



**2017-2018**

# **Clinical Education Manual**

# **Speech-Language Pathology**

Please Note:

The material contained herein is subject to change from time to time without notice and this publication cannot be considered an agreement or contract between individual student clinicians and the school. The Speech-Language Pathology Program reserves the right to alter or amend the terms, conditions, and requirements contained herein, and to eliminate programs or courses as necessary.

## TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
<b>1.0 Mission Statements</b>	<b>5</b>
1.1. Stephen F. Austin University	5
1.2. Perkins College of Education	5
1.3. Department of Human Services	5
1.4. Speech-Language Pathology	5
<b>2.0. The Clinical Education Program at SFASU</b>	<b>5</b>
2.1. Overview of Clinical Program	5
2.2. Clinical Practicum Sequence	6
2.3. Clinical Education Competencies	8
2.4. Definitions and Roles	9
2.4.1. Program Director	9
2.4.2. Clinic Director	9
2.4.3. Externship Coordinator	9
2.4.4. Faculty	10
2.4.5. Clinical Supervisor	11
<b>3.0 Faculty and Staff of Speech-Language Pathology at SFASU</b>	<b>11</b>
3.1. Full-time Faculty and Instructors	11
3.2. Adjunct Faculty/Instructors	11
3.3. Support Staff	11
<b>4.0 Graduate Program Curriculum of Courses</b>	<b>12</b>
4.1. Table of Sequencing of Courses and Program of Study	12
4.2. Lecture Component of Clinical Practicums	12
4.2.1. Professional Issues and Multicultural Issues	13
4.2.2. Medical	13
4.2.3. Counseling	13
4.2.4. PRAXIS Prep and Case Studies	13
4.2.5. Supervision	13
<b>5.0 ASHA Code of Ethics</b>	<b>14</b>
<b>6.0. Confidentiality and Communication of Clinical Information</b>	<b>14</b>
6.1. HIPAA Laws	14
6.2. Confidentiality Statement	14
<b>7.0. Evidence-Based Clinical Practice Principles</b>	<b>15</b>
7.1. Rationale for Use	15
7.2. Research Courses and Integration into other Content Areas	15
7.3. Methods of Integration into Clinical Practicums	16

<b>8.0. General Policies of All Clinical Education</b>	<b>16</b>
8.1. Professional Ethical Conduct	16
8.2. Examples of Fundamental Clinical Behavior	17
8.3. Absences and Procedures	18
8.4. Work Scheduling and Holidays	19
8.5. Therapy Enrollment	19
8.6. Clinical Activity that can count as “Clock” Hours	19
8.7. Completion of Clinical Hours	21
8.8. Credentialing Requirements	21
<b>9.0. Evaluation of Student Clinician Performance</b>	<b>23</b>
9.1. Clinical Evaluations and Grading	23
9.2. Clinical Warning Procedures	24
9.3. Clinical Probation	25
9.4. Instructional Support Team (Remediation)	25
9.5. Removal from Clinical Site	26
<b>10.0. Supervisor Roles and Responsibilities</b>	<b>27</b>
10.1. ASHA Supervision Requirements	27
10.2. Supervisor’s Observation of Sessions	28
10.3. Student Clinician Evaluations of Supervisors	28
<b>11.0. General Information for SFASU Graduate Student Clinicians</b>	<b>29</b>
11.1. Malpractice	29
11.2. Student clinician Name Tags and Dress Code	29
11.3. Health and Background Check Requirements	29
11.4. Injuries and Emergencies	30
11.5. Infection Control	31
11.6. Photocopies policy	31
11.7. Student Clinician Workroom/Mailboxes/Lockers	31
<b>12.0. Graduate Student Clinician Responsibilities</b>	<b>32</b>
12.1. Student Clinician Performance	32
12.2. On-Site Practicum Requirements (in general)	32
12.3. Conferences with Supervisors	33
12.4. Scheduling Therapy	34
12.5. Cancellations of Therapy Sessions	34
12.6. Client Evaluation Procedures	35
12.7. Conducting Therapy Session	36
12.8. Documentation and Paperwork	36
12.9. Recording Clinical Practicum Hours	39
12.10. Obtaining and Maintaining Client Folders	40
12.11. Checking out Therapy and Assessment Materials	40
12.12. Some Reminders for Clinicians	42
<b>13.0. Stanley Center for Speech and Language Disorders</b>	<b>42</b>

13.1. History and Information	42
13.2. Overview of Clinical Documentation and Forms	42
<b>14.0. Cole Audiology Lab</b>	<b>43</b>
14.1 History and Information	43
14.2. Overview of Procedures	43
14.3. Overview of Clinical Documentation and Forms	44
<b>15.0. Little Jacks Program and Procedures</b>	<b>44</b>
15.1. History and Information	44
15.2. Overview of Procedures	45
15.3. Overview of Clinical Documentation and Forms	45
<b>16.0. Head Start Program and Procedures</b>	<b>47</b>
16.1 .History of Head Start Program	47
16.2. Overview of Clinical Documentation and Forms for Head Start	47
<b>17.0. Clinical Externships</b>	<b>50</b>
17.1. Transportation to Externships	52
17.2. Conflict of Interest	52
17.3. Contacting an Externships	52
17.4. Externship Documentation Protocols and Forms	52
17.5. Extension of Externship Placements	53
17.6. New Externship Sites	53

## **1.0 MISSION STATEMENTS**

### **1.1 Stephen F. Austin State University Mission Statement**

Stephen F. Austin State University is a comprehensive institution dedicated to excellence in teaching, research, scholarship, creative work, and service. Through the personal attention of our faculty and staff, we engage our students in a learner-centered environment and offer opportunities to prepare for the challenges of living in the global community.

### **1.2 James I. Perkins College of Education Mission Statement**

The mission of the Perkins College of Education is to prepare competent, successful, caring and enthusiastic professionals dedicated to responsible service, leadership, and continued professional and intellectual development.

### **1.3 Department of Human Services Mission Statement**

The Department of Human Services prepares undergraduates and graduate students for leadership and service roles in East Texas and the global community. The department is committed to incorporation of community-based, service-learning experiences within its educational programs to maximize the advancement of students' personal and professional development.

### **1.4 Speech-Language Pathology Program Mission Statement**

The mission of the Speech-Language Pathology Program is to prepare knowledgeable caring professionals committed to educating the public, properly diagnosing and effectively treating persons with communication and swallowing disorders across the lifespan, thereby improving their quality of life. To meet this mission, the program embraces cultural and linguistic diversity, emphasizes the importance of evidence based practice, critical thinking skills, interdisciplinary collaboration, ethical principles and continued professional development throughout one's career.

## **2.0 The Clinical Education Program**

### **2.1 Overview of the Clinical Education Program**

The Speech-Language Pathology and Audiology Program at SFASU is accredited by our national accreditation agency, the American Speech and Hearing Association (ASHA). For verification of our accreditation status, please visit the following website:

[http://www.asha.org/academic/accreditation/CAA\\_overview.htm](http://www.asha.org/academic/accreditation/CAA_overview.htm)

The Clinical Education of students in the Speech-Language Pathology program within the James I. Perkins College of Education at Stephen F. Austin State University represents the integration of a student's academic learning, ability to interpret and apply research findings and interpersonal skills as they serve persons with communicative impairments.

The mission of the clinical component of the Speech-Language Pathology program at Stephen F. Austin State University is to produce well-rounded clinicians who, at the end of 5 semesters, can work independently as Clinical Fellow in the field of Speech-Language Pathology in any practice setting. Each student will be assigned to Clinical Practicum during all five semesters of your graduate studies. You will be provided with practicum experiences with both children and adults in a variety of settings. Each practicum placement will be accompanied by a seminar led by University faculty that will provide opportunities for generalization of learning, reflective review of experiences, skill development, and relation of individuals' experiences to those of others and to issues of policy. Students begin to actively participate in the Clinic in the undergraduate Communication Sciences & Disorders program by observing a minimum of 25 hours of speech, language and hearing services at the Stanley Center for Speech and Language Disorders in accordance with ASHA regulations.

Students begin their clinical practicum experiences at Stephen F. Austin State University in the fall semester of the first year. These initial practicum experiences are mentored at the Stanley Center for Speech and Language Disorders by program faculty. Students are considered for off-campus practicum placement after having demonstrated satisfactory performance in basic clinical skills. Students will be placed in clinical sites only when they have had the appropriate academic background in preparation for the site.

Clinical competencies, clinical evaluations, clock hours, and client demographics will be tracked electronically using the CALIPSO electronic documentation system and will be reviewed periodically by the Clinic Director and Externship Coordinator. The clinical program is designed to comply with national standards set by the Council for Clinical Certification in Audiology and Speech-Language Pathology for the Certificate of Clinical Competence in Speech-Language Pathology, as well as Texas Licensure.

## **2.2 Practicum Sequence**

**Semester I (Fall I):** Primary Level I Practicum - Focus: Child and/or Adult

Format: The student clinician will be assigned 2-3 clients at the Stanley Center for Speech and Language Disorders or GETCAP Head Start facility with a SFASU Faculty member supervising; the student clinician will meet with their CS weekly at a time scheduled by the CS for a planning/debriefing session in addition to the practicum assignments.

Clinical Experiences will include:

**Speech, Language, and Hearing Screenings** (as opportunities arise)

**Child Speech and Language Diagnostics/Preventative Services** (minimum of 3 hours per week)

AND/OR

**Adult Speech-Language-Cognition Diagnostics/Prevention services**

(minimum of 3 hours per week)

Anticipated Clinical Hours Obtained: 40-50

**Semester II (Spring I):** Primary Level II Practicum - Focus: Child and/or Adult (based on Semester I experience)

Format: The student clinician will be assigned 2-3 clients at the Stanley Center for Speech and Language Disorders or GETCAP Head Start facility with a SFASU Faculty member supervising; the student clinician will meet with their CS weekly at a time scheduled by the CS for a planning/debriefing session in addition to the practicum assignments.

Clinical Experiences will include:

**Speech, Language, and Hearing Screenings** (as opportunities arise)

**Child Speech and Language Diagnostics/Preventative Services** (minimum of 3 hours per week)

AND/OR

**Adult Speech-Language-Cognition Diagnostics/Prevention services**

(minimum of 3 hours per week)

Anticipated Clinical Hours Obtained: 40-50

**Semester III (Summer):** Intermediate Level Practicum - Focus: Specialty Practicum

**SFASU Clinic:** The student clinician will be assigned 2-3 clients at the Stanley Center for Speech and Language Disorders for five consecutive weeks during the summer with a SFASU Faculty member supervising; the student clinician will meet with their CS weekly at a time scheduled by the CS for a planning/debriefing session in addition to the practicum assignments.

