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Graduate Speech-Language Pathology Students' Reactions to the Transition from Academic to Clinical Coursework

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by

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DEDICATION

To my grandfather, Stephen W. Rumancik, who taught me the value of communication and the importance of being heard.

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ABSTRACT

This qualitative research study investigated the transition between academic and clinical coursework during the graduate education of speech-language pathologists (SLPs). During this transition period, graduate students experience stress and anxiety (Chan, et al., 1994; Lincoln, et al., 2004). This study examined what aspects of the transition are responsible for these feelings. Through interviews with graduate students who recently experienced this transition, data was collected to make sense of the feelings and experiences that the graduate students endured and what aspects of the transition were responsible for their cause. The results of this study revealed multiple factors that increased anxiety before and during the transition into the clinical practicum. Students also offered preliminary suggestions for faculty and their peers of ways to make the transition more manageable. Finally, the results of the study suggested directions for further research in the area of clinical experiences during the graduate education of SLPs.

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Chapter 1: Introduction

Background Information, Problem Statement, Justification, and Significance

This study was conducted at Reagan University (pseudonym), a mid-west public, comprehensive university offering Bachelor's and Master's Degree in Speech-Language Pathology (SLP) and accredited by the American Speech-Language and Hearing Association (ASHA). The graduate program admits both students with undergraduate degrees in the field and students from other disciplines. Students face great competition in the application process, as the program only admits approximately 40 students each fall and winter semester out of approximately 200-300 applicants. Speech-language pathology graduate students at Reagan University with an undergraduate degree in the field generally complete at least five to six semesters of graduate coursework before obtaining a Master's of Arts degree, the minimum degree required to enter the profession. Students who completed their undergraduate degree in another discipline typically must first complete undergraduate coursework in the field before or simultaneously with graduate coursework, increasing the length of the program for these students. The first several semesters typically include academic coursework regarding theory and research of communication disorders, as well as minimal supervised client observation and interaction. The following two semesters of graduate coursework include additional classes, along with two semester-long clinical practicums (Clinic I and Clinic II) completed in the on-campus clinic under the supervision of four clinical educators.

The four clinical educators have diverse experience with speech-language pathology ranging from schools to hospitals to home-care, bringing different perspectives into the university clinic. The first of the two practicums typically involves managing the

evaluation, therapy, family contact, and paperwork of one or two pediatric clients. The clients are seen in one-hour sessions twice weekly for the duration of the semester. The second practicum typically includes managing the responsibilities listed above with one pediatric client and one adult client, along with facilitating an adult group therapy session once per week. The final two semesters of graduate school include off-campus internships, one in a pediatric setting (school, clinic, hospital), and one in an adult care setting (acute rehabilitation center, hospital, nursing home).

In university SLP programs, it is common for students to observe therapy during undergraduate coursework and not begin planning sessions or working with clients until graduate school during a clinical practicum course. This research study focused on the transition from the required academic coursework and observations into the first complete clinical experiences (Clinic I and Clinic II).

As graduate SLP students make the transition into this first clinical experience, it is common for them to experience emotional stress and anxiety (Chan, Carter, & McAllister, 1994; Lincoln, Adamson, & Covic, 2004). The cause for these feelings is frequently speculated on by faculty and staff, however, students themselves are rarely questioned for their viewpoint. This study attempted to uncover the students' personal experiences with the transition.

Purpose of the Study

As a second-year master's student who has recently completed the transition from academic to clinical coursework, I have an acute awareness of the stress and anxiety that accompanied the transition. Students enter the clinical experience after completing an academic career of successes and encouragement and enter a territory of unstructured

learning experiences. They transition from the structured, predictable atmosphere of a classroom into the less structured, unpredictable atmosphere of a clinic (McCrea & Brasseur, 2003).

The purpose of this study was to gain a greater understanding for the cause of the anxiety and stress these students face by becoming aware of the individual perspectives of each graduate student during this phase of the program. This study utilized research from multiple clinical disciplines in which students must encounter an initial practicum experience. Literature from these disciplines was examined to investigate the factors that lead to stress and anxiety for these students.

The goal of this study was to better understand the perceptions of the graduate students making the transition into their first clinical practicum. By better understanding this topic, the student can be aware that the stress and anxiety he or she faces during this transition are not specific to his or her individual situations and that it is very common for these feelings to accompany the clinical practicum. Additionally, a goal of this study was to yield information about methods that faculty at graduate speech-langauge pathology programs could implement to make the transition into clinic more inviting and less intimidating for students.

Research Questions

As the goal of the study was to identify perceived contributors to the stress and anxiety experienced during the transitioning from academic to clinical coursework, the research questions were developed to be open-ended, allowing the participants to reflect on personal experiences with limited rigidity of the interview questions. This format of interview has been referred to as *guided conversation* (Rubin & Rubin, 1995). The study

attempted to answer the following questions: How do graduate students feel making the transition from academic to clinical coursework? What contributes to those feelings? What were the students' expectations going into Clinic I? How did their actual experiences compare to their expectations?

Chapter 2: Review of the Literature

History of Clinical Supervision

Issues surrounding clinical supervision of graduate speech-language pathology students have been examined since the 1970s (Anderson, 1988; McCrea & Brasseur, 2003; Fitzgerald & Sims, 2004). Researchers have scrutinized which supervisory models are most appropriate and which characteristics of supervisors are most desired.

In their text, McCrea and Brasseur (2003) analyzed many aspects of clinical supervision. The authors discuss Jean Anderson's Continuum Model of Supervision (1988) which includes three stages: Evaluation-Feedback Stage, Transitional Stage, and Self-Supervision Stage. The evaluation-feedback stage occurs at the beginning of the clinical experience when the supervisor plays a more dominant role in the therapy process, and the supervisee is more passive. During the transitional stage, the supervisees assume more responsibility for decision making. The students learn to analyze their own clinical strengths and weakness and develop plans for further growth. Finally, the self-supervision stage refers to the point when supervisees become individually responsible for their own growth and clinical actions. At this stage, the student clinicians have gained much independence and rely more on consultation with the supervisor rather than direct instruction (McCrea & Brasseur, 2003).

McCrea and Brasseur discuss the components, planning, and analysis required for the supervision of student clinicians (2003). Within these topics, the authors state the possible negative experiences that arise as a result of initial clinical experiences and supervisor interactions including measurable anxiety for the both the new clinician and the supervisor. It is speculated that this anxiety may be caused for both parties by the

feeling that “we ought to know more than we do” (p.59). The authors continue to suggest that the first practicum may cause additional anxiety for the student, as it is mostly likely the first instance the student has of encountering failure, having previously experienced a successful academic history. Additionally, it was noted that student anxiety is elevated by specific aspects of the clinical experience including the preparation for therapy, supervisor observations, and unplanned interruptions in the therapy session. During clinical practicum, students must prepare therapy activities that are suitable for the client, acceptable by the supervisor, and planned well in advance of the actual session. These demanding requirements are frequently difficult to schedule and provoke measurable stress for the student. While carrying out the planned activities, generally, the clinical supervisor constantly observes the session and has the responsibility of interrupting the therapy to correct a technique or instruct the student clinician during a teachable moment. It is these observations and unplanned interruptions that have caused a documented amount of anxiety in student clinicians (McCrea & Brasseur, 2003).

