

# **Clinical Operations Manual**

**Speech-Language-Hearing Clinic  
Department of Communication Disorders  
College of Health Professions**

**Texas State University**

**2019-2020**

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# **CLINICAL OPERATIONS MANUAL**

## **Speech-Language-Hearing Clinic**

### **Department of Communication Disorders**

#### **Introduction**

Welcome to the Department of Communication Disorders at Texas State University and your time as a student clinician in the graduate program. This includes both time as a student clinician in the Speech-Language-Hearing Clinic (SLHC) and as a student clinician in extern sites. The faculty and staff are here to help you. Our goal is to provide a quality education that will enable you to meet the demands of the professional world.

This manual will outline the policies and general operating procedures of the Speech-Language-Hearing Clinic and extern placement. You are responsible for knowing the information contained herein, as well as the information contained in the university catalog under which you entered.

This manual is subject to revision at the discretion of the department. Students are encouraged to make suggestions as needed to the Department Chair or Clinic Co-directors regarding content and wording. Any policies that are revised during the year will be posted on the Department of Communication Disorders website at <http://www.health.txstate.edu/cdis/About/CDIS-Policies--Procedures.html>. In all cases, it is the faculty and student's responsibility to be aware of current operating policies and procedures.

This manual is to be retained for the 2019-2020 year of study in the Department of Communication Disorders.

# **General Operation of the Speech-Language- Hearing Clinic**

## 1. Speech-Language-Hearing Clinic Operating Hours

1.1. **PURPOSE:** To specify the normal operating hours for the Clinic Reception Area/Clinic Offices (WH 110) and the Clinic Treatment Areas (WH South 113-124; and WH North 130-148).

1.2. **POLICY:** The Speech-Language-Hearing clinic is open from 8:00 a.m. – 5:00 p.m. Monday- Friday during the fall, spring and summer semesters with the exception of official school holidays, unless otherwise posted. Operating hours may vary during summer semesters.

### 1.3. PROCEDURES TO IMPLEMENT POLICY:

1.3.1. Operating hours for the current semester will be posted on the 1<sup>st</sup> level of Willow Hall on the LCD monitors and clinic website at the beginning of each semester.

1.3.2. Changes to operating hours will also be posted in advance of the change, and all clinic stakeholders will be notified.

1.3.3. Graduate Student Clinicians have access to Willow Hall and the Speech-Language-Hearing Clinic via their official Texas State University Student ID card. Access is available 24/7 for all 1<sup>st</sup> year graduate students (on campus) and restricted to a specified number of 2<sup>nd</sup> year graduate students participating in clinical or academic activities in either the Fall or Spring semester.

## 2. Lockers for CDIS Graduate Students

2.1. PURPOSE: To specify the process for locker assignment and student responsibilities

2.2. POLICY: Each CDIS graduate student is assigned a locker in the student workroom (Willow Hall Room 126) during their 1<sup>st</sup> year of graduate school.

### 2.3. PROCEDURES TO IMPLEMENT POLICY:

2.3.1. The clinic administrative assistant, at the direction of the Clinic Business Manager assigns lockers and distributes one locker key to each assigned student.

2.3.2. Students will be charged \$50.00 for locker key replacement.

2.3.3. Students are responsible for returning their locker key to the clinic administrative assistant prior to their first off-campus practicum.

2.3.4. If necessary, an administrative assistant, a clinical educator, the Clinic Co-directors, or the Department Chair may open any locker to search for client documents, test protocols, or other departmental owned/client related material such as a report draft, etc.

### 3. Use of Computer Facilities by CDIS Student Clinicians

3.1. **PURPOSE:** To specify the computer facilities available in Willow Hall for use by student clinicians and the rules for using these facilities.

3.2. **POLICY:** Graduate student clinicians may use the computers in WH 126 in the clinic area for management of clinical cases **ONLY**. This includes clinical documentation (MAPs, summary drafts, and clinic-related tasks). All other academic work (work related to non-clinic classes) must be done on their own device or in the Clinic documentation may also be done on departmentally owned Microsoft Surface Pros. These portable devices are checked out daily and use is limited to the Speech-Language-Hearing Clinic and the Graduate workroom in Willow Hall. Additionally, only bottled water, or water in a closeable container is permitted in the clinic. Food storage or consumption for non-clinical activities is prohibited.

#### 3.3. PROCEDURES TO IMPLEMENT POLICY:

3.3.1. Students should be proficient in the use of applications required for clinical practice in this clinic. This includes ability to send and open email, use of applications in Office 365 for basic documentation and Adobe. If assistance is necessary, contact the IT Help Desk at 5-HELP (4357).

3.3.2. Students should be proficient in the use of the clinic's electronic medical records system, Raintree. Students must reference the Raintree Support Manual provided to them and consult with their clinical educator for any troubleshooting needs. If the student and CE are unable to proceed, the CE will contact CDIS department Raintree support, Emilie Galemore or Jessica Bowers by email or during office hours.

3.3.3.1. Students must understand and comply with the Texas State University Computer Use Policies. UPPS 04.01.07, Appropriate Use of Information Resources, clearly outlines the university's expectations regarding the use of its computing, network, and other information resources and specifies prohibited behaviors.

3.3.3. Students should report any computer, scanner, or printer problems in WH 126 to the clinic Business Manager immediately who will report the problem to the College of Health Professions technology support team.

3.3.4. When using the computer to produce clinical records, students must maintain client confidentiality and adhere to [UPPS 04.01.01 Security of Texas State Information Resources](#) (university computer use policy).

3.3.4.1. Clinical documents are to be stored in password protected files and directories only. Clinical document drafts must be stored on the (N:) drive of the Texas State Network. Drafts will be edited electronically in the file share, on campus.

