



UNIVERSITY OF  
ARKANSAS

**UNIVERSITY OF ARKANSAS**  
**SPEECH & HEARING CLINIC**  
**(UASHC)**

**Program in Communication Sciences and Disorders**

**Department of Rehabilitation,**

**Human Resources and Communication Disorders College of Education and Health**

**Professions**

**CLINIC POLICIES MANUAL**

The University of Arkansas Speech and Hearing Clinic (UASHC) provides the clinical education for graduate students enrolled in the Communication Sciences and Disorders Program at the University of Arkansas. The following clinic policies exist for the benefit of clinical faculty, student-clinicians, and clients.

*Revised 7.1.2020*

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**\*The following folders A through D can be obtained on Blackboard in “Speech and Hearing Clinical Practicum” under “UA Speech & Hearing Clinic”**

**FOLDER A in BLACKBOARD – Clinical Registration Forms/Info**

\*New Patient Registration Packets

Adult Hearing

Adult Speech

Child Hearing

Child Speech

(These new patient packets include initial patient registration forms, case histories, and authorization for request/release of information forms.)

\*Notice of Privacy Practices

\*2020 Semester Calendar

\*2020 Clinic Speech Therapy Superbill

\*2020 Clinic Speech Evaluation Superbill

\*2020 Audiology Superbill

**FOLDER B in BLACKBOARD – Clinical Documentation for Therapy & Diagnostics**

Progress/SOAP Note (Daily) Example

Session/Lesson Plan Example

Discharge Summary Example

Plan of Care Example

Data Tracking Session Form-Longitudinal

Record of Client Responses/Data Sheets

AAC Diagnostic Report Writing Assessment Example

Diagnostic Report Example

Therapy Progress Letter Example

Audiology Evaluation Example

Speech & Language Diagnostic Report Example

**FOLDER C in BLACKBOARD – Policies and Additional Form**

[UA Policy – Protection of Minors on Campus](#)

\*Confidentiality Policy

\*Emergency Procedures Flyer

\*FERPA & HIPAA Training Instructions

\*Media and Observation Release Form

**FOLDER D in BLACKBOARD – Documentation of Hours and Skills**

\*Typhon Clock Hour Experience Record (**available only by emailing [cdis@uark.edu](mailto:cdis@uark.edu)**)

\*Student Availability Sheet

\*Cumulative Observation Log Form

\*Cumulative Direct Contact Form

## INTRODUCTION

The Master of Science (M.S.) degree program in Communication Disorders at the University of Arkansas is designed to ensure that all degree candidates meet the minimum academic and clinical practicum requirements for the Certificate of Clinical Competence in Speech-Language Pathology of the American Speech-Language- Hearing Association (ASHA).

The following are the [Standards for the Certificate of Clinical Competence in Speech-Language Pathology](#) –

*Effective January 1, 2020*

Standard I: Degree

Standard II: Education Program

Standard III: Program of Study

Standard IV: Knowledge Outcomes

Standard V: Skills Outcomes

Standard VI: Assessment

Standard VII: Speech-Language Pathology Clinical Fellowship

Standard VIII: Maintenance of Certification

Specific information about the above standards can be found at the American Speech-Language-Hearing Association website <https://www.asha.org/certification/2020-slp-certification-standards/>

The American Speech-Language-Hearing Association ([www.asha.org](http://www.asha.org)) is the national professional, scientific, and credentialing association for speech-language pathologists, audiologists, speech/language/hearing scientists, and students. The National Student Speech-Language Hearing Association ([www.nsslha.org](http://www.nsslha.org)) is the national organization for students interested in studying communication disorders.

To maintain the highest standards of practice, students and professionals abide by the ASHA Code of Ethics ([www.asha.org/Code-of-Ethics/](http://www.asha.org/Code-of-Ethics/)).

There are a variety of ASHA documents/policies that guide the clinical education of students and practice of speech-language pathologists and audiologists. Several documents will be referenced during clinical training:

Scope of Practice for Speech-Language Pathologists

<https://www.asha.org/policy/SP2013-00337/>

Preferred Practice Patterns for Speech-Language Pathologists

<https://www.asha.org/policy/PP2004-00191/>

Evidence-Based Practice

<http://www.asha.org/policy/TR2004-00001.htm>

ASHA's Practice Portal

<https://www.asha.org/practice-portal/>

## **ELIGIBILITY REQUIREMENTS and ESSENTIAL FUNCTIONS For CLINICAL PRACTICE as a SPEECH-LANGUAGE PATHOLOGIST**

*From: Council of Academic Programs in Communication Sciences and Disorders (2007)*

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (\*), however, are skills that are more inherent and should be present when a student begins the program.

### **COMMUNICATION**

A student must possess adequate communication skills to:

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

### **MOTOR**

A student must possess adequate motor skills to:

- Sustain necessary physical activity level in required classroom and clinical activities.\*
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.\*
- Access transportation to clinical and academic placements.\*
- Participate in classroom and clinical activities for the defined workday.\*
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

### **INTELLECTUAL / COGNITIVE**

A student must possess adequate intellectual and cognitive skills to:

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

## **SENSORY/OBSERVATIONAL**

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

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

## **BEHAVIORAL/ SOCIAL**

A student must possess adequate behavioral and social attributes to:

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

## **COMMUNICATION SKILLS POLICY**

All graduate students enrolled in the master's program must demonstrate communicative competence consistent with ASHA's Standard V-A for Certification in Speech-Language Pathology. Specifically, the student "must demonstrate communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others." For oral communication, students must "demonstrate speech and language skills in English, which, at minimum, are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects." This policy also applies to all types of communication differences and disorders with the potential to affect clinical competence. For written documentation, students must "be able to write and comprehend technical reports, diagnostic and treatment reports, treatment plans and professional correspondence."(ASHA 2014)

## **STUDENTS WITH COMMUNICATION DISORDERS**

Graduate students with communication disorders that could potentially interfere with clinical practice and successful completion of certain aspects of clinical training will be alerted to that possibility by the Clinical Education Coordinator and the student's Academic Program Committee. Students will receive information on assessment and intervention services available in the community, including the program's Speech and Hearing Clinic. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. Master's students electing to receive services at the UASHC Clinic will not receive services from a

fellow master's student, but rather a member of the clinical faculty.

## **CLINICAL PRACTICUM OVERVIEW**

Clinical education is an essential part of the M.S. degree program. The Clinic Manual serves as a guide concerning the policies and procedures related to graduate-level clinical practicum requirements of the Program in Communication Disorders. Information pertinent to the student's successful completion of practicum is included. If a student is uncertain about clinic policies or procedures or finds requirements unclear, s/he is strongly encouraged to seek clarification from his/her supervisor and/or the Clinical Education Coordinator.

If at any time changes/updates to the Clinic Manual are required, the Clinical Education Coordinator will provide an addendum.

## **DISABILITY STATEMENT**

In accordance with University policy, students who have a documented disability and require reasonable accommodations to obtain equal access in clinical practicum must first register with the Center for Educational Access (CEA). The CEA is located in the Arkansas Union, Room 209, 479-575-3104 and on the web at: <http://cea.uark.edu/>. The student should contact the Clinical Education Coordinator at the beginning of his/her graduate program as well as the clinical instructor who is supervising each practicum experience/class. CEA provides documentation to students with disabilities who must then provide this documentation to their course instructors. Students with disabilities should notify their course instructors of their need for reasonable accommodations in a timely manner to ensure sufficient time to arrange reasonable accommodation implementation and effectiveness. A typical time frame for arranging reasonable accommodations for students who are registered with the CEA is approximately one to two weeks.

