Department of Communicative Disorders
Student Handbook

Section II
Speech-Language Pathology
Clinic Manual

Revised August 2022

The University of Alabama is an Equal Opportunity Institution.

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Note to Students

Questions regarding any portion of this manual should be discussed with the Department Chair, Clinic Director, or your Clinical Educator.

Each graduate student should be familiar with the manual contents and is expected to abide by the policies and procedures therein.

Disclaimer: Every effort was made to provide you, as a student in this department, with the most up-to-date general information. There are times, however, that changes may occur. You will be notified of changes through various means, such as email, in clinic meetings, notices in your student mailbox, or during staffing with your Clinical Educator. It is your responsibility as a student to request clarification if you are uncertain about changes that may have occurred.

SPEECH-LANGUAGE PATHOLOGY CLINICAL PROGRAM

Program Credentials

The Department of Communicative Disorders is accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). Professionals practicing in the field are certified by ASHA and state licensed. Students enrolled in the graduate program must meet the academic and clinical competencies specified by CAA in order to be certified by ASHA after graduation. Academic and clinical competencies required by CAA are specified on the Knowledge and Skills Assessment Form (KASA). Required competencies span a spectrum of disorders across the life span. Each student will be given a copy of the KASA form when entering the graduate program.

Clinic Director, Internship Coordinator, and Clinical Educators

The Clinic Director is responsible for the operation and supervision of in-house clinic and approves all off-campus practicum placements. The Clinic Director collaborates with faculty to create and initiate research opportunities within The Speech and Hearing Center. The Clinic Director ensures that the clinic is following appropriate policies and procedures as detailed in this manual.

The Internship Coordinator is responsible for assignment of off-campus clinical practicums and serves as the liaison between The Speech and Hearing Center and off-campus practicum sites.

Clinical Educators are responsible for mentoring students during the clinical education process. Clinical Educators will meet with student clinicians routinely during the semester and they work closely with student clinicians to plan and implement clinical practices and evaluate student competency.

Speech and Hearing Center Overview

The University of Alabama is an equal opportunity institution. The Speech and Hearing Center, as part of The Department of Communicative Disorders, strives to provide quality services to individuals with speech, language, or hearing disorders in the Tuscaloosa community and surrounding counties. Clients of all ages and from diverse backgrounds are served through The Speech and Hearing Center and have a variety of speech, language, or hearing problems. Since the Speech and Hearing Center is a clinical training program, services are provided by students enrolled in one of the clinical

practicum courses under the supervision of state licensed and nationally certified Clinical Educators.

There are a variety of ways for clients to receive services at The Speech and Hearing Center. Since the center is open to the public, self-referral, referral from a physician, or referral from another community agency is common.

Additional clinical experience is available to students at a variety of off-campus practicum sites in Tuscaloosa, Birmingham, and the surrounding area. Students are assigned to on-campus clinical practicum before being placed at off-campus sites.

Student Mailboxes

Each student enrolled in clinical practicum will be assigned a mailbox outside the Student Workroom/Computer Lab. Announcements and messages will put in the box as needed. Students should check their boxes regularly. The box should also be used to keep client files when the student is away from the workroom.

Vaccinations and CPR Training Requirements

Many vaccinations, screenings, and background checks are required for clinical practicum placements. To manage those requirements, students are required to register with CastleBranch prior to clinic beginning and submit proof and/or documentation of all requirements listed on the CastleBranch flyer and are responsible for any fees associated with their account. Additionally, vaccinations, tests and screenings will be done at the student's expense. (Refer to CastleBranch flyer provided for vaccination requirements.)

CPR training will be completed in the fall, prior to clinic beginning, at The Speech and Hearing Center. The cost of training will be paid by the student and is required for all students. Any student who does not attend the training offered by the department must arrange training at his/her expense.

HIPAA

The security and privacy of clinical records is protected by professional ethics (American Speech-Language-Hearing Association) and federal legislation (Health Insurance Portability and Accountability Act). The Speech and Hearing Center is bound by ethics and law to adhere to HIPAA Policies and Practices as prescribed by The University of Alabama HIPAA Compliance Committee. (HIPAA, Appendix III)

All members of The Speech and Hearing Center workforce must comply with HIPAA Policies and Practices.

- Students enrolled in clinical practicum/courses are part of The Speech and Hearing Center workforce.
- The obligation to protect the confidentiality and security of clinical records begins with enrollment in clinical courses and is on-going (i.e., does not end with completion of clinical coursework or graduation).

Clinical practicum students will complete HIPAA training prior to engaging in delivery of clinical services. Documentation of training will be kept by The Speech and Hearing Center HIPAA Privacy Officer.

HIPAA Policies and Practices apply to all clinical records, which includes all paper and electronic clinical records, billing records, photographs, video and audio recordings, and verbal and telephone conversations.

Important Points related to HIPAA

- Clinical data/records cannot be stored on a personal electronic device, such as a laptop, flash drive, or smart phone. Students cannot email clinical records to themselves.
- UA Box may be used to create and store clinic related work that contains protected health information (PHI). Documents created or stored on UA Box that contain PHI may not be saved or downloaded to any computer, personal device, flash drive, or smart phone.
- The Permanent Client File or its contents can never be taken from The Speech and Hearing Center. This policy applies to paper and electronic records or copies of records.
- The Working File can be taken from The Speech and Hearing Center. The clinician should access the information in the file only in a secure and private setting. The clinician must understand and accept that the Working File and its content are the responsibility of the clinician. Unauthorized or inappropriate disclosure of the information contained in the file is a violation of HIPAA Policies and Practices. The clinician is responsible for protecting that information and will be accountable if a breach occurs. Sanctions are enforced for all breaches of privacy and security, even if the violation was unintentional or out of the control of the clinician. Precautions for protecting the records include but are not limited to:
  - Never leave a Working File unattended in your car.
  - Never leave a Working File unattended in your home. If you are not working on the file, store it in a secure and private location.

- o Never access the content of the file around other people, such as roommates, or in a public venue, such as a restaurant.
- Violations of HIPAA Policies and Practices will be reported to The Speech and Hearing Center Privacy and Security Officers, Clinic Director, and Department Chair.
- Students who violate HIPAA Policies and Practices will be subject to sanctions.
  - o The sanction imposed will be based on the severity of the breach. Mitigating factors as well as whether the breach was a first or repeat offense will be considered.
  - o Neither the University of Alabama nor the Speech and Hearing Center can protect the student from legal charges filed through the court system on behalf of a client should such an action occur.
- If a student is accused of a HIPAA violation, a meeting will be scheduled to address the accusation. The HIPAA Privacy and Security Officers, Clinic Director, and Department Chair will attend the meeting with the student. Other Speech and Hearing Center personnel, such as a clinical educator, may be present as well.
  - o The accusation and concerns will be presented. The student will be given the opportunity to provide an explanation/defense.
  - o If it is determined that the student is guilty of a HIPAA violation, the HIPAA Officers, Clinic Director, and Department Chair will determine the appropriate sanctions.
  - o The purpose of the meeting and outcome will be documented. A copy will be placed in the Student's Departmental File.

HIPAA Sanctions

Each violation will present unique circumstances. Sanctions will be determined on a case-by-case basis. General guidelines will be applied when determining sanctions. The severity of the offence is determined by considering intent and potential harm to the client and/or Speech and Hearing Center.

- Serious offense involves poor judgment on the part of the clinician; however, no harm was done to the client or the reputation of The Speech and Hearing Center. No serious legal implications are anticipated as a result of the act. There was a breach of policies and practices, but protected information was not disclosed to an outside/inappropriate source. Examples include:
  - o Client File is taken from The Speech and Hearing Center.
  - o Working Files are left in the student's car.
- Critical offense involves not only poor judgment on the part of the clinician, but harm or potential harm could occur to the client or the reputation of The Speech

and Hearing Center. Confidential information is disclosed as a result of this action. Legal vulnerability is a concern. Examples include:
  - o A Working File is left in a restaurant.
  - o A Working File is stolen from the student's car.
  - o Posting photos or video to social media. (This could be fatal offense.)
- Fatal offense occurs when the violation was committed for personal profit or with malicious intent causing harm to both the client and Speech and Hearing Center. Legal implications are serious. Examples include:
  - o Disclosing information about a client to someone without-a-need to know for the purpose of gossip.
  - o Disclosing information about a client to someone without a need-to-know causing damage to the client's reputation, embarrassment, or personal anxiety.
  - o Disclosing information about a client to an attorney, media, estranged spouse, etc.
  - o Disclosing information for personal profit; selling information.
  - o Disclosure of information damages the reputation of The Speech and Hearing Center or results in legal vulnerability.

Typical sanctions would include:
- Both a first offense and a serious offense typically require disciplinary sanctions but do not threaten the student's opportunity to complete the program in the expected number of semesters. HIPAA re-training, loss of clock hour credit, and a letter of reprimand are examples of possible sanctions.
- A second serious offense or a critical offense warrants a grade of "F" or "fail" in the clinical course. The student will remain in-house one extra semester for clinic rather than be placed at an off-campus site. The student will have to extend the completion date of the graduate program by one semester.
- A fatal offense, third serious offense, or second critical offense warrants dismissal from The Department of Communicative Disorders for a graduate student.

SHC Dress Code

Students are expected to follow The Speech and Hearing Center Dress Code for clinic. This includes uniform of red, black, or gray scrubs in solid colors with closed-toe shoes and SHC nametag. A solid, long-sleeve fitted tee (neutral colors) may be worn under the scrub top. A scrub jacket is optional. Students are always expected to adhere to the dress code when in clinic. Students are also expected to follow the dress code required at

off-campus sites. Refer to the SHC Dress Code Policy, Appendix I, for detailed dress code requirements.

Safety/Emergency Management

The safety of clients is an important concern. In the event of an emergency, the student is responsible for the safety of his/her client. See Appendix II for detailed instructions on emergency management procedures. Should the alarm system go off, the student must evacuate the building and not return until given permission to do so by emergency personnel. If the student is with a client, the student must escort the client out of the building.

Observation of Clinic

Access to therapy rooms and observation rooms is limited to clinical staff members and students in the Communicative Disorders program. Parents, spouses, or caregivers who wish to observe treatment must check with the Clinical Educator and request permission before entering the treatment area.

Observation Policy

The security and privacy of clinical records is protected by professional ethics (American Speech-Language-Hearing Association) and federal legislation (Health Insurance Portability and Accountability Act). The Speech and Hearing Center is bound by ethics and law to adhere to HIPAA Policies and Practices as prescribed by the University of Alabama HIPAA Compliance Committee.

