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Course Embedded Practical Experiences: A Reflection on Innovation

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In 2004, at the outset of our first camp for individuals with aphasia (a language disorder that compromises an individual's ability to express their wants and needs in spite of intact cognition), I could not have imagined the broad impact this service would have on my career as a clinician and teacher. Because individuals with aphasia are at risk for social isolation, my colleagues and I designed a three-day camp where individuals with aphasia and their partners could return to meaningful activities in a supported context, in a rustic camp setting. At the point when we started thinking about a camp, we had already worked together for seven years, co-facilitating a community-based group for individuals affected by aphasia.

When one of our trusted colleagues, Mary Beth Clark, shared her vision for a camp for persons affected by aphasia the commitment was forged. Mary Beth had been a camp counselor for a YMCA youth camp for several years. The first-ever aphasia camp had been formed one year earlier, and we were fortunate to learn from that innovator, Lynn Fox. Knowing the value of camps for building confidence and collaboration in a safe, supportive setting was at the heart of our motivation. We knew at the outset that there was a tremendous, unmet need. As we gathered support from our respective institutions, one a medical facility and the other a university, we gained momentum and commitment to the program. Between our core staff, the mission of the medical facility, and the purpose/resources available at the university, we had many elements necessary to make this substantial undertaking possible. Of course, we would soon learn that beyond those core partners, we would need to develop many more partnerships to keep this program sustainable. Among those partnerships were community leaders and students. This was the beginning of the Chippewa Valley Aphasia Camp.

Along with a seasoned staff, we knew that we wanted to include students in this experience – partly for their learning experience but primarily because of the need to support attendees. Students engaged in some training regarding supporting communication, but the focus was clearly on the campers. Within the first year, we began to recognize the power of the experience, not only for the campers but also for the students. Quite frankly, it was powerful for me, too. One of the reasons it was so powerful for me is the quadruple dipping it offered me. It merged several things that motivate and recharge me – a chance to provide supportive services to people who need that experience to re-engage in life, authentic and meaningful learning opportunities for the students I love to teach, and a clinical-interactional fix that I experience less often since ending my formal clinical career and joining academia. Further, it has become a context for my research and writing.

As a result of our initial success, along with awareness of shortcomings, we became increasingly intentional in how we involved students as the years went by. Our trainings became more effective, and our students continued to overwhelm us with their ability to support campers. We set the bar high, but no matter how high, students met the learning challenge. And that… was just while at camp. A few years into the program, I began to notice something else. I had been teaching a course on aphasia and related disorders for a few years. Clearly, the students who attended camp were different learners after that experience. That was evident in any of the classes that they took with me, undergraduate or graduate courses, but particularly evident in the aphasia and related disorders course. That course, which includes senior undergraduate and first-year graduate students, provided a clear context for comparison. The students who had previous camp experience could identify differences in the type and severity of aphasia much earlier than their peers. Further, they had a more comprehensive service delivery framework in mind and a rationale that was stronger than their peers. Those outcomes started the cogs turning in my mind. This was a powerful learning experience but only for the select students who were accepted into this competitive experience. We typically receive 50-60 applications for 20-25 positions. What about the rest of the students? How can I scale this to give them something as powerful? How can I do this for all of my intervention courses?

Once the idea to provide a comparable experience to students in my class solidified, I began planning how I would implement such an approach. Actually, a couple of years passed before I had the guts to do it. I initially dubbed the concept Surge Week, which morphed into course-embedded clinical experiences in three of my courses. Eventually, colleagues in the department would go on to integrate such experiences in their courses (e.g., voice therapy and accent modification). I was fortunate to have the collaboration of my colleagues from aphasia camp and the support of my administrators. I am also

fortunate to be in a context where innovation is encouraged and rewarded. Expenses were shared by our community-based aphasia group and my department.