Understanding the Students’ Clinical Experiences

In an effort to better understand the student’s perspective, Windsor (1987) pioneered a study based on understanding the perceptions of clinical nursing experiences. Using the qualitative research method of interviews, she discovered that nursing students experience three stages of development during the transition to clinical coursework: the initial stage of nervousness and dependence on instructors, the second stage of learning more about the profession as a whole and focusing less on psychomotor tasks, and the third stage of gaining confidence and independence from the instructor. It was documented that student relationships with faculty and supervisors also played a large

role in creating positive or negative feelings during the experience. Time management and the acceptance of responsibility were also noted as important factors of the clinical experience.

The student clinicians' perceived supervisory needs were reviewed by Fitzgerald (2009). Two qualitative studies of graduate students' needs for supervision and support were compared (Fitzgerald & Sims, 2004; Fitzgerald & Harvill, 2006). Findings indicated that as students advance through the clinical practicum, their needs for supervisor support changes. The beginning clinicians with 0-50 hours of clinical practicum rely more on emotional support such as discussing difficult situations with the supervisor. The Intermediate clinicians with 50-200 hours of practicum focus more on independence and improving technical skills through constructive criticism regarding clinical techniques. The advanced student clinicians with more than 200 hours of clinical experience rely almost solely on interdependence and independence, such as developing personal judgments and forming professional peer relationships (Fitzgerald, 2009).

Etiology of Anxiety in the Clinical Setting

The transition to clinical education was examined in attempt to find the sources of anxiety for the students by Chan, Carter, and McAllister (1994). By surveying 2nd, 3rd, and 4th year undergraduate speech-language pathology students in an on-campus clinical setting, researchers determined that 2nd year students experienced the most anxiety as they were experiencing their first contact with clients. Students felt they were "entering unknown territory" (p.65). Specifically, it was determined that five factors contributed to student anxiety across all levels of the program: (1) The students' ability to fulfill the demands of both clinical practicum and academic requirements, (2) the large amount of

preparation required during the clinical practicum, (3) a lack of relevant clinical experience, (4) the students' ability to apply their academic knowledge to therapy, and (5) achieving the high expectations set for themselves. The article also suggested that 4th year students' sources of anxiety shifted from a focus on client interactions to the stress of transitioning into a professional entering the workforce.

The concept of transitioning into a clinical experience is anxiety provoking for students of multiple academic disciplines outside of speech-language pathology (Bischoff & Barton, 2002; Cook, 2002; Elliot, 2002; Papp et al., 2003; Perry & Savage-Davis, 2005).

> The first year students, who have just come from a sheltered school environment with its interpersonal nature, its discipline, regular hours, and study and leisure patterns, find themselves in a completely different world which presents strange experiences, and they have to adapt to the challenges inherent in clinical practica as well as in human suffering. (Carlson, Kotze & van Rooyen, 2004, p.31)

As the students face this transition, they are bombarded with overcoming and managing several obstacles: time management, student-supervisor relationships, and fear of feeling "like a fraud" (Bischoff & Barton, 2002, p.231), to name a few. It has been suggested that learning can be divided into two separate categories: academic and clinical (Papp, Markkanen, & von Bonsdorff, 2003). The academic aspect is focused and predesigned, whereas the clinical setting is spontaneous and uncontrolled. Transitioning from this controlled atmosphere to an intimidating new setting can cause stress and anxiety.

Elliot's (2002) review of the body of literature on nursing students' anxiety confirmed these common underlying themes. Many of the studies targeted the following stressors: reduced control of the learning environment, fear of harming the patient, the social component of the clinical practicum, and intimidation of the clinical supervisor. He further explored the concept of preceptorship as a method for reducing this anxiety in the students. It was discovered that this one-on-one professional relationship in the clinical environment was useful in assisting the transferring of theory into practice, the development of desirable nursing behaviors, and initiating the groundwork for future relationships in the workplace.

The Influence of Stress and Anxiety on Performance

Concerned with how these high levels of anxiety would affect students in the speech-pathology program, researchers set out to understand how the speech pathology student perceives and copes with the stress (Lincoln et al., 2004; Moscaritolo, 2009). Although anxiety is normal and can be a motivating emotion for students, an abundance of stress and anxiety is unhealthy and could be detrimental to the learning experience (Moscaritolo, 2009). Faculty must intervene when the stress becomes overwhelming or begins to negatively affect the student's performance.

Lincoln, Adamson, & Covic (2004), concerned with performance and quality of learning in the presence of anxiety, studied the levels of stress experienced by speech-language pathology students in clinical placements. Three surveys were administered over a 12-month period to both students and their supervising clinicians. It was found that the students generally faced only moderate levels of stress during their placements,

discounting the possibility of them facing the negative academic consequences of stress suggested by previous research.

Strategies to Decrease Stress and Anxiety in the Clinical Setting

Moscaritolo (2009) conducted a review of current literature based on strategies to decrease anxiety in the clinical learning environment for student nurses. The clinical setting is ever-changing and as technologies advance and overall health care improves, the clinical placement will become more and more stressful for students. Humor, peer instructors and mentors, and mindfulness training were all explored as methods of reducing stress and anxiety, thus, lessening the affect of anxiety on learning and performance in the clinical setting.

Yates, Cunningham, Moyle, and Wollin (1997) implemented a peer mentorship program in a bachelor of nursing program to assess its impact on reducing student stress and anxiety during the clinical practicums. In this program, second year students facilitated group sessions comprised of first year students which focused on preparing the first year student for the clinical experience by discussing overall goals and strategies for the practicum. The groups met five times: once every 2-3 weeks for 1-2 hours. The program was successful in preparing students for the practicum and reducing their anxiety during the transitional experience. Peer mentorship has benefits including, but not limited to the increase of confidence, decrease of anxiety, and the sharing of ideas.

Elliot's (2002) review of the literature on nursing students' anxiety reinforced the value of providing personal support. Elliot suggested the implementation of preceptorship, a clinical experience where a registered nurse directly supervises a single student. It was emphasized that this preceptor is distinctly different than a mentor.

Whereas mentors are more concerned with promoting human potential in both participants, preceptorship is more of an educational relationship benefitting primarily the student. This strategy is meant to help in reduce stress during the transition and promote the building of peer and professional relationships. Facilitators of the clinical experience must be competent, skilled, and empathetic to the students' needs.