- The Speech and Hearing Center is a training program for students majoring in Communicative Disorders. Observation of clinical services by students is part of the teaching-learning process and is a component of the operations of the Speech and Hearing Center.
- Students who engage in observation of services will be informed of SHC privacy and confidentiality policies.
- Students will sign acknowledgement of the following:
    - SHC Privacy Practices
    - SHC Confidentiality Agreement
    - SHC Dress Code Policy
    - SHC Sign In/Out Log
- Acknowledgement forms will be kept in a binder in the front office for the duration of the semester in which the student was observing in the SHC.
- Sanctions for violation for HIPAA Policies and Practices are described in the HIPAA Student Sanctions Policy (see HIPAA sanctions of Handbook Section II).

Non-CD student observers must be approved by the Clinic Director.

- Non-CD students who engage in observation of services will be informed of SHC privacy and confidentiality policies.
- Non-CD students will sign acknowledgement of the following:
    - SHC Privacy Practices
    - SHC Confidentiality Agreement
    - SHC Dress Code Policy
    - SHC Sign In/Out Log
- Acknowledgement forms will be kept in a binder in the front office for the duration of the semester in which the student was observing in the SHC.
- Failure to abide by observation policies will result in termination of observation opportunities.

Parent/caregiver observation must be approved by the clinical educator who is responsible for the client.

- The Observation of Clinical Services Policy will be provided in writing to the parent/caregiver at the beginning of each semester the client is enrolled in treatment.
- Clinical Educator or student clinician will review Observation of Clinical Services Policies with the parent.
- Parent/caregiver will sign the policy form. A copy will be kept in the client's electronic medical record.
- Failure to abide by observation policies will result in termination of observation opportunities.
- Breach of Observation Policies will be reported to the Clinic Director and Speech and Hearing Center HIPAA Privacy Officer.

Volunteers

Volunteer opportunities at The Speech and Hearing Center are limited to UA students who are majoring in Communicative Disorders. Students who are interested should complete a volunteer application. The application can be found on the department's website in the undergraduate resource section and should be submitted online. An application form must be submitted for each semester the student is interested in volunteering. Volunteer assignments will be made based on clinic needs and availability.

Volunteer Policy

Volunteers are part of The Speech and Hearing Center workforce and must comply

with all policies and procedures regarding the privacy and security of protected health information. The security and privacy of clinical records is protected by professional ethics (American Speech-Language-Hearing Association) and federal legislation (Health Insurance Portability and Accountability Act). The Speech and Hearing Center is bound by ethics and law to adhere to HIPAA Policies and Practices as prescribed by the University of Alabama HIPAA Compliance Committee.

- Individuals who volunteer at The Speech and Hearing Center will be informed of HIPAA Privacy and Confidentiality Policies and have agreed to abide by all the university and speech and hearing center trained and will sign the Volunteer Policy and Sign-In and Sign-Out Log at each visit.
- Volunteer services must be approved by the Clinic Director.
- Volunteers must report to The Speech and Hearing Center front office when entering the facility.
- Volunteers will wear a Speech and Hearing Center Volunteer badge while in the building.
- Volunteers will sign and adhere to the SHC Volunteer Dress Code (casual business attire).
- Volunteers will have access to The Speech and Hearing Center work areas as needed to conduct volunteer activity. All other access will be restricted.
- Failure to abide by volunteer policies will result in termination of volunteer status.

Resource Rooms and Materials

The UA Speech and Hearing Center supplies students with therapy materials and equipment necessary for clinic use. Students are expected to take care of the materials, return them to their designated place of storage, and keep the center's resource rooms neat and organized. Students completing their practicum at The UA Speech and Hearing Center will be assigned to clinic clean-up periodically to keep the clinic areas in good working order. All students in practicum at The UA Speech and Hearing Center are expected to participate in Weekly and Mandatory End-of-the-Semester Clinic Clean-up sessions. Students who abuse this privilege or who do not follow through in clean-up responsibilities, will not be allowed continued use of these resources.

Therapy materials, such as toys, pictures, and cards are kept in the Resource Room which is accessible from Hallway B-2. Pediatric diagnostic tests and materials are kept in the Pediatric Diagnostic Closet in the Educator Workroom (Room 106). Adult diagnostic tests and materials are kept in Room 198. These items must be checked-out when taken from the closets and checked-in when

returned. Since many students use these materials, they should not be checked-out and kept for an unnecessarily long period of time or far in advance. Note, some SHC materials and equipment are kept in the Clinical Educators' offices. A student should never take items from a Clinical Educator's office without permission.

Students should remove materials from the therapy room as soon as the session is complete. The materials should be cleaned according to the Infection Control Policy and returned to the Resource Room.

Diagnostic Materials

Pediatric diagnostic materials are stored in the Diagnostic Closet on the pediatric therapy wing, Rm 106. Adult diagnostic materials are kept in Room 198. Assessments may be checked out using the Check-Out Log located on the bookshelf (ped) or bulletin board (adult). Enter only one assessment per line, date, and sign your name. When checking out an assessment, you must check-out the entire assessment kit; you are not allowed to take test manuals without checking out the complete assessment.

All assessment manipulatives must be thoroughly cleaned according to SHC's infection control policy before being returned to the Diagnostic Closet. When returning the assessment, sign your name in the check-in space and return the assessment to its designated place. If items are missing or there is a decreased supply of protocols, please make a note on the white board located in the Diagnostic Closet. You are responsible for missing items and/or a missing assessment if you are the last person to check out the test and did not note what was missing on the board.

All assessments must be returned to the Diagnostic Closet by the end of the workday. If there is a need to take an assessment out of SHC designated work areas, you must obtain approval from a Clinical Educator. Assessments should never be taken from The Speech and Hearing Center.

Please keep in mind, assessments are very expensive. A diagnostic test, for example, can cost several hundred dollars. The Speech and Hearing Center reserves the right to bill a student's University account for items that are not returned or are damaged.

Equipment

The Speech and Hearing Center provides equipment for student use. Students are

expected to follow policy regarding each piece of equipment.

- Portable audiometers used for hearing screening can be checked out for use at off-campus practicum sites if the date does not conflict with any scheduled Speech and Hearing Center projects.
- OAE (otoacoustic emissions) equipment **cannot** be checked out by students.
- One color printer is located in the adult wing computer lab. Students should be mindful of excessive printing due to ink costs. Printer should be used for printing clinic/therapy materials only. **Printing of class materials should be done on students' personal printer.**
- One copier/scan (black/white) machine is located in the student workroom. Students should be mindful of excessive printing due to ink costs.
- A large laminator is located in the Educator Workroom. Materials to be laminated should be clipped, labeled, and placed in the Graduate Assistant's Laminating Inbox located in the Educator Workroom. Materials will be laminated and returned to the Laminating Outbox within 48 hours. If the materials are needed sooner than 48 hours, see your Clinical Educator. Clinical Educators will need to approve all laminating projects. Laminating for class projects will need to be completed at an outside source.
- A small laminator is located in the student copier room. This laminator is for small project use, and a student may use this laminator independently. Clinical Educators will dispense laminating pouches and approve laminating projects. Laminating for class projects will need to be completed at an outside source.

Infection Control

The goal in establishing an infection control program is to prevent the spread of germs between client and clinician and to prevent the spread of germs environmentally via materials and equipment. Therapy and evaluation materials should be cleaned after use. Infection control supplies are kept in the diagnostic room and each treatment room and can be replenished from extra supplies that are stored in the cabinets in the Clinical Educator Workroom. Infection control is regulated by OSHA (Occupational Safety and Health Administration). Anyone involved in clinic must follow infection control policies. (See Appendix III for complete Infection Control Plan)

Clinical Practicum Experience

Step 1: Pre-Professional Observations

Each student majoring in Speech-Language Pathology is required to complete 25 clock hours of observation of appropriate clinical activities prior to enrollment in the first practicum course.

Undergraduate students at UA will gain this experience while enrolled in CD 277: Pre-professional Laboratory Experience. During this course, the student completes a minimum of 25 hours of observation of diagnostic and/or intervention activities with individuals representing a variety of age groups and types of speech, language, and hearing disorders via the interactive Simucase Guided Observation Program.

Students will complete the Observation Hour Form as a log of the observations completed. These hours will be verified by the instructor at the end of the course. The student must turn in the form to the course instructor before a grade will be posted. The student should keep a copy of the form for his/her records.

Students who enter the program from another university must provide written documentation of observation hours before receiving any clinical assignments. Students who have not completed 25 hours of observation must do so before participating in clinical practicum.

Step 2: In-House Clinical Practicum

In-house clinical practicum is available to both undergraduate and graduate students. Students typically complete a minimum of 1 in-house clinical practicum before being assigned to an off-campus facility. Most students will complete at least 2 in-house placements. Undergraduate students participate in in-house clinical practicum through enrollment in CD 447. Graduate students participate in in-house practicum through enrollment in CD 517.

At the Speech and Hearing Center, clients range from infants to geriatrics with a wide variety of speech, language, and hearing disorders often complicated by additional problems such as cognitive, behavioral, and social challenges. Clients from diverse multicultural backgrounds are common.

Step 3: Off-Campus Clinical Practicum

Undergraduate students are not assigned to off-campus practicum.

All graduate students are expected to complete practicum at sites outside the Speech and Hearing Center once they have demonstrated acceptable professional conduct, academic performance, and clinical performance. A variety of settings are available. Ideally, students will complete at least one pediatric placement (i.e. public school) and one adult placement (i.e. skilled nursing facility, rehabilitation setting, or hospital). The student's preference for a particular site will be accommodated when possible if it is compatible with the knowledge and skill requirements that are appropriate for the student at that point in the clinical training process.

Decisions regarding off-campus clinical practicum placement will be made on a student-by-student basis by the Internship Coordinator with input from the Clinical

Educators and Academic Faculty, and approval from the Clinic Director and Department Chair. Students must abide by the terms for placement agreed upon by the site and the Speech and Hearing Center.

Some travel by the student may be required to provide adequate hours and experiences. Costs associated with all off-campus travel will be incurred by the student. Off-Campus Clinical Practicum sites considered to be local/in-area include the following counties: Bibb, Fayette, Green, Hale, Jefferson, Pickens, Tuscaloosa, Walker and Lowndes, MS.