## **CRIMINAL BACKGROUND and SEX OFFENDER CHECK**

In accordance with University policy (Fayetteville Policies and Procedures 217.1), Graduate and Undergraduate students who are enrolled in clinical practicum courses and completing clinical training at the University Speech & Hearing Clinic are required to undergo criminal background and sex offender checks. Students will be notified by the Clinical Education Coordinator of procedures upon entering the Master's program. Undergraduate students enrolled in CDIS 4001: Undergraduate Clinical Practicum are also advised by the instructor of policies/procedures. There are fees associated with the process and will be paid by the student.

Graduate and Undergraduate students are also required to complete the Training for Arkansas Mandated reporters from UAMS ([www.ar.mandatedreporter.org](http://www.ar.mandatedreporter.org)). There are fees associated with the process and will be paid by the student.

In addition, many off-campus clinical training sites require updated background checks of graduate student clinicians to comply with the facility's employee screening/criminal background check policies and procedures. Therefore, students may be required to complete background checks twice during their graduate program.

## **DRUG TESTING**

Some clinical practicum sites require drug testing prior to placement at the facility. Each facility will provide the Clinical Education Coordinator with the requirements (number of drug panels) to be completed and the process will be done prior to off-campus placement in accordance with individual facility requirements.

## **LIABILITY INSURANCE**

Graduate students must enroll for liability insurance annually through the University of Arkansas in

order to do practicum at both on- and off-campus sites. No application is required. The Clinical Education Coordinator will enroll with the Office of Risk & Property Management. This fee is covered through clinic fees that students pay for the program.

### IMMUNIZATIONS

Prior to beginning clinical practicum at the UASHC, the graduate student clinician is required to complete a TB skin test. Students may also be required to submit copies of records to off-campus clinical practicum sites for the following immunizations and/or titers: Hepatitis B, Measles/Mumps/Rubella (MMR), Varicella (Chicken Pox), Rubeola, Tetanus/Diphtheria.

### CPR (Basic Life Support (BLS) Training)

Upon entering the Master's program, graduate student clinicians are required to complete (or document completion) of a 2-year CPR course. Acceptable courses are the American Heart Association (AHA) Basic Life Support for Health Care Providers and the American Red Cross (ARC) Professional Rescuer. Some off-campus clinical practicum sites (e.g., local hospitals) require the AHA course. The Clinical Education Coordinator will arrange trainings to be conducted at Epley Center for Health Professions for the AHA course.

### **HIPAA TRAINING**

Graduate and Undergraduate students enrolled in clinical practicum courses will receive training in patient privacy, securing and breach notification rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and must pass a written exam prior to the assignment of patients. General information regarding HIPAA policies and procedures for the UASHC can be found in the Clinic Manual. Specific HIPAA policies/procedures are documented on the "Confidentiality Policy" form (see *Appendix E*) to be completed at the first clinic meeting of the fall semester.

### **CLINICAL PLACEMENT & DOCUMENTATION**

Clinical placement is planned to provide a variety of case types and clinical settings to meet state and national certification requirements. As previously stated, the University of Arkansas Program in Communication Disorders meets all standards for the Certificate of Clinical Competence (CCC-SLP) as delineated by the American Speech-Language-Hearing Association (ASHA) and attested to by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). These standards also meet state public school certification requirements and state licensure requirements. Clinical skills and clock hours are documented using a web-based system, Typhon. Training for utilizing this program will be provided at the initial clinic meeting of the fall semester. (See *Appendix D*).

### OBSERVATION REQUIREMENTS

Students must complete at least 25 clock hours of supervised observation, typically obtained during the student's undergraduate program and associated with an introductory clinical practice course. Observation hours generally precede direct contact with clients and serve as a preparatory experience before beginning direct clinical practicum with individuals who have communication disorders.

**Completion of all 25 observation hours may be required before direct client contact hours can be obtained.** The observations must be within the direct scope of practice of speech-language pathology or audiology. Observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area. Such direction may occur simultaneously with the student's observation or may be through review and approval of written reports or summaries submitted by the student. Students may use videotapes of the provision of client services for observation purposes.

The student must maintain documentation of time spent in supervised observation, verified by the program in accordance with ASHA Standards. Undergraduate students in the University of Arkansas Program in Communication Disorders will record observations using the following forms provided in the

“Speech and Hearing Clinical Practicum” course on Blackboard or in their “Intro to Clinical Practice” course.

Graduate students must submit verification of observation hours from their undergraduate institution prior to the first clinic meeting of the fall semester.

Graduate student clinicians may be assigned an undergraduate clinician. These clinicians are undergraduate students in the Communication Disorders Program who are enrolled in **CDIS 4003 Undergraduate Clinical Practice**. The undergraduate student is assigned to a graduate clinician and is gradually involved in the therapy process over the course of a semester at the University Speech & Hearing Clinic. Undergraduate students are only allowed to enroll in the course one time, as an elective after completing CDIS 3233 Introduction to Clinical Practice. During this time they will obtain observation hours and possibly some direct client contact clinic hours.

## **CLINICAL PRACTICUM for GRADUATE STUDENT CLINICIANS**

### **SEMESTERS 1-3**

Clinical courses are:

[CDIS 5183 - Advanced Clinical Practicum I](#)

[CDIS 5283 – Advanced Clinical Practicum II](#)

[CDIS 5383 – Advanced Clinical Practicum III](#)

The student clinician is assigned to cases in the University Clinic or to an Off-campus supervisor under the direction of licensed and ASHA certified speech-language pathologists. Students will gain clinical experience and clock hours in both assessment and intervention as available. Semester 1 will primarily be in school-based placements and semester 2 will primarily be in private practice placements. Placements will vary based on availability and student-clinician performance.

### **SEMESTER 4**

The graduate student will be enrolled in:

[CDIS 5483- Advanced Clinical Practicum IV](#)

The student clinician is assigned to an off-campus clinical site for 20-32 hours per week in the NWA area (approximately 60 mile radius) under the supervision of a qualified ASHA Certified Speech-Language Pathologist.

### **SEMESTER 5**

The graduate student will be enrolled in one of the following: [CDIS 5683 – Advanced Clinical Practicum V](#)

The student clinician is assigned to a clinic site full time (8:00 a.m. to 5:00 p.m. or as dictated by the facility) for the duration of the semester (typically 16 weeks). If available, the student may complete two different 8-week rotations during 5th semester. Sites may be located in the surrounding area or out-of-state. The graduate clinician is under the direct supervision of a qualified ASHA Certified Speech-Language Pathologist. To request an internship outside of the northwest Arkansas area, the student must submit an application by May 30<sup>th</sup> at the end of the second semester. Applications will be reviewed and approved by the student’s academic program committee and the Clinical Education Coordinator.

**NOTE:** The above is a typical sequence for clinical practicum assignments. There may be times when changes need to be made or requested and will be done so under the advisement of the academic program committee and the Clinical Education Coordinator.

A fee has been established for each clinical practicum course to cover costs associated with clinical education, resources, and experiences as a student clinician. These fees are associated with

enrollment in the graduate practicum courses and will be billed with tuition through the Treasurer's Office.

