

STEPHEN F. AUSTIN STATE UNIVERSITY  
SPEECH AND HEARING CLINIC

**CLINIC HANDBOOK**

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# SFA STANLEY SPEECH & HEARING CLINIC CLINIC HANDBOOK

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1. PRACTICUM OPPORTUNITIES AND REQUIREMENTS

- a. **Undergraduate** speech and language therapy students enroll in a clinical assisting class (SPH 335) during their preparatory program. The student is assigned to assist with approximately three clients or groups. The student is also required to attend a weekly lecture class. Prerequisites for this course are as follows:

Completion of SPH 130, 210, 230, 300, 334.

Maintain a 3.0 GPA in the major and an overall 2.5.

Documented 25 hours observation.

- b. **Graduate** student clinicians enroll in SPH 504-Clinic Practicum to attain the total hours for ASHA certification and Texas state licensure. (see Appendix A for CCC requirements). The lecture class meets weekly to address professional issues and various topics of interest. The first two semesters of clinic will be in the Stanley Speech and Hearing Clinic or Headstart. Off-campus practicum sites are permitted thereafter with the approval of the Clinic Director. A variety of off-campus sites are available. Facilities with which SFASU has off-campus clinical arrangements are listed in the Appendix. Students **MUST** initiate and coordinate all clinic assignments with the Clinic Director. Only clinical sites that have been approved may be considered for a placement. Students should contact the Clinic Director for consideration of practicum sites not on the list.

The student must have and maintain a 3.0 GPA in the major to enroll in SPH 504. If at any time the student receives a “C” in SPH 504 or the GPA requirement drops below 3.0 the student will not be assigned clients during the next semester. A remediation plan will be developed by the Clinic Director for the student to be implemented in that semester. If a student receives a second grade of “C” in a section of SPH 504, he/she will be dismissed from the program.

The first 25 hours of practicum must be directly supervised by university personnel. Students will only be assigned types of clients for which they have completed the appropriate coursework. Undergraduate hours from other university programs will be considered.

To receive ASHA hours for practicum experience at an off-campus setting, the student must be enrolled in the graduate practicum course. A student must gain 50 clock hours in at least three separate settings during their graduate clinical program. In addition to the ASHA requirements for practicum hours, the SFASU program requires 10 hours in fluency therapy, 10 hours in voice therapy, and at least 15 aural rehabilitation and 15 audiology diagnostic hours.

## 2. CLINIC CLOCK HOURS

- a. Student clinicians must record their clock hours on a Speech Therapy Progress Note Form (graph and/or narrative) (Appendix). The forms are turned in monthly with a Monthly Log (Appendix) of hours and are submitted on the Friday following the last therapy day of the month so that the Clinic Secretary can file the hours. These due dates will be posted each semester. Diagnostic and therapy hours are recorded separately and must indicate whether the hours are preschool, school age, adult or geriatric. At the end of the semester, a verification of clock hours is submitted for the supervisor to sign. See Appendix for an example of this form. It is the student's responsibility to keep a signed copy of the hours form for the student's personal records.
- b. Student clinicians in **off-campus sites** will complete the paperwork required by their supervisor. They will keep the clock hours on an off-campus log form (see Appendix) and submit a summary of hours at mid-term and at the end of the semester.
- c. Clinicians must keep accurate records. This information will be necessary for ASHA certification and Texas licensure. If hours do not match ClinPrac information, the Exit Interview Process will be delayed until errors are found by the clinician.
- d. A copy of the ClinPrac is maintained in each graduate student clinician's folder to monitor the number of hours he/she is earning in each area of therapy and diagnostics. This further ensures that the students' clinical hours meet ASHA requirements.

## 3. PROFESSIONAL/ETHICAL CONDUCT

The Stanley Speech and Hearing Clinic is a professional service program. Students practicing in the clinical program are obliged to comply with the ASHA Code of Ethics, (see Appendix), so as to guarantee the highest quality of care and the protection of each client's welfare. It is important that each student remember a few points of professional/ethical conduct:

- a. Discussion of clinical affairs and clients in a public place is not acceptable. Each client has the right to their privacy. Do not discuss clients in the hallways, observation rooms, waiting area, restroom, etc.
- b. The confidentiality of information contained within client folders is also extremely important. Never leave a folder unattended. At the end of each semester, students must delete all computer files maintained on the assigned clients from their personal computers. \*Client folders are **NEVER** to be taken out of the Clinic Office (HS205) or Student Room (HS203).
- c. Any conferences with the parents of your client or the client must be held in a therapy room or supervisor's office, and only with the clinic supervisor present.
- d. The waiting area is for the reception of the clients and their families. Do not sit in the waiting area to study or chat with peers.