Only students in good standing are assigned to off-campus clinical practicum. Good standing is defined by a student's professional conduct, academic performance and clinical performance. Students with a remediation plan are not eligible for off-campus placement until the terms of the remediation plan are met. Students under review for misconduct will not be assigned to an off-campus placement or might be removed from the site. If a student is on Academic Probation or demonstrates questionable academic misconduct (i.e. poor class attendance), the student may be required to complete the 5th semester practicum locally. Students who are not performing to the standards and expectations outlined prior to the placement (See Appendix X: Expectations for the Student Intern at an Off-Campus Site) will be required to complete a remediation plan. If a practicum experience is delayed or not completed due to review of good standing, the student will complete a rotation the following semester and graduation will be delayed one semester.

For information regarding the out-of-area clinical practicum requirements refer to Appendix VIII: Guidelines for Requesting Out-of-Area Sites for Clinical Training.

Time Commitment for Clinical Experience

Graduate students must be enrolled in clinical practicum each semester they are enrolled in the graduate program. They must complete a minimum of 25 observation hours and 375 clock hours of clinical practice prior to graduation. The Clinic Director and Clinical Educator determine the number of days and hours a student attends his or her practicum. Students must plan to be available as required for practicum assignments. Students who have jobs or are involved in activities outside the department must be prepared to schedule those time commitments around clinic assignments. Students must recognize that personal decisions (pregnancy, job changes, moves, getting married, etc.) may impact or delay graduation timelines.

The Internship Coordinator arranges all off-campus practicum experiences. Students are to report for off-campus practicum on the days and dates delineated at the beginning of the practicum period, unless the site Clinical Educator requests that the student not attend. Under no circumstances, should a student ask the off-campus site

Clinical Educator for days off or to leave early. The Clinical Educator, Internship Coordinator and Clinic Director must approve any changes in the student's practicum schedule.

Graduate students should expect the following time commitment (e.g. total time for direct therapy services and other case management duties) in their clinical practicum experiences as outlined below:

	1st Semester	2nd Semester	3rd Semester	4th Semester	5th Semester
Site	• Speech and Hearing Center	• Speech and Hearing Center • Pediatric Site • Adult Site	• Speech and Hearing Center • Pediatric Site • Adult Site	• Pediatric Site • Adult Site	• Pediatric Site • Adult Site
Full-Time In-house	5-10	10-15	10-15	---	----
Full-Time Off-campus	---	10-15	15-20	15-20	40
Part-Time In-house /Off-campus	---	8 hours off-campus/ up to 7 hours in	8 hours off-campus/ up to 7 hours in	---	---
Full-Time Off-campus with GA	__	10-15	15-20	15-20	32
Full-Time Off-campus with Thesis	---	10-15	10-15 *(local in 3rd for data collection and analysis)*	15	32
Full-Time Off-campus with GA and Thesis	__	10-15	15	15	24

*Note on travel: Students who travel outside the Tuscaloosa area will be allotted travel time in the 3rd and 4th semesters for clinic and class.
*Note on thesis students: The data collection/analysis for a thesis typically occurs in the 3rd semester but can happen in another. During the data collection semester, the student will complete a local clinical practicum. This will be adjusted accordingly.

Other Clinical Time Commitment Information:
- Students are expected to be available to engage in clinical training experiences Monday-Friday, 8:00 a.m.-4:45 p.m.
- Clinic takes precedence over outside jobs, travel, personal activities, etc.
- Clinical Educators may hold early (7:30am) or late-clinic (until 6:00 pm) on certain days to accommodate before and after school clients.
- Students will be assigned participation in Preschool and Head Start Speech/Language Screenings in the first and second semesters (dates TBA).

- CD 517 will hold 4 mandatory clinic classes during the Fall semester on Fridays between 11:00-12:00 p.m. (dates TBA).

Graduate students completing their final 40-hour per week clinical practicum experience should understand that there is no vacation period from this placement. Students are expected to attend their site 5 days per week, all day (i.e. 40-hour work week). Spring Break may be observed at the discretion of the off-campus clinical educator.

Clinical Practicum Attendance Policy

Absenteeism from practicum is acceptable only in the case of an emergency (i.e. illness with fever, accidents, death in the immediate family, or other immediate family crisis). Immediate family members include: spouse, children, step-children, children-in-law, parents, step-parents, parents-in-law, brothers, brothers-in-law, sisters, sisters-in-law, grandparents, grandparents-in-law, step-grandparents, grandchildren, guardian and in-loco parentis. Aunts, uncles, nieces, nephews, cousins or other step relationships are not included – but will be considered on an individual relationship.

- The Clinic Director and Clinical Educator must pre-approve any non-emergency absences.
- In the event of an emergency absence, the student should contact the Clinical Educator as soon as possible. In-house clinicians should also contact the Front Office staff at 205-348-7131.
- Students may be required to make-up any missed clinical sessions even if absences are excused, including by extending the clinical placement beyond the end of the semester clinic date or extending their time in the program.
- Students attending off-campus clinical practicums should record all absences on the Clinical Attendance Log (Appendix IX) and have the off-campus Clinical Educator sign. Emergency absences are the only acceptable absences. This form should be turned in to the Internship Coordinator at the end of each semester.

Supervision of Clinical Practicum

Student clinicians are assigned a Clinical Educator for each semester of practicum. All Clinical Educators hold CCC-SLP (Certificate of Clinical Competence, Speech-Language Pathology, ASHA) and an Alabama State License. The responsibility of the Clinical Educator is two-fold:

(1) To meet the diagnostic and intervention needs of the client.
(2) To meet the learning needs of the student clinician.
The Clinical Educator serves as a teacher and mentor to his/her student clinicians while ensuring that all clients receive appropriate services.

The Clinical Educator will assign cases, assist the student in planning and execution of services, and evaluate the student's performance. The Clinical Educator will use a Clinical Performance Evaluation form in Calipso to rate the student's performance, document progress, and identify strengths and weaknesses. Individual and group sessions will be observed and written or verbal feedback provided to the student. The Clinical Educator will have a mid-term and end-of-term conference with the student to evaluate and discuss the student's strengths and weaknesses and to establish goals for continued development of competencies.

The student is expected to meet with the Clinical Educator regularly during the semester to discuss lesson plans and monitor client progress. The student is expected to meet all deadlines for submission of lesson plans, reports, and other paperwork required for clinic. The Clinical Educator will expect the student to plan thoroughly, be well prepared, and prompt for each clinical session and meeting.

Professional and Ethical Conduct

Clinical practicum is a significant responsibility for the student clinician. At all times, the best interest of the client must be placed above all other considerations. Students must abide by the Code of Ethics adopted by the American-Speech-Language-Hearing Association (ASHA), Appendix XIV. The privacy and security of protected health information, or client records, must be respected at all times as required by the Health Information Portability and Accountability Act (HIPAA), Appendix IV. Since clinical practicum is a course, The University of Alabama Code of Conduct and policies regarding academic misconduct apply to practicum students. See the University of Alabama web page to review these regulations, www.ua.edu .

A violation of The University of Alabama Code of Conduct, ASHA's Code of Ethics, SHC Professional Conduct Policy (Appendix II), or HIPAA policies is considered an egregious event and is subject to disciplinary action, which could include dismissal from the program. Written documentation of any incidents of misconduct will be placed in the student's permanent record.

Professional conduct is always expected (see Professional conduct Policy,

Appendix II). Examples of the professional behavior include the following:
- Being well prepared for each clinical session and meeting with the Clinical Educator.
- Adhering to the SHC dress code.
- Beginning and ending clinical sessions on time.
- Following rules for use of clinical materials.
- Meeting timelines for paperwork.
- Being respectful of others, including clients, families, staff and fellow colleagues.

Clinical Practicum Grading and Remediation

Undergraduate Clinical Practicum Grading:

At the undergraduate level, grades for clinical practicum are assigned based on a 4-point grading system using the +/- system required by The University of Alabama.

Graduate Clinical Practicum Grading:

Graduate clinical practicum is graded as Pass/Fail/Incomplete. Graduate students will be formally evaluated and graded by their Clinical Educator at mid-term and at the end of the semester using Calipso, a web-based tool for managing student clinical education. Knowledge and skills in the follow areas will be assessed according to the Performance Rating Scale below. These are equally weighted.
- Evaluation skills
- Intervention skills
- Preparedness, Interaction, and Interpersonal Qualities

Please refer to the Performance Rating Scale in Calipso for descriptions of the following grading criteria:

1 – Not evident	4 – Adequate
2 - Emerging	5 - Consistent
3 - Present	

Once the evaluation score is generated in Calipso, the score is then determined to either be a Pass or Fail according to the table below:

Evaluation Score	Letter Grade	Grading Scale Definition	Clinic Grade: Pass/Fail
4.0-5.0	A	**Exceeds Performance Expectations based upon clinical education within current semester.** Adequately and effectively implements the clinical skill and behavior with consultative supervision.	Pass
3.0-3.99	B	**Meets Performance Expectations based upon clinical education within current semester**. Implements the clinical skill and behavior with minimal direction and supervision.	Pass
2.5-2.99	C	**Moderately Acceptable Performance based upon clinical education within current semester.** Implements the clinical skill and behavior with moderate amount of direction and supervision. Efforts to modify may result in varying degrees of success.	Pass with Remediation
2.0-2.49	D	**Needs Improvement in Performance based upon clinic education within current semester.** Implements the clinical skill and behavior with maximum amount of direction and supervision. Efforts to modify are not successful.	Fail-Implement Remediation
1.99 or below	F	**Unacceptable Performance based upon clinical education within current semester.** No implementation of clinical skill and behavior with maximum amount of direction and supervision. Efforts to modify are not evident.	Fail-Implement Remediation

A remediation plan may be put in place following a clinical practicum mid-term evaluation, a final evaluation, a diagnostic evaluation, or at any time when a student's clinical performance is not in good standing. A remediation plan is developed for any student who receives an "F" or "I" grade in clinic. If a remediation period carries over to the next semester, the student will receive a grade of "I" at the end of the semester in which the remediation period began. This grade will be changed to "P" or "F" at the completion of the

remediation period.

The remediation plan will be developed by a remediation committee and will include:
- A description of the problem(s) or area(s) of concern
- Plan/process for remediation
- Explanation of how outcome/success will be measured/determined
- Timeline for completion will be specified in the remediation plan

The remediation committee may include the Department Chair, at least one Clinical Educator, and the Clinic Director.

