Clinical Education Manual

A Program Guide for Students and Clinical Supervisors

Speech-Language Pathology Program
Stephen F. Austin State University
P O Box 13019 SFA
Nacogdoches, TX 75962

936-468-7109
936-468-7096 fax
speechpath@sfasu.edu

October 14, 2013

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 students 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

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0 Mission Statements</strong></td>
<td>5</td>
</tr>
<tr>
<td>1.1. Stephen F. Austin University</td>
<td>5</td>
</tr>
<tr>
<td>1.2. Perkins College of Education</td>
<td>5</td>
</tr>
<tr>
<td>1.3. Department of Human Services</td>
<td>5</td>
</tr>
<tr>
<td>1.4. Speech-Language Pathology and Audiology Program</td>
<td>5</td>
</tr>
<tr>
<td><strong>2.0. The Clinical Education Program at SFASU</strong></td>
<td>6</td>
</tr>
<tr>
<td>2.1 Overview of Clinical Program</td>
<td>6</td>
</tr>
<tr>
<td>2.2. Clinical Education Goals</td>
<td>7</td>
</tr>
<tr>
<td>2.3. Clinical Education Competencies</td>
<td>7</td>
</tr>
<tr>
<td>2.4. Definitions and Roles</td>
<td>8</td>
</tr>
<tr>
<td>2.4.1. Program Director</td>
<td>8</td>
</tr>
<tr>
<td>2.4.2. Clinic Director</td>
<td>8</td>
</tr>
<tr>
<td>2.4.3. Faculty</td>
<td>9</td>
</tr>
<tr>
<td>2.4.4. Clinical Supervisor</td>
<td>9</td>
</tr>
<tr>
<td><strong>3.0 Faculty and Staff of Speech-Language Pathology at SFASU</strong></td>
<td>10</td>
</tr>
<tr>
<td>3.1. Full-time Faculty and Instructors</td>
<td>10</td>
</tr>
<tr>
<td>3.2. Adjunct/Part-time Instructors</td>
<td>10</td>
</tr>
<tr>
<td>3.3. Support Staff</td>
<td>10</td>
</tr>
<tr>
<td><strong>4.0 Graduate Program Curriculum of Courses</strong></td>
<td>11</td>
</tr>
<tr>
<td>4.1. Table of Sequencing of Courses and Program of Study</td>
<td>11</td>
</tr>
<tr>
<td>4.2. Lecture Component of Clinical Practicums</td>
<td>11</td>
</tr>
<tr>
<td>4.2.1. Medical Procedures</td>
<td>12</td>
</tr>
<tr>
<td>4.2.2. Special Populations (Case Studies)</td>
<td>12</td>
</tr>
<tr>
<td>4.2.3. Professional Issues, Praxis Prep., Interviewing skills</td>
<td>12</td>
</tr>
<tr>
<td>4.2.4. Multicultural Issues and Counseling for SLPs</td>
<td>12</td>
</tr>
<tr>
<td><strong>5.0 ASHA Code of Ethics</strong></td>
<td>12</td>
</tr>
<tr>
<td><strong>6.0. Confidentiality and Communication of Clinical Information</strong></td>
<td>13</td>
</tr>
<tr>
<td>6.1. HIPAA Laws</td>
<td>13</td>
</tr>
<tr>
<td>6.2. Confidentiality Statement</td>
<td>13</td>
</tr>
<tr>
<td><strong>7.0. Evidence-Based Clinical Practice Principles</strong></td>
<td>16</td>
</tr>
<tr>
<td>7.1. Rationale for Use</td>
<td>16</td>
</tr>
<tr>
<td>7.2. Research Courses and Integration into other Content Areas</td>
<td>16</td>
</tr>
<tr>
<td>7.3. Methods of Integration into Clinical Practicums</td>
<td>16</td>
</tr>
</tbody>
</table>
8.0. General Policies of All Clinical Education 16
  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 20
  8.6. Clinical Activity that can count as “Clock” Hours 20
  8.7. Completion of Clinical Hours 21
  8.8. Credentialing Requirements 22

9.0. Evaluation of Student Clinician Performance 24
  9.1. Clinical Evaluations and Grading 24
  9.2. Clinical Warning Procedures 25
  9.3. Clinical Probation 26
  9.4. Instructional Support Team (Remediation) 26
  9.5. Removal from Clinical Site 28

10.0. Supervisor Roles and Responsibilities 28
  10.1. ASHA Supervision Requirements 29
  10.2. Supervisor’s Observation of Sessions 29
  10.3. Student Evaluations of Supervisors 30

11.0. General Information for SFASU Graduate Student Clinicians 30
  11.1. Malpractice 30
  11.2. Student Name Tags and Dress Code 30
  11.3. Health and Background Check Requirements 31
  11.4. Injuries and Emergencies 32
  11.5. Infection Control 32
  11.6. Photocopies policy 33
  11.7. Student Workroom/Mailboxes/Lockers 33

