

INTRODUCTION

This manual has been written to provide a uniform set of operating procedures that will allow faculty, clinical staff, student clinicians and office personnel to concentrate on serving the needs of clients. All persons involved with student practicum and/or provision of services in the USA Speech and Hearing Center are expected to become thoroughly familiar with the contents of this manual and to follow the policies and procedures described here.

MISSION STATEMENT

The University of South Alabama (USA) Speech and Hearing Center is operated and maintained as a clinical instruction facility of the Department of Speech Pathology and Audiology in the College of Allied Health Professions. The Center serves two primary purposes: to provide services in speech, language and hearing to citizens of Mobile and surrounding areas and to provide supervised experience for graduate students to meet requirements for graduation and obtain professional licensure/certification. Because the USA Speech and Hearing Center is a service facility as well as a teaching facility, this manual addresses both these purposes. Diagnostic and treatment services in speech, language and hearing are provided to persons of all ages and with all types of speech-language and hearing disorders.

The policies established for the Center are consistent with policies established by the university, college and department. Center policies also follow the scope of practice and ethical practice guidelines established by the American Speech-Language-Hearing Association. No discrimination is made according to ethnic origin, gender, age, religion and disability in evaluation and treatment of clients.

The Department of Speech Pathology and Audiology is fully accredited in both Speech-Language Pathology and Audiology by the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association. Changes in policies and procedures of the USA Speech and Hearing Center will be made from time to time in order to maintain compliance with accreditation requirements.

ORGANIZATIONAL STRUCTURE

Personnel

Chair, Department of Speech Pathology and Audiology

The Chair of the Department of Speech Pathology and Audiology is the chief administrator of the instructional and service functions of the Center. Although the Chair assumes ultimate responsibility for the management of the Center, policies are made after consultation with Coordinators of Speech-Language Pathology and Audiology, Clinical Supervisors and the Clinical Policies and Procedures Committee. Many, if not most, of the operational day-to-day decisions are the responsibility of the Coordinators of Speech-Language Pathology and Audiology.

Coordinators

The Coordinator of Audiology and the Coordinator of Speech-Language Pathology are responsible for the day-to-day coordination of clinical activities, e.g., planning supervised practicum experiences for students, coordinating faculty and staff supervision, making staff assignments, placing students in off-site practicum settings, developing new programs and procedures for clinical training and supervision, and ensuring adherence to CAA standards. The Coordinators also supervise student clinicians and, at times, provide direct clinical services. The Coordinators are responsible to the Chair of the Department of Speech Pathology and Audiology.

Clinical Supervisors

Faculty and professional staff of the Department of Speech Pathology and Audiology serve as Clinical Supervisors for students and, at times, provide direct clinical services. These activities take place in the Speech and Hearing Center as well as in off-campus settings. The amount of supervisory responsibility of Clinical Supervisors is dependent upon other academic/research/administrative duties that occur either during or between the academic semesters. Clinical Supervisors are responsible to the Chair and Coordinators in planning and implementing their clinical activities. They must adhere to policies and procedures outlined in this manual.

Clinical Fellows

The Clinical Fellows in Speech-Language Pathology are Masters-level employees of the Department of Speech Pathology and Audiology who are completing the Clinical Fellowship Year. Clinical Fellows maintain full-time caseloads of diagnostic and therapy appointments and are not required to adhere to the semester opening and closing dates which apply to student clinicians. Clinical Fellows are expected to adhere to all policies and procedures outlined in this manual and to be responsible to the Chair and Coordinators in implementing their clinical activities.

Student Clinicians

All students who participate in clinical activities as observers or as supervised student clinicians are considered part of the Center staff and must adhere to guidelines given in this manual, including professional and ethical considerations.

Center Receptionists/ Secretaries

The Center Receptionists/ Secretaries serve in this capacity for the Speech and Hearing Center. Responsibilities include answering telephones, collecting payments for goods and services, making therapy and diagnostic appointments, preparing files for new clients, maintaining clinical files, printing reports and notifying supervisors and student clinicians of client absences. Personnel in the clinic office are also responsible for ordering clinic forms and supplies and xeroxing clinical materials as needed. Procedures for these activities are outlined by the Chair, Coordinators and Business Manager and are contained in the Speech and Hearing Center Policies and Procedures Manual.

Business Manager

The Business Manager for the Center directs formulation of financial plans to support the Center's financial needs. The manager directs implementation of the financial plan that includes budget preparation, expense and revenue tracking and reporting and oversight of day-to-day financial operations. The Business Manager meets with a responsible party for each therapy client at the beginning of each semester for the signing of financial agreements forms and also develops and supervises financial plans for extended payments on hearing instruments and assistive listening devices.

Billing and Collections Clerks

The Billing and Collections Clerks are responsible for maintaining financial records for the Speech and Hearing Center. They file insurance and send bills for services rendered and are available to clients to discuss fees. Procedures for these activities are outlined by the Chair.

Academic Secretary

The Academic Secretary assists in the administration of the academic program of the Department of Speech Pathology and Audiology. This secretary maintains all student academic records, processes paperwork for graduate assistantships, organizes graduate applications, orders supplies for the classroom and monitors the department budget. Procedures for these activities are outlined by the Chair.