If the student successfully meets the terms of the remediation plan within the timeline specified, the student proceeds with graduate study as normal. If the student does not successfully complete the remediation process, a second remediation plan may be developed. A maximum of 2 remediation plans may be implemented for a student during their graduate program. If after a second remediation plan, the deficits in clinical performance are not successfully resolved, as determined by the remediation committee, the student will be dismissed from the graduate program, even if the student is not on academic probation.

A student who earns an "F" or Fail grade in clinic is not awarded the clinical clock hours earned that semester. A student who earns an "F" or Fail grade in clinic will be required to complete an additional semester of clinical work.

A student who earns an "F" or Fail grade in clinic may be at risk for academic probation. See Probation in the Academic Section of this manual.

Evaluation of Clinical Performance

Clinical Educators will observe treatment (therapy sessions) a minimum of 25% of the student's contact time and each diagnostic session a minimum of 50% of the time. Observation is not the only method used in determining competency. The student will also be evaluated on quality of written work, professionalism, as well as other pertinent indicators of professional development.
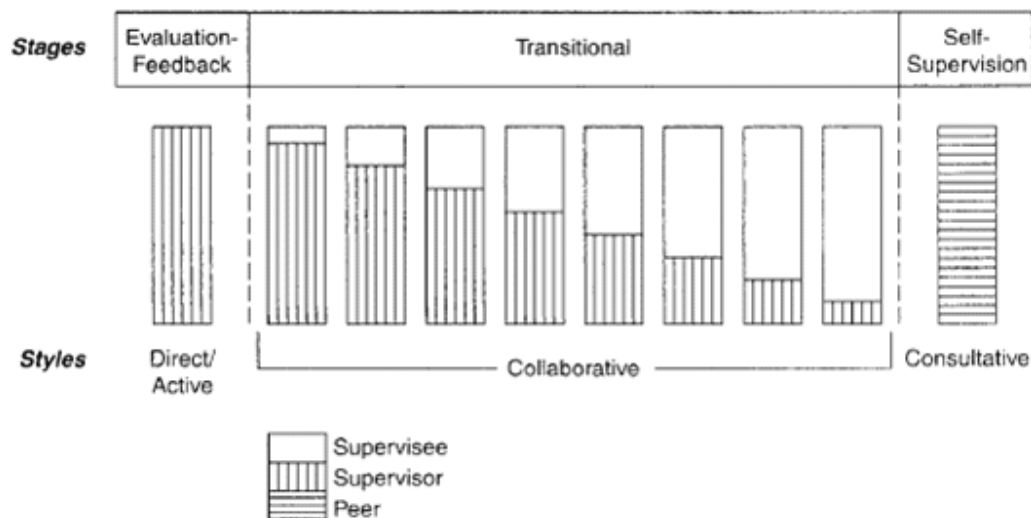
Clinical Educators will consider a variety of factors when evaluating clinical performance. Some factors are objective while others are more subjective in nature. Although the Calipso web-based evaluation forms will be used as the primary tool for

evaluating clinic, the Clinical Educator's subjective opinion of student performance will be considered when determining the student's grade.

Students will be given verbal and written feedback periodically during the semester as an evaluation of performance. The student is expected to review this feedback and discuss it with the Clinical Educator if he/she has any questions or requires additional help. The student is also expected to incorporate the feedback when planning and executing future clinical sessions.

The Clinical Educator will have a mid-term and end-of-term conference with each student to discuss overall clinical progress and, if needed, concerns. Electronic performance evaluations will be completed in Calipso by the Clinical Educator and serve as a reference point for these conferences. The Clinical Educator is responsible for informing the student during these meetings if there are concerns about the student's competencies. Again, the student is expected to incorporate the feedback provided by the Clinical Educator in future clinical sessions/experiences. Additionally, if the Clinical Educator has concerns regarding non-academic traits (Appendix V) exhibited by the student, which could adversely affect success in the field of Speech-Language Pathology, they will be addressed in the midterm and/or end of term meeting.

From the beginning of each semester to the end of the semester, the student clinician should become increasingly independent (refer to Anderson's 1988 *Continuum of Supervision* diagram below), improving in his/her ability to solve problems and make decisions, and apply critical thinking skills to the clinical process in an increasingly sophisticated manner. Clinical success involves a range of abilities including (1) integration of academic knowledge into the planning and execution of clinical service (2) application of evidence-based clinical procedures and strategies (3) the ability to establish an appropriate and successful relationship with clients and their families (4) the professional persona necessary for counseling and multidisciplinary case management, (5) the organizational skills necessary for accountability and effective time management, and (6) development of cultural competence, humility, and culturally responsive practice skills. The successful clinician therefore must be able to combine academic knowledge, clinical expertise, and appropriate personal/professional traits.

Stages	Evaluation-Feedback	Transitional							Self-Supervision

Legend:
- □ Supervisee
- ▥ Supervisor
- ▤ Peer

Styles	Direct/Active	Collaborative	Consultative

Non-Academic Expectations for Clinical Practicum

Speech-Language Pathology is a dynamic and rigorous field of study. The expectations for students planning to pursue Speech-Language Pathology as a profession are high. The ability to communicate is critical to quality of life. When working with individuals whose communication skills are compromised, the clinician must be a model of communication skills and clinical effectiveness. See Appendix V for a detailed description of the Non-Academic Expectation Policy.

It is possible for a student to be in good standing academically, but not possess the non-academic traits or abilities that are the underpinning of clinical effectiveness. These traits and abilities are important to the student's standing in the program and will be considered during the admission process and duration of the graduate program.

Once admitted to the graduate program the KASA form, which is linked with Calipso, will be used as the primary instrument to document competency during clinical training. However, it must be understood that evaluation of non-academic traits will involve a degree of subjectivity.

When concerns arise regarding the non-academic traits that provide the foundation for clinical success, the student will be brought up for non-academic review by a remediation committee. When appropriate, a remediation plan will be presented to the student with a timeline required for demonstration of an acceptable level of improvement.

Demonstration of non-academic expectations is necessary to be considered for off-

campus clinical practicum experiences (see Appendix V: Non-Academic Expectations Policy).

Disability Accommodations

The University of Alabama is an equal opportunity institution. The Department of Communicative Disorders welcomes applications to the graduate program from students with disabilities and from diverse backgrounds. For students with disabilities accommodations where needed and appropriate will be provided. Students in need of accommodations must register with the University of Alabama Office of Disability Services (133-B Martha Parham E Hall; 348-4285; TDD 348-3081). If the accommodations requested are (1) incompatible with acquisition of core competencies required for certification (KASA) or (2) become intrusive to the clinical process to the point that the client's interests cannot be placed above all other considerations, a review of the student's status by a remediation committee will take place. The student will be advised according to the outcome of that review. See Non-Academic Expectations Policy, Appendix V.

Diversity and Inclusion

The University of Alabama Department of Communicative Disorders and The UA Speech and Hearing Center are committed to understanding, respecting, and cultivating individual diversity. Students are encouraged to engage in productive conversations about race, gender, sexuality, and religious affiliations with faculty/staff that will aid in the support of diversity and inclusion related to clinical practicum experiences.

The Clinical Process

While in the graduate program, each student will gain a variety of experiences by working with clients of all ages with varied diagnoses. Each student will complete a Clinical Practicum each semester, a Diagnostic Practicum, and participate in one semester of Audiology Lab. These activities will be assigned by the Clinic Director.

Although the specific procedures applied to clinical practice will vary depending on the age and specific needs of the client, the general framework is constant.
The clinical process:
1. The client is seen for an initial diagnostic session.
2. If the results of the diagnostic indicate intervention is warranted, an intervention/treatment program is planned and implemented.
3. Intervention continues until adequate progress is made to dismiss the client from services, or other considerations indicate that the client should

be discharged.
4. Referral for additional services is made, if appropriate.

Client Files

Client records/materials are maintained in three forms:
- Point and Click EMR (PnC): documentation for clients seen Summer 2020-present
- Paper Files: documentation for clients seen prior to Summer 2020
- Working File: client materials only

Point and Click EMR (PnC):

Point and Click is an electronic medical record information system that houses client information and documentation of evaluation, treatment, and management of speech and hearing services. The system was integrated into the SHC workflow the Summer of 2020 and maintains client records for clients seen Summer 2020-present.

Paper Files:

Client Paper Files house records that document evaluation, treatment, and management from the client's initial visit at The Speech and Hearing Center until Summer of 2020. Paper files are:
- Permanent client files are kept in The Speech and Hearing Center office in accordance with HIPAA Privacy and Security Policies (Appendix IV).
- Client paper files contain long-term permanent records, such as HIPAA forms, diagnostic and treatment notes, treatment plans, as well as demographic information.
- If information from a client paper file is needed, a client record should be created in PnC and the requested information should be scanned in to the EMR by the front office associate.
- Client paper files can never be taken from The Speech and Hearing Center.
- Information contained in the client file is confidential. (HIPAA, Appendix IV)

Working File

The working file provides a place for the clinician to keep information pertinent to the client or materials for the duration of the semester. This working file may be may in electronic form (UABox) or a paper file, as determined by the Clinical Educator.

The working file may include the following:

- File Review Worksheet
- Therapy Response Form Sheets
- Related paperwork or treatment worksheets

Note: Forms for clinic are available on The Speech and Hearing Center share drive.

Working File folders on individual clients may be given to the students by the Clinical Educator or the Clinical Educator may allow the student to create one.

The working file can be taken from The Speech and Hearing Center to be worked on in the privacy of the student's home. The student is legally responsible for the file once it leaves The Speech and Hearing Center. The student is accountable for the privacy and security of the file and its contents. (HIPAA, Student Sanctions, Appendix IV) The file and its contents should be kept together.

Working Files should:
- Be transported inside a book bag or similar cover so that they are not visible.
- Be viewed only in a private location where others cannot view them.
- Never be left unattended where others might have access to them.
- Never be left unattended in a car.
- Never open in a public place, such as Starbucks.
- Be returned promptly to The Speech and Hearing Center, not left at home.

Hearing Screenings

A hearing screening is required for clients receiving speech-language diagnostic and intervention services. It is the student clinician's responsibility to be certain that hearing screenings are completed on schedule. Documentation of the hearing screening will be completed in PnC.

Policy
Hearing screenings are required for clients receiving speech-language diagnostic and intervention services.

Protocol
- Option 1: pure tone screening and tympanometry
- Option 2: otoacoustic emissions and tympanometry

Frequency of Screening
- Diagnostics: hearing will be screened at the time of the initial diagnostic session

- Intervention:
  - Infants and children: hearing will be screened each semester
  - Adults: hearing will be screened annually
- Documentation: hearing screening form will be completed at the time of each procedure and be included PnC.