## GENERAL POLICIES AND PROCEDURES

### PARKING

The UASHC offers parking for **patients only** by permit. Parking is not available to graduate student clinicians and violators are subject to ticketing/towing.

### BUILDING KEY POLICY FOR GRADUATE CLINICIANS

Access to the UASHC Clinic is provided to each graduate student clinician. Your student ID card will be programmed to access the building from the North entrance. The building will open at 7:30 am once the card reader has been used. The doors will lock automatically at 5:00 pm. Your ID card provides access to the building 24 hours a day/7 days a week.

Lost or stolen ID cards must be reported immediately to the Clinical Education Coordinator or Program Director.

**NOTE: Cards are easily deactivated when placed near cell phone or other magnetic items.**

### CLINIC RECEPTION OFFICE (ROOM 171)

The Clinic Reception Office is to be used for official clinic business only. The number of visits and time spent in the Clinic Office should be minimized. Students do not have access to the Office when a staff/faculty is not present or without permission for specific purpose.

### CLINIC OFFICE EQUIPMENT

Use of Clinic Office machines is limited to official personnel. Students are not permitted to use the Clinic Office **copy machine**, **telephone** or **fax machine** except for official clinic business. Clients who need to make a call should be directed to the Clinic Office.

All client information is kept confidentially and electronically in Point and Click. If you choose to use working diagnostic files or client documentation with a hard copy folder, it must be checked out from the clinic reception front office and checked returned by 5:00 pm daily. All client documentation is not to be left unattended at any time and the only time a student should have a patient file is when he/she is actively working on documentation records. They files are never to be left in a student's cubby, in a therapy room, or taken outside of the clinic.

### GRADUATE STUDENT WORK ROOM (ROOM 174)

Computer workstations and storage cabinets are available for first-year graduate student clinicians. Access to the room is by key card and is available to students 24 hours a day/7 days a week. There are 6 computers designated for DOCUMENTATION OF PATIENT RECORDS ONLY. These computers are not to be used for any other purposes.

Every student clinician will be assigned a mailbox located in room 174. Information concerning clinical assignments, important notifications, or personal messages will be placed in the mailbox. It is the student clinician's responsibility to check their mailbox daily for messages.

### ASSESSMENT MATERIALS ROOM (ROOM 146)

Standardized test materials, practice tests and a variety of formal therapy programs are located in this room. Materials must be checked in/out on the appropriate forms on the clipboard in the room. Check out the entire test box. Do not take Examiner's Manuals, Scoring Manuals, or any assessment manipulatives out of the box for an extended amount of time. Keep all test materials together.

Test protocols are filed alphabetically in the file cabinets in the room. When fewer than 5 test protocols for an assessment remain, please notify the Office Manager.

#### CLINIC MATERIALS ROOM (ROOM 131)

The materials room is available to all student clinicians. It contains therapy materials and equipment for use in conducting treatment sessions.

Make sure all materials are intact and appropriately organized before returning them to the shelves. The clinician wishing to use the same materials after you will appreciate your thoughtfulness.

#### KITCHEN (ROOM 147)

The kitchen contains a **refrigerator, microwave and coffee maker** which are available for student clinician use. Toasters or any other appliance with a heating coil/plate are not allowed. A dishwasher is also available. Label food and drinks. Do not consume anything that does not belong to you. Ice for dysphagia patients may be stored in the freezer; **do not use.**

**NOTE: The refrigerator will be cleaned out completely every Friday. Items not removed will be thrown away.**

#### ROOM IDENTIFICATION

Room 131	Materials Room
Room 132	Therapy Room
Room 133	Family Room
Room 134	Student Observation/Library
Room 135	AAC Research Lab
Room 136	Aphasia Research Lab
Room 137	Swallowing Lab
Room 138	Fiscal Analysis Office
Room 139	EEG/Neurorehabilitation Research Lab
Room 140	Classroom
Room 142	Cog-Tech Research Lab
Room 146	Assessment Room
Room 147	Kitchen
Room 149	Play Therapy Research Lab
Room 150	Voice Lab
Room 151	Social Communication Research Lab
Room 152	Preschool Therapy Room
Room 153	Functional Auditory Skill Builder (FAB) Research Lab
Room 154	Literacy Research Lab
Room 155	Elementary Therapy Room
Room 156	Elementary Therapy Room
Room 157	Audiology Office
Room 159	Audiology Booth
Room 162	Audiology Lab
Room 164	Conference/Seminar Room/Adult Therapy Group Room
Room 171	Reception Office
Room 174	Graduate Room

## POLICY FOR THERAPY ROOM USE

Therapy rooms are assigned/requested by a clinical supervisor or chosen by the student clinician to best meet the needs of the client. Please reserve a room by writing by discussing a plan with your supervisor and notifying the Office Manager. Rooms will be reserved through the electronic medical records system, Point and Click (P&C).

The student clinician is responsible for vacating a therapy room on time so that the next clinician can have time to set up their therapy environment. If someone is in a therapy room and their time is up, the clinician should knock on the door and remind them politely of the time.

**Therapy Room furniture** should be kept in the room and in its proper place. If furniture is removed to accommodate space for a client, the student clinician should return it to its proper place before departing.

Therapy Room furniture should be cleaned with disinfectant **before and after** each therapy session. Paper towels and surface disinfectant are supplied in each room or common storage/sink area.

**NOTE: If equipment in the room (lights, outlets, clock, monitor, etc.) is not functioning properly or disinfectant supplies are low on stock, it should be immediately reported to the Office Manager or Clinical Education Coordinator.**

## **SPEECH & HEARING CLINIC BUILDING EVACUATION PLAN**

Student clinicians must make themselves aware of the building layout and provisions for safe emergency evacuation of clients and self. Please refer to the University of Arkansas Emergency Procedures document located in the Clinic and refer to the process for issuing alerts, warnings, and notifications explained [here](#). In the event of a tornado, safe shelter for the entire Epley Building is on the first floor in the south stairwell, first floor bathroom, along the internal hallways of the Clinic, patient rooms, and Clinic restrooms.

In the event of an emergency, please ensure the safety all patients before assisting others. Please assist individuals into the Clinic to take shelter in the safe areas. Always report any concerns about suspicious activity, medical emergencies, hazardous materials or utility failures to the Clinical Education Coordinator and/or the Office Manager.

## VIDEO AND AUDIO EQUIPMENT

**Video Cameras** and **Audio Cassette Recorders** are available for student clinician use at the Clinic. The equipment may be checked out in the File Room.

**Electronic Video System:** Each therapy room is equipped with a camera which can be programmed to record a session by the clinical supervisor. This video system allows supervisors to view and/or record therapy sessions. Students are not allowed to download or otherwise copy in any form recorded sessions. Recorded sessions must be viewed by the student in the Graduate Student Work Room (174) or Observation Room (134) in order to maintain privacy/security of patient information. Faculty/staff should be contacted to help if the system is not operating properly or you have difficulty with log on information.

**Observation windows are available in Room 176 to view rooms 175 and 177; Room 132 to view the Family laboratory; Room 135 to view the AAC laboratory; and Room 150 to view rooms 149 and 151.** These rooms should only be used to observe a session if/when the Electronic Video System is not functioning.

The **one-way mirror** allows the observer to see into the room without the client being able to see the

observer. Keep the observation room light off for best viewing; otherwise, the client will be able to see your profile in the mirror on their side of the room.