12.0. Graduate Student Clinician Responsibilities 33
  12.1. Student Performance 33
  12.2. On-Site Practicum Requirements (in general) 34
  12.3. Conferences with Supervisors 34
  12.4. Scheduling Therapy 35
  12.5. Cancellations of Therapy Sessions 36
  12.6. Client Evaluation Procedures 36
  12.7. Conducting Therapy Session 38
  12.8. Documentation and Paperwork 38
  12.9. Recording Clinical Practicum Hours 41
  12.10. Obtaining and Maintaining Client Folders 42
  12.11. Checking out Therapy and Assessment Material 42
  12.12. Some Reminders for Clinicians 44
13.0. Stanley Speech and Hearing Clinic  
13.1. History and Information  
13.2. Overview of Clinical Documentation and Forms

14.0. Cole Audiology Lab
14.1 History and Information
14.2. Overview of Procedures
14.3. Overview of Clinical Documentation and Forms

15.0. Little Jacks Program and Procedures
15.1. History and Information
15.2. Overview of Procedures
15.3. Overview of Clinical Documentation and Forms

16.0. Head Start Program and Procedures
16.1. History of Head Start Program
16.2. Overview of Clinical Documentation and Forms for Head Start

17.0. Clinical Externships
17.1. Transportation to Externships
17.2. Conflict of Interest
17.3. Contacting an Externship
17.4. Externship Documentation Protocols and Forms
17.5. Extension of Externship Placements
17.6. New Externship Sites
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 properly diagnosing and effectively treating persons with varied communication disorders thereby improving their quality of life. To meet this mission, the Program emphasizes the importance of scientific study, critical thinking skills, interdisciplinary collaboration, ethical principles, and responsibility to educate the public about communicative disorders, and the importance of 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

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.

Students graduate with a Master of Science degree in Speech-Language Pathology from Stephen F. Austin State University. Clinical application of the subject matter is integrated into all curricular offerings. 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 Speech and Hearing Clinic 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 of the graduate program and continue their clinical practicum on campus through the spring semester. These initial practicum experiences are mentored at the Stanley Speech and Hearing Clinic by program faculty. Students are considered for off-campus practicum placement after having demonstrated two semesters of satisfactory performance in basic clinical skills.

Students who have demonstrated their preparedness are typically placed two to three days per week at off-campus clinical sites in the summer, fall, and spring semesters of the second year of the graduate program.

2.2 Clinical Education Goals

The faculty of the Program of Speech-Language Pathology is committed to providing the highest level of academic preparation and applied clinical experience for speech-language pathology students. The faculty continuously reviews, revises, and updates the curriculum, as well as clinical practicum opportunities. Through rich and varied course offerings and clinical experiences, students are able to develop the knowledge, competencies, and skills necessary for professional employment in a wide
range of settings. In order to satisfactorily complete the clinical requirements of the program, our clinical education goals are:

1. To prepare students for clinical experiences through observation of a variety of types and severities of human communication and swallowing disorders.
2. To provide students with opportunities to relate theory and clinical practice using the most current and appropriate tools and techniques.
3. To provide supervised experience in the assessment and treatment of children and adults with a variety of types and severities of human communication and swallowing disorders in a variety of settings.
4. To develop students’ understanding of professionalism, accountability, leadership, and ethical conduct.
5. To prepare students for independent practice and to meet the clinical educational requirements for ASHA certification and CF and Texas licensure.

2.3 Clinical Education Competencies

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 a full-time faculty member in the Speech-Language Pathology Program in the James I. Perkins College of Education at Stephen F. Austin State University. He or she 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 student’s progress in integrating academic and clinical experiences.

The Clinic Director is responsible for clinical site development, selection, 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 students at their off-site placements by assessing student 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
- Faculty Liaison
- 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 Clinic Director. The Clinic Director will work to resolve the issue and will involve the Faculty when necessary. The Clinic Director will provide additional support as needed.
- Monitoring student performance and coordinating grading of each off-site student 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's final grade.
- At the end of the semester, the Clinic Director will coordinate student'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.

2.3.3 Faculty

The faculty should be contacted if the Clinic Director is unavailable in an emergency.

2.3.4 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 supervision by other appropriately credentialed colleagues in order to enhance the student's learning experience.
3.0 FACULTY AND STAFF OF SPEECH-LANGUAGE PATHOLOGY AT SFASU

3.1 Full-Time Faculty and Instructors

Nagalapura Viswanath, Ph. D, CCC/SLP Program Director  
viswanatn@sfasu.edu  
205F 468-1029

Lydia Richardson, MS, CCC-SLP  
lprichardson@sfasu.edu  
Clinic Director 205A 468-1255

Frank Brister, Ph.D., CCC-A  
fbrister@sfasu.edu  
Assoc. Professor 205B 468-1330

Amy Durham, MS, CCC-SLP  
durhama@sfasu.edu  
Clinical Instructor 205H 468-1158

Layne DeBardelaben, MA, CCC-SLP  
debardellj@sfasu.edu  
Clinical Instructor 205H 468-1155

Deena Petersen, MS, CCC/SLP  
petersendl@sfasu.edu  
Clinical Instructor 205C 468-3997

