed at preventing communication and language disorders.
- Develop independent-learning strategies
- Establish interpersonal relationships with patients affected by communication, language, speech and voice disorders, and their caregivers.
- Ethically commit oneself to quality of performance.
- Explain and justify the selected treatment.
- Explore, evaluate, diagnose and produce a prognosis of development for disorders of communication and language, from a multidisciplinary perspective.

- Have a strategic and flexible attitude to learning.
- Identify, analyze and solve ethical problems in complex situations.
- Integrate the foundations of biology (anatomy and physiology), psychology (evolutionary processes and development), language and teaching as these relate to speech-therapy intervention in communication, language, speech, hearing, voice and non-verbal oral functions.
- Make decisions and take responsibility for them.
- Manage sociocultural diversity and the limitations associated with distinct pathologies.
- Observe and listen actively throughout the various processes of speech therapy intervention.
- Organise and plan with the aim of establishing a plan for development within a set period.
- Practise the profession, respecting patients autonomy, their genetic, demographic, cultural and economic determinants, applying the principles of social justice and comprehending the ethical implications of health in a changing global context.
- Prepare and write reports on examination and diagnosis, monitoring, termination and referral
- Respect the diversity and plurality of ideas, people and situations.
- Use non-verbal communication techniques to optimise communicative situations.
- Use the exploratory techniques and instruments pertaining to the profession, and register, synthesise and interpret the data provided by integrating this into an overall information set.
- Working in intra- and interdisciplinary teams.

## Learning Outcomes

1. "Use verbal expressions indicative of active listening during oral interviews with patients and their families, including: expressing in ones own words what such patients appear to want to communicate; ask clarifying questions; provide words of re-enforcement or accomplishment, etc."
2. Adapt the relationship with patients to their educational and cultural level as well as to the limitations caused by their pathology
3. Adapt to new situations.
4. Analyzing the diagnosis and intervention options available in each case, and their suitability.
5. Apply speech-therapy treatment under the supervision of a tutor.
6. Applying the most appropriate techniques for the evaluation of patients.
7. Appraise personal intervention and that of others so as to optimise this.
8. Avoid using unsuitable methods of diagnosis and intervention.
9. Carry out a clinical history that integrates data on structural, psychological and linguistic disorders in patients, and the impact of these on their family-based, social and educational situations in order to plan the most appropriate intervention in each case.
10. Demonstrate respect for the ethical code of the profession when carrying out professional practicals.
11. Describe the characteristics of language, speech, voice or deglutition in patients, on the basis of observation.
12. Design speech-therapy projects.
13. Develop independent-learning strategies
14. Establish guidelines that help in advising relatives to collaborate in the treatment.
15. Establish guidelines to prevent certain disorders or speech therapy to reduce the negative impact on language and speech, in some situations (eg, brain damage, hearing loss or adverse psychosocial environments).
16. Ethically commit oneself to quality of performance.
17. Explain to the patient both the characteristics of the disorder suffered and the distinct treatment options, respecting the patients opinion on these.
18. Give opinion on the need to request the participation of other professionals.
19. Have a strategic and flexible attitude to learning.
20. Hold oral interviews with patients and their caregivers, in which issues concerning both speech-therapy symptoms and the impact of these on quality of life and family and social relationships arise.
21. Identify, analyze and solve ethical problems in complex situations.
22. Keep the identity of patients confidential and do not post photographs either of patients or other features that permit their identification in reports on their period of stay in the centres holding the practicals.
23. Make decisions and take responsibility for them.
24. Observe professional performance in the centre and describe that performance in the report on the work-placment period in the training centre.
25. Organise and plan with the aim of establishing a plan for development within a set period.

26. Participate in sessions discussing cases with teams of professional in centres holding the practicals and give opinion on possible treatment and its suitability depending on case characteristics.
27. Participate in sessions discussing cases with teams of professional in centres holding the practicals and give opinion on the relevance of terminating treatment or referral to other professionals.
28. Prepare and correctly write examination and diagnosis, monitoring, termination and referral reports.
29. Produce a diagnosis and prognosis of patient outcomes.
30. Respect the diversity and plurality of ideas, people and situations.
31. Use and interpret diagnostic tests.
32. Use appropriate paraverbal elements (gestures and prosody) during oral interviews with patients and their families.
33. Use communication strategies differentiated according to age (eg, children at different developmental stages), pathology (sensory disturbances, cognitive, etc.) and other situations that may hinder the communication process.
34. Use non-verbal communication techniques to optimise communicative situations.
35. Working in intra- and interdisciplinary teams.

