**SYLLABUS**

**Management of Acquired Cognitive Impairments**

CDS 663 - Winter Term 2021 CRN: 21254

Class Schedule: Tuesdays & Thursdays, 8:15-9:45 AM

Course Delivery: Online (Synchronous & Asynchronous)

**Professors**

|  |  |
| --- | --- |
| Aaron Rothbart (“Aaron”; he, his, him) arothbar@uoregon.edu  Office Hours: | Jim Wright (“Jim”; he, his, him)  jwrigh16@uoregon.edu  Office Hours: |
| *\*\*Note this course and associated content was developed by Dr. McKay Moore Sohlberg\*\** | |

## Course Overview

This course provides an in-depth review of current theory and practice in the field of cognitive rehabilitation. It is tailored for students studying to be speech-language pathologists to prepare them to work in hospitals, rehabilitation facilities and schools where they serve people with acquired cognitive impairments. The course will offer clinically-relevant background theory in attention, memory, executive functions and social communication. Students will learn principles, processes and procedures for assessing and treating acquired deficits in these areas. Information on practice contexts, such as inpatient rehabilitation and schools will be reviewed. Course emphasis will be to learn and apply researched-based, ecologically-valid cognitive assessment and intervention techniques. There is a strong emphasis on the application of instructional techniques effective for people with cognitive impairments. Caregiver training will also be addressed throughout the term.

The course utilizes a combination of readings, lecture, group discussion, videos, assessments and clinical application exercises. Participation in the Brain Injury and Concussion Clinic (BrICC) will help to reinforce content covered throughout the course.

**Course Goals & Objectives**

Overall Course Goal: Provide students with a beginning level of competency to be able to implement cognitive rehabilitation with people who have acquired brain injuries in order to improve their:

1. Cognitive functioning (attention, memory, executive functions, social communication)
2. Community Participation/Social Roles
3. Vocational/Academic/Recreational functioning
4. Quality of life

Course Knowledge Objectives:

1. Understanding of acquired brain injury:
   1. prevention, epidemiology, pathophysiology and recovery mechanisms
2. Appreciation of specific factors relevant to subpopulations including:
   1. Moderate to severe traumatic brain injury
   2. mTBI/concussion
   3. Military/Service Members
   4. Right hemisphere damage
   5. Dementia
   6. Pediatric brain injury
3. Understanding models of cognitive functioning for:
   1. Attention
   2. Memory
   3. Executive functions
   4. Social communication
4. Understanding the delivery of cognitive rehabilitation across the continuum of care, including outpatient, acute care, inpatient, and community rehabilitation.

Clinical Skill Objectives - Acquire Beginning Competency in:

1. Motivational Interviewing
2. Collaborative Functional Hypothesis Testing
3. Administration of standardized cognitive screeners
4. Measurement of collaboratively developed goals (Goal Attainment Scaling)
5. Psychoeducation and counseling

Course Assessment/Intervention Objectives - Acquire beginning competency in specific assessment and treatment approaches:

1. Direct attention training (impairment-based therapy)
2. Systematic instruction methods
3. Spaced retrieval training
4. Selection and training of assistive technology for cognition
5. Social communication assessment and intervention
6. Screening of cognition
7. Evaluation of attention, memory and executive functions

*Note regarding obtaining clinical competency and alternative clinical education (ACE) credit:*

*Students must demonstrate competency in accordance with the ASHA KASA standards on specified competency items. If particular assignments or exam questions pertaining to these competencies do not demonstrate beginning competency, students may be asked to complete more work to demonstrate competency regardless of overall assignment or test grade.*

*Students will obtain clinical contact hours through alternative clinical education (ACE) methods in this course. Hence, students will be required to meet specific competencies on designated ACE class exercises in order to receive ACE hours. If competency is not met on ACE assignments, students may be asked to complete further work or they may not be able to claim clinical hours.*

**Course Format**

The course agenda is available on the course website. Please note that the dates for class topics may vary as we have an opportunity for discussions or clinical applications. The order of topics and readings will remain the same. Please check with the professors if you have any questions. The course will use a combination of lecture, in-class activities and discussions. The course will be supported by Canvas. Students will be expected complete all assignments by the designated due date.