- e. The office waiting area (HS205) is for students waiting for faculty appointments.
- f. The Observation Hallway is for assessing the therapy sessions and obtaining materials. It is not a thoroughfare. Use the main hallway to move from the faculty offices to the student room.
- g. Clinicians must be punctual and reliable. The Attendance Policy is to be strictly adhered to for therapy and class attendance.

#### 4. PROFESSIONAL APPEARANCE/DRESS CODE

Clinicians will be expected to dress in a manner appropriate to a professional setting. General appearance, neatness, and good grooming are essential! The clinician's appearance is important in projecting a professional image. In Clinic, student clinicians will not wear jeans, crop tops, tank tops, t-shirts with logos, halter tops, mini-dresses, short split skirts, Capri pants, casual sandals ("flipflops"), etc. All open-toed and backless shoes should be worn with hose or socks. Perfumes, scented lotions, and excessive or flashy jewelry are highly discouraged. Nothing worn should distract the client from their focus to therapy tasks.

#### 5. ATTENDANCE POLICY

Student clinicians are required to be in attendance at all therapy appointments and weekly clinic class meetings. Only documented cases of illness or death in the immediate family are considered excused absences. Each clinician is expected to read, sign, and adhere to the Clinic Attendance Policy (see Appendix). It is the **student clinician's** responsibility to contact the supervisor and to provide the written documentation.

#### 6. CANCELLATIONS

When a client cancels the therapy session, the student should notify his or her supervisor. A cancelled session may need to be re-scheduled in order for the student to obtain sufficient therapy hours.

If a student must cancel a therapy session due to illness or death in the immediate family (see Attendance Policy), the student is responsible for notifying the client and the supervisor prior to the absence. Failure to notify these persons can not be excused. The clinician should contact the family prior to them travelling to the clinic if at all possible.

Each client or responsible guardian will be required to cancel via telephone any appointment he or she is not able to keep. Upon accumulation of 3 unnotified (i.e.; not cancelled prior to appointment time) absences during the semester, the client will be dismissed. An attendance policy stating these facts will be signed by the client or responsible guardian at the beginning of each semester.

In case of client delay, student clinicians will be required to wait 15 minutes before leaving the Clinic. Repetitive tardiness will also result in dismissal from services, so the supervisor should be notified if this occurs.

## 7. INJURIES AND EMERGENCIES

To avoid unnecessary risks, as well as to reduce noise and distractions, children should not run or play in the halls. Children should not be allowed to go upstairs/downstairs unescorted. Injuries which occur to children or adults while in the Clinic should be reported to the supervisor **immediately**.

In case of a fire or a drill, clinicians should turn off all electrical devices (including lights), close all windows and doors, and direct clients out the nearest exit. **Do not use the elevator.** It is of utmost importance that clinicians remain calm, do not run, and hold children's hands as they leave the building.

## 8. STUDENT OBSERVATIONS

Each clinician must have at least 25 hours of university supervised therapy observation before enrollment in clinical practicum. After each observation, an observation log (see Appendix) must be written and turned in to the Supervisor. An observation schedule will be posted on the bulletin board weekly at Observation Hallway entryway HS 205 (across from the conference room). Observers must sign up in advance of the session to be assured that no more than two observers are present for each session. Observers must obtain the clinician's signature before AND after the entire session. The observer must remain for the entire session. Clinicians will not sign the observer's form twice at the end of a session.

## 9. INSURANCE

Student clinicians are required to have liability insurance. A clinic insurance policy has been maintained and paid by the University thru lab fees for SPH 504. A list of students enrolled in SPH 504 is submitted to the University to purchase this insurance coverage. This policy is intended to protect the student during the clinical experience each semester.

## 10. SERVICE AVAILABLE AND FEES

The Stanley Speech and Hearing Clinic provides evaluative and therapeutic services for those individuals demonstrating communication disorders. Complete audiological services are also available. Fees charged to clients are minimal because they are receiving treatment in a training facility. A fee schedule and a billing procedure description are provided for clients. The student clinician is not responsible for fees/fee schedules. All inquiries should be referred to Janet McDonald.