Chapter 3: Research Design and Methodology

Study Design

Due to the nature of the study and its reliance on the students sharing their personal experiences and stories, the qualitative research methods of personal interviews were employed. According to Bogden and Biklen (2007), the qualitative researcher sets out to better understand a *process* (p.6) and the way by which a person assigns meaning to this process. Further, the researcher seeks to explain exactly what the *meaning* signifies (p.6). The students were interviewed to gain a better understanding of their perceptions regarding the transition from academic class work into the clinical practicum.

Study Population

This research was completed as a case study of Reagan University's Speech-Language Pathology graduate program. Reagan University hosts a Bachelor's and Master's Degree in Speech-Language Pathology, as well as an on-campus speech and hearing clinic in which graduate students encounter their first client interactions. This study included graduate students currently enrolled in the on-campus clinical experience. Nine participants were interviewed for this research study, four students enrolled in the first on-campus practicum (Clinic I: Abby, Calley, Elizabeth, Jenny), and five students enrolled in the second on-campus practicum (Clinic II: Danielle, Julie, Laura, Samantha, Sarah). Due to the overwhelming population of females enrolled in the program (approximately 95%, which is representative of the discipline), the participants of the study were all female. The participants were of mixed ethnic backgrounds, and between the ages of 22 and 28 years. No participants were excluded due to health, disability, gender, race, or sexual orientation.

The participants were recruited during the first clinical practicum class period and asked to meet for 30-60 minute individual and private interviews outside of class time. The students were able to sign up for interviews by signing their names to a posted sign in the university clinic, or by contacting me privately by email for an appointment. The graduate students were informed verbally and in writing of all research procedures and goals before agreeing to participate in the study. The participants were given a complete abstract of the study and a consent form to be signed by each subject individually prior to the interview. Through the use of pseudonyms, all participants' identities in the study were kept anonymous to the extent required by Human Subjects Approval.

Data Gathering Procedures

With the graduate students' permission, the interviews were audiotaped and then transcribed by the researcher. The names of the participants were changed to maintain their anonymity. During the scheduled interviews, the graduate students were asked open-ended questions allowing them to describe their experience with the transition. The data collected during the qualitative interviews was concurrently coded and analyzed for common themes and experiences (Bogden & Biklen, 2007).

The coding was completed in several steps. The first step was to read the transcripts of the interview, identifying major points and extracting personal quotations to develop data categories. As more interviews were completed and analyzed, the second step was to look for common themes from the participants to build connections between the data categories. Finally, the themes that were developed were analyzed to help form conclusions and recommendations for the clinical staff and faculty.

Chapter 4: Presentation and Analysis of the Findings

Data analysis indicated that the students' anxieties fell in two distinct categories: the stress they encountered before the clinical practicum began, and the stress and anxiety during the practicum, itself. Additionally, the students relished the opportunity to make suggestions to students and faculty or staff which could make the transition easier. At the time of the interviews, the students had completed their first four weeks in the practicum and, in general, were just beginning to become more comfortable with the new routine. These students were in the *Evaluation-Feedback* stage of the transition (Anderson, 1988). Despite their growing familiarity, students still experienced major anxieties.

Pre-Practicum Anxieties

"Horror stories". According to McCrea and Brasseur (2003), at times of high anxiety, "people hear what they want to hear or what their emotional state allows them to hear. Some may focus only on the negative" (p.59). It is this concept which promoted heightened anxiety within the students in the Reagan University graduate program. With close friendships fostered among the students, stories are shared frequently between groups of students about classes and experiences. Students from past clinic classes often share "horror stories" about their experiences with the supervisors in clinic or the tight clinic rules. As may be expected with many student-told tales, it is possible that these stories were fabricated or embellished during their transmissions; however, it is also possible that the transtional students' anxiety only allowed them to listen to the negative aspects of the story.

Laura, a Clinic II student, explains that her anxieity entering the first practicum was rooted in one of these stories. "Clinic I, I was really, really nervous because I didn't

know what to expect except for the horrible stories I had heard from everyone else. So I think that made it worse than anything." Ironically, after completing the first practicum, Laura was able to look back and say, "I don't think it was nearly as bad as what everyone told me!"

Elizabeth, a clinic I student who had recently begun the practicum discussed in her interview that one of her ways of coping with the anxiety about beginning clinic was by speaking with students who were currently in the practicum or who had recently finished. Unfortunately, she stated that these conversations "just made it worse". Often these stories prove to be an unnecessary cause of anxiety for the transitioning students.

Abby, a student who had just recently made the transition into Clinic I, observed not only stories from the students who had already completed the class, but also noticed physical signs from them which added to her anxiety about beginning clinic I. "Everyone else was crying last semester so I just had this absolute worst fear that I was going to be an emotional wreck." Similar to Laura, Abby's anxieties were calmed once she actually began clinic, herself. When asked how her initial expectations about the transition compared with her experience, Abby stated, "I thought it was going to be way worse than it actually was."

"It would have been nice to know more about it before we got there."

Students felt anxious about the fact that they could not prepare for the beginning of the clinical practicum. This feeling is common to students entering their first clinical experience (Chan et al 1994; McCrea & Brasseur, 2003). Whether this stemmed from a lack of knowledge of what was to come, or simply because they had not received their client assignments to allow them to begin the background research, this was a common

stressor for students. Elizabeth described her anxiety during the few weeks that preceded the beginning of Clinic I. When asked what caused her stress, she explained, "Just the unknown." Abby felt similar anxiety during the first week of Clinic I, before the clients had been assigned to the student clinicians. She remembers a lack of ability to control the situation by being prepared and organized for what was to come. "I don't even know if I knew how to prepare myself so even that first week, when I didn't have my clients assigned to me yet, I really didn't know what I should be doing because there was very little direction as far as there is nothing I can do to prep for anything."

"Can I do this?" For many students interviewed, the feeling of not being able to prepare for clinic took a backseat to the anxiety that was caused from a lack of confidence and a feeling of not being knowledgeable enough to see clients. This lack of confidence is very common for students beginning their first clinical practicum (Bischoff & Barton, 2002). Elizabeth stated that she was "scared" to begin as a clinician. "Not doubtful, but just like, 'can I do this? Do I have the skills I need?'". Julie, a Clinic II student who was still gaining confidence as a clinician agreed with Elizabeth. "I still feel very hesitant, like, second guessing myself."

"I had never worked with adults before." The transition into Clinic I is stressful for the students, but similarly difficult is the transition into Clinic II. While the students are familiar with the rules and schedule of the clinical practicum, this transition requires them to gain confidence working with adult clients, typically two to three times the age of the student clinicians. Laura, a Clinic II student who had much experience working with children prior to her clinical practicum stated that her anxieties stemmed from a lack of experience with adults. When asked about the transitions from classes into

clinic, Laura explained that, while the first semester practicum was not too nerve wracking, the transition into Clinic II was difficult. "All my experience had been with kids. I was more nervous for clinic II!"