**Prerequisites**

* Graduate level neuroanatomy course
* Completion of statistics or tests and measures course
* Writing skills commensurate with graduate level study (e.g., ability to generate scholarly, formal writing that is organized, uses correct grammatical conventions, and APA referencing)
* Basic understanding of research methodology sufficient for reading journal articles

# COURSE COMPONENTS

Course Grade: Grades will be based on percentages received of the 225 point total as indicated below. The assignments and details on evaluation criteria are described in supplementary handouts. Final course grades may be calculated on a modified curve reflecting general class performance.

**GRADED ACTIVITIES**

* **2 Midterm Exams:** There will be two quizzes covering the information in lecture and readings. Students will evaluate each other’s responses in class and receive immediate feedback on concepts that are not clear immediately following the quiz. The two quizzes will be worth 60 cumulative points (30 points each quiz).
* **Systematic Instruction Portfolio:** Due February 25h. Please see description on supplementary handout in assignments folder. This assignment is worth 50 points.
* **Putting Evidence Into Practice Assignment:** Due March 11th. Please see description on supplementary handout in assignments folder. This assignment is worth 25 points.
* **SIMUCASE “Larry”(CVLT Assessment):** Due March 10th. Please see description of SIMCASE write up. This assignment is worth 20 points
* **Review & Chew Class Reading Discussions:** Due as indicated on Course Agenda. Please see description on supplementary handout in assignments folder. There will be three “Review & Chew” assignments each worth ten points, for a total of 30 points.
* **Student Engagement:** Class participation is critical for synthesizing and applying information. Students are expected to attend every class and actively participate. Students will lose five class points for any missed lecture and 2 points for any class in which class expectations for etiquette, milieu, and engagement are not followed. Examples would be being tardy for class, interrupting a peer or speaker, texting or social media use during class etc. If emergency or illness prevents class attendance, students will need to alert professor prior and arrange for make-up work to be completed within three days of absence. Review & Chew groups cannot be made up-See handout.
* **Final Examination**: An in-class, closed book examination will be given with questions that require students to apply concepts learned in class. The exam will be worth 40 points.

Grading will occur as a percentage of total points. Decimals will be ignored.

100% =A+ (225 points)

95-99 = A (214-224)

90-94 = A- (201-213)

87-89 =B+ (196-200)

84-86 =B (189-195)

80-83 =B- (180-188)

Anything below an 80% may not be considered meeting ASHA competencies and could result in remedial work or a requirement to retake the course.

**REQUIRED READING**

**Class Text**

Sohlberg, M.M. & Turkstra, L. (2011) *Optimizing Cognitive Rehabilitation: Effective Instructional Methods*. New York The Guildford Press

**Journal articles**

*Located on course website*

List of journal articles:

Cooper, D. B., Bowles, A. O., Kennedy, J. E., Curtiss, G., French, L. M., Tate, D. F., & Vanderploeg, R. D. (2016). Cognitive Rehabilitation for Military Service Members With Mild Traumatic Brain Injury: A Randomized Clinical Trial. *The Journal of Head Trauma Rehabilitation*.

Dahlberg, C. A., Cusick, C. P., Hawley, L. A., Newman, J. K., Morey, C. E., Harrison-Felix, C. L., & Whiteneck, G. G. (2007). Treatment efficacy of social communication skills training after traumatic brain injury: A randomized treatment and deferred treatment controlled trial. *Archives of Physical Medicine and Rehabilitation*, *88*(12), 1561-1573.

Dymowski, A. R., Ponsford, J. L., & Willmott, C. (2015). Cognitive training approaches to remediate attention and executive dysfunction after traumatic brain injury: A single-case series. *Neuropsychological rehabilitation*, 1-29.

Finch, E., Copley, A., McLisky, M., Cornwell, P. L., Fleming, J. M., & Doig, E. (2019). Can goal attainment scaling (GAS) accurately identify changes in social communication impairments following TBI?. *Speech, Language and Hearing*, 1-12.

Fleming, J. M., Strong, J., & Ashton, R. (1996). Self-awareness of deficits in adults with traumatic brain injury: How best to measure?. *Brain injury*, *10*(1), 1-16.

Grant, M., & Ponsford, J. (2014). Goal attainment scaling in brain injury rehabilitation: Strengths, limitations and recommendations for future applications. *Neuropsychological rehabilitation*, *24*(5), 661-677.