## 11. STUDENT ROOM/MAILBOXES/LOCKERS

The student room is located in room 203 of the Human Services Building. Here students will find computers, lockers, phone, work space, mailboxes, and bulletin boards. The purpose of the room is to allow students a place to receive messages from the faculty, supervisors, other students, and clients. Students may also study, prepare lesson plans, and visit quietly. Lockers are available for rent. See the Clinic Secretary.

Students are encouraged to check their mail boxes, emails, and WEB-CT **at least** daily to receive messages, announcements, and supervisor's evaluations.

The student room is for graduate student clinicians only and undergraduate clinic assistants. It is not a student lounge for all other students in the Majors. A departmental student lounge is located on the third floor HS 304.

12. STUDENT NAMETAGS

All student clinicians and assistants will wear a picture nametag when conducting therapy on-campus and at off-campus sites. These can be produced at Auxiliary Services for a fee of \$6.00.

13. PHOTO COPIES

Clinicians may make copies of therapy materials in the Clinic Office (HS205). Please limit copies to five (5) at a time. SFA Faculty will always have precedence. If the Clinic copier is unavailable, clinicians may go up to the departmental office on the third floor.

14. SUPERVISOR EVALUATION AND PARENT EVALUATION OF SERVICES

In order to ensure effectiveness of the therapeutic situation in terms of student clinician growth and client improvement, two measures are undertaken. First, at the end of each semester each student clinician is required to complete a Student Evaluation of Clinical Supervisor (see Appendix) online. The evaluations are only available during the remaining days of a semester and can be accessed on MYSFA. Second, each client and/or parent is asked to fill out a questionnaire on the clinical services (see Appendix) at the end of each semester.

15. COMPLETION OF CLINICAL HOURS

At the completion of each semester's practicum, the graduate student clinician must review the ClinPrac print out of clinical hours in his/her folder. Before the student graduates, a final conference is held with the Clinic Director to assure that the student meets all of the clinical requirements for ASHA certification. A final review of all clinical hours and competencies is held at that meeting. If the hours in the folder do not match the ClinPrac, the clinician will be responsible for finding the error or to complete any hour requirements before graduation. This problem may be avoided if the clinician matches the verification of hours total to the updated ClinPrac each semester. It is ultimately the clinician's responsibility to monitor and to meet all clinical requirements for ASHA certification in order to graduate as scheduled.

# **CLINIC PROCEDURES**

## CLINIC PROCEDURES

### 1. CLINICAL PRACTICUM SCHEDULE

During the Fall and Spring semesters, the Clinic calendar will consist of approximately 13 weeks of treatment. The Clinic will open approximately one week after the first official day of classes. The Clinic is open for treatment and diagnostic sessions from 8:00 a.m. to 5:00 p.m. Monday through Friday.

### 2. THERAPY ENROLLMENT

- a) A client will be enrolled in speech and language therapy upon the recommendation of a speech-language pathologist in a speech and language evaluation report. The evaluation must have been completed within the past 3 months. Once the report is received, a folder is established and the clinic will schedule therapy and assign the student clinician or place the client on a waiting list.
- b) At the end of the semester, the client will either be discharged or continue the next semester as decided by the supervisor in consultation with the clinician.

### 3. STUDENT CLINICIAN'S RESPONSIBILITIES

- a. Scheduling Therapy
  - i. The student must provide the Clinic Director with a current class and employment schedule.
  - ii. The Clinic Director will assign clients and notify the student clinician in writing at the student's box.
  - iii. The student clinician will call the client to confirm the schedule and set the first therapy session date.
  - iv. The student will return the written confirmation of the therapy schedule to the Clinic Director as directed.

NO THERAPY SCHEDULE MAY BE CHANGED WITHOUT APPROVAL OF THE CLINIC DIRECTOR!!!
  - v. For each client, the student clinician will be assigned one supervisor to monitor the therapy program. At the initial meeting, the student clinician and supervisor will identify areas in the clinical competencies that need to be targeted over the semester. At the end of the semester, the student clinician and supervisor will review his/her clinical training program, objectives, and competencies. Progress toward the semester objectives will be reviewed. The supervisor will identify competency levels attained over the semester.
- b. Paperwork Requirements
  - i. Lesson Plan