Sarah, also a Clinic II student, also commented on the transition into the second practicum. Although she had become comfortable in the clinic setting, her anxieties returned with the beginning of Clinic II. "It's with a totally different population. I think that some of the nervousness about not knowing things or not being good enough is still there." As with many of the anxiety-causing themes described, the fear of being unprepared or not good enough remained through the second transition, as well.

Stress and Anxiety During the Clinical Practicum

Students frequently begin the clinical practicum with large expectations. From the horror stories, to the observations of their peers being overly emotional or stressed, they have initial beliefs of what is to come. The following data describes how these initial beliefs compared with the students' actual experiences in the clinic.

"The time is still very 100% clinic." As the students transition into the initial practicum they are thrust into an uncontrolled atmosphere much unlike the academic lifestyle to which the students are accustomed (Papp et al., 2003; Carlson et al, 2003). It is this lack of predictability that caused much anxiety in the students interviewed. Historically, time management is a major source of stress for students making this transition and it was no exception for the students studied (Windsor, 1987).

Clinical practicum involves more work than simply meeting with clients twice weekly. The students also must learn a new way of documenting every client encounter and measuring each therapeutic gain (Chan et al, 1994; McCrea & Brasseur, 2003).

In the studied university speech and hearing clinic, paperwork must be completed within strict deadlines, often causing anxiety for the students. Laura, a Clinic II student, put it best when she said, "well, I don't enjoy the paperwork aspect of it, but I enjoy the therapy." Laura went on to say that for her, learning the correct way to complete the paperwork and figuring out the timelines was the most stressful aspect of the transition. Samantha described her difficulty with sounding "professional" in her writing and targeting the precise problem. She also described the routine as being "difficult because it's new". She referred to the paperwork as "intimidating" and much preferred the actual act of working with the client to the formalities of documenting the interaction. Calley, a Clinic I student, reported having anxiety caused by the demanding deadlines for her paperwork impacting the quality of the work she turned in. She believed that if she had been given more time to complete the work, it would have been produced at a higher level.

Along with managing the paperwork, several of the students found difficulty in scheduling work or family commitments on top of their duties in the clinic. When asked about what was the hardest part of beginning clinic, Jenny, a Clinic I student who worked 20 hours per week, stated the following:

> Working. I would never have taken my job. I regret it everyday. If it was a night job, it would be a little different. You really need the daytime hours in the clinic. When you work during the day… you just can't.

Jenny also stated that clinic has made her appreciate her time more. She stated that this transition has taught her patience and the stress that comes with being "busy".

Abby, who also worked 20 hours per week during Clinic I, had similar difficulties with managing time and other commitments. "I haven't really done anything… dishes, laundry, I haven't done any of that. The time is still very 100% clinic." Sarah, who did not hold a job during the practicum but was enrolled in other classes, agreed that "the stress just adds if you have anything else going on in your life."

Managing time during clinic was especially difficult for Danielle, a Clinic II student who worked off campus and had just taken on new responsibilities at work. "Right before clinic started, the director at my work asked me to co-author a paper with her and it was just getting to where I couldn't get into work and so we just decided that I couldn't work on the paper anymore because I just couldn't dedicate the time to it." Danielle needed to alter her personal life to handle the unstructured clinic schedule and to help manage her anxiety.

For two of the students interviewed who had extensive experience working with children before beginning the program, they insisted that their transition was fairly smooth. They attributed this to their confidence and their "having been there before". Samantha, a Clinic II student who had previously worked in the field, she described her transition as being fairly easy. She admitted that she did have difficulty adjusting to the new schedule and demands placed on her, but actually performing therapy seemed almost like second nature.

Laura also had extensive experience around children growing up. She had also worked in the field previously, and managed the paperwork aspect of the job. She stated

that her transition was “natural” and that she “wasn’t nervous at all”. These students suggest that the secret behind feeling more comfortable in the clinical setting is simply gaining experience.

“I would have liked a few weeks to process that.” Along with first experience of learning in an uncontrolled atmosphere, came an unexpected change for the students of Clinic I this semester: they would all have two clients instead of the typical one. It was the unplanned change in the schedule which added immensely to Danielle’s anxiety. Danielle entered Clinic I with the understanding that she would have only one client and be able to continue working part-time. When she had to back out of commitments at work to manage her clinic caseload, she described it as a “double hit”. Julie, a Clinic I student, also struggled with this unexpected twist. She believed the clinical educators were joking when they first explained the new expectations. She said she would have appreciated a “heads up” about the change so she could mentally prepare for what was to come.

Calley, a Clinic I student who struggled with the anxiety and stress of the transition, was also affected by this unplanned change. She believed that the decision to nearly double the caseload in the clinic has caused for a lack of time to meet with clinical educators and has made it more difficult to manage time. Although she said it sounded like a “good idea in theory.”

“Just getting to know the supervisor, what they expect.” Students commented on the struggle to understand the personalities and expectations of the four different clinical educators who oversee the program. As mentioned above, the clinical educators each bring a diverse perspective of speech-language pathology into the university clinic.

With each of these backgrounds comes a different expectation for the specific contents of the documentation. Additionally, each clinical educator has her own way of forming relationships with students. Danielle described her experience with the clinical educators by saying, "they all expect different things." Calley agreed with this statement, declaring that she wishes there was more regularity between supervisors. She described this as a major source of anxiety for her, "supervisors wanting different things from each other. It's not consistent or concise."

"You're afraid you're going to mess up. But not in therapy." Along with accepting the supervisors' characteristics, some students interviewed admitted to having anxiety about making a mistake in the clinic that would disappoint their supervisor. In order to maintain confidentiality and order in the clinic, there are strict rules that must be followed by every clinician. The clinical educators enforce these rules and clinicians must face repercussions for breaking them. Learning and following these rules is a major source of stress for the students. Danielle noted this as a frequent stressor for her during the clinical practicum.

> I felt like I couldn't focus on learning to be a better therapist because I had to focus on, "did I check out the materials right", "did I do all these other things right?" which is obviously important to help the clinic run smoothly, but I feel like there was just all this other stuff on top of it, and it was hard to focus on what I was doing those 50 minutes with the clients. You're afraid you're going to mess up. But not in therapy. You're afraid you're going to leave your file out!

Jenny also mentioned this in her interview. When discussing her expectations for learning the rules of the university clinic, she stated, "I hoped I would feel more comfortable."

Students in the university clinic have numerous materials available to them through a borrowing system governed by the supervisors. If a student forgets to return an item in a timely manner or accidently removes an item from the clinic without permission, there are repercussions that follow such as reduced borrowing privileges or possible impact on the student's final grade. Julie described her feelings with checking out the available materials in the clinic. "A lot of times, I just brought my own materials from home, just to avoid having to check things out from there."