Hillig, T., Ma, H., & Dorsch, S. (2019). Goal-oriented instructions increase the intensity of practice in stroke rehabilitation compared with non-specific instructions: A within-participant, repeated measures experimental study. *Journal of Physiotherapy,* *65*(2), 95-98.

Hoepner, J. K., Olson, S. E., Hoepner, J. K., & Olson, S. E. (2018). Joint video self-modeling as a conversational intervention for an individual with traumatic brain injury and his everyday partner: A pilot investigation. *Clinical Archives of Communication Disorders*, *3*(1), 22-41.

Koehler, R., Wilhelm, E., & Shoulson, I. (Eds.). (2012). *Cognitive rehabilitation therapy for traumatic brain injury: Evaluating the evidence*. National Academies Press.

Leopold, A., Lourie, A., Petras, H., & Elias, E. (2015). The use of assistive technology for cognition to support the performance of daily activities for individuals with cognitive disabilities due to traumatic brain injury: The current state of the research. *NeuroRehabilitation*, *37*(3), 359-378.

Muelenbroek, P., Ness, B., Lemoncello, R., Byom, L., MacDonald, L., O’Neil-Pirozzi, T., Sohlberg, M.M. (in press) Social communication following traumatic brain injury part two: Integrating Theory with Treatment Components. Journal of International Speech Pathology.

OʼNeil-Pirozzi, T. M., Kennedy, M. R., & Sohlberg, M. M. (2015). Evidence-Based practice for the use of internal strategies as a memory compensation technique after brain injury: A systematic review. *The Journal of Head Trauma Rehabilitation*. DOI: 10.1097/HTR.0000000000000181

Powell, LE, Glang, A, Ettel,D et. al (2012). Systematic instruction for individuals with acquired brain injury: A randomized controlled trial. *Neuropsychological Rehabilitation*, 22(1), 85-112

Schmidt, J., Fleming, J., Ownsworth, T., & Lannin, N. A. (2012). Video feedback on functional task performance improves self-awareness after traumatic brain injury A randomized controlled trial. *Neurorehabilitation and neural repair*, 1545968312469838.

Séguin, M., Lahaie, A., Matte-Gagné, C., & Beauchamp, M. H. (2017). Ready! Set? Let's Train!: Feasibility of an intensive attention training program and its beneficial effect after childhood traumatic brain injury. *Annals of physical and rehabilitation medicine*.

Serino, A., Ciaramelli, E., Santantonio, A. D., Malagù, S., Servadei, F., & Làdavas, E. (2007). A pilot study for rehabilitation of central executive deficits after traumatic brain injury. *Brain Injury*, *21*(1), 11-19.

Shum, D., Fleming, J., Gill, H., Gullo, M. J., & Strong, J. (2011). A randomized controlled trial of prospective memory rehabilitation in adults with traumatic brain injury. *Journal of rehabilitation medicine*, *43*(3), 216-223.

Sohlberg, M.M., Harn, B., MacPherson, H., Wade, S.L. (2014). A pilot study evaluating attention and strategy training in pediatric traumatic brain injury. *Clinical Practice in Pediatric Psychology*, 2(3), 263-280.

Spikeman, JM, Boelen, DH, Lamberts, K. et al., (2010). Effects of a multifaceted treatment program for executive dysfunction after acquired brain injury on indications of executive functioning in daily life, *Journal of International Neuropsychological Society*, 16, 118-129.

Stamenova, V., & Levine, B. (2018). Effectiveness of goal management training® in improving executive functions: A meta-analysis. *Neuropsychological rehabilitation*, 1-31.

Svoboda, E. & Richards, B. (2009). Compensating for anterograde amnesia: A new training method that capitalizes on emerging smartphone technologies. *Journal of the International Neuropsychology Society*, 15, 629-638.

Turkstra, L., Ylvisaker, M., Coelho, C., Kennedy, M., Sohlberg, M.M., Avery, J., & Yorkston, K. (2005). Practice guidelines for standardized assessment for persons with traumatic brain injury. *Journal of Medical Speech Language Pathology,*13(2), ix-xxxviii.

