

Clinical Education Handbook for SPEECH-LANGUAGE PATHOLOGY



**Elizabeth Carrow Woolfolk and Robert M.
Woolfolk School of Communication Sciences and
Disorders
(CSD)**

2017-2018

**Our Lady of the Lake University
HARRY JERSIG SPEECH-LANGUAGE-HEARING CENTER (HJC)
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**Master's Program in Speech-Language Pathology
at Our Lady of the Lake University is accredited by
Council on Academic Accreditation
in Speech-Language Pathology and Audiology (CAA) of
American Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville Maryland 20850
800.498.2071 or 301.296.5700**

EXCERPTS FROM THE ASHA WEBSITE, COPYRIGHT 1997-2017

*Standards and Implementation Procedures for the Certificate of Clinical competence
Effective September 1, 2014*

The following items are downloadable at the American Speech-Language-Hearing Association website:

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

Standard I:	The Degree
Standard II:	Education Program
Standard III:	Program of Study
Standard IV:	Knowledge Outcomes
Standard V:	Skills Outcomes
Standard VI:	Assessment
Standard VII:	Speech-Language-Hearing Pathology Clinical Fellowship
Standard VIII:	Maintenance of Certification

The following items are available on the American Speech-Language-Hearing Association website:

Code of Ethics of American Speech-Language-Hearing Association:

<http://www.asha.org/Code-of-Ethics/>

Scope of Practice in Speech-Language Pathology

<http://www.asha.org/policy/SP2016-00343/>

Scope of Practice in Audiology

<http://www.asha.org/policy/SP2004-00192/>

AMERICAN SPEECH-LANGUAGE –HEARING ASSOCIATION (ASHA)

Review and Use of Clinical Education Handbook

This handbook has been designed to provide incoming graduate students in the Communication Sciences and Disorders (CSD) program with information about the clinical education policies, procedures, and standards. This program's clinical policies are designed to encourage understanding and mutual respect for all faculty, staff, and students.

This handbook is to be used in conjunction with your communication disorders program degree plan, course outlines and the university bulletin. This handbook may be used as a resource supplement for the CSD 6365, 6366, and 6167 Clinical Methods courses and CSD 7377 and 7379 Field Practicum courses.

The handbook should serve to guide you through all of your clinical experiences within the Harry Jersig Center, field placements, in preparation for graduation and transition from graduate student to clinical fellow.

The Clinical Education Handbook should be read within the first two weeks of starting classes for the semester.

In addition to requirements for the Master's degree in Speech-Language Pathology, the CSD degree programs provides students with the opportunity to meet clinical education requirements for:

- Council on Academic Accreditation (CAA)
<http://caa.asha.org/>
- ASHA Clinical Certification
<http://www.asha.org/>
- Texas State Licensure
<https://www.tdlr.texas.gov/slpa/slpa.htm>

Students need to check in with their academic advisor with questions as well as consistently monitoring the programs requirements and the websites noted above to verify completion of requirements.

This handbook is subject to modifications during enrollment in the program. Modifications related to legal matters, maintaining program accreditation or compliance for graduate study requirements will be implemented as necessary. Students will be informed in the event of modifications. Please contact Director of Clinic Education with any questions or concerns regarding content in this handbook.



Table of Contents

Clinical Education Handbook for Speech Language Pathology..... 1
EXCERPTS FROM THE ASHA WEBSITE, COPYRIGHT 1997-2017 2
Review and Use of Clinical Education Handbook 3
Introduction 7
Part I: Clinical Education Handbook for Speech-Language Pathology 10
Equal Employment Policy..... 10
ADA Policy 10
Council on Academic Accreditation 10
Student Complaint Policy..... 11
Part II: Clinical Program Overview 13
Essential Skills and Standards Acknowledgment: Fitness to Practice..... 13
Knowledge and Skills..... 13
Graduate Clinical Curriculum 13
Clinic Education Expectations 14
Communication Skills and Services..... 15
Policy on Receipt of Services at the Harry Jersig Center (HJC) 17
Part III: Departmental Clinical Education Policies and Procedures..... 18
Immunization and Credentialing..... 18
Social Media Policy..... 20
Cell Phone Policy 22
Dress Code Policy 22
Gifts, Donations, Gratuity Policy 23
HIPAA Confidentiality..... 23
Inclement Weather & Accident/Illness Procedure 24
Emergency Procedures 24
Infection Control Policy and Procedures 26
Student Responsibilities..... 28
Professional Behavior Guidelines for Participation in SLP Clinical Training..... 30
Clinical Responsibility Policy: Practicum Student Agreement 30

Clean-up Policies and Procedures.....	30
Clinic Material and Check-Out Procedures	31
Student Workroom Policies and Procedures	33
Clinical Procedures and Professional Resources.....	33
Clinical Observation and Recording of Practicum Sessions Policy.....	34
Clinical Observations: Graduate.....	36
Clinical Observations: Undergraduate	37
Part IV: Clinical Practica Requirements and Implementation.....	38
Treatment Practicum Overview	38
Requirements for Entry and Continuation in Practicum.....	39
Application for Practicum (Treatment).....	41
ASHA Requirements.....	45
HJC Practicum Setting and Supervision	47
Treatment Practicum: CSD Courses 6365, 6366, 6167	48
Keeping the Same Client	49
Additional Client Assignments	49
CALIPSO (link is pasted below).....	50
CLINIC PRACTICUM: FIELD PLACEMENT.....	51
Field Placement Policies and Responsibilities for Students.....	53
Bilingual and Cultural-Linguistic Diversity Certification.....	54
Part V: CSD Clinic Treatment Basics	55
Student Communication and Interactions.....	55
Practicum Supervision.....	55
Modes of Communication Between Clinical Educators and Graduate Students	56
Practicum Assignment Process	56
Required Clinical Meetings	57
Clinical Meeting Agenda	57
Client Preparation	58
General Planning for Treatment with Clients	58
Parent/Client Conference Checklist.....	59

End of Semester Close-Out	59
Diagnostic Practicum Overview	60
Method of Assigning and Scheduling Diagnostic Assignments.....	60
Process for Referred Evaluations	61
Diagnostic Assignments May Include	61
Part VI: Clinical Documentation Procedures.....	62
Treatment Documentation	62
Part VII: Practicum Grading.....	66
Grading Consideration for Clinical Practicum	66
Clinical Remediation Plan (CRP).....	66
<i>Appendices</i>	69
A-A: Essential Skills and Standards Acknowledgement	70
A-B: Professional Behavior Guidelines for Participation in SLP	73
Clinical Training.....	73
A-C: Clinic Responsibility Policy: Practicum Student Agreement.....	74
A-D: APPLICATION FOR PRACTICUM ASSIGNMENT	75
A-E: Practicum Assignment Form.....	77
A-F: Template for Chart Review	78
A-G: Staffing Outline	79
A-H: Parent/Client Conference	80
A-I: NOTIFICATION OF DIAGNOSTIC ASSIGNMENT	81
A-K: End of Semester Close-Out.....	82
A-L: CLINIC (TREATMENT) OBSERVATION	83
A-M: DIAGNOSTIC OBSERVATION	84
A-N: CDIS Clinic Remediation Plan	85
A-O: Clinic Materials	86
A-P: Treatment Hierarchy / Lesson Plan	87
A-Q:Information for Field Placement Supervisors	89
A-R: OLLU Harry Jersig Speech-Language-Hearing Center (HJC) Privacy Policy.....	91
A-S: Requirements Worksheet (for student use).....	94

Introduction

Welcome

Dear Speech-Language Pathology Graduate Student,

Welcome to the graduate program in the Elizabeth Carrow Woolfolk and Robert M. Woolfolk School of Communication Sciences and Disorders at Our Lady of the Lake University!

The mission of the clinical practicum program is to provide a range of practicum experiences and training opportunities in order to produce well-rounded and competent clinicians who can work independently as clinical fellows in the field of speech-language pathology by the completion of this program. The clinical faculty and the director of clinical education will provide guidance and support throughout this clinical practicum experience. Another resource to help you achieve your goals and guide you through the clinical process is the Clinic Practicum Handbook. Please use the Clinical Practicum Handbook to obtain information regarding the policies and procedures that are implemented within our program's clinical practicum experience.

Our program offers a range of innovative and diverse clinical practica experiences and opportunities throughout your graduate program. You will gain clinical knowledge and skills to work effectively with;

- clients across the lifespan,
- clients with a range of types and severities of communication and swallowing disorders, and,
- clients from a range of culturally and linguistically diverse populations.

Our clinical faculty has a wealth of expertise and experiences that we are eager to share with graduate students entering the program.

The faculty and staff are honored that you have chosen our program and we are dedicated to your success.

We look forward to guiding you in the development of your clinical and professional skills in speech-language pathology!

Warm Wishes,

Rosa Lydia Martinez, M.S., CCC-SLP

HJC Administration

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Amanda Medina	Cynthia Davila
Office Number : 210.431.3938 Fax Number : 210.434.9360	
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Mission and Philosophy

- to prepare students for successful careers in speech-language pathology
- to provide evidence based services to individuals with communication and swallowing disorders
- to engage in scholarly activity in the field of communication sciences and disorders.

Philosophy of Clinical Education

Our CSD department goal is to integrate the academic content, alternative clinical education methods (ACE), assessment and treatment assignments with clients, and other learning options to develop graduate students' knowledge and skills of communication and swallowing disorders.

The clinical education component is applied as a dynamic process to elicit active learning to apply what is learned in courses to their clinical work with clients who have varied types of communication and swallowing disorders. The focused outcomes are to prepare clinicians to demonstrate the ability to;

- Analyze, synthesize and interpret information obtained in coursework as well as information obtained during diagnostic and treatment sessions.
- Problem-solve and make decisions based on evidence-based practice.
- Conduct assessment and treatment methods on clients with a range of communication disorders.
- Communicate effectively and professionally.
- Self-evaluate and accurately reflect on skills in order to further develop and refine clinical competencies to extend their knowledge base.
- Demonstrate ethical and responsible professional behavior.
- Work in interprofessional settings.

The long term goal of our clinical education is to provide students with a solid academic and clinical foundation in order to succeed in a diverse range of educational, healthcare and rehabilitation settings.

Part I: Clinical Education Handbook for Speech-Language Pathology

The Clinical Education component of the CSD program at OLLU adheres to the standards of the Council of Academic Accreditation (CAA) in Speech-Language Pathology affiliated with the American Speech-Language-Hearing Association (ASHA). OLLU Clinical Education follows the 2014 Standards of the Council for Clinical Certification (CFCC) in order to provide a clinical experience that will allow students to qualify for completion of a Clinical Fellowship in Speech-Language Pathology and eventual ASHA Certification and applicable state licensure.

Movement across the Clinical Practicum continuum is based on fitness to practice essentials as well as satisfactory academic and practicum achievements. Fitness to practice essentials, ensure that candidates can successfully complete the essential functions of the program required for safe and appropriate provision of clinical services. The Clinical Education component of the CSD program has a responsibility and commitment to the public to assure that graduate students become fully competent and capable of delivering quality services while preserving the well-being of clients they serve. It is critical that individuals admitted, retained, advanced, and graduated from the CSD program possess the cognitive skills as well as the integrity, compassion, physical and emotional responsiveness to service individuals with communication and swallowing disorders.

Equal Employment Policy

Our Lady of the Lake University (OLLU) has declared a policy of providing equal opportunity in all policies and procedures affecting employment and education. In conjunction with the objectives of the policy and in accordance with the various local, state, and Federal laws, rules and regulations, the University is committed to providing employment and educational opportunities without regard to race, color, religion, sex, age, **national origin, sexual orientation, veteran status and/or the presence of a disability.**

ADA Policy

Department policy is aligned with university policy which states that if a student has a documented disability and requires accommodations to obtain equal access in clinical practicum, the student should contact the Director of Clinical Education at the beginning of his/her graduate program and the instructor of his/her practicum class each semester with reasonable accommodations. Students with disabilities must verify their eligibility through the University's Office of Services to Students with Disabilities (SSD). www.ollusa.edu/ada; email ada@ollusa.edu; phone (210) 431-4010; or visit Sueltenfuss Library Room 125.

It is important to note that academic accommodations do not directly translate to clinical practicum accommodations because it is essential to maintain the well-being of the client, the standards of external field placement sites, and we need to maintain standards critical to the field of speech-language pathology.

Council on Academic Accreditation

Concerns and questions relative to the academic and clinical training issues of the Department's accredited program should be directed to the Department Chair. Students may also contact the American Speech-Language-Hearing Association, Council on Academic

Accreditation at 2200 Research Boulevard, Rockville, MD 20850-3289, telephone 301.296.5700.

Procedures for Complaints to the CAA Against Graduate Education Programs:

A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

Criteria for Complaints

Complaints about programs must:

- a. be against an accredited educational program or program in candidacy status in audiology or speech-language pathology and/or audiology,
- b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology (<http://www.asha.org/Academic/accreditation/accredmanual/section3.htm>), and
- c. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.

All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850. The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. Complaints will not be accepted by email or facsimile.

Additional information can be located on the ASHA web site, specifically at:

<http://www.asha.org/academic/accreditation/>

Student Complaint Policy

In some cases, a student may disagree with a faculty member or clinical educator to the extent that the situation warrants communication and action to reach optimal resolution. The following policies and procedures have been established to guide students and CSD Department members in such situations:

- Depending on the nature of the complaint, the student is encouraged to meet with the faculty member/clinical educator who is directly involved in the situation. Both parties will discuss the complaint and attempt appropriate way(s) of managing the identified concern(s).
- If the issues cannot be addressed at that level, the student should meet with the department chair to discuss concerns related to the academic program. For concerns related to the clinic program, the student should consult with the clinic director

whenever possible. If the student has complaints or concerns regarding the internship, the student should consult with the internship liaisons. In any clinic program cases, the student may consult with the department chair as well.

- In all cases, the student may seek the advice of their assigned academic advisor.
- The academic advisor is to be informed of major student complaints. The academic advisor will keep a written record of major complaints and how they were addressed.
- The clinic director and field placement liaison will keep a record of complaints and how they were addressed at their levels (development of documentation in process).
- The program chair will keep a record of major complaints that are addressed at the chair level.
- University policy is followed in cases regarding equal opportunity, sexual harassment, and reasonable accommodation. We also follow the University Academic Grievance and Appeal Policy and Procedures. This information is posted in the online and print copies of the College Catalog.

Part II: Clinical Program Overview

Essential Skills and Standards Acknowledgment: Fitness to Practice

Purpose: Faculty to obtain baseline information regarding the Fitness to Practice areas in order to assure that graduate students entering the CSD program and the field of speech-language pathology have the capacity to adequately serve the individuals with communication and swallowing disorders.

Rationale: In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social-professional. These skills enable a student to meet graduate and professional requirements as measured by entry level competencies for state licensure and national certification. Some of these skills are inherent and some can be taught and developed during the course of the graduate program through coursework and clinical experience.

[\(Appendices\) A-A: Essential Skills and Standards Acknowledgement \(Fitness to Practice\)](#)

Knowledge and Skills

CSD graduate students will be expected to meet all knowledge and skill competencies required for certification by the Council on Clinical Certification (CFCC) of the American Speech-Language-Hearing Association. The 2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology can be found at the ASHA website.

Graduate Clinical Curriculum

The academic and clinical curriculum of the CSD department at OLLU are designed to guide the student to achieve the knowledge and skills required for independent practice as a speech-language pathologist (SLP), and to meet all standards for certification set out by the Council on Clinical Certification of the American Speech-Language-Hearing Association (ASHA). Both course work and clinical practica are designed to enable the student to develop the critical thinking skills needed to evaluate the most effective evidence-based support for application of knowledge obtained through content in coursework that emphasizes scientific and humanistic aspects of future clients.

In addition to sequenced course in communication sciences and disorders and research design, students need to obtain the following:

- 25 hours of clinical observation
- 375 clock hours of direct hands-on clinical practicum experience

Per ASHA requirements:

- Students will be supervised by individuals holding the ASHA Certificate of Clinical Competence (CCC)

- Students will be provided with a minimum of 25% percent of direct supervision, with the exact amount of supervision commensurate with the skill level of the student clinician.
- As students progress through the clinical continuum, the expectations for independent clinical activity will increase.

The CSD clinical education program is designed to;

- Give students a range of opportunities in various clinical settings in the community
- Provide real time client experiences throughout various settings
- Provide students with Alternative Clinical Education (ACE – no more than 75 clinical hours) which ASHA defines as the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Students are expected to adhere to the rules and regulations relative to clinical services that hold paramount the welfare of the clients served at the site, including ethical practice and compliance with state and federal regulations.

Clinic Education Expectations

As a graduate student of Speech-Language Pathology, you are embarking on a great journey of academic and clinical rigor. This is a fulltime commitment at OLLU across the CSD academic and clinical education programs.

Graduate students are expected to be available Monday through Friday for classes and clinic practicum. Clinical assignments are scheduled between 8:00 am-6:00 pm Monday through Friday and revolve around the course schedules. The exception to this schedule only occurs during field placement externships in the second year of practicum. During external field placements, students will follow the schedule of their field placement assignment.