- 3.3.4.2. Clinical records containing protected health information (PHI) may not be transferred to removable/portable devices (phone, USB storage device, iPad, tablet or laptop) under any circumstances.
- 3.3.4.3. Clinical documents containing protected health information (PHI) may not be transmitted by e-mail unless written consent is obtained, and proper releases have been signed by the parent or legal guardian. This includes records still in “draft” status. Electronic documents containing PHI can be emailed through the Raintree Patient Portal.
- 3.3.4.4. Students must log-out of their workstation anytime they leave the workstation with clinical records and confidential information displayed or accessible. In other words, confidential information is not to be left unattended on computer screens. Workstations may not be “locked” to reserve it for later use.
- 3.3.5. If students use the CDIS, university-owned computers, scanners, and printers in Willow Hall for any purposes other than for the generation and modification of clinical records, or the generation of clinic materials to be used with clients, the following consequences may be imposed:
  - 3.3.5.1. First Offense: Student will meet with the Clinic Co-directors to review policies and procedures. A written counseling statement will be placed in the student’s permanent file.
  - 3.3.5.2. Second Offense: Student will lose computer privileges for a week resulting in the potential loss of clinical hours and reduced performance ratings on clinical competencies for late documentation. A second written counseling statement will be placed in the student’s permanent file. Reduced clinical hours and clinical ratings may result in an alternative graduation date.
  - 3.3.5.3. Third Offense: Student will lose computer privileges for the semester resulting in a failing grade in CDIS 5344, 5321 and/or 5689. The student will go before the Program Standards Committee to determine future action.

#### 4. Security and Storage of Electronic Documents containing PHI outside of Raintree

4.1. PURPOSE: To define and specify how CDIS clinical records are to be stored electronically on approved CDIS computers workstations, as well as describe security measures in place to protect confidential information.

4.2. POLICY: Student clinicians will use ONLY the computers in WH 126, as well as assigned Surface Pro portable to compose and edit ALL clinical documents relative to patient care (drafts and final copies of SOAP notes, progress reports, diagnostic reports, management appraisal plans (MAP) and patient/caregiver correspondence). Clinical records will be generated and stored exclusively on the [hippahp.matrix.txstate.edu/dept/cdis/cdis shares drive](http://hippahp.matrix.txstate.edu/dept/cdis/cdis%20shares). NONE of the clinical records are to be transmitted to or stored on individual tablets or laptops, or individual U drives. Documents will be accessible only by using exclusive Texas State Net ID and a password known only to the individual student, in accordance with UPPS 04.01.01. All EPHI is stored remotely on secure servers managed by university IT security personnel.

#### 4.3. PROCEDURES TO IMPLEMENT POLICY:

4.3.1. When using computers in WH 126 or the Surface Pro tablets to generate clinical records, students must maintain client confidentiality at all times:

4.3.1.1. Clinical records outside of Raintree are to be stored in password-protected files only on the designated file share location provided by the Director of Clinical Operations.

4.3.1.2. Students must login using only their Texas State Net ID and unique password.

4.3.1.3. Clinical records containing protected health information (PHI) may not be copied, transferred or emailed to removable/portable media **under any circumstances**.

4.3.1.4. Clinical records containing protected health information (PHI) may not be transmitted by e-mail unless written consent is obtained, and proper releases have been signed by the parent, legal guardian, or competent client.

4.3.1.5. Students must log-out of their workstation anytime they leave the clinical documents. In other words, confidential information is not to be left unattended on computer screens.

4.3.2. Students using personal laptops to access a university network containing confidential clinical documents may not, under any circumstances, transfer clinical documents from the secure network to their PC, to a personal cloud storage repository, or to a personal portable storage device (i.e., jump drives, external hard drives). To maintain compliance with federal and state privacy and security laws, personal

laptops and personal portable storage devices are subject to random review by the Clinic Co-directors to assure compliance.

- 4.3.3. Students found with redacted, or unredacted clinical records that contain Protected Health Information on a personal device are subject to disciplinary action, depending on the severity of the offense. Clinical Co-directors will report any client security breach to the Department Chair. The Chair will notify the Texas State IT Security Office and report the incident. If IT Security believes that a breach has occurred, they will engage in an investigation to determine the appropriate actions to take.
- 4.3.4. The Department Chair and Clinic Co-directors will review all breaches of client confidentiality after IT Security personnel have completed their investigation. Based on their recommendations, appropriate action will be taken. Actions against the student may include, but are not limited to loss of clinical hours, loss of clinical competencies, dismissal from the program for non-academic reasons, and in severe circumstances, investigation by proper law enforcement officials. The appropriate consequences and actions will be based on the following:
  - 4.3.4.1. the seriousness of the violation(s);
  - 4.3.4.2. previous compliance history;
  - 4.3.4.3. the severity level necessary to deter future violations;
  - 4.3.4.4. student efforts to correct the violation; and
  - 4.3.4.5. any other extenuating circumstances.

## 5. Clinical Communication and Messages

5.1. **PURPOSE:** To specify the means by which students receive messages about clinic related business and their responsibility to check and address messages in a timely manner.

5.2. **POLICY:** To ensure adequate means of communication between clinical faculty and students enrolled in on-campus practicum, students are responsible for checking messages via mailbox (attached to locker), erasable whiteboard in the student workroom, and campus email at least twice in the morning and twice in the afternoon, Monday—Friday.

### 5.3. PROCEDURES TO IMPLEMENT POLICY:

5.3.1. Each student enrolled in a practicum course is assigned a locker with a mailbox in WH 126. Students should check mailboxes daily.

5.3.2. Messages written on the erasable board in the student workroom should be dated and timed. Messages should be erased when no longer applicable.

5.3.3. Students are responsible for checking their email and for notifying the clinic administrative assistant and the ITAC Help Desk if the email account is non-functioning.

## 6. Maintaining the Appearance of the Clinic

6.1. **PURPOSE:** To specify the persons responsible for maintaining the appearance of the clinic area and their designated duties

6.2. **POLICY:** Student clinicians, faculty members and staff are responsible for assuring that the clinic area is clean, tidy and maintained in a manner that is ready for public viewing and/or use at all times.