AND

**Medical/Specialty Practicum:** The student clinician will be assigned to a clinical externship site 4-5 days per week for five weeks. Possible sites include, but are not limited to, Acute Care, Rehabilitation, Skilled Nursing, Outpatient Clinic, Private Practice, Private/Specialty School, or Early Intervention

Anticipated Clinical Hours Obtained: 120+

**Semester IV (Fall II):** Intermediate to Advanced Level Practicum - Focus: Specialty Practicum

**School-Based Practicum:** 4 days per week for 7-week rotation or 2-3 days per week for semester, Public School experience (rotation period is dependent on the student clinician/CS schedule)

OR

**Medical/Specialty Practicum:** Possible sites include, but are not limited to, Acute Care, Rehabilitation, Skilled Nursing, Outpatient Clinic, Private Practice, Private/Specialty School, or Early Intervention

Anticipated Clinical Hours Obtained: 120+

**Semester V (Spring II): Advanced Level Practicum** - Focus: Specialty Practicum

**School-Based Practicum:** 4 days per week for 7-week rotation or 2-3 days per week for semester, Public School experience (rotation period is dependent on the student clinician/CS schedule)

OR

**Medical/Specialty Practicum:** Possible sites include, but are not limited to, Acute Care, Rehabilitation, Skilled Nursing, Outpatient Clinic, Private Practice, Private/Specialty School, or Early Intervention

Anticipated Clinical Hours Obtained: 120+

### **2.3 Clinical Education Competencies**

**Language Proficiency:** The faculty will ensure proficiency in the language(s) used for clinical service delivery. Upon admission into the graduate program students must document proficient language(s) both written and spoken.

The ultimate objectives of the Clinical Education program include the following:

- Students will demonstrate the ability to practice in a manner consistent with the moral, ethical and professional standards of the community
- Students will broaden their understanding of the professional role of the speech-language pathologist in a variety of clinical settings
- By the end of their clinical education at SFASU, students will demonstrate the following competencies with minimal input from the clinical supervisor:
  - Conduct screening and evaluation procedures
  - Design an intervention information regarding a client's status orally and in written form
  - Document all phases of clinical practice
  - Develop effective interpersonal relationships with clients and their families, supervisors, other professionals, administrators and peers
  - Appropriately identify and refer clients for services
  - Provide basic counseling relating to communicative disorders to clients and their families
  - Recognize the needs of culturally/linguistically diverse populations



## **2.4 Definitions and Roles**

### **2.4.1 Program Director**

The Program Director is responsible for the administration and implementation of the Speech-Language Pathology program. This includes both the academic and clinical education of all graduate students.

### **2.4.2 Clinic Director**

The Clinic Director is responsible for providing comprehensive planning and direction for the Program's Clinical Education program within the professional curriculum, mission and goals of the University, standards of professional accreditation, and generally accepted values in higher education. The Clinic Director monitors the student clinician's progress in integrating academic and clinical experiences.

**The Clinic Director is responsible for the Stanley Center for Speech and Language Disorders and other internships supervised by faculty, scheduling, and evaluation. Additional responsibilities include:**

- Providing information regarding the academic program, curriculum, objectives, policies and procedures, affiliations, student demographic information, continuing education opportunities and public relations events
- Maintaining program clinical education records
- Facilitating communication with clinical supervisors and supporting their efforts to cultivate the development of student education
- Coordinating the evaluation process for the clinical education program
- Faculty Liaison
- Monitoring the student clinician's performance and coordinating grading of each student clinician through receipt of the clinical practicum evaluations through Calipso. This involves gathering clinical hours and clinical performance information from all clinical supervisors. This information will then be used to determine the student clinician's final grade.
- At the end of the semester, the Clinic Director will coordinate the student clinician's evaluation of their clinical supervisor.

### **2.4.3 Externship Coordinator**

**The Externship Coordinator is responsible for off-site clinical development, scheduling, and evaluation. Additional responsibilities include:**

- Providing information regarding the academic program, curriculum, objectives, policies and procedures, affiliations, student demographic information, continuing education opportunities and public relations events
- Maintaining program clinical education records
- Facilitating communication with clinical supervisors and supporting their efforts to cultivate the development of student education
- Evaluating each off-site placement through student feedback and sharing of information with clinical supervisors
- Overseeing the preparation, assignment and supervision of student clinicians at their off-site placements by assessing student clinician's readiness, supplying appropriate clinical site information, and coordinating and communicating site assignments
- Coordinating the evaluation process for the clinical education program
- Recruiting and developing clinical sites
- Making contact with the off-site clinical supervisor at the beginning of the semester to:
  - Provide the clinical supervisor with information
  - Ensure the off-site clinical supervisor receives a copy of the **Clinical Education Manual** and any other clinical education materials (see website for these forms: <http://www.sfasu.edu/humanservices/69.asp>)
  - Ensure the off-site clinical supervisor is registered with the clinical software, *Calipso*
- Serving as a contact person for the off-site clinical supervisor and the student clinician. Should there be a problem or even a simple question, the clinical supervisor and/or student clinician should contact the Externship Coordinator. The Externship Coordinator will work to resolve the issue and will involve the Faculty when necessary. The Externship Coordinator will provide additional support as needed.
- Monitoring student clinician performance and coordinating grading of each off-site student clinician through receipt of the clinical practicum evaluations through Calipso. This involves gathering clinical hours and clinical performance information from all clinical supervisors. This information will then be used to determine the student clinician's final grade.
- At the end of the semester, the Externship Coordinator will coordinate the student clinician's evaluation of their clinical supervisor and site.
- He or she also maintains information pertaining to off-campus facilities and clinical supervisors, ensuring that they meet all standards for supervision.

#### **2.4.4 Faculty**

A faculty member is one who has been appointed by the Dean of the Graduate School to be a member of the Graduate Faculty. The faculty member is engaged in teaching specific content required for a degree in Speech-Language Pathology, both academic and clinical. The faculty should be contacted if the Clinic Director is unavailable in an emergency.

## 2.4.5 Clinical Supervisor

The Clinical Supervisor is a licensed speech-language pathologist, appropriately certified by the American Speech-Language-Hearing Association. Externship Clinical Supervisors are employed by or contracted to an affiliated clinical site. The Clinical Supervisors are the most important component of the clinical education experience as he or she is responsible for the day-to-day teaching and direct supervision of the student clinician. The Clinical Supervisor functions as a role model and mentor. Although the Clinical Supervisor is the primary educator, he or she may, from time to time, arrange student clinician supervision by other appropriately credentialed colleagues in order to enhance the student clinician's learning experience.

## 3.0 FACULTY AND STAFF OF SPEECH-LANGUAGE PATHOLOGY AT SFASU

### 3.1 Full-Time Faculty and Instructors

Lydia Richardson, SLP.D., CCC-SLP <a href="mailto:lpriehardson@sfasu.edu">lpriehardson@sfasu.edu</a>	Program Director	205F	468-1255
Frank Brister, Ph.D., CCC-A <a href="mailto:fbrister@sfasu.edu">fbrister@sfasu.edu</a>	Assoc. Professor	205B	468-1330
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Erin Keeling, MS, CCC- SLP <a href="mailto:keelingee@sfasu.edu">keelingee@sfasu.edu</a>	Externship Coordinator	205E	468-3997
Kelly Jobe, AuD., CCC-A <a href="mailto:jobekd@sfasu.edu">jobekd@sfasu.edu</a>	Clinical Audiologist	203F	468-7110
Deena Petersen, MS, CCC-SLP <a href="mailto:petersend@sfasu.edu">petersend@sfasu.edu</a>	Clinic Director	205A	468-1029
Raul Prezas, PhD., CCC/SLP <a href="mailto:prezasrf@sfasu.edu">prezasrf@sfasu.edu</a>	Assoc. Professor	205C	468-1337

### 3.2 Adjunct Faculty/Instructors

Karla Ashabranner, MEd, CCC-SLP <a href="mailto:kashabranner@sfasu.edu">kashabranner@sfasu.edu</a>	Adjunct	205	468-5180
Debra Bankston, MA, CCC-SLP <a href="mailto:dbankston@sfasu.edu">dbankston@sfasu.edu</a>	Adjunct	205	468-5180
Jessica Conn, MS, CCC-SLP <a href="mailto:connjl@sfasu.edu">connjl@sfasu.edu</a>	Adjunct	205	468-5180
Kristin Holloway, MS, CCC-SLP <a href="mailto:hollowaykp@sfasu.edu">hollowaykp@sfasu.edu</a>	Adjunct	205	468-5180

### 3.3 Support Staff

Whitney Minix <a href="mailto:adamsw1@sfasu.edu">adamsw1@sfasu.edu</a>	Program Secretary	205	468-7109
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## 4.0 GRADUATE PROGRAM CURRICULUM OF COURSES

### 4.1 Table of Sequencing of Courses and Program of Study

#### SPEECH-LANGUAGE PATHOLOGY TWO-YEAR MASTER OF SCIENCE PROGRAM

(Revised Summer, 2017)

#### FIRST YEAR

SUMMER I	SUMMER II	FALL	SPRING
	SPH 503	SPH 504	SPH 504
		SPH 500	SPH 506
		SPH 507	SPH 509
		SPH 511	SPH 508
			SPH 501

#### SECOND YEAR

SUMMER I	SUMMER II	FALL	SPRING
SPH 504	SPH 502	SPH 504	SPH 504
		SPH 505	SPH 510
		SPH 512	Comprehensive Examination
		EPH 550	(remediation as needed)

#### **504 class schedule:**

1<sup>st</sup> year: Fall - Professional Issues/Multicultural Issues

Spring - Medical Procedures

2<sup>nd</sup> year: Summer - Counseling for the SLP

Fall - Praxis Prep/Specific Disorders (Case Studies)

Spring - Supervision

#### **4.2 Lecture Component of Clinical Practicum**

When students register for SPH 504-Clinical Practicum, they will also be required to participate in a lecture series for 1 hour/week. Five topics will be presented, one per semester, on a rotating schedule as shown above under point 4.1.

Topics will include Professional Issues/Multicultural Issues, Medical Procedures, Counseling for the SLP, PRAXIS prep and Specific Disorders (case studies), and Supervision.

#### **4.2.1 Professional Issues/Multicultural Issues**

This section of clinical practicum will cover a myriad of professional issues that students need to know to better prepare them for entrance into the field. It will also integrate information obtained in other courses regarding the special issues and considerations to keep in mind when treating an ever growing patient population comprised of individuals from diverse ethnic and socioeconomic backgrounds.

#### **4.2.2 Medical Procedures**

This section of clinical practicum will take an in-depth look at the role of the speech-language pathologist in a variety of medical settings. Emphasis will be placed on documentation, billing/funding issues, collaboration with other medical professionals, looking for relevant information in a patient's case history and planning appropriate assessment and intervention procedures and methods, ethics, and OSHA regulations.

#### **4.2.3 Counseling for the SLP**

This section will cover specific counseling principles and strategies and how these can/should be used in our field. Emphasis on counseling approaches for use with clients with communication disorders and/or their families will be explored as well as theories of counseling specific to the management of communication disorders. Students will experiment with different approaches to interacting with clients and their families individually and in groups. Cultural impact on the counseling process will be addressed.

#### **4.2.4 Praxis Prep/Case Studies**

This section will focus on the preparation for the PRAXIS exam and comprehensive exam. An in-depth look at a variety of case studies encompassing most of the etiologies and types of patients treated by speech-language pathologists will be explored through simulated cases. Emphasis will be on looking for relevant information in a patient's case history and planning appropriate assessment and intervention procedures and methods.

#### **4.2.5 Supervision**

The identification and analysis of the processes of supervision along the continuum of supervision from support personnel to peer will be examined. Topics will include planning and executing the supervisory conference, data collection procedures, and evaluation. The research in the field of supervision will be examined with an emphasis on practical application. The impact of cultural diversity on supervision will be addressed.