Kelly Jobe, AuD., CCC-A  
jobekd@sfasu.edu  
Clinical Audiologist 203F 468-7110

3.2 Adjunct/Part-Time Instructors

Karla Ashabrenner, MEd, CCC-SLP  
Adjunct 205G 468-1149

Debra Bankston, MA, CCC-SLP  
Adjunct 205G 468-1149

Amanda Martin, MS, CCC/SLP  
Adjunct 205C 468-1149

3.3 Support Staff

Whitney Minix  
adamswl1@sfasu.edu  
Program Secretary 205 468-7109
# 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 Fall, 2009)*

<table>
<thead>
<tr>
<th></th>
<th>Summer I</th>
<th>Summer II</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPH 504 (optional)</td>
<td>SPH 507</td>
<td>SPH 504</td>
<td>SPH 504</td>
<td></td>
</tr>
<tr>
<td>SPH 501</td>
<td>SPH 500</td>
<td>SPH 506</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPH 511</td>
<td>SPH 509</td>
<td>EPS 550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPH 502</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Summer I</th>
<th>Summer II</th>
<th>Fall</th>
<th>Spring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Second Year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPH 504</td>
<td>SPH 504</td>
<td>SPH 504</td>
<td>SPH 504</td>
<td></td>
</tr>
<tr>
<td>SPH 505</td>
<td>SPH 510</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPH 512</td>
<td>Comprehensive Examination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPH 515</td>
<td>(remediation as needed)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 504 class schedule:

1st year: Fall-Professional Issues/Multicultural Issues
Spring-Medical Procedures/Counseling for the SLP

2nd year: Fall-Praxis Prep
Spring-Specific Disorders (Case Studies)

## 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. Four topics will be presented, one per semester, on a rotating four semester schedule as
shown above under point 4.1. Topics will include Professional Issues/Multicultural Issues, Medical Procedures/ Counseling for SLPs, PRAXIS prep, and Specific Disorders (case studies).

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/Counseling in SLP

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. It will also cover specific counseling principles and strategies and how these can/should be used in our field.

4.2.3 Praxis Prep/Interviewing skills

Topics will include preparation for comps and the PRAXIS exam, job-seeking and interviewing skills, and visits from potential future employers of our graduates.

4.2.4 Specific Disorders (case studies)

This section of clinical practicum will take an in-depth look at a variety of case studies encompassing most of the etiologies and types of patients treated by speech-language pathologists. Emphasis will be on looking for relevant information in a patient’s case history and planning appropriate assessment and intervention procedures and methods.
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 (2010) can be found at: http://www.asha.org/policy/ET2010-00309/

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 Speech and Hearing Clinic 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

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, students should defer responding to a client’s questions that they feel unprepared to answer until they 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, SFASU faulty members, and SFASU 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.

7. Electronic drafts of client reports MUST:
   - Refer to the client as “the client” throughout the report until ready for print.
   - Be saved onto the Encrypted Flash Drive (Imation secure hardware encrypted USB 2.0) issued to you by the department. These flash drives are HIPAA compliant and should only be used for clinic paperwork. Saving any other information on these drives will result in disciplinary action and the files being disposed of.

8. Student clinicians should follow the guidelines for submitting client reports and activity logs.
   a. All reports should be uploaded in dropbox, NOT emailed.
   b. You will login to dropbox.com using the username and password given to you at the beginning of each semester.
   c. Once you are logged into dropbox, upload the document into the appropriate supervisors folder.
   d. You must then email the supervisor to notify them that you have submitted a report into dropbox.
   e. Your supervisor will make corrections and resubmit into the dropbox folder.

9. Written and electronic 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.

10. Student clinicians are not to exchange information regarding clients with other agencies without permission from the supervisor and a signed release from the client/guardian.

11. At no time should student clinicians be engaging 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.
12. **At no time** should student clinicians be engaging in speech/language related discussion about and/or regarding clients through social media sites.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) COMPLIANCE TIPS**


**Abbreviations:**
- HIPAA Health Insurance Portability and Accountability Act
- PHI Protected Health Information
- TPO Treatment, Payment, and Operation

- Be certain that the client (or his/her representative) has signed all needed consent forms before using and disclosing PHI.
- Make every attempt to keep oral communication with or about a client private, as circumstances allow (e.g., move to a private room, do not do consultations in the waiting area).
- Do not discuss clients in hallways, elevators, classrooms, or other public spaces.
- Turn computer screens inward or provide protective screens so that passersby can’t read client information.
- Keep paper medical records in locked rooms and/or locked cabinets. Limit access to authorized staff members.
- Be aware of posting client information (e.g., treatment schedules or charts showing results of activities) on walls.
- Dispose of unneeded client information in confidential shredding containers, never place in unsecured waste bins.
- Account for all client lists, reports, lesson plans, and other loose records in conference/staffing rooms, work rooms, etc.
- Account for all recordings of clients (i.e., videotapes and audiotapes). Never leave unattended in an unsecured area.
- Never remove client records from the health care facility.
- Do not leave client records in computer printers.
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 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 two research methodology and statistics courses (SPH 509, EPS 550), and prior to this year they have been taken in the second year of the master's program (one in the fall and one in the spring). A change has been implemented, effective this spring semester (2010), to move both of those research courses to the first year of graduate study, to better enable graduate students to work on and produce a research study in its completion at the end of their Fall semester of the second year of graduate school.