## **STUDENT CLINICIAN DRESS CODE**

Students in clinical practicum are expected to maintain a professional attitude toward service delivery. One's personal appearance is a direct reflection of his/her professional attitude. Personal appearance must demonstrate neatness, cleanliness and good hygiene. Extremes in appearance or accessory attire can potentially interfere with patient care as well as patient perception and are not acceptable.

If violations of the dress code policy occur, the student will be asked to address the issue and may not be allowed to participate in clinical service provision until the problem(s) are addressed.

### **REQUIREMENTS:**

- ✓ A clinic uniform must be worn **AT ALL TIMES** when **IN THE CLINIC**  
The clinic uniform consists of required/approved pants, scrub top and/or jacket.  
Graduate students wear navy blue scrubs.  
Undergraduate students wear gray scrubs.  
Shoes must be closed toe, clean and not overly colorful. Sandals are not permitted.  
Uniform must be clean and neat (pressed if needed). Faded or discolored clothing is not acceptable.  
Pants, shirt and jacket must be appropriately sized. Abdomen and cleavage must be covered at all times. Undergarments must be worn and inconspicuous under clothing.  
Student name badge/ID card must be worn at all times.
  
- ✓ Hair must be clean, neatly groomed and controlled.  
Hair must be of natural color (i.e., no hot pink) and style (i.e., no mohawk).  
Facial hair must be neat and well-trimmed.  
Hair accessories (e.g., bands, clips, etc.) must be plain.  
Hair must be kept away from the eyes and face. Long hair should be pulled back when working with patients and food items.
  
- ✓ Fingernails must be neat, clean and support functional use of hands/fingers.  
Nail polish must be skin-toned or none depending on site.  
Nails must be natural and clinical length (>1/4 inch)
  
- ✓ Jewelry must be plain and inconspicuous.  
No more than 2 pairs of earrings are permitted as long as they do not cause distraction.  
Facial piercing jewelry (e.g., eyebrow, nose, tongue, etc.) is not permitted.
  
- ✓ Tattoos must be inconspicuous or covered.
- ✓ Use of perfume or scented lotions is prohibited.

When student is assigned to off-campus preceptor, student must adhere to dress code of the assigned facility.

## **STUDENT CLINICIAN ATTENDANCE POLICY**

- The student clinician will attend all therapy/diagnostic sessions.
- The student will be **ON TIME** for all appointments. This includes a minimum of 10 minutes prior to the session to allow for prep time for the session.

- The student WILL NOT leave early unless prior authorization has been provided by their supervisor.
- Students are not approved for vacation time unless prior authorization has been provided by their supervisor.

Only extreme circumstances would prevent the clinician from conducting a regularly scheduled therapy or evaluation appointment. Students are allowed ONE excused absence for illness. More than one absence will result in a reduction in your clinic grade.

No student clinician may cancel a scheduled therapy or diagnostic session without the prior consent of the supervisor. Once consent is given, the clinician may call the client or inform the Office Manager of the cancellation. The Office Manager will then notify the client of the situation. The client should be notified of the cancellation as far in advance as possible.

If it is necessary to cancel a client appointment, the clinician is obligated to make up the missed session at a time that is convenient for client, supervisor and clinician.

In the event of an absence, the supervisor may assign an alternate clinician to see the patient.

### **STUDENT TRANSPORTATION OF CLIENTS**

The student clinician is ***not allowed to provide transportation*** to or from the Clinic for a client's evaluation or therapy session. The university administration is concerned about liability issues that may arise in such a situation, which could impact the university, the program, the student and the client.

## **CLINICAL PROCEDURES**

### **Confidentiality**

#### **A. [ASHA CODE OF ETHICS](#) Principle of Ethics I, Rules of Ethics O and P states....**

**Rule O: "Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.**

**Rule P: "Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, legally authorized, or is otherwise required by law.**

Clinicians need to be aware of their client's right to confidentiality. You need to monitor both your written and verbal communications to ensure those rights. The following guidelines will help ensure client confidentiality.

**Never** discuss your client by name *except as necessary* with your clinical supervisor, and in the appropriate, confidential setting. When presenting information about your client during a class assignment, do not refer to your client by name. You can easily substitute "my client" for their name.

**Never** discuss your client in a public area such as the ***Clinic Lobby***. A patient may be easily

identified by description or circumstance of injury, characteristics, service provider, etc.; therefore, refrain from discussing your client PERIOD.

**Never** leave reports, session plans, or other written information containing client information unattended or uncovered. The clinic rules regarding checking out and returning client folders should be strictly followed. DO NOT leave working folders or permanent record folders in your mailboxes. ALL client records will be returned to the office when not immediately in use.

**Never** take a client folder (or related paperwork) home and do not remove or copy information from a client folder.

**Never** discuss your client with other professionals or agency staff unless your client has approved the communication in writing, by signing the Release of Information or Request for Information document(s) as required.

Student Clinicians are required to read, understand, and apply HIPAA policies and procedures, the information regarding client confidentiality as reviewed in the initial clinic meeting at the beginning of the fall semester. For additional information, students should review the **Notice of Privacy Practices (Located in Folder A on Blackboard)**.

**Student Clinicians will receive HIPAA training and must pass a test before he/she is allowed to see patients. In addition, the student must read and sign the student agreement and submit to the Clinical Education Coordinator prior to beginning their clinical practicum. HIPAA Privacy Practice Student Agreement (Located in Folder C on Blackboard).**

- *Violation of the policies described in the Clinic Manual will result in disciplinary action from the Program in Communication Disorders. Disciplinary action will affect the clinic grade.*
- *Multiple violations of these policies will result in dismissal from practicum and loss of clock hours obtained. In that instance, the Program Committee will meet to discuss the student's progress toward his/her degree.*

### **CLIENT LATE ARRIVAL FOR APPOINTMENTS POLICY**

At the beginning of the semester of therapy, the client or guardian should be informed about the policy for late arrival for a scheduled appointment. Student clinicians are required to wait 20 minutes for a client scheduled for an evaluation or for therapy. In addition, the client should be informed that therapy cannot be extended past the scheduled time because of the demands upon clinician time and therapy rooms. Only the Clinical Supervisor may permit an exception to this rule.

### **CLIENT ABSENCES FROM THERAPY**

A client with excessive unexcused absences may be dropped from therapy. The decision to terminate therapy will be made by the Clinical Supervisor following review of the circumstances surrounding the absences.

Typically, if a client has missed three consecutive sessions without reason, they will be dropped from therapy. If a client misses a therapy session without notifying the clinic, the client should be contacted by the Office Manager, Clinical Supervisor or by the student clinician with the supervisor's permission.

Cancellations are reported to the graduate student clinician and the Supervisor by the Office Manager. The graduate student clinician is responsible for notifying the undergraduate clinician of the cancellation. The student clinician/supervisor is not required to make up a client's missed

therapy appointments. Make-up sessions are at the discretion of the Clinical Supervisor.

### **THERAPY SCHEDULE CHANGE FOR CLIENT**

All changes in the patient's schedule are made by the Clinical Supervisor and are reported/rescheduled through the Office Manager.

### **CLINICIAN ABSENCES FROM THERAPY**

The Clinical Supervisor should be notified of absences of student clinicians from clinical sessions and determines if the absence will be excused. The student clinician is prohibited from cancelling a therapy appointment. The supervisor will make the decision whether the client's therapy will continue or not and will advise student regarding contacting the Office Manager and undergraduate clinician.