With the assistance of the assigned supervisor, the student submits a Lesson Plan (Appendix) for the first session AT LEAST the day before conducting the session. These are placed in the supervisor's boxes in Room 203. Thereafter, lesson plans will be completed and attached in the

Observation Hallway at the designated window just prior to the session, unless the supervisor chooses to amend his requirement.

ii. Speech Therapy Progress Notes – Graph Form

- a. Following each session the student clinician will record the client's percentages for targeted goals on the graph, the amount of actual therapy time (round time to the nearest 5 minute mark before converting to decimal), the date, and any necessary relevant information regarding the therapy session. (see Appendix) Each graph has enough room to record a month's worth of data for therapy.
- b. If the client is absent, the clinician will record the date and write "absent" on the graph with "0" recorded as the therapy time. The reason for absence should be recorded if known.
- c. More than one graph will be utilized if the client has multiple areas of deficits. (Ex. Articulation, Expressive Language, Receptive Language etc.)
- d. Each week, the student clinicians will bring the graphs to their supervisory conferences for review.
- e. Each month, the graphs will be turned in attached to the yellow Monthly Log forms. New graphs will be started for the next month.
- f. Students are expected to maintain a copy of all graphs and monthly logs to ensure accuracy in calculating total hours on the Verification of Hours. (Keeping the time schedule is important and does affect the final grade in clinic.)

iii. Speech Therapy Progress Note – Narrative Form

- a. Due Bimonthly (2<sup>nd</sup> & 4<sup>th</sup> Monday or Tuesday depending upon the client's regularly scheduled therapy day)
- b. This form may be used in place of the graph version for daily progress notes if requested by the supervisor. (see Appendix) If the clinician is using this form for his/her daily notes he/she must record absences, reason for absence and "0" for therapy time.
- c. The following information will be included in the narrative:
  1. Description of how well the Lesson Plan was implemented.
  2. Description of how the client responded.
  3. Percentages of accuracy in each goal area addressed during the session.
- d. Consult with your supervisor regarding his/her particular preferences. The Speech Therapy Progress Notes-Bi-monthly Narrative Forms are submitted by 11 a.m. on the 2<sup>nd</sup> & 4<sup>th</sup> Friday of each month.

iv. Treatment Plan

- a. The student will write a treatment plan (Appendix) outlining the client's semester goals, baseline data, treatment rationale, treatment techniques, and home exercise program.
- b. The plan is due as directed on the Responsibilities of Student Clinician's Sheet (usually within the first couple of weeks of therapy).
- c. A rough draft, double-spaced is submitted to the supervisor for review.
- d. Once the rough draft is returned, the student clinician will revise the report. Always return revised copies with previous drafts.

v. Therapy Data

- a. Accuracy levels must be recorded during each therapy session and entered on the Data Recording Sheets provided (Appendix) or other data recording forms as approved by your supervisor.
  - b. These sheets will be turned into the Clinic Supervisor monthly with the yellow Monthly Logs and Speech Therapy Progress Notes.
- vi. Progress Report
- This report will be a work in progress. It will be submitted once at mid-term and again at the end of the semester in final form with final percentages and recommendations.
- a. Mid-semester Progress Report – at mid-semester a progress report (see Appendix) is submitted to the Clinic Supervisor. The report will describe therapy objectives and procedures.
    - A rough draft, double-spaced, is submitted to the supervisor.
    - Once the rough draft is returned, the student clinician will revise the report. Always return revised copies with previous drafts.
    - Once the rough draft is approved, a final single spaced copy will be submitted to the supervisor.
  - b. End of semester Progress Report – at the end of the semester the final percentages and recommendations will be added to the mid-semester Progress Report. Due date is given on the Responsibilities of Student Clinicians Sheet.
    - Student clinicians will follow the same procedure for turning in the mid-semester rough draft.
    - Once the rough draft is approved, the clinician will provide 2 final copies on letterhead to his/her supervisor. The clinician will not sign the final copies until the supervisor signs the copies and returns them to the student's box. Once the copies are in the clinician's box he/she may sign them.
  - c. Students must turn in signed copies before leaving campus for semester break.
  - d. For each day the reports are late, the grade is dropped ten percent.
- vii. Monthly Logs
- At the end of each month, the student will complete a Monthly Log. Enter the date and time of each scheduled session per client or group of clients. Total the number of hours for each. Submit one log to each supervisor on the dates listed on the Responsibilities of Student Clinicians Sheet. Attached to the yellow log form should be data recording sheets and all speech therapy progress notes.
- viii. Parent/Client Final Conferences
- In the Stanley Clinic, a final conference is held with each client or their parents during Dead Week. The meeting is scheduled in consultation with the supervisor. It is an opportunity to report the client's progress over the semester and discuss recommendations. **The supervisor must be present during the conference.** No parent conferences are scheduled for Head Start clients.