The first few semesters students are assigned to HJC-CSD students can expect to be assigned to a range of different clinical experiences as well as number of clients. Students may experience individual and group treatment.

Because of our commitment to training students and our commitment to providing services for the community, the clinic calendar does not always align exactly with the academic coursework calendar.

Between classes and clinic, graduate students can expect full day(s) in the CSD department for the next few semesters the first year. Starting the second year, students who have successfully met clinical competencies, will be assigned to off-campus field placement sites which entail a schedule of 4-5 days a week, fulltime, at a site assigned by

field placement liaison(s). **It is the CSD program policy for students not to coordinate their own externship assignments.**

In addition to real time attendance and participation in classes and clinical assignments, students are expected to balance their planning for coursework and clinical assignments. This means that students will have to work outside clinic and class hours in order to successfully manage classes and client diagnostic and/or treatment sessions.

We acknowledge and understand that it is common to feel overwhelmed at times trying to balance coursework and clinical assignments. Time management, organization, a positive outlook, initiative and motivation are all important factors in setting up and shaping a positive graduate experience.

Communication Skills and Services

All CSD graduate students at OLLU must demonstrate communication competence consistent with ASHA's Standard V – A for Certification in Speech-Language Pathology. The CSD graduate students must demonstrate skills in oral and written or other forms of communication sufficient for entry into professional practice. Students must “demonstrate speech and language skills in English, which, at minimum, are consistent with ASHA's current position statement on “students and professionals who speak English with accents and nonstandard dialects.” In addition to issues with spoken English proficiency, this policy applies to all types of communication differences and disorders that may affect clinical competence. For written documentation, students must “be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans and professional correspondence.” (ASHA 2005) Information must be communicated in a clear and understandable manner, in both written and oral contexts, including settings with limited time options.

Students must possess the skills to:

- assess and effectively communicate relevant information
- assess incoming information and adjust as needed
- modify communication style to accommodate the needs of clients and caretakers
- display responsive and empathetic listening skills to facilitate effective interaction with clients
- demonstrate sensitivity to cultural differences
- express ideas clearly and demonstrate willingness to accept constructive feedback

The CSD program will provide the opportunities to all students to develop the needed range of communication skills to prepare them to practice clinically at an entry level of proficiency, across the scope of practice.

Non-Standard Dialect

For students who are English Language Learners (ELL-Primary language other than English), the department adheres to ASHA’s position statement, “Students and Professionals Who Speak with Accents and Nonstandard Dialects.” ASHA’s position statement indicates, “students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of treatment and diagnostic competencies to model target phonemes, grammatical features, or other aspects of speech and language that characterizes the client’s particular problem.”

ASHA Joint Subcommittee of the Executive Board on English Language Proficiency (1998). Students and professionals who speak English with accents and nonstandard dialects; Issues and recommendations. ASHA, 40 (Suppl. 18), 28-31.

<http://www.asha.org/practice/multicultural/issues/pp.htm>

Non-native English speakers

Graduate students who are non-native speakers of English are informally assessed during their interview for admission and the whole incoming class may be further assessed following admission. The clinical faculty conducts informal screening of the intelligibility and oral communication, in English, of all graduate students. Any student, whatever his or her native language, who is identified by an instructor, whether academic or clinical, as having spoken or written language proficiency that does not meet the above standard will be offered the opportunity to receive assessment and intervention through appropriate venues, to include the program’s Speech-Language-Hearing Center. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. Efforts will be made to assist students in locating appropriate services/resources. Appropriateness of continuation as a student clinician in clinic will be made on a case-by-case basis if a student has been identified as presenting a deficiency in spoken and/or written English. Students who have been identified as needing services to improve their English must be approved by the Director of Clinical Education (DCE) for admission into, or continuation of, the clinical practicum experience.

Non-standard English speakers

CSD graduate students identified as presenting with language differences that may interfere with successful completion of clinical training will be counseled by their Academic Advisor and the Clinic Director. Strategies to improve their oral and/or written proficiency in Standard English as well as resources to support improvement in oral and/or written proficiency will be provided to the student via documented consultation with the Academic Advisor and the Clinic Director, and via feedback received from clinical faculty/instructors. Documented consultation may be drafted as a clinical remediation plan. If documented consultation does not meet the student’s needs, attempts will be made to provide resources for individualized intervention, including, at the

student's request, the program's Speech-Language-Hearing Center. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

Students with communication disorders

CSD graduate students with communication disorders that may interfere with successful completion of clinical training will be counseled by their Academic Advisor and the Clinic Director. Students will be provided with information on assessment and intervention services available in the community, including the program's Speech and Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others.

Policy on Receipt of Services at the Harry Jersig Center (HJC)

Master's students electing to receive services at HJC, will not receive services from student clinicians in the same cohort. CSD students do not pay a fee for services received at HJC. A variety of options may be considered as needed.

Part III: Departmental Clinical Education Policies and Procedures

Immunization and Credentialing

****Health Immunizations and Credentials REQUIRED to Participate in Clinical Practicum****

The CSD Program follows the ADULT Immunization Schedule recommendations for Healthcare Professionals provided by the Center for Disease Control. Please visit the following websites for detailed information:

www.cdc.gov/vaccines/schedules/hcp/adult.html

www.immunize.org/catg.d/p2017.pdf (specific to health care professionals)

NOTE: ADULT is since the age of 19 years

Record of ADULT immunization OR laboratory evidence of disease or immunity (titer) must be provided for the following:

- **TB** (tuberculosis): skin test annually; chest x-ray every 2 years; skin test available through OLLU Health Services (approx. \$20.00)
- **Influenza:** required annually; available through OLLU Health Services mid-late September
- **MMR** (measles, mumps, rubella)
- **Varicella** (chicken pox)
- **Dtap or Tdap** (tetanus; diphtheria; pertussis)
- **Hepatitis B:** must have initiated series at the time of Orientation if needed
- **Meningitis:** required of all students entering OLLU

**Titer tests are available at a variety of labs and pharmacies around San Antonio.

Vaccines are an important step in protecting adults against serious, sometimes deadly, diseases. Even if you were vaccinated at a younger age, the protection from some vaccines can wear off or the virus or bacteria that the vaccine protects against changes so your resistance is not as strong. As you get older, you may also be at risk for vaccine-preventable diseases due to your age, job, hobbies, travel, or health conditions. (*CDC website*)

CDC recommends that all adults get the following vaccines:

- Influenza vaccine every year to protect against seasonal flu
- Td vaccine every 10 years to protect against tetanus
- Tdap vaccine once instead of Td vaccine to protect against tetanus and diphtheria plus pertussis (whooping cough) and during each pregnancy for women

- Other vaccines you need as an adult are determined by factors such as age, lifestyle, job, health condition and vaccines you have had in the past. Vaccines may include those that protect against: shingles, human papillomavirus (which can cause certain cancers), pneumococcal disease, meningococcal disease, hepatitis A and B, chickenpox (varicella), and measles, mumps, and rubella

*** Note: The TB screen and liability must be submitted every twelve months. Documentation of a clear X-ray is valid for two years in addition to departmental instructions which will be determined on a case by case basis depending on the specifics of each case.**

Notes:

- ***The CPR class*** is scheduled for each admitting class in the fall at no cost to the student. If the student does not make that class, the student will have to arrange and pay for the training.
- ***A criminal background check form*** is provided by the field placement facility to each student. The student completes the form and turns it back to the field placement facility. That facility will complete the check and report the results to the student prior to the beginning of practicum. Students will complete one criminal background check for each year they complete practicum.
- ***Hep. B series*** require a three-month period to complete, therefore, if you are interested in being available to all field placement sites you are advised to complete the series of immunizations during the first year of practicum. This will mean that the series would be complete before you apply for field placement.

****Please note that a delay in meeting the criminal background check and/or immunization records requirements may cause a delay in clinical placement and therefore impact the student's actual graduation date.***

Social Media Policy

Background

Through internet and mobile technologies, social media has become a timely and widespread form of communication. Social media sites are less passive and more interactive, user generated sites (Zur, 2011). Social Media includes all but not limited to Twitter, Facebook, LinkedIn, MySpace and blogs. The purpose of this policy is to outline professional behavior expected from OLLU graduate clinicians when using social media.

Rationale for the Policy

Graduate students must realize that their personal lives could affect their professional reputation and credibility. Students must uphold the same code of ethics as outlined by ASHA in their personal lives. This policy also helps students to protect themselves from invasions of privacy.

Behavior Expected from Students

1. Be aware of what is available to the public. Examine the privacy settings available in each site and ensure that only the information you want available will be visible to the public.
2. Exercise good judgment when posting to social media sites. Although you may not be “friends” with clients, the information available on your profiles are still out there. “These active, interactive forums require much more care and attention regarding the confidentiality and privacy of the therapist-client communication” (Zur, 2011).
3. Interaction with clients via social media is explicitly prohibited. All interactions with clients should occur via school e-mail accounts. Notify a supervisor immediately if a client attempts to continue communication via social media.

Best Practices that SLP Students Are Expected to Follow

1. Take responsibility and use good judgment. You are responsible for the material you share through social media. Be courteous, respectful, and thoughtful about how others may perceive or be affected by what you share. False and unsubstantiated claims and inaccurate or inflammatory communications may create liability for you.
2. Think before you post. Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Current instructors/supervisors, future employers, and clients often have access to this information and may use it to evaluate your personal and professional judgment and suitability for employment. Take great care and be thoughtful before placing your identifiable comments in the public domain.
3. Protect your own privacy. Make sure you understand how the privacy policies and security features work on the sites where you are sharing material. Use privacy settings to safeguard personal information and content to the extent possible, but

realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently.

4. When interacting with other students, faculty or clinical instructors, or patients on the internet, maintain appropriate boundaries in accordance with professional and ethical guidelines just as you would in any other context.
5. When students see unprofessional content posted by colleagues, they have a responsibility to bring the appropriateness of that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior violates professional norms and the individual does not take appropriate action to resolve the situation, the student should report the matter to a SLP faculty member.

Activities That May Be Grounds for Dismissal from the SLP Program

Publishing, discussing, or sharing in any way the health information of other individuals. Be aware that removal of an individual's name or use of a pseudonym does not constitute proper de-identification of protected health information.

1. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or posting of patient stories and/or pictures (such as a before/after photograph of a patient having surgery, or a photograph of a patient participating in therapy or even social activities may still allow the reader to recognize the identity of a specific individual.
2. Claiming to be an official representative or spokesperson for OLLU or its entities, including the SLP program.
3. Assuming the identity of another person or otherwise attempting to obscure one's own identity as a means to circumvent the prohibited activities outlined in this policy.

Unprofessional Behavior that may be the Basis for Disciplinary Action

1. Using vulgar language.
2. Using language or photographs that imply disrespect for any individual or group, including but not limited to age, race, gender, ethnicity or sexual orientation.
3. Publishing or sharing in any way, personal photographs or photographs of oneself or others that may reasonably be interpreted as condoning irresponsible use of alcohol, the use of recreational drugs, illegal activities, or sexual promiscuity.
4. Publishing, discussing, or sharing in any way, potentially inflammatory or unflattering material on another individual's website (e.g. on the "wall" of that individual's Facebook site).
5. Publishing or sharing in any way, personal photographs or photographs of clients in clinic or social situations. Keep in mind, permission forms signed for use of

photographs, etc. in the program/clinic, are NOT intended for student permission/use.

Student Organization Use of Social Networking Sites

Registered student organizations that use social networking sites are required to seek permission of the advisor prior to posting material. Student organizations are not to represent themselves as official representatives or spokespersons for OLLU, its entities or any other organization, affiliated or unaffiliated.

Zur, O. (2011). To Accept or Not to Accept? How to respond when clients send "Friend Request" to their psychotherapists or counselors on social networking sites.

Kaplan, A., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of Social Media. *Business Horizons*, 53(1), 59-68. **Professional Behavior Guidelines for Participation in SLP Clinical Training**

Cell Phone Policy

Cell phones must be turned off during practicum unless used for data collection or other approved clinical activity. Students must notify faculty or staff if there is an emergency situation. Students observed using a cell phone for non-approved use (texting, Facebook, Twitter, etc.) during class, meetings, or practicum hours with an OLLU or field placement Clinical Educator, will be asked to leave the Clinical Site immediately and will not receive credit for work done at that time.

Dress Code Policy

Dress Code for Clinic Practicum (the CSD Program has a basic dress code for therapy sessions)

- Blue Polo tops – students will purchase through organized group order during orientation
- Navy, Khaki, or Black trousers/slacks or skirts – personal choice; student responsibility to provide items within clinic guidelines
- Clinic Nametags:
- Student clinicians must wear his/her nametags during clinical therapy, conferences with clients/family members, and during clinic-related functions.

Appropriate clinical dress may include:

1. Neatly pressed polo shirts with khaki pants or slacks.
2. Shoes can include loafers, lace-ups, clean walking/running shoes, dress sandals, flats or pumps.

Additional Dress Code Tips:

- Leave a cardigan, jacket at the clinic in case you need to cover-up.
- There may be instances where clinical faculty will allow provisional dress code options such as clean, well colored and maintained blue jeans, and clean tennis shoes if you are conducting Floor Time activities with young children or highly active children.
- Leggings and capris are not acceptable.

Gifts, Donations, Gratuity Policy

Clients sometimes offer to give money or other gifts to student clinicians in appreciation for services rendered. Only gifts valued less than \$25.00 may be accepted. Donations to the Communication Sciences and Disorders program and donations are tax deductible. Clients may contact the Clinic Director or the Administrative Clinic Manager if they wish to make a donation. Gifts of children's toys or books that may be used for therapy are also welcome.

HIPAA Confidentiality

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE TIPS

From: Cornett, B. (2002, Feb. 5). The HIPAA privacy rule in everyday life. *The ASHA Leader*, pp.2, 22.

Abbreviations:

HIPAA Health Insurance Portability and Accountability Act

PHI Protected Health Information

TPO Treatment, Payment, and Operation

- Be certain that the client (or his/her representative) has signed all needed consent forms before using and disclosing PHI
- Make every attempt to keep oral communication with or about a client private, as circumstances allow (e.g., move to a private room, do not do consultations in the waiting area).
- Do not discuss clients in hallways, elevators, classrooms, or other public spaces.
- Turn computer screens inward or provide protective screens so that the passerby cannot read client information.
- Keep paper medical records in locked rooms and/or locked cabinets. Limit access to authorized staff members.
- Be aware of posting client information (e.g., treatment schedules or charts showing results of activities) on walls.
- Dispose of unneeded client information in confidential shredding containers, never place in unsecured waste bins.

- Account for all client lists, reports, lesson plans, and other loose records in conference/staffing rooms, work rooms, etc.
- Account for all recordings of clients (i.e., videotapes and audiotapes). Never leave unattended in an unsecured area.
- Never remove client records from the clinic or any practicum facility.
- Do not leave client records in computer printers.

Student feedback forms turned into the HJC main office with the hours accumulated form will be held in the strictest confidence by the office staff. No supervisory feedback forms can be traced back to students. They are turned in at the same time but separated by the office staff immediately. These forms are turned in at the same time to insure student input into the supervisory process.

(Adapted from: *Bowling Green State University (BGSU)*, August 2010)

Inclement Weather & Accident/Illness Procedure

OLLU weather closures are announced in the media and per texts and e-mails via the OLLU portal. If classes are cancelled, Clinic and any Clinic related meetings (i.e., weekly meetings, diagnostic, or team meetings, etc.) will be cancelled too. Contact HJC main office with any questions.

Client Accident/Illness Response Procedure

If a client becomes ill or has an accident while at the HJC, respond as follows:

1. Assess the seriousness of the illness or injury to determine the need for first aid or the need for initiating an emergency response (campus police and 9-1-1).
2. If first aid is an option, implement as appropriate following infection control procedures.
3. Emergency responses are dependent on the type of situation. Reference OLLU emergency instructions.

Emergency Procedures

OLLU Emergency Instructions

These instructions are provided so that all members of the Our Lady of the Lake University community are prepared to respond in the event of an emergency. Whenever possible, procedures should be followed as recommended.

OLLU Campus Police Officers are designated “first responders” for the University Community and should be contacted in ALL crisis situations. They will make the determination as to whether additional assistance is needed. In extreme emergencies where it is obvious that EMS or Fire Department assistance is necessary, individuals may call 911 to report the situation, followed immediately by a call to Campus Police.

Campus Police Phone Numbers**Non-Emergency (210) 431-4022****Emergency (210) 433-0911**

MEDICAL EMERGENCY (may include personal injury, alcohol or drug overdose, automobile accident, work-related injury, etc.). **Call Campus Police immediately**, providing the exact location of the victim and the nature of the emergency. Remain with the victim until a Campus Police Officer arrives. The responding officer may render First Aid, or call for EMS or for assistance from the University's Nurse Practitioner. Once aid has arrived, remain in the immediate area in case additional information is needed.

