



A STUDENT PERSPECTIVE ON CLINICAL AND ACADEMIC TRANSITIONS DURING THE COVID-19 PANDEMIC: TRIALS AND REWARDS

**Rachel N. Garrett, BS, Department of Communication Sciences and Disorders,
School of Health and Human Sciences, University of North Carolina at Greensboro
Greensboro, NC, USA**

**Robert Mayo, PhD, CCC-SLP, Department of Communication Sciences and Disorders,
School of Health and Human Sciences, University of North Carolina at Greensboro
Greensboro, NC, USA**

— ABSTRACT —

In this paper, the experiences of a first-year graduate student SLP major during the COVID-19 pandemic are described. Their academic and clinical transitions to online education and telepractice are recounted along with the perceived benefits and barriers associated with these instructional and clinical delivery methods.

Keywords: COVID-19, graduate student learning, clinical education, telepractice

Background

As a first-year graduate student majoring in Speech-Language Pathology, there are many “firsts” that occur. It is the first time to write lesson plans for a session, the first time to evaluate and treat clients, and the first time to utilize knowledge gained from many years of study and apply it as a beginning clinician. When the Fall 2019 semester began, students in Speech-Language Pathology graduate programs across the country experienced a taste of what it was really like to work with clients in the field. However, their experiences would drastically change in March 2020 when the COVID-19 pandemic made its way throughout every state. Businesses, jobs, primary schools, and universities all were moved to an online setting, which initiated many significant changes. The purpose of this paper is to describe the experiences of a first-year graduate student and her clinical and academic transitions during the COVID-19 pandemic.

Most programs were forced to find other means of providing clinical hours for their students in ways

such as Simucase, which provides students with on-line simulated/virtual cases in their designated field. Telepractice, which provides students with an opportunity to serve their clients over a webcam instead of in person, was also introduced as a method of delivering evaluation and treatment services. When the COVID-19 pandemic began, many graduate students showed concerns or fears for not only the current semester, but also the rest of their graduate student careers. The concerns of most students were somewhat calmed at the thought that telepractice would provide insight into a new and effective way to achieve a therapeutic experience while gaining clinical hours to further their education.

The Benefits and Challenges of Telepractice

Telepractice typically involves the delivery of long-distance or remote speech-language pathology and audiology services via electronic communication and information technologies (ASHA, 2020; Towey, 2012). Telepractice can be used as a tool to monitor, diagnose, treat, and counsel patients in circumstances where in-person care is not feasible, or when

telepractice is more convenient or economical. An ASHA survey conducted in May 2020 revealed that most students and many faculty members had no prior experience with telepractice before COVID-19 (only 9.6%); however, more than 60% of them indicated that they now are routinely providing services via telepractice (Volker, 2020).

There are some benefits and limitations that present themselves when delivering therapy via telepractice. The most important benefit of telepractice is that the clinician and client can see and hear each when the technology is working optimally. Equally important is the convenience factor in which the client and the clinician may stay in their home to receive and deliver services. Another benefit of telepractice is that it can be conducted from any location, which eliminates the need for cancelled appointments due to weather- or illness-related issues. Additionally, as per best practices, services rendered via telepractice can be done so in a HIPPA-compliant manner. Some limitations of telepractice include the breakdown of verbal and nonverbal ways of communicating. For example, when working with certain clients, such as persons who stutter, it is crucial to have a rhythm to communication when speaking to others. When conducting therapy over a webcam, it can be difficult to tell when someone has a lag when they are finished talking. It also can be difficult to determine if you have heard the words the person has stated correctly. Nonverbal communication is also affected because it is difficult to tell if the client is making direct eye contact or not, which could inhibit them from meeting this targeted goal.

The Transition to Online Courses

Not only was clinical practice interrupted for graduate students by COVID-19, but class time and delivery format were affected as well. Classes offered in graduate school provide crucial information that is needed to help form a successful clinician. Face-to-face classes allow students to ask questions easily, communicate with peers more effectively, interact with their instructors, and retain information about a specific topic with minimal distractions. When all classes were moved to an online format in the middle of March 2020, students were faced with numerous challenges. Group work could not be completed as easily as in person. Most communication between our cohort and clinical faculty was halted to an extent and students could not access resources on campus like they typically would (such as assessment and treatment materials). In the early stages of the pandemic, some of our class lectures were delivered in the form of narrated PowerPoints in an asynchro-

nous online format. However, more than half of our courses were offered synchronously (live) via Zoom or WebEx.

Online classes provided some beneficial aspects as well. Students could complete their work on their own time without having to drive to campus to be present for class. Assignments were modified by faculty to fit the online format which was sometimes helpful since directions could not be stated as clearly in many instances. Additionally, because of the extended time they had at home, some students were able to maintain their financial circumstances by obtaining outside/off-campus jobs.

Concluding Remarks

COVID-19 had a large impact on the life of graduate clinicians in many aspects and it is still expected to affect how the Fall 2020 semester occurs. Classes will still be online for many universities and clinical placements for students are not determined due to the uncertainty of the virus. Having this experience has allowed students to demonstrate the flexibility that is required when becoming a speech-language pathologist. Students have also learned to become more independent and confident by overcoming sudden changes and they have been given the opportunity to work with clients in a new way that many people do not have the chance to do throughout their entire career. The pandemic experience has created many trials and rewards which will ultimately produce stronger clinicians for the future.

References

- American Speech-Language-Hearing Association. (2020). Telepractice. Available at: <https://www.asha.org/practice-portal/professional-issues/telepractice/>.
- Towey, M. (2012). Speech telepractice: Installing a speech therapy upgrade for the 21st century. *International Journal of Telerehabilitation*, 4, 73–78.
- Volker, N. (2020). What COVID-19 teaches about online learning. *Asha Leader*, 25(5), 46-55.

Contact Information:
 Rachel N. Garrett, B.S.
 Email: rngarret@uncg.edu

Robert Mayo, Ph.D., CCC-SLP
 Email: r_mayo@uncg.edu