"Someone's watching me right now. Someone's judging me." While some students shared their anxieties about the clinical procedures outside of therapy, it was noted that the therapy itself is also a common cause of stress. With the supervisor constantly observing, either through a two-way mirror or, possibly from right inside the room, the student clinician has the constant feeling of being watched and judged. For some students, this feeling of anxiety barely diminishes over time and with experience (McCrea & Brasseur, 2003). Sarah, a quiet student in Clinic I, says she has particular anxiety about this. "There is always just that feeling. Someone's watching me right now. Someone's judging me." She went on to say, "I was terrified of making mistakes because that person on the other side of the mirror would be able to pick them out right away."

The students interviewed explained that they knew they made a mistake during therapy when they would hear an unplanned knock on the therapy room door as a

supervisor entered during a teachable moment. In her interview, Julie said, "in the moment, I hate it. The worst sound in the world is hearing that door open. My heart just jumped up and I know I go completely red and get completely frazzled… it's just that, 'DANG IT!'".

Not every student interviewed had similar feelings on this. When asked about unplanned interruptions in therapy. Abby, a more assertive Clinic I student said,

> I was comfortable with them coming in the room, because frankly I was like, if I can have a professional and a much more experienced person come in and show me a tip that has worked for them, that's awesome. I'm totally down with that.

Samantha, a similarly assertive student in Clinic II with extensive previous experience working with children and being observed in the field, stated that being observed by supervisors was not what made her anxious; it was being observed by family of the client. She suggested keeping an open line of communication with the family to help ease that anxiety. Samantha considered the supervisors' interruptions to be "like a comfort zone. Like a rope in case you fall." She felt that the supervisors watched to offer support, not criticism.

"You want to look like you're in control." As within any clinical setting, the clinical educators (or supervisors) must exhibit authority over the student clinicians (supervisees) (McCrea & Brasseur, 2003). This ensures that clinic protocols are followed and, usually, encourages students to perform at their highest ability (Elliott, 2002). This strong desire to "please" the clinical educators and for the student clinicians to prove themselves was a source of anxiety for many of the students interviewed.

Students admitted they were apprehensive about asking for help or scheduling too many or too few appointments with their supervisors. Abby especially struggled with this. She discussed the fear of being too needy with her supervisor's time. She stated that her only insecurity four weeks into clinic was "not knowing how frequently I should be meeting". Julie discussed that she "always felt a little embarrassed to ask for help."

Sarah's comments supported this idea. She discussed, in detail, her anxieties about asking for help from the clinical supervisors.

> Especially in our clinic, there is a stigma about going to your supervisor for help. You're not supposed to do that. I think that stops people from doing that. Because you want to look like you're in control and this isn't a big deal and I'm okay with everything. And then you go home and you're like OH MY GOD, what am I going to do? I have no idea!! You don't want to look like you're stupid, or unprepared, or don't know what you're doing. That's why I don't ask questions half the time. I'm like, maybe I'll find it out as I go.

She continued to discuss how her fear of asking questions contributed to further anxiety about not knowing whether her therapy was effective and "right". She was stressed about appearing to be "stupid or unprepared", much of these feelings stemming from a lack of answers to her questions. Sarah, like many student clinicians interviewed, was afraid to allow her lack of experience to become obvious to her supervisor (Bischoff & Barton, 2002).

"I'm not supposed to be perfect at this!" Perhaps the most abundant response from the student interviews about the initial transition into clinical practicum centered on the desire to be *perfect* as a clinician. Every student interviewed made reference to this

idea. Previous studies suggest that speech-language pathology students, in general, have very high expectations of themselves (Chan et al, 1994). For many students, the clinical practicum will be their first instance of dealing with constructive criticism, a major stress enducing factor (McCrea & Brasseur, 2003). Danielle stated in her interview that, while she's never really considered herself much of a perfectionist before, "any little correct on my paperwork makes me feel horrible. I want to do everything right the first time."

Danielle described her desire for perfection as stemming from a past full of successful academic experiences. She stated that she is used to to getting papers back with high grades and positive remarks. The criticism she received on her therapy performance was disheartening.

Samantha, now in Clinic II, is learning to release her desire for perfection as a clinician. "We have to let go of all that, you know, when it comes to being a perfect student. You can have that kind of control when it comes to just taking classes and studying. But in clinic, you have to let go of some of it."

Julie, in her first practicum, is learning this lesson as she progresses. She discussed in her interview how speech-langauge pathology graduate programs are highly competitive and in order to get into the program, students must be extremely bright with intense motivation. She attributes this general description of the graduate students to their high expectations of themselves in clinic. She described her stress about trying her hardest, which was previously enough to maintain high grades and positive reinforcement from professors. Suddenly, Julie explained, "my best is not good enough anymore".

Sarah made a similar statement about her previous success in academics. She described a metaphoric situation where she turns in a paper on which she spends a lot of

time and energy and one on which she expects praise for, and instead her professor says, "oh, good job, but you spelled that wrong." In clinic, Sarah feels anxiety about her hard work not earning her the praise and high grades to which she is accustomed.

Julie commended the clinical educators on their attempt to enforce the idea of clinic as a learning experience. She described how she constantly wants to prove herself in the clinic and is distraught over her mistakes. She discussed how she tries to remind herself, "it's okay to let your guard down a little bit because what they always emphasize is 'you are learning! You are paying us to learn!' Even though it's still something that I just personally have to get over; that not being perfect all the time." Samantha made a similar statement about learning to accept her clinical educator's remarks. "They're teaching us; they're not questioning how smart we are."

Student Suggestions to Remediate Anxiety

Although the interview did not specifically address student suggestions on how to improve the clinical transition, many participants offered their ideas on this topic. Intended for faculty and staff, the following recommendations were discussed in the interviews as methods which might decrease anxiety for students entering their first clinical practicums.

"More application in the classes." The most frequently discussed suggestion in the interviews included slightly altering the contents of the classes taken prior to the clinical practicum to include more application of therapy techniques and less focus on theory and the research behind the disorders themselves. The students, as a whole, felt unprepared for practicing therapy because of a lack of knowledge on the topic. Leajy (1998) addressed this concept as it relates to Elementary Education students entering

student teaching. "When will it all come together? How do I blend all the hours of classroom work with all the other issues?" (p.960).

Laura, a student who admittedly did not face too great a struggle with the transition, agreed with the suggestion. "Maybe the classes need more time to apply what we learn instead of just memorizing the information." She stressed that, on command, she could fire off memorized facts about disorders, but rarely could she add the "so what?"