## **5.0 ASHA CODE OF ETHICS**

Graduate students receive information on the ASHA code of ethics in a variety of courses (both undergraduate and graduate) and are assessed on this body of knowledge. The most recent code of ethics (2016) can be found at:

<http://www.asha.org>

## **6.0 CONFIDENTIALITY AND COMMUNICATION OF CLINICAL INFORMATION**

### **6.1 HIPAA Laws**

Stephen F. Austin State University (SFASU) respects the privacy and confidentiality of its patients' medical information. Protection of patient confidentiality is a core value of SFASU. Policies and procedures for protecting the health information of SFASU's patients, consistent with the requirements of the HIPAA Privacy Standards and Texas law, is discussed and reviewed annually during the Fall Clinic Orientation Training Meetings. All members of SFASU's Stanley Center for Speech and Language Disorders and Cole Audiology Lab, including administrative staff, volunteers, trainees, students, faculty and clinical staff shall be familiar with and comply with our Client Confidentiality policy. Official information may be obtained at the following website:

[www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html)

The Clinical Supervisor maintains the ultimate legal, ethical and moral responsibility for the client's care. Communicating information about a client's evaluation and treatment is an emerging clinical competency that is part of each student's clinical education. As a result, student clinicians should not discuss clinical decisions pertaining to evaluation or treatment with a client, parent or family member without first discussing it with their Clinical Supervisor. Similarly, the student clinician should defer responding to a client's questions that he/she feel unprepared to answer until he/she have spoken with their Clinical Supervisor.

### **6.2 Confidentiality Statement**

1. All information concerning clients is confidential. Instruction in specific guidelines regarding Protected Health Information (PHI) as it relates to HIPAA (Health Insurance Portability and Accountability Act) will occur during orientation.
2. Clients may be discussed with supervisors, faculty members, and students only when such discussions serve a clinical or educational purpose.
3. Clients are not to be identified or discussed with friends, roommates, or

any other person outside of the Clinic.

4. Extreme care should be taken when having conversations in the Clinic facility as clients and families are likely to be within hearing distance. Please follow confidentiality guidelines.
5. Information in the client chart(s)/file(s) may **never** be taken from the designated/appropriate areas or left unattended.
6. Materials from a client's folder **MAY NOT BE PHOTOCOPIED OR PHOTOGRAPHED**.
7. Written drafts of reports and other client information must be destroyed. Take these items to the main office to shred or give to a secretary for proper disposal.
8. A student clinician is not to exchange information regarding clients with other agencies without permission from the supervisor and a signed release from the client/guardian.
9. **At no time** should a student clinician engage in speech/language related discussion about and/or regarding clients outside of the Clinic facility. Nor should suggestions/materials be provided to the client or family unless done so under the direction of the supervisor during the time therapy services are being provided at the Clinic.

## **7.0 EVIDENCE-BASED CLINICAL PRACTICE PRINCIPLES**

### **7.1 Rationale for Use**

The incorporation of evidence-based practice and principles is an integral part of your education in this program. It is unethical to treat a patient without using the principles of evidenced based practice (EBP) as a guide for both assessment and treatment procedures. ASHA requires integration of EBP into both the academic and clinical components of your education, and we are meeting or exceeding that expectation in the following ways.

### **7.2 Research Courses and Integration into other Content Areas**

All graduate students are required to take three research methodology and statistics courses (SPH 509, EPS 550, SPH 510).

### 7.3 Methods of Integration into Clinical Practicums

A “Clinical Research Protocol” has been implemented which provides a means of objective measurement of the consistency and adequacy of the incorporation of evidence-based practice into clinical practicums for all students that are enrolled in clinical practicum. Students are expected to follow this protocol and are evaluated by supervisors for comprehension and use of this protocol for all clients during all semesters of clinical practicum for which they are enrolled.

## 8.0 GENERAL POLICIES OF ALL CLINICAL EDUCATION

### 8.1 Professional Ethical Conduct

The Stanley Center for Speech and Language Disorders is a professional service program. Students practicing in the clinical program are obliged to comply with the ASHA Code of Ethics, in order to guarantee the highest quality of care and the protection of each client’s welfare. **THE STUDENT CLINICIAN MAY RECEIVE A CLINICAL WARNING IF THEY DO NOT MAINTAIN A PROFESSIONAL ATTITUDE, Demeanor, AND/OR APPEARANCE.** It is important that each student clinician remember a few points of professional/ethical conduct:

1. 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.
2. The confidentiality of information contained within client folders is also extremely important. Never leave a folder unattended. Client information should **NEVER** be stored on any personal computers or personal pen/thumb drives. Client information may be stored on encrypted thumb drives provided by the clinic or accessed through Office 365. \*Client folders are **NEVER** to be taken out of the Clinic Office (HS205) Student Room (HS203) or Conference Room (HS203G).
3. 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.
4. 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.
5. The office waiting area (HS205) is for students waiting for faculty appointments or Cole Audiology Lab clients.
6. 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.
7. Clinicians must be punctual and reliable. The Attendance Policy is to be strictly adhered to for therapy and class attendance.



## 8.2 Examples of Fundamental Clinical Behavior

Fundamental Clinic Behaviors are elements of professionalism that we seek students to acquire as part of their clinical education. They are considered “*fundamental*” because a successful speech-language pathologist is expected to demonstrate them all of the time. Note that they appear on the Clinical Practicum Evaluation Form and the student clinician is evaluated on these elements while involved in all clinical encounters.

Fundamental Clinic Behaviors are comprised of four categories listed below, with examples of behaviors which might represent an infraction in each area. These examples are not intended to represent all the possible behaviors, but rather to serve to help the student clinician understand each category.

### 1. Promptly Attends All Clinic Sessions-Avoid:

- Tardiness for treatment room set up which results in beginning session late
- Ending session too early
- Not having enough material for the entire session
- Ending the session too late therefore posing difficulty for the next session to begin on time
- Missing audiological screenings (which is considered clinic session)
- Not attending supervisory meetings on time
- Not notifying the clinical instructor of being tardy for clinic or supervisory meeting

### 2. Demonstrates Professional Conduct and Appearance-Avoid:

- Dressing inappropriately for clinic
- Dressing inappropriately for a clinic area (e.g. observation rooms, resource and material rooms)
- Using inappropriate language in and around clinic area

### 3. Respects Confidentiality of Clinical Information-Avoid:

- Taking client material out of the clinic area
- Does not speak negatively about clients, other students, faculty or placements

### 4. Follows Agency Policies and Procedures-Avoid:

- Turning in clinical documentation (e.g. initial drafts and revisions) late. [This is specific to each clinical supervisor as stated during their clinician meetings or on the clinic schedule.]
- Not returning resource materials
- Not completing appropriate forms in a timely manner. For example, information on assessment protocols to be filed in the client’s chart.

### **8.3 Absences and Procedures for Attendance**

Consistent attendance is required at all clinical education assignments during the site's designated operating hours. Illness and personal emergencies are excused absences. Absences require written documentation from a physician, health clinic, towing service, etc. Participation in a University athletic event is not an excused absence from clinical education. If placed in the Stanley Center for Speech and Language Disorders Clinic, the student clinician should immediately notify the Clinical Secretaries, the Clinical Supervisor, any Clinical Assistant and the client of any absence from therapy. At an externship placement, the student clinician should notify the Clinic Director and the Clinical Supervisor of any absence. Failure to provide notice of an absence or to attend a clinical placement will likely result in a Clinic Warning and may result in a grade reduction for the entire clinical experience.

On rare occasions the student clinician may be absent from their externship placement for reasons including illness, family emergency, etcetera. If the Clinical Supervisor requests, absences from a clinical placement will be made up. Unexcused absences are cause for failing a practicum. The procedure described below is used to ensure that each absence from a student clinician's regularly assigned schedule at an externship placement is documented and appropriately communicated. The **Absence from Clinical Practicum** form to be used is available on the Clinic Forms website (<http://www.sfasu.edu/humanservices/330.asp>).

#### **Procedure for All Clinical Practicum Absences**

##### **Planned Absences**

When an absence is known in advance (for example a scheduled event such as the observance of a religious holiday or wedding), this form (on website) is to be completed at the beginning of the semester. The following procedure is to be followed:

- The student clinician should complete this form, listing the event and date of the event below, and request the Clinical Supervisor's permission to be absent.
- The Clinical Supervisor will sign this form, indicating his or her acceptance of the student clinician's request to be absent on the date listed.
- The student clinician will provide a copy of the form to the Clinical Supervisor and deliver the original to the Clinic Director with any additional documentation attached.

##### **Unplanned Absences**

When an absence is not known in advance, such as an illness, family emergency, or death of a family member\*\*, the following procedure is to be

followed:

- The student clinician should contact his or her Clinical Supervisor and the Clinical Secretary and inform them verbally of their absence.
- Upon returning to the site, the student clinician will complete this form, explaining and describing the absence in the form below. *Documentation, such as a Doctor's note, automotive shop receipt, etc. should be attached to the form.*
- The Clinical Supervisor will sign this form, indicating his or her knowledge of the absence on the date listed.
- The student clinician will provide a copy of the signed form and attachments to the Clinical Supervisor and the Clinic Director.

#### **8.4 Work Scheduling and Holidays**

**At the Stanley Center for Speech and Language Disorders and Little Jack's, the clinical schedule will follow the university calendar of holidays and early dismissals. At Head Start, we will follow the university's academic calendar AND Head Start's calendar.**

During the Fall and Spring semesters, the SFASU academic calendar may apply to the off-site facility ONLY IF the student clinician completes the absence approval form and obtains the supervisor's signature TWO WEEKS PRIOR to the school holiday. Otherwise, the student clinician in an externship will abide by the work schedule established by the facility to which they are assigned, including holidays, days off, and weekend/evening assignments.

#### **8.5 Therapy Enrollment**

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.

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.

#### **8.6 Clinical Activity that can count as "Clock" Hours**

**General Guidelines.** Time spent in direct contact, actually evaluating and treating a client who presents with a communication disorder, is the basis of each student clinician's clinical experience. Additionally, time spent with a client and caregiver exchanging information pertinent to the disorder or counseling may be

counted to be the extent that these activities directly relate to evaluation or treatment of the client.

**Demonstration Therapy.** Time spent by a Clinical Supervisor demonstrating a treatment technique, clinical equipment, or assessment protocol may be counted as part of the student clinician's clock hours as long as the demonstration is provided in the presence of the student clinician and client, and the student clinician is actively participating in providing the service.

**Multiple Student Clinicians.** When therapy services are provided in a group format, or when more than one student clinician is working with a client, student clinicians may only receive clock hours for time they independently spend in direct contact with a client. The sum of the student clinician's hours cannot exceed the total time of the client's assessment.

**Evaluations.** During an evaluation, a student clinician may only receive hours for time spent actually testing, collecting information, conferencing, or counseling a client, family or caregivers in a treatment room. The sum of the student clinician's hours cannot exceed the total time of the client's assessment.

**Obtaining Clock Hours in Groups of Students.** A majority of clinical experience will be 1:1 student to client ratio. In certain circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned; however, each student will only receive credit for the time he/she actually provided services.