Surge Week, like aphasia camp, was designed to meet authentic, reciprocal needs. People with aphasia have needs for ongoing interventions, as aphasia is a chronic disorder. Students have a need for authentic, guided learning experiences. Surge Week was created in response to a resurgence of intensive comprehensive aphasia programs that provide intensive therapy services to individuals with aphasia. These programs are designed to take place over a short period of time. This felt like a perfect fit for a feasible yet comparable way to infuse the aphasia camp learning experience into a course. Students collaborated with individuals with aphasia to develop curriculum, and each student was responsible for delivering the treatment over the course of one intensive week, three hours each day. It was not all glamour and accolades, but it was clearly a meaningful and worthwhile experience for the students. On the front end of the experience, students were sometimes frustrated that I had not provided more structure but rather required them to develop that structure as a part of the process. Further, they were challenged because they sometimes experienced the interactions prior to learning the content directly. Like aphasia camp, students receive training about supporting conversation prior to the hands-on experience but not necessarily extensive content knowledge. I would argue that this is precisely what makes this such a powerful learning experience, as once they do address that content directly, they become more intentional and efficient consumers of that knowledge. After the fact, students seem to understand and value that element, but in-the-moment it is not comfortable. I often say that if you are uncomfortable, you are probably learning. Reassuring students that this is a safe place to try things, struggle, and even fail is central to fostering the sense of trust necessary for their learning.

The nature of the programming created a learning challenge for students in the courses. There was not a clear structure at the outset, in terms of the content of the daily curriculum for the intervention week and how it would be implemented. The intent was for the students to collaboratively develop all of that structure from the ground up. This was challenging and frustrating for students, but with ongoing support and consultations with me, they met the challenge. Students valued the real experience, with many different individuals with aphasia, across the continuum of severity and type. In particular, collaboration with peers, individuals with aphasia, care partners, and faculty were identified as powerful. Being able to work alongside with me and other faculty/clinical supervisors gave students models of how to interact most successfully. This apprenticeship model fosters a deeper understanding of what aphasia is (along a continuum, rather than just one individual they might see in the clinic) and how best to support such individuals. For a teacher who trains students in a clinical profession, this is exactly the type of outcome I was hoping for. Once I had delivered this experience in the aphasia and related disorders

course, along with continuing to embed a clinical experience there, I added similar experiences to two other clinical courses.

In my acquired cognitive disorders course (traumatic brain injury, right hemisphere damage, and dementias), my students and I take over local support groups for the entire fall semester. Because I have collaborated with those community-based groups clinically for several years, group leaders were willing to let us join them. Those group leaders often provide their services out-of-hide, so three months of staffing and planning is welcomed. Group attendees welcome the opportunity as well, seeing it as an opportunity to do some new things and as a way to contribute to the education and training of the next generation of professionals.

The third course follows yet another model, bringing clients and their partners into the classroom itself. That course, counseling in speech-language pathology, trains students in counseling methods. Since this is a particularly challenging skillset that requires practice and modeling to develop, students work collaboratively to interview and respond to clients in the classroom. I am able to jump in and provide support as needed but attempt to offer them as many opportunities as possible to use the techniques. As students interacted with the client, I helped structure their thinking by writing key ideas on the whiteboard, which was behind the client and in front of the students (see Figure 1 for classroom schematic). Clients were recruited from community-based groups and camp. Most of those clients were driven by a sense of altruism and wanting to contribute to the interactional-counseling skills of the next generation of clinicians. In that way, they became as much instructors as recipients of the counseling. Make no mistake, however; clients did present with real issues and often reported gaining meaningful insights from the interactions.