Abby made similar comment about memorizing the facts about the disorder, but not treatment techniques. "I can tell you up and down what apraxia is, but I can't tell you the first think I should be doing for therapy." Elizabeth stated that she feels comfortable with the anatomy and development but does not know "what to do" with the information. Julie added that she would like this practical experience with a variety of disorders. She felt that in earlier coursework, the mandatory observations were helpful, but focused only on one client with one disorder. She would have liked to have that knowledge of a multitude of disorders.

"Learning how to take data." Additional experience and application was not the only change students discussed in the interviews. Many students also stated that they wished the class work had better prepared them for the type and amount of paperwork that was to come with the clinical practicum. At the Reagan University, there is a mandatory undergraduate class which requires that students observe and write documentation on one objective from a therapy session, but students agreed that was not enough practice. Danielle felt that it "was supposed to give us a taste of what clinic would be like, but it didn't at all". She went on to say that she felt she was "thrown in"

and expected to know how to take data and document therapy, but she did not feel prepared.

Calley also discussed this topic, stating that, while she had completed the required clinical documentation for a class previously, it was "no where near as detailed as what we have to do in clinic and … it seems like we should have a little bit more support before starting clinic." Laura agreed that, when beginning Clinic I, she did not have a good idea of what information she should be including in the documentation.

"Being able to email paperwork would be really nice." Another common suggestion for supervisors was to allow more flexibility for turning in the paperwork. Students stated that they were extremely busy trying to plan for and complete therapy tasks and if the paperwork deadlines were more flexible, it would lessen their anxiety. One student stated that emailing paperwork instead of turning in hard copies would ease her stress and limit the number of days she would have to make the one-hour commute to campus. "There are quite a few of us who are commuters. Emily lives an hour away. It's hard." Jenny made a similar comment suggesting the flexibility of paperwork deadlines. She suggested that supervisors "give [the students] the weekend to work on [paperwork]. Or at least have the option for people who need it." While most students generally understood that the paperwork deadlines were necessary, many commented that the rigidity added to the students' stress.

"A mentee program." The final suggestion that was mentioned by students and that is widely implemented in other disciplines and universities (Yates et al., 1997; Elliott, 2002), was mentorship programs. The students suggested that having a fellow graduate student who is one semester ahead in the program as a mentor would be helpful.

The graduate student mentor could fulfill the role of touring the new clinic student around the clinic, explaining the paperwork duties and deadlines, and offering academic and emotional support for the learning clinician.

In the interview, Jenny discussed a friend of hers who attends a neighboring university with "a mentee program where the semester before clinic, you shadow a clinician." In this program, the mentee observes the mentor doing therapy and finding his or her way around the clinic. She suggested that if this university implemented such a program, her anxieties would be lowered. She believes that with a program like this, she would have gotten certain tips for succeeding in clinic, namely, purchasing a laptop. She continued to explain that it would be helpful "to see someone our age actually doing [therapy]."

Julie brought up this idea in her interview, too, suggesting that the mentor, among other duties, could give a "more in depth tour" of the clinic and teach her the routines. Also, she hoped that the mentor could help her decide on what materials would be useful in therapy and suggest places where she might find the materials.

Chapter 5: Summary, Conclusions, and Recommendations for Further Study

Summary of Results

The results of this study revealed several factors that students perceived to be anxiety and stress provoking during the transition into the clinical practicum. Table 1 compares the interviewed students' perceived stressors and anxieties with those from the literature (Chan et al., 1994; McCrea & Brasseur, 2003).

Table 1

Student Anxieties With Application From the Data

Documented Student Anxieties (McCrea & Brasseur, 2003)	**Applications from Reagan University**	**Application to Data from Student Interviews**
(1) The ability to fulfill both clinical and educational demands	Students enrolled in clinical practicum are frequently also enrolled in up to four academic classes, simultaneously.	Students discussed their inability to step away from clinic to make time for other coursework and responsibilities.
(2) Preparing for clinic	Students must create detailed plans of assessment, lesson plans, treatment plans, and treatment outcomes throughout the practicum.	Students reported difficulties managing the required paperwork and still being prepared to see clients each day.
(3) Lack of clinical experience	For most students, this is their first experience assessing and treating clients one-on-one.	Students frequently reported feeling anxiety caused from a lack of previous experience and suggested that supervisors and faculty incorporate more observations and practical experience in the prior coursework.
(4) The ability to apply theory and research into clinical practice	The majority of the coursework consists of theory and research behind the disorders and information on how to assess, but tends to lack in practical therapy techniques.	Students suggested that faculty incorporate more application of the theory into their coursework. It was stated that the students knew what the disorder was, but were not familiar with ways of treating it.
(5) Self-set high expectations	Speech pathology graduate students face great competition in applying for graduate schools and, consequently, are generally overachieving students with a history of success.	Students frequently admitted their expectations of perfection from themselves. They discussed difficulty remembering that the clinical practicum is a learning experience.

While the much of the data was consistent with previous literature, several new themes emerged. Previous studies did not distinguish between anxieties felt before and during the practicum (Chan et al., 1994; McCrea & Brasseur, 2003; Windsor, 1987; Bichoff & Barton, 2002). Tables 2 and 3 describe the new themes that were discovered along with explanation and application from the data.

Table 2

Study-Derived Student Anxieties Before Beginning Clinical Practicum

Emerging Themes Derived from the Current Study	**Applications from Reagan University**	**Application to Data from Student Interviews**
Stories from students who have already experienced the transition	With close friendships fostered among the students, stories are shared frequently between groups of students about classes and experiences.	Students reported discussing the transition with other students, hoping to assist with controlling their anxiety, but instead, resulted in heightened anxiety.
Unfamiliarity with working with adults	Students in Clinic II are presented with their first adult client following a semester of treating only pediatric clients.	Students discussed heightened anxiety entering their second semester because of a lack of familiarity with adult clients.

Before beginning clinic, students frequently attempted to calm their anxiety by discussing their fears with friends in the program who had already made the transition into the initial clinical practicum. While information sharing among peers can be a helpful tool (Elliott, 2002), at times of high anxiety, "people hear what they want to hear or what their emotional state allows them to hear" (McCrea & Brasseur, 2003, p.59). Students reported hearing stories about the transition that they referred to as "horror stories". According to the students, these stories seemed only to reflect the negative

aspects of the clinical practicum and did not discuss the positive. It is possible that, although both positive and negative aspects of the transition were discussed, the anxious student was only able to focus on the negative.

Students also discussed anxiety associated with treating a new population of clients: adults. Although students do not encounter this population until their second semester of the practicum, after having already treated pediatric clients for an entire semester, anxiety was reestablished during this secondary transition. According to Capel (1997), who examined physical education students during two semesters of student teaching in different assignments, it is common to have emerging anxieties with the second placement. The concepts of having a different population of students and a different supervisor increase this anxiety.