**Not Counted.** Ancillary activities such as preparing lesson plans, writing progress notes, scoring tests, transcribing language samples, preparing treatment materials and activities, or conferencing with the Clinical Supervisor may not be counted.

Additionally, the faculty has elected not to count the time a student clinician spends participating in staffing toward their "clock hours". While we recognize staffing is an important professional function and training experience, we wish for a student clinician's "clock hours" to represent their experience in direct, face-to-face service provision with clients. The faculty encourage the student clinician to report this time on their Verification of Hours form so that it may show that valuable experience. Only clinical activities supervised in accordance with ASHA standards may be counted.

**"Related Disorders".** ASHA provides this category for activities related to the prevention of communication disorders and the enhancement of speech, language, and communication effectiveness. Activities implemented to prevent the onset of speech/language disorders and their causes, as well as efforts to advance the development and conservation of optimal communication, may be counted in this area. Although not a disorder, accent reduction hours should be listed in the "related disorders" category. (Feeding and swallowing are categorized as "speech" hours, not "related".) It is not a requirement to obtain

clock hours in the “related disorders” category; a maximum of 20 total clock hours can be counted.

## 8.7 Completion of Clinical Hours

At the beginning of each semester’s practicum, the student clinician must review their clinical clock hours experience record in Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)). Before the student clinician graduates, a final EXIT conference is held with the Clinic Director to assure that the student clinician 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 their clock hours, experience record, the clinician will be responsible for finding the error or to complete any hour requirements before graduation. **It is ultimately the student clinician’s responsibility to monitor and to meet all clinical requirements for ASHA certification in order to graduate as scheduled and to notify the Clinic Director of any deficiencies at least 2 months in advance.**

## 8.8 Credentialing Requirements

### Clinical Education Outcomes

The Program of Speech-Language Pathology’s Clinical Education Program provides student clinicians with the opportunity to fulfill the supervised clinical practicum requirements leading to: (1) The ASHA Certificate of Clinical Competence (CCC-SLP) and (2) Texas Licensure for Speech-Language Pathologists.

ASHA academic and clinical requirements for certification are incorporated into the curriculum within the Program of Speech-Language Pathology. In addition to program course requirements, student clinicians must satisfactorily complete a minimum of 400 clock hours of supervised observation and clinical experience, and have a completed Knowledge and Skills Assessment (KASA).

Students must complete at least 25 clock hours of supervised observation prior to beginning their initial clinical practicum. These 25 clock hours must concern the evaluation or treatment of children and adults with disorders of speech, language or hearing and be supervised by an ASHA-certified speech-language pathologist with at least 2 years of experience.

Applicants must also complete at least 375 clock hours of supervised clinical practicum that concern the evaluation and treatment of children and adults with disorders of speech, language, and hearing. Only clock hours spent in the direct provision of client care are counted.

- At least 275 of the 375 clock hours must be in speech-language pathology\*\*

- At least 50 supervised clock hours must be completed in three different types of clinical settings
- At least 325 of the 400 hours must be completed while engaged in graduate study
- Student clinicians must have experience with populations across the lifespan, from culturally/linguistic backgrounds, and with various types and severities of communication disorders and differences

**SFASU'S program requires the student clinician to gain experience in the following areas:**

- Evaluation: Speech Disorders in Children (20 hours)
- Evaluation: Speech Disorders in Adults (20 hours)
- Evaluation: Language Disorders in Children (20 hours)
- Evaluation: Language Disorders in Adults (20 hours)
- Treatment: Speech Disorders in Children (20 hours)
- Treatment: Speech Disorders in Adults (20 hours)
- Treatment: Language Disorders in Children (20 hours)
- Treatment: Language Disorders in Adults (20 hours)
- Treatment and/or Evaluation: Fluency Disorders in Adults and/or Children (10 hours)
- Treatment and/or Evaluation: Voice Disorders in Adults and/or Children (10 hours)
- Audiology: Booth visits, Screening/Evaluation, and Treatment in Audiology (30 hours)

Finally, the student clinician must obtain experience in at least three different practicum sites, with at least one medical (i.e. hospital, nursing home) and one public school site, to meet Program requirements. Each student clinician must earn a minimum of 50 clock hours of clinical experience to count the experience as a required site. The University Clinic counts as one of those sites.

Deficiencies in any of these minimum requirements need to be made up prior to graduating. The student clinician is responsible for maintaining an accurate hour total and for notifying the Clinic Director/Externship Coordinator and the clinical supervisor of any specific needs well in advance.

<b>Speech Language Pathology Program Requirements</b>	
<b>SPEECH</b>	
<b>Evaluation</b>	<b>Hours Required</b>
Child Language	20
Child Speech	20
Adult Language	20
Adult Speech	20
<b>Treatment</b>	<b>Hours Required</b>
Child Language	20
Child Speech	20
Adult Language	20
Adult Speech	20
<b>Specialty Hours</b>	<b>Hours Required</b>
Fluency	10
Voice	10
<b>Related Disorders</b>	<b>Hours Required</b>
Other	20
<b>AUDIOLOGY TOTAL HOURS 30</b>	
<b>Evaluation</b>	<b>Hours Required</b>
School Screening	10
Booth	5 (visits)
<b>Treatment</b>	<b>Hours Required</b>
Aural/Oral Rehab	15
	with a maximum of 5 hours as amplification

## **9.0 EVALUATION OF STUDENT CLINICIAN PERFORMANCE**

### **9.1 Clinical Evaluation and Grading**

#### **Lines of Communication**

The student clinician is expected to keep open and honest line of communication with their clinical supervisor(s) and Clinic Director/Externship Coordinator. Problems should be discussed as soon as the student clinician or clinical supervisor recognizes them.

The protocol for communication problems has three levels. The first level of communication is between the student clinician and clinical supervisor. If resolution of the problem does not occur at this level, the Clinic Director/Externship Coordinator should be the next level of communication. Either the student clinician or the clinical supervisor should solicit the Clinic Director/Externship Coordinator's support in attempting to resolve issues or concerns relative to the placement. The Clinic Director/Externship Coordinator will decide at that time if intervention is necessary, or if the staff at the clinical site

can resolve the problem. If intervention is necessary, the intervention can take place through site visits or phone calls. In rare instances, the Program Director may serve as the third level of problem resolution.

## **Evaluation of Student Clinician Performance**

Satisfactory performance at each clinical affiliation is a requirement to advance through each phase of the program. The clinical supervisor(s), working with the student clinician, is responsible for the evaluation of the student clinician's performance.

**The student clinician at the Stanley Center for Speech and Language Disorders, Cole Audiology Clinic, and Head Start placements** is graded on a point system, which is converted to a letter grade (A/B/C) scale. Supervisors complete a mid-term evaluation and final evaluation in Calipso ([www.calipsoclient.com](http://www.calipsoclient.com)). The student clinician will meet with an assigned supervisor at mid-term and at the end of the semester to discuss the student clinician's grade and relative areas of clinical strengths and weaknesses.

**The student clinician at an externship placement** is graded on a letter grade (A/B/C) scale. Off-site clinical supervisors complete a mid-term evaluation and final evaluation in Calipso ([www.calipsoclient.com](http://www.calipsoclient.com)). It is strongly recommended that the student clinician and clinical supervisor review the form prior to the clinical experience to become acquainted with the evaluation items on which the student clinician will be assessed. The student clinician will meet with the assigned supervisor at mid-term and at the end of the semester to discuss the student clinician's performance and to identify areas of clinical strengths or weaknesses.

## **9.2 Clinical Warning Procedures**

Certain behaviors are fundamental to professional practice. These behaviors include demonstrating (1) preparation and timeliness in all aspects of clinic interactions, (2) professional conduct and appearance, (3) confidentiality of clinic interactions, and (4) compliance with all policies and procedures of the University, School, Program and externship site. It is imperative that the student clinician acquires and consistently demonstrates these behaviors as part of his/her clinical education. When a student clinician demonstrates difficulty in any of these fundamental behaviors, an educational process is initiated to guide his/her learning and assist them in acquiring these competencies.

As a means of documenting and communicating unsatisfactory student clinician performance in these fundamental areas, a **Clinic Warning Form** is completed to insure that the student clinician is aware of the specific aspects of his or her performance that are unsatisfactory. The Clinic Warning Form is intended to facilitate collaboration between the Clinical Supervisor and the student clinician



and enable the student clinician to learn and change his or her behavior(s). However, it is incumbent upon the student clinician to successfully demonstrate the requisite changes. The Clinic Warning is also intended to convey the seriousness of the lapse in professional behavior.

<http://www.sfasu.edu/humanservices/330.asp>

### **Policies regarding Clinic Warnings appear below:**

- Clinic Warnings are in effect for two successive semesters.
- The student clinician unable to demonstrate behavior changes will be placed on clinical probation.
- The student clinician receiving two Warnings in any behavioral area (same or different behaviors) during the same semester will be placed on clinical probation whether the Warnings came from one or two different Clinical Supervisors (unless the Warnings stemmed from the same incident – for example, if one unexcused absence results in missing two therapy sessions on the same day, supervised by different Clinical Supervisors).
- Three warnings will result in removal from the program. The student clinician must sign the Clinic Warning Form. Their signature indicates that the unprofessional behaviors have been explained to them; it does not necessarily signify their agreement. Refusal to sign the Warning Form will result in clinical probation.

### **9.3 Clinical Probation**

To graduate, the student clinician must complete clinical education requirements to the satisfaction of the Program. Any student clinician who receives a letter grade of C at a clinical experience will be placed on a clinical probation program as decided upon by the faculty. Clinical probation may result in an extension of the student clinician's program of study. The student clinician may be placed on clinical probation only once. The second probationary grade for clinical experience will result in automatic dismissal from the program.

### **9.4 Instructional Support Team (Remediation)**

When a student clinician's performance in a clinical placement is judged to be less than satisfactory, and the student clinician does not demonstrate sufficient progress toward mastering competencies on his or her own via the standard clinical education model, the faculty may elect to establish an Instructional Support Team to guide the student clinician's efforts. The purpose of the Team is to work more intensively with the student clinician to build his or her functioning to an acceptable level.

#### **▪ Identification**

The clinical performance of each student clinician is reviewed by the faculty near mid-semester and close to the end of each semester. The student

clinician demonstrating difficulty is discussed in some detail by faculty members. The faculty may decide to form an Instructional Support Team to assist the student clinician in meeting his/her challenges.

- **Team Composition**

The Instructional Support Team is comprised of the student clinician's former clinical supervisor(s), Faculty, and the Clinic Director who work together in assisting the student clinician. Additional faculty may also be involved, but the Team is never comprised of fewer than three members.

- **Procedure**

The Team notifies the student clinician by a letter that specifies the preliminary concerns about the student clinician's clinical performance and sets a time for an initial meeting. The team meets with the student clinician to discuss the concerns and the role the Team will play in guiding his or her learning. Overall goals may be set at this first meeting. Goals pertaining to the specific areas of improvement will be set in the next 2-3 weeks, once the student clinician has begun therapy. The Team will establish regular meeting times with the student clinician to insure that formative feedback is provided. Team members will work to document the student clinician's performance and Team meetings over the course of the semester. The documentation will be maintained in the student clinician's file at the conclusion of the semester.