### 6.3. PROCEDURES TO IMPLEMENT POLICY:

6.3.1. Each student clinician, faculty member and clinic staff member are personally responsible for tidying and cleaning any clinic area immediately after using it.

6.3.2. At the start of each semester, a designated clinical educator will assign students (Clinic Rounds Teams) on a weekly rotating basis to check the clinic treatment areas at the end of each day to assure that the following are in order:

6.3.2.1. All trash picked up from all clinic floors and deposited in appropriate receptacles.

6.3.2.2. All therapy room and observation room furniture straightened, and blackboards erased unless noted otherwise on the blackboard. All student-clinicians are responsible for cleaning the tables, chairs, windows and mirrors in their assigned rooms after each session.

6.3.2.3. Graduate student workroom left tidy to include full shredder bags pulled, closed and new plastic bag put in shredder can. Full shredder bags should be left next to the garbage bin for custodial pick-up and disposal.

6.3.2.4. Materials Rm.(WH 130) left tidy and prepared for the following day:

6.3.2.4.1. Date on disinfecting solution checked and new solution mixed if current solution date is expiring by the next clinic day.

6.3.2.4.2. Cleaning products stored in proper cabinets and cleaning cloths, both clean and soiled, stored in proper receptacles.

6.3.2.4.3. Toys waiting to be disinfected stored in proper receptacles.

6.3.2.4.4. Materials and tests shelved appropriately.

6.3.3. The Clinic Rounds Team complete and initial the Daily Clinic Rounds form noting any heavy cleaning, maintenance, or supply items needed and give form to clinic Business Manager or his/her designee prior to leaving for the day.

6.3.4. At the end of each semester, all clinicians enrolled in CDIS 5344 and the designated clinical faculty participate in clinic clean-up day to prepare the clinic area for the following semester. In addition to cleaning the area, participants will inventory the Materials Room and verify that clinic equipment is in proper working order.

## 7. Access to the CDIS Clinic Spaces in Willow Hall After Normal Business Hours

7.1. **PURPOSE:** To identify and outline the purpose and procedure for accessing the Speech-Language-Hearing Clinic space between the hours of 5 pm – 7:50 am, M-F; and weekends.

7.1.1. **POLICY:** The Speech-Language-Hearing Clinic located on the 1<sup>st</sup> floor of Willow Hall) will be treated as a secure area with limited access. Graduate Student Clinicians have access to Willow Hall and the Speech-Language-Hearing Clinic via their official Texas State University Student ID card. Access is available 24/7 for all 1<sup>st</sup> year graduate students (on campus) and restricted to a specified number of 2<sup>nd</sup> year graduate students participating in clinical or academic activities in either the Fall or Spring semester.

### 7.2. PROCEDURES TO IMPLEMENT POLICY:

7.2.1. Students requiring access to the clinic, including the CDIS graduate workroom, and the clinic materials room after normal business hours will access the clinic with their official Texas State ID cards.

## 8. Substitute Student Clinicians

8.1. PURPOSE: To set forth required guidelines for designating substitute student clinicians.

8.2. POLICY: Each student-clinician shall designate in writing at least two other student-clinicians per assigned client that have consented to substitute when absent.

8.2.1. The substitute student clinician must have the appropriate academic course work to provide services for the client's disorder.

8.2.2. The substitute student-clinician's normal schedule must be clear at the client's regularly scheduled therapy time.

8.2.3. The substitute student clinician must agree to function as a designated substitute and to become familiar with the client through case record review and observation of at least one client therapy session prior to a request to cover a specific session.

### 8.3. PROCEDURES TO IMPLEMENT POLICY:

8.3.1. By the 5th clinic day following assignment of a client to his/her caseload, the student clinician shall designate an appropriate substitute, including names and telephone numbers, in an excel file located in the shared drive, inside the Director of Clinic Operations folder. The clinical educator shall access the file to remain informed.

8.3.2. The substitute student clinician is responsible for notifying the primary student clinician of any change in schedule or telephone number.

8.3.3. The primary student clinician is responsible for notifying the clinical educator by written email memo, with a copy to the Director of Clinic Operations, of any changes in substitute clinicians or changes in their telephone numbers during the course of the semester and must update the spreadsheet.

8.3.4. It remains the responsibility of the primary student clinician in consultation with the clinical educator to obtain coverage from the substitute student clinician for a specific legitimate absence.

## 9. Cancellation/Rescheduling of Clinic Appointments in the Event of Student Absence

9.1. **PURPOSE:** To assign responsibility to the student clinician to initiate the correct procedures in case of his/her absence from an on-campus scheduled clinical assignment

9.2. **POLICY:** Client sessions (diagnostic and therapy) are not to be cancelled due to student clinician absence except in the case of an extreme documented emergency situation when no substitute clinician can be found. Student clinicians may not cancel, re-schedule, or obtain a substitute for any session without prior permission from the clinical educator and consultation with a Clinic Co-director.

9.2.1. It is the responsibility of the student clinician to initiate the following sequence of procedures in case of his/her legitimate absence:

### 9.3. PROCEDURES TO IMPLEMENT POLICY:

9.3.1. Student clinician contacts his/her agreed upon substitute clinician(s) to cover the clinical assignment.

9.3.2. Student clinician contacts clinical educator directly as early in the day as possible every day that he/she will be absent from a scheduled client assignment. Clinician reports to clinical educator the name and phone number of the student clinician who will cover clinical assignment. If the clinician has been unable to find a substitute clinician, the clinical educator may authorize cancellation of the clinic assignment. Cancellation must occur well before the scheduled appointment time.

9.3.3. The CBM or clinic administrative assistant will reschedule the appointment in Raintree from the absent clinician to the substitute clinician for note writing purposes.

9.3.4. If the clinician is unable to reach the clinical educator directly, he/she notifies/consults with the Director of Clinic Operations. If the DCO cannot be reached, the Director of Clinical Education should be notified directly, in a timely manner.