### **INCLEMENT WEATHER**

If the University of Arkansas is closed due to inclement weather, the UA Speech & Hearing Clinic will be closed to patients/community. Students may not cancel appointments due to inclement weather. The decision to cancel clinic appointments is determined by the Clinical Education Coordinator. Closings will be posted on local media. If you are unsure, contact the Office Manager, your Clinical Supervisor or the Clinical Education Coordinator.

### **CLINICAL PROCEDURES FOR PRACTICUM**

ASHA Code of Ethics: [Principle of Ethics I](#), Rules of Ethics C.

*Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.*

ASHA Standard V-C: The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The student clinician must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV. (2014 ASHA Certification Standards)

### **RECORDING CLINICAL CLOCK HOURS AND SKILLS TYPHON**

The student clinician is responsible for recording actual time spent in therapy with a client and submitting hours for supervisor approval via Typhon. Minutes of therapy should be divided between as many of the nine areas as are addressed in a given session. At the end of the semester, the Clinical Supervisor should evaluate the student in any area for which clock hours were obtained.

Clock hours and Cumulative Evaluations are completed at the end of each semester and by each Clinical Supervisor who has supervised a clinical experience for the student. Typhon experience reports

are available to the students by emailing [cdis@uark.edu](mailto:cdis@uark.edu) . Student typhon training/tutorials are available in Typhon under the Help section of the main menu.

## **CLINICAL DOCUMENTATION**

### **CLIENT FOLDERS**

Prior to the implementation of an Electronic Medical Record's (EMR) system, client records are contained in a folder and assigned a folder number. While we transitioned to using EMRs only, client folders were placed in file cabinets in the Student Observation/Library Room (134) which is accessed only by authorized graduate student clinicians and faculty/staff. Student clinicians will be instructed by their supervisor to obtain records from these files in the unlikely event the records are not in Point and Click. Student clinicians with permission to conduct a chart review must sign the check-out sheet located in the Student Observation/Library Room. Folders must always be in the clinician's possession. All folders must be returned promptly when not actively being used for chart review. All folders must be checked-in before 5:00pm as access to the Student Observation/Library Room after that time is not permitted.

### **Folders must not be removed from the Clinic.**

Client Folders should be accessed only if related to job duties or clinical assignments. Students are not permitted to access a patient's record if they are not providing clinical services to that patient. Any clinical records with Protected Health Information (PHI) (e.g., test protocols, case history forms, clinical notes, etc.) must be kept under lock and key at all times unless being actively used by authorized personnel. As a general rule:

File Cabinets, Desk Drawers and Computer must be closed and locked when not supervised by the Office Manager. The Clinic Office will be locked when unattended.

Records must be out-of-sight in desk drawers and locked when not in use. Any client information must be password protected and encrypted on office computers.

Clinicians can only check out files when they are actively working with them and files must be returned to the clinic office when work is completed. The File Room automatically locks at 7:00 pm Monday-Friday and is not accessible to students on the weekends. File Room door cannot be propped open. Client Folders cannot be left in student areas or student mailboxes unattended.

### **POINT and CLICK (P&C)**

The University of Arkansas has implemented the use of an EMR system that includes: scheduling, billing, and all medical records. Students will be trained on how to use P&C for diagnostic evaluations and therapy. Six stations in room 174 are designated for P&C use only. Students must log in to the computer and close and log off the computer if leaving the workstation (even for one minute).

- ✓ **PATIENT DOCUMENTS SHOULD NEVER BE EMAILED TO ANYONE (INCLUDING SUPERVISOR)**
  - ✓ **PATIENT DOCUMENTS SHOULD NEVER BE SAVED TO PORTABLE DEVICES (e.g., thumb drives, laptops, etc.)**
  - ✓ **PHI SHOULD NEVER BE INCLUDED IN AN EMAIL**
- The safest way to communicate information about your patient is face-to-face with your supervisor
- Refer to your patient by saying, "my client on Wednesdays at 2:30" as opposed to using a folder number or initials
- Using more than one descriptor of a patient risks patient privacy and security.

## **ROLE OF SUPERVISOR**

**Standard V-E:** *Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development in clinical instruction/supervision.*

*The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.*

The Program Faculty and Staff supervise students in clinical practice at the UA Speech & Hearing Clinic. Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client and must take place periodically throughout the practicum. These are minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

The graduate student clinician will submit clock hours to the assigned clinical supervisor for approval/verification via Typhon, a web-based clinical documentation system. Amount of supervision provided to the student is recorded in the daily clock hours submitted. Supervisors also use Typhon to evaluate the student's clinical skills demonstrated in the nine communication domains across the lifespan and in the areas of evaluation, intervention, and professionalism/preparedness/personal qualities (Standard V- Skills Outcomes). Supervisors should complete an evaluation of students' clinical skills for each diagnostic performed, each therapy case assigned, or any other clinical experience (e.g., mass screenings) at midterm and end of term. In addition to observation and Typhon evaluations, the supervisor will use additional means of evaluating student clinician performance – such as conferences, audio and video recordings, written evaluations, rating instruments, inspection of evaluation plans, and written reports.

The clinical supervisor will inform the student clinician concerning specific requirements pertaining to conferences, lesson plans, reports, and specific evaluation procedures. **The Student Clinician's first contact regarding a client is always with their assigned clinical supervisor**

## **PATIENT INTAKE AND ADMISSION PROCESS**

The forms and information identified in this section are obtained for each patient of the UA Speech & Hearing Clinic

1. When a request for therapy is received at the University Clinic, the Office Manager will input that information into P&C.
2. **Patient Registration/Admission New Patient Packet (Located in Folder A on Blackboard)**  
By completing this packet, the client or guardian consents to the client's enrollment in the clinical services and acknowledges awareness of the nature of services provided and possible use of case information for educational purposes. No therapy will be conducted without this completed packet. Billing authorization is included in this packet as well as the client's acknowledgement of receipt of the Notice of Privacy Practices.

3. **Notice of Privacy Practices (Located in Folder A on Blackboard)**

4. **Case History Forms (Located in New Patient Packet in Folder A on Blackboard)**

These vary in content depending upon the age of the client and the disorder type. Case history information is completed by the client or guardian providing preliminary background history information. The following forms are utilized in the UASHC:

- *Speech-Language-Case History for Children*
- *Hearing Case History for Children*
- *Speech Language Case History for Adult*
- *Hearing Case History for Adult*

5. **Permission for Request/Release of Information Form (Located in New Patient Packet in Folder A on Blackboard)**

One section of this form permits the client, guardian, or Clinic to request information about the client from individuals or agencies specified on the form. It is typically used to obtain information concerning any diagnostic and/or treatment services being provided by other professionals.

The other section of this form permits the client or guardian to authorize the Clinic to release relevant case information to individuals or agencies specified on the form. It is typically used to send a copy of our evaluation report to other professionals or agencies involved in the client's treatment.

6. **Media and Observation Release Form (Located in Folder A on Blackboard)**

This form allows us to use and pictures or video taken during diagnostic and therapy sessions for instructional and/or promotional purposes.

7. **Edible Release Form (Located in New Patient Packet in Folder A on Blackboard)**

This provides information regarding dietary restrictions.