The Team may advise the student clinician to seek additional services outside of the Program, such as writing tutor, or other supports deemed appropriate to address the student clinician's needs.

The Team will report the student clinician's progress to the program faculty at periodic intervals. If the Team has been successful in facilitating desired improvements with the student clinician, the Team will be disbanded. Should a student clinician be unable to make significant improvement working with the Team, the faculty will decide upon the best course of action regarding the student clinician. Other courses of action might include (but are not limited to) continuation of the Instructional Support Team for another semester, spending additional time in the University Clinic before continuing in another externship placements, or counseling the student clinician toward another career objective.

## **9.5 Removal from Clinical Site**

Under certain circumstances, a clinical site may feel the student clinician is a detriment to their practice or clients. At the request of the clinical site, a student clinician will be removed from a site, and depending on circumstances, receive a lowered letter grade for the semester.

Any of the following constitute reasons for **IMMEDIATE** dismissal from a clinical placement and potentially from the program:

- any ethical or legal misconduct
- use of foul or profane language
- unprofessional attire
- physical or verbal abuse of clients, families, visitors, or health care workers
- substance abuse while at the clinical site
- any form of malice toward a client, clinical site, or the University

## **10.0. CLINICAL SUPERVISOR ROLES AND RESPONSIBILITIES**

Clinical Supervisors verify that ASHA's supervision standards have been met by approving semester clock hours in Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)) for each student. This web-based documentation system must be used for any supervised practicum experience.

The Clinical Supervisor must be proficient as a clinician and have personal characteristics that include enthusiasm, good communication skills, sensitivity to student clinicians and clients, receptiveness to questions, and excellent organizational skills. The Clinical Supervisor should also possess the ability to plan, conduct, and evaluate a clinical education experience for a student clinician based on sound educational principles.

The Clinical Supervisor is also responsible for formally evaluating the student clinician's performance at the mid-point and at the conclusion of the student clinician's placement using the evaluation form in Calipso. The evaluation provides feedback to the student clinician and to the University on the student clinician's clinical performance. The Clinical Supervisor is the primary person completing this evaluation, but may solicit information or assistance from the Clinic Director or any faculty member.

### **10.1 ASHA Supervision Requirements**

#### **Scope of Supervision**

##### **Persons holding the CCC in Speech-Language Pathology may supervise:**

- assessment, rehabilitation, and prevention of disorders of speech (e.g., articulation, fluency, voice and language);
- assessment and rehabilitation of cognitive/communication disorders;
- assessment and rehabilitation of disorders of oral-pharyngeal function (dysphagia) and related disorders;
- assessment, selection and development of augmentative and alternative communication systems and the provision of training for their use;
- aural habilitative and rehabilitative services and related counseling services;
- enhancement of speech-language proficiency and communication effectiveness (e.g. accent reduction); and

- pure tone air conduction hearing screening.

**Persons holding the CCC in Audiology may supervise:**

- assessment of the peripheral and central auditory system, including behavioral and physiological and electrophysiological measurements of the auditory and vestibular functions as well as intraoperative monitoring;
- selection, fitting, and dispensing of amplification, assistive devices, and other systems (e.g. implantable devices);
- conservation of auditory system function, including development and implementation of environmental and occupational hearing conservation programs;
- aural habilitative and rehabilitative services and related counseling services; and
- screening for speech and language disorders.

**10.2 Supervisor’s Observation of Sessions**

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 on the Performance Rating Scale.

The supervisor will observe AT LEAST 25% of your treatment session and AT LEAST 50% of your evaluation session as required by ASHA. If the student clinician has questions about the comment, it will be the student clinician’s responsibility to arrange a conference with the supervisor. Weekly conferences must be scheduled with each assigned supervisor for all university supervised clients. A mid-term and final evaluation will be completed in Calipso by each supervisor which will be reviewed by the clinician and supervisor.

**10.3 Student Clinician Evaluations of Supervisors**

The student clinician evaluates their clinical experience and shares their evaluation in confidence with the program. The purpose of this evaluation is to provide feedback about the site, help monitor the quality of the clinical education experience at each site, and provide future student clinicians with information about sites.

The student clinician is asked to be open and honest in their evaluation. If difficulties occur during the clinical experience, student clinicians are urged to discuss them on an ongoing basis and NOT save their criticism for the final evaluation. These evaluations are to be submitted in Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)) within two days of the practicum concluding and are also viewed by each respective supervisor being evaluated.

## 11.0 GENERAL INFORMATION FOR SFASU GRADUATE STUDENT CLINICIANS

### 11.1 Malpractice

The student clinician is required to have liability insurance. The student clinician is covered by the professional liability insurance provided by the University while on University business, including clinical education.

The Program Secretary can provide proof of insurance to the site upon request (936-468-7109). Policy information is documented for each student clinician in Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)).

### 11.2 Student clinician Name Tags and Dress Code

The student clinician must wear his/her Stephen F. Austin State University name tag during all clinical practicum, unless instructed otherwise by the site. These nametags may be purchased in the U.C. for \$6.00.

The student clinician will be expected to dress in a manner appropriate for a professional setting. In the Stanley Center for Speech and Language Disorders, the student clinician will wear the required clinic polo with dress pants or black scrub pants. No open-toe shoes are allowed. Perfumes, scented lotions, and excessive and/or distracting jewelry are highly discouraged. Nothing worn should distract or offend the client.

At an externship placement, the student clinician learns about a site's dress code from their Clinical Supervisor at the practicum site and are expected to abide by all rules, policies, and customs of the workplace.

### 11.3 Health and Background Check Requirements

\*\*\*THE STUDENT CLINICIAN IS REQUIRED TO MAINTAIN THE ORIGINAL OF ALL OF THEIR HEALTH RECORDS AND PROVIDE A COPY OF ALL RECORDS TO THE CLINIC, THE CLINIC DIRECTOR, AND ALL EXTERNSHIP PLACEMENTS.\*\*\*

**\*The student clinician must maintain TB test documentation throughout their entire practicum experience at SFASU and at the externship placements.** This test must be completed and documentation received annually.

The student clinician must comply with the site's health requirements. A clinical site will ask to see proof of health requirements. Prior to the first clinical placement, each student clinician should complete the following:

1. **CPR:** The student clinician must maintain current, American Red Cross CPR and First Aid certification. The University Clinic will schedule one class per year for the student clinicians, typically in the fall of your first semester of clinical practicum.
2. **Drug Screen** at the University Health Clinic **ONLY** (\$17); see <http://www.sfasu.edu/humanservices/330.asp> for the Release of Information form needed for Clinic to receive results.
3. **Background check** conducted **between September 1<sup>st</sup> and September 15<sup>th</sup>** through the recommended establishment by the clinic. See <http://www.sfasu.edu/humanservices/330.asp> for instructions.
4. **TB test** (completed annually) (free at University Health Clinic)
5. **Proof of immunizations and immunity to Rubella and Hepatitis and/or written declination of vaccine** (if required by the off-site)  
In rare instances a student clinician may not develop immunity to the Rubella or the hepatitis vaccination. In this case, the student clinician may follow the direction of their primary care physician. The student clinician will notify the clinical externship site of his or her lack of immunity. The student clinician must comply with the applicable policy of that site regarding this situation.

#### **11.4 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. Children should always be escorted to the waiting room, restroom, etc. by the student clinician and/or parent. **NO CHILD BELOW THE AGE OF 18 SHOULD BE LEFT UNSUPERVISED.** For children over the age of 5, the student clinician should wait outside of the restroom door. If you are a male student clinician with a female child who can not be left alone in the restroom, you will need to find a parent, female speech-language pathology student clinician, or female staff member to take that child to the restroom.

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.

## **11.5 Infection Control**

Prior to initiating therapy, the graduate student clinician will complete a training session in infection control and blood born pathogens conducted by university faculty. See <http://www.sfasu.edu/humanservices/330.asp> for completion form.

In the Stanley Center for Speech and Language Disorders, 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 and gloves. Any toys used will be cleaned. Toys used in oral motor exercises or mouthed by the client will be placed in your supervisor’s “to be cleaned” box or disposed of before the next session. It is the clinician’s responsibility to complete these procedures.

Coming in contact with a potentially infectious disease is a risk of being a health care worker. If a student clinician should come in contact with an infectious disease, such as TB, HIV, or hepatitis during a clinical affiliation, the student clinician must follow the infectious disease/ bloodborne pathogen policy of the clinical site. The student clinician, and not the site, may be responsible for any follow-up testing such as blood work, x-rays, or counseling.

Infection Control Training must be completed during their first Fall Clinic Orientation and as required by externship clinical sites. Written verification of training completion must be filed in the student clinician’s file before starting the first clinical assignment at SFASU.

## **11.6 Photocopies policy**

Clinicians may make copies of therapy materials in the Clinic Office (HS205). Please limit copies to ten (10) 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.

Client files are not to be copied for any reason.

## **11.7 Student Clinician Workroom/Mailboxes/Lockers**

The student room is located in room 203 of the Human Services Building. Here student clinicians will find computers, printer, lockers, phone, work space, mailboxes, and bulletin boards. The purpose of the room is to allow student clinicians a place to receive messages from the faculty, supervisors, other students, and clients. Student clinicians

may also study, prepare lesson plans, and visit quietly. Lockers are available for rent. See the Clinic Secretary.

A printer is available to graduate student clinicians in room 203 and 205G for printing clinical documentation **ONLY**.

Student clinicians are encouraged to check their mailboxes, emails, and/or D2L at least daily to receive messages, announcements, and supervisor's evaluations.

The student room is for graduate student clinicians and undergraduate clinic assistants **ONLY**. 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.

## **12.0 GRADUATE STUDENT CLINICIAN RESPONSIBILITIES**

### **12.1 Student Clinician Performance**

Each student clinician must successfully meet or exceed minimum performance levels in the Stephen F. Austin State University Stanley Center for Speech and Language Disorders. The program faculty meets each semester to discuss the clinical development of each student clinician. The faculty must additionally consider a student clinician to be 'prepared' in order to be placed in an externship.

The student clinician is strongly encouraged to communicate their perceived strengths and weaknesses to their Clinical Supervisor/Externship Coordinator at the beginning of a placement. Ethical practice requires the student clinician to discuss with their supervisor any health-related condition which might adversely impact the services they provide. The Externship Coordinator can serve as a resource to help Clinical Supervisors and the student clinician problem-solve challenges faced during the externship.

### **12.2 On-Site Practicum Requirements (in general)**

Graduate student clinicians enroll in SPH 504-Clinic Practicum to attain the total hours for ASHA certification and Texas state licensure. The lecture class meets weekly to address professional issues and various topics of interest. Typically, the first two semesters of clinic will be in the Stanley Center for Speech and Language Disorders and/or Head Start. Off-campus practicum sites are permitted thereafter **ONLY** with the approval of the Clinic Director. A variety of off-campus sites are available.

The student clinician must have and maintain a 3.0 GPA in the major to enroll in SPH 504. If at any time the student clinician receives a "C" in SPH 504 or the GPA requirement drops below 3.0 the student clinician will participate in a remediation program as outlined by the Instructional Support Team. If a student clinician 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. The student clinician will only be assigned types of clients for which he/she has completed the appropriate coursework. Undergraduate hours from other university programs will be considered. To receive ASHA hours for practicum experience, the student clinician must be enrolled in the graduate practicum course.