Turkstra, L. S., Norman, R., Whyte, J., Dijkers, M. P., & Hart, T. (2016). Knowing What We're Doing: Why Specification of Treatment Methods Is Critical for Evidence-Based Practice in Speech-Language Pathology. *American Journal of Speech-Language Pathology*, *25*(2), 164-171.

Turkstra, L. S. (2013). Inpatient cognitive rehabilitation: Is it time for a change?. *The Journal of head trauma rehabilitation*, *28*(4), 332-336.

Valitchka, L., & Turkstra, L. S. (2013, August). Communicating with inpatients with memory impairments. In *Seminars in speech and language* Vol. 34, No. 3, pp. 142-153).

Ylvisaker, M. (2006). Self-coaching: A context-sensitive, person-centered approach to social communication after traumatic brain injury. *Brain Impairment*, *7*(3), 246-258.

**Clinical Materials**

*Located in Clinical Tools Folder under Module in Canvas*

APT-3 Manual

Awareness Tips

Disability Rating Scale (DRS)

Rancho Los Amigos Scale

Global DAT

Clinician Guide (mild TBI)

Galveston Orientation and Amnesia Test

Chapter 5 ACRM—visual scanning training/hemispatial neglect

**Recommended Reading Practice Guidelines/EBP Review**

1. Websites with systematic reviews

<http://www.psycbite.com> Data base for treatment efficacy articles

IBIA List of Reviews: <http://www.internationalbrain.org/?q=node/135>

ANCDS website <http://www.ancds.org/> click on Practice Guidelines then TBI)

<http://www.asha.org/EvidenceMapLanding.aspx?id=8589936624&recentarticles=false&year=undefined&tab=all>

2. EBP Review articles

INCOG Recommendations for Best Practices in Cognitive Rehabilitation Journal of Head Trauma Rehabilitation (2014, 29(4): Part 1-V (Attention/Speed of Processing, Executive Functions, Memory)

Cicerone, K. et. al. (2011). Evidence based cognitive rehabilitation: Updated review of the literature 2003 through 2008. Archives of Physical Medicine & Rehabilitation, 92 (4), 519-530.

ANCDS Systematic Reviews

3. Informational Websites

<http://brainline.org>

[general information about brain injury for professionals, survivors, educators, and careproviders]

<https://bestconnections.org> review of apps for phones, tablets and computers to assist people with cognitive impairments]

<http://www.biausa.org> Brain Injury Association of America

<http://dvbic.dcoe.mil/cogrehab/index.html> Defense and Veterans Brain Injury Center (DVBIC) has evidence-based, practical free cognitive rehabilitation resources

Clinician’s Guideline Link:

<http://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Traumatic_Brain_Injury_in_Adults/Clinicians-Guide-to-Cognitive-Rehabilitation-in-Mild-Traumatic-Brain-Injury.pdf>

DVBIC

<https://dvbic.dcoe.mil/system/files/resources/5001.1.1.26_CogRehab_CR_Appendices_508.pdf>).

VA Guidelines

(<https://www.asha.org/uploadedFiles/ASHA/Practice_Portal/Clinical_Topics/Traumatic_Brain_Injury_in_Adults/Clinicians-Guide-to-Cognitive-Rehabilitation-in-Mild-Traumatic-Brain-Injury.pdf>