Departmental/Graduate Assistants

Departmental assistants sometimes work in the Academic and Center offices under the direction of the Academic Secretary or the Center office personnel. Graduate Assistants are also assigned to various faculty and staff members each semester, their assignments being made each semester by the Chair of the department. Each Graduate Assistant is responsible to the individual faculty member or secretary to whom s/he is assigned. Work responsibilities for these assistants begin the first day of class each semester and end on the last day of final exams.

GENERAL SERVICE POLICIES

Referral and Admission of Clients

The University Speech and Hearing Center maintains an "open" referral system. That is, any individual, agency or institution may refer persons in need of clinical services in speech, language or hearing. Since the instructional function of the Center requires a varied caseload for student practicum and imposes limitations on the number of persons accepted at one time, persons referred for evaluation and/or treatment are not necessarily accepted on a first-come, first-serve basis. The following guidelines are used in determining how clients receive priority in scheduling:

1. Priority is given to clients currently receiving treatment (enrolled the previous semester), clients with consistent attendance and parent/family involvement, clients demonstrating good progress, clients with whom student clinicians need experience and clients from the waiting list who were not enrolled the previous semester due to space limitations.
2. When possible, the following types of clients are seen as soon as a request is received: voice, fluency, adult neurogenic and cochlear implant clients as well as clients with sudden or injury-related hearing loss.
3. Diagnostic referrals from other USA departments, such as Pediatrics, Medical Genetics, Neurology or ENT, are given priority when possible.
4. Clients who are not regular in keeping therapy appointments, whose progress is limited due to lack of parent/family involvement and clients who are already receiving services elsewhere are given lower priority. (Two unexcused absences or four excused absences are basis for dismissal.)
5. Although ability to pay is not the only criterion for enrollment, the client or family member is expected to make payment of fees. Parents/family members/clients must sign a Clinical Services Agreement with the Business Manager prior to enrollment in a treatment program. Alterations in fees may be made at the suggestion of a Clinical Supervisor, but must have the approval of the Business Manager.
6. Clients are referred to other speech and hearing professionals when the clinic program is not able to meet their particular needs or not able to schedule them in a timely manner.
7. With the above exceptions, clients are seen for diagnostic and therapy services on a first-come, first-serve basis.

Criteria for Discharge from Treatment Program

Clients may be discharged from treatment for the following reasons:

1. The client has achieved long-range objectives/scores within normal limits on assessment.
2. Assessment procedures suggest that the client is not continuing to show progress toward objectives.
3. The client's progress and/or behavioral adjustment to the treatment program suggest that a temporary discharge is appropriate.
4. The client and/or family have failed to comply with attendance or other requirements of the treatment plan.
5. The client and/or family have not been responsible for financial agreements signed at the initiation of treatment.
6. The client is moving to another locale.
7. The client or client family chooses to discontinue treatment.

Criteria/Procedures for Client Follow-Up

1. Recommendations for follow-up are clearly stated in the "Recommendations" sections of evaluation and summary reports.
2. A "tickler file" is maintained using the report recommendations. Clients are contacted by the Clinic Coordinator or the Clinical Supervisor regarding recommended follow-up. The client response to recommended follow-up is documented in the client chart.
3. Follow-up recommendations are routinely made when:
 - a. It was not possible to obtain definitive diagnostic information.
 - b. When clients have borderline performance on speech/language testing.
 - c. When additional testing is required following medical management.
 - d. When follow-up is needed to modify and/or verify hearing aid performance.

Fees for Services

A large percentage of funding for the Center is generated through fees charged for services. These fees are used to support clinical services in the form of personnel, equipment and continuing education for clinical supervisors. The Chair, in consultation with the Business Manager and the Clinical Policies and Procedures Committee, is responsible for establishing a fee schedule for all clinical services in speech, language and hearing. A published fee schedule is available from the Billing and Collections Clerk.

Reductions in fees are available for students and their immediate families (spouse, children) for any services that are not covered by insurance.

HIPAA

The Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) took effect April 14, 2003. Although client confidentiality has always been a priority at the Center, the new federal regulations mandated that the Center, being a Covered Entity, establish further safeguards for protected health information (PHI). In compliance with HIPAA, all faculty and staff, as well as students involved directly or indirectly with client care, receive annual training regarding the Privacy Rules. Additionally, the Center makes available to each client a Notice of Patient Privacy. All faculty, staff and student clinicians are expected to be familiar with and adhere to the privacy rules/protocols.

GENERAL TRAINING POLICIES

The Chair and Coordinators establish and supervise procedures that assure that graduates obtain the appropriate distribution of supervised practicum hours required for certification and licensure in Speech-Language Pathology and/or Audiology. Further, they establish and supervise procedures that allow students to obtain the required 25 hours of observation prior to practicum experience. Students are informed of such procedures and assume responsibility for recording and keeping copies of all clinical observation and practicum hours.