## **DIAGNOSTIC PROCEDURES**

The Diagnostic Clinic provides experiences in the evaluation of children and adults and with a variety of types and severities of communication disorders. Evaluation refers to those hours in screening, assessment, and diagnosis of communication disorders that are accomplished before the initiation of a treatment program, or to update a treatment program. A graduate student in speech-language pathology must obtain diagnostic practicum hours in each of the nine communication domains, and across the lifespan (young child, child, adult, older adult). Clinical skills must also be developed. A student's clinical skills are assessed using the minimum competencies described in the Evaluation of Practicum section of the Manual as well as the Cumulative Evaluation completed in Typhon.

## **DIAGNOSTIC PRACTICUM ASSIGNMENTS**

Clinical supervisor-graduate clinician assignments are made at the beginning of each semester. Speech- Language Pathology Graduate Students are assigned to speech/language diagnostic practicum following completion of or during the course CDIS 4183 "Clinical Assessment of Speech and Language Disorders" or its equivalent. Graduate Students will be involved in audiology evaluations intermittently as part of their graduate program either at the University Clinic (or an Off-campus location if needed). Audiology Diagnostics are assigned by the Clinical Education Coordinator and/or the Clinic Audiologist.

Graduate Students will be involved in speech/language evaluations every semester of their graduate program either at the University Clinic or an Off-campus location. Graduate Students are assigned diagnostic cases by appointed Clinical Supervisor and/or the Clinical Education Coordinator.

## SEQUENCE OF EVENTS FOR SPEECH/LANGUAGE OR HEARING DIAGNOSTIC

A Speech/Language or Hearing Evaluation consists of the following:

1. Intake Forms Packet sent to client prior to evaluation appointment
2. Student clinicians meet with diagnostic supervisor to prepare for evaluation - The Diagnostic Supervisor will instruct the student clinician in the preparation for a specific evaluation. The general procedures of steps 3, 4, and 5 are a natural part of any diagnostic. However, the interview style, administration of tests for a particular client age and disorder type, and recommendations will vary depending on the diagnostic expertise of the supervisor. To guide your preparation, use resources such as [Planning for Assessment from Paul, R. and Casella, P. \(Eds.\). \(2007\). Introduction to clinical methods in communication disorders \(3rd ed.\). Baltimore, MD: Brookes Publishing Co., Inc.](#) Additional resources from ASHA mentioned preciously in the Manual include Preferred Practice Patterns for Speech-Language Pathologists, Evidence-Based Practice policies and searchable documents by topic in Practice Guidelines
3. Submit diagnostic plan to supervisor (*Located in Folder B on Blackboard*)
4. Initial interview with client and/or guardian after review of case history information
5. Administration of diagnostic tests battery – It is expected that the student clinician practices administration of each test in the battery multiple times prior to administering the assessments planned for the diagnostic evaluation.
6. Recommendation conference with client and/or guardian
7. Patient Check-Out – At the completion of the diagnostic, the student clinician (with supervisory guidance) will complete the SuperBill and walk to the Check-Out Window for payment/processing.
8. Written report- A written report of a speech/language or hearing evaluation is required. Report templates are found in (*Located in Folder B on Blackboard*)  
**Speech and Language Diagnostic Report**  
**Audiology Evaluation Report**

The diagnostic supervisor will notify the student clinician of the actual date for report completion (no later than 7 days from date of evaluation) and will indicate due dates for drafts. When the Diagnostic Report is in the final form, it must be signed by student(s) and supervisor.

## THERAPY PROCEDURES

The Therapy Clinic provides experience in the treatment of children and adults and with a variety of types and severities of communication disorders. Treatment for communication disorders refers to prevention, clinical management (including direct and indirect services), progress in monitoring activities, and counseling.

A graduate student in speech-language pathology must obtain practicum hours in each of the nine communication domains, and across the lifespan (young child, child, adult, older adult). Clinical skills must also be developed. A student's clinical skills are assessed using the minimum competencies described in the Evaluation of Practicum section of the Manual as well as the Cumulative Evaluation completed in Typhon by supervisors.

## STUDENT THERAPY PRACTICUM ASSIGNMENTS

Graduate students will be involved in speech/language/hearing therapy every semester of their graduate program either at the University Clinic or an Off-campus location. Enrollment in the clinical practicum courses was described previously in the Clinic Manual.

Graduate Students will be placed with a client(s) under the supervision of a program clinical supervisor and assigned a specific time during the week for therapy appointments. These assignments will be made at the beginning of each semester by the Clinical Education

Coordinator. Students should also schedule regular times to be in the Clinic for preparation/planning and meeting with Clinical Supervisor regarding services to clients.

**Clinicians may receive therapy assignments throughout the semester.** The Clinical Education Coordinator and Office Manager coordinate the schedules of the Client, Clinician, and Supervisor to arrive at a therapy schedule. Clinicians will be notified of his/her clinical assignments by the assigned Supervisor. Clinicians need to check email and mailbox for new assignments **multiple times** throughout the day during the first weeks of the therapy semester.

## **SEQUENCE OF EVENTS IN THERAPY**

Events in Therapy Clinic for a typical semester consist of the following:

1. Clinical Practicum Meetings
2. Student Class Schedule
3. Clinicians Receive Therapy Assignments
4. Student Clinician meets with the Clinical Supervisor to prepare for therapy
5. Preparation of "Plan of Care" and "SOAP notes"
6. End of Semester Client Conference
7. Therapy Summary Report
8. Supervisor Evaluation of Clinician Performance
9. Recording Clinical Clock Hours
10. Final Conference with Clinical Education Coordinator

## **CLINICAL STAFFING/ GRAND ROUNDS**

All students must be available for clinical staffings/grand rounds throughout the semester as indicated by their Clinical Supervisor and/ or Clinical Education Coordinator. A weekly meeting will be held with students as a requirement of the clinical course *CDIS: Advanced Clinical Practicum*. Meetings with Clinical Supervisors as well as any clinical staffings are REQUIRED.

## **STUDENT CLASS SCHEDULE/ AVAILABILITY**

This form is completed by each Student Clinician at the beginning of the semester and returned to the Clinical Education Coordinator. The information on this form will be used to coordinate the schedules for student/client/supervisor therapy assignments.

At the beginning of each semester, the Clinical Education Coordinator assesses the clinical clock hours previously obtained by each student clinician. Determination is then made as to the clock hour and disorder type needs of each student clinician to meet clinical disorder type/hour requirements for graduation.

## **INITIAL CONFERENCE WITH CLINICAL SUPERVISOR**

The Student Clinician must schedule a meeting with the Clinical Supervisor before the beginning date of therapy to discuss the client's disorder and the approach to treatment. Before meeting with the supervisor, the student clinician should read the client's folder and outline previous evaluations and/or therapy procedures and research disorder type and possible interventions based on evidence-based practices.

## **PLAN OF CARE**

Once the student clinician has an understanding of the client's needs, s/he is required to write the Plan of Care (POC). The POC will stipulate the long-term goal(s) and short-term objectives of the therapy approach applicable to the client's communication disorder. The Clinical Supervisor must approve the Plan of Care prior to its

implementation. This will be saved in the client's file on *Point & Click (P&C)*. **Plan of Care Template ((Located in Folder B on Blackboard))**

## **THERAPY SESSION DOCUMENTATION**

Documentation is required for each therapy session. All documentation will be completed on *Point & Click (P&C)*. Students will receive training on P&C at the initial clinic meeting prior to seeing clients in their fall semester. Documentation consists of the following:

**Daily Session Plan (Located in Folder B on Blackboard)**

**Data Tracking Session Form-Longitudinal (Located in Folder B on Blackboard)**

**Record of Client Responses/Data Sheets (Located in Folder B on Blackboard)**

**Daily Progress Notes SOAP (Located in Folder B on Blackboard)**

These forms may be used to document therapy interaction or they may be modified by the supervisor. Ask the supervisor which form(s) should be used in therapy with a particular client. No folder or documentation forms are to be taken out of the clinic. The Daily Session Plan is prepared a week in advance by the student clinician and submitted for the clinical supervisor's review and approval. Your supervisor will instruct you on his/her preferred method for data collection and review in accordance to writing your daily session plan.