SCORE Study Manuals

<https://dvbic.dcoe.mil/study-manuals>

**EXPECTATIONS**

**Instructor Expectations So that Students Can Maximize the Learning Experience**:

1. **Approach class with an active, ready-to-learn, receptive stance.** When students are curious, ask questions, remain non-defensive if provided with critical feedback, and actively engage with the material—they learn. Adopting a mindset of active learning versus passive receipt of material is critical.
2. **Come prepared**. This class is set up to build on the readings and give you a chance to apply the concepts. If you have not read the assignments, the lecture and application exercises will not be as useful. Students are expected to come having completed the assigned work to the best of their ability.
3. **Observe standard classroom etiquette and clinical professionalism**. Being punctual, not talking out of turn, and being respectful of all members of the classroom ensures a productive learning milieu. Please turn off your cell phones and do not have social network or email open on your computer during class. Students are expected to adhere to our Code of Ethics including confidentiality when discussing clinic cases. **Observe the Diversity expectations listed below and contribute to an inclusive class climate.**
4. **Communicate with me as the instructor.** Sometimes you may need some extra review or a concept is not clear to you. After you wrestle with the material, and you still need assistance, then come see me. I will always make time to assist with your learning if you are doing your part. I need to know if elements of the class are not working for you. Every student is different. It is your responsibility to communicate concerns to me as I have no other way of knowing. Sometimes an instructor inadvertently makes a statement that offends or hurts—that instructor needs to know this and be given a chance to apologize. Sometimes a student has an unforeseen circumstance that gets in the way of being prepared. Communicating with me allows us to make a plan so you can still learn the material. I request honest, open communication with my students.
5. **Communicate with your peers.** Look around you today. The people in this class will be your peers in the field. It will not be me. I will be asking you to practice learning from each other. Your master’s program gives you only the most basic foundation to begin practicing. You will need to deepen your knowledge in specific areas and develop a plan for lifetime learning if you want to be a solid, and ideally, an excellent clinician. Part of this is learning how to network, and teach and learn from one another.

**Student Expectations of Instructor to Maximize Student Learning Experience**

1. **Approach class with an open, receptive attitude.** I need to be ready to learn from you, my students. You may have information or resources that are new to me. If several students are letting me know they don’t understand material, I need to listen, be non-defensive and flexible in altering my teaching. I need to remember that: a) this is not the only class students are taking; b) not everyone learns in the same way or approaches their training in the same fashion; and c) sometimes life gets in the way, and my instructor expectations cannot be met. This does not mean that I alter my goals for what you learn, but I will try and find ways that work for each of you to do the work it takes to learn the material and apply it to your practice.
2. **Come prepared.** My lectures should be organized. My reading list should be relevant. Class lectures should be tied to the reading and extend the information presented within. I should provide advance organizers to help you integrate the reading. The activities I ask you to do should provide you with practice in clinical decision making with sufficient structure so you practice relevant clinical skills. I should try and make the information interesting by providing actual clinical examples and tying lectures and exercises to actual clients.
3. **Observe classroom etiquette and an inclusive milieu.** I should be punctual and not talk when others are talking. As the instructor I am responsible for guiding discussions and ensuring a respectful atmosphere. I should make sure that all members of the class feel included and comfortable in participating in discussions and asking questions. If students express discomfort, I should take steps to remedy the situation.
4. **Facilitate Communication.** I should be an active listener and an honest open communicator. If I have a concern, I should check it out directly with the student. If I make a mistake in my communication, I should apologize and ask for clarification on how to avoid misunderstandings in the future. I should make sure I am reasonably available by returning emails promptly and making space in my schedule for requested face to face meetings.

**Student Engagement Inventory.**

Graduate Courses Graduate students are expected to perform work of higher quality and quantity, typically with forty hours of student engagement for each student credit hour. Therefore, a 4-credit graduate course would typically engage students approximately 160 hours for the average student for whom the course is designed.

|  |  |  |
| --- | --- | --- |
| **Educational activity** | **Hours student engaged** | **Explanatory comments (if any):** |
| Course attendance | 18.5 hours |  |
| Engagement with instructor and peers | 10 hours |  |
| Assigned readings | 18 + 40 + 7.5=65.5 hours | 3hr per chapter x 6 chapters;  2hr x 20 articles  1.5 hr x 5 supplementary clinical material |
| Projects | 15 + 3 +2=20 hours | Systematic Instructional Portfolio (15 hours);  Direct Attention Training Assignment (3 hours)  Simucase (2 hours) |
| Review & Chew preparation | 5 hours | 1 hr x 5 applications |
| Quiz Preparation | 10 hours | 5 hrs x 2 quizzes |
| Final Preparation | 14 hours |  |
| Total hours: | ~145-160 hours |  |

**ADDITIONAL INFORMATION**

# Diversity, Equity and Inclusion

# It is the policy of the University of Oregon to support and value equity and diversity and to provide inclusive learning environments for all students. To do so requires that we:

# respect the dignity and essential worth of all individuals.

# promote a culture of respect throughout the University community.

# respect the privacy, property, and freedom of others.

# reject bigotry, discrimination, violence, or intimidation of any kind.

# practice personal and academic integrity and expect it from others.

# promote the diversity of opinions, ideas and backgrounds which is the lifeblood of the university.

# In this course, class discussions, projects/activities and assignments will challenge students to think critically about and be sensitive to the influence, and intersections, of race, ethnicity, nationality, documentation, language, religion, gender, socioeconomic background, physical and cognitive ability, sexual orientation, and other cultural identities and experiences. Students will be encouraged to develop or expand their respect and understanding of such differences.