Observation of Clinical Activities

Most students must obtain a minimum of 25 hours of observation of clinical activities to be eligible for enrollment in the practicum courses in which direct client contact hours are obtained. University of South Alabama undergraduate and pre-professional students earn these 25 hours of clinical observation/participation activities in SHS 480, a pre-practicum course. Observation hours are recorded on the Observation Hours Form (Appendix A, Form 1) and signed by the supervisor of the session observed. The 25 minimum observation hours must be obtained in the USA Speech and Hearing Center. With permission of the appropriate Coordinator, additional observation hours may be obtained at off-site locations. Students who enter the SLP graduate program from other universities and who have not completed the 25 hours observation should arrange with the appropriate Coordinator for completing these. Students entering the graduate program who have completed observation hours at another university must provide an official copy of these to the appropriate Coordinator. Students entering the AuD program who have not previously earned the 25 observation hours are not required to do so.

Guidelines for Observations

Instructions for observations are given in SHS 480 for undergraduates at USA. Students are expected to conform to appropriate professional dress and behavior. Student clinicians may observe other students only with the approval of the supervisor. Observation forms must be signed by the Clinical Supervisor of the session **DURING OR IMMEDIATELY AFTER THE SESSION** in order to receive credit. Students are responsible for keeping track of observation records until the total 25 hours have been accrued. At that point, the department will officially record the clock hours of observation and provide students with a verification document.

Undergraduate Practicum Experiences

Undergraduate students do not obtain direct clinic contact hours as part of the undergraduate curriculum. However, when enrolled in SHS 480, they are assigned responsibilities as Clinical Aides. As an Aide, the undergraduate student is assigned to work with a graduate student/client pair throughout the semester. Occasionally, undergraduate students obtain clinical practicum hours after completion of the B.S. degree but before enrollment in a graduate program and wish to have those hours count toward ASHA requirements. Such clock hours count as undergraduate clock hours only and will be considered on a case-by-case basis.

Graduate Practicum Experiences

Graduate students in speech-language pathology obtain practicum experiences through SLP 596 (Graduate Practicum in Speech-Language Pathology) during their first four semesters and SLP 598 (Field Externship) during the final semester. AuD students obtain practicum experiences the majority of the semesters through AUD 670, 671, 672 and AUD 676 (Field Externship). Graduate student clinicians assume increasingly greater responsibility for case management, including diagnostics, planning and conducting treatment sessions, working with family members of clients and in relating to other professionals involved with clients. Normally, graduate students should expect to average eight-ten hours of clinical work per week for each three hours of academic credit. Students who are in the process of thesis research may elect to enroll in SLP 596 for two rather than three credit hours with the approval of the thesis director.

Graduate students generally complete the first 150-200 hours of clinical practicum in the USA Speech and Hearing Center, directly supervised by USA faculty/staff. After this time, students may be scheduled for off-campus clinical assignments. Assignments for off-campus practicum are scheduled by the Coordinators and are based on the mutual interests/needs of the graduate student and the staffing needs of the Center. Students are assisted by the Coordinator in obtaining and monitoring their distribution of practicum hours per ASHA specifications (see Appendix B).

On occasion, students ask to pursue additional clinical contact hours in settings of their own choosing during semester breaks at the University. In order to receive credit for these experiences, the student must obtain prior approval from the appropriate Clinic Coordinator, and the clock hours obtained must be signed by the supervisor at the time they are obtained. Such requests may not be automatically granted, and clock hours obtained in such settings may not preclude additional practicum in similar settings. **Students should realize that they are not covered by the University group liability insurance in such independently-arranged situations since they are not formally enrolled in a practicum course.**

Graduate Field Externship

A 3.0 GPA in graduate courses is pre-requisite for enrollment in graduate field externships. All academic requirements must be completed/approved prior to the externship. Students are not considered eligible for the externship until the comprehensive examination has been passed and the research project (if any) has received final approval. Graduate Field Externship in speech-

language pathology (SLP 598) occurs the last eight weeks of the last semester of graduate work.

The typical SLP graduate student will have completed a minimum of 250 clock hours at this point, at least 200 hours of this being at the graduate level. SLP students must select the site of the field externship by the end of the summer term prior to the externship semester by consulting with the SLP Clinical Coordinator. Final plans for the field externship must be made no later than October 1 prior to the externship semester so that necessary paperwork can be completed. If no specific site is requested, the Coordinator will assign one.

Audiology students complete a nine-twelve month, fulltime field externship (AUD 676) during the last year of the AuD program and typically will have completed a minimum of 500 clinical contact hours prior to that time. AuD students must select the site of the field externship by the beginning of the Spring Semester prior to the final year by consulting with the AuD Coordinator. Final plans must be made no later than March 1 prior to the externship semester so that necessary paperwork can be completed.

SLP and AuD Coordinators consult with the field supervisors during the externship regarding the student's progress and will make on-site visits where feasible. The field supervisor provides a written evaluation and suggested grade at the end of the externship semester. The final grade responsibility lies with the Coordinator.