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 Speech and Hearing Clinic is a professional service program. Students practicing in the clinical program are obliged to comply with the ASHA Code of Ethics, in order to guarantee the highest quality of care and the protection of each client’s welfare. THE STUDENT MAY RECEIVE A CLINICAL WARNING IF THEY DO NOT MAINTAIN A PROFESSIONAL ATTITUDE, DEMEANOR, AND/OR APPEARANCE (Refer to p. 24 for Clinical Warnings). It is important that each student 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. At the end of each semester, students must delete all computer files maintained on the assigned clients from the clinic computers. Information should NEVER be put on any personal computers or pen/thumb drives. *Client folders are NEVER to be taken out of the Clinic Office (HS205) or Student Room (HS203).

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.

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 students are 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 students 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 Speech Clinic, the student 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 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 students 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’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 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’s request to be absent on the date listed.
- The student 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 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 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 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 Speech and Hearing Clinic 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, students on externships 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. Each client/client’s parent will be given an appointment card as approved by the Clinical Supervisor.

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’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’s clock hours as long as the demonstration is provided in the presence of the student and client, and the student 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 is working with a client, students may only receive clock hours for time they independently spend in direct contact with a client. The sum of the student’s hours cannot exceed the total time of the client’s assessment.

**Evaluations.** During an evaluation, a student may only receive hours for time spent actually testing, collecting information, conferencing, or counseling a client, family or caregivers in a treatment room. When more than one student is involved in an assessment, only the time each student
spent providing service in face-to-face contact is counted. The sum of the students’ hours cannot exceed the total time of the client’s assessment.

**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 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’s “clock hours” to represent their experience in direct, face-to-face service provision with clients. The faculty encourages students 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 must review their clinical clockhours experience record in Calipso ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)). Before the student graduates, a final EXIT conference is held with the Clinic Director to assure that the student meets all of the clinical requirements for ASHA certification. A final review of all clinical hours and competencies is held at that meeting. If the hours in the folder do not match their clockhours experience record, the clinician will be responsible for finding the error or to complete any hour requirements before graduation. **It is ultimately the student’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 students 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, students must satisfactorily complete a minimum of 400 clock hours of supervised observation and clinical experience, and complete the Knowledge and Skills Assessment (KASA) competency standards implemented in 2014.

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 3 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
- Students 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 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: Language 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)
- 10 Hours of Treatment and/or Evaluation: Fluency Disorders in Adults and/or Children
- 10 Hours of Treatment and/or Evaluation: Voice Disorders in Adults and/or Children
- 35 Hours of Screening, Evaluation, and Treatment in Audiology

Finally, all students 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 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 and the Clinical Supervisor of any specific needs well in advance.
### Speech Language Pathology Program Requirements

#### SPEECH

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Language</td>
<td>20</td>
</tr>
<tr>
<td>Child Speech</td>
<td>20</td>
</tr>
<tr>
<td>Adult Language</td>
<td>20</td>
</tr>
<tr>
<td>Adult Speech</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Language</td>
<td>20</td>
</tr>
<tr>
<td>Child Speech</td>
<td>20</td>
</tr>
<tr>
<td>Adult Language</td>
<td>20</td>
</tr>
<tr>
<td>Adult Speech</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialty Hours</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluency</td>
<td>10</td>
</tr>
<tr>
<td>Voice</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Disorders</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>20</td>
</tr>
</tbody>
</table>

**Audiology Total Hours 35**

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Testing</td>
<td>15 with minimum of 5</td>
</tr>
<tr>
<td>Booth</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aural/Oral Rehab</td>
<td>15 with a maximum of 5 hours as amplification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional</th>
<th>Hours Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation or Treatment</td>
<td>5</td>
</tr>
</tbody>
</table>

### 9.0 EVALUATION OF STUDENT CLINICIAN PERFORMANCE

#### 9.1 Clinical Evaluation and Grading

**Lines of Communication**

Students are expected to keep open and honest lines of communication with their Clinical Supervisor(s) and Clinic Director. Problems should be discussed as soon as the student or Clinical Supervisor recognizes them.

The protocol for communication problems has three levels. The first level of communication is between the student and Clinical Supervisor. If resolution of the problem does not occur at this level,
the Clinic director should be the next level of communication. Either the student or the Clinical Supervisor should solicit the Clinic Director's support in attempting to resolve issues or concerns relative to the placement. The Clinic Director 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 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, is responsible for the evaluation of the student’s performance.

**Students at the Stanley Speech Clinic, Cole Audiology Clinic, and Head Start placements** are 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)). Every student will meet with an assigned supervisor at mid-term and at the end of the semester to discuss the student’s grade and relative areas of clinical strengths and weaknesses.

**Students at externship placements** are 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 and Clinical Supervisor review the form prior to the clinical experience to become acquainted with the evaluation items on which the student will be assessed. The student will meet with the assigned supervisor at mid-term and at the end of the semester to discuss the student’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 students acquire and consistently demonstrate these behaviors as part of their clinical education. When a student
demonstrates difficulty in any of these fundamental behaviors, an educational process is initiated to guide his or her learning and assist them in acquiring these competencies.