9.3.5. If the clinician is unable to reach the Clinic Co-directors listed above, he/she notifies/consults with the Department Chair directly.

9.3.6. The clinical educator (or the Clinic Co-directors or Department Chair in lieu of the clinical educator) notifies the clinic administrative assistant to call the client to cancel. The clinic administrative assistant notes the call to the client in the contact log. The clinic administrative assistant or business manager will cancel the note in Raintree.

9.3.7. If a diagnostic is cancelled, it is the responsibility of the student clinician to determine with the clinical educator and the Clinic Co-directors when the diagnostic will be re-scheduled. If a therapy session is cancelled, it is the responsibility of the clinician in consultation with the clinical educator to make arrangements with the client to make-up the missed session(s) by scheduling an extra session(s) or extending

session length for a period of time. The clinician is responsible for notifying the Clinic Co-directors and the clinic administrative assistant by written memo of the plans for making-up the session(s).

- 9.3.8. The student clinician is responsible for documenting the cancellation in the client's chart under the Communication tab.
- 9.3.9. Anytime the student clinician's absence results in a cancellation, the student clinician must provide written documentation (doctor's statement, etc.) for his/her absence to the clinical educator. The clinical educator signs and dates the receipt of the documentation then sends it to the Clinic Co-directors for inclusion in the student's clinic file.
- 9.3.10. Clinical aides (registered in CDIS 4344) must contact the clinical educator if the aide is to be absent.
- 9.3.11. If a diagnostic session cannot be rescheduled, the student, supervised by his/her assigned clinical educator, will earn Simulation Hours and related competencies by completing a simulation (Alternative Clinical Education) activity using SimuCase within two weeks of the originally scheduled session.

## 10. Responsibilities of Student Clinician and Clinical Educator when Client is Late

10.1. **PURPOSE:** To clarify the role of the student clinician and the clinical educator when client is late

10.2. **POLICY:** The student clinician is responsible for waiting in the clinic waiting area at least 15 minutes past the client's scheduled session for the late speech-language client. There is no concrete time limit for audiology clients and student clinicians are to wait until the clinical educator deems the appointment a "no show".

### 10.3. PROCEDURES TO IMPLEMENT POLICY:

10.3.1. The clinician checks with the clinic administrative assistant to see if the client canceled.

10.3.2. If the client did not cancel, the student waits at least 15 minutes in the clinic reception area prior to checking with the clinical educator.

10.3.3. If approved by the clinical educator, the CBM or clinic administrative assistant documents the session as a "no-show" in the client's file and then the clinician has permission to leave the clinic reception area.

10.3.4. Should the client arrive after the client has been documented as a no-show, it is up to the clinical educator to determine whether the client will be seen.

# **Prerequisites for Clinical Practicum**

## 11. Liability Insurance

11.1. **PURPOSE:** To ensure that the university and student clinicians are protected by liability insurance coverage prior to participation in any clinical activity.

11.2. **POLICY:** The College of Health Professions (CHP) requires that all students that participate in a clinical, internship, or practicum activity must be covered by liability insurance.

11.2.1. The Department of Communication Disorders will provide liability insurance

### 11.3. PROCEDURES TO IMPLEMENT POLICY:

11.3.1. Procedures will be followed as identified in [CHP PPS 02.01](#).

## 12. Immunizations

12.1. PURPOSE: To specify the department's timeframes and procedures for implementing College of Health Professions [Immunization Policy and Procedures \(CHP PPS 02.04\)](#) regarding student clinician immunizations.

12.2. POLICY: Student clinicians must have immunization documentation on file prior to assuming assignments in the clinic or at an off-campus practicum site. Verification of meningitis vaccine is required prior to enrollment in classes.

### 12.3. PROCEDURES TO IMPLEMENT POLICY:

12.3.1. Incoming graduate students are given a copy of this policy, College of Health Professions [PPS 02.04](#), and the Texas State University College of Health Professions [Immunizations and Tests form](#).

12.3.2. As students are entering a healthcare or educational profession, there are certain public health requirements to which ~~our~~ programs expect students to adhere. All State of Texas immunizations that are required by State law and also recommended by the Centers for Disease Control and Prevention (CDC) must be up to date when a student enters ~~our~~ the CDIS program. People who are not correctly immunized pose a significant public health risk to their patients, co-workers and themselves. Seasonal flu shots are being required by many external clinical sites. Flu shots are available in the fall of each year and can be obtained through the Texas State Student Health Center in the School of Nursing Building, the Texas Department of Health, a student's personal physician's office, local pharmacies, and other outreach clinics in the area. Documentation of a student's flu shot, including manufacturer, batch, drug name, date, and provider signature must be submitted to the Director of Clinical Education or the Graduate Program Coordinator at the start of the fall semester of each year, or when the immunization is updated. If immunizations and TB tests are not up to date, CDIS cannot guarantee that a student will be accepted at medical and/or educational clinical rotation sites. This could impact a student's timely progression through the program, prevent a student from participating in a variety of clinical experiences and ultimately prevent a student from graduating.

12.3.3. Health Report forms are to be completed by the Friday of the first week of the Semester and submitted to the Director of Clinical Education as instructed. After review and verification, students will be instructed to update the immunization table, and scan/upload original documents into the student's CALIPSO account (as instructed by the Director of Clinical Education).

12.3.4. Students are responsible for updating their immunizations and subsequent records by giving updated information to the Director of Clinical Education for filing in the student's permanent record on CALIPSO.

12.3.5. The Director of Clinical Education is responsible for informing student clinicians of any special immunization requirements by off-campus practicum sites at the time students are notified of their off-campus practicum assignment.

### 13. Basic Life Support (BLS) Training Requirement for Clinical Practicum

13.1. **PURPOSE:** To specify the student clinician's responsibility for acquiring BLS/ CPR for the Healthcare provider or Professional Rescuer.

13.2. **POLICY:** The student clinician is required to have BLS/CPR training and provide proof of certification by commencement of the first semester of graduate clinical training.