## **PATIENT BILLING FOR THERAPY**

The student is responsible for completing the Client Name, Date of Service, Supervisor, Primary Diagnosis, Billing, Units, and Procedure Code on the patient's SuperBill. At the completion of *each appointment*, the student clinician (with supervisory guidance) will complete the SuperBill (forms are in the Graduate Room Room 174) and will turn these in to the front office of the clinic for processing. It is important that you remember to complete and turn in an accurate SuperBill after each session.

## **END-OF-SEMESTER CONFERENCE WITH CLIENT**

The last therapy session in a semester will include an end-of-semester conference with the graduate students clinician, Clinical Supervisor, and the client and/or significant others. At this time recommendations for continuation or dismissal from therapy are discussed.

A client is dismissed from therapy once they have attained the therapy goal or once they have failed to make any progress during a given time interval. All dismissals from therapy are accompanied by a final case conference in which the reasons for dismissal are reviewed with the client and/or significant others and specific recommendations are made regarding needed follow-up procedures. A *Discharge Summary* should be completed for each client who is discharged. **Discharge Summary Form Template (Located in Folder B on Blackboard)**

## **FINAL CONFERENCE WITH SUPERVISOR(S)**

After the end of the therapy semester, student clinicians will meet with any Clinical Supervisor who has supervised the student in a clinical experience for the semester. Student should submit a Typhon Self-Evaluation, a self-evaluation of clinical expectations for diagnostics and therapy, and his/her portfolio/journal for supervisor review. The student clinician and the clinical supervisor will and discuss any clock hours that have not been approved and the student clinician's practicum evaluation, and a grade will be given.

*The student clinician should have all information pertaining to the client available to hand to the Clinical Supervisor at the time of the Final Conference.* Involvement in the semester of clinical practicum is not finished and a grade will not be reported for the student clinician until this conference is satisfactorily concluded.

Appointment times for the Final Conference will be posted by individual Clinical Supervisors.

## RE-EVALUATION PROCEDURES

A re-evaluation may be scheduled for each individual dismissed from the Clinic and takes place approximately six months following the date of dismissal. During the re-evaluation, the student clinician administers the appropriate examinations determined after consult with the supervisor. The client's present communication level is assessed, and recommendations are made.

When the results of the re-evaluation show satisfactory carry-over and stabilization of appropriate speech/language/hearing behavior, the client remains dismissed from the Clinic and the folder is re-filed with the other "inactive case folders." When regression is observed, it may be necessary to recommend additional therapy, and the client's folder is reactivated. At other times, regression is noted but the individual accepts responsibility for stabilizing adequate carry-over based upon recommendations made by the clinician, and another re-evaluation may be scheduled within three to six months.

## PROGRESS REPORTS

A written report of the semester of therapy is required for each client. All documentation will be completed in P&C. Guidelines for preparing the report can be found on [Therapy Progress Letter Templates \(Located in Folder B on Blackboard\)](#).

The clinical supervisor will notify the student clinician of the actual date for report completion which is generally no later than the one week past the last day of therapy for the semester. Therapy Progress Letter drafts are due on or before the last day of therapy. When the Therapy Summary is in the final form, it must be signed by both the student clinician and clinical supervisor. These letters are to be given or mailed to the clients and/or their families and scanned into Point and Click.

## EVALUATION OF PRACTICUM ASSESSMENT OF EVALUATION SKILLS

During the graduate program of studies in speech-language pathology at the University of Arkansas, students are provided with guidance and feedback about their developing clinical skills. As part of this process, clinical supervisors and students also track progress in meeting ASHA standards for the Certificate of Clinical Competence, particularly Standard V. Students are required to evaluate their own preparation and skills, with the supervisor providing feedback on a consistent and regular basis. The student should keep a portfolio/journal to detail clinical skills development through supervisory feedback, self-evaluations, etc. for end-of-semester review and documentation of clinical skills.

Student progress is assessed through Typhon Evaluations as well as documentation of the following skills, which are considered to be Minimal Expectations for diagnostic practicum. A student's grade for clinical courses are determined based on Typhon Evaluations from Supervisors and ***the minimum expected competencies*** for Evaluation Skills below.

### Planning:

- Identify relevant information from Case History &/or other documentation
- Summarize and report above information to supervisor, at time specified by supervisor
- Research potential formal and informal diagnostic instrumentation
- Write diagnostic plan draft (prior to meeting with supervisor)
- Schedule meeting with supervisor to review and make any necessary changes to the diagnostic plan.
- Practice performing procedures/tests prior to the diagnostic session
- Prepare the diagnostic room/setting in advance (setting up testing material, turning on equipment, arrange room, provide water if appropriate, etc.)
- Demonstrate a positive attitude toward client and clinic assignment (no negative statements or

complaints).

Do not let personal issues affect planning.

### **Performing the Diagnostic:**

Introduce self appropriately to client, parent/caregiver

Do not start diagnostic session without supervisor present

Use appropriate terminology

Administer test procedures appropriately

Score test items appropriately during administration of test, including, but not limited to, scoring outside of client's view.

Provide appropriate and effective instructions and model desired behavior

Observe relevant client behavior; keep focus on client, not procedure, equipment, etc.

Provide feedback that is appropriate for the client during the diagnostic session

If appropriate, perform hearing screening and/or oral mechanism exam

When provided, imitate supervisory model immediately

Listen to supervisor's counseling of client and write out recommendations made at the time

If supervisor is conducting diagnostic, student is still responsible for scoring and/or writing out observations

When appropriate, provide handouts/written information to family/client

Do not allow personal issues to affect performance of session.

### **Post-Diagnostic Procedures:**

Clean the diagnostic room, return all tests and equipment to appropriate places

Meet with supervisor to discuss interpretation, recommendations, and content of report.

Complete billing form and referral for therapy if appropriate

### **Report Writing:**

Proofread work before submitting any and all drafts.

Write report using appropriate terminology, spelling, punctuation, format, syntax, etc.

Make all corrections given by supervisor following initial draft.

Final report is to be signed within 7 days of the diagnostic session.

## **ASSESSMENT OF INTERVENTION SKILLS**

During the graduate program of studies in speech-language pathology at the University of Arkansas, students are provided with guidance and feedback about their developing clinical skills. As part of this process, clinical supervisors and students also track progress in meeting ASHA standards for the Certificate of Clinical Competence, particularly Standard V. Students are required to evaluate their own preparation and skills, with the supervisor providing feedback on a consistent and regular basis. The student should keep a portfolio/journal to detail clinical skills development through supervisory feedback, self-evaluations, etc. for end-of-semester review and documentation of clinical skills. Student progress is assessed through Typhon Evaluations as well as documentation of the following skills, which are considered to be Minimal Expectations for diagnostic practicum. A student's grade for clinical courses is determined based on Typhon Evaluations from Supervisors and the minimum expected competencies for Intervention Skills below:

### Planning:

- Read available information and research disorder and therapy methods/recommendations. Summarize and report above information to

supervisor, at time specified by supervisor.