Grading Policies

Evaluation of performance in clinical practicum is based on "Performance Expected" in relation to the student's level of training. The criteria of acceptable performance will become higher as the student gains clinical experience and acquires more advanced academic training. A grade of "A" indicates that the student has performed significantly above the level of competence commensurate with his/her level of training. A grade of "B" indicates that the student's performance was generally within the level of competence. A grade of "C" is not acceptable for graduate work. A grade of "I" can be assigned only in accordance with university policy for doing so and must be removed before the student enrolls in another practicum course.

Faculty/staff members who are supervising students are expected to provide regular verbal and written feedback to student clinicians regarding performance in treatment and diagnostic sessions (see Appendix A, Forms 2 and 3). Written evaluations must be made at midterm and at the end of the semester using the Practicum Evaluation Form. The Practicum Evaluation Form MUST be discussed with the student, signed by both the student and the supervisor, and the summary page of the form placed in the student's clinic file. Students who are supervised by more than one faculty supervisor will have separate ratings from each supervisor, and the ratings will be weighted according to the amount of clinical work completed with each supervisor. The Coordinators of Speech Pathology and Audiology are responsible for collecting and averaging the practicum grades of graduate clinicians.

Students will receive orientation regarding the use of the clinical practicum evaluation form and the manner in which grades are computed.

CLINICAL SUPERVISION

Clinical Supervision in the Department of Speech Pathology and Audiology is conducted in compliance with guidelines set by the Council on Academic Accreditation of the American Speech-Language-Hearing Association. Each Clinical Supervisor must hold a current Certificate of Clinical Competence in the appropriate area of supervision (Speech-Language Pathology or Audiology) and must hold a current Alabama license.

Supervision of students in treatment sessions and in diagnostic evaluations is tailored to the individual student's level of competence. As students advance through each semester of practicum, they are expected to maintain skills previously acquired. Clinical supervision generally involves demonstration and specific instruction for students who are either beginning clinicians or unfamiliar with procedures. As students gain experience, supervisors are more likely to guide students through questioning and through emphasis upon self-evaluation techniques. The goal of the supervisory process is to enable student clinicians to evaluate their own clinical performance continuously after they graduate.

Guidelines set by the Council on Academic Accreditation (CAA) require that SLP supervisors observe a minimum of 25% of treatment sessions and 50% of diagnostic sessions. Supervisors maintain a log showing dates/times of observation. Clinical Supervisors are expected to provide both written and verbal feedback to student clinicians on a regular basis. Supervisors usually hold weekly conferences with student clinicians, on an individual and/or group basis, to discuss client progress, future treatment plans and clinician performance.

Supervision in Audiology, as outlined by CAA, is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected, in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Clients assigned to Clinical Supervisors are the responsibility of that supervisor until treatment is terminated or they are transferred to another supervisor. Supervisors are responsible for conferences with parents or family members of clients and for relating to other professionals involved with clients. In the event of illness or emergency on the part of the client or the student clinician, the Clinical Supervisor will make decisions about the management of sessions missed. All Clinical Supervisors are ultimately responsible for record-keeping related to their clients and must follow routine Center policies and procedures regarding client management.

An "Evaluation of Supervision" form is available for use so that supervisors may receive feedback from Student Clinicians regarding the supervisory experience (see Appendix A, Form 6). These forms will be placed in the Student Clinicians' mailboxes at the end of the semester. Students should return the completed forms to the Departmental Secretary.

STUDENT CLINICIANS

General Policies and Procedures

Supervised graduate students admitted to clinical practicum are considered part of the clinical team and are responsible for following the general guidelines and policies of the Speech and Hearing Center. All clinical work by a student, either in the Speech and Hearing Center or in an off-campus setting, must be supervised by a clinician holding the Certificate of Clinical Competence in the appropriate area of supervision (Speech Pathology/ Audiology) and, unless exempt by law, a state license. Clinical hours for student practicum in any off-campus facility must be approved by the appropriate Coordinator after being signed by the immediate supervisor. All clock hours must be recorded as outlined in this manual and checked by the appropriate Coordinator before the student leaves the program. The student is provided with a signed copy.

Speech-Language-Hearing Screening

Prior to enrollment in the first clinical practicum, potential student clinicians must receive a speech/language/hearing screening. This screening is usually conducted for undergraduate students in conjunction with SHS 291 and for incoming graduate students at orientation. The decision to fail a student in any of the above areas is made by a Clinical Supervisor. A student failing the screening will receive a complete diagnostic evaluation and may be required to enroll in a therapy program prior to becoming a Student Clinician. A committee composed of Clinical Supervisors will review and act upon these cases once per semester. Students must be able to comply with the university's statement on "Core Performance Standards" (Appendix B).

Liability Insurance

Student Clinicians are required by the University to maintain professional liability insurance, which protects the student in both on-campus and off-campus clinical settings. Group insurance is provided through the College of Allied Health Professions; students are charged a small fee for this at registration once per year. Occasionally, a student must purchase additional personal liability coverage when assigned to certain off-campus sites; this can be obtained at minimal cost.