Follow-up Criteria
- Testing through the SHC Audiology Clinic will be scheduled immediately for any client who does not pass their hearing screening or who could not be tested.
- Client/parent/caregiver will be informed if client does not pass.
- Medical referral will be made as needed.

Screening Procedures
Pure tone screening: Screen 1000, 2000, 4000 Hz at 20 dB in each ear
- Pass criteria: client responds to each test tone in both ears
- Fail: client fails to respond to one or more tones
- Could not test: client cannot be conditioned to the task or responses were judged to be unreliable

Otoacoustic Emissions
- Completed screening in each ear
- Pass criteria: as indicated in the end of test pop-up message
- Refer/fail: As indicated in the end of test pop-up message
- Could not test: client will not tolerate probe placement; too much noise to complete the test

Tympanometry
- Completed in each ear
- Pass: well defined peak between 0 and -250 mmH20, Type A tympanogram
- Fail: flat; Type B tympanogram
- Retest: negative pressure greater than -250 mmH20, Type C tympanogram; repeat tympanometry in 2-4 weeks; if negative pressure persists, schedule client with audiology

Procedures are selected based on developmental level of the client. Students must demonstrate proficiency in pure tone screening, otoacoustic emissions screening, and tympanometry.

Intervention/Therapy Procedures

Clients enrolled in treatment/therapy will be registered in PnC and have a client working file (UABox or paper file). See the Client File section of this manual for detailed description of each file. Both files contain protected health information. The student is responsible for the privacy and security of these files. (HIPAA, Appendix IV) The treatment/therapy process usually involves the following steps:

- During the first days of the semester, the Clinical Director and Clinical Educators hold orientation meetings and various clinical teaching/staffing meetings to prepare students for the upcoming semester. Attendance is required.

- The student meets with their assigned Clinical Educator and receives their client list for the semester. Students with a busy class and work schedule must allow adequate time for clinical assignments. **Note: Clinic takes precedence over outside jobs, travel, personal activities, etc.**

- The student reviews client record in PnC and completes The UA Speech and Hearing Center File Review form. A meeting with the Clinical Educator is scheduled to plan the treatment program for each client for the semester.

- Client paper files can be checked out from The Speech and Hearing Center office if needed. The file must remain in the building and must be returned by 4:30 p.m. the same day it was checked out.

- The activities that take place during the first week of therapy usually include the activities below:
    - Establishing rapport with the client
    - Collection of baseline data
    - Pre-testing

- Semester objectives are due to the Clinical Educator usually by the end of the first week of therapy or otherwise as scheduled by the Clinical Educator. Use the Plan of Care (POC) template in PnC.

- PnC will be utilized to keep an accurate record of client attendance.

- Student clinicians should check with Clinical Educators to discuss billing

procedures (i.e. ICD-10 and procedure codes for clients) prior to the beginning of the semester.

- All pediatric clients should have their hearing checked each semester. The results should be recorded on a Hearing Screening form in PnC.

- Lesson Plans are generated weekly in PnC by the student clinician and the due date is at the discretion of the Clinical Educator. The Educator will review the plan, make suggestions within PnC, and return it to the student with revisions/feedback prior to the next clinical session. (There may be instances where Lesson Plans will be generated in Box. Your Clinical Educator will let you know.)

- Students are expected to meet regularly with their Clinical Educators to discuss therapy plans, therapy modifications, concerns, and client/clinician performance. Students should be prepared for a mid-term conference as well as additional meetings at the request of the Clinical Educator.

- Post-testing, if indicated, will be completed during the final week of therapy. The student and Clinical Educator will meet to discuss the tests to be used.

- During the last therapy session, the student clinician and Clinical Educator conduct a formal conference with the client and/or client's parents/caregiver. The student clinician will review the semester's objectives and the client's performance in each area. Student clinicians should not make recommendations that have not been discussed with and approved by the Clinical Educator.

- A Summary Report on each client is generated in PnC as scheduled by the Clinical Educator.

- A Discharge Summary Report on each client not returning to The Speech and Hearing Center for services is generated in PnC and due to the Clinical Educator by the last clinic session or as otherwise scheduled by the Clinical Educator.

- The student will meet with the Clinical Educator for the End of Term Conference to discuss the student's final performance evaluation in Calipso and grading for the semester.

Note: *No pre and post-testing on clients should be conducted unless deemed necessary by the Clinical Educator for the development of a treatment plan or to determine progress made; no testing should be conducted for student-training purposes only or for a class assignment.*

Paperwork Required for Therapy

All documentation templates required for evaluation and treatment can be found in PnC. Other client management materials can be found on The Speech and Hearing Center share drive. Many SHC forms may also be found next to the student mailboxes in Hall B-2.

UA Speech and Hearing Center File Review

This form can be found on the share drive and is to be completed for planning, pretesting, and intervention. It is the student clinician's responsibility to review the client's Permanent Paper File/PnC electronic records and complete this form prior to meeting with the Clinical Educator. The form is kept in the client's Working File.

Plan of Care (POC)

At the beginning of the semester, the student clinician will meet with the Clinical Educator to discuss the appropriate intervention program for each individual client. The student will then generate a POC in PnC which must be approved/signed by the Clinical Educator.

Instructions for Completing a POC

When do I write a POC?

- A plan of care or POC must be generated in PnC following a client's initial evaluation if treatment is going to be provided at The Speech and Hearing Center.
- Treatment for a new client **cannot** begin until a POC is established.
- A POC must also be generated in PnC at the beginning of each semester for all returning clients.
- The POC form is generated in PnC for all clients (i.e., self-pay/private, BCBS, Medicaid, contract), including city and county school clients.

When is POC Due?

- POC's for new clients are due no later than 24 hours following the initial diagnostic.
- POC's for returning clients are due by the end of the first week of treatment.

When treatment is not recommended following an evaluation, or the client is being recommended for treatment elsewhere, a POC is not completed.

In some instances, a client may be seen for an evaluation, but waitlisted for treatment. POC is not immediately completed for a client who is put on a waitlist for treatment. POC is not completed until the client officially starts treatment. POC for waitlisted clients must be generated within one week of the day the client officially starts treatment.

For BCBS insurance and Medicaid clients, all POCs must be faxed to the referring physician for signature *as soon as possible*.

Who completes the POC form?

- POCs are generated in PnC for new clients immediately (i.e., within 24hours) following the initial diagnostic by the individual who completed the diagnostic, if they are the treating clinician.
- POCs are generated in PnC for returning clients by the treating clinician.

Do I send the POC form to anyone once it's completed?

- Yes. All BCBS insurance, Medicaid, Medicare, and private pay clients must have the POC certified. A POC is certified when the referring physician signs it. POC for BCBS insurance, Medicaid, Medicare, and private pay clients should be faxed to the referring physician ***as soon as possible***. The SHC office associate will assist in faxing documentation to physicians.
- All BCBS insurance, Medicaid, Medicare, and private pay clients who do not have a signed POC within 30 calendar days of the initial evaluation date or the first day of treatment for returning clients should be discharged from treatment.
- POCs for city/county clients do not need to be faxed for signature.

***Note**: The Acknowledgement of Health Information Practices form should be signed and in PnC Registration information before faxing any information. The form must be updated annually.

Once I complete the POC what additional documentation is to be completed?

- It is required that the POC be discussed with the client (parent). For new clients, treatment objectives and recommendations can be to be discussed when giving the client (parent) feedback following the evaluation. If that is the case, note in the evaluation that the results were discussed. Otherwise, document in the first SOAP note the client receives services that the POC was discussed with the client (parent).

- For clients who are returning for treatment, the POC should be discussed with the client (parent) at the start of treatment. Again, document that the POC was discussed with the client (parent) in the first PnC SOAP note of the semester.

How do I fill out the POC?

Use the following information as a guide for generating the POC template in PnC. When in doubt, please ask about how to complete. **ALL** fields **must** be completed.

Today's date: Enter the date the initial draft is written. Do NOT change this date in following drafts. This date should be same as the initial diagnostic date for new clients who will be starting treatment at our clinic, or the date of the initial treatment session for returning clients.

Initial certification: Check this box if this is the client's first POC; this will apply to all new clients.

Recertification for Services: Check this box for each POC written following the expiration of the initial POC.

Example: Client started therapy in Fall 2020. POC was completed and the student checked Initial Certification for Services. At the end of the semester, student recommends services be continued in the Spring 2021 semester. In the Spring, a new POC is be generated; the student checks recertification.

Note: A POC for a BCBS or Medicaid/Medicare client may not extend past 90 calendar days. Once 90 calendar days is up, the current POC has expired (i.e., treatment should not continue). A new POC must be generated and recertified even if it is before the last day of clinic for the semester.

Re-evaluation: Check *re-evaluation* if the POC is being completed following a full

re-evaluation; this is different from pre- and post-testing which is a part of treatment. Re-evaluations may be completed at any time following a significant change in functioning or to determine if the client is ready for discharge. A new POC following a re-evaluation is required if significant changes to the treatment plan are being made as a result of the re-evaluation. If no significant changes are being made to the POC as a result of the evaluation, results can be reported in the daily treatment notes and the current POC may be continued.

Start of Care (SOC) date: Enter the date services began at this center. This date remains the same on all subsequent POCs. This date, in most cases, would be the date of the initial diagnostic.

Plan Dates: Enter the day of the initial evaluation (for new clients) or the date treatment started (for returning clients) and the last day of dead week for the current semester.

Primary Diagnosis: Primary diagnosis should be the speech-language diagnosis. In some cases, the speech-diagnosis may be the same as the medical diagnosis. Enter the diagnosis and the ICD-10 diagnosis code.

Secondary Diagnosis: The secondary diagnosis should be the medical diagnosis that supports or is related to the primary diagnosis. Secondary diagnoses must be documented in the client's medical record (i.e., you cannot use a diagnosis code unless the doctor or another qualified professional has officially stated that the client has the diagnosis being considering [e.g., autism]). Enter the diagnosis and the ICD-10 diagnosis code.

Date of Onset: Put the date the secondary diagnosis (medical) was made or put the date the parent reports the problems starting or put the date of the referral to our clinic. If the exact date is not known enter 01 for the day (i.e., 8-01-20).