EMOTIONAL CRISIS (may include erratic behavior, suicide attempt or suicidal threats, emotional distress, etc.). **Call Campus Police immediately**, providing the nature and location of the situation. Remain with the individual and attempt to provide reassurance that assistance is on the way. Once the officer arrives, provide whatever additional information you are able to give.

CRIMINAL ACTIVITY (may include public disturbances or fighting, suspicious persons, theft, vandalism, etc.). **Call Campus Police immediately**, being careful to not put yourself in danger. Provide the location and nature of the incident. Make mental note of any activity you may have witnessed personally. Remain available to provide information, as needed.

ACTS OF GOD (may include fire, flood, hurricane, tornado, power failure, etc.). **Call Campus Police immediately**, stating the situation and your location. Stay where you are unless you are in imminent danger or are instructed by Campus Police to do otherwise. In the event of high wind, move to an inside corridor away from windows.

ACTIVE SHOOTER, CALL Campus Police immediately if not already notified.
Shelter-in-Place by:

- Secure the area you're in by locking or barricading door, avoid attracting attention, and seek protection, i.e., hide under/behind large furniture, behind a wall or in a closet. If not in a classroom or office, hide in a closet, a bathroom or under tables that might be around you. If outdoors when asked to Shelter-in-Place, go to an undamaged building nearby and stay there. If you're outside and can't get into a building, seek shelter using things around you like benches, cars, trees or large trashcans. If in your car when you receive the order to shelter-in-place and feel you can safely leave the campus, do so. If you cannot or are unsure, then consider hiding in your car. If you're driving towards campus when you receive a message asking you to shelter-in-place, then simply stay away from campus.
- Wait for instructions from OLLU or Police via text and/or email.

Infection Control Policy and Procedures

The purpose of the infection control policy is twofold. The first purpose is to ensure an environment, which is safe for patients or clients, students, faculty and staff and does not promote the transmission of communicable infections. The second purpose is to familiarize students with the concepts, principles and terminology of safety, infection control and standard precautions that may be encountered at the Harry Jersig Center (HJC) and in field placement sites and during employment as a Speech-Language Pathologist. The student is responsible for becoming familiar with policies as prescribed at the HJC and at any affiliated sites where practicum hours are accrued.

This program requires the active participation and cooperation of every individual involved in patient/client care whether the care is provided directly or indirectly. A satisfactory program requires that all clinic personnel and students be kept up to date and informed of current concepts of isolation, sterile or aseptic techniques, and general knowledge of disease and infection control.

Infectious Diseases

Both bacterial and viral infections can be transmitted from person to person within the clinical environment. Of particular concern is the virus which causes hepatitis B. There are other viral, bacterial and fungal infections, which can be transmitted; however, the virus, which causes hepatitis B, is more frequently encountered in the clinical environment. If standard precautions are followed, the chance of hepatitis B infection, as well as infection of other infectious diseases, is drastically reduced. Further information about the hepatitis B virus and the hepatitis B vaccination(s) is available from your physician. It is recommended that anyone at risk consult with a physician and receive a vaccination.

Infection information and training

1. The Harry Jersig Center (HJC) will ensure that all employees and students with occupational exposure participate in a Standard Precautions Training Program.
2. Training will be provided during the first semester of enrollment in the graduate program. Faculty and staff will be included in this activity.
3. The DCE and Department Chair will be notified of any new exposure created and modification of tasks or procedures, or institution of new tasks or procedures that may affect the employee's or student's occupational exposure.
4. The training program will contain the following elements:
 - Epidemiology and symptoms of blood borne disease;

- Explanation of the modes of transmission of airborne, droplet and contact pathogens;
- Explanations of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- Explanation of methods that will prevent or reduce exposure including appropriate work practices and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated;
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Explanation of the policy that tables and materials used in treatment and assessment are to be wiped down with disinfectants after each session.

Standard Precautions Training: Methods of Compliance

1. The Standard Precautions training will consist of the following: live or video presentation and follow-up quiz and sign-off.
2. Standard precautions will be observed to prevent injuries and infections through airborne, droplet or contact contaminations.
3. All incidents or exposures are to be reported to the main office, i.e. the HJC office staff, and to be documented in the daily progress note for any client involved in the incident. Client and families will be informed of incidents or exposures in writing.
4. Safety Report:
 - For emergencies call 911 and then contact the HJC main office. The HJC Office staff will contact Campus Police
 - For non-emergency incidents, the faculty or students are to contact the HJC main office staff who will call campus police.

<http://www.asha.org/slp/infectioncontrol/>

Student Responsibilities

The following is a guide for the student regarding responsibilities in clinical practicum, however. This list is not meant to be exhaustive but is meant to serve as a starting point in the development of professional clinic development.

Comply with ASHA Code of Ethics

The student clinician is expected to follow ASHA's Code of Ethics in all clinical practicum settings. The student clinician is also expected to be aware of its intent and principles.

Use of Clinic Calendars

Calendars are posted for graduate students to mark the start of clinic, important program dates for students, and the end of clinic. Calendars are also provided for clients for the semester.

Professional Behavior

Although you are a student, you are also a professional. You are beginning your professional career. It is important that you maintain a professional attitude when dealing with teaching faculty, peers, clinical educators, clients and their families. Students are expected to review professional behaviors listed in the CALIPSO competencies for "Professional Practice, Interaction, and Personal Qualities." Ratings less than "3" in the area of professionalism are grounds for remediation plan, academic probation, or removal from the CSD graduate program.

Apply Information Learned in Academic Courses to Practicum Assignments

Because your academic background is the foundation for your clinical experience, it is important to draw from your knowledge when planning evaluations and treatment sessions. The student clinician is expected to have at their disposal textbooks, journals and notes from classes to use in preparation for clinic. In addition, the student is expected to create a bibliography for each progress report and diagnostic report listing the sources used to complete the assignment including evidence-based information.

Cancellation (Treatment)

In case of illness/emergency the student will:

1. Notify main office and his/her clinical supervisor (if the clinical supervisor is not available check with clinic director or another clinical supervisor) as early as possible.
2. Make arrangements with a pre-designated substitute clinician (need supervisor approval)

3. Contact the client/caretaker/ family member to cancel the session if substitute is not available.

Client cancellation must be made at least three hours prior to scheduled therapy time.

It is important for student clinicians to have access to their clients' phone numbers.

4. Reschedule canceled therapy due to student clinician's absence.

Cancellation (Diagnostic)

In case of illness/emergency the student will:

1. Contact HJC front office at 210-431-3938. **Client cancellation must be made at least three hours prior to scheduled appointment.** Leave a voice mail message and/or speak directly to office staff.
2. Notify the clinical supervisor via voice mail and/or e-mail

Attendance

The OLLU CSD graduate program is a **full-time** commitment Monday thru Friday for the duration of time in the CSD graduate program. The clinical practicum assignments

All students are required to participate in the following:

- *Speech-Language and Hearing Screenings:* This is part of your professional training which provides valuable experiences and offers opportunities to demonstrate clinical competencies.
- *Treatment and Diagnostic Assignments:* Notification of assignments may range from 1 day to 2 weeks prior to initial session/appointment. Additional information is provided in the treatment and diagnostic section of this handbook.
- *Supervisory Meetings:* Attend treatment and diagnostic conferences with the clinical supervisor as deemed necessary to ensure satisfactory performance. Frequency and duration of conferences may vary.
- *Clinic Materials Organization:* Activities will be scheduled periodically.

All students are encouraged to participate in the following:

- *Special events*
- *Professional conferences*

The balance between clinic and academics is critical and students are expected to attend all scheduled appointments regardless of whether it is academic (i.e., class) or clinical assignment (i.e., treatment or diagnostic). Excessive absences may put

the student “at risk” either academically or clinically. The specific number of absences should not exceed the number stipulated on course outlines for academic and practicum courses.

Food and Beverages

Gum is not allowed by clinician or client. Food and beverage are allowed only in the context of a therapeutic activity (i.e., planned snack time etc.)

Professional Behavior Guidelines for Participation in SLP Clinical Training

Over the course of the next two years, you will transition from a student to a professional. The CSD graduate program at OLLU requires the highest standards of its students. The following guidelines are expectations from your graduate clinical program and for your future career in the field of speech-language pathology. It is expected that all students will follow the appropriate professional and interpersonal skills with clients, their families, clinical educator, peers and support staff.

[\(Appendices\) A-B: Professional Behavior Guidelines for Participation in SLP Clinical Training.](#)

Clinical Responsibility Policy: Practicum Student Agreement

Purpose: In order to have student practicum run currently with the provision of professional services it is necessary that legal and ethical practices be maintained. For this reason, graduate students are to review and initial next to the following policies. By doing so each student is indicating that they have understood and agree to follow these policies. Students are responsible for following through with each policy.

Noncompliance with these policies will put a student’s practicum hours and grades at risk. A copy of this agreement will be placed in each student’s practicum file.

[\(Appendices\) A-C: Clinical Responsibility Policy](#)

Clean-up Policies and Procedures

Clean-up after Treatment Sessions

1. After each treatment session, students are required to sanitize the following;
 - a. Work area(s) of treatment sessions (i.e., tables, chairs, etc.).
 - b. Materials used.
2. Be mindful of room set-up for all clients using the room (working together helps).
3. Check the basket of cleaning supplies in each room to make sure that there are enough for the future sessions in the room.
4. Check with main office regarding refilling what is needed.

Clinic Clean-up (Set up schedule of clinic clean-up – initial clean-up includes ALL students)

1. It is the responsibility of each individual using the clinic facilities to do the following:
 - a. Check out and return materials/equipment to the appropriate locations.

- b. Leave the clinic rooms in order. Return all tables and chairs to original room immediately following session. Request vacuuming if needed.
 - c. Inform the staff or designated faculty of missing items or, items that need to be reordered.
 - d. Clinic clean-up schedule will be disseminated each semester. Students are to report to Materials Room, as scheduled, and follow instructions.
 - e. Report any equipment malfunction to your clinic supervisor.
2. Each semester there will be an assigned day/date for graduate student clinicians to re-organize clinic materials and therapy rooms for the next semester.
 3. Failure to fulfill clinic clean-up responsibilities will be reflected in the student ratings on professionalism on their clinical evaluations.

Clinic Materials-Map of Clinic Materials – (Appendix) A-O: Clinic Materials

Treatment materials are available for use of graduate students within the CSD program to use within their first semesters of practicum at HJC.

A map outlining the different locations and categories of clinic material will be shared with students at the beginning of their first semester in the CSD program.

Students may check out the material for their treatment sessions. Students are responsible for putting the clinic materials back where they were obtained on a daily basis after they have finished their session for the day to ensure that other students have materials available to them as needed.

It is the graduate students' responsibility to keep the materials organized and in good condition to be used by others in the future.

Students will be asked to go through the clinic materials once or twice each semester to do a clinic materials check to maintain the organization.

Clinic Material and Check-Out Procedures

IPad and Audio Recording Check-Out Process

iPads and audio recorders are available at the front office. Please follow the check-out process and be sure to take the iPads back to the main office immediately after therapy sessions. iPads and audio recorders must remain at the HJC property and not taken home. If the main office is locked, give the iPad to the clinical instructor on site.

Students are asked NOT to save client audio, client video, and client photos on the iPads in order to abide by HIPAA policy.

Process for Managing and Checking Out Client Folders

Client folders must remain at HJC at ALL times and be reviewed in HJC rooms approved by clinical faculty.

Students should follow the process for checking out client folders. Process for checking out client folders is posted in the main office.

Process for Checking Out Diagnostic Materials

1. A graduate assistant (GA) is assigned to manage the Diagnostic Materials. He/she will post a schedule on the diagnostic room door and send out an e-mail notifying students of the schedule for checking out assessments during the week.
2. Designated times for checking out assessment instruments will be posted on the diagnostic room door.
3. Students need to know which assessment instruments are going to be checked out in order to expedite the check-out process.
4. Students are asked to take assessments out of the diagnostic room to review in the student room or in another unoccupied therapy room.

Assessment Check Out

- Choose the assessment needed, fill out the library card, and then place it in the LARGE black check-out box.
- After placing the library card in the box, sign the assessment out in the BIG WHITE binder.
- Take the entire assessment that is in the box. Do not take out the materials from the box, take the entire box. Be careful not to keep parts of the assessment. Check out the entire assessment protocol and check in the entire assessment protocol.

Assessment Return

- Pull the correct library card from the LARGE black check-out box.
- Sign the assessment back in by putting the date of return on the card and in the BIG WHITE binder.
- Place the library card back in the plastic sleeve on the box of the assessment protocol

Reserving Assessments

- Pull two (2) HOT PINK reserve cards from the small black reserve box
- Fill out BOTH PINK reserve cards
- Put one PINK card in the plastic sleeve of the assessment being reserved, and put the other PINK card in the LITTLE BLACK reserve box.

Student Workroom Policies and Procedures

The graduate student workroom is located in the Worden building room 7. Students should use the workroom to generate clinic materials, for studying, and for planning therapy.

- Only CSD students are allowed to use the workroom.
- Entry to workroom is accessed using your student I.D. card.
- If you have trouble with the printer, please report it to the HJC main office.

Documentation and computer/printer usage

In spring 2017, HJC at OLLU began using TreatWrite Software for completing client documentation. TreatWrite is a web-based clinical progress tracking documentation for speech-language services.

Students are encouraged to complete documentation for clients on campus within the department setting in order to be HIPAA compliant.

Student should NOT be completing documentation in the classroom setting during class or in any other setting where others have the capacity to view the documents being worked on by graduate student clinicians.

Student documentation from TreatWrite should NOT be printed out by students. Clinical instructors may print documentation within the HJC building to review with students.

HJC is transitioning from hardcopy files to web-based electronic medical records so students will be reviewing clients' hardcopy folders. Review of these client folders MUST be conducted at HJC. Client folders should NOT be removed from HJC.

Clinical Procedures and Professional Resources

The Harry Jersig Speech-Language-Hearing Center (HJC) is the primary training facility for the Communication Sciences and Disorders (CSD) Program at Our Lady of the Lake University. The CSD faculty provides quality service programs and protects the rights of clients at the HJC and at contract agencies. The following items are clinical procedures are to be carried out by students enrolled in this CSD program.

Client Folders

Students and faculty may check out folders from the office between the hours of 8:00 a.m. and 4:45 p.m. Students will fill out an orange divider with their initials, the client's first initial last name and the date the folder is requested. After filling out the orange divider the student will take it to the front office (via the side door not the front window) and one of the front office staff will take the orange divider and give the student the client's folder. The client folder must be returned by 4:30p.m. that same day.

Do not remove files from the Harry Jersig Center, ***do not*** place them in your locker and ***do not*** leave files unattended. Make notes to obtain the background information needed to prepare treatment and diagnostic sessions. Students are responsible for maintaining the confidentiality of client records.

Department telephones and telephone messages/E-mail

The Department has several lines for outside calls and local lines for interdepartmental calls. A phone is available in the graduate student room. Phone conversations should be kept to a minimum so incoming call may be transferred. The phones are for professional use. When a personal call is necessary, the length of the call should be kept to a minimum.

- If a long distance call is necessary for client contact, the office staff will place the call.
- Messages taken by the office staff will be placed in the faculty mailbox or e-mailed to the faculty member or student.
- Students are responsible for checking their mailboxes and e-mail daily for messages.

Photocopying

- Students are not required to pay for copies made relative to clients (i.e., client homework, carry-over sheets, therapy materials...).
- Students are required to pay .10 cents for copies made for classes and/or personal convenience (i.e., client reports, articles supplied by clinic supervisors...)
- The log above the copier is to be used only by graduate assistants and work study staff. All graduate students are asked NOT to write the supervisors name on the log.
- Students (including GA's and Work Study staff) should not make more than 20 duplicated copies on the copier. Copy jobs (duplication copies) of 20 or more should be completed at the Print Shop. Please check with front office staff for clarification on the appropriate process.

Materials and Forms

Clinic forms are provided for students on a clinic flash drive given to the CSD graduate students at their clinic orientation. Other forms are posted on blackboard throughout the semester.

Clinical Observation and Recording of Practicum Sessions Policy

- A. The Harry Jersig Center (HJC) Speech-Language-Swallowing Clinic has 9 treatment rooms with audio-video surveillance equipment used to record assessment and treatment sessions with appropriate authorization completed by clients or family members of clients.
- B. Clinical Educators (CE) set-up the recordings on an Intelligent Video Solutions [MA1] system that is saved on a server only accessible for observation within the

HJC.



Username:

Password:

- C. Prior to recording any Clinic activity, clients must sign an authorization of audio-video that is placed in the client’s file. The Administrative Clinic Manager assures that clients complete a set of release and authorization forms prior to clients starting evaluations or treatment.
- D. In addition to digital observations, students may observe live sessions via the computer in J107 or in the observation rooms for therapy rooms 101, 103, 104, 106, 106B, 108, and 111.
- E. Students must obtain permission to conduct live observations from Clinical Educators assigned to clients being observed.
- F. Students must adhere to confidentiality and professional behavior standards at all times. Failure to do so will constitute dismissal from practicum. Talking, laughing, and other loud noises must be avoided in the observation suites in order to prevent clients from being distracted. Sound transmits easily from observation room to therapy room. Lights in observation rooms must remain off otherwise, clients can see into the observation room.
- G. Food and beverages are not allowed in observation or therapy rooms unless being utilized specifically for assessment and/or treatment.