## Content

BLOCK I (Coordinator: Prof. Juan Lorente): Activities related to speech therapy practice in otorrinolaryngology pathologies.

BLOC II (Coordinator: Prof. Laura Auge): Clinical examination and rehabilitation directly with patients with different neurological disorders, mainly Aphasia, Dysarthria and Cognitive Disorder.

BLOCK III: (Coordinator: Prof. Melina Aparici): Professional experiences (On-line Interuniversity Conference on Speech Therapy). Presentation of cases, assessment and intervention tools in the different areas of speech therapy by professionals.

## Methodology

BLOCK I ENT-Speech Therapy: It is performed in the Otorrinolaryngology Service of the Vall d'Hebrón University Hospital and at the Associated CatSalut Speech Therapy Centers with whom the Autonomous University of Barcelona has a signed agreement. The students will be under the direction and supervision of two tutors, one from the Faculty (Prof. Juan Lorente) and the other from the Collaborating Center.

### A.- UNIVERSITY GENERAL HOSPITAL VALL D'HEBRON

- Each student must attend for two days at the clinical activity of the ENT outpatient clinic at the Vall d'Hebrón University Hospital , from 9 a.m. to 3 p.m. It is mandatory to go with a white coat.
- The assistance is in small groups.
- The practices consist of attending, along with the professor, to the outpatient clinic. Here students will observe the symptomatology that the patient refers to or presents, the treatment that he has received or will receive according to the clinician. The student will be present to observe all of the ENT exploration, always accompanied by suitable explanations by the responsible professor, insisting on techniques that can obtain precise, objective information especially regarding oral communication.
- Clinical data is obtained through history and exploration of the organs on which oral communication occurs, Knowledge of anatomy and physiology of the phonoarticulatory organs, is needed in order to interpret or elaborate a medical report.
- The distribution of the students is made in agreement with Academic Management of the Faculty combining this assistance with the rest of practices.

## B. CATSALUT ASSOCIATED SPEECH THERAPY CENTERS

- The students will be distributed in the centers according to the programming of the Faculty. They will attend the allocated center for THREE WEEKS. Students will attend morning hours (from 8 a.m. to 2 p.m.) and / or in the afternoons (from 14.30 to 20 h).

- In these centers, they will actively participate in all the tasks of diagnosis and speech therapy intervention, discussing cases with speech-therapists. Mandatory to go with a white coat.

### BLOCK II:

Each student will participate actively in four learning blocks, combining class practice and clinical case seminars:

#### Computerized rehabilitation

The student will accompany the patient with computerized exercises

#### Group rehabilitation

The student will organize and conduct group rehabilitation activities.

#### Production of material

From the observation of a patient with aphasia, the students, in groups, will define their objectives and create a specific activity designed to achieve one of these objectives. Once designed, the activity will be tested in a role-playing activity in order to observe the pros and cons of the methodology.

Plan of action, schedule, intervention and follow-up of the rehabilitation of an aphasic patient.

Based on the data from an examination of a patient, the students work in groups to produce a plan of action and a schedule for the rehabilitation of that patient. The same students will then work with the patient and then, based on the results obtained, will redesign the plan in preparation for the next rehabilitation session.

N.B. The proposed teaching and assessment methodologies may experience some modifications as a result of the restrictions on face-to-face learning imposed by the health authorities. The teaching staff will use the Moodle classroom or the usual communication channel to specify whether the different directed and assessment activities are to be carried out on site or online, as instructed by the Faculty.

## Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Bloc III Interuniversity online conference	12	0.48	4, 16, 10, 13, 26, 19
Block II. Presentation class and initial planification	3	0.12	2, 3, 5, 16, 10, 20, 26, 27, 23, 30, 19, 32, 33, 34
Block II. Small group planning sessions for rehabilitation, training, patient application and review of results	12	0.48	2, 3, 5, 16, 10, 20, 26, 27, 23, 30, 19, 32, 33, 34
Type: Supervised			
Block I. Tutoring in speech therapy centers and in hospital unit	95	3.8	3, 4, 5, 7, 16, 10, 11, 13, 12, 9, 28, 18, 15, 14, 8, 17, 21, 22, 24, 25, 26, 27, 23, 35, 32, 1, 31
Type: Autonomous			
Bloc III. Summary of the Interuniversity online conference	5	0.2	4, 7, 13

Block I. Practice Report and learning consolidation	15	0.6	3, 7, 16, 10, 13, 12, 21, 22, 24, 35
Block II. Production of therapeutic plans and reports	8	0.32	6, 11, 12, 28, 18, 29, 15, 25, 27, 19, 31

## Assessment

Block I:

Given the nature of the subject, attendance at the selected internship centers is indispensable.