# Maintaining an inclusive classroom environment where all students feel able to talk about their cultural identities and experiences, ideas, beliefs, and values will not only be my responsibility, but the responsibility of each class member as well. Behavior that disregards or diminishes another student will not be permitted for any reason. This means that no racist, ableist, transphobic, xenophobic, chauvinistic or otherwise derogatory comments will be allowed. It also means that students must pay attention and listen respectfully to each other’s comments.

**Indigenous Recognition Statement**

The University of Oregon is located on Kalapuya Ilihi, the traditional indigenous homeland of the Kalapuya people. Today, descendants are citizens of the Confederated Tribes of the Grand Ronde Community of Oregon and the Confederated Tribes of the Siletz Indians of Oregon, and they continue to make important contributions in their communities, at UO, and across the land we now refer to as Oregon.

# Using Pronouns and Personal Preference

# The College of Education is always working to include and engage everyone. One way we can do this is to share our pronouns, or the words we want to be called when people aren’t using our name. Like names, pronouns are an important part of how we identify ourselves. Because we recognize that assuming someone’s gender can be hurtful, especially to members of our community who are transgender, genderqueer, or non-binary this practice can assist in promoting respectful communication. As a community, we are all learning together about the importance of pronouns and being better allies to the trans community on campus. If you would like to ensure clarity around pronouns, please feel free to share any pronouns you would prefer me to use when referring to you to help me be aware of how to address you respectfully. Please visit this university website for more information.

# <https://studentlife.uoregon.edu/pronouns>

# Documented Disability

# Appropriate accommodations will be provided for students with documented disabilities. If you have a documented disability and require accommodation, arrange to meet with the course instructor within the first two weeks of the term. The documentation of your disability must come in writing from the Accessible Education Center in the Office of Academic Advising and Student Services. Disabilities may include (but are not limited to) neurological impairment, orthopedic impairment, traumatic brain injury, visual impairment, chronic medical conditions, emotional/psychological disabilities, hearing impairment, and learning disabilities. For more information on Accessible Education Center, please see <http://aec.uoregon.edu>

**Mandatory Reporting of Child Abuse**

UO employees, including faculty, staff, and Graduate Employees, are mandatory reporters of child abuse. This statement is to advise you that that your disclosure of information about child abuse to a UO employee may trigger the UO employee’s duty to report that information to the designated authorities. Please refer to the following links for detailed information about mandatory reporting:

<http://hr.uoregon.edu/policies-leaves/general-information/mandatory-reporting-child-abuse-and-neglect>

**Reporting Title IX Experiences**

Any student who has experienced sexual assault, relationship violence, sex or gender-based bullying, stalking, and/or sexual harassment may seek resources and help at safe.uoregon.edu. To get help by phone, a student can also call either the UO’s 24-hour hotline at 541-346-7244 [SAFE], or the non-confidential Title IX Coordinator at 541-346-8136. From the SAFE website, students may also connect to Callisto, a confidential, third-party reporting site that is not a part of the university.

Students experiencing any other form of prohibited discrimination or harassment can find information at https://respect.uoregon.edu/ or <https://aaeo.uoregon.edu/> or contact the non-confidential AAEO office at 541-346-3123 or the Dean of Students Office at 541-346-3216 for help. As UO policy has different reporting requirements based on the nature of the reported harassment or discrimination, additional information about reporting requirements for discrimination or harassment unrelated to sexual assault, relationship violence, sex or gender based bullying, stalking, and/or sexual harassment is available at <http://aaeo.uoregon.edu/content/discrimination-harassment>

Specific details about confidentiality of information and reporting obligations of employees can be found at <https://titleix.uoregon.edu>.