Immunization Requirements

The College of Allied Health Professions requires that graduate students in the Department of Speech Pathology and Audiology, as well as all faculty/staff working with clients, obtain the Hepatitis B vaccine and annual TB skin tests. Proof of compliance with these requirements or a signed waiver must be on file in the department. The Infection Control Monitor in the department is responsible for informing students about these requirements yearly and monitoring compliance. USA requires that all first-time entering students born after 1956 must have had two doses of a measles-containing vaccine (rubeola, MR, MMR) prior to registration. One dose

must have been after 1980 and at least one of those doses must have been an MMR. Complete information about these requirements is contained in Appendix D. Two forms must be completed and submitted to the Infection Control Monitor.

Background Checks/Drug Testing

The College of Allied Health Professions and the Department of Speech Pathology and Audiology require that graduate students complete background checks as they enter the program. Each student will be provided with a copy of the policy as well as instructions for completing the background check online. The results for each student are available to the individual student and to the appropriate Coordinator. The information is kept in the Coordinator's offices and shredded when the student graduates. Off-campus sites will be informed that the student has passed a background check. In the event of a problematic background check, the appropriate Coordinator will call a meeting of the Clinic Committee, which will discuss the results and determine impact on the student's status in the program.

Certain off-campus sites may require additional background checks, drug testing and/or fingerprinting and may request the actual documents. They student may be required to pay for these. Students will be notified of these requirements in preparation for placement at those sites.

Professional Conduct

Whenever a student clinician is involved in professional contact with clients, the student's behavior is expected to reflect the highest level of professionalism (see Appendix C, ASHA Code of Ethics). Clients/family members form initial impressions based on professional appearance and behavior. A poor initial impression may be difficult to change and may affect the relationship between the client and clinician. HIPAA protocols must be complied with during all interactions with clients, whether in person, by telephone, email or FAX.

Dress Code: Students should dress in a manner appropriate to the professional situation. Diagnostic evaluation sessions, initial meetings with clients, and parent/family conferences are occasions when particular care should be given to appropriate professional dress. Although styles of dress may vary from time to time, excessively casual attire (jeans-style pants, t-shirts, shorts of any kind, athletic clothes/shoes, flip-flops) and excessively revealing attire (very short skirts, low necklines, shirts and pants that do not meet in the middle) are not acceptable when seeing clients. The student clinician should present a neat, well-groomed appearance. Students are required to adhere to this dress code when conducting clinical or research activities off-campus and when meeting research subjects in the Center waiting room. If any questions arise concerning dress, the student clinician should consult with his/her Clinical Supervisor.

Preparation: Students should plan to be in the Center at least 15 minutes prior to clinical appointments. If class schedules make it difficult for the student to be prepared prior to clinical activities, the supervisor should be notified so that adjustments in the schedule may be made. If the student must be unavoidably late or unable to meet an appointment, the Center must be notified immediately. The Clinical Supervisor will make the decision about the management of

that clinical appointment.

STUDENTS ARE NOT TO CONTACT A CLIENT OR PARENT DIRECTLY TO CHANGE AN APPOINTMENT UNLESS AUTHORIZED BY THE SUPERVISOR.

Cancellations, except in the case of extreme emergencies, should be avoided. Students who miss a clinical appointment for any reason are required to arrange a make-up session. Make-up sessions are encouraged for sessions canceled or missed by the client.

Privacy Rules: Students should maintain a professional attitude concerning clinical work even when outside the Center. They should not discuss clients or clinical activities with friends or even family and not with fellow students if outside the clinic. All information concerning clients and their families is confidential and MUST not be communicated to any outside person or agency by a student clinician. All clients should be treated in a friendly and understanding manner. Efforts should be made to make them feel that they are receiving the full time and attention of the clinical personnel.

STUDENTS MUST NOT BE IN THE CLINIC OFFICE OR WAITING ROOM UNLESS PARTICIPATING IN CLINICAL DUTIES. DISCUSSION OF CLIENTS MUST BE DONE ONLY IN A PROFESSIONAL MANNER, IN ACCORDANCE WITH HIPAA PROTOCOLS, AND IN AREAS WHERE INFORMATION CANNOT BE OVERHEARD BY OTHERS, I.E., NOT IN THE WAITING ROOM OR CLINIC OFFICE.

STUDENTS MUST NOT USE THE CLINIC FACILITIES AND EQUIPMENT FOR TESTING FAMILY MEMBERS OR FRIENDS UNLESS A SUPERVISOR IS PRESENT. THIS RULE APPLIES TO AFTER-HOURS, HOLIDAYS AND WEEKENDS, AS WELL AS REGULAR CLINIC HOURS OF OPERATION.

Health Concerns: **CHILDREN SHOULD NOT BE GIVEN ANY FOOD OR DRINK, EVEN WATER, WITHOUT THE PERMISSION OF A PARENT OR RESPONSIBLE ADULT. EVEN WITH PERMISSION, YOUNG CHILDREN SHOULD NOT BE GIVEN FOODS WHICH COULD EASILY CAUSE CHOKING, SUCH AS POPCORN OR SMALL CANDIES.**

SMOKING IS NOT PERMITTED IN THE SPEECH AND HEARING CLINIC.