The students who reported an anxiety with treating adult clients discussed their fears stemming from a lack of experience with this population. Pre-clinical observations with pediatric clients are more accessible to graduate students due to the settings in which these clients are seen. Schools and summer camps, governed by the Family Educational Rights and Privacy Act (FERPA), are generally more welcoming to graduate student observers than hospitals or out-patient clinics, governed by the Health Insurance Portability and Accountability Act (HIPAA) in which adult clients are commonly seen. Consequently, students at Reagan University experience the majority of their pre-clinical hours with pediatric clients and, therefore, have anxiety with the idea of treating an unfamiliar population.

Table 3

Study-Derived Student Anxieties During Clinical Practicum

Emerging Themes Derived from the Current Study	**Applications from Reagan University**	**Application to Data from Student Interviews**
The shock of an unexpected workload	Students at Reagan University during the semester of this study were unexpectedly presented with two clients instead of the typical one client.	Students reported wishing they had time to mentally prepare for the extra workload.
Learning the rules and regulations of the clinic	The speech and hearing clinic at Reagan University has specific rules that must be understood and followed to maintain client confidentiality and an organized working environment.	Students explained their anxieties were often caused from a fear of not remembering or following the clinic regulations and being penalized for their actions.

The data revealed a number of students experienced anxiety due to an unexpected workload during the practicum. While this specific unforeseen change of an additional client was unique to the students in the studied semester, the literature suggests that it is common to experience anxiety with an unexpected change (Elliott, 2002; Perry & Savage-Davis, 2005). The students enter clinic after experiencing a controlled classroom atmosphere and enter an uncontrolled, more naturalistic clinic atmosphere. With this alteration, these unexpected changes are almost unavoidable. According to Danielle, by adding an additional client to the graduate students' caseload, the amount of work "was essentially doubled".

The data also revealed a great amount of anxiety being caused by graduate students' fears of accidentally not following a clinic regulation. At Reagan University, as well as in many of the SLP programs across the nation, the students are informed of the

clinic rules and regulations in a clinic handbook. This handbook can be downloaded from the internet or purchased from the university bookstore. The handbook is approximately 130 pages and is updated annually. Although the major rules are discussed in class, the majority of the clinic regulations must be read independently in the handbook. The penalties for not following the clinic regulations range from a warning from the clinical educator (minor infraction) to failure of the clinical practicum (major infraction). Other consequences include grade reduction, loss of material borrowing privileges, or the internal letdown of disappointing a clinical educator and disgracing ones reputation. The latter of these consequences is discussed in the literature as a concern of the supervisee's ability to "attain supervisory standards" (McCrea & Brasseur, 2003, p. 68). Graduate students generally have high expectations of themselves and attempt to prove their abilities to their supervisors. By violating the rules in the clinic, the students disappoint both their supervisors and themselves.

Without prompting, students frequently offered suggestions to make the transition smoother for students in the future. This is another area that is lacking in previous research. While this data may also be constrained due to its specificity to the studied speech pathology program, it still holds clinical implications for other SLP programs. Students requested more clinical experience before taking full responsibility for a client. Since managing all aspects of the clinical practicum (data, paperwork, lesson planning, assessment, client care, etc.) is overwhelming when attempted all at once, the students felt that making a slower, more even transition into clinic would have made their transitions less stress provoking.

Additionally, students suggested implementing a mentorship program to assist with the transition. This topic has been addressed in literature from other disciplines (Elliott, 2002; Yates et al,, 1997). Students suggested that by having a fellow student with whom to share anxieties and to ask questions of, the transition would have been more smooth. This concept has been implemented in nearby Midwest universities with a positive success rate (E. McCrea, personal communication, December 4, 2009).

Finally, students requested more flexibility with paperwork deadlines. The students suggested the alternative method of email for exchanging paperwork. While saving the students an additional trip into the clinic, it would also save paper. (E. McCrea, personal communication, December 4, 2009). Additionally, by eliminating the requirement of utilizing hard copies of paperwork, it could decrease the time between drafts. Students would be able to receive returned paperwork immediately, without having to be in the clinic.

Inferences and Potential Clinical Implications

While specific strategies for reducing graduate student anxiety and stress differ amongst universities and programs, the literature suggests that there are three important factors of which supervisors and faculty should be aware to ensure that this transition is bearable for their graduate students. It is suggested that supervisors better understand the students' individual situations, have clear and concise expectations of the students, and that they keep open communication between the supervisee and supervisor (McCrea & Brasseur, 2003). By taking the required measures to ensure these aspects are incorporated, students will have an easier transition into the clinical practicum.

Additionally, supervisors and faculty should consider the following potential clinical implications.

Altering clinical practicum objectives. Analysis of the data reveals that much of the students' concerns are rooted in a general fear of admitting weakness or displaying their incompetency. By awareness of these issues, practicum objectives can be altered to reflect the inescapable learning process through which students are progressing. It is not expected that at the conclusion of the initial clinical practicum, students will be fully independent speech pathologists (Fitzgerald, 2009). The students will have two supervised internships, along with a clinical fellowship year remaining in which to master the therapy skills and behaviors. Consequently, objectives should be reworded to suggest that the students' skills are increased instead of mastered by the conclusion of the initial practicum. When instructing the practicum class, supervisors should remember to focus on the process of improving the students' therapy skills and comfort in the clinical setting instead of simply focusing on the final grade or product. The following table describes how objectives might be rewritten to reflect the implications from the data:

Table 4

Suggested Alterations of Actual Course Objectives at Reagan University

Actual Clinical Practicum Course Objective	**Objective Reflecting Clinical Implications of the Data**
Students will…	Students will…
Assess and plan for a variety of communication disorders.	Progressively gain independence in suggesting and administering assessment procedures for a variety of communication disorders
Implement a plan effectively to treat a variety of communication disorders.	Gain independence in implementing treatment techniques for clients with a variety of communication disorders.
Manage client behavior and attention.	Knowledgeably discuss client behavior and attention with a clinical educator and work to develop a behavior plan which will benefit each individual client.
Write accurate and concise reports as a record of the treatment process.	Gain independence in the clinical writing process in order to accurately record treatment results.
Communicate effectively with clients and client's families.	Gain comfort and confidence when communicating with the clients and the client's family.

By slightly altering the objectives to encourage learning and the acceptance of mistakes, the objectives become less intimidating and more welcoming to the learning process.

While these alterations are appropriate for the initial clinical practicum, it is necessary to increase the complexity of the objectives for subsequent placements. Students approaching the completion of their master's program should have developed a majority of the clinical skills, as well as the confidence to complete the clinical requirements independently, using the supervisor as merely a consultant, not a direct model (Fitzgerald, 2009).