Requirements for Clinical Certification

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

Clinical Observations: Graduate

Policy: Twenty-five hours of practicum observation are due prior to the first day of practicum. A student who has not completed the full 25 hours can begin clinical practicum if the observation hours completed include hours related to the type of communication disorder presented by the client assigned. The remaining hours must be completed by the end of the timeline set by DCE. Hours accepted are those supervised by ASHA certified, state licensed, Speech-Language Pathologists and Audiologists and completed within the scope of practice. Hours accepted include live observations and digital observations.

Procedure:

- Documentation of observation hours is turned in to the HJC Main Office Personnel prior to starting the first semester's clinical practicum.
- These hours will be entered into CALIPSO software system for tracking student practicum observations and hours. Additional observation hours are submitted to the HJC Office Manager as they are accumulated during the semester.
- Although twenty-five hours is the minimum amount required, the accumulation of additional observation hours is recommended. The first 25 hours are counted toward the 400 required by ASHA.
- Clinic observation time will not be counted without the initialed Observation Report document, sign of signature and ASHA number of the clinical supervisor.
- The student must maintain a record of all observations completed. This record must include the supervisor's name, the client's initials, the client's file number, the date of the observation, the length of the observation, and the type of clinic activity observed (e.g., child language treatment, audiological evaluation).
- The clinic instructor will initial the observation report and return it immediately to the student.
- It is the student's responsibility to keep all completed observation reports and maintain an accurate record of them on the *Observation Tracking Sheet*.
- The student must turn in all observation reports attached to the Tracking Sheet to the Office Manager at the front office when the minimum 25 hours have been completed. This is the only documentation of compliance with ASHA's observation requirements. The student will be required to do additional observations for any reports which are lost or misplaced.
- No reports will be accepted without clinical supervisor initials.

Clinical Observations: Undergraduate

Undergraduate students are enrolled in CSD 3200 Clinical Observations undergraduate practicum course where student view digital videos of speech-language-swallowing assessment and treatment sessions. The class is conducted two times a week and run by a graduate assistant (GA).

Students are responsible for managing entries of clinical observations at the end of each class. DCE will review and approve accurate CALIPSO entries, for students enrolled in the course, on a schedule to be determined.

DCE will review the entries before approval for accuracy. If the entry is inaccurate, the entry will not be approved until student reviews, revises and submits an accurate entry.

DCE will work with the class GA to make sure there is cohesive communication to students.

Excerpt from CSD 3200 Syllabus

CATALOG DESCRIPTION:

This course is designed to provide supervised observation and report-writing on the evaluation and therapeutic management of a variety of communication disorders. Grades basis only.

Prerequisite: For students with a declared CSD major only. Fee: \$90. Offered: Fall, Spring.

STUDENT ACADEMIC OUTCOMES, ASHA Standard IV-C:

Upon completion of this course, students will:

- 1. Demonstrate knowledge of the Speech and Hearing Center HIPAA policies and procedures.*
- 2. Demonstrate introductory knowledge of the Big Nine Areas of Speech-Language Pathology*
- 3. Demonstrate knowledge of reporting diagnostic observations across the Big Nine Areas of Speech-Language Pathology*
- 4. Demonstrate knowledge of reporting treatment observations across the Big Nine Areas of Speech-Language Pathology*
- 5. Complete 25 hours of observation*
- 6. Demonstrate successful tracking, via CALIPSO, of clinical observation hours.*

Part IV: Clinical Practica Requirements and Implementation

Treatment Practicum Overview

The goal of the clinical component of the Speech-Language Pathology program at Our Lady of the Lake University is to graduate student clinicians competent in all core clinical skill areas who, will successfully work as Clinical Fellows in the field of Speech-Language Pathology in any practice setting.

Students are assigned to Clinical Practicum during all five semesters of graduate studies. Students will be provided with a range of practicum experiences across the age span, disorders, and settings. Students enroll in the following practicum courses;

- 1st fall semester CSD 6365
- 1st spring semester CSD 6366
- summer semester CSD 6167
- 2nd fall semester CSD 7377 or CSD 7379
- 2nd spring semester CSD 7377 or CSD 7379

Practicum each semester entails seminar type classes, team meetings, individual meetings with clinical educators, clinical simulations, and/or alternative clinical education learning experiences. The goal of these learning experiences is to;

- set-up opportunities that facilitate clinical application,
- reflective review of experiences,
- clinical skill development,
- developing understanding of different perspectives
- development of critical thinking skills
- interprofessional skill development (<http://www.asha.org/uploadedFiles/IPE-IPP-Reader-eBook.pdf>)

To begin practicum students are to submit

- an *Application for Practicum Assignment*,
- proof of professional liability insurance,
- proof of 25 hours of clinical observation
- verification of immunizations as noted above
- complete CPR training
- criminal background check

To continue practicum students are to submit

- sign and submit *Practicum Assignment Form* ([Appendices A-E: Practicum Assignment Form](#))
- verification of immunizations as noted above
- a renewed professional liability insurance policy

To participate in off campus field placement practicum students are required to

- submit an application for field placement
- renew CPR training course as needed
- pass a criminal background check and possibly finger printing (site dependent)
- provide proof immunization for Hepatitis B and other immunizations as indicated by field placement requirements

Requirements for Entry and Continuation in Practicum

Before a student can begin practicum, the student must attain the pre-requisites and submit their credentials. Failure to keep documentation complete will result in delay in beginning the practicum and put the department’s professional accreditation standing at risk. Students must present and maintain credentials related to the following areas:

Academic and Practicum Achievement

1. Proof of a minimum of 25 hours of clinical observation.
2. Proof of number of practicum hours earned to date.
3. Maintain a grade point average of at least a 3.0 or go into scholastic probation.
4. Students on academic probation are expected to continue practicum with 2 clients. It is important to note that students are expected to complete their HJC practicum demonstrating competency with 2+ clients throughout at least 1 full semester prior to consideration for field placement.
5. Students must maintain acceptable performance ratings (4.0 to 3.0) across clinical competencies.
6. Students who come into the program on conditional admission will follow the conditions of their admission.
7. Discuss these criteria with your advisor.
8. Complete the requirements for *CSD 6365, 6366, and 6167 classes, 7377 and 7379* as specified in the course outlines

Identification as a CSD Practicum Student

- A Jersig Center student name tag
- An OLLU e-mail account for correspondence and access the university library resources from off campus
- Yearly proof of new or renewed professional liability insurance
- Updated Immunizations refer to page 19 of this handbook
- A criminal background check

Complete the following graduate courses

CSD 6365, 6366, and 6167 classes – Clinic (Assessment and Treatment) Practicum

- Students register for these courses each semester (start of their graduate CSD program) one time.
- Students are required to register for practicum which runs across 3 full semesters. Each practicum course entails a range of learning experiences that include class seminars. There are designated days assigned to practicum course.
- A grade of “pass” or “fail” is earned each semester of clinical practicum courses and submitted to the registrar’s office.
- Assessment and Treatment Practicum Grading Criteria.

- Students are required to apply for practicum assignments each semester.

CSD 7377 and 7379 – Field Placement Practicum

- Students register one time for these courses.
- Students attend class meetings 3 to 4 times across two long semesters (fall and spring) and once in the summer semester.
- A grade of “pass” or “fail” is earned each semester of clinical practicum courses and submitted to the registrar’s office.

Completion of clinic practicum is based on the following:

1. Rating of 3 or 4 (at expected level) on core areas of assessment and treatment competencies.
2. Rating of 3 or 4 across first 70-100 hours of clinic practicum (assessment and treatment).
3. Full faculty (clinic and academic) approval and recommendation to be assigned to field placement.
4. Successful management of academic and clinic training.

Clock Hours

Graduate students must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, twenty-five hours of supervised clinical observation hours, and 375 hours earning direct client/patient contact. A minimum of 325 hours of direct client/patient contact must be obtained at the graduate level. The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines 1 clinical practicum hour as equal to 60 minutes. When counting hours for clinical practicum, sessions that run less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour for the purposes of ASHA certification.

Clock hours may only be counted for time the student is engaged in direct evaluation or treatment services for clients who present with communication disorders or when working with the client’s family. Only direct contact with the client or client’s family in assessment, management, and/or counseling can be counted toward the practicum requirement. Other related activities such as planning, documentation, scoring tests, transcribing communication samples, and meetings with Clinical Educators may not be counted as clock hours. (Standard IV-C). In March 2016, the 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology were revised with expanded definitions of supervised clinical experiences that allow students to:

- Interpret, integrate, and synthesize core concepts and knowledge
- Demonstrate appropriate professional and clinical skills; and
- Engage in critical thinking, decision-making, and problem-solving skills during the identification, evaluation, diagnosis, planning, and implementation of intervention.

The 2014 standard revisions also defined alternative clinical experiences/education (ACE), which may be included for up to 20% (75 hours) of direct client hours. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). ACE counted time must be engaging and interactive to count for clinical hours.

Clinical competencies, clock hours, credentials and health immunizations are managed and posted onto a CALIPSO web-database which represents the official record of competencies and clock hours of practicum.

Application for Practicum (Treatment)

Students enrolled in CSD courses will be enrolled and participating in practica in CSD 6365, 6366, and 6167 then field placement courses which include 7377 and 7379. The applications are kept in on central e-file of documents as well as a hard copy Practicum Book in the main office of the Harry Jersig Center ([Appendices A-D: Application for Practicum Assignment](#))

Procedure:

Each graduate student is expected to submit an application for practicum assignment. The application for assignment form is distributed at the following time intervals:

- a. Initial fall semester (entry into CSD graduate program) at the Clinic Orientation meeting
- b. Designated CSD 6365, 6366, and 6167 classes (noted on course outline) toward the end of the fall semester
- c. Designated CSD 6365, 6366, and 6167 classes (noted on course outline) toward the end of the spring semester

The clinical faculty will use the application to assign clients/patients to practicum students. Students are expected to keep the schedule information, call numbers and e-mail current on the application throughout the semester. Application forms are stored in the small gray drawers outside the HJC classroom and students can update their applications at the main office of HJC. Request your application from the front office staff during the semester to update the information.

Instructions for completing the front page of the application:

1. Write in your name, working telephone numbers and e-mail addresses. Indicate the practicum course number for the semester and the year.
2. Indicate whether you are a Full Time or Part Time student and whether you are applying for the Bilingual certificate and related clinical training.
3. Estimate the number of assessment and treatment hours you have earned to date with the CSD/HJC faculty, including audiological testing and aural habilitation or rehabilitation.
4. Shade in hours that you are unavailable to see clients secondary to classes.
5. Leave open the times that you are available for client assignments. The clinical instructors will fill in client assignments at the scheduling meeting.
Note: It is understood that each student has a different set of time constraints secondary to family and work responsibilities.

The clinic operates to serve two functions:

1. Student Application training and,
2. Serving the client with communication disorders and their families

Clinical instructors attempt to meet the needs of students and clients; however, the expectation is that students make an effort to remain as flexible as possible during their time in the program in order to efficiently manage their clinic practicum across semesters in order to meet the needs of the clients seen for assessment and treatment.

Flexibility of availability is critical for moving in a forward direction through the clinical practica. The department expectation is that full-time students make themselves available to fulfill their clinic requirements:

- *Consistent attendance in CSD 6365, 6366, and 6167 classes*
- *Consistent attendance for assigned therapy and diagnostic sessions*
- *Consistent attendance at group and/or individual meetings with clinic instructors*

Part-time students are also expected to fulfill the following clinic requirements:

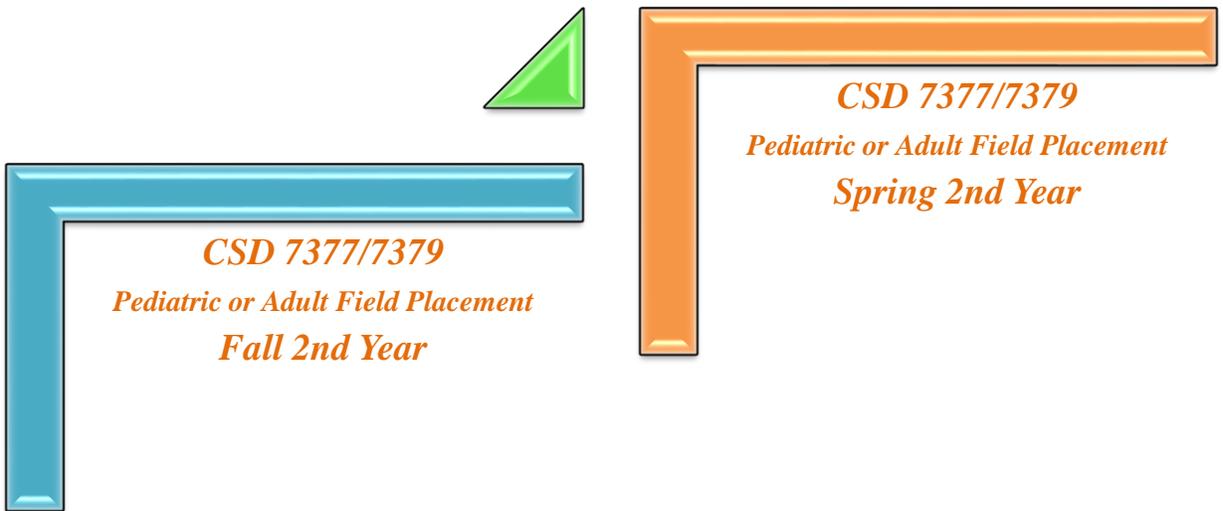
- *Consistent attendance in CSD 6365, 6366, and 6167 classes*
 - *Consistent attendance for assigned therapy and diagnostic sessions*
 - *Demonstration of therapy competencies with more than one client per semester*
 - *Consistent attendance at group and/or individual meetings with clinic instructors*
6. In the section for *Additional Information* list any special request, e.g., a need for hours in the area of fluency, voice, or child language.
7. In the section for Bilingual Skills indicate languages that you speak, including Spanish or sign language.

Instructions for completing the back side of the application:

1. Read and indicate by circling *yes* or *no* and/or filling in the blanks on the right portion of the back of the application. Where you indicate a *no*, turn in the application for assignment and take the appropriate actions to reconcile the *no* response.
2. Update credentials as indicated throughout the semester.
3. In the area of course preparation check courses you have completed and mark an X by courses you are enrolled in for the semester of application.
4. Write in the date you expect to graduate.
5. Read the paragraph that discusses the time required to complete the program.
6. Fill in the projected date of graduation; date and sign the back of the form and turn the form into the main office of HJC for the clinical instructors and participating faculty to make practicum assignments.

Note: This program **does not** provide undergraduate students with practicum hours

Practicum Sequence



ASHA Requirements

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program. A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2014 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology are now in effect as of September 1, 2014. View the [SLP Standards Crosswalk](#) [PDF] for more specific information on how the standards have changed.

Citation

cite as: Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2013). 2014 Standards for the Certificate of Clinical Competence in Speech-Language Pathology. Retrieved [date] from <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>.

2016 Revisions:

Revision 1: Implementation Language to Standard V-B (new paragraphs 3 and 4) – Expanded definition of supervised clinical experiences:

These experiences should allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

Alternative clinical experiences may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Revision 2: Implementation Language to Standard V-C (additions to paragraph 2) – Acceptance of clinical simulation for up to 20% (75 hours) of direct client hours:

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through clinical simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. CS may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included.

Revision 3: Implementation Language to Standard VII (addition to paragraph 1) – Clinical Fellowship report due date:

Applicants whose Clinical Fellowship report is not reported to ASHA within 90 days after the 48-month timeframe will have their application closed.

Practicum Experience: Hours and Competency Sets

Policy:

Twenty-five hours of observation in addition to three hundred and seventy-five hours of practicum hours are completed during the graduate program. The first 70 – 100 hours are earned under the supervision of the CSD program at OLLU. Students are expected to complete practicum with clients represented in three or more ages in pre-school to geriatric, across five or more of the disorder types and with individuals from a variety of culturally and linguistically diverse populations. These are tracked on a web-based server called CALIPSO. **A minimum of 400 practicum hours is required.**

Only hours spent in the scope of practice, with approved Clinical Simulations (CS)/Alternative Clinical Education (ACE) experiences, and direct contact time with clients are counted toward the 375 hours required for practicum. All other activities, in which the client is not present (including meetings, the scoring of protocols, and report writing), do not count toward the practicum requirement.

Procedure:

Practicum hours are earned under the supervision of either CSD faculty or **faculty approved** off campus supervisors.

Practicum Treatment Assignments

Policy:

Assignments continue throughout the graduate practicum continuum and *do not end* until the student acquires expected levels of clinical competency and *minimum* number of hours recommended (70-100 clinical practicum hours). The goal of all assignments is to serve the client and to provide students with the opportunity to attain an entry level of professional competence.