#### 13.3. PROCEDURES TO IMPLEMENT POLICY:

13.3.1. Students are responsible for locating and scheduling their training, following the guidelines provided by the Director of Clinical Education. These guidelines will be presented at academic orientation, or via an electronically transmitted announcement.

13.3.2. Student clinicians are required to provide proof of certification to the Director of Clinical Education prior to beginning clinical practicum at the CDIS Speech-Language-Hearing Clinic.

13.3.3. Documentation is kept in the student's permanent record on CALIPSO.

13.3.4. Proof of Certification may be waived by off-campus sites, in writing. Practicum site coordinators must submit a letter to the Clinic Co-directors, waiving a student's CPR training requirement.

## 14. Professionalism in Dress, Appearance, and Behavior

14.1. **PURPOSE:** To clarify the expectations of appropriate dress, grooming, and behavior for students when in the clinic area of Willow Hall (the entire first floor) from 8:00 a.m. to 5:00 p.m. Monday-Friday, regardless of the presence or absence of clients.

14.2. **POLICY:** Students, Faculty, and Staff members in the Department of Communication Disorders are expected to show a professional physical presence by wearing attire that is clean, neat, and appropriate for a professional clinic setting. Professional dress must be worn in the clinic (WH 113 – 127; WH 130-147; WH 110, and WH 126) unless directed by the Department Chair, or Clinic Co-directors.

### 14.2.1. Dress/Appearance:

14.2.1.1. Clothing must be clean, pressed and in good repair.

14.2.1.2. Jeans/denim and shorts of any length, kind or color are not permitted in the Speech-Language-Hearing Clinic, unless approved by a clinic co-director.

14.2.1.3. Logo t-shirts, sweatshirts, and athletic apparel are prohibited, except on designated spirit days, in which Texas State apparel may be worn. Students will be notified of these days by their student representative (to faculty meetings).

14.2.1.4. Shoes must be appropriate in style, clean, and in good repair. No rubber, or straw flip flops, or athletic shoes are permitted.

14.2.1.5. Hair should be neatly groomed and styled in a way that does not interfere with client treatment.

14.2.1.6. Visible piercings are only allowed on the ear lobes. All other piercings must be removed while in the clinic.

14.2.1.7. All tattoos must be covered or concealed.

### 14.2.2. Behavior:

14.2.2.1. Clinicians, faculty, and staff are expected to conduct themselves professionally, refraining from loud talking, arguing or using vulgarity.

14.2.2.2. Rules of common courtesy are to be observed at all times with all individuals regardless of race, color, religion, sex, national or ethnic origin, disability, age, sexual orientation, genetic information, citizenship, or status as a covered veteran.

14.2.2.3. Adult clients and caregivers should be addressed as Mr., Mrs., Ms., Dr., or other appropriate title of respect unless otherwise requested by the client. Children should be addressed by their names.

14.2.3. If a student clinician is dressed inappropriately or behaving in an unprofessional manner, he/she will not be permitted to observe/conduct therapy or be in contact with clinic clients until his/her behavior or appearance complies with policy.

#### 14.3. PROCEDURES TO IMPLEMENT POLICY:

14.3.1. Each clinical educator has the final responsibility for ensuring that the students he/she is supervising are professional in dress, appearance, and behavior.

14.3.2. Clinical educators should consult with the Clinic Co-directors if they are uncertain as to whether a student is in compliance with the policy.

14.3.3. If a student clinician is observed exhibiting an offensive personal appearance, as judged by a clinical educator, i.e., violation of CDIS dress code, s/he will be asked by the clinical educator to leave the session immediately. S/he has the option of changing clothes or wearing a professional lab coat (if appropriate) located in the materials room. The student clinician may return to complete the therapy session, however, will only receive credit for direct contact time with his/her client.

14.3.4. A student clinician, who is thought to be in violation of the dress code by a member of the faculty other than the immediate clinical educator or Clinic Co-directors, should report the finding to the clinical educator or Clinic Co-directors immediately.

## 15. Name Tag

15.1. **PURPOSE:** To specify the use of nametags for identification purposes in the CDIS Speech-Language-Hearing Clinic

15.2. **POLICY:** All clinical educators and student clinicians with client assignments shall wear Texas State nametags when in diagnostic and/or therapy sessions as a means of identification.

### 15.3. PROCEDURES TO IMPLEMENT POLICY:

15.3.1. The department will solicit names from students to be put on the name tag. Failure to respond to the solicitation will result in the official university name being used.

15.3.2. Student name and degree (Jane Doe, B.S.) goes on line one and student title (CDIS Student Clinician) on line two.

# **Risk Management**

## 16. Fire and Safety Procedures

16.1. PURPOSE: To specify the information each student clinician, faculty member, and staff person must know to protect themselves and the clients of the Speech-Language- Hearing Clinic in a fire or emergency situation

16.2. POLICY: All personnel who work in the clinic must be familiar with emergency procedures, reporting protocols for emergencies, and emergency exits from the building.

### 16.3. PROCEDURES TO IMPLEMENT POLICY:

16.3.1. The emergency exit signs and routes from the clinic are posted in the clinic hallways. All student clinicians and personnel will be oriented to emergency exits and are responsible for knowing these exit routes and for participating in called fire or any other drills that require exiting using the proper routes.

16.3.2. All hallways must allow at least 44 inches of clear passage in case of an emergency evacuation.

16.3.3. If evacuation of the clinic is required, you must exit the building using the nearest, safest exit door. Once outside the building, students and clients/clinic visitors will proceed to the parking lots surrounding Willow Hall. If first responders are present, faculty and students are expected to follow their instructions. If the clinic should lose electrical power, exit lights above the doors opening to hallways will be illuminated. Battery powered emergency lights will also illuminate the hallways.