Treatment frequency and duration: Put how many days a week (frequency) and for how long (duration) the client will be seen to reach the goals that have been established. For example, 1 x week for 12 weeks. Duration should reflect the number of weeks of treatment that will be provided once treatment is initiated to the last day of clinic for the semester or expiration of the POC.

Current Status: Describe the client's *current* status. For an initial certification, this most likely will be a summary of the results from the initial evaluation, observations, and parent reports. Be specific to the problem(s) being targeted. If it's a recertification, then use information from the previous semester's summary of progress and informal testing/baseline measures conducted at the beginning of the current semester (i.e., the initial session). Documentation should reflect a

change in status from the initial current status (i.e., diagnostic) if continued therapy is recommended. Otherwise, recertification is not justified.

Long-Term Functional Goal/s: General statement highlighting **overall** goal of treatment. When appropriate, long-term goals should include a functional outcome.

Examples:

- "The client will demonstrate appropriate verbal and nonverbal language skills needed for all functional environments and routines."
- "The client will improve expressive language abilities to communicate basic needs and wants in natural settings."
- "During conversational exchanges, the client will demonstrate improved voice production characterized by increased loudness and decreased breathiness."

Short-term Goals: Short-term goals are the goals that the client should achieve by the end of the semester or during the certification period. Each short-term goal should be evaluated at the end of the specified time period (i.e., at the end of the certification period). A new objective should then be written at the point in which the objective was met or at the beginning of a new certification period. Examples:

- "The client will demonstrate the use of easy onset technique with no more than two visual cues."
- "The client will increase spontaneous use of one-word requests during interactions with the clinician on the playground to at least 10x in a 1-hour session."

**All clients must have at least one short term goal that addresses client/caregiver education.

All short-term goals in the POC should include the following parts:

- *Who*: "The client…"
- *Specific Behavior:* This must specify the overt behavior to be changed with a verb that describes some observable behavior (i.e. specific observable action word).
  - Examples:
    - "will spontaneously use 5 one-word requests"
    - "will correctly produce the /s/ in the final position of words in structured sentences"

- ▪ "will successfully use easy onset technique on target words at the sentence level"
        - ▪ "will correctly identify factors contributing to proper vocal hygiene"
- *Condition/Circumstance:* This must specify all antecedent events which include the following: who the client is interacting with, where the interaction occurs, the material involved, and the verbal as well as nonverbal stimuli.
  - o *Examples*:
    - ▪ "in response to the clinician's verbal model of the vowel sounds /a,u,o/ in the therapy room
    - ▪ "during natural interactions with a peer on the playground"
    - ▪ "while engaging in short conversational exchange with an unknown participant in the therapy room"
    - ▪ "while asking questions of an attendant in the library"
    - ▪ "when presented with picture choices in the therapy environment"
    - ▪ "while engaged in role-play situations with peers within the group therapy session"
- *Criterion*: This must specify the degree of proficiency or rate of behavior and indicate when the objective is met.
  - o *Examples*:
    - ▪ "9/10 times"
    - ▪ "80% accuracy"
    - ▪ "4 out of 5 trials"
    - ▪ "with less than 3 instances of intelligibility"

(Examples adapted from Florida State University's Speech and Hearing Center Website)

<u>Treatment Methods/Procedures:</u> State the specific approaches and techniques to be used to facilitate mastery of goals. Documentation should state more than, "articulation therapy" or "language therapy".

Examples:

- *Stimulus response treatment*
- *Oral motor tasks to increase kinesthetic awareness of articulatory placement*
- *Multisensory (tactile, auditory, and visual) cueing for/to….*
- *Therapeutic drill*
- *Cycles Approach*

- *Focused stimulation*
- *Pivotal response training*
- *Joint action routine*
- *Enhanced milieu teaching*
- *Pecs*
- *Descriptive talk*
- *Compensatory training*
- *Caregiver ed/home program*

Treatment Rationale: Clearly state why you have selected the goals and the treatment procedures/techniques listed. Include developmental norms when appropriate and indicate degree of delay in months for the areas targeted. Reference sources that support the use of specific techniques or the inclusion of certain goals, indicating use of evidence-based practices.

Rehabilitation Potential/Prognosis: Rate the client's rehab potential as good, fair, or poor. Base this on both positive and negative factors. When determining a client's prognosis, avoid subjective factors such as motivation and attitude. Prognostic indicators include but are not limited to: age, medical history, diagnosis, co-existing conditions, stimulability, support system/family involvement, and previous performance in treatment.

Weekly Lesson Plans: Students will generate a lesson plan in PnC for each client. When completing a lesson plan, the student should refer to feedback from the Clinical Educator, the approved plan of care and daily treatment notes.
- Due date is at the discretion of the Clinical Educator.
- Educator will review the plan, make suggestions, and return it in PnC to the student prior to the next clinical session.
- All lesson plans will be signed by the Educator at the end of the semester.

Daily Treatment Notes (SOAPs): Daily treatment notes/SOAPs must be kept on all clients regardless of payer source and are a part of the client's permanent medical record. All treatment notes are generated in PnC and signed by the Clinical Educator.

Therapy Response Sheet: The Therapy Response Sheet is used to track data during a treatment session. It provides a record of correct and incorrect responses with notes at the end. It is kept in the Working File.

Summary of Progress Report: At the end of each semester, the student clinician will generate a Summary Progress Report for each client. The template for this report is in PnC. The report summarizes the client's progress from the start date of treatment to the end date. The Summary of Progress Report is a part of the client's permanent medical record in PnC. An explanation of each section of the report is as follows:

STATUS AT THE BEGINNING OF THE SEMESTER

Narrative description of patient (age, sex); what happened; complicating or other pertinent issues; referred by; seen at The Speech and Hearing Center since…; Special issues addressed this semester, if any; description of client's level at start of semester; include enough information to rationalize your choice of goals/objectives/tests; include diagnostic test information if you did it

early in semester.

The information you choose to include here should justify your choice of treatment targets for the semester.

DIAGNOSTIC INFORMATION (Omit this section if it is not applicable)

Include this section if you obtained supplementary information on a change in your client. For example, you are seeing your client for a developmental language disorder, but after starting treatment you realized that something else might be going on, you suspect apraxia. So, you decide to give an apraxia battery. Include this new diagnostic information in this section. If you do not have this information, then do not include this section. You also may include new diagnostic information received on your client after the start of treatment. For example, your client has a significant decline in function—you refer your client to the neurologist to be assessed. The neurologist orders a CT scan; results of the scan are requested by you; include the results relative to the client's change in this section.
When completing this section, tell why you did the additional testing or referred the client for additional testing, what test was used, briefly tell about the test itself, what the results were, the score means in terms of norms or diagnosis, and interpret the findings in terms of functional behaviors.

Example: In response to Mrs. Smith's persistent motor difficulties, the clinician administered The Limb and Oral Apraxia Subtest of the Apraxia Battery for Adults (ABA) on October 21, 2020. The client scored 22/ 50 for limb apraxia and 22/50 for oral apraxia. According to test norms, these scores indicate the presence of moderate-severe limb and oral apraxia. The results suggest that Mrs. Smith has significant difficulty making voluntary movements with her arms and her speech articulators.

Example: Prompted by the client's persistent reading difficulties, the clinician administered a non-standardized behavioral reading assessment to John November 3, 2020. Since coming to The Speech and Hearing Center, he has experienced significant difficulties in decoding words. Despite maximal prompting this semester, he has had great difficulty matching phonemes to graphemes and vice versa. The purpose of this assessment was to analyze John's reading difficulties in order to determine the most appropriate treatment strategies. His scores were as follows…. These test results indicate/suggest….

TREATMENT PLAN

Treatment this semester focused on the following long-term goal/short term goals:

Long Term Goal Example:
1. *The client will use a variety of modes of communication to convey functional communication skills in conversation.*

Short Term Goal Example:
1. *The client will use meaningful gestures (e.g., pointing, showing relative size, or shape) in conjunction with speech to express an idea in 80% of conversational opportunities with moderate clinician cues.*

- *Baseline: The client used gestures on 30% of opportunities with moderate cues.*

- *Progress: The client used gestures on 60% of opportunities with minimal cues. John demonstrated challenges with responding (e.g., model-imitation) due to his limb apraxia.*
  GOAL PARTIALLY MET

2. *(include next goal)*

3. *(include next goal)*

PROGRESS SUMMARY

Do not include any new information in this section. Provide a brief summary of what was emphasized, how it was worked on, how successful it was, what methods were especially successful. Include a general statement of progress and further needs. This section should be the "synopsis" of the report. A person should be able to read this section and the recommendation sections and get a good sense of how the client did in treatment this semester.

Example: Mrs. Smith was highly motivated and made considerable progress communicating more effectively in social conversations this semester. Out of the 5 treatment objectives, she met 3, partially met 1, and failed to meet 1. The client has become a more active participant in conversations by initiating topics and formulating questions independently. She also attempts to use a greater variety of strategies to resolve communication breakdowns than she

did at the beginning of treatment. However, she continues to need clinician support in the form of augmented input (i.e., speech paired with gestures) to improve her comprehension. The client benefits from having goals and objectives reviewed briefly with her prior to any treatment activity. The client's sister and son participated in two treatment sessions this semester and learned to use augmented input and the Written Choice Communication Strategy to improve their communicative interactions with the client.

RECOMMENDATIONS
List recommendations and be as specific as possible. Include recommendations regarding goals, if appropriate.

Example:

1. It is recommended that Ms. Smith continue to receive individual and group speech-language services once a week at The Speech & Hearing Center for the Spring semester, 2020.
2. It is recommended that treatment continue to relate to Mrs. Smith's current interests (e.g., family, sports, and fishing).
3. It is recommended that Mrs. Smith's AAC communication book be expanded to include descriptions of family members and a chronological timeline of Mrs. Smith's life.
4. It is recommended that Mrs. Smith begin communication trials with a transparent symbol-based system and that future treatment goals include assessment of this strategy.

In closing, include a prognosis statement predicting progress for the next semester. Base this on your best judgment in consultation with your Clinical Educator. Use terms such as excellent, good, fair.

Example:
Given the client's family support, her motivation to improve, the relatively recent onset of her impairments, and continued individual and group speech therapy, her prognosis for improved communication effectiveness is good.

(Examples adapted from Florida State University's Speech and Hearing Center Website)

<u>Discharge Summary</u>

A Discharge Summary Report must be completed in PnC at the time a client is discharged from treatment regardless of the reason for discharge. If the client is

discharged at the end of the semester treatment period, a Discharge Summary Report is completed in addition to the Summary of Progress Report. The Discharge Summary Report should include the client's status at the beginning of clinical management, not status at the beginning of the current semester. The Discharge Summary template is on PnC. It is kept in PnC as a part of the client's permanent medical record.