As a means of documenting and communicating unsatisfactory student performance in these fundamental areas, a **Clinic Warning Form** is completed to insure that the student 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 and enable the student to learn and change his or her behavior(s). However, it is incumbent upon the student 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.
- Students unable to demonstrate behavior changes will be placed on clinical probation.
- Students 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.

Students 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, students must complete clinical education requirements to the satisfaction of the Program. Any student 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’s program of study. Students 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’s performance in a clinical placement is judged to be less than satisfactory, and the student 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’s efforts. The purpose of the Team is to work more intensively with the student to build his or her functioning to an acceptable level.

- **Identification**
  The clinical performance of each student is reviewed by the Faculty near mid-semester and close to the end of each semester. Students demonstrating difficulty are discussed in some detail by faculty members. The faculty may decide to form an Instructional Support Team to assist the student in meeting their challenges.

- **Team Composition**
  The Instructional Support Team is comprised of the student’s former Clinical Supervisor(s), Faculty, and the Clinic Director who work together in assisting the student. Additional faculty may also be involved, but the Team is never comprised of fewer than three members.

- **Procedure**
  The Team notifies the student by a letter that specifies the preliminary concerns about the student’s clinical performance and sets a time for an initial meeting. The team meets with the student 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 has begun therapy. The Team will establish regular meeting times with the student to insure that formative feedback is provided. Team members will work to document the student’s performance and Team meetings over the course of the semester. The documentation will be maintained in the student’s file at the conclusion of the semester.

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

  The Team will report the student’s progress to the program faculty at periodic intervals. If the Team has been successful in facilitating desired improvements with the student, the Team will be disbanded. Should a student be unable to make significant improvement working with the Team, the faculty will decide upon the best course of action regarding the student. 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 toward another career objective.

9.5 Removal from Clinical Site

Under certain circumstances, a clinical site may feel the student is a detriment to their practice or clients. At the request of the clinical site, a student 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 clockhours in Calipso (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 students 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 based on sound educational principles.

The Clinical Supervisor is also responsible for formally evaluating the student’s performance at the mid-point and at the conclusion of the student’s placement using the Clinical Practicum Evaluation form. The evaluation provides feedback to the student and to the University on the student’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 has questions about the comment, it will be the student’s responsibility to arrange a conference with the supervisor. Weekly conferences must be scheduled with each assigned supervisor for all
university supervised clients. A Clinical Practicum Evaluation form (found on our website) will be completed at the end of the semester and reviewed with the student at the final conference. 
http://www.sfasu.edu/humanservices/330.asp

10.3 Student Evaluations of Supervisors

Students evaluate their clinical experience and share 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 students with information about sites.

Students are asked to be open and honest in their evaluation. If difficulties occur during the clinical experience, students are urged to discuss them on an ongoing basis and NOT save their criticism for the final evaluation. These student evaluations are to be submitted in Calipso (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

Students are required to have liability insurance. Students are 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 in Calipso (www.calipsoclient.com/sfasu).

11.2 Student Name Tags and Dress Code

Students must wear their Stephen F. Austin State University student nametag during all clinical practicum, unless instructed otherwise by the site. These nametags may be purchased in the U.C. for $6.00.

All students will be expected to dress in a manner appropriate for professional setting. In the Stanley Clinic, the student will not wear jeans of any color, crop tops, tank tops, t-shirts with logos, halter tops, mini-dresses or skirts, short split skirts, Capri pants shorter than 6-8 inches from the floor, casual sandals (“flip flops”), etc. All open-toe and backless shoes will be worn with hose or socks. Perfumes, scented lotions, and
excessive and/or distracting jewelry are highly discouraged. Nothing worn should distract or offend the client.

At an externship placement, students learn 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

***STUDENTS ARE 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.***

*All student’s 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.

All students must comply with the site’s health requirements. A clinical site will ask to see proof of health requirements. Prior to the first externship placement, each student should complete the following:

1. **CPR:** Students 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 Student Health Clinic ONLY ($17); see [http://www.sfasu.edu/humanservices/330.asp](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 1st and September 15th through CertifiedBackground.com. See [http://www.sfasu.edu/humanservices/330.asp](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 may not develop immunity to the Rubella or the hepatitis vaccination. In this case, the student may follow the direction of their primary care physician. The student will notify the clinical externship site of his or her lack of immunity. The student 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 and/or parent. NO CHILD BELOW THE AGE OF 18 SHOULD BE LEFT UNSUPERVISED. For children over the age of 5, the student should wait outside of the restroom door. If you are a male student with a female child who cannot be left alone in the restroom, you will need to find a parent, female speech-language pathology student, 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, graduate student clinicians 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 Clinic, follow the regular procedures – gloving for oral motor, washing your hands and/or using antibacterial lotion before you see each client, etc. Clean the tables with one of the disinfecting wipes that can be found in each therapy room. Do this after every session. Look for white baskets in the cabinets of each room to locate the wipes 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 should come in contact with an infectious disease, such as TB, HIV, or hepatitis during a clinical affiliation, the student must follow the infectious disease/bloodborne pathogen policy of the clinical site. The student, and not the site, may be responsible for any follow-up testing such as blood work, x-rays, or counseling.
All students must complete Infection Control Training during their first Fall Clinic Orientation and as required by externship clinical sites. All students must have written verification of training completion 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 Workroom/Mailboxes/Lockers

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

Students are encouraged to check their mail boxes, emails, and/or Blackboard at least daily to receive messages, announcements, and supervisor’s evaluations.