Procedure:

Competency is evaluated using the clinical practicum competency sets on CALIPSO tracking web-based software. Students will complete each assignment to serve the client and meet the expected rating levels of competency across each semester.

HJC Practicum Setting and Supervision

At the Harry Jersig Center (HJC) and Affiliated Sites:

Policy:

Students are supervised by CSD clinical and teaching faculty. The first 75-100 hours of the practicum are earned while enrolled in CSD practicum courses over a period of five semesters for full time students. Part-time students will naturally extend the number of semesters necessary to complete these practica. Faculty recommendation and approval is required for students to continue practicum each semester.

Note: Students on academic probation still need to carry a clinic caseload demonstrating passing competency levels across ALL core clinical skill areas.

****Both full-time and part-time students are expected to demonstrate competency with 2+ clients per semester. Caseload may vary across sites and treatment formats.***

Procedure:

Supervised by HJC/CSD Faculty: students enrolled in CSD 6365, 6366, and 6167 are assigned to a variety of practicum sites including the Harry Jersig Center. The clinical practicum continuum consists of:

- Practicum processes that are coordinated by clinical faculty in order to provide cohesive and integrated sets of instruction for the flow of the clinic continuum.
- Students attend 6365, 6366, and 6167 practicum courses entail a variety of learning experiences including that will include seminar type class, team meetings, individual meetings, and/or clinical simulations (CS) /alternative clinical education (ACE).
- General Orientation to the graduate clinical practicum and a pre-practicum module prior to starting fall practicum
- Students are provided with a start-up treatment bag provided by the CSD department
- Students are provided with a flash drive with the Clinic Handbook and clinical documentation (i.e., templates for clinic).
- All communication is coordinated and posted on blackboard

Treatment Practicum: CSD Courses 6365, 6366, 6167

Clinic assignments are made by the clinical instructors through consideration of the following criteria:

Each student is matched to clients and clinical instructors according to the following:

1. Open schedule during the client's treatment time.
2. Enrolled in or completed the pre-requisite class for client assignment.
3. Need to complete specific hours, General Clinical or Knowledge Based Competencies items to meet the requirements for field practicum or graduation.
4. Have fewer practicum assignments or fewer practicum hours than students who are available at same time that the client is scheduled.
5. Client's requests and requirements.
6. Placement site requirements.
7. Available supervision.
8. Client, clinician and supervisor schedules.
9. Client availability.

Important Definitions

1. A full-time practicum student is one who is enrolled in 9 hours or more of CSD course work and who is available to provide treatments, assessments and to meet with supervisor during the school day except for times when OLLU classes are in session.
2. A part-time practicum student is one who is enrolled in 9 hours or less of CSD course work or who has a job or other responsibilities sometime during the 8 am and 5 pm work week. This is true even if work hours are scheduled after the initial round of assignments.
3. These definitions are important because students are expected to schedule weekly meetings with supervisors, reschedule clients for make-up sessions as needed, and be available for additional clients throughout the semester.
4. Students who cannot meet the criteria as full-time students **must** meet with their academic advisors and **formally** change their status to part-time. If students have not changed from full-time to part-time via their academic advisor, the students will be expected to follow schedules assigned to them by clinic instructors. Part-time students can expect that completing the program may take more than six semesters.

Keeping the Same Client

Policy:

Students do not keep the same clients from one semester to another except in situations when the well-being of the client is at stake (per discretion of clinical instructors). This is done so that the student has ample opportunity to learn the clinical procedures related to the case and to provide the client with consistent care.

Procedure:

During the scheduled meetings near the end of each semester each student's practicum experiences, and progress in the general clinical competencies, is reviewed and new assignments are made to complement the experience to date.

Students may keep clients from one semester to another only for the following reasons:

1. The student has worked with a particular client for less than six hours in one semester.
2. The client cannot make an easy transition to a new student because of cognitive or emotional challenges.

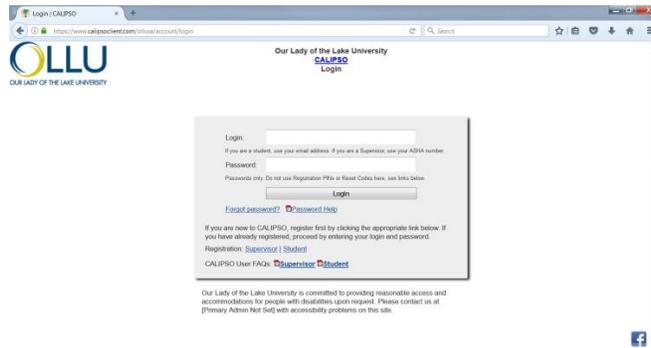
Additional Client Assignments

Students are expected to gradually increase their client caseloads throughout the clinical experience. For this reason, clients are added to student schedules throughout the semester. Students are asked to check their e-mail regularly to determine whether they have been assigned an additional client. Students are expected to respond immediately and in writing. There is no penalty if a student does not accept a client, if there is a valid reason. This decision may delay the completion of this graduate program.

CALIPSO (link is pasted below)

<https://www.calipsoclient.com/ollusa/account/login>

Upon the start of the graduate student’s first semester in the CSD program, graduate students are asked to register on CALIPSO.



Students will be provided with CALIPSO step-by-step instructions to register and to instruct on the use of CALIPSO.

Practice CALIPSO (Jane Doe) site is pasted below:

Login ID: calipsoclient@comcast.net

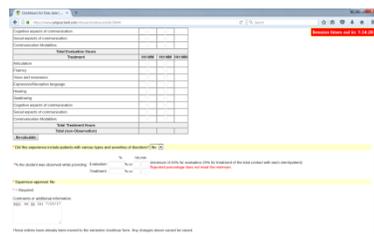
Password: Calipso1

Policy for posting CALIPSO hours

Students must post their clinical time on a daily basis. Hours are approved by clinical educator (CE) weekly, bi-weekly, or monthly. Each CE may have a different schedule of approving clinic practicum hours.

Follow procedure for posting in CALIPSO (reference CALIPSO instructions).

Follow procedure for posting in the comments box for CALIPSO clock hours entry as noted on screenshot example below:



Ped. AG (client initials) Dx or Tx – 1hr (time) – date of session

CLINIC PRACTICUM: FIELD PLACEMENT

Policy:

Students are supervised by off-campus Speech-Language Pathologists. The last 100-375 hours of practicum are earned when enrolled in clinical courses CDIS 7377 and CDIS 7379 over a period of two semesters for full-time students. Part-time students will extend the number of semesters necessary to complete these practica. Faculty and field supervisor recommendation is required for students to continue their practicum each semester.

Procedure:

Students eligible for field placement and enrolled in CDIS 7377 and 7379 will be placed in a minimum of two off-campus placements in San Antonio or the surrounding areas. One placement will be for experience with pediatric clients in educational, clinical, or medical settings and a second with adult patients in medical settings.

Students attend adult and pediatric placements four days per week during the fall and spring semesters. Students attend placements 5 days per week during the summer sessions. Fall and spring sessions run for approximately 14 weeks. The summer sessions run for approximately 10 weeks. In special circumstances, there will be variability.

Students attend a one-hour class meeting on campus with field placement liaisons/coordinators three times during long semesters. Summer meetings are variable. All students will complete Requirements Worksheets (turned in at midterm and at end of semester) so that liaisons can monitor progress toward graduation each semester. Coordinators will provide feedback as needed.

[\(Appendices\) A-S: Requirements Worksheet \(for student use\)](#)

Delaying, Deferring, or Replacing a Field Placement

Policy:

Requests to delay, defer, or replace a field placement are not recommended. If needed, any request should be submitted in writing to the faculty, and it will be subject to their approval.

Procedure:

Student will write a letter to a field placement coordinator, explaining particular circumstance(s) for the request. The coordinator will request additional information as needed and present the request to full faculty, who will then make a decision regarding the student's request.

New Field Supervisors

Policy:

The selection of all field practicum supervisors is done by field placement liaison review and approval.

Procedure:

Field placement liaisons contact potential supervisors to obtain credentials, caseload descriptions, and lists of materials and techniques used in their settings.

Resources for Field Placement Supervisors

- [\(Appendices\) A-Q: Information for Field Placement Supervisors](#)
- [\(Appendices\) A-R: OLLU Harry Jersig Speech-Language Hearing Center \(HJC\) Privacy Policy](#)

Field Placement Observation, Feedback, Midterm Monitoring, and Final Grades

Policy:

Midterm and Final Evaluations are completed in CALIPSO by field placement supervisors. Field placement coordinators review student ratings/scores at midterm and at the end of semester. They provide feedback as needed, and post Pass/Fail grades accordingly.

Procedures:

Supervision at external field placement sites varies per facility and staff. Students are expected to be at a professional entry level of independence across core clinical areas. Frequency of supervision and feedback will vary per site as well as the amount of input provided to students prior to midterm and final evaluations.

If students are failing at midterm (core clinical and professional areas falling below expected levels), students may be removed from field placement sites. A rating of “Fail” at midterm may also result in withdrawal from the CDIS program at Our Lady of the Lake University. Faculty will review the information and make a final determination as to the status of the student within the CDIS program.

Field Placement Policies and Responsibilities for Students

- Read the Survey sheet found in supervisor’s office file, which lists tests, therapy programs, etc. that are used at that site.
- Maintain current professional liability insurance, TB screening, and CPR certification. (Some sites require verification of flu shot, finger printing, etc.)
- Turn in copies of updated documentation for required immunizations, insurance, etc. to the HJC office.
- Attend practicum class meeting as indicated on the syllabus/outline for CDIS 7377/7379.
- Enter hours (in 15-minute increments only) into CALIPSO for field supervisor approval on a **daily** basis
- Using your approved CALIPSO hours, complete and submit a Requirements Worksheet at midterm and at the end of the semester. (See syllabus/outline for exact dates.)
- Monitor the number and type of hours, as well as the competency ratings across evaluations/treatment /professionalism and disorders, that you are receiving at the site to assure that you are meeting requirements. (Bilingual/CLD certification hours should be documented). Students, not supervisors, are responsible for keeping up with these.
- Notify field supervisor if you are not earning adequate hours or not gaining varied experience. If concern still exists, notify the university liaison (Ms. Lozano or Mrs. Kimes).
- If there is concern with the number or type of hours you anticipate accumulating, schedule a meeting with your university liaison (Ms. Lozano or Mrs. Kimes) within 2 weeks after your case load has been established.
- Be organized, prepared, and ON TIME. Arrive at the field site on time for client assignments. This means that if you are to see a client/patient at 7:30 am, you must have all materials ready beforehand, so that you are ready to see the client/patient at 7:30 am. Treat this as a job, and behave accordingly.
- Tell the supervisor in advance of any days you might be absent. Please inform university liaison of extended absences. *Note: Absences are allowed only for very important reasons.*
- Follow the site’s work hours. Take **only** the holidays allowed at the site, which may be different from the university holidays. (i.e., Students are required to be at their practicum site during University Fall and Spring Breaks, as well as during Thanksgiving (except Thanksgiving Day) and Easter holidays, unless the field supervisor indicates otherwise).
- **Do not request to leave your field placement assignment before the semester ends, even if you have fulfilled all your required hours and competencies.**
- Be aware that only the supervisor at your assigned site can supervise you. All supervisors have to be approved by the CDIS faculty. If you conduct therapy under a supervisor that is not approved, you risk having those hours not count toward your experience.
- Follow through with recommendations given by the field supervisor.
- Keep in mind that all supervisors are different and have their own preferences about the way things are done. You must adhere to the supervisor requests. This means being flexible and open-minded.

- Follow the requirements of the site regarding dress, professional behavior, recordkeeping, etc.
- Follow the chain of command at your site.
- Do not discuss other students/clients at your site. Always practice confidentiality.
- Remember that your supervisor has more to do than supervise you. He or she has a job to do and does not get paid by OLLU to supervise students. Please be respectful of their time and grateful for the opportunity they are providing for you. Remember, supervisors will be honest when asked to recommend you for a job.

Bilingual and Cultural-Linguistic Diversity Certification

Policy: All students who graduate from this program achieve competence in working with culturally and linguistically diverse populations. The certificate program offers 4 courses to students relating to second language acquisition, entry level professional terminology in Spanish and issues in bilingualism as it relates to working across different settings. Students who wish to treat clients in Spanish that are pursuing the CLD/bilingual certificate will have demonstrated to their clinical supervisor that they have least entry level professional competence in using Spanish for core clinical functions. Students interested in obtaining this certification who speak English only may complete the courses should they demonstrate a willingness to learn basic Spanish vocabulary as it relates to the professional field of speech language pathology.

Procedure: Complete a minimum of 50 hours of assessment or intervention in Spanish with clients in the HJC and in their field placements OR provide a minimum of 50 hours of clinical services to clients of a diverse culture in English. Students enrolled in the certificate program will complete the following courses: CDIS 7345: Bilingual Speech and Language Development (Fall year 1), CDIS 7146: Spanish in CDIS practice (Spring year 1), CDIS 7247: Bilingualism in CDIS settings (online course, Fall year 2), CDIS 8202: Communication Disorders in different cultures (online course, Spring year 2). All students completing the certificate must complete a declaration form during Fall of year 1 that is signed by their academic advisor and then submitted to the registrar's office for processing.

Part V: CSD Clinic Treatment Basics

Sequence and description of the first few weeks of clinic practicum at HJC, students can expect the following sequence of events:

The week prior to beginning the CSD graduate program classes, students attend two days of client orientation to meet with Clinical Educators (CE) and to get an overview of information to help prepare students for their first clinical practicum.

The week that classes begin at Our Lady of the Lake graduate students begin attending the CSD 6365 practicum class where they will be provided with more initial practicum information.

The practicum syllabus will generally outline class or practicum experiences, meetings, and when practicum assignments will be sent to students.

Student Communication and Interactions

Students are expected to communicate professionally and consistently with a range of people within the CSD programs in oral and written contexts.

Practicum Supervision

Each student is assigned to a CE or two CEs for a semester. The assigned CE is required by ASHA to supervise at least 25% of students' total contact time with each client/patient and must take place periodically throughout the practicum.

Each CE has different background in their clinical education and experience, but the efforts of educating a new age of speech-language pathologists is a collaborative and calibrated effort. All CEs within the HJC are on the same page in terms of expectations for graduate students enrolled in clinical practicum. The variability in supervision is based on the range of communication and swallowing disorders.

Within HJC students can expect:

- Group or individual meetings with CEs approximately 1x a week for an hour. If more time is needed this can be embedded into the schedule. The idea is to fade the time of direct supervision so that students are learning, with accuracy, how to navigate through their practicum experience in a proficient and self-directed manner.
- Written or verbal feedback (discretion of CE) during scheduled meeting, sometimes after session. Written and verbal feedback may be presented in a myriad of ways. There is no standard requirement for the type of feedback provided by CEs to students.
- Consistent, direct feedback regarding application of clinical skills centered around consistent and proficient planning, implementing, and documenting for client(s) assigned.

Modes of Communication Between Clinical Educators and Graduate Students

- In-person communication contexts
 - Individual meetings
 - Team Meetings
 - Seminar full class meetings

- Written communication via
 - Completion of Clinic Observation forms for
 - [\(Appendices\) A-L: Clinic \(Treatment\) Observation](#)
 - [\(Appendices\) A-M: Diagnostic Observation](#)
 - E-mail directly to student
 - E-mail to team of students
 - Blackboard announcements

The rigorous pace of the clinic requires consistent communication. Checking e-mails at least two times a day is critical to stay in the loop.

Practicum Assignment Process

Treatment

- Clinical educators (CE) each have client caseloads
- All CEs meet and coordinate efforts to make the clinical assignments for the semester
- CEs look at courses taken (i.e., Bilingual Cert, AAC, Fluency, etc.) and student interests as well as client needs then CEs begin the process of matching students with clients.
- Each CE will have a team of students working with him/her and his/her caseload.
- Each CE e-mails Practicum Assignment documents to each student on the team.

Completion of Practicum Assignment Documents

- Once students receive the Practicum Assignments via e-mail, they need to review the information then sign the document.

- Two options noted on the Practicum Assignment documents include accepting or declining the assignment(s)

- Once students have signed the Practicum Assignment document accepting the client (s) assigned, it needs to be scanned with signature and e-mailed to assigned CE or given to CE directly.

- Declining a client. In order for anyone to decline a client, there must be a very clear and valid reason for declining a client because of the implications regarding completing and moving forward within the practicum process.

Declining a Clinical Practicum Assignment

Completion of the master's program within a two-year period with all of the clinical experiences necessary to demonstrate the full range of competencies typically requires that the student receive a range of clinical experiences and assignments. Students who choose to decline a clinical assignment will be asked to submit the form, acknowledging that this choice will likely result in the delay of their graduation.