16.3.4. In case of a medical emergency in the clinic, students are to contact the clinical educator or the Clinic Co-directors immediately. If they cannot be located promptly, call 911, then send someone to find the Clinic Business Manager, a Clinic Co-director, or the Departmental Administrative Assistant. The clinical educator or the Clinic Co-directors will contact either 911 or the University Police Department depending on the type of emergency. Students and personnel should be on stand-by to be of assistance at the direction of police or EMS when they arrive. If a student considers a situation an emergency then he or she must call 911 immediately, using his/her best judgment.

16.3.5. First aid kits are available in the student workroom (126) and in Suite 110 in Willow Hall.

## 17. Infection Control Plan

17.1. PURPOSE: The purpose of the Infection Control Plan is to prevent the transmission of infectious organisms among clients, clinicians and employees

17.2. POLICY: In accordance with OSHA's Bloodborne Pathogens Standard (29CFR 1910.1030), the Speech-Language-Hearing Clinic will take all necessary precautions to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances for clients, student clinicians, and employees.

17.2.1. In accordance with the College of Health Professions Policy (02.04) all students participating in clinical practicum, internships, and externships are required to have the Hepatitis B series for most of the off-campus placements.

17.3. PROCEDURES TO IMPLEMENT POLICY: See [Exposure Control Plan](#)

## 18. Incident Reporting

18.1. PURPOSE: To clearly define an incident as it relates to the Speech-Language-Hearing Clinic and to ensure the timely reporting and follow-up of incidents.

18.2. POLICY: An incident (defined as any event in which significant material damage occurs; in which personal injury occurs; in which either of the previous conditions are narrowly avoided; or in which personal conflict is expressed in an uncontrolled or barely controlled manner) is to be reported in writing to the Clinic Co-directors on the day of occurrence.

### 18.3. PROCEDURES TO IMPLEMENT POLICY:

18.3.1. The clinical educator and the student clinician most closely involved in the incident jointly complete the Department of Communication Disorders [Incident Report form](#) (obtained from clinic administrative assistant) and submit it to a clinic co-director on the day of the occurrence.

18.3.2. One of the Clinic Co-directors reviews the report within one business day. A CHP Incident form may be required after initial review. The Clinic Co-directors will notify all parties if the CHP form is necessary.

18.3.3. The Clinic Co-directors will respond to the report by scheduling follow-up conferences as needed or may designate a faculty member to investigate the facts of the incident and file a separate report as warranted.

18.3.4. The Clinic Co-directors will forward the Incident Report to the Department Chair at the conclusion of the investigation or before, if the incident warrants.

18.3.5. The Department Chair will forward the report to the Dean's office.

## 19. Standards for Protections and Reporting Suspected Child Abuse and Neglect

19.1. PURPOSE: To define the standards by which faculty, staff and students will receive training, obtain clearance, and report suspected child abuse or neglect.

19.2. POLICY: The Department of Communication Disorders at Texas State University adopts the DSHS Child Abuse Screening, Documenting and Reporting Policy for Contractor/Providers. Faculty and Students in contact with minors will receive annual training in alignment with UPPS 01.04.41, **Reporting Abuse of Minors and Training Policy**. Training takes place each Fall or Summer semester on issues related to this policy. Additionally, all incoming students who will have contact with minors in the speech-language-hearing clinic will receive training and must pass a background check. Please see UPPS 01.04.41 at <https://policies.txstate.edu/university-policies/01-04-41.html>

# **Supervision for ASHA Clinical Hours**

## 20. Clinical Supervision and Documentation Requirements

20.1. PURPOSE: To specify the supervision and documentation requirements for diagnostic and therapy sessions conducted by student clinicians at the Speech-Language-Hearing Clinic and off-campus clinical sites

20.2. POLICY: Appropriately credentialed (being licensed by the State of Texas, 2 hours of continuing education in supervision, and holding the ASHA Certificate of Clinical Competence) clinical educators shall directly supervise and document, in accordance with current CAA and CFCC standards, each diagnostic and/or therapy session conducted by student clinicians.

20.2.1. Student clinicians will be supervised in real time and never at less than 25% of total contact time with each client. However, depending on the student and client needs, the clinical educator will engage in more than 25% of the total contact time with each client, as indicated by the respective circumstance.

20.2.2. The 25% supervision standard is a minimum requirement and is adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

### 20.3. PROCEDURES TO IMPLEMENT POLICY:

#### 20.3.1. On-Campus Speech-Language Clinic Documentation of Hours Procedures

20.3.1.1. Prior to the start of any diagnostic or therapy session, the student clinician enters in ink the date of the session, the client's initials, ASHA categories and age on the appropriate clinical hours form found in the student workroom.

20.3.1.2. The student clinician then places the form in an individual clinical folder located in the observation room chosen for the session.

20.3.1.3. Following the session, the student clinician completes the Hours column of the Clinical Hours form, rounding the time to the nearest five minutes.

20.3.1.4. The clinical educator signs or initials the entry to document supervision of the session and returns the Clinical Hours form to the clinical folder.

20.3.1.5. Student clinicians are responsible for maintaining and retrieving their forms from the clinical folder.

20.3.1.6. Student clinicians are responsible for accurately entering and submitting the documented hours earned to their CALIPSO accounts in accordance with the timeframes for Submission of Clinical Hours outlined on the "Clinic Calendar".

20.3.1.7. Each clinical educator will verify and approve submitted hours electronically. Hours that are inaccurately recorded, incomplete, or late will not be approved as outlined in the syllabi for CDIS 5321, 5344 and 5689, and counted toward the 375 minimum. The hours will remain recorded in their respective CALIPSO accounts, but will not be calculated toward their total clock hours.