The student room is for graduate student clinicians, undergraduate clinic assistants, and Counseling Graduate Students 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 Performance

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

Students are strongly encouraged to communicate their perceived strengths and weaknesses to their Clinical Supervisor at the beginning of a placement. Ethical practice requires students to discuss with their supervisor any health-related condition which might adversely impact the
services they provide. The Clinic Director can serve as a resource to help Clinical Supervisors and student’s 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 Speech and Hearing Clinic 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 must have and maintain a 3.0 GPA in the major to enroll in SPH 504. If at any time the student receives a “C” in SPH 504 or the GPA requirement drops below 3.0 the student will participate in a remediation program as outlined by the Instructional Support Team. If a student receives a second grade of “C” in a section of SPH 504, he/she will be dismissed from the program.

The first 25 hours of practicum must be directly supervised by university personnel. Students will only be assigned types of clients for which they have completed the appropriate coursework. Undergraduate hours from other university programs will be considered. To receive ASHA hours for practicum experience, the student must be enrolled in the graduate practicum course.

12.3 Conferences with Supervisors

Initial Conference
Before the initial supervisory conference, the student should read the client’s file. These may be checked out but not removed from the Clinic Office or student room. Whenever a clinician 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 your Progress Notes (graph form), the client’s file, and any questions to that initial conference. Your initial lesson plan is due to the supervisor at least one day prior to the first session.

Files should be returned immediately after inspection. Information in the client’s file is confidential material. The contents of the file should only be discussed with the supervisor in a consultative situation, with other
clinicians involved in the case, or in a classroom setting. It is a serious breach of professional ethics to discuss clients in hallways, the waiting area, or public places.

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

**Weekly Conferences**

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

**Plan an agenda for your conference**

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

**Possible agenda items for your conference**

1. Planning the clinical session.
2. Problem solving: What problems are you expecting? Attempt to state the problem clearly. Prepare a few possible solutions. Research the solution by checking online, journal articles, library resources and materials in Clinic inventory.
3. Data: You should come to the conference with data recording sheets and speech therapy progress notes (graph form). This will help you and your supervisor determine the effectiveness of the objectives and techniques.
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 Stanley Speech and Hearing Clinic clients:**

1. The student 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’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 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 must cancel a therapy session due to illness or death in the immediate family (see Attendance Policy), the student is responsible for notifying the client, 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 DOES NOT ATTEND A SCHEDULED THERAPY SESSION, the student 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 should notify his or her supervisor. A cancelled session may need to be re-scheduled in order for the student to obtain sufficient therapy hours and/or to serve the client’s needs.

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

12.6 Client Evaluation Procedures

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

- The clinician will consult with the supervisor 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 by noon, another student will be called to do the evaluation for the hours and the original clinician will assist and receive no hours. If the student fails to call his/her supervisor for a subsequent evaluation, he/she will not do any more Clinic evaluations that semester and his/her clinic grade will be lowered by one letter grade.

- The clinician will arrive 30-minutes prior to the evaluation appointment to gather supplies, prepare the room, and notify the supervisor that he/she is there and what is available in the room. The clinician is responsible for finding any testing manuals, materials, forms, oral examination supplies, and reinforcement or testing toys.

- The clinician will enter the waiting room 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 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 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 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 Teresa at the desk prior to leaving. If the client still has his/her client case history form, he can give that to Teresa at that time. DO NOT TAKE THESE FORMS AND PLACE IN THE CHART.

- The 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 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 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.

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. Students 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. **Activity Log**
   
   With the assistance of the assigned supervisor, the student submits an Activity Log for the first session AT LEAST one day before conducting the session. A template can be found on our website [http://www.sfasu.edu/humanservices/330.asp](http://www.sfasu.edu/humanservices/330.asp). These are placed in the supervisor’s boxes in the workroom or emailed. Thereafter, activity logs will be completed and attached in the Observation Hallway at the designated window just prior to the session, unless the supervisor chooses to amend his/her requirement. Activity logs **MUST** be submitted to the supervisor prior to each treatment session.

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 the nearest 5 minute mark before converting to decimal), the date, and any necessary relevant information regarding the therapy session. Template available at [http://www.sfasu.edu/humanservices/330.asp](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 information sheet located on the front flap of the client’s file.
   
   c. More than one graph will be utilized if the client has multiple areas of deficits. (Ex. Articulation, Expressive Language, Receptive Language etc.)
   
   d. Each week, the student clinicians will bring the graphs to their supervisory conferences for review.
e. Each month, the graphs will be turned in along with the hot pink Monthly Time sheet. New graphs will be started for the next month.

f. Students are 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). (Keeping the time schedule is important and does affect the final grade in clinic.)

3. Treatment Plan
   a. The student 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. Always return revised copies with previous drafts.
   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’s box. Once the copies are in the clinician’s box he/she may sign them.

4. 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 Time Sheets and Speech Therapy Progress Notes.