Required Clinical Meetings

- CSD 6365, 6366, and 6167 Practicum classes initially meet twice a week for 50 minutes then transition to encompass a range of different learning contexts.
- CSD 6365, 6366, and 6167 Practicum experiences include seminar meetings outlined on syllabus, diagnostic and treatment sessions, team meetings, and/or individual meetings with clinical educators.
- One weekly supervisor's conference which runs between 30 minutes to 1 hour.
 - Bring in client folders.
 - Bring in clinic binder.
 - Review of verbal or written clinic observation feedback.
 - General clinic or knowledge based competencies.
 - Review of written clinic documentation.
 - Manage and process SOAP notes, lesson plans and semester treatment plans derived from progress summary recommendations or evaluation summary recommendations.
 - Bring in questions or discussion points.
- Team meetings may be held as needed.
- Friday time blocks are utilized for diagnostics or diagnostic lab assignments.

Clinical Meeting Agenda

- Professional skills related to student responsibilities, credentials, general clinical grades and knowledge based competencies
- Client care, service delivery models, evidence based practices, funding and legal issues and paper work
- Treatment, evaluation procedures and materials
- Students are expected to actively participate in all activities, complete assignments and share ideas related to self-supervision.
- Classes, conferences and other team meetings called by different supervisors are designed to complement one another and cover the broad scope of clinical skills and responsibilities that students are expected to develop.
- These clinical activities focus on student progress toward professional development, and requirements for program completion.

Client Preparation

- Read the client's permanent folder, making particular note of the information needed to initiate treatment, including recent evaluation, progress summaries, SOAP notes, goals, objectives and recommendations.
 - Staffing with client's previous clinician. CEs will have a method for initiating this process ([Appendices\) A-G: Staffing Outline](#))
 - Practicum Assignment document will note the date of your first meeting with your clinical supervisor for the semester.

Telephone Contact

1. During initial phone contact, the student introduces him/herself to the patient or parent and confirms day and time for therapy. The start date for the initial therapy session should also be stated. Confirm this process with each clinical educator to make sure this is the appropriate process for the client. Clinical supervisors reserve the right to make the initial contact with the clients as deemed appropriate.
2. Telephone contact with clients should be made for the following reasons, unless otherwise designated by the clinical supervisor:
 - a) To alert the client about approved schedule changes (illness, emergencies, holidays, professional meetings).
 - b) To return client's call if requested.
 - c) If a client fails to show up for therapy, discuss with your clinical supervisor if calling your client is advised.

Treatment Room Sign-Up

- Clinical supervisors set up the room assignments during the scheduling process. General room schedule will be posted on blackboard and on clinic bulletin board. Clinical supervisors make revisions throughout the semester as needed.

General Planning for Treatment with Clients

Initial clinical treatment programs begin with a diagnostic evaluation or progress assessment. At the end of the evaluation or progress assessment, recommendations are made to address the deficits in communication and/or swallowing disorders. Treatment plans are based on the recommendations made on the evaluations and progress reports. A comprehensive treatment program includes:

- Background history and information regarding the incoming status.
- Client goals and objectives.

- Probe criteria:
 - Pre-baselines are obtained during the initial treatment session(s).
 - Post-baselines are obtained the final two weeks before the last session of the semester (more specifics will be outlined by clinic instructors).
- Reinforcements.
- Dismissal criteria.
- Follow-up criteria for carry-over and maintenance.

The program plan changes as the client proceeds through treatment. The CEs will advise the student through the case management process. Part of this process is the development of semester goals and objectives, broken down into a hierarchy of tasks, which then are incorporated into weekly lesson plans. The Treatment Plan may occur as a stand-alone document or in a SOAP note context. SOAP notes provide initial status information and state the goals and objectives for the client. Lesson plans, SOAP notes, data and probes will be ongoing. Progress will be noted in SOAP notes, progress summaries and/or discharge summaries.

Parent/Client Conference Checklist

Treatment conferences are conducted to go over initially established treatment plans and/or to share progress after the treatment period. Generally, conferences are conducted during the fall and spring semester while summer semester is maintenance of goals/objectives worked on during the fall and spring semesters. Clinical instructors may vary the options for conferences based on the client's needs.

1. Initial Conference (optional): Once a treatment plan is established, the clinician will conduct a conference with the client/family to review the proposed plan of care for the semester.

2. Final Conference: Upon completion of the Final (Progress/Discharge) Summary, the clinician will conduct a conference with the client/family to share progress and recommendations.

[\(Appendices\) A-H: Parent/Client Conference](#)

End of Semester Close-Out

1. All clinic responsibilities must be completed before the end of the semester. These responsibilities include returning all borrowed clinic materials, completing log notations, signing all reports, and turning in supervisor evaluations. It may include additional responsibilities as outlined by the supervisor, including an exit conference.

2. All clinic reports must be in final form and approved by the clinic supervisor by the last day of exam week. Any exception to this must be approved by the clinic supervisor in advance.

3. A grade of **I** (Incomplete) indicates that the student has not completed academic/clinic responsibilities for an **unavoidable** reason that is **acceptable** to the instructor as long as it is within the OLLU guidelines. A student may not “choose” a grade of **I**.

[\(Appendices\) A-K: End of Semester Close-Out](#)

Diagnostic Practicum Overview

NOTE: *(Each diagnostic assignment will have designated timelines, sequence of actions and processes of distribution, stipulated by the coordinators of each diagnostic assignment). More information will be provided.*

Highlights of diagnostic practicum:

- Dx experiences with actual clients are counted for hours and competencies are rated.

Other learning formats that may earn ACE hours and may count toward competencies include:

- Dx labs (i.e., learning modules, case studies –simu-cases).
- Dx experiences for practice (i.e., screening of other students, mock client – practice on another individual).

Method of Assigning and Scheduling Diagnostic Assignments

Factors that may influence the sequence of scheduling the diagnostic assignments

- Students may be assigned to evaluate clients that they have been assigned to for treatment.
- Students may need a different type of evaluation/assignment requiring them to be assigned to a different clinical educator.
- Students may need to complete two of the same type of evaluations/assignments to demonstrate competency in certain areas of assessment.
- A subsequent diagnostic assignment may not be assigned until students have completed a previous diagnostic assignment.
- Specific diagnostic assignments may be dependent upon students having taken the course related to the disorder or type of client scheduled for the evaluation.

Other information regarding the process of scheduling diagnostic assignments:

The students’ progress is consistently tracked throughout the diagnostic rotation.

Academic faculty and clinical educators are presented with the status of the diagnostic rotation. They are provided with the status and the following information:

- Notice as to how many students are completing the required diagnostic criteria.
- Notice as to how many students are still lacking diagnostic assignments.
- Notice as to which students are needing more diagnostic experiences or different diagnostic experiences.
- Notice as to what factors have affected students’ schedule sequence through the diagnostic rotation.

Earnest attempts are made to make the diagnostic scheduling process as objective as possible in order to move the students through the diagnostic rotation successfully and efficiently.

Process for Referred Evaluations

1. Student and clinical instructor receive a notification of diagnostic assignment ([Appendices A-I: Notification of Diagnostic Assignment](#)) -this notification instructs the student to schedule and prepare for initial meeting with clinical supervisor.
2. Student and clinical instructor meet to discuss and outline a specific plan for the evaluation.
3. Student conducts the evaluation.
4. General Evaluation Protocol (protocol and sequence of the Dx protocol may vary per client and/or clinical educator):
 - Parent interview
 - Hearing screening
 - Standardized assessment measures
 - Non-standardized assessment measures
 - Oral mechanism examination
 - Testing ends – student clinician and supervisor discuss results and formulate their impressions then post the information onto a parent conference form.
 - Oral and Written Diagnostic impressions are shared with family members/client
 - After the evaluation, it is up to the clinical supervisor as to the content and format of feedback they will share with the student at that time.

Diagnostic Assignments May Include

- Actual evaluation of referred client.
- Multiple screenings of children and adults at designated facilities. Students need to complete a minimum of 2-3 screenings to count as a full diagnostic assignment in order to be rated on diagnostic competencies. Screening assignments may include the following (variations designated by coordinators of diagnostic assignment):
 - Hearing screening
 - Oral mechanism examination
 - Speech screening
 - Language screening
 - One-page report of screening findings
- Case study applied to one or more standardized assessment measures.
- Case study applied to one or more non-standardized assessment measures.
- Practice administration of different standardized assessment measures with fellow students or other selected individuals.

Competencies are completed by assigned CEs for each diagnostic experience. At the end of each diagnostic experience, assigned CEs will meet with assigned student(s) for a diagnostic close-out meeting during which clinical competency evaluation per CALIPSO is reviewed.

Part VI: Clinical Documentation Procedures

Treatment Documentation

Rationale: Documentation is one of the core clinical skill areas utilized to measure outcomes resulting from treatment. Timely documentation is critical in order to accurately and proficiently monitor clients' progress and to determine whether or not adjustments need to be made to goals and objectives. Students will be mentored by Clinical and Academic faculty in the area of generating and managing client documentation across settings, lifespan and disorders. Students will need to invest time in preparing, writing, editing and revising documentation in order to meet the rigorous standards of the clinical practice.

Basic Treatment Documentation Requirements

Type of documentation

- *Chart Review – 1st documentation completed when assigned a client ([Appendices](#)): [A-F: Template for Chart Review](#)*
- *Lesson Plan (LP) - documentation submitted prior to clients' sessions ([Appendices](#)) [A-P: Treatment Hierarchy/ Lesson Plan](#)*
- *SOAP Note (SN) - documentation submitted after treatment session (Treatwrite)*
- *Progress Summary – end of the semester report of post baseline collected (Treatwrite)*

Timeline of documentation

- *LP and SN are due by noon the day after final session of the week*
- *Progress Summary is due at the end of the Semester (Designated date announced in practicum class or via Blackboard announcement).*

Students are responsible for timely submission of documents. Delayed submission of client documentation will affect final rating of this core clinical skill area. Initial draft submissions should be well edited and proofed for grammar, spelling, and punctuation before submitting for CE review. Students should make every effort to submit documents that are final draft quality.

All documentation should be signed with legal names (no nicknames) followed by Graduate Student Clinician. Students are asked not to put credentials by names, only their names. For example, if a student has obtained an MS or MA in another field this should not be noted after the graduate students' name. Use first-person language consistent with IDEA; emphasize the person more than the disability (i.e., child with Autism rather than an Autistic child).

Types of clinic documentation: Standard formats

- Treatment Hierarchy/Lesson Plans (LP)
- SOAP notes (SN)
- Progress Summary (PS)

Hard copy documentation or Web-based documentation

Currently CSD is transitioning from hard copy to electronic medical records (EMR). The software being piloted by the program is called TreatWrite. More information regarding the documentation process will be provided online and in the context of clinic practicum orientation and practicum class seminars.

E-mail Format for Coding LPs, SNs, or PS if NOT within TreatWrite software***Example:***

RM=Client initials Lesson Plan (LP)=type of documentation 82217=date of therapy

1. Lesson plans (LP) (RM LP 8 22)
2. SOAP notes (SN) (RM SN 8 22)
3. Revision: RM SN 8 22-8 24 rev
4. New Soap Date: RM SN 8 22-8 31
5. Progress Summary (PS)

Process of Treatment Documentation NOT on TreatWrite: Routing, Distribution, and Processing

Documentation is reviewed and revised by clinical supervisors on a weekly basis (Monday thru Friday). Meeting documentation timelines is a critical clinical skill area that is tracked by CEs. CEs may use different methods for revising. One method is via “Track Changes” which is a function in MS Word.

Students are expected to use initials rather than client names when drafting reports and documentations when not using TreatWrite. These initials do not change until the reviewing and revision process is complete. Part of the final draft process is to change the initials to the name. There is a function on the MS Word toolbar titled “Replace.” There is a drop down menu titled “more” which needs to be clicked. Once the menu drops, selected “Match case” and “Find whole words only.” This will help you to replace the initials to the name with more efficiency.

Lesson Plans (LP):

LP for each client must be submitted by 12:00 (noon) the day after the last therapy session for that week.

A lesson plan is the clinician's plan for what specific client behaviors are being targeted for the week and what procedures and activities are planned to accomplish this. It also serves as a written communication between the student clinician and his/her supervisor about the planned session. The lesson plan may contain the following:

- a) Identifying information.
- b) Specific objectives for the session. Short term objectives are included.
- c) Activities and Reinforcement schedule with Antecedents and materials.
- e) Consequences, cueing or correction procedures.

Timeliness of submitting the LPs is critical for two reasons:

1. CEs needs enough time to review and revise as needed.
2. LPs need to be provided to family members and undergraduate/leveling students conducting clinic observations. As part of the clinic observation process the student observers need to have the information from the LPs in order to complete their assigned documentation.

SOAP Notes (SN):

SN for each client must be submitted by 12:00 (noon) the day after the last therapy session, for that week. Please note that in the “O” section posting is daily, however the “A” section is a cumulative statement of the monthly sessions at the end of the month.

IMPORTANT: Final SN (i.e., signed etc...) filed following the last tx date for the month. The SOAP note typically serves the purpose of both a treatment plan and a progress note in a hospital, rehabilitation center and nursing home setting. The SOAP format, which represents "Subjective-Objective-Assessment-Plan" is commonly used in clinic and hospital based speech-language pathology programs. Include information in each area as follows:

- a. Subjective: Provide background information, medical information, initial diagnosis.
- b. Objective: State objectives of treatment sessions.
- c. Assessment: Note progress toward objectives, update status and current diagnosis, impressions.
- d. Plan: Recommendations for continued treatment, change in objectives, education. *Treatment Hierarchy/Lesson Plan (Tx H/LP)*

Hierarchy of Goals and Objectives

This is a breakdown of semester goals and objectives into small steps, starting with the current level of the client and advancing to your final goal. Clinical Probes may also be noted as part of your hierarchy. The hierarchy will help you set reasonable semester goals and keep therapy moving toward your final goal. This will assist clinicians in writing their weekly lesson plans and should be discussed with their clinical supervisor.

It is important to note that there are variations for breaking down and formatting TxH/LP hierarchies of goals and objectives. There are, however, two aspects that are always included no matter what format is used. The two aspects are noted below:

1. Breaking down the hierarchy by client skills (simple to complex skill levels/concrete to abstract)
2. Breaking down the hierarchy by levels of support (most to least support)

Note: At times, clinicians may choose to combine these two aspects of stating objectives by skill and levels of support.

Data & Clinical Probes

All students will be required to develop their own data taking or recording procedures, upon which to base their program decisions. Clinical probes are conducted to determine if the target response has generalized.

Progress Summary/Discharge Summary (PS/DS)

The Progress Summary provides a statement regarding client progress toward their target goals and objectives, procedures used in the treatment process and recommendations for the next semester. Reports should be written in terms that the client or family can understand. The PS will summarize progress for the semester and makes recommendations for the following semester of treatment. The PS is completed and printed in final draft at the time of student clinician's end of semester close-out with the clinical supervisor then mailed to the client/families.

Final Draft of Documentation

CEs process final draft documents.

Chart reviews, lesson plans, data collection sheets, and semester treatment plans are typically not included in the clients' folders.

Part VII: Practicum Grading

Rating / Grading of competencies is based on the Student’s Performance Level and the Level of Supervision required to achieve a satisfactory performance



Rating*	Skill Performance: Student	Level of Support: Supervisor
4	Developed / Consistent	Minimum: student performs tasks independently a majority of the time; initiates and leads discussion regarding clinical issues.
3	Present / Consistent	Moderate: direction and/or practice in conference leads to satisfactory performance.
2	Emerging	Maximum: student instruction and/or demonstration with the client leads to satisfactory performance
1	Absent	Maximum: ongoing student instruction and/or demonstration with the client required for satisfactory performance

Grading Consideration for Clinical Practicum

- Practicum grade at the end of the semester is “Pass” or “Fail” for OLLU
- Final Practicum Grade Outcomes on CALIPSO are noted below:
- Grading Scale on CALIPSO for midterm and final grades
 - 4.0-3.0 = Pass
 - 2.99-2.5 = Remediation
 - 2.49 -1.00= Fail
- Grading includes successful completion of the following practicum activities:
 - Pass rating on CALIPSO skill area competencies
 - Consistent (80%) attendance i seminars/class for practicum are conducted
 - Consistent (80%) attendance for Clinical Simulation and/or Alternative Clinical Education/Experiences (ACE)

Clinical Remediation Plan (CRP) [\(Appendices\) A-N: CDIS Clinic Remediation Plan](#)

Remediation plans are designed and implemented to improve students’ knowledge and skill areas of concern. The following scenarios may result in the implementation of a remediation plan.

- A CRP will be implemented automatically whenever a student receives a grade of “Remediation” in a practicum experience (CDIS 6365, 6366, 6167).

- A CRP may be implemented if student earns multiple scores of “emerging” within an individual clinical experience.
- A CRP may be implemented if student earns multiple scores of “emerging” on the same ASHA standard.
- A CRP may be implemented if the faculty determines that the following rating on the *Essential Skills and Standards Acknowledgment (Fitness to Practice)* is in accordance with student performance “Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders”

Decision to implement a CRP will be made jointly by the CE and DCE/Clinic Director.