Diagnostics

Requirements for Graduate Students

As a part of the graduate curriculum, all graduate students are required to complete a Diagnostic Practicum. Students register for the Diagnostic Practicum in their 5th semester, although the Diagnostic Practicum experience typically takes place throughout semesters, 1-4. The practicum consists of completing the following:
- One observation of a diagnostic session. This will be completed through the CD 517 Clinic Class.
- Completion of a variety of SHC diagnostic experiences (**Note:** Off-campus diagnostic experiences do not count toward the Diagnostic Practicum.)
- Completion of The Assessments Instrument List (On and off-campus assessments will be documented on this form.)

During the first semester, graduate students are given a diagnostic folder that contains:

- UA SHC In-House Diagnostic Tracking form
- UA SHC Assessment Instruments List
- Example of the Diagnostic Plan Worksheet
- Example of the Diagnostic Session Observation form

The Diagnostic Folder should be used to keep documents, showing completion of the diagnostic requirements. During the student's last semester of graduate school, this folder will be turned in for review. The Diagnostic Checklist will be completed based on the contents of the student's diagnostic folder.

Process for Completing the Diagnostic Practicum

Before conducting diagnostics, graduate students must complete one diagnostic observation. The observation will be completed through the mandatory Fall CD 517 Clinic Class.

SHC Diagnostic Teams:

To fulfill the requirements of the CD 508 Diagnostic Practicum course, all graduate students are assigned to a "SHC Diagnostic Team," which is led by a Clinical Educator. If you are completing an in-house clinic rotation, your assigned Clinical Educator is your Diagnostic Team Leader. If off-campus, you will be assigned to a Clinical Educator's Diagnostic Team on-campus. Off-campus students are expected to communicate their schedules to their Diagnostic Team Clinical Educator so that diagnostic assignments can be made. It is our goal for each student to get a variety of diagnostic experiences throughout the Diagnostic Practicum experience. Students can expect to complete SHC diagnostics in the first through fourth semesters, with the goal being to fulfill practicum requirements by the end of the fourth semester. Please refer to the table below, outlining a projection for when diagnostics will be completed. *This is subject to change due to clinic needs or at the discretion of the Clinic Director.*

1st semester	2nd semester	3rd semester	4th semester	5th semester
Observation + 1-2 (toward the second half of the semester)	1-3	1-3	1-3	0

Note: *The number of diagnostics completed by each student will vary. Clinical diversity is the main priority.*

Earning Credit for Diagnostics:

In order to earn credit for a diagnostic, satisfactory marks on the Diagnostic Session Observation form must be earned and all timelines must be met. Clinical Educators will complete the Diagnostic Practicum Evaluation in Calipso after each diagnostic.

<u>Tracking Diagnostics:</u>

Students will have the Clinical Educator sign-off on the In-house Diagnostic Tracking form, once satisfactory marks have been obtained. (Clinical Educators will NOT sign-off on diagnostics with un-satisfactory marks.) This form will stand as your record of diagnostics completed and will be kept in your diagnostic folder and reviewed prior to graduation.

<u>The Diagnostic Process:</u>

When completing an in-house diagnostic, the student, with support from the Clinical Educator, is responsible for:
- Preparing for the evaluation
- Conducting the initial interview
- Completion of the testing
- Counseling the client/family regarding the test results
- Generating a comprehensive evaluation report in PnC
- Making recommendations
- Meeting deadlines

<u>Diagnostic Grading:</u>

Students will be formally evaluated and graded by their Clinical Educator after completion of a diagnostic experience in Calipso using the Performance Scale below. Knowledge and skill in the follow areas are assessed. These are equally weighted.
- Evaluation skills
- Preparedness, Interaction, and Personal Qualities

Please refer to the Performance Rating Scale in Calipso for descriptions of the following grading criteria:

1 - Not evident   4 - Adequate

2 - Emerging   5 - Consistent

3 - Present

Once the evaluation score is generated in Calipso, the score is determined to either be a Pass or Fail according to the table below.

Evaluation Score	Letter Grade	Grading Scale Definition	Clinic Grade: Pass/Fail
4.0-5.0	A	**Exceeds Performance Expectations based upon clinical education within current semester.** Adequately and effectively implements the clinical skill and behavior with consultative supervision.	Pass
3.0-3.99	B	**Meets Performance Expectations based upon clinical education within current semester**. Implements the clinical skill and behavior with minimal direction and supervision.	Pass
2.5-2.99	C	**Moderately Acceptable Performance based upon clinical education within current semester.** Implements the clinical skill and behavior with moderate amount of direction and supervision. Efforts to modify may result in varying degrees of success.	Pass with Remediation
2.0-2.49	D	**Needs Improvement in Performance based upon clinic education within current semester.** Implements the clinical skill and behavior with maximum amount of direction and supervision. Efforts to modify are not successful.	Fail-Implement Remediation
1.99 or below	F	**Unacceptable Performance based upon clinical education within current semester.** No implementation of clinical skill and behavior with maximum amount of direction and supervision. Efforts to modify are not evident.	Fail-Implement Remediation

*Important Notes to Clinical Educator re: Diagnostic Calipso Evaluations:
-Diagnostic practicum grading may be a part of the Calipso mid-term clinical grading but needs to carryover to final performance grading so that it can be reflected in the Calipso Cumulative Evaluation.
-Student completing clinical placement off-campus and on SHC diagnostic team: Supervisor will need to complete a final performance evaluation in Calipso. (Supervisor will have the option to do Calipso final performance evaluation for each diagnostic the student completes, or if the student is scheduled to do more than one, the supervisor may combine those evaluations into one Calipso final performance evaluation.)

<u>Diagnostic Remediation:</u>

If a student does not receive satisfactory remarks on a diagnostic, the Clinical Educator will notify the Clinic Director. The Diagnostic Remediation Committee, including the Department Chair, one Clinical Educator, and the Clinic Director, will be formed and a Diagnostic Remediation Plan will be implemented. The Diagnostic Team Clinical Educator and the Clinic Director will work together to assign the student another diagnostic to implement the Diagnostic Remediation Plan with.

The Diagnostic Remediation Plan will be developed by a Diagnostic Remediation Committee and will include:
- A description of the problem(s) or area(s) of concern
- Plan/process for remediation
- Explanation of how outcome/success will be measured/determined
- Timeline for completion will be specified in the remediation plan

If the student successfully meets the terms of the Diagnostic Remediation Plan within the timeline specified, the student proceeds with graduate study as normal. If the student does not successfully complete the diagnostic remediation process, a second diagnostic remediation plan may be developed. A maximum of 2 remediation plans may be implemented for a student during their graduate program. If after a second remediation plan, the deficits in performance are not successfully resolved as determined by the remediation committee, the student will be dismissed from the graduate program, even if the student is not on academic probation.

<u>Assessment Instruments List:</u>

Students are required to administer a minimum number of assessment instruments in various areas of the field. Minimum requirements for each area are listed on the form. Both in-house and off-campus Clinical Educators sign-off on this form. Assessments used for pre and post-testing, initial diagnostics, and re-evaluations may be counted. This form should be kept in the student's diagnostic folder, along with the student's Diagnostic Tracking form and Diagnostic Session Observation forms and will be reviewed during the student's last semester prior to graduation. If students misplace list, it is housed on the share drive.

*It is ultimately the responsibility of the student in seeing that the diagnostic requirements for graduation are fulfilled.

Diagnostic Procedures

Referrals

Speech and language evaluations are available to any child or adult with a communication disorder. Referrals are accepted from any source, including physicians, interested individuals, and community agencies. It is the responsibility of the client or family member to contact the Primary Care Physician for a referral for diagnostic evaluations or treatment if needed. Referrals may be faxed to the SHC prior to the scheduled diagnostic or brought by the client or family member on the day of the evaluation. Diagnostic evaluations and treatment can be conducted without physician referral; however, insurance or Medicaid/Medicare claims cannot be filed without an appropriate physician referral. The client is expected to pay for services privately if physician referral is not provided.

Process for Scheduling Diagnostics:

The front office associate is the initial contact person for any person interested in receiving a speech/language evaluation and/or treatment. Diagnostic appointments are typically scheduled by the office associate.

During the initial contact, the SHC office associate will:
- Explain service fees
- Complete intake in PnC
- Schedule the diagnostic appointment in PnC with the appropriate Clinical Educator
- Request physician referral, if appropriate (i.e., Medicaid/Medicare/BCBS/private pay)
- Note on the intake any information that indicates that the graduate student and/or supervising SLP should contact the client prior to the evaluation
- Let the client know:
  - An evaluation can take up to 2 hours
  - If a physician referral is not received prior to the evaluation, the evaluation will be cancelled and rescheduled.
  - To arrive 15 minutes prior to appointment to complete paperwork.
  - Payment is due at the time of evaluation.

Recently Evaluated Clients:

NOTE: It is important for the Office Associate to document any previous assessments during the PnC intake process.

Clients recently evaluated by an outside facility may not need evaluating and may need to be scheduled for treatment only.

- The Clinical Educator should contact all clients who have recently had an evaluation prior to their scheduled diagnostic at the UA SHC to determine the appropriateness of conducting another evaluation.
- If it is determined an additional evaluation is not needed, the Clinical Educator should cancel the diagnostic, document events on phone/email PnC template.
- The Clinical Educator should notify the front office associate to remove the client from the diagnostic waitlist and place on the treatment waitlist.

Diagnostic Process:

Step 1: The Diagnostic Team Clinical Educator will notify the graduate student when a diagnostic has been assigned. After the student has been notified, he/she must meet with the Clinical Educator a minimum of 48 hours before the evaluation.

Step 2: During the meeting, the case should be reviewed, and any additional information needed should be determined.

Step 3: If additional information is needed prior to the evaluation, the student or Clinical Educator should contact the client. Reasons the client might need to be contacted prior to an evaluation include:

- Request records from previous evaluations or treatment
- Request medical records (e.g., neuroimaging report, surgical procedure)
- Clarify and/or review information on intake form
- Explain directions to the SHC
- Confirm the appointment

Following contact with the client, the student or Clinical Educator should document the call, the purpose of call and the outcome of call on Phone/Email note in PnC.

Example:

9/12/20: Called to confirm appointment for 9/18/20. Mother stated child was just seen by school system and she is no longer interested in evaluation. Cancellation was given to office associate.