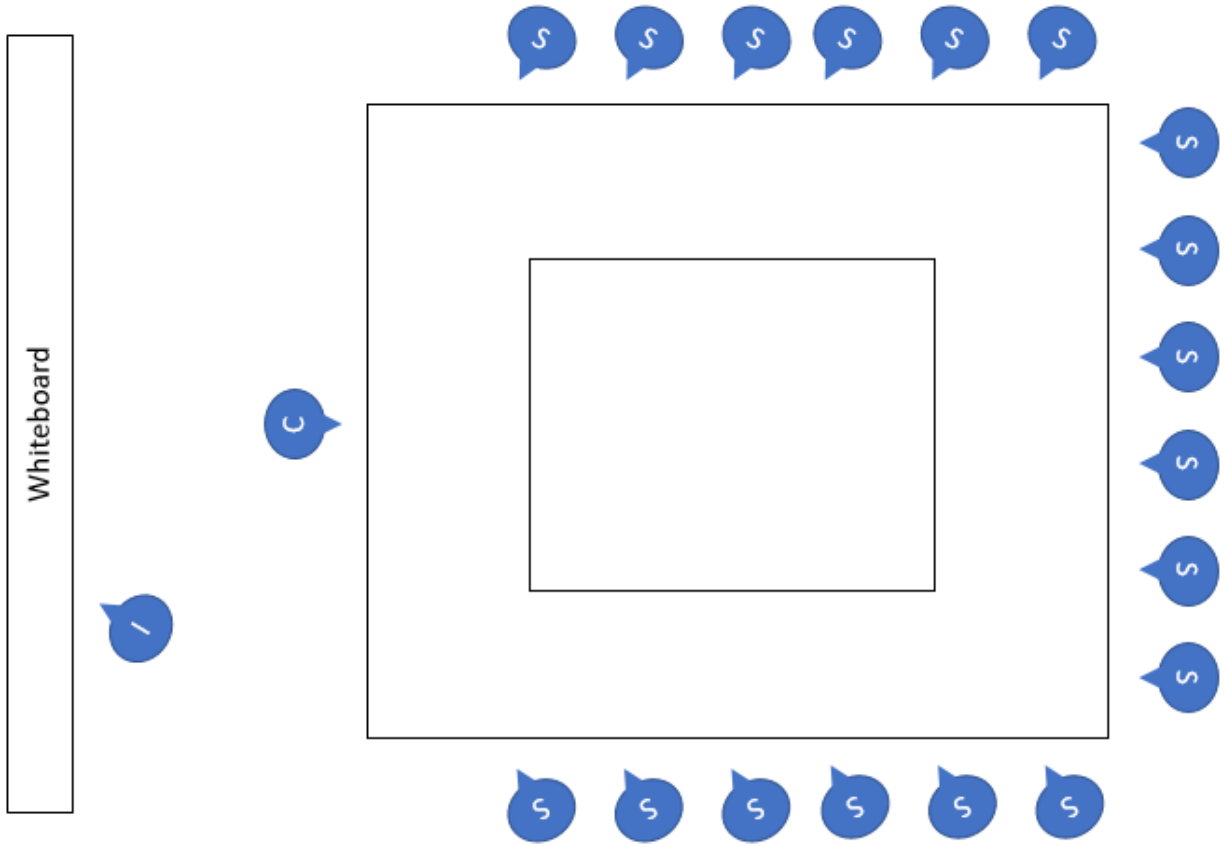

Figure 1. Classroom layout for collaborative counseling.
Key: I – Instructor, S – Students, C - Client

All three courses engage students in individual written reflections and whole-class oral debriefings. This creates a powerful context for learning and refining skills. While the needs and contexts for learning will differ across other disciplines, the principle is fairly universal. Engaging students in course-embedded practical experiences offers an opportunity to scaffold and model professional practices directly in the context of the work your students will eventually be doing as professionals.

Adding a course-embedded practical experience into a class is not a simple venture. It requires the willingness to take a risk, motivation by key players (students, faculty, and community partners), along with financial and administrative backing to remain sustainable. I believe the willingness to take risks is a part of all innovative pedagogies. Risks for course-embedded practical experiences include: giving up some of your class time traditionally allocated for direct instruction, offering hands-on learning experiences that sometimes precede direct instruction, and putting yourself in an unplanned/unpredictable context where students directly witness your actions or how you respond to challenging moments. Those risks can be counteracted by the powerful learning environments that these experiences offer. They are powerful in that they motivate students, faculty, and community partners alike. Further, the authentic

needs foster reciprocal benefits to those involved. Our community partners value our actions when we roll up our sleeves and work alongside them. The clients we serve value the opportunity to benefit personally while giving back to students, being a part of their training and mentorship – becoming instructors themselves. In my case, our departmental mission aligns with the principles of these programs. All of the experiences have mixed funding from the university and community partners. We are not simply asking for something from the community partners, nor the persons we serve, but we are providing a meaningful service that meets our mutual needs. Because many of the necessary resources are simply human resources, students allow us to meet the chronic needs of community members at a relatively low financial cost to the university and community partners. It is my hope that this makes this partnership sustainable for years to come.