## **12.3 Conferences with Supervisors**

### **Initial Conference**

Before the initial supervisory conference, the student clinician should read the client’s file. These may be checked out but not removed from the clinic office, conference room, or student room. Whenever a student clinician wants to review a file, he or she must sign the in/out cards on top of the file cabinet and bring it to a graduate assistant, work-study student, staff, or faculty to pull the client’s file.

Set up the first conference appointment with each of your supervisors. Come prepared to visit about your client and to discuss your plan for the first therapy session. You should bring the client’s file, a hard copy of your initial lesson plan, and any questions pertaining to your client.

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

### **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**

Plan to bring the following items to your weekly conference:

- Client file
- Yellow SOAP note folder
- Hard copy of completed reflection questions

- Proposed lesson plan
- Data sheets

### **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, journal articles, library resources and materials in clinic inventory.
3. Review client progress using data.
4. Discuss reflection of clinical experience.
5. Suggest agenda for your next conference; decide what will be observed in your performance the following week.

## **12.4 Scheduling Therapy**

### **Scheduling Therapy for the Stanley Center for Speech and Language Disorders clients:**

1. The student clinician must provide the Clinic Director with a current class and employment schedule.
2. The Clinic Director will assign clients and notify the student clinician in writing. This written notification will be placed in the student clinician's box.
3. The student clinician will call the client to confirm the schedule and set the first therapy session date.  
NO THERAPY SCHEDULE MAY BE CHANGED WITHOUT APPROVAL OF THE CLINIC DIRECTOR!!!
4. 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.
5. The student clinician will **NOT** contact clients at Head Start. The supervisors will conduct all scheduling requirements for these clients.

## **12.5 Cancellations of Therapy Sessions**

If a student clinician must cancel a therapy session due to illness or death in the immediate family (see Attendance Policy), the student clinician is responsible for notifying the client, assistant, and the supervisor prior to the absence. Failure to notify these persons will result in an unexcused absence. The clinician should contact the family prior to them travelling to the clinic if at all possible. The clinician should always

submit an Absence from Clinical Practicum form  
<http://www.sfasu.edu/humanservices/330.asp>.

Each client or responsible guardian will be required to cancel via telephone any appointment he or she is not able to keep. WHEN A CLIENT OR STUDENT CLINICIAN DOES NOT ATTEND A SCHEDULED THERAPY SESSION, the student clinician will document the cancellation and reason on the log form in the client's chart. Upon accumulation of 3 absences without notification (i.e.; not cancelled prior to appointment time) 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. When a client cancels the therapy session, the student clinician should notify his or her supervisor. A cancelled session may need to be re-scheduled in order for the student clinician to obtain sufficient therapy hours and/or to serve the client's needs.

In case of client delay, the student clinician 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.

## **12.6 Client Evaluation Procedures**

**If a student clinician 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 student clinician will consult with the supervisor at least two days prior to the scheduled evaluation to get the client's name, possible diagnosis, and suggestions for evaluation materials. This consultation can occur by phone, by email, or in person; if the supervisor does not hear from the clinician within two days, another student clinician will be called to do the evaluation for the hours and the original clinician will assist and receive no hours.
- The student 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 student clinician is responsible for finding any testing manuals, materials, forms, oral examination supplies, and reinforcement or testing toys.
- The student clinician will enter the waiting room with the supervisor at the exact time of the appointment and greet the client and his/her family with an enthusiastic hello and welcome. The student clinician will squat or kneel down to a 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 student 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). If the client is

an adult, the clinician will tell them his/her name and welcome them to the clinic. You will then lead them back to the therapy room.

- The student clinician will walk the client back to the waiting room and instruct the adult client or the pediatric client's family member to check with secretary or graduate assistant at the desk prior to leaving. If the client still has his/her client case history form, he can give that to the secretary or graduate assistant at that time. **DO NOT TAKE THESE FORMS AND PLACE IN THE CHART.**
- The student clinician will clean up and disinfect 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 student clinician will score all protocols and collect any necessary information to complete typed evaluation. **NO PROTOCOLS, CASE HISTORY FORMS, OR SUPPLEMENTAL PAPERWORK MAY LEAVE THIS CLINIC.**
- The student 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 day the evaluation is due, the evaluation will be submitted by the following day at 4:00 pm.

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

## **12.7 Conducting Therapy Session**

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. The student clinician should check the clinic bulletin board for room assignments.

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 attendance policy).

## **12.8 Documentation and Paperwork**

### **Paperwork Requirements**

#### **1. Lesson Plan**

Lesson plans **MUST** be submitted to the supervisor at least 24 hours prior to the therapy session through Microsoft Office 365. A hard copy of the

lesson plan must be attached in the observation hallway at the designated window just prior to the session. A template can be found on our website <http://www.sfasu.edu/humanservices/330.asp>.

## **2. Speech Therapy Daily Progress Notes – Graph Form**

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 5 minute increments), the date, and any necessary relevant information regarding the therapy session.

Template available at <http://www.sfasu.edu/humanservices/330.asp>. Each graph has enough room to record a month's worth of data for therapy.

- a. 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.
- b. The client's absence will be recorded on the client's invoice and noted in the client's records.
- 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 clinician will bring the graphs to their supervisory conferences for review.
- e. Each month, the graphs will be turned in along with the hot pink Monthly Time sheet. New graphs will be started for the next month.
- f. The student clinician is expected to maintain a copy of all graphs and monthly time sheets to ensure accuracy in calculating total hours in Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)). (Keeping the time schedule is important and does affect the final grade in clinic.)

## **3. SOAP Notes**

Following each session the student clinician will document the client's progress for that session on a daily note. The student clinician accesses the client's working folder (yellow) located in the file room and writes a SOAP note for that session. These must be completed by end of day for that session. Failure to do so will cause your clinic grade to be affected.

## **4. Treatment Plan**

- a. The student clinician will write a treatment plan (<http://www.sfasu.edu/humanservices/330.asp> outlining the client's semester goals, baseline data, treatment rational, 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.

- e. Once the rough draft is approved, the clinician will provide two final copies on letterhead to his/her supervisor. The clinician will not sign the final copies until the supervisor signs the copy and returns it to the student clinician's box. Once the copies are in the clinician's box he/she may sign them.

## **5. Therapy Data**

- a. Accuracy levels must be recorded during each therapy session and entered on the Data Recording Sheets provided (<http://www.sfasu.edu/humanservices/330.asp> or other data recording forms as approved by your supervisor.
- b. These sheets will be turned into the Clinic Supervisor monthly with the hot pink monthly timesheets and progress graphs.

## **6. Semester Progress Report**

This report will be a work in progress. It will be submitted once at midterm 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 <http://www.sfasu.edu/humanservices/330.asp>) 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 in Microsoft Office 365 unless otherwise specified by your supervisor.
  - Once the rough draft is approved, the student clinician will save the document to be used for the final progress report.
- 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.
  - The student clinician 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 clinician's box. Once the copies are in the clinician's box he/she may sign them.
- c. The student clinician must turn in signed copies before leaving campus for semester break.
- d. For each day the reports are late, the relevant Calipso rating item will be dropped by .5 points.

## **7. Monthly Time Sheets**

At the end of each month, the student clinician will submit a Monthly Time Sheet to their supervisor after the monthly clock hours have been

submitted into Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)). Enter the date and time of each scheduled session per client or group of clients as well as the date the hours were submitted into Calipso. Submit one log to each supervisor on the dates listed on the Responsibilities of Student Clinicians Sheet. Attached to the hot pink log form should be data recording sheets and all progress graphs.

#### **8. Parent/Client Final Conferences**

In the Stanley Center for Speech and Language Disorders, a final conference is held with each client or their parents during the week prior to finals. The meeting is scheduled in consultation with the supervisor. Each client/client's parent is given an appointment card for the final conference. It is an opportunity to report the client's progress over the semester and discuss recommendations. Each student clinician needs to be prepared to discuss their client's progress made during the semester, discuss recommendations for continued therapy or discharge (as approved by supervisor), and discuss recommended goals for the next semester, if applicable. The supervisor **MUST** be present during the conference. No parent conferences are scheduled for Head Start clients. Please see the final conference protocol on the website: <http://www.sfasu.edu/humanservices/330.asp>

#### **9. Head Start Paperwork (forms can be found on website)**

- a. All Head Start paperwork, other than the progress reports, will be printed on green paper,
- b. Head Start clinicians will attend a Head Start orientation for further instruction on submitting client progress electronically.

### **12.9 Recording Clinical Practicum Hours**

Each clinician will have a folder in the Clinic Office (HS 205). This folder contains a copy of the student clinician's Clock Hour Experience Record ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)) of the clinician's total hours. This folder also contains other important records such as the Monthly Log, TB skin tests, Performance Rating Scales, Clinical Evaluations, etc. **The clinician's folder MUST remain in the Clinic Office at all times.**

Throughout the semester, the student clinician must record their clock hours on both the progress graphs and SOAP notes. (<http://www.sfasu.edu/humanservices/330.asp>). The forms are turned in monthly with a **Monthly Time Sheet** <http://www.sfasu.edu/humanservices/330.asp> of hours and are submitted on the Friday following the last therapy day of the month. These due dates will be given to each clinician on the Responsibilities of Clinician's Sheet each semester.

At the end of the semester, the Clinic Director will verify all hours submitted to Calipso have been approved by the student clinician's supervisor; however, it is the student clinician's responsibility to keep track of approved hours throughout the semester.

Clinicians must keep accurate records. All forms recording therapy/diagnostic time MUST be approved by the supervisor BEFORE they are placed in the student clinician's file. This information will be necessary for ASHA certification and Texas licensure. A cumulative record of clock hours is maintained in Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)) for each student clinician to monitor the number of hours he/she is earning in each area of therapy and diagnostics. This further ensures that the student clinician's clinical hours meet ASHA requirements.

### **12.10 Obtaining and Maintaining 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 BEFORE the evaluation can begin.

After the evaluation, 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 periodically throughout each semester. Materials contained in the folders should appear in reverse chronological order by semester. There should be no loose papers in the folder.

All client folders must be obtained by signing a "File Out" tab located on top of the file cabinet, taking that tab to the work-study student, graduate student assistant, or secretary, and asking for that file to be pulled. Clinicians are not to pull any files independently. To return a file, the clinician will place the file in the "Client Files" return box. Client files are NOT to leave the clinic/student room areas. All files must be returned to the copy room prior to 4:45 PM each day.

### **12.11 Checking Out Therapy and Assessment Materials**

1. Materials will be checked out on a daily basis at the designated times (see below) throughout the day with the graduate assistant on duty. All materials must be returned by 8 am the next day. Failure to return materials at the designated time will result in a \$1.00 late fee for each



material checked out. After three instances of late returns, you will receive a clinic warning in addition to late fees charged. Clinicians **will be** responsible for replacing lost or unreturned materials.