5. Semester Progress Report
   This report will be a work in progress. It will be submitted once at mid-term and again at the end of the semester in final form with final percentages and recommendations.
   a. Mid-semester Progress Report – at mid-semester a progress report (see 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. Always return revised copies with previous drafts by stapling the most current draft on top.

Once the rough draft is approved, a final signed, single spaced copy on letterhead will be submitted to the supervisor.

b. End of semester Progress Report – at the end of the semester the final percentages and recommendations will be added to the mid-semester Progress Report. Due date is given on the Responsibilities of Student Clinicians Sheet.

- Student clinicians will follow the same procedure for turning in the mid-semester rough draft.
- Once the rough draft is approved, the clinician will provide 2 final copies on letterhead to his/her supervisor. The clinician will not sign the final copies until the supervisor signs the copies and returns them to the student’s box. Once the copies are in the clinician’s box he/she may sign them.

- Students must turn in signed copies before leaving campus for semester break.
- For each day the reports are late, the grade is dropped ten percent.

6. **Monthly Time Sheets**

At the end of each month, the student 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 speech therapy progress notes.

7. **Parent/Client Final Conferences**

In the Stanley Clinic, 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

8. **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. Headstart clinicians will attend a Headstart 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’s Clockhour Experience Record (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 must record their clock hours on a **Speech Therapy Progress Note Form** (graph and/or narrative) (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 each semester. The Progress Notes and Activity Logs are placed in the clinician’s folders located in each supervisor’s office until the end of each semester’s final conference.

At the end of the semester, the Clinic Director will verify all hours submitted to Calipso have been approved by the student’s supervisor; however, it is the student’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’s file. This information will be necessary for ASHA certification and Texas licensure. A cumulative record of clockhours is maintained in Calipso (www.calipsoclient.com/sfasu) for each student to monitor the number of hours he/she is earning in each area of therapy and diagnostics. This further ensures that the students’ clinical hours meet ASHA requirements.
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, 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.

ii. Checking In Materials
   1. The clinician will put the date and time he/she returned the materials.
   2. The clinician will then place the materials in the labeled box HS 103 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
     a. The clinician obtains the necessary items from the closet.
     b. 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.

   ii. Checking In Materials
     a. The clinician will put the date and time he/she returned the materials.
     b. The clinician will then place the materials in the labeled HS 203B located in the graduate assistant office. The Graduate Assistants will put these materials away.

c. SUPERVISOR’S MATERIALS

   i. Checking Out Materials
     a. The clinician obtains the necessary items from their supervisor.
     b. 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.

   ii. Checking In Materials
a. The clinician will put the date and time he/she returned the materials.
b. The clinician will be responsible to return 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 white boards and straighten the room after treatment. Leave the room in good condition for the next occupants. Leave only one set of the lights on.
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 SPEECH AND HEARING CLINIC

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 that has included: Susan Abbott, Ann Ahrens, Lucy Davis, Frances Freeman, Vera Graham, Marilyn Harris, Frank Harrison, Bernard-Thomas Hartman, Kent Hawkins, Hettie Legg, Scott Lowery, Michael McKaig, Diane Morton, Jo Rhea Pevey, Melissa Pool, Anita Scoggins, Elnita Stanley, Michael Veal, Judith Lauter, and Jan Ward.
13.2 Overview of Clinical Documentation and Forms

All forms used for clinical documentation in the Stanley Speech and Hearing Clinic 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. Perry joined the Cole Audiology Lab in 2007. The lab now serves over 400 patients a year in the clinic, and screens over 3000 schoolchildren annually.

14.2 Overview of Procedures

It is required that a student have a minimum of 35 clock hours of audiology practicum. A minimum of 15 will be in aural rehabilitation, with a maximum of 5 hearing aid hours, and a minimum of 15 in hearing testing with a minimum of five booth hours obtained in diagnostic testing at the Stanley Speech and Hearing Clinic. Student clinicians are 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.

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

For clients found to have abnormal hearing tests or immittance results, diagnostic tests will be performed. When appropriate, weekly immittance testing will be performed on clinic patients.
A diagnostic schedule is maintained in the Clinic Office, Room 202 and students 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. Student clinicians should wait in the student workroom until the patient has arrived and completed paperwork, Dr. Perry will review patient history with the clinician before the session begins. Upon completion of the diagnostic, it is the responsibility of the student clinician to complete a report per the instructions of the supervising audiologist. Reports are due one week from the date of the appointment. Late reports will not be accepted.

Students who miss audiology appointments or hearing screenings, or who cancel with less than 24 hours notice will receive warnings and grade reductions in accordance with clinic policy. 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 supervised students in Calipso at the end of each semester. This grade will be considered in the final grade for (SPH504). Grades will be based on the following:
1. Student participation during Audiological evaluation/Aural rehabilitation
2. Written report submitted to supervising audiologist.

14.3 Overview of Audiology Clinical Documentation and Forms

Students 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.

- **Vestibular (Balance) Assessments**
  Balance assessments for the dizzy patient may facilitate treatment and rehabilitation. The ability to maintain balance is closely linked to our ears, and can often be related to some hearing loss.