#### 4. INFECTION CONTROL

Prior to initiating therapy, graduate student clinicians will complete a training session in infection control conducted by university faculty. (Appendix)

In the Stanley Clinic, follow the regular procedures – gloving for oral motor, washing your hands and/or using antibacterial lotion before you see each client, etc. Clean the tables with one of the disinfecting wipes that can be found in each therapy room. Do this after **every session**. Look for white baskets in the cabinets of each room to locate the wipes, Lysol spray, and Purell lotion. Any toys used will be cleaned. Toys used in oral motor exercises or mouthed by the client will be disinfected or disposed of before the next session. It is the clinician's responsibility to complete these procedures. See Appendix for Cleaning Process for speech equipment/tools.

#### 5. PROCEDURE FOR CHECKING OUT THERAPY AND ASSESSMENT MATERIALS

- a. TOY CLOSET (HS 105) – Materials in this area **may not** be removed from the Human Services Building.
  - i. Checking Out Materials
    - 1) The clinician obtains the necessary items from the closet.
    - 2) The clinician writes his or her name on the list with the items to be checked out as well as the date, time and local phone number. The check out list will be located in the Little Jacks observation booth.
  - ii. Checking In Materials
    - 1) The clinician will put the date and time he/she returned the materials.
    - 2) The clinician will then place the materials in the labeled toy closet tub located in the Little Jacks observation booth. The Graduate Assistants will put these materials away.
- b. ASSESSMENT AND THERAPY MATERIALS CLOSET (HS 203B)— Materials in this area **may not** be taken from the Human Services Building, except with the Clinic Supervisor's permission.

Checking Out Materials – A check out sheet is available in the clinic. After finishing with the materials, return them to the box. The graduate assistants will put these materials away.

#### 6. SUPERVISOR'S OBSERVATION OF THERAPY

The supervisor will make scheduled and unscheduled observations of therapy. The supervisor will make written comments about each observation and these comments will be made available to the clinician (see Appendix). The supervisor will observe AT LEAST 25% of your treatment session and AT LEAST 50% of your evaluation sessions as required by ASHA. If the student has questions about

the comment, it will be the student's responsibility to arrange a conference with the supervisor. Weekly conferences must be scheduled with each assigned supervisor for all university supervised clients. A final evaluation form will be completed at the end of the semester (Appendix) and reviewed with the student at the final conference.

## 7. RECORD OF CLINIC HOURS

Each clinician will have a folder in the Clinic Office (HS 205). A Monthly Log and progress notes are submitted to summarize the hours earned. These are also placed in the student's folder. The hours must be totaled, checked with the Speech Therapy Progress Notes, and initialed by the Supervisor. The clinician's folder MUST remain in the Clinic Office at all times. Speech Therapy Progress Notes and Lesson Plans must not be removed from the folder until after that semester's final conference.

## 8. COMPLETING CLIENT FOLDERS

If the client is new and does not have a clinic file, please obtain one from the Clinic Office. The client or parent will complete a case history form and return it to the Clinic Office. The client or parent must sign the permission for therapy attached to the history and release of information.

All test protocol forms should be immediately filed in the client's folder. Each form should have the following information completed **in black ink**:

- Client's name
- Client's birthdate
- Clinician's name
- Date and year test was given.

Client folders will be reviewed by the Clinic Supervisor at the end of each semester. Materials contained in the folders should appear in reverse chronological order by semester.

## 9. SUPERVISORY CONFERENCES

### a. Initial Conference

Before the initial supervisory conference, the student should read the client's file. These may be checked out but not removed from the Clinic Office or student room. Whenever a clinician removes a folder, he or she must sign the in/out cards on top of the file cabinet. (One card per client name.)

Set up the first conference appointment with each of your supervisors. Come prepared to visit about your client and your plan for the first therapy session.

Files should be returned immediately after inspection. Information in the client's file is confidential material. The contents of the file should only be discussed with the supervisor in a consultative situation, with other

clinicians involved in the case, or in a classroom setting. It is a serious breach of professional ethics to discuss clients in hallways, the waiting area, or public places.