- a. TOY CLOSET (HS 103) – 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 kept upstairs with the graduate assistant on duty.
    3. Checking In Materials
      - a. The clinician will place the materials in the labeled basket located in the graduate assistant office. 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.
    - 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 kept with the graduate assistant on duty.
      3. Checking In Materials
        - a. The clinician will place the materials in the labeled basket located in the graduate assistant office. The Graduate Assistants will put these materials away.
    - c. SUPERVISOR’S MATERIALS
      - i. Checking Out Materials
        1. The clinician obtains the necessary items from their supervisor.
        2. The clinician writes his/her name on the check out list with the items to be checked out as well as the date, time, and local phone number. Each supervisor will maintain a check out list in their office.
        3. iPads **must not** leave the building.
      - ii. Checking In Materials
        1. The clinician will put the date and time he/she returned the materials.

2. The clinician will be responsible to return and put up the materials checked out directly to the supervisor they were borrowed from.

**NOTE: Do not take a portion or pieces out of card decks, games, etc. You must check out the entire set and return it as a complete set.**

### **12.12 Some Reminders for Clinicians**

1. Clean the whiteboards and straighten the room after treatment. Leave the room in good condition for the next occupants.
2. Accompany children to and from the waiting room and do not allow them to run.
3. 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.
4. Materials are for treatment use only. Children are not to play with these materials in the hall, waiting room, or other therapy rooms.
5. No smoking, eating, or drinking in any treatment or observation room, or in the waiting room.
6. If you wish to use food as a motivational material, please get parental permission and the supervisor's permission first.
7. Parent conferences should be held in the treatment rooms—not in the waiting room, the halls or on the front steps.
8. NO Play-Doh in carpeted treatment rooms.
9. Access therapy rooms D & E from the main hall and not through the observation hall.

## **13.0 STANLEY CENTER FOR SPEECH AND LANGUAGE DISORDERS**

### **13.1 History and Information**

This program began in 1962 and was initiated by Mac Mosely. In 1974 the graduate program was discontinued, but the undergraduate program grew significantly. In 1977, the graduate program was reopened and in 1992 became fully accredited by ASHA. Since its creation, this program has had a very strong and committed faculty.

### **13.2 Overview of Clinical Documentation and Forms**

All forms used for clinical documentation in the Stanley Center for Speech and Language Disorders can be found on our website at:

<http://www.sfasu.edu/humanservices/330.asp>

Please take some time to look over all of them, as there are quite a few and you need to try to familiarize yourself with them prior to the initiation of clinical practicums.

## 14.0 COLE AUDIOLOGY LAB

### 14.1 History and Information

After meeting with Dr. Frank Brister in 1991 for a hearing test at SFA, Ed Cole was fitted for hearing aids by Dr. Brister in his private practice. Mr. and Mrs. Cole wanted to strengthen and support clinical audiology at SFA and generously donated funds for the Gwen and Ed Cole Audiology Lab. After planning and developing the lab for many years, Dr. Brister began the search for a clinical audiologist in 2006.

Dr. Jobe joined the Cole Audiology Lab in 2011. The lab now serves over 400 patients a year in the clinic, and screens over 3000 school children annually.

### 14.2 Overview of Procedures

It is required that a student clinician have a minimum of 25 clock hours of audiology practicum. A minimum of 15 will be in aural rehabilitation, with a maximum of 5 hearing aid hours, and a minimum of 10 in hearing screenings. In addition, 5 booth visits must be obtained in diagnostic testing at the Stanley Center for Speech and Language Disorders. The student clinician is required to attend hearing screenings as they arise. All diagnostic audiology practicum will be supervised by an audiologist. Hearing screenings and aural rehabilitation will be supervised by an audiologist or a speech-language pathologist.

A diagnostic schedule is maintained in the Clinic Office, Room 205 and the student clinician should sign up for diagnostics as they are scheduled. The student clinician should arrive at least ten minutes before the scheduled diagnostic and have ready the appropriate forms and materials. The student clinician should wait in the 202 or 205 waiting room until the patient has arrived and completed paperwork, an audiologist will review patient history with the student clinician before the session begins.

The student clinician who misses audiology appointments or hearing screenings, or who cancel with less than 24 hours notice will receive warnings and grade reductions in Calipso. If you must cancel within 24 hours of an appointment, **you** are responsible for finding another student clinician to cover your appointment or hearing screenings.

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

and supplies. Remember to place a tissue or other barrier between your hand and any hearing aid a patient may give to you. Gloves, tissue, and boxes are available throughout the audiology lab.

All audiology procedures will be recorded as such and appropriately documented. The supervising audiologist will submit an evaluation of the supervised student clinician in Calipso at the end of each semester. This grade will be considered in the final grade for (SPH 504). Grades will be based on the following:

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

### **14.3 Overview of Audiology Clinical Documentation and Forms**

**The student clinician will gain hands-on experience with:**

- **Diagnostic Audiological Evaluation**  
Procedures include otoscopy, middle-ear analysis, acoustic reflex testing, air and bone conduction pure tone threshold testing, word recognition/speech testing and otoacoustic emissions. We check the hearing of all age levels, newborn to 100+ years.
- **Digital Hearing Aid Fitting**  
The Cole Audiology Lab dispenses a full line of digital hearing aids to fit all degrees of hearing loss.
- **Hearing Aid Service & Repair**  
Hearing aid service and repairs are provided for most makes and models, including cleaning and functional checks of the devices.
- **Auditory Processing Evaluation** Auditory processing is a term used to describe what happens when your brain recognizes and interprets the sounds around you. Some people with normal hearing ability often complain that they can hear, but just can't understand what is being said.
- **Earmolds, Swim Molds & Hearing Protection Devices**  
Custom swim plugs, earmolds, earplugs, and earbuds for personal listening equipment are available in a variety of colors and materials.
- **Cerumen (Ear Wax) Management**  
In some cases, cerumen requires removal from the ear canal. This can be completed in the office. For those cases unable to be treated here, referral to an otolaryngologist (ear, nose, and throat specialist) will be made.
- **Assistive Listening Devices**  
Amplified and hearing aid compatible telephones with visual display, television amplifiers, vibrating alarm clocks and more are available.

## **15.0 LITTLE JACKS PROGRAM AND PROCEDURES**

## 15.1 History and Information

**The Little Jacks Program** was originally housed in the old Birdwell Building. The student clinician work room was cleared out each week to set up for a group language stimulation activity for preschool children who demonstrated language delay. A preschool classroom was included in the new Human Services Building which opened in 2004. The preschool language stimulation group now had a well equipped space and was formally named the Little Jacks Program. Since that time, the language stimulation groups have met twice per week and have been led by graduate clinicians. Donations from the Nacogdoches Junior Forum and Student Government Association provided the seed monies for the fenced play area outside the Little Jack room.

## 15.2 Overview of Procedures

Each week in Little Jacks the clinicians will rotate responsibilities. There will be a Lead Clinician who will be responsible for writing and implementing the lesson plan for the week, a Data keeper A who will be responsible for collecting data and writing progress notes on all the children for the week and there will be a Data keeper B who is responsible for collecting data and writing the weekly newsletter that goes home with the children each week. A Little Jacks Notebook will be kept in the Little Jacks room and will be maintained by all 3 clinicians. Some specific instructions for Little Jacks paperwork follows:

## 15.3 Overview of Clinical Documentation and Forms

All forms used for clinical documentation for Little Jacks are the same as the ones used for the Stanley Center for Speech and Language Disorders except for the lesson plan, daily time sheet, and newsletter. These forms can be found on our website at:

<http://www.sfasu.edu/humanservices/330.asp>

### THE LEAD CLINICIAN

**Lesson plans** are to be completed by the Lead Clinician with input from the other 2 clinicians and are to be brought to the weekly Little Jacks supervisory meetings held on Thursday afternoons for approval from the supervisor. The lesson plan that is brought to the meeting should be considered a “rough draft” subject to change based on input from the supervisor. 3 copies of the final draft of the lesson plan will be made. One will be placed in the supervisor’s box prior to Little Jacks on Tuesday mornings. Another will be posted on the bulletin board in the observation hall outside of the Little Jacks classroom for parents and observers. The third copy should be placed in the Little Jacks notebook (most recent plan on top) for the clinicians’ reference.

A **Materials List** of items needed for the following week in Little Jacks should be provided for the secretary every Friday by noon. The secretary will then take the list and shop for materials needed. The materials list should be given to the secretary in person if possible so that the secretary can review the list with you and ask questions if needed. Be specific in your description of materials needed. EX: not “cups”, but “5 small 6 oz. Styrofoam cups”. If the secretary does not receive the list from the Lead Clinician by Friday at noon, then the Lead Clinician will be responsible for purchasing needed preschool items independently. Please include in the materials list any items needed for snack time.

### **DATA KEEPER A**

Data recording sheets are kept in the Little Jacks notebook (most recent on top). Both data keeping graduate clinicians and the assistant(s) will be responsible for keeping data on one to two clients during Little Jacks. On Thursday, the Data Keeper A will use the data collected during the week and write ONE weekly progress note for each of the 5 clients in Little Jacks. The progress notes will be handwritten in SOAP note format on the back of the data recording sheets. The Data Keeper A will then make double sided copies of the progress notes. The copies will be filed back in the Little Jacks Notebook and the originals will be turned into the supervisor. The Data Keeper A should **always refer back** to last week’s progress notes, looking carefully for goals which need to be advanced, addressed more frequently or tweaked in some way. Be sure to discuss any recommended goal changes with your supervisor at the weekly supervisory meeting. Progress notes are due Friday by 11:00 a.m.

### **DATA KEEPER B**

This clinician is responsible for collecting data on one to two clients during Little Jacks. Another responsibility of this clinician is to write the weekly Newsletter that goes home with the clients on Tuesdays. In order to prepare the Newsletter, this clinician should collaborate with the Lead Clinician and get a list of vocabulary words, songs, the name of the book(s) to be read, the theme for the week, the snack to be served, etc. The Newsletter is due Friday at noon. Once initialed by the supervisor and returned to the Data Keeper B, 6 copies should be printed. One copy should be put in each of the children’s cubbies to take home on Tuesday and one should be filed in the Little Jacks Notebook. Remember that these Newsletters will be seen by parents and need to be very professionally done.

### **ASSISTANTS**

Each assistant will be responsible for taking data on one to two of the clients during Little Jacks. On Thursdays immediately following Little Jacks, the assistant will make a double sided copy on **blue paper** of ONE of the client’s data (any client of her choice). This should be done BEFORE the Data Keeper A

writes her progress notes and makes her copies. The assistant will then write a SOAP note on the back of the blue data recording sheet summarizing the week's data on the client that she chose. It is very important that the assistant promptly makes copies and returns the original to the Little Jacks Notebook so that the Data Keeper A will have the data recording sheets needed for progress notes. The assistant will turn in a handwritten SOAP note/data recording sheet to the 335 instructor by Friday at noon.

## **16.0 HEAD START PROGRAM AND PROCEDURES**

### **16.1 History of Head Start Program**

**Head Start** services have been provided through our Stanley Center for Speech and Language Disorders for quite some time. The clinic began working with Head Start almost 25 years ago. The children were identified in speech and language evaluations conducted by student clinicians. The children who were identified with communication disorders were brought to the SFA campus for speech therapy. When Federal regulations changed, the children were served at the Head Start Center. Therapy was conducted in several small rooms and offices. A new building was later constructed at the Head Start site which included a large Skills Center that provided space to offer both group and individual therapy. All of the children in the classes were brought to the Skills Center weekly for literacy based language stimulation activities. The children who were eligible for speech therapy also received two small group sessions. Audiological services have been provided for the children including annual hearing screenings and follow up evaluations. Services are provided by SFA in an alliance agreement between Head Start and the Stanley Center for Speech and Language Disorders.