CRP Process

1. The DCE/Clinic Director, Assigned CE, and Graduate Advisor will meet with the student.
2. The CRP areas of concern will be reviewed with the student while outlining a plan of activities/experiences the student must complete successfully demonstrating adequate improvement of knowledge and skills. The plan must include measurable goals completed within a designated timeline.
3. Mid-term initiated CRPs will use the currently assigned CE as a mentor, end-of-semester initiated CRPs will use the following semester’s assigned CE as a mentor to assure implementation, and successful completion of the plan. Other mentors may be assigned as needed by DCE/Clinic Director.
4. The student will enroll in the next CDIS course (6365, 6366, 6167). If the student earns a rating of “remediation” during the spring or summer semester, the student will need to enroll in a clinical practicum course with the designated course number in the fall semester. Neither CDIS 6365 nor CDIS 6366 may be taken over the second year if they received a “pass” or “remediation” the first year.
5. If the student successfully completes the CRP, the student will earn a “P” in the practicum class.
6. If the student fails to improve the practicum grade to a “P” during the following semester, s/he will be eligible for dismissal from the CSD graduate program.
7. Students earning a “remediation” two consecutive semesters or alternating semesters will be placed on clinical probation or considered for dismissal from CSD program per full faculty vote.
8. If the graduate student earns a “remediation” rating during their final semester of field placement s/he will be placed on clinical probation and ineligible for graduation. The student will be required to enroll in a designated practicum course the following

- semester and complete an additional field placement with a final rating of “P.” If a “P” is not obtained it will result in termination/dismissal from the CSD program.
9. Policy changes may occur throughout the year. Student/faculty/staff will be notified of any changes and their effective date via a memo from DCE/Clinic Director.

Student Removal from Clinical Assignment

All clinical assignments are at the sole discretion of the HJC, CSD program. In rare circumstances, students may be removed from a clinical assignment for a number of reasons. The CSD program has the right to take immediate action and remove a student from a clinical assignment due to serious academic, professional behavior, or safety concerns on both the part of the CSD student and the clinical educator and/or site. Students will be notified in writing of the removal and will meet with the DCE, Program Director and/or Graduate Advisor.

Appendices

A-A: Essential Skills and Standards Acknowledgement

CSD Department of Communication Sciences and Disorders Master's Program in Speech-Language Pathology Adapted from: Council of Academic Programs in Communication Sciences and Disorders – 2007

Essential Skills and Standards Acknowledgment (Fitness to Practice)

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social-professional. These skills enable a student to meet graduate and professional requirements as measured by entry level competencies for state licensure and national certification. Some of these skills are inherent and some can be taught and developed during the course of the graduate program through coursework and clinical experience.

Name: _____ Date: _____

A. COMMUNICATION *

A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language.
- Possess reading and writing skills sufficient to meet curricular and clinical demands.
- Perceive and demonstrate appropriate non-verbal communication for culture and context.
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as part of course work and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

_____ **All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____ **Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

B. MOTOR

A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- Access transportation to clinical and academic placements.
- Participate in classroom and clinical activities for the defined workday.

- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

_____ **All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____ **Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

C. INTELLECTUAL/COGNITIVE

A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self-evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and independent decisions.

_____ **All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____ **Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

D. SENSORY/OBSERVATIONAL

A student must possess adequate sensory skills of vision, hearing, tactile and smell to:

- Visually and auditorily identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, social interaction related to communication).
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visualize and discriminate imaging findings.
- Identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a client's family does or does not understand the clinician's written and/or verbal communication.

_____ All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.

_____ Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.

E. BEHAVIORAL/SOCIALPROFESSIONAL

A student must possess adequate behavioral and social attributes to:

- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally

_____ All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.

_____ Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.

I have read and understand the Our Lady of the Lake Communication Sciences Disorders Essential Skills and Standards Acknowledgement for Enrollment.

My signature acknowledges my understanding and, to the best of my knowledge, agreement that I meet these standards with or without reasonable accommodations. If the need should arise during my studies, I understand it is my responsibility to contact, in writing, the Services to Students with Disabilities (SSD) to determine if any specific reasonable accommodations may be necessary and can be made.

Student Signature: _____

A-B: Professional Behavior Guidelines for Participation in SLP

Clinical Training

Over the course of the next two years, you will transition from a student to a professional. The CSD graduate program at OLLU requires the highest standards of its students. The following guidelines are expectations from your graduate clinical program and for your future career in the field of speech-language pathology. It is expected that all students will follow the appropriate professional and interpersonal skills with clients, their families, clinical instructors, peers and support staff.

Professional Behavior
<ul style="list-style-type: none"> ➤ Conduct all clinical work in accordance with HJC Professional Protocol and the Code of Ethics and Scope of Practice in Speech-Language Pathology set forth by the American Speech-Language Hearing Association. ➤ Consistently prepare for and complete clinical services, conferences, and other practicum activities. <ul style="list-style-type: none"> ○ Arrive ahead at least 15 minutes of the appointment time to prepare for your session or meeting. ○ Contact supervisor in a timely manner if an extenuating circumstance causes lateness/cancellation (see HJC clinic attendance policy). ○ Take seriously the responsibilities of fulfilling clinical obligations by avoiding long weekends, absences due to personal reasons (e.g., vacations, weddings). ○ Take initiative by reading client’s file, being prepared to ask questions, knowing what you want to learn during a clinical experience and using references to learn necessary information. ➤ Use universal safety precautions whenever necessary. ➤ Protect and maintain confidentiality of clinical information as prescribed by HIPAA guidelines and clinic protocols. ➤ Present professional image through appropriate personal appearance and dress, identification with professional name badge, and professional demeanor (see HJC clinic dress code). ➤ Respect clinic property including resource therapy materials. Check out according to protocol and re-shelve in a timely manner.
Written Communication Skills
<ul style="list-style-type: none"> ➤ Consistently and accurately convey professional information from coursework, supervisory input, clinical activities and other resources. ➤ Consistently write information in a clear and organized manner using accurate spelling and grammar. ➤ Consistently and accurately use professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting.
Oral /Nonverbal Communication
<ul style="list-style-type: none"> ➤ Consistently and accurately use oral communication that demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA’s most current position statement on students and professionals who speak English with accents and nonstandard dialects. ➤ Consistently and accurately convey correct information from course work, supervisory input, clinical activities and other resources. ➤ Consistently and accurately describe behaviors of client and patient. ➤ Consistently and accurately use nonverbal language, including but not limited to affect, eye contact, tone, or body language, which is consistently appropriate for clinical interactions. ➤ Consistently model appropriate communication in all clinical settings and provide appropriate clarification to clients, family members, or other professionals when needed. ➤ Consistently and accurately use oral and nonverbal communications which are appropriate for the cultural, socioeconomic, and semantic needs of the audience. ➤ Check emails and mailbox at least daily. Notify clinic directors of change to address/numbers. ➤ Avoid use of electronic devices including pagers, PDAs, and cell phones for personal use in clinic.

I have read and understand the guidelines regarding professionalism that were discussed in CSD 6365.

Student Signature: _____ Date: _____



A-C: Clinic Responsibility Policy: Practicum Student Agreement

Purpose: In order to have student practicum run currently with the provision of professional services it is necessary that legal and ethical practices be maintained. For this reason, graduate students are to review and initial next to the following policies. By doing so each student is indicating that they have understood and agree to follow these policies. Students are responsible for following through with each policy. Noncompliance with these policies will put a student’s practicum hours and grades at risk. A copy of this agreement will be placed in each student’s practicum file.

_____ A copy of this document was issued to me. *Student Initials*

I agree to do the following:	
	1. Maintain a copy of current professional liability insurance each year I participate in practicum experiences.
	2. Complete Essential Skills and Standards Acknowledgment (Fitness to Practice)
	3. Maintain a copy of current Cardiopulmonary Resuscitation (CPR) Certification for each year I participate in practicum experiences.
	4. Submit proof of a current negative TB screen 1-2 years depending on whether the results are from a skin test or chest x-ray respectively.
	5. Report to therapy sessions and supervisory appointments unless I have an excused absence: secondary to illness (a doctor’s note may be required) and death/illness in the family. All other absences are considered unexcused and will result in loss of practicum hours, assignment and practicum grade.
	6. Treat or evaluate clients that have been assigned. Refusal of assignments may result in a delay of anticipated graduation date. Any refusal must be submitted in writing and will be filed in the student practicum folder.
	7. Use the OLLU calendar, clinic practicum calendar and clinical instructor’s directives to meet due dates for applications, paperwork, and assignments. I understand the failure to do so will adversely affect my practicum grade and recommendations for continued practicum at HJC or at field placement.
	8. Submit an application for practicum assignment each semester of enrollment in this graduate program. I understand that failure to do at the designated time will result in delays or denial of practicum assignments.
	9. Make myself available for clinical assignments during the operating hours of the clinic and in the interim for special assignments. Failure to be available may result in the loss of clinical hours and/or failure to obtain a clinical assignment and possibly delays in graduation from the program.
	10. Abide by the HIPAA regulations and Infection Control Policies as prescribed by the service agencies in which I complete my practicum.
	11. Read and adhere to the policies and procedures included in the CSD Clinic Practicum Handbook, Our Lady of the Lake University Student Handbook and other public policies related to my education and the completion of services provided through practicum.

Student Signature

Date



A-D: APPLICATION FOR PRACTICUM ASSIGNMENT

Student Name: _____

E-mail address: _____

Phone number(s) Home: _____

Cell: _____

Name and number of practicum course:

CSD 6365/Fall ____ CSD 6366/Spring ____ CSD 6167/Summer ____ CSD 7377 ____ CSD 7379 ____ 20 ____

Full Time ____ Part Time ____

Seeking Bilingual Certification: Yes: ____ No: ____

Number of estimated hours of practicum completed with OLLU CSD faculty at graduate level in:

Total Tx and Dx Hours: ____ Audiological Testing: ____ Aural habilitation-rehabilitation: ____

LEAVE OPEN THE SPACES FOR TIME WHEN YOU ARE AVAILABLE FOR CLINICAL ASSIGNMENTS. WRITE IN COURSE NUMBERS AND NAME THE ACTIVITY E.G. WORK OR TRAVEL TIME.

TIME	MON	TUES	WED	THURS	FRI	USE THIS SPACE FOR ADDITIONAL INFORMATION (i.e., requests for specific types of clinic experiences needed – adult clients- fluency-child artic etc...)	
8:00						1. List needs for required hours or specific competencies being requested.	
8:30							
9:00							
9:30							
10:00							
10:30							
11:00							
11:30							
Noon						2. Bilingual skills – Mark with an X	
12:30							English
1:00							Spanish
1:30							Sign
2:00						Other (list language):	
2:30							
3:00						3. List special interest(s)	
3:30							
4:00							
4:30							
5:00							
5:30							
6:00							



READ AND ANSWER THE QUESTIONS BELOW. FILL-IN THE BLANKS		
1. YES	NO	I have turned in 25 hours of observation to the CSD secretary.
2. YES	NO	I have turned in a copy of a current TB screening to the CSD secretary. Date of Screen: _____
3. YES	NO	I have turned in proof of current professional insurance to the CSD secretary. Date coverage begins _____ ends _____
4. YES	NO	I am aware that the Clinic Calendar is posted at the clinic and on Blackboard for my use.
5. YES	NO	I have received and reviewed the current clinic handbook. The date on my Handbook is _____
6. YES	NO	I understand I need functional computer skills to complete my practicum assignments.
7. YES	NO	I am eligible for assignment because I have a GPA of 3.0 or better and I am not on scholastic probation.
8. YES	NO	I have current CPR certification and a criminal background check as needed.

This information is accurate and I will update the information as it throughout the semester. Student Initials ____

INSTRUCTIONS: ✓ Courses Completed X Courses Enrolled		
MAJOR COURSES: Course Preparation		
✓ or X	Course Number	Course Title
	CSD 7171	Advanced Assessment Procedures in C.D.- I
	CSD 7172	Advanced Assessment Procedures in C.D. - II
	CSD 3443	Articulation and Phonological Disorders
	CSD 7213	Augmentative Communication
	CSD 4340	Aural Rehabilitation
	CSD 8202	Communication Disorders in Different Cultures
	CSD 6354	Dysphagia
	CSD 6242	Fluency Disorders
	CSD 4351	Language Disorders in Children
	CSD 6356	Language Disorders in Preschool Children*
	CSD 6357	Language Disorders in School –Aged Individuals*
	CSD 6258	Language in Discourse
	CSD 7335	Motor Speech Disorders
	CSD 6353	Neurogenic Language Disorders
	CSD 3311	Normal Language Development
	CSD 7312	Voice/Speech Disorders

Write in other courses you have completed that are not on the list. *Required courses for field placements.

Projected Graduation Date: _____

I understand that

1. Completion of a master’s degree in this CSD program is a minimum of five to six semester program for full time students, i.e., those enrolled in 9 or more course hours per semester and who are available for therapy, evaluations and supervisor meetings during times not attending class.
2. Part time students will take a longer period of time to graduate.
3. All students enrolled in CSD classes are to participate in clinical practicum. All students assigned clients must be enrolled in classes.
4. All students are required to participate in clinical practicums throughout long (fall and spring) and short (summer) semesters.

Signature: _____ Date _____



A-E: Practicum Assignment Form

Clinician's Name: _____

Clinic Instructor's Name: _____

Date Issued: _____

You have been assigned the following client:

Name: _____

Date of Birth: _____

Clinical Setting: Jersig/ _____

The client is scheduled to be seen: _____

Date and time of the initial supervisory meeting is: _____

Instructions:

Complete and Return This Form to Supervisor (Clinic Instructor)

I accept this client and will meet with this supervisor/clinic instructor this date and time: _____

I am declining this clinic assignment because _____

I understand that rejecting an assignment may result in a delay in my graduation as assignments are made only as they become available. Note and initial _____

Practicum Student Signature

Clinical Instructor's Signature

Date

Date

A-F: Template for Chart Review

Client's Name
Address
Telephone
Date of Birth
Chronological Age
School
District
Parents' Name
Referral Source
Attending Physician
Date of Last Speech-Language Evaluation
Previous Therapy Dates

Diagnosis

Diagnostic Category
ICD-10 Code

PERTINENT BACKGROUND INFORMATION:

SUMMARY OF PREVIOUS THERAPY:

QUESTIONS:

PROPOSED INTERVENTION PLAN:

A-G: Staffing Outline

Materials to have during the staffing:

- Client file
- e-files (Lesson Plans, Soap Notes, Data Log, Treatment Plan, Progress Summary)
- recorded sessions, if applicable
- Chart Review

Discussion points for staffing:

- Use the chart review format to begin the process
- Talk about planning (time allotment for lesson ideas, finding materials, setting up for sessions, activity presentations, reinforcement tools, making adjustments as needed, etc)
- Talk about implementation (type of instructions/directions, type of auditory/visual/tactile prompts, type of adjustments to make based on client's cues, etc.)
- Talk about recordkeeping (type of data collection and logs that are helpful, how to complete the lesson plan and soap note documents efficiently, how treatment plan will guide treatment, what to baseline and where to go from there)
- Expectations for clients and of their families
- What can you learn from the client?
- What works and what doesn't work

A-H: Parent/Client Conference

Semester Conference

Date of Conference: _____

Client:

DOB:

- Updated Client Information**
- Review Goals and Status**
- What Worked (Strategies)**
- Homework**
- Discuss Recommendations**
- Client/ Parent Agreement**
- Requested Changes**
- Questions/ Comments**
- Continuation Preferences**
 - Continuing Treatment _____
 - Time options for therapy (preferred days/ times)
- Customer Satisfaction Questionnaire**

Signatures:

Client/ Parent

Spouse/ Parent

Graduate Clinician

Assistant Clinical Professor

A-I: NOTIFICATION OF DIAGNOSTIC ASSIGNMENT

NOTE TO CLINICAL INSTRUCTOR: *If you do not hear from student within two working days please contact me to verify that I've sent notification to student and/or to follow up on student.*

Diagnostic #	Notification of Diagnostic Assignment	
Student:	Date:	Time of Evaluation:
Supervisor:	Location of Evaluation:	Initials of Client:
<p><i>Note: For confidentiality purposes this notification slip only provides the client initials</i></p> <p>Once you have received this notification, you are responsible for the following:</p> <ul style="list-style-type: none"> ▪ Contact clinical instructor for this dx assignment <i>within two working days</i> to confirm receipt and acceptance of this assignment and to arrange a conference time to discuss the assignment. If contact is not made within two working days then the diagnostic assignment will be reassigned and another dx assignment will not be made until your name cycles through the rotation. ▪ Go to the diagnostic assignment book at the front office to obtain client's full name <p>Prior to meeting with your supervisor, you must review the client's folder and come to your initial conference with a good frame of reference to discuss the client with your supervisor. It is important to come to the conference knowing the reason for referral, client's presenting communicative profile according to the intake form.</p> <p><i>IMPORTANT regarding the report writing process: 10 working days is the standard time that it should take to complete the report writing process including revision time. Timeline should not exceed three weeks for the client's benefit and for the student who will need the grade processed and in their file.</i></p>		
Date of Notification:		

Complete and Return This Form to Assigned Clinical Instructor

I accept this client and will meet with this supervisor this date and time: _____

I am not able to accept this assignment because _____

I understand that rejecting this assignment will result in my name moving to the bottom of the diagnostic rotation list and may delay field placement.