Before seeing the client, the student should also refer to texts, journal articles, and programs which might be applicable to that client's disorder. The student should prepare all therapy tasks and testing before the initial session.

b. Weekly Conferences

As a graduate clinician, you will be meeting with each of your supervisors at least once a week. You will sign up for these appointments with your supervisor(s). You are a participant in this conference and you have a responsibility to be prepared for each meeting. Below are the preparations you can make for each conference.

Plan an agenda for your conference

It is a good idea to come to the conference with a list of the topics and clients you want to discuss. This is your meeting and you should have a plan for the successful outcome of this meeting with your supervisor.

Possible agenda items for your conference

1. Planning the clinical session.
2. Problem solving: What problems are you expecting? Attempt to state the problem clearly. Prepare a few possible solutions. Research the solution by checking online, library resources and materials in Clinic inventory.
3. Data: You should come to the conference with data recording sheets and speech therapy progress notes (graph form or narrative). This will help you and your supervisor determine the effectiveness of the objectives and techniques.
4. Perceptions of your performance and of your client's performance.
5. Suggest agenda for next conference, decide what will be observed in your performance the following week.

10. CONDUCTING THERAPY SESSIONS

- a. The purpose of the initial session is to give the clinician a better estimate of the client's abilities, deficits, motivational preferences and if a group session, to assess group dynamics. It is also the first opportunity to establish rapport with the client. Students should check the Clinic bulletin board for room assignments.
- b. The student clinician will arrive for therapy at least 10 minutes prior to the scheduled session so as to organize materials and make any necessary preparations. Tardiness on the part of the student clinician will not be tolerated (see Appendix for Attendance Policy).

11. PARENT CONFERENCES

At the end of the semester, a parent conference will be held to discuss the client's goals, progress and recommendations. The student should bring to the conference the client's final data and home exercise program approved by the supervisor. Any additional parent conferences will be handled by members of the clinical staff. If a student feels a conference is needed, the supervisor should be notified. No parent conferences may be conducted without a clinic supervisor present.

12. TERMINATION OF THERAPY

A client may be dismissed only by a clinic supervisor. If a clinician feels that a client should be dismissed, he/she should bring this to the attention of the supervisor. This should be discussed with the supervisor before any mention of it is made to the patient. A final report will be written by the clinician and given to the supervisor for approval. A copy of the report should be placed in the patient's file. The file will then be placed inactive.

13. RESPONSIBILITIES OF STUDENTS GAINING PRACTICUM EXPERIENCE IN OTHER SETTINGS

Students engaged in off-campus practicum will receive their assignments from the Clinic Director. The student must contact the supervisor when instructed, introduce themselves and learn basic information about the agency, including the accepted dress code and general clinic procedures. The times and hours to be spent at that off-campus setting should be agreed upon with the site supervisor. Any suggested reading material should be obtained. The Clinic Director should be notified immediately by email or phone of the times and hours scheduled. The Student Off-Campus Log and beige Semester Rating Scale (Appendix) should be obtained by the student and taken to the off-campus site the first day at that placement. These forms will be attached to the Verification of Graduate hours completed at the conclusion of the semester.

Prior to being placed in offsite facilities, students enrolled in SPH 504 must provide documentation that they have completed the following:

1. Background check conducted **between May 1<sup>st</sup> and May 15<sup>th</sup>**, through CertifiedBackground.com **ONLY** (\$40). See Appendix for instructions;
2. Drug screen at the Student Health Clinic **ONLY** (\$17);
3. Current (within the past year) TB test on file (free at Student Health Clinic);
4. Complete **CPR** course in any Red Cross certification program.

This documentation will be taken to the off-campus site on the first day at that placement. A copy of this documentation will be provided to the Clinic Director and the originals will be kept by the student.

It is the responsibility of the student to inquire about and adhere to the procedures used at the off-campus site, such as record keeping, report writing, scheduling and client management, as well as interaction with professionals at the setting. Please be available to assist the supervisors any way that is needed. Be HELPFUL!