- Develop appropriate treatment plans with measurable and achievable goals.
- Schedule meeting(s) with supervisor to review goals and objectives for the semester as well as to review individual session plans.
- Write session plans and have them approved by supervisor at least 24 hours prior to therapy session.
- Practice therapy techniques prior to session.
- Prepare the therapy room in advance (setting up therapy materials, turning on equipment, arrange room, etc.)
- Demonstrate a positive attitude (no negative statements or complaints).
- Discuss with supervisor appropriate reinforcement and feedback to be used with client and what is appropriate.
- Do not let personal issues interfere with planning therapy session.

#### Performing the Therapy Session:

- Introduce yourself appropriately to client, parent, caregiver.
- Start your sessions on time and record the exact times you begin and end the session. Explain therapy rationale and progress to parent, caregiver and/or client appropriately. Use appropriate terminology.
- Implement treatment plans appropriately.
- Select and use appropriate materials/instrumentation.
- Provide appropriate introduction/explanation of tasks to client.
- Use appropriate models, prompts, or cues to elicit desired behaviors from client and allow time for client response.
- Observe relevant client behavior; keep focus on client, not procedure, task/game, equipment, etc. Adapt therapy session to meet individual needs.
- Plan for and record appropriate data regarding client performance.
- When appropriate, provide appropriate homework/handouts/written information to client/family. When provided, imitate supervisory model immediately.
- If supervisor is conducting therapy session, still responsible for scoring/collecting data and/or writing out observations.
- Do not allow personal issues to affect performance of session.

#### Post-Therapy Procedures

- Clean therapy room; return all therapy materials and equipment to appropriate places.
- Use appropriate infection control techniques – wipe down tables, chairs, toys, etc. used during the therapy session.
- Meet with supervisor to discuss therapy session. Come to meeting prepared to discuss session and what you think could be done differently during next session to improve client and clinician performance.
- Complete SOAP notes immediately following therapy session. Make any corrections to SOAP notes and make sure they have been approved and signed by supervisor within 7 days of therapy session.
- Complete billing sheet after each session.

#### Writing:

- Proofread work before submitting any and all drafts.
- Write SOAP notes and reports using appropriate terminology, spelling, punctuation, format, syntax, etc. Make all corrections given by supervisor following initial draft.

## **ASSESSMENT OF INTERACTION SKILLS, PERSONAL QUALITIES AND PROFESSIONALISM**

- Do not GOSSIP.
- Do not use social media to discuss your patient (HIPAA VIOLATION!) or your SUPERVISOR/PROFESSOR
- Use of cell phones is prohibited during scheduled practicum hours.
- RESPECT your peers, supervisors, clinical staff, patients and their representatives, and the facility and rules of facilities.
- Bring appropriate materials and questions to meetings with supervisors.
- Maintain strict confidentiality and HIPAA compliance.
- Work cooperatively with other clinicians (equal distribution of responsibilities).
- Demonstrate appropriate professional appearance and dress (wear clinic uniform, no perfume/scented lotion, etc.).
- Respond appropriately to supervisor suggestions and follow through with recommendations in a timely manner.
- Use appropriate titles for client, client's family/caregivers, and supervisors.
- Understand boundaries of the client/clinician/supervisor relationship. Maintain a professional relationship with clients, patient representatives, and supervisors.
- Use appropriate **nonverbal** communication with supervisor, client, and client's family/staff/caregivers.
- Use appropriate and effective **verbal** communication with supervisor, client, and client's family/staff/caregivers.
- Immediately submit clock hours with comments on Typhon.
- Assume a professional level of responsibility and initiative in completing all requirements.
- Write any objectives for personal improvement and record evidence of progress and discuss (objectives and progress) with supervisor.

**\*Note:** Your grade in practicum will be based on these expectations as well as the Clinical Skill Competencies listed in Typhon.

## **PROCEDURES FOR DEALING WITH INADEQUATE CLINICAL PERFORMANCE**

Occasionally, a student may not take their responsibilities as a clinician seriously. The results may be inadequate performance in one or more aspects of clinical activity. For example, certain problems (tardy lesson plans, inappropriate dress, poor planning, and inadequate application of clinical methods) will be documented by the clinical supervisors. If there is a consistent pattern of one or more of these inadequate behaviors without improvement as the semester progresses, the clinical supervisor will conference with the student clinician alone or with the Clinical Education Coordinator. The student clinician will be informed that if the behavior continues the supervisor has the option of removing the student from clinical activities and assigning an "F" grade in clinical practice for the semester. Practicum grades lower than a "C" will result in a forfeit of the clock hours obtained for the semester.

A rating of "inadequate" in any area and/or a letter grade of "C" for clinical practicum suggests that the student has not demonstrated appropriate progress towards clinical skills/behaviors. Such ratings/grades necessitates a Clinical Improvement Plan in which the student may be required to complete extra work until that objective has been met and/or slow clinical program to focus on development of skills. Instructors are encouraged to attempt to remedy any weak areas during the semester, to avoid the need for remediation plans. If a Clinical Improvement Plan is necessary, the following steps will take place:

1. The Graduate Coordinator or Program Director and the Clinical Education Coordinator will meet with the student following discussion with the supervisor(s) involved.

2. An Improvement Plan will be created outlining the activities and/or experiences the student must complete to demonstrate adequate improvement of their knowledge and/or skills. This plan must include measurable goals that can be completed within one semester.
3. This plan will be then shared with the student.
4. Assigned supervisor(s) will serve as mentors toward the completion of the plan, unless stated otherwise by the Graduate Coordinator and Clinical Education Coordinator.

### **PENALTIES FOR VIOLATION STUDENT CLINICIAN POLICIES/PROCEDURES**

Violation of the policies described in the Clinic Manual will result in disciplinary action from the Program in Communication Disorders. Disciplinary action will affect the clinic grade. A practicum grade of 'C' or lower prompts a meeting with a member of the student's Academic Program Committee and Clinical Education Coordinator. If a Practicum Supervisor asks to terminate your clinical experience with his/her facility, you will not be reassigned and will receive an 'F' for the course. This and/or multiple violations of these policies will result in dismissal from practicum and loss of clock hours obtained. In that instance, the Program Committee will meet to discuss the student's progress toward his/her degree.

Gross negligence of the student to abide by policies and procedures can result in removal of the student from clinical practicum and a "failing" grade will be earned. Examples include excessive tardiness and/or absences, willful neglect of HIPAA policies/procedures, inappropriate behavior toward a client or patient representative, failure to complete patient documentation, etc. A general lack of compliance with any of the policies delineated in the Clinic Manual or lack of respect for students and/or faculty will result in lowering of the letter grade for clinical practicum.

### **STUDENT EVALUATION OF PRACTICUM SUPERVISOR**

The program conducts ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Students have ongoing opportunity to assess their academic and clinical education program. Results of the assessments are used to plan and implement program improvements that promote high- quality educational experiences for students.

Graduate students have the opportunity to evaluate/provide feedback to their clinical supervisors at the end of each semester of practicum in Typhon. Evaluations are anonymous and results are forwarded to the individual supervisor. Supervisors are encouraged to use the evaluation results to assess and modify their supervisory approach. Students are strongly encouraged to complete the evaluations of practicum supervisors.