### 20.3.2. Off-Campus Clinical Sites

20.3.2.1. Students record hours on a daily basis on the Daily Contact Hours Log, in each respective ASHA category. They will present this document to their off-campus clinical educator as a cross reference to verify hours entered in their CALIPSO accounts (Step g above)

20.3.2.2. Clinical educators must verify contact hours at a minimum of once every four (4) weeks.

## 21. Bilingual Cognate Clinical Hours

21.1. PURPOSE: To specify the number and types of supervised clinical clock hours a bilingual clinician must accrue with bilingual clients speaking English and at least one other language and monolingual clients speaking a language other than English; to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked

21.2. POLICY: Of the 325 minimum clock hours that the CAA requires students to accrue at the graduate level, at least 125 shall be earned with bilingual or monolingual Spanish-speaking clients under the supervision of a bilingual or bicultural speech-language pathologist or audiologist.

21.2.1. For students completing the bilingual cognate with second languages OTHER than Spanish, only 25 of the 325 minimum clock hours shall be earned with bilingual or monolingual clients speaking a language other than English under the supervision of bilingual or bicultural speech- language pathologists or audiologists. Up to 20 of the 25 hours may be obtained in faculty approved/directed, non-contact activities. These hours are not counted toward the required 375 hours.

21.2.2. The hours shall be adequately distributed, as determined by faculty, among the required CAA categories.

### 21.3. PROCEDURES TO IMPLEMENT POLICY:

21.3.1. The bilingual cognate clinician is responsible for indicating that the contact hours he or she is submitting were earned with a client in which a bilingual approach to assessment or intervention was conducted.

21.3.2. Bilingual clinicians completing the Bilingual cognate accrue bilingual hours assessing and treating bilingual clients whose dominant language is English OR a language other than English and with monolingual clients speaking a language other than English (see [letter](#) in appendix).

21.3.3. Bilingual cognate students completing 2 cognates during graduate school will be required to obtain a minimum of 100 contact hours with bilingual or mono-lingual clients speaking a language other than English.

21.3.4. Clinic Co-directors and bilingual clinical educators will determine which off-campus affiliate sites offer supervision by a bilingual speech-language pathologist.

## 22. Procedures for Determining Spanish Proficiency for Students Completing the Bilingual Cognate

22.1. PURPOSE: To determine whether Bilingual speakers will be placed in the Advanced or Intermediate Category within the Bilingual Cognate.

22.2. POLICY: According to the American Speech-Language-Hearing Association's (ASHA's) definition of a [Bilingual Service Provider](#).

22.3. PROCEDURES TO IMPLEMENT THE POLICY: Spanish proficiency levels are determined during the student's first semester of graduate study by a bilingual speech-language pathologist.

22.3.1. The student's Spanish proficiency skills are established using a combination of the following:

22.3.1.1. performance on standardized language proficiency testing;

22.3.1.2. ability to conduct simulated assessment/intervention activities; and

22.3.1.3. self-report of language proficiency

22.3.2. Once these data are gathered a decision is made whether the student is placed in the Advanced or Intermediate Category within the Bilingual Cognate. Strengths and areas of need are reviewed with students prior to any clinic assignment or off-campus practicum placement. Entry into the cognate requires that the student meet ASHA's definition of a [bilingual service provider](#). If the student does not meet these criteria, they will have to complete the Intermediate Bilingual cognate.

## 23. Autism Cognate Clinical Hours and Service Requirement

23.1. PURPOSE: To specify the number and types of supervised clinical hours and experiences a clinician must accrue with individuals who are on the autism spectrum; to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked.

23.2. POLICY: Of the 325 minimum clock hours that the Council for Clinical Certification requires to accrue at the graduate level, at least 100 shall be earned with individuals who are on the autism spectrum under the supervision of ASHA certified and state licensed speech-language pathologists. Up to 25 of the 100 hours may be obtained in faculty approved/directed, non-contact activities. These are not counted toward the required 375 hours.

23.2.1. First and Second year cognate students are required to participate in a cognate-sponsored service project during the Spring semester. For second year students, this will be a component of their seminar (CDIS 5390) course.

### 23.3. PROCEDURES TO IMPLEMENT POLICY:

23.3.1. The student clinician is responsible for indicating on the clinical clock hour form that the hours are with individuals who are on the autism spectrum.

23.3.2. Clinicians completing the autism cognate will accrue clinical hours in the assessment and treatment of individuals who are on the autism spectrum.

23.3.3. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the autism cognate hold a current Certificate of Clinical Competence and a Texas state license.

## 24. Fluency Cognate Clinical Hours

24.1. PURPOSE: To specify the number and types of supervised clinical hours a clinician must accrue with People Who Stutter (PWS); to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked

24.2. POLICY: Of the 325 minimum clock hours that the Council for Clinical Certification requires to accrue at the graduate level, at least 50 shall be earned with PWS under the supervision of ASHA certified and state licensed speech-language pathologists.

### 24.3. PROCEDURES TO IMPLEMENT POLICY:

24.3.1. Students enrolled in the Fluency cognate will meet with their mentor for two hours at an interval of 4 weeks beginning their first semester of graduate school. Issues related to the measurement and treatment of stuttering will be discussed during these meetings.

24.3.2. Students will complete advanced readings in the assessment and treatment of fluency disorders during the first year of graduate school. This will include hands-on experience with administering and scoring standardized tests of stuttering.

24.3.3. Clinicians completing the Fluency cognate will accrue a minimum of 50 clinical hours in the assessment and treatment of PWS. A maximum of 10 hours can be accrued during non-contact activities including student/peer teaching and mentoring, data analysis, and clinical research (these hours will not count toward the required 375 hours). Part of this requirement will be met by providing therapy services via telepractice.

24.3.3.1. Students completing the fluency cognate will provide therapy services using telepractice as part of their seminar (5390) course.

24.3.4. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the Fluency cognate hold a current Certificate of Clinical Competence and a Texas state license.

## 25. Neurogenic, Voice and Swallowing (NVS) Cognate Clinical Hours

25.1. PURPOSE: To specify the number and types of supervised clinical hours a clinician must accrue with individuals with medical-based communication/swallowing impairments throughout the lifespan; to specify how and by whom these hours and the supervision of these hours are verified, recorded, and tracked.