Confidentiality of Records

The Speech and Hearing Center is legally bound to protect the confidentiality of all client records. The following guidelines have been written with this purpose in mind:

Client Files

The majority of client files are housed in room 1118 inside the Center office. To check out a file, a student fills out an "OUT" card with client name, student name and date and places it

the cabinet where the file was removed. Files are returned to the filing basket in room 1118.

CLIENT FILES MUST NEVER BE TAKEN FROM THE CENTER NOR MAY PORTIONS OF THE FILE BE REMOVED. THE STUDENT MAY TAKE NOTES ON THE CONTENTS OF THE FILE BUT MUST NOT XEROX THE CONTENTS. CLIENT FILES SHOULD BE RETURNED TO THE CENTER OFFICE AS SOON AS POSSIBLE AFTER USE. **DIAGNOSTIC CLIENT FILES MUST REMAIN IN THE CENTER OFFICE UNTIL THE CLIENT HAS CHECKED IN WITH THE RECEPTIONIST.**

CLIENT FILES MUST NEVER BE LEFT IN STUDENT MAILBOXES. AUDIOLOGY FILES FOR WHICH A REPORT IS BEING PREPARED MUST BE KEPT IN THE DESIGNATED "AUDIOLOGY PATIENT FILE CABINET" IN ROOM 1118 UNTIL THE REPORT IS SUBMITTED. SPEECH FILES MUST BE RETURNED TO THE CENTER OFFICE OR SUPERVISOR'S OFFICE BEFORE THE CENTER CLOSES EACH DAY AND WHENEVER THE STUDENT IS NOT USING THE FILE. **DRAFT COPIES OF CLIENT REPORTS MUST BE SHREDDED.**

Client audio/video recordings

Permission is received from clients or families of clients to audiotape/videorecord diagnostic and treatment sessions for educational purposes. Such recordings are sometimes used in classroom settings for educational instruction and by student clinicians and supervisors for evaluation of performance. **CLIENT RECORDINGS MUST BE TREATED WITH THE SAME CONFIDENTIALITY AS CLIENT FILES AND MUST NOT BE TAKEN FROM THE CENTER. CLIENT RECORDINGS ARE REQUIRED TO BE KEPT IN SUPERVISORS' OFFICES** unless they are being viewed elsewhere in the Center.

Attendance

Once the clinical work schedule is established each semester, student clinicians are expected to be in the Center at the assigned times. Permission to be absent must be given by the individual supervisor; therapy appointments are to be rescheduled after consultation with the supervisor. Illness of the student clinician should be reported to the receptionist at the Center at 8:00 a.m. so that adjustments may be made in the schedule. The student's current address and telephone number must be on file with the Center. A student clinician having an early morning therapy appointment should have the client's telephone number at home. In the event of clinician illness, the student clinician should notify the client directly not to come to therapy if notification by the Center at 8:00 a.m. would be too late. The student should then inform the Center by phone or by voice mail message that the appointment has already been canceled. This is the only circumstance in which a student should cancel a client directly. Whenever a cancellation must be made by the student clinician, a make-up session will be scheduled later.

Record Keeping

Student clinicians are responsible for all record keeping related to clinical practicum in any

setting. Diagnostic reports, Summary Reports, therapy plans, billing sheets and records of clinical clock hours are the responsibility of the student. Supervisors will establish policies concerning client staffings and other student conferences.

It is the responsibility of the student to make and keep appointments with supervisors concerning clinical work. Clinic Calendars will be developed by the respective Coordinators for each semester's practicum and are to be followed by student clinicians unless instructed otherwise. Grading in practicum will reflect the student's promptness in completing reports, therapy plans and other written requirements as well as keeping appointments for staffing with the supervisor.

REMINDER: To comply with HIPAA regulations, client records kept on computers or memory sticks must be password-protected using the student's complete university ID number. Drafts of any client documents must be shredded. Therapy plans should be identified with client initials only.

1. Semester Treatment Plans

Semester Treatment Plans for each therapy client are submitted in duplicate to the supervisor by the date indicated on the Clinic Calendar. (See Appendix A, Form 7).

2. Weekly Therapy Plans

Weekly therapy plans are submitted in duplicate, and are due on Fridays at 1:00 unless arranged otherwise with individual supervisors. Format may vary slightly from supervisor to supervisor. Clients should be identified by initials. (See Appendix A, Form 8a for standard Therapy Plan form).

3. S.O.A.P. Notes

SOAP notes are the required reporting format in medical settings. A supervisor may require this type of reporting in addition to/in lieu of the traditional format. Certain off-campus practicum sites will require the SOAP format, also. (See Appendix A, Form 8b).

4. Summary Reports

Summary Reports are written at the end of each semester for each client enrolled in therapy. At midterm, Student Clinicians submit the first half of the report for editing and submit the completed report at semester's end. Students turn in reports on memory sticks or by email, password protected. Format may vary slightly for different types of clients. (For standard Summary Report Instructions and Sample SLP and APD Reports, see Appendix A, Forms 9a and 9b).