#### 14. SPEECH AND LANGUAGE EVALUATION PROCEDURES

If a student volunteers for an evaluation, he/she must understand that he/she is committed to the following obligations, unless otherwise agreed upon with the supervisor:

- The clinician will consult with the supervisor before Wednesday at noon to get the client's name, possible diagnosis, and suggestions for evaluation materials(Appendix for Clinic Evaluation Information Recording Form). This consultation can occur by phone, by email, or in person; if the student does not hear from the clinician by noon, another student will be called to do the evaluation for the hours and the original clinician will assist and receive no hours. If the student fails to call his/her supervisor for a subsequent evaluation, he/she will not do any more Friday Clinic evaluations and his/her clinic grade will be lowered by one letter grade.
- The clinician will arrive 30-minutes prior to the evaluation appointment to gather supplies, prepare the room, and notify the supervisor that he/she is there and what is available in the room; the clinician is responsible for finding any testing manuals, materials, forms, oral examination supplies, and reinforcement or testing toys.
- The clinician will enter the waiting room at the exact time of the appointment and greet the client and their family with an enthusiastic hello and welcome. The clinician will squat or kneel down to the pediatric client's eye level and tell them his/her name and that they are going to look at books, talk, and play with some toys. The clinician will tell the client's parent(s) that they can follow you back to the room and watch and listen outside of the room or come into the room (whichever is decided upon by the clinician and the supervisor).
- The clinician will walk the client back to the waiting room and instruct them to check with Teresa at the desk prior to leaving; if they still have their client case history form, they can give that to her at that time; **DO NOT TAKE THESE FORMS AND PLACE IN THE CHART.**
- The clinician will clean up the therapy room and replace any materials; then check with the supervisor if there is any pertinent information needing to be placed in the evaluation report.
- The clinician will turn in a double-spaced, typed evaluation no later than 3 business days following the evaluation. If the clinic is closed on the Wednesday the evaluation is due, the evaluation will be submitted by Tuesday at 4:00.

Failure to comply with these procedures will result in dropping one letter grade for the final clinic grade.

## 15. AUDIOLOGY PRACTICUM

It is required that a student have a minimum of 35 clock hours of audiology practicum. A minimum of 15 will be in aural rehabilitation and 15 in hearing testing. A minimum of five booth hours must be obtained in diagnostic testing at the Stanley Speech and Hearing Clinic and be supervised by a licensed, ASHA certified audiologist. All diagnostic audiology practicums will be supervised by an audiologist. Hearing screenings and aural rehabilitation will be supervised by an audiologist or a speech-language pathologist.

Each student clinician should perform a hearing screening test and immittance screening on each client enrolled in the Stanley Speech and Hearing Clinic each semester. Screening tests may be performed in the therapy room or in the audiology suite. Reservations for rooms and/or equipment should be made as appropriate.

For clients found to have abnormal hearing tests or immittance results, diagnostic tests will be performed. When appropriate, weekly immittance testing will be performed on clinic patients.

A diagnostic schedule is maintained in the Clinic Office and students should sign up for diagnostics as they are posted. The student clinician should arrive at least ten minutes before the scheduled diagnostic and have ready the appropriate forms and materials. Upon completion of the diagnostic, it is the responsibility of the student clinician to complete a report per the instructions of the supervising audiologist.

Clinicians are responsible for maintaining appropriate universal precautions when treating audiology patients, including proper cleaning and disposal of specula and supplies.

All audiology procedures will be recorded as such and appropriately documented. The supervising audiologist will submit a grade to the instructor of record (SPH504) at the end of each semester. This grade will be considered in the final grade for (SPH504). Grades will be based on the following:

1. Student participation during Audiological evaluation/Aural rehabilitation
2. Written report submitted to supervising audiologist.

## 16. SOME REMINDERS FOR CLINICIANS

- a. Clean the white boards and straighten the room after treatment. Leave the room in good condition for the next occupants. Leave only one set of the lights on.
- b. Accompany children to and from the waiting room and do not allow them to run.

- c. Any child under 18 years of age should not be left unattended in the waiting room. If you are having a parent conference, find someone to stay with the child or take him/her with you.
- d. Materials are for treatment use only. Children are not to play with these materials in the hall, waiting room, or other therapy rooms.
- e. No smoking, eating, or drinking in any treatment or observation room, or in the waiting room.
- f. If you wish to use food as a motivational material, please get parental permission and the supervisor's permission first.
- g. Parent conferences should be held in the treatment rooms—not in the waiting room, the halls or on the front steps.
- h. NO Play-Doh in carpeted treatment rooms.
- i. Access therapy rooms D & E from the main hall and not through the observation hall.

## ATTACHMENT APPENDICES

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