The evaluation of the practices will take into account different aspects: quality of the final work delivered, the evaluation of the Tutor of the Collaborating Center and assessment of the own Academic Tutor on the involvement of the Student in the different follow-up sessions carried out throughout the course.

The academic evaluation of the is done according to the work done by the student and the student assessment by the professional tutor.

The grade will be based on:

1. The Clinical Cases Report written by the student: One of the competences and abilities important for a Speech Therapy Professional is the ability to adequately elaborate quality reports and work documents, for patients, professionals or other recipients. Practicum is an excellent opportunity for the student to exercise these abilities and competences and learn to prepare a precise, comprehensive and systematic report. Thus all the students must write a project where they will elaborate reports through which they can communicate the relevant clinical findings from the point of view of a speech therapist and express their judgment on the cases. The cases will be chosen by the teacher, the objective being to assess whether they have assimilated the content of Block I, and see their capacity for analysis and synthesis of the information received. This will help them in their future professional activity, as it will allow them to develop and acquire scientific and human knowledge that will facilitate the relationship with the patient and other professionals who treat patients with speech and hearing disorders. The work must be submitted to the Academic Tutor in the terms he establishes in the Vall d'Hebron University Hospital. It will represent 25% of the grade from Block I.

2. Assessment of the student by the professional tutor:

The predisposition, interest and performance of the student is valued. It will represent 75% of the Block I grade. Since this is a Practicum, sufficiency in this block will be achieved by the students who, having completed all the Clinical practice, obtain a final grade of 5 or more points in this block (scale 0-10).

Block II:

In this block, sufficiency will be obtained by the students who, having completed a minimum of 80% of the clinical practice, obtain a final grade of 5 or more for this block (scale of 0-10)

### FINAL GRADE:

It will be the weighted sum of the grade of each block (Block I: 80%; Block: II 20%).

Passing the class: To pass the class the grade of each block must be at least 5 points (scale 0-10). Otherwise the note may not exceed 4 points.

Not evaluable: A student who has given assessment activities with a weight less than 4 points (40%) will appear as "not evaluable".

Resit: The students that have been previously evaluated in a set of activities whose weight is equivalent to a minimum of two thirds of the total grade of the subject and has obtained a course grade between 3,5 and 4,9 points can accommodate a specific plan for recovery of aspects where he/she has not proven sufficiency

## Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Block I. Student's assessment done by the Professional tutor	60%	0	0	3, 4, 5, 7, 16, 10, 11, 13, 12, 9, 28, 18, 15, 14, 8, 17, 21, 22, 24, 25, 26, 23, 35, 31
Block I. Work from clinical practice	15%	0	0	4, 10, 11, 13, 28, 18, 15, 22, 24, 25, 19, 35
Block II. Clinical practice	3%	0	0	2, 3, 5, 16, 10, 20, 25, 26, 27, 23, 30, 19, 35, 32, 33, 1, 34
Block II. Therapeutic plan and assessment	12%	0	0	6, 11, 12, 28, 18, 29, 19, 31
Block III. Report Jornadas Interuniversitarias	10%	0	0	2, 4, 6, 7, 11, 15, 14, 8, 30, 33, 31

## Bibliography

### BLOCK II:

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Chapey, R. (2001) Language Intervention Strategies in Aphasia and Related Neurogenic Communication Disorders. 4a ed. Philadelphia: Lippincott Williams & Wilkins.

Ducarne de Ribaucourt, B. (1989) Reeducción semiológica de la afasia. Madrid: Masson.

FernándezGuinea, S.; López-Higes, R. (2005) Guía de Intervención Logopédica en las afasias. Madrid:

Síntesis. Hécaen H. i Albert, M. Human Neuropsychology. John Wiley & Sons, New York, 1978.

Helm-Estabrooks (2005) Manual de la afasia y de terapia de la afasia. 2a ed. Madrid: Panamericana.

Luria, A.R. (1978) Cerebro y lenguaje. Fontanella, Barcelona.

### BLOCK I:

Bleeckk. (2004) Disfagia: Evaluación y reeducación de los trastornos de la deglución. Ed. McGrawHill.

Calais-Germain, B. - Germain, F(2014). Anatomía para la voz. entender y mejorar la dinámica del aparato vocal. Editorial: La liebre de marxo.

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Menaldi J.(2002) La Voz Patológica. Ed. Panamerican

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Núñez F., Maldonado, Suárez C. (2000) Cuidados y rehabilitación del paciente traqueotomizado. Servicio de publicaciones Universidad de Oviedo

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