5. Discharge Summaries

At times, it may be more appropriate to write a brief, one-page Discharge Summary rather than a more lengthy Summary Report if the client attended only a few sessions (see Appendix A, Form 10). Clinical Supervisors will determine when a Discharge Summary is indicated.

6. Diagnostic Evaluation Reports

Students write a diagnostic evaluation report for each client seen for testing. Diagnostic reports are due to supervisors within two school days after testing; revisions are due within one day. Typically, first drafts of reports are submitted to Clinical Supervisors by hard copy; edited drafts are typically sent by email, password protected. (See Appendix A, Form 11 for Speech-Language Evaluation Report Format; see Form 13 for Audiological Evaluation Report Format. For sample reports see Forms 12 and 14a and b.)

7. Billing Sheets (charge sheets) for Therapy Sessions

Students are responsible for filling out client billing sheets **IMMEDIATELY AFTER EACH THERAPY SESSION**. Client attendances and absences are recorded on the billing sheets. These are kept in room 1118 of the Center Office. (See Appendix A, Form 15a).

8. Semester Progress Logs

Semester Progress Logs are maintained on the reverse side of the billing sheets. At least weekly, the student clinician should complete information on the Semester Progress Log, briefly indicating which treatment goals were addressed and how the client performed (see Appendix A, Form 15b). This information is important for insurance billing purposes.

9. Weekly Log of Clinical Contact Hours

Students maintain records of client contact hours using the Weekly Log of Clinical Contact Hours. The hours earned should be recorded weekly and initialed weekly by supervisors. Credit for clock hours is not given unless forms are signed weekly. At the end of the semester, the supervisor must verify and sign the total hours accrued (see Appendix A, Forms 16a and b). See Appendix B for information about how clock hours are counted.

10. Semester Summary of Clinical Contact Hours

At the end of each semester, students summarize clock hours for the entire semester. The Coordinators of Speech Pathology and Audiology are responsible for seeing that these clock hours are entered into each student clinician's computer database of clock hours (see Appendix A, Forms 17/SLP and 17/AUD). Students will be given an updated summary of total clock hours after each semester of practicum.

No grade can be assigned in practicum until the student has had a final conference with all supervisor and all have signed the Summary Page of the evaluation form. **IT IS THE STUDENT'S RESPONSIBILITY TO MAKE THE APPOINTMENTS** for the final conferences and to see that all final reports are submitted, reviewed and approved.

Student Clinician's Clinical Clock Hours File

Each student clinician is assigned a personal Clinic File upon enrollment in the first practicum. Clinic Files are kept in room 1118 of the Center Office and contain all records pertinent to the student's clinical training: observation and clock hours records, cumulative hours records and

supervisor evaluations. **THESE FILES MAY NOT BE REMOVED FROM THE CLINIC.**

Student Clinician's Working Folders

Each student clinician should maintain personal folders in which are kept pertinent client data, such as semester objectives, therapy plans, progress logs and supervisor evaluations. These should be kept at the Clinic during clinic hours and brought to supervisory conferences.

Schedule and Room Changes

Clinical room assignments are made each semester and posted on a master schedule. Changes may be made with the assistance of the individual supervisor. A master room assignment schedule is maintained in the SLP Coordinator's office.

Absence of Therapy Clients

Whenever a therapy client absence occurs, a make-up session will be scheduled if possible. After two absences without notification, a client may be terminated from the therapy program. In most cases, the supervisor will discuss the problem by telephone with the client or family member and come to some agreement regarding termination or continuation. When a client calls to cancel a scheduled session, a notice is placed on the Cancellation Board in the Center Office.

Diagnostic and Treatment Rooms

Diagnostic/treatment rooms must be in order and the materials and/or equipment arranged prior to the arrival of the client. Each room must be kept clean and orderly and materials removed immediately after a session is completed. Furniture moved into or out of a room should be returned to the appropriate room after use. Note: It is against fire safety regulations for clinic hallways to be cluttered with therapy materials. **Therapy and/or diagnostic tables, materials and equipment must be cleaned according to Infection Control Policies (Appendix D).**

Materials Resource Room

The Speech and Hearing Center maintains a Materials Resource Room to supply students and supervisors with as wide a variety of materials and equipment as possible. All materials taken from the room for diagnostic or treatment sessions should be taken as late as possible the day they are needed and returned immediately after use. Materials may be checked out overnight, at 4:30 p.m. Monday-Thursday and at 3:00 p.m. on Fridays. All materials must be returned at 7:30 a.m. on the next working day. **All materials checked out overnight must be signed out and signed back in.** Each semester, student clinicians are assigned responsibility for maintaining the order of the Materials Room. Student clinicians are asked to be considerate of other students when checking out and returning items. Damaged/inoperative materials/equipment or requests for new/ additional materials/equipment may also be submitted to a Coordinator.

Student Workroom

This room is provided for the convenience of students. It is each student's responsibility to keep the area orderly. Each student is responsible for washing any dishes used; food must not be kept in the student's cabinet unless it is in an airtight container. Students are also responsible for

maintaining a clean refrigerator.