- **Earmolds, Swim Molds & Hearing Protection Devices**
  Custom swimplugs, 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 Speech and Hearing Clinic 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 Janet every Friday by noon. Janet will then take the list and shop for materials needed. The materials list should be given to Janet in person if possible so that Janet 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 Janet 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 11:00 a.m. 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 she needs for her progress notes. The assistant will turn in her handwritten SOAP note/data recording sheet to her 335 instructor by Friday at 11:00 a.m.

16.0 HEAD START PROGRAM AND PROCEDURES

16.1 History of Head Start Program

Head Start services have been provided through our Stanley Speech and Hearing Clinic 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 the 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 as a part of a Tri-alliance agreement between Head Start, NISD, and the SFA Stanley Clinic.

16.2 Overview of Clinical Documentation and Forms for Head Start

Volunteer Record Form:
- Located in the Skills Center closet & the Eagle’s Nest
- Sign 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 the child in or out each time you pick up a child or return them to their classroom. There are two forms to complete each time.
  1. Classroom Sign In/Out Sheet for speech therapy
  2. (Color name ex. Red) Room Sign In/Out Sheet

***You must complete both forms. If the child is on the playground, then check with the child’s teacher. She will have both forms with her on a clipboard.

Head Start Paperwork:

All Head Start forms can be found on our website at:
http://www.sfasu.edu/humanservices/330.asp

Picking-up and Returning a client to his/her classroom:
- Sign the client in and out everyday.
- 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 week on Monday. 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.
- Eagle’s Nest set-up begins before the first session at 9:50
- 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 can not 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:

  **Planned 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.

  **Unplanned 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 can not hide.
- Take the client(s) and go out of the skills center, past the flag pole, and to the fence.
- If you are with a class, follow the class.

**Resource Closet:**
- There are two resource closets with materials. (see map)
- You may use toys and materials from these closets, but you must get them before your session and return them that day. You can not 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:
- Chlorox wipes, hand cleaner, gloves, tongue depressors, some Weber cards, & big books are located there.
- Please notify Mrs. Durham 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:
1. Give a copy of your lesson plan to your supervisor each day on green paper
2. Give a copy of your lesson plan to the client’s teacher on Monday of each week. Be sure to only have the child’s name that is in that classroom visible - on white paper.
3. Sign your client in and out of their classroom each day on both forms.
4. Sign your name in and out on the volunteer record sheet in the Skills Center or the Eagle’s Nest each time you are at Head Start.

** Remember since time is short between sessions; be considerate of the clinician that comes after you. Clear your table before you take your client back to their classroom so the next clinician can set up and start.

** I know this is 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 Program of Speech-Language Pathology maintains affiliation contracts with many clinical sites, coordinated through SFASU’s General Counsel’s Office. All Clinical affiliation contracts must be initiated with the Clinic Director. 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 must notify the Clinic Director 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, students are assigned clinical education experiences at three different types of clinical sites, in accordance with the guidelines established by ASHA. The Stanley Speech and Hearing Clinic can be counted as one of these three types of sites. The clinical education needs of the student are the first priority in selecting clinical sites. Student preference for clinical sites is considered, however, the final decision regarding student placements rests with the Clinic Director. Each student’s needs are reviewed and matched with available clinical sites by the Clinic Director. The assignments are based on the student’s:

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

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

The Clinic Director makes arrangements for clinical assignments and confirms these assignments with each facility. Once all sites have been confirmed, assignments are distributed to students in writing via the student boxes located in the Graduate Student room. Once an assignment is arranged, changes are not made unless the Clinical Supervisor and/or facility requests a change.

Prior to starting the placement, the student will be asked to prepare a **Clinical Educational Resume.** This supplies the site with information about the student’s demographic/contact data, competed courses, and prior clinical experiences. Individual goals, experiences, strengths, and weaknesses may also be communicated verbally by the student to help the site design an optimal learning experience around the needs of the student.
After the Clinic Director assigns a clinical site, students must contact the Clinical Supervisor in advance of beginning the clinical experience. The purpose of this contact is to enable the student 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 to the site. Some sites require students to attend an orientation at the agency. All students will need to bring their SFASU nametag, driver’s license, copies of their completed Health and Background Check paperwork, the Student Off-Campus Log form.

Once the days and times of clinical practicum are decided by the Clinical Supervisor, the student MUST immediately notify the Clinic Director 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 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

Students are 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 50-mile radius of the University.

17.2 Conflict of Interest

A student 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

Students are not allowed to contact a site without prior approval by the Clinic Director. Students who disregard 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. Students maintain an ongoing log of their clinical contacts with clients throughout the course of the semester. Students maintain a Student Off-Campus Log and submit those hours for approval.
into **Calipso** ([www.calipsoclient.com/sfasu](http://www.calipsoclient.com/sfasu)) throughout the semester. The student delivers the completed forms to the Clinic Director within two days of the placement concluding.

17.5 Extension of Externship Placements

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

17.6 New Externship Sites

The Clinic Director coordinates the development of new clinical sites. He or she works to ensure affiliation site contracts are properly in place before sending students 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 wishes to be placed at a non-affiliated site, that student may provide the Clinic Director 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 Clinic Director will consider those sites for placement only if approved.