OR

9/12/20: Called to confirm appointment for 9/18/20 and asked parent to bring

previous evaluation reports from other agencies.

Step 4: Following the initial meeting, the student should complete the Diagnostic Evaluation Plan Worksheet (template found on share drive).

NOTE: Students completing diagnostics should obtain experience administering a variety of tests. The Clinical Educator and student should take into consideration what tests he/she has already given and when appropriate, use alternative tests, so that the student gets practice giving different tests. The Clinical Educator should not recommend a test or tell the student what test to give before the student has reviewed different tests and made suggestions of his or her own.

Step 5: Student completes diagnostic and the Clinical Educator observes and completes Diagnostic Observation Form and Diagnostic Practicum Evaluation in Calipso.

NOTE: The diagnostic should not be started until all paperwork has been completed and insurance has been verified.

Step 6: Following completion of the diagnostic, the student and Clinical Educator provide feedback to the client (parent).

Step 7: Once the diagnostic is completed, the supervising SLP should complete the white client contact card with outcomes of the diagnostic (i.e., recommend treatment, waitlist, no treatment warranted, etc.). The completed white card with recommendations should be given to the Clinic Director for all cases where treatment is not scheduled to begin immediately.

NOTE: It is the responsibility of the office associate, Clinical Educator, and student to make sure all necessary forms (e.g., HIPAA forms, release forms, case history form, etc.) are completed and in the client's PnC record.

Completing a Diagnostic Report:

Deadlines:
- Once the diagnostic is complete, the student has a maximum of 10 working days to finalize the report in PnC, or credit for completing the diagnostic may be withheld.
- Educator may request reports to be completed prior to 10 working days due to

special circumstances.

- First draft of the diagnostic report is due no later than 48 hours from completion of the evaluation.
- Clinical Educator will edit the report and note revisions in PnC.
- Revisions are due are within 48 hours of receiving the edited version.
- In addition to generating the diagnostic report, the student completing the diagnostic is required to generate the initial POC if treatment is being recommended at SHC without delay. The initial draft of the POC must be submitted to the Educator within 24 hours of the diagnostic.

General Instruction for Diagnostic Report Writing:

Diagnostic reports are completed using the Speech-Language Evaluation template (or other evaluation templates) in PnC. The Clinical Educator will edit the report and provide feedback within PnC to the student. Once the report is finalized, with the Clinical Educator's signature, the front office associate will print the report and mail to client (parent), physician, etc.

Dissemination of Diagnostic Reports:

Before sending diagnostic reports to persons or agencies other than the client (parent), make sure the Acknowledgement of Notice of Health Information Practices is signed, or other release forms if necessary, are in the client's PnC Registration information. If the report is being sent for any reason other than treatment, payment, or operations of The Speech and Hearing Center, an additional release form must be signed. (See HIPAA, Appendix IV)

- Diagnostic reports for all clients are mailed to the client/parent by the front office associate once the report is finalized.
- If a client is seen only for a diagnostic (i.e., treatment is not being recommended or the client is being referred elsewhere) and was a physician-initiated referral, an additional copy of the diagnostic report is faxed to the referring physician no more than 15 working days from the test date.

Dissemination of Plan of Care:

If the client is a private health insurance, Medicaid/Medicare, or private pay client and treatment is being recommended at the SHC without delay, the clinician must complete a POC in PnC in addition to the diagnostic report.

- POC should be generated in PnC and faxed to the referring physician as soon as possible.

- POC must be certified (signed by the referring physician) within 30 calendar days.
- Diagnostic report does not have to be sent in this case; only the POC, which contains a brief summary of the evaluation results.

If treatment is not being recommended immediately following the diagnostic or the client is being referred elsewhere for services, then a POC is <u>not</u> written. Instead the diagnostic report serves as the POC and may be sent to the referring physician for his/her records.

<u>Guidelines for Completing Re-evaluations:</u>

Re-evaluations may be completed any time a Clinical Educator deems that it is necessary. If a re-evaluation is necessary, specific reasons that support the need for a re-evaluation must be documented.

When possible, re-evaluations should be scheduled to correspond with either the beginning of a clinic term or the end of the clinic term.

Re-evaluations should not be scheduled for the beginning of the following semester if you suspect the client will "test-out" and be ready to discharge from therapy. Testing should be done at the end of the current semester.

If any significant changes to the treatment plan are made as a result of the re-evaluation, then a new POC must be generated even if the current POC has not expired. If changes are not considered to be significant then the results of the re-evaluation can be documented in the clinician's treatment notes and treatment can continue under the current POC.

A full diagnostic report should be completed for all re-evaluations. If the client is being discharged based on the results of the re-evaluation, then a discharge summary should also be completed.

Re-evaluations differ from informal and formal pretesting and post-testing completed during or as a part of treatment. Guidelines for completing a re-evaluation are the same as those for completing an initial diagnostic.
When possible, re-evaluations should be scheduled outside regular treatment sessions.

See the share drive for examples of Diagnostic Report Outlines.

Tips for Generating Diagnostic Reports

Reports are generated using the Speech and Language Evaluation template (or another evaluation template) in PnC.

General Tips for Generating Reports:
- Use past tense.
- Use phonetic symbols and slashes correctly (/z/, /m/, /θ/).
- Numbers must be spelled out, except for ages, dates, and data, and test scores.
  - Examples: "John's receptive vocabulary fell one and one-half years below his chronological age." "Harry was able to count from one to seven." The Arizona Articulation Proficiency Scale revealed a score of 72 percent.
- Vary word choice.
  - Examples: Refrain from overuse of such terms as, "judged to be", "revealed", "reported", "within normal limits", etc. several times in succession. Do not use the client's name more than necessary. Read the report aloud to yourself to evaluate wording, clarity, and smoothness.
- Capitalize test names and underline. For example, Goldman- Fristoe Test of Articulation, (GFTA).
- If a test is mentioned more than once, the abbreviation can be used if it was referenced earlier in the report. For example, Goldman- Fristoe Test of Articulation, (GFTA).
- Discuss tests in terms of specific skills they measure. For example, the Peabody Picture Vocabulary Test, a measure of receptive vocabulary, indicated ….". "….. based on the Carrow Elicited Language Inventory, which measures syntactic skills."
- Proofread the report. The first draft submitted to the Clinical Educator should be your best work.

First and Final Draft Expectations

First drafts of the evaluation report in a clinical practicum is equivalent to that of a written exam. The need for on-going extensive editing as the student moves through the program is an indication that remediation might be warranted.
- The first draft is a summary of the student's knowledge and understanding of the clinical experience just as an exam is an example of the student's academic knowledge.
- The first draft is also an example of the student's professionalism.
- The first draft should be an example of the student's best effort.

- The first draft should require minimum correction.
  - If a first draft is so poorly written that the Clinical Educator feels it cannot be corrected, it will be returned to the student to be recomposed. It should be re-submitted to the Clinical Educator within 48 hours.
  - This is equivalent to failing an exam. It indicates that the student did not understand the clinical process and lacked the professional motivation required to remediate the problem.
- The final draft will become part of the client's permanent record.
  - The final draft reflects both the Clinical Educator's and the student's clinical competence.
  - The final draft is a legal document.

End of the Semester Reminders

1. Complete all client documentation in PnC.
2. Clean out student box and locker. Return all SHC materials to the appropriate places.
3. Schedule end-of-term conference with Clinical Educator to go over Performance Evaluations in Calipso. Print and keep a copy of your final performance evaluation to keep for your records.
4. Look for announcements regarding any type of required meetings (e.g., Off-campus Meeting; Mandatory Clinic Clean-Up).
5. Log all clinic hours in Calipso and make sure those have been approved by your Clinical Educator.
6. **Turn in any paper working files to your Clinical Educator.**
7. **Have Clinical Educator sign-off on SHC diagnostics, the Assessment Instruments List where appropriate, and update Diagnostic White Card.**

Note: All paperwork must be completed and approved by the Clinical Educator before a grade for clinic is awarded**.**

Clinic Clock Hours

Students should indefinitely retain a copy of clinic hour forms. Documentation of clinical experiences is required for certification, licensure, and completion of A master's degree. Semester forms and the final summary form will be kept in students' departmental files.

By the end of the graduate program the student must earn a minimum of 400

clinic clock hours:

- 25 hours of observation are required
- 325 hours must be completed at the graduate level
- No more than 75 undergraduate hours can count toward the 400 total hours

*TO REITERATE, STUDENTS SHOULD ALWAYS AND INDEFINITELY KEEP A COPY OF CLOCK HOUR FORMS.
Guidelines for Counting/Recording Clinic Hours

- Only record the time spent <u>directly</u> providing treatment or testing. ***(Paperwork time does not count.)***
- Client/family education/parent coaching can be counted as long as the client is present.
- Calculate clock hours as real time: 15-minute session = .15, 30-minute session = .30, 45-minute session = .45, and a 1-hour session = 1.0.
- Do NOT record time in group therapy per client (e.g., you have 3 clients in a group for 30 minutes. You record .5 on your hour form, not 1.5).
- If co-treating, you ONLY count the time YOU were providing active and direct treatment. Do NOT count the entire time you were "in the room".
- Pre and post-testing should be counted under Evaluation hours and not treatment hours.
- Do NOT count screening hours under Evaluation. Record them under Screenings on the clock hour forms.

Addendum to the Guidelines for Counting Clock Hours:

The following accommodations have been implemented per the CFCC/ASHA due to the COVID-19 pandemic and are valid through the end of the graduate program for all students who begin their graduate program before December 31, 2022:

1. **Students are permitted to count clinical hours earned through telepractice (at least 50% of total clinical clock hours must be in-person) as part of their required supervised clinical practicum hours.**
2. **Multiple students may participate in a telepractice group session and all students participating can count the total clock hour.**
3. **Students can count up to 75 clinical hours obtained through clinical simulation.**

Summary

The goal of clinical training is to provide each graduate student with the academic coursework, exposure to research and related professional activities, and the clinical experience necessary to enter the workforce as a professional in the field of speech-language pathology. Once students have graduated, they must be prepared to be critical thinkers and life-long learners. Continuing education is not only a requirement to obtain and maintain certification and licensure but is necessary to meet the challenges of a dynamic profession. Students who graduate are considered "CF Ready", (Clinical Fellowship Year Ready). From this point on, new professionals will grow and mature as they become seasoned and experienced clinicians, always learning and pursuing excellence.