Student Mailboxes

Mailboxes for students are located in the Student Workroom and **SHOULD BE CHECKED AND CLEARED OUT AT LEAST DAILY**. These will be used to inform students regarding client schedules and other appointments. **REMINDER: PATIENT FILES SHOULD NEVER BE KEPT IN STUDENT MAILBOXES.**

Student Cabinets

All students currently enrolled in clinical practicum are assigned cabinet space in the Student Workroom for storage of personal belongings. Center-owned materials and client files should not be kept in the student's cabinet space. For reasons of security, valuable items should never be stored there.

Bookcase for Forms

The majority of the student and client forms used in the clinical program and referred to in this manual may be found in the bookcase of forms located just inside the Student Workroom. If the supply of forms is low, the appropriate Coordinator should be notified.

After-hours Access to the Speech and Hearing Center

(To be announced the first week of class).

Use of Equipment/Materials

Office equipment and supplies in the Academic and Center Offices, as well as in the supply room, are not for use of students. They are intended for departmental and clinic business performed by faculty and staff, as well as for certain students as part of an assistantship or work-study program. Computers are available in the computer room for student use.

1. Copiers

Copiers in the Academic and Center offices are for departmental and clinical use. Materials for client use may be copied at no charge to the student, but must have approval of the supervisor. Student Assistants involved in research projects must have approval of the faculty supervisor in order to copy material. Doctoral students with teaching responsibilities must have approval from the Coursemaster in order to copy material. For personal copying, students should use the copier in the Computer Room, which is maintained by NSSLHA, or use USA Publications or other copy agency.

2. Telephones

Students should not use office telephones for personal calls. There is a telephone in the Student Workroom for student use (445-9200). **OFFICE PERSONNEL WILL NOT PAGE STUDENTS FOR TELEPHONE CALLS EXCEPT IN EMERGENCIES.** Cell phones must not be used in the clinic area because they disrupt the audio system.

3. Laser Printers

Laser printers are available in the student Computer Room. Students supply the paper.

4. Computer Room

Students are required to have access to a personal computer for use in preparing client reports and therapy plans. A Computer Room with internet access and a wireless printer is available for student use. Any problems with equipment should be reported to the Department Secretary. **FOOD/ DRINK ARE NOT PERMITTED IN THE COMPUTER ROOM.**

5. Instrumentation Support for Clinical Activities

Acoustic, psychoacoustic and electrophysiological instrumentation is available to provide technical studies of Speech and Hearing Center clients. Such technical evaluations can include analysis of pitch, intensity, duration and wave form of a speech sample through use of the Computer Speech Lab and VisiPitch. Videostroboscopy equipment is available for viewing the structure/function of the vocal folds. The Nasometer may be used for studies of velopharyngeal function. The Electropalatograph is available for studies involving analysis of articulatory postures. Students and Clinical Supervisors are encouraged to use this instrumentation also for the development of innovative diagnostic and management procedures as well as for independent research projects.

6. Computer Reserved for Therapy Activities

A number of therapy programs are available on the computer in room _____. Students may schedule clients to work with those programs by signing up for a time slot on the sign-up sheet posted outside the door. This computer should always be left ON after use during the day and shut down by the last user.

FOOD AND DRINK ARE NOT PERMITTED NEAR EQUIPMENT.

EMERGENCY PROCEDURES

Fire Alarms

When the fire alarm sounds, clients, accompanied by clinicians, should vacate the building by the nearest exit. All students, faculty, staff, clients and families should gather in the parking lot in front of the Biomedical Library. An announcement to this effect will be made over the public address system. Faculty/staff will check the sound-treated IAC suites in the audiology testing area and the IAC booths in the Ph.D. lab areas to be certain that no one is inside. Evacuation procedures are posted in several prominent locations around the Center. In the event of an actual fire, first call 911 (9 + 911) to report the fire and then 511 to notify Campus Security.

Incidents Involving Accident/Illness

If a person in the Center (student, client, visitor, employee) suffers a serious illness/accident that requires emergency medical assistance, a call should be made directly to 911 (9 + 911) for paramedic assistance. For less extreme illness, injury or emergency, dialing 511 will alert Campus Security who will assess the problem and respond appropriately. In the case of significant injury, a form titled Report of Accident/Incident must be completed by department

personnel. The completed form is forwarded by the department to Risk Management if the incident involves a visitor or client and to Personnel Relations if the incident involves an employee. A copy of the report is kept in the Departmental Office. Incident Report forms are found online: go to the University Home Page, to Administrative Departments, to Financial Affairs, click “search” and type in “Incident Form”.

APPENDIX A

CLIENT AND STUDENT RECORDS

APPENDIX B

REQUIREMENTS FOR ASHA CERTIFICATION

REQUIREMENTS FOR ALABAMA LICENSURE

CORE PERFORMANCE STANDARDS FOR ADMISSION TO, PROGRESSION IN AND COMPLETION OF THE PROGRAM IN SPEECH PATHOLOGY AND AUDIOLOGY

APPENDIX C
ASHA CODE OF ETHICS

APPENDIX D

**INFECTION CONTROL POLICIES AND
PROCEDURES**