



AN INSIDE PERSPECTIVE OF THE IMPACT OF COVID-19 ON HIGHER EDUCATION AND CLINICAL EXPERIENCES

Keyra-Nicole Lecointe, M.S., CF-SLP
Pace University, New York, NY, USA

According to the United Nations, governments worldwide shut down colleges and universities, resulting in approximately 90% of the world's student population being at home by mid-April, in response to the COVID-19 pandemic (Stancati, 2020). All students were forced to continue learning remotely. Although the same information that was taught in a traditional classroom was being offered, remote learning requires a different level of discipline and perseverance. Many Communication Sciences and Disorders (CSD) and Audiology (AuD) graduate students still live at home or had to return home due to the impact of COVID-19. With many family members working from home, the learning environment for most students was significantly changed.

Because the living situations of students varied significantly, some reported frequent challenges in finding a quiet area at home to attend their classes, complete assignments, or study. Relatives living in the same homes were great supports and often come to check on you. However, they frequently forgot their loved one (student) was in class or attempted to assign time-consuming house-chores that you may not have time to do while completing your schoolwork. With all the change and uncertainty happening around us, it almost felt as if we were no longer in school. Personally, this past semester required a lot more discipline and self-determination to complete my assignments to the best of my academic abilities.

Since I only had night classes, I developed a routine of completing my assignments at night or early morning when everyone in my household was still asleep. Some nights I was able to squeeze in a practice test or review a chapter from my Praxis books. We all had to adapt to the current changing environment around us and find a new normal. For some of my peers, finding their new norm posed more unanticipated challenges. With the abrupt halt of clinical externships and delayed shift to teletherapy, some of my peers were unable to stay on track and accrue the weekly hours to fulfill the graduation requirements. Our experiences aligned with the recent publication, COVID-19 and the Mad Dash to Telepractice:

A Tutorial to Establish Community-Based Telerehabilitation for Aphasia Using WebEx Videoconferencing that noted "The recent COVID-19 pandemic has forced the field of Speech-Language Pathology (SLP) to rapidly develop and implement new models of service provision..." (Ellis, Briley, & Mayo, 2020, p.44).

Many students across the nation are still facing this same challenge. National NSSLHA held a live chat Q & A for students pertaining to COVID-19 Certification and Accreditation <https://www.asha.org/Events/live/COVID-19-Certification-and-Accreditation-Q-A-for-Students/>. The most recurring question that arose during this forum was whether ASHA was willing to increase the number of hours that's obtainable from clinical simulations. Although many people asked for this change, ASHA stated that the Council for Clinical Certification (CFCC) would not increase the number of hours that's acquired from any clinical simulations (COVID-19 Guidance From CFCC, n.d.). Before COVID-19, ASHA allowed 75 of the 400 required hours to be obtained from clinical simulations, such as Master Clinician and Simucase.

During the Q & A, a student posed the following questions: "In your honest opinion, what are the implications of this circumstance on our careers? Do you think our lack of in-person experience will affect how future employers view us? How do you suggest we combat this?" (National NSSLHA Live Chat, 2020). Gretchen Ehret Hoshaw, the ASHA Associate Director of Certification, responded that the CFCC is trying to prevent negative implications for this year's graduates from happening, therefore that is why the 75-hour limit for clinical simulation hours will continue to be enforced. Ms. Hoshaw further stated that they do not want future employers to view this year's graduates as being less prepared than any other graduating class because there were less direct contact hours (National NSSLHA Live Chat, 2020). I appreciate ASHA's consideration in protecting the appearance of 2020 graduates to ensure that we are not viewed as underprepared, but I wish more solutions were provided to help students.

The decision to not change the number of simulated clock hours affected graduation for some of my peers, as they did not officially graduate with the rest of the cohort during the Spring graduation. Those students had to complete an extra semester of teletherapy to meet the clinical hour mandate for graduation. A possible solution for students whose clinical experiences are suspended is allowing them to continue seeing clients on their caseload from their placements or university clinics through teletherapy under the supervision of their supervisors. When my university moved us to remote learning, clinical externships and the speech clinic were suspended pending further direction and instruction from the NYS guidelines and the CDC. While the first-year graduate students resumed seeing clients from the speech clinic remotely a few weeks later, second-year graduate students were only obtaining hours through virtual simulations. If these students were given the opportunity to continue their clinical externships through teletherapy, they would have met the clinical clock hour requirement to graduate with their peers, while also gaining valuable clinical experiences.

Future implications for students obtaining clinical experiences remotely should begin by using teletherapy. By implementing teletherapy, students will be provided a caseload which will allow them to accrue the required clock hours and clinical training. Telepractice gives students the opportunity to work with clients that they otherwise may not have had the opportunity of evaluating and/or treating in their university clinic or clinical externships. Google Meets, TheraPlatform, and Webex are viable options for teletherapy, but Webex and other HIPAA compliant teleconferencing platforms are the best options and they have a wide range of features conducive to meeting the need of our clients (Ellis & colleagues, 2020). With the rapid advancement of technology and uncertainty of future graduate clinical experiences, training and experience in teletherapy are distinguishing skills for future students to obtain.

References

Ellis, C., Briley, P., & Mayo, R. (2020). COVID-19 and the Mad Dash to Telepractice: A Tutorial to Establish Community-Based Telerehabilitation for Aphasia Using WebEx Videoconferencing. *Journal of the National Black Association for Speech-Language and Hearing*, 15(1), 44-50.

Telerehabilitation for Aphasia Using WebEx Videoconferencing COVID-19 Guidance From CFCC. (n.d.). Retrieved from <https://www.asha.org/Certification/COVID-19-Guidance-From-CFCC/>

National NSSLHA Live Chat: COVID 19-Certification and Accreditation Q&A for Students. (2020). Retrieved from <https://www.asha.org/Events/live/COVID-19-Certification-and-Accreditation-Q-A-for-Students/>

Stancati, M., Brody, L., Fontdegloria, X., & Cipriano, G. (2020). The Pandemic Sent 1.5 Billion Children Home from School. Many Might Not Return. *Wall Street Journal*. Retrieved from <https://www.wsj.com/>

Contact Information:

Keyra-Nicole Lecointe, M.S., CF-SLP

Email: lecointekeyra@gmail.com