Note and initial _____

Practicum Student Signature

Clinical Instructor's Signature

Date

Date

A-K: End of Semester Close-Out

- **Bring client folder(s) to meeting**
 - **SOAP Notes**
 - all must be completed
 - signed
 - filed in chronological order in chart
 - **Parent Conference**
 - signed
 - filed in chronological order if applicable
 - make a copy to mail if contact by phone
 - **Progress Report**
 - final draft printed on clinic letterhead
 - client initials changed to full name
 - signatures
 - make a copy; original to client file, copy to parent
 - attach original & copy to client file; Theresa's box
 - **Ensure clock hours entered into CALIPSO software for tracking**
 - **Pink Summary Form**
 - front of client file
 - snapshot of client treatment across time
 - completed & signed
 - **Review of Competencies and Grade**
 - Entered and completed on CALIPSO
 - **Practicum Hours**
 - enter and follow-up via CALIPSO
 - **Supervisor Evaluation Form**
 - complete & turn in to main office
 - **Return all therapy materials, books, video tapes, etc.**



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A-L: CLINIC (TREATMENT) OBSERVATION

Graduate Clinician:	Date:	Client:	Time:	
Competencies		Level:	Comments	
Documentation:				
<ul style="list-style-type: none"> • Lesson Plan: timeliness; content; form • SOAP Note: timeliness; content; form 				
Baseline:				
<ul style="list-style-type: none"> • select targets to baseline • utilize appropriate baseline sequence • obtain data to support level of intervention • efficient manner 				
Session Organization:				
<ul style="list-style-type: none"> • introduction, body, closing • sequence of goals, activities, materials • follow lesson plan efficiently; max time on task • integration of targets within an activity • altered planned procedures as needed • standard precautions 				
Materials and Activities:				
<ul style="list-style-type: none"> • appropriate, effective to elicit target(s) • varied; within session/tx-tx • age & gender appropriate • maintain client interest level 				
Elicitation & Shaping:				
<ul style="list-style-type: none"> • introduce, teach, practice, review • demonstrate variety of techniques & strategies • provide effective corrective feedback • ensure adequate response opportunities 				
Reinforcement:				
<ul style="list-style-type: none"> • variety in type and schedule • effective delivery 				
Generalization and Carryover:				
<ul style="list-style-type: none"> • plan & implement within therapy setting • plan & implement home management 				
Data Collection:				
<ul style="list-style-type: none"> • system to note range of responses & cues • recorded responses accurately & efficiently • online collection • judge accuracy of responses • interpretation of data • use data to guide clinical decisions 				
Interaction: Client and Family				
<ul style="list-style-type: none"> • engage client: enthusiastic; animated; volume adj. • seating arrangement; proximity, touch • behavior management 				
Professional:				
<ul style="list-style-type: none"> • punctual for appointments • attire • made adjustments based on feedback 				
Other:		Clinical Instructor:		



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A-M: DIAGNOSTIC OBSERVATION

Clinician:	Date of Evaluation:	Time:
Client Initials:	Age:	Disorder:

Competencies	Level:	Comments
Planning		
<ul style="list-style-type: none"> familiar w/available background information re: client and disorder 		
<ul style="list-style-type: none"> selects appropriate assessment tools; standardized & non-standardized 		
<ul style="list-style-type: none"> develops non-standardized techniques if needed; includes stimulability 		
<ul style="list-style-type: none"> confirms test procedures & materials w/supervisor 		
<ul style="list-style-type: none"> considers alternatives to planned procedures 		
<ul style="list-style-type: none"> explains rationale for selected tests & procedures 		
Administration		
<ul style="list-style-type: none"> prepares environment to meet client/clinician needs 		
<ul style="list-style-type: none"> assures that all equipment is in working order prior to testing 		
<ul style="list-style-type: none"> materials are complete, organized and accessible 		
<ul style="list-style-type: none"> uses appropriate interview techniques to obtain pertinent information 		
<ul style="list-style-type: none"> administers tests/subtests according to standardized procedures 		
<ul style="list-style-type: none"> obtains ceiling & basal 		
<ul style="list-style-type: none"> records responses accurately & discretely 		
<ul style="list-style-type: none"> notes diagnostically significant behaviors 		
<ul style="list-style-type: none"> uses appropriate rate/pace of presentation 		
<ul style="list-style-type: none"> handles/manipulates tests & materials efficiently 		
<ul style="list-style-type: none"> modifies procedures to accommodate special needs 		
Behavior Management		
<ul style="list-style-type: none"> appropriately engages client 		
<ul style="list-style-type: none"> manages client behaviors; verbal & nonverbal cues 		
<ul style="list-style-type: none"> provides appropriate client encouragement/reinforcement; verbal/nonverbal 		
Reporting: Oral		
<ul style="list-style-type: none"> explains impressions/findings/recommendations accurately & fully 		
<ul style="list-style-type: none"> uses appropriate terminology 		
<ul style="list-style-type: none"> provides examples when needed to illustrate points 		
<ul style="list-style-type: none"> answers questions, listens, supports & addresses family concerns 		
Professional		
<ul style="list-style-type: none"> punctual with adequate time to set-up, prepare 		
<ul style="list-style-type: none"> attire appropriate to setting & client 		
<ul style="list-style-type: none"> appropriate interaction w/client, parent, supervisor, others 		
<ul style="list-style-type: none"> utilizes standard precautions 		
Other:		Clinical Instructor:



A-N: CDIS Clinic Remediation Plan

Student Name: _____ Date Discussed: _____

Notice:

The clinical instructors review student performance on a regular basis throughout each semester.

Reviews occur at midterm and at the end of semester clinical assignments. Based on a review of your performance to date, the clinical faculty reports the following:

_____ Making acceptable progress toward present and/or developed levels across all clinical competencies

_____ Not making acceptable progress toward present and/or developed levels across all clinical competencies

Clinical Skill Areas Needing Improvement:

Table with 5 columns: Clinical Competency, Absent, Emerging, Present, Developed. Rows include: Documentation, Baseline, Treatment Hierarchy, Session Organization, Materials & Activities, Elicitation & Shaping, Reinforcement, Generalization & Carryover, Data Collection, Interaction Style, Behavior Management, Professional.

Additional specifics of remediation plan:

_____ Student met the expected levels noted on the plan. Candidacy for field placement will be reviewed at the end of XX XX semester.

_____ Student did not meet the expected levels noted on the plan. Removal from CDIS program or other recommendations to be decided by full faculty at the end of XX XX semester.

Both academic and clinical competencies (assessment and treatment) must be at acceptable levels for field placement approval. Overall selection and candidacy for field placement will be determined by entire faculty at the end of the semester faculty meeting XXXX semester.

XXXXXXXXXXXX, B.A/B.S.?
Graduate Student Clinician

XXXXXXXXXXXX M.S., M.A., CCC-SLP
Clinical Instructor

XXXXXXXXXXXXM.A., M.S., CCC-SLP
Academic Advisor

XXXXXXXXXXXXM.A., M.S., CCC-SLP
Clinic Director

Date

A-O: Clinic Materials

Office Hallway				
Spanish Materials	Oral Motor	<u>Workbooks</u>	Functional Communication	Articulation & Phonology
Accent Modification	Aphasia/Cognition Dysarthria	Written Language	Social Skills	
Software	Behavior Management	Reading	Language/Literacy	Fluency
Picture Communication AAC		Literacy		
		Social Skills		
		Articulation/Phon		
		Auditory Processing		

Therapy Room Hallway				
Room 107	Store Room	Cabinets		
Library	<u>Sensory Items</u> balance balls cushions	Infant & Toddler Toys	Games Arts & Crafts	Puzzles

Student Room Hallway	
Store Room D	Room 116
<u>Gross Motor Activities</u> bowling pins bean bags scooter toss across basketball hoops etc	<u>Diagnostic Supplies</u> tests & protocols portable audiometers tongue depressors / gloves <u>Walk-in Closet</u> Toys & Manipulatives



A-P: Treatment Hierarchy / Lesson Plan

Client Initials:	YOB:
------------------	------

Dates of Tx Sessions:	
CPT: ICD-10:	Long Term Goals (LTG)
<ul style="list-style-type: none"> Objective/Criteria (Hierarchy): 	
Methods/Approaches	
Cues/Prompts:	
Activities/Materials:	
Reinforcement:	
<ul style="list-style-type: none"> Objective/Criteria (Hierarchy): 	
Methods/Approaches	
Cues/Prompts:	
Activities/Materials:	
Reinforcement:	
CPT: ICD-10:	Long Term Goals (LTG)
<ul style="list-style-type: none"> Objective/Criteria (Hierarchy): 	
Methods/Approaches	
Cues/Prompts:	
Activities/Materials:	
Reinforcement:	
<ul style="list-style-type: none"> Objective/Criteria (Hierarchy): 	
Methods/Approaches	
Cues/Prompts:	
Activities/Materials:	
Reinforcement:	



CPT:	Long Term Goals (LTG)
ICD-10:	
<ul style="list-style-type: none"> • Objective/Criteria (Hierarchy): 	
Methods/Approaches	
Cues/Prompts:	
Activities/Materials:	
Reinforcement:	
<ul style="list-style-type: none"> • Objective/Criteria (Hierarchy): 	
Methods/Approaches	
Cues/Prompts:	
Activities/Materials:	
Reinforcement:	

A-Q:Information for Field Placement Supervisors

Required minimum supervision:

- *25% - Supervisor must directly observe student 25% while conducting treatment or diagnostics.*
- *100% on site w/student - Supervisors must be on-site 100% of the time while student is providing services.*

Calibrating on rating students during external field placements (Please consider the following):

Student ratings are based on a continuum of readiness related to their status as a graduate student. It is a given factor that graduate student clinicians will not demonstrate total independence or competence compared to an experienced Speech-Language Pathologist in the field.

The rating levels reflect competence at a student level with either moderate or minimum support from the supervisor. A student at a level “3” receives moderate input from the supervisor and in the end performs the task in a satisfactory manner. A student at a level “4” receives minimal input from the supervisor and in the end performs the task satisfactorily. The level “4” student shows more consistency of initiating and leading or maintaining discussions regarding clinical issues.

Note: Please feel free to e-mail your university liaison at any time with questions or concerns. The clinic director may be contacted at rlmartinez1@ollusa.edu with any additional input regarding student ratings or with any questions. Thank you so much for working with our students; we really appreciate it!

Rating*	Skill Performance: Student		Level of Support: Supervisor
4	Developed / Consistent	Pass	Minimum: student performs tasks independently a majority of the time; initiates and leads discussion regarding clinical issues
3	Present / Consistent		Moderate: direction and/or practice in conference leads to satisfactory performance
2	Emerging	Fail	Maximum: student instruction and/or demonstration with the client leads to satisfactory performance
1	Absent		Maximum: ongoing student instruction and/or demonstration with the client required for satisfactory performance

As per OLLU CDIS program:

- CALIPSO hours are to be approved weekly. (*Diagnostic hours may include baselining as well as reporting of evaluation results.*)
- Students will submit a hard copy of practicum hours (Requirements Worksheet) with field supervisor signature to university liaison at midterm and at the end of the semester.
- Online ratings of evaluation/treatment/professional skills are completed, reviewed with student, and submitted by field supervisor at midterm and at the end of the semester.
 - Complete and submit (via student or e-mail) Field Practicum Supervisor Questionnaire at the end of the semester.
 - Consider addressing “teachable moments” with the graduate student as they occur.

Additional resources and tips for supervisor graduate student clinicians:

<http://www.asha.org/slp/supervisortips/>

When working with the graduate student, consider the following:

- Set up regular times for conferences.
- Encourage the graduate student to be an active participant in establishing mutually agreed upon educational goals for the placement, which take into consideration the student's level of experience and the nature of the clinical opportunities available at the site.
- Clearly state your expectations for the graduate student over the course of the practicum: hours, responsibilities (clients, assigned projects or readings), facility policies, and how the student will be evaluated.
- Be cognizant of the graduate student's learning style and how they respond to feedback.
- Avoid attempting to expose the graduate student to every type of patient and disorder. Periodically revisit the goals for placement and student learning objectives.
- Maintain communication with the university regarding the student's progress.

Resources available to you as a supervisor:

- Contact the university's clinic director and/or liaison with questions or concerns regarding your graduate student.
- Explore ASHA's [resources](#) on clinical education.
- Consider joining Special Interest Group 11: [Administration and Supervision](#). You can post questions and learn from other clinical educators once you join the division email list.

A-R: OLLU Harry Jersig Speech-Language-Hearing Center (HJC) Privacy Policy

The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individuals’ health information – called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

U.S. Department of Health and Human Services: www.hhs.gov

This notice describes how medical information about our patients/clients may be used and disclosed and how they can obtain access to this information. Please review it carefully. Clients who have questions or require additional information should ask the HJC Office Manager. Clients who have complaints can submit them in writing. The Clinic Director will review the complaints. Clients who have complaints requiring immediate attention should ask for the Clinic Director or the Program Director. Clients whose complaints have not been resolved satisfactorily can address complaints to the Secretary of the United States Department of Health and Human Services. The HJC Clinic will not retaliate against any individual for filing a complaint.

Terms:

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information** (PHI). PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations** (TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

Access:

The following people will have access to PHI:

- The client.
- Any person to whom the client has authorized in writing the release of information.
- OLLU/HJC Clinic staff involved in providing care to the client will have access as indicated below:
 - Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate)
 - Office staff needs access to the entire medical record in order to file all components of the chart.
 - Office staff assisting clients with insurance problems may need access to the entire record in order to determine dates of service, etc.
 - Custodial staff does not have access to PHI.
 - Client's health insurance company, for payment purposes.
 - Public Health Services and regulatory officials, when required by law.
 - Courts, when the request is accompanied by a duly executed subpoena and reviewed by BGSU legal counsel.
 - Parents or legal guardians of a minor.
 - Referring physicians and/or therapists and physicians, and/or therapists involved in continuity of care.

Minimum Necessary:

Requests for disclosure of PHI for all purposes will be reviewed by the Privacy Contact (OLLU HJC office staff) to assure that they meet the minimum necessary requirement. The Privacy Contact may consult the Privacy Officer (Program Director) for assistance in making this determination.

Patient/Client Rights:

- Clients have a right to see and obtain a copy of their PHI.
- Clients have a right to request limitations to the routine use of PHI for TPO.
- Clients have a right to request changes in their PHI.
- Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, HJC must keep a disclosure log. The log must record all disclosures, both written and verbal.

Security:

Privacy measures are designed to protect the confidentiality of all PHI:

- All faculty, staff, and student clinicians will receive instruction about and be familiar with the HJC Privacy Policy.



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Harry Jersig Center (HJC)

- Faculty, staff and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the HJC is open, exposed patient records are not left unattended in unlocked offices. When the HJC Clinic is closed, all files are placed in locked cabinets inside a locked room.

Administration:

- The HJC Office Manager/Bookkeeper/Administrative Assistant serve as the Privacy Contact.
- The Clinic Director and the Program Director serve as the Privacy Officers: *Ms. Rosa Lydia Martinez* - (210) 431.6590 & *Dr. Eva Nwokah* – (210) 528.7117. A designee of the University Information Technology Services (ITS) department serves as the Security Officer.

Eva E. Nwokah, Ph.D., CCC-SLP

eenwokah@ollusa.edu

Program Director, Communication and Learning Disorders

Rosa L. Martinez, CCC-SLP

rlmartinez1@ollusa.edu

Clinic Director, Communication and Learning Disorders for more information on HIPAA requirements by ASHA members and their affiliates go to:

<http://www.asha.org/practice/reimbursement/hipaa/default/>



A-S: Requirements Worksheet (for student use)

Student Name: _____ Academic Advisor Name: _____

Expiration date of: Liability Insurance _____ CPR _____ Immunizations (TB) _____

Dates of Hepatitis B: _____

I. _____ Hours

Table with 5 columns: Disorders, Evaluation Hours (Child 0-17, Adult 18-65+), Treatment Hours (Child 0-17, Adult 18-65+), and Subtotals. Rows include Articulation, Fluency, Voice, Language, Hearing, Swallowing, Cognition, Social Aspects, Comm. Modalities, and a Semester Total row.

Bilingual/CLD Certification _____ / 50 hours

Attendance at Staffings, Pre-referral (RtI), Admission/Review/Dismissal Meetings ___ hours
(Clinician-led discussion of evaluation/treatment is counted as direct hours; other meeting time is reported here)

Total Practicum Hours: _____ / 375.00 hours

II. Clinic Remediation Plan Dates: _____

III. Course Grades: CDIS 6365 _____ 6366 _____ 6167 _____

CDIS 7377 _____ CDIS 7379 _____

IV. Completion Date of Supervisor Feedback form on CALIPSO: _____

Student's Signature

Current Phone Number

Field Supervisor Signature

University Liaison Signature

Date Completed