Implement a Mentorship Program. A common suggestion among the students interviewed was to implement a program allowing the students to ease into the

responsibilities of the practicum. Common in many healthcare disciplines, mentorship or preceptorship programs allow for the students to incorporate peer-based instruction into the learning process with the goal of reducing anxiety and improving student confidence (E. McCrea, personal communication, December 4, 2009; Elliot, 2002; Yates et al., 1997). Although it is not completely necessary for the program to be supervised in its entirety, to ensure initial success, the program should be carefully monitored by measuring student expectations, setting clear guidelines and requirements, and systematically matching student pairs. After time, the program may become self-sufficient to where it operates without staff or faculty involvement.

At the studied university clinic, this program could be easily initiated. Because of the two clinical practicums which follow each other, students could be paired: a Clinic I student new to the clinical setting with a Clinic II student who is familiar with the routine. The mentor/mentee pair could meet weekly or biweekly to discuss progress and offer emotional and academic support to each other. This could be an informal system for providing support to students making the transition into the clinical practicum.

Limitations/Delimitations of the Study

While the findings of this study are partially generalizable to all SLP programs in university settings, qualitative research studies, by definition, are not always generalizable in the conventional meaning (Creswell, 2009; Bogden & Biklen, 2007). Since it cannot be assumed that each university program follows identical patterns as the university studied, I instead attempted to outline the general thoughts and feelings of a graduate student as he or she makes this transition. To a certain extent, all graduate students face similar obstacles which create similar emotional reactions. With this

mindset, the study's findings are applicable to educators outside of the Reagan University.

Although all graduate programs do not follow identical patterns, it should be noted that the American Speech-Language and Hearing Association, through strict accreditation standards, mandates that all graduate programs address specific coursework and topics in both academic and clinical education. These standards ensure that any accredited graduate SLP program will offer very similar student experiences, increasing the overall credibility and generalizability of this study. Similar to the accreditation standards set by ASHA for graduate SLP education, other academic disciplines undergo strict national mandates and follow similar patterns to ensure the quality and alikeness of the completed university degree, again improving the generalizability of the results of this study to other academic disciplines.

This research was completed as a case study of a single university speech-language pathology program and was limited to interviews of only those students enrolled in the program. The study was completed in this manner to narrow its findings to understand the specific perceptions of students at Reagan University with hopes of improving the transition for its students. For the study to have greater clinical implications across university settings and disciplines, it would be necessary for students from other speech-language pathology programs to be interviewed (Bogden & Biklen, 2007). This would allow for more background information on different models of supervision and their affect on student anxiety. Additionally, it would allow for an opportunity to discover which separate program characteristics are most helpful and most stressful for students.

The small sample size and diversity of those sampled were a limiting factor of this study. The sample size was limited partially due to the size of the researched program. At the conclusion of the interviews saturation of the data was reached, therefore no further data was collected as the interviews continued to yield redundant information (Bodgen & Biklen, 2007). The diversity of the sample was limited in this study to be representative of the population at Reagan University, as well as similar to that of the overall population of graduate SLP students nationally (approximately 96% female and 4% male) (ASHA, 2010).

Due to the timeframe of the research, the student interviews were completed during the first four weeks of the practicum. This allowed for adequate data surrounding anxieties prior to beginning the practicum and those which arose in the first four weeks, but did not include anxieties arising toward the completion of the study. While the data gathered is applicable for studying this phase of the transition, it has been noted that students report specific differences in anxieties throughout other stages of the program (Chan, et al., 1994). The timing of the interviews during the Evaluation-Feedback Stage of the transition (Anderson, 1988) may have influenced the students' feelings about their supervisors due to their strict reliance on the supervisors at this time for feedback and support. With additional interviews being completed in subsequent stages of the transition, it is suspected that student interview data would be altered due to a gain in confidence and independence in their clinical skills (Kushnir, 1986).

Directions for Future Study

Analysis of the data from this study displayed a need for future study in the transition from academic to clinical coursework. While the student data during the first

four weeks of practicum was sufficient to draw conclusions about the anxiety provoking aspects of the transition, the limited timeframe did not allow for information to be gathered regarding the full experience of the practicum and how the stressful aspects alter over time. As students gain confidence and transition into the Self-Supervision State (Anderson, 1988), their perceptions of the supervisors, clinic regulations, and therapy techniques are altered (McCrea & Brasseur, 2003). By completing additional interviews throughout the duration of the practicum, further knowledge can be gained on understanding the whole transition.

After the completion of the on-campus clinical practicums, the students make an additional transition into an off-campus internship where they are supervised by unfamiliar persons and required to, once again, gain comfort in a foreign setting. Further studies are suggested which explore this transition to gain results which may be compared to the current study. It would be of interest to gain understanding as to which factors of anxiety are reduced over time and throughout additional transitions, and which anxiety provoking events are constant among the phases of the program.

This university did not have a program in place to manage student stress and anxiety during the clinical practicum. Research needs to be completed in the setting of a university program with a clear strategy for managing or reducing anxiety and stress. An example would be a program which implements a mentorship program or one that allows students to gain clinical responsibilities at a more measured pace. It would be of interest to observe the success of these programs in reducing student stress and anxiety.

Finally, this case study did not include perceptions of the clinical educators on the stress and anxiety of the students. A study could be completed which includes input from

the supervisors on perceived stressors for the students, as well as supervisor anxiety. It has been documented that both parties experience anxiety during this transition and it would be helpful to better understand the similarities in the etiologies for anxiety, as well as the student and supervisor perceptions of each others' difficulties (McCrea & Brasseur, 2003). There is a need to explore these concepts with the ultimate goal of improving the transition into the initial clinical practicum for future generations of speech-language pathology graduate students.

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Eastern Michigan University
College of Education
Review Committee on Student Research
Involving Human Subjects Committee Action

Project Title: Graduate speech-language pathology student's reactions to the transition from academic to clinical coursework.
Principal Investigator (must be a faculty member): Sarah Ginsberg
Department: Special Education
Co-PI / Student Investigator: Amanda Schramski

Approved [X] Conditional Approval [] Disapproved [ ]

Reasons, if disapproved:
*Consent form needs Dr. Bretting as contact instead of the people listed.

Signature for the Committee: Date:

Comments:
* Please note that all Human Subjects Proposals need to be submitted well in advance of scheduled solicitation of potential participants and that **no data involving Human Subjects should be collected prior to approval.**

NOTE

1. Investigators are obligated to advise the review committee of any change in protocol that might bring into question the involvement of human subjects in a manner at variance with the considerations on which the prior approval was based.
2. Every 12 months from the date of this approval or at shorter intervals where specified by the committee, the investigator must submit the proposal to the committee for re-review.
3. Investigators are required to immediately suspend an inquiry if they observe an unanticipated negative change in the health or behavior of a subject that may be attributable to the research, and shall report the circumstances promptly to the review committee for its further review and decision on continuation or termination of the project.

XC: File

Revised 11/23/09
mbo