### **16.2 Overview of Clinical Documentation and Forms for Head Start**

#### **Volunteer Record Form:**

- Located in the Literacy Bldg hallway
- You will be given a password at the on-site Head Start Orientation
- Clock in & out each time you are at HS, even if you are just reviewing a client's chart, looking at big books, or attending orientation.

#### **Classroom Sign In & Out:**

- Clipboard/folder located in each classroom near the door
- Sign in/out sheet for SFA speech therapy will be purple and labeled "SFASU speech therapy"
- Sign the child in or out each time you pick up a child or return him/her to his/her classroom. If the child is on the playground, then check with the child's teacher. She will have the clipboard with her.

#### **Paperwork:**

- All HeadStart forms can be found on our website at:  
<http://www.sfasu.edu/humanservices/330.asp>
- **Lesson Plans** – include both days T/R
  - You will have weekly goals
  - You will have T/R activities
  - Provide your supervisor with a copy of your lesson plan **weekly**
  - If you need to make adjustments to your lesson plan for R, then make the adjustments and give an adjusted copy to your supervisor.
  - Provide a copy of your lesson plan to your client's teacher each day. Have only that child's name visible.
  - If you have more than one client, include all of your client's for that session on one lesson plan. Some of your goals will be individual and some will be for the group.

#### **Picking-up and Returning a client to his/her classroom:**

- Sign the client in and out every day.
- Make sure the teacher knows you are taking a child to the Skills Center or the Eagle's Nest for therapy or returning a child to his/her classroom. Tell the teacher verbally to make sure she knows what you are doing. **Do not take a child without the teachers' knowledge.**
- Hold the child's hand and keep him/her very close to you while you are transporting them to the Skills Center or the Eagle's nest.
- "NO RUNNING FEET, USE WALKING FEET."
- Give the teacher a copy of your client's lesson plan each day. Only have visible the child's name that is in that classroom. Mark out the other children's names according to the class they are in.
- Double check that you are picking up the correct client on your first day. Ask him/her his first and last name to verify. When you pick up the client request him/her by using his/her first and last name. Ex. There were three Jamarian's last year.

#### **Location for therapy:**

- Skills Center - Building 6
- Eagle's Nest - Building 4

#### **Set-up and Clean-up:**

- Skills Center set-up begins as soon as Group is done.
- First session's clinicians are responsible for the initial set-up and the last session's clinicians are responsible for clean –up (i.e. putting the tables, chairs, and dividers back in their original places)
- Each clinician is responsible for wiping down the tables and chairs with Chlorox wipes after each session.
- Use hand cleaner between sessions when you cannot wash your hands. Always wash your hands with soap and water after you have completed your



sessions, even if you have used hand cleaner. You will stay healthier as well as your clients.

**Taking a child to the bathroom:**

- Take the client to the restroom in the skills center when they need to go. If it is becoming a habit that they need to go in the middle of every session, take the client to the bathroom before each session.
- Have the child wash his hands after he/she uses the restroom.
- If a client has an accident, be kind and reassuring and take the child back to his teacher.

**Client Absence:**

- Tell your supervisor.
- You may be asked to see a client from another session so that child can receive one on one therapy and you can still receive hours.

**Clinician Absence:**

- If you are going to be absent, follow the procedure below:

**PREDICTABLE ABSENCE** (one that is known ahead of time/planned):

- Fill out an *Absence from Clinical Practicum form*.
- Take the form to your supervisor to request permission to be absent and receive his or her signature.
- After your absence, place a copy of the form in the clinic director's box and your supervisor's box with attached documentation. The original is to be filed in your chart.

**UNPREDICTABLE ABSENCE** (illness, family emergency, death of immediate family member):

- Contact your supervisor & the clinical secretary to inform them of your absence.
- Fill out the Absence from Clinical Practicum Form.
- Take the form to your supervisor for his or her signature and attach the appropriate documentation (doctor's note, funeral bulletin, etc.)
- Make two copies of the form. Give one to the clinic director and one to your supervisor. The original should be filed in your chart.
- Appropriate documentation will be checked at the end of the semester and considered when determining your clinic grade.

**Fire Drills:**

- You must respond to the fire drill!!!!!! You cannot hide.

- Take the client(s) and go out of the skills center, through the Ruby or Jade room and to the back of the playground behind the building.
- If you are with a class, follow the class.

**Resource Closet:**

- There are two resource closets with materials.
- You may use toys and materials from these closets, but you must get them before your session and return them that day. You cannot take these materials home with you or hide them in the skills center closet.
- You may use the copy machine for **therapy purposes only**.

**Skills Center Closet:**

- Clorox wipes, hand cleaner, gloves, tongue depressors, some Weber cards, & big books are located there.
- Please notify your supervisor if any of these supplies are low or missing.

**Conducting Therapy:**

- BE ORGANIZED! If you need to group your activities in big Ziploc bags or regular bags, do it. Find what works for you, but do not waste the client's therapy time looking for your activity. Find what works for you and use it.
- Do not start to go get your client at the assigned time to begin your session. You will have wasted the first 5 minutes picking up your child. Be sure to arrive early and plan to pick up your child *before* his/her session starts so you will be able to conduct a full 30 minute session.
- START THERAPY ON TIME!!! You may start your session as soon as there is a supervisor on the Head Start campus even if the supervisor present is not your assigned supervisor.

**What to do each day:**

- i. Give a copy of your lesson plan to your supervisor
- ii. Give a copy of your lesson plan to the client's teacher each day. Be sure to only have the child's name that is in that classroom visible.
- iii. Sign your client in and out of their classroom each day.
- iv. Clock in and out to record your volunteer time on the computer in the Literacy building hallway each time you are at Head Start.

\*\*Remember since time is short between sessions; work with your assistants to get your client to his/her session on time. This can be difficult to do, but keep organized and you will get the hang of it. It is great preparation for "real world" therapy when you have client after client all day long. Think positively!

\*\* Have your Head Start map and client class room locations with you. Do not depend on your supervisor to have this information. Be prepared and know your client. This information should be on your lesson plan already.

\*\*BE FLEXIBLE AT ALL TIMES. This is necessary for all settings, but especially with children and at a school setting.

## 17.0 CLINICAL EXTERNSHIPS

The Speech-Language Pathology program maintains affiliation contracts with many clinical sites, coordinated through SFASU's General Counsel Office. All clinical affiliation contracts must be initiated with the Externship Coordinator. If a student clinician chooses to request an off-site placement with a facility with whom the program does not have a contract, the student clinician must notify the Externship Coordinator at least 6 months prior to their placement so that a contract may be obtained.

A program objective is to graduate well-rounded clinicians. With this in mind, the student clinician is assigned clinical education experiences at three different types of clinical sites (one of which must be medical and one must be school based), in accordance with the guidelines established by ASHA. The Stanley Center for Speech and Language Disorders can be counted as one of these three types of sites. The clinical education needs of the student clinician are the first priority in selecting clinical sites. Student clinician preference for clinical sites is considered, however, the final decision regarding placement rests with the Externship Coordinator. Each student clinician's needs are reviewed and matched with available clinical sites by the Externship Coordinator. The assignments are based on the student clinician's:

- experiential needs towards fulfilling ASHA requirements
- strengths, weaknesses, and interests
- preferences

The Externship Coordinator can be contacted for clarification, additional information, and assistance in providing information regarding sites. The Externship Coordinator and Clinic Secretary maintain a list of available sites with current contracts. The Externship Coordinator maintains site reviews from student clinicians previously placed at sites. There may also be public relations packets, website addresses, etc. on file from the clinical sites.

The Externship Coordinator makes arrangements for clinical assignments and confirms these assignments with each facility. Once all sites have been confirmed, assignments are distributed to the student clinician in writing via email and/or student box located in the graduate student room. Once an assignment is arranged, changes are not made unless the Externship Coordinator and/or facility requests a change.

Prior to starting an externship placement, the student clinician may be asked to prepare a clinical educational resume. This supplies the site with information about the student clinician's demographic/contact data, completed courses, and prior clinical experiences. Individual goals, experiences, strengths, and weaknesses may also be communicated verbally by the student clinician to help

the site design an optimal learning experience around the student clinician's needs.

After the Externship Coordinator assigns a clinical site, the student clinician must contact the Clinical Supervisor in advance of beginning the clinical experience. The purpose of this contact is to enable the student clinician to introduce himself or herself to the Clinical Supervisor and receive any instructions regarding starting the placement. An initial meeting is often scheduled to review requirements of the placement and orient the student clinician to the site. Some sites require student clinicians to attend an orientation at the agency. All student clinicians will need to bring their SFASU nametag, driver's license, copies of their completed Health and Background Check paperwork, the Off-Campus Daily Log form.

Once the days and times of clinical practicum are decided by the Clinical Supervisor, the student clinician MUST immediately notify the Externship Coordinator by email.

Even though precautions are taken, last minute cancellations by the clinical sites sometimes occur. In rare situations, an affiliation may be discontinued based on new knowledge regarding the quality of education at a site. In the case of a cancellation the student clinician will be placed in another available clinical site as quickly as possible. However, selection of available alternatives sites may be more limited.

### **17.1 Transportation to Externships**

A Student clinician is responsible for providing their own transportation to all off-site clinical experiences. Transportation needs are therefore not taken into account when arranging placements. Generally, externship placements are located within a 60-mile radius of the University.

### **17.2 Conflict of Interest**

A student clinician will not be assigned to a clinical site where a family member may be in any supervisory position or can directly or indirectly influence the clinical education experience.

### **17.3 Contacting an Externship**

A student clinician is not allowed to contact a site without prior approval by the Externship Coordinator. A student clinician who disregards this policy and independently contact a site regarding possible practicum experience will specifically NOT be assigned to that site, even if the site gives approval.

## **17.4 Externship Documentation Protocols and Forms**

Offsite Clinic Hours. The student clinician maintains an ongoing log of their clinical contacts with clients throughout the course of the semester and submits those hours for approval into **Calipso** ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)) throughout the semester. The student clinician delivers the completed forms to the Externship Coordinator within two days of the placement concluding.

## **17.5 Extension of Externship Placements**

In certain instances, a student clinician may wish to, or be required to extend their time at a clinical site. Extension may occur if a student clinician misses days at the site or because it is part of clinical probation requirements. A student clinician may request an extension at a clinical placement site to gain additional experience only with the consent of the Clinical Supervisor and the Externship Coordinator. Any costs associated with the extension of the placement are borne by the student clinician.

## **17.6 New Externship Sites**

The Externship Coordinator coordinates the development of new clinical sites. He or she works to ensure affiliation site contracts are properly in place before sending a student clinician to the site. Sites are selected on the basis of the expertise of staff members and the nature and quality of the clinical experience at the placement site. If a student clinician wishes to be placed at a non-affiliated site, that student clinician may provide the Externship Coordinator with a list of sites, contact numbers, and/or supervisor names via email six (6) months prior to placement so a contract may be obtained. The Externship Coordinator will consider those sites for placement only if prior approval has been obtained by the student clinician.