# The instructor of this class will direct students who disclose sexual harassment or sexual violence to resources that can help and has the responsibility to report the information shared with them to the university administration. The instructor of this class is required to report all

# Academic Misconduct Policy

All students are subject to the regulations stipulated in the UO Student Conduct Code <http://conduct.uoregon.edu>). This code represents a compilation of important regulations, policies, and procedures pertaining to student life. It is intended to inform students of their rights and responsibilities during their association with this institution, and to provide general guidance for enforcing those regulations and policies essential to the educational and research missions of the University.

**Conflict Resolution**

Several options, both informal and formal, are available to resolve conflicts for students who believe they have been subjected to or have witnessed bias, unfairness, or other improper treatment.

It is important to exhaust the administrative remedies available to you including discussing the conflict with the specific individual, contacting the Department Head, or within the College of Education, fall term you can contact the Associate Dean for Academic Affairs and Equity, Lillian Duran, 541-346-2502, [lduran@uoregon.edu](mailto:lduran@uoregon.edu). Outside the College, you can contact:

* UO Bias Response Team: 346-3216 <http://bias.uoregon.edu/whatbrt.htm>
* Conflict Resolution Services 346-3216 <http://studentlife.uoregon.edu/support>
* Affirmative Action and Equal Opportunity: 346-3123 <http://aaeo.uoregon.edu/>

## Grievance Policy

A student or group of students of the College of Education may appeal decisions or actions pertaining to admissions, programs, evaluation of performance and program retention and completion. Students who decide to file a grievance should follow University student grievance procedures (https://policies.uoregon.edu/grievance-procedures) and/or consult with the College Associate Dean for Academic Affairs (Lillian Duran, 346-2502, [lduran@uoregon.edu](mailto:lduran@uoregon.edu)).

**In Case of Inclement Weather**

In the event the University operates on a curtailed schedule or closes, UO media relations will notify the Eugene-Springfield area radio and television stations as quickly as possible. In addition, a notice regarding the university’s schedule will be posted on the UO main home page at https://www.uoregon.edu/. Additional information is available at <https://hr.uoregon.edu/about-hr/campus-notifications/inclement-weather>

If an individual class must be canceled due to inclement weather, illness, or other reason, a notice will be posted on Canvas or via email. During periods of inclement weather, please check Canvas and your email rather than contact department personnel. Due to unsafe travel conditions, departmental staff may be limited and unable to handle the volume of calls from you and others.

**Course Incomplete Policy**

Students are expected to be familiar with university policy regarding grades of “incomplete” and the time line for completion. For details on the policy and procedures regarding incompletes, Please see: <https://education.uoregon.edu/academics/incompletes-courses>

**COURSE SATISFACTION of KASA STANDARDS**

(Needed for certification as a Speech/Language Pathologist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Standard | Area | Evidence | Eval  Skill | Interv.  Skill |
| III-C Student must demonstrate knowledge of the nature of speech, language, hearing and communication disorders & differences and swallowing disorders, including the etiologies, characteristics/physiological, acoustic, psychological, and linguistic/cultural correlates. | Cognitive  & Social aspects of  Communication | 1,2,5,8 |  |  |
| III-D Student must possess knowledge of the principles & methods of prevention, assessment, and intervention for people with communication and swallowing disorders. | Cognitive  & Social aspects of  Communication | 1,2,5,8 |  |  |
| III-F The student must demonstrate knowledge of processes used in research & the integration of research principles into evidence-based clinical practice | Cognitive  & Social aspects of  Communication | 2,7 |  |  |
| Standard IVG. The applicant must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the required evaluation and intervention skills | Cognitive  & Social aspects of  Communication | 3,5 | b.c,,e,f | a,b,c,d,e,f |

**Evaluation skills**

(a) screening and prevention

(b) case history synthesis

(c) selection of evaluation procedures

(d)adapt evaluation as appropriate

(e)integrate evaluation information to develop appropriate dx/recs.

(f) administrative & reporting functions

(g) appropriate referral

**Evidence Intervention Plans**

1. Exams (a) intervention w/measurable goals
2. Papers (b) collaboration with client/relevant people
3. Performance Evaluation (c) appropriate materials/instrumentation
4. Presentation (d) measure/evaluate performance
5. Demonstrations/labs (e) modify intervention plans
6. Case Studies (f) administrative/reporting functions
7. Journal/Research Critique (g) appropriate referral
8. Classroom Discussions