25.2. POLICY: Of the 325 minimum clock hours that the Council for Clinical Certification requires to accrue at the graduate level, at least 100 shall be earned with individuals with medical-based communication/swallowing impairments under the supervision of ASHA certified and state licensed speech-language pathologists.

### 25.3. PROCEDURES TO IMPLEMENT POLICY:

25.3.1. Students enrolled in the Neurogenic, Voice and Swallowing cognate will meet with their mentors for two hours at an interval of 4 weeks beginning their first semester of graduate school. Issues related to the assessment and treatment of individuals with medical-based communication/swallowing impairments will be discussed during these meetings. The meetings will expose students to the interdisciplinary nature of medical speech-language pathology.

25.3.2. Students will complete advanced readings and modules related to the assessment and treatment of individuals with medical-based communication/swallowing impairments during the first year of graduate school. This will include hands-on experience with instrumentation related to the assessment of individuals with medical-based communication/swallowing impairments.

25.3.3. Clinicians completing the NVS cognate will accrue a minimum of 100 clinical hours in the assessment and treatment of individuals with medical-based communication/swallowing impairments. A maximum of 25 hours can be accrued during non-contact activities including student/peer teaching and mentoring, data analysis, and clinical research. These hours will not count toward the overall 375 hour requirement.

25.3.4. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the medical speech-language pathology cognate hold a current Certificate of Clinical Competence and a Texas state license.

## 26. Versatility in Practice Cognate Clinical Hours

26.1. PURPOSE: To specify the number and types of supervised clinical experiences a clinician must accrue with individuals with varied speech and language disorders throughout the lifespan and to specify how and by whom these experiences and the supervision is verified, recorded, and tracked.

26.2. POLICY: Of the 325 minimum clock hours that the Council for Clinical Certification requires at the graduate level, at least 25 hours must be accrued in each of the following age-ranges: Across the lifespan; Birth-to-Five, School-Age, and Adult. All hours acquired shall be earned under the supervision of ASHA certified and state licensed speech-language pathologists.

### 26.3. PROCEDURES TO IMPLEMENT POLICY:

26.3.1. Students enrolled in the Versatility in Practice cognate will meet with their mentors beginning their first semester of graduate school. Issues related to the assessment and treatment of individuals with communication/swallowing impairments across the lifespan will be discussed during these meetings. The meetings will focus on application of clinical skills to a variety of populations and settings.

26.3.2. Students will complete advanced readings and modules related to the assessment and treatment of individuals with communication/swallowing impairments across the lifespan during the first year of graduate school. This will include hands-on experiences and visits to various clinical settings where speech pathologists may work with patients.

26.3.3. The Versatility in Practice cognate students will accrue clinical hours in the assessment and treatment of individuals with communication/swallowing impairments at a rate consistent with overall hours requirements. A maximum of 25 hours can be accrued during non-contact activities including student/peer teaching and mentoring, data analysis, and clinical research. These will not count toward the required 375 hours.

26.3.4. The Clinic Co-directors are responsible for verifying that speech-language pathologists who supervise clinicians in the Versatility in Practice cognate hold a current Certificate of Clinical Competence and a Texas state license.

## 27. Inclusion of Students from Culturally and Linguistically Diverse Backgrounds

27.1. PURPOSE: The Department of Communication Disorders (CDIS) provides a respectful and inclusive environment for all students demonstrating accents, dialects and or English language proficiency differences.

27.2. PROCEDURE: CDIS makes every effort to ensure that students are meeting KASA requirements in clinical service delivery and adopts ASHA's Social Dialects Position Paper (ASHA, 1983) stating that dialects are not to be considered disordered speech and language among our clients. The same inclusiveness and acceptance of diversity is extended to students from culturally and linguistically diverse populations who may not speak Standard American English. All faculty, staff, and students will adhere to the recommendations suggested by the ASHA Joint Subcommittee of the Executive Board on English Language Proficiency.

27.3. PROCEDURES TO IMPLEMENT THE POLICY: All faculty, staff, and students will adhere to the suggestions and recommendations outlined in the technical report, "Students and Professionals Who Speak English with Accents and Nonstandard Dialects: Issues and Recommendations" (see <http://www.asha.org/policy/tr1998-00154.htm> for the full report.)

## 28. Adaptations for Students with Dialectal and/or English Proficiency Differences

28.1. **PURPOSE:** In accordance with standards set forth by the Council on Academic Accreditation, the Department of Communication Disorders (CDIS) implements adaptations to encourage successful completion of the graduate training program. The aim of this policy is to make students aware of potential interferences that may occur due to language and/or dialectical differences, and how to minimize such interference.

28.2. **POLICY:** CDIS makes every effort to ensure that students are meeting KASA requirements in clinical service delivery. Students who meet any of the criteria listed below that raises concern about language proficiency and /or accent will be eligible for adaptations to improve clinical service delivery skills. Although proficiency and/or accent may not be significantly improved in the two years span of graduate school, this adaptation may improve clinical skills over time if the clinician plans to continue clinical service delivery in English.

28.2.1. Clinical educator has difficulty understanding the student within the therapy session

28.2.2. A mismatch exists between client goal(s) and proficiency and/or dialect difference, i.e., the student is unable to model the clinical target in English or language in which therapy is provided

28.2.3. Multiple attempts are required by the student to provide an appropriate model of the target response for the client

28.2.4. Multiple repetitions are used by the student to convey an instruction to a client when the client has adequate receptive language

28.2.5. Multiple repetitions are required by the student clinician to comprehend and utilize feedback

28.2.6. Student identifies and expresses concerns about his/her proficiency

28.2.7. Student identifies and expresses concerns about his/her dialect difference

28.2.8. Student's difficulty understanding clinical feedback or directives as demonstrated by inappropriate response to directive

28.2.9. Student's inability to understand questions/concerns presented by the client

28.2.10. Student's inability to understand questions/concerns presented by family members

28.2.11. Student's inability to respond accurately to client questions/concerns

28.3. **PROCEDURE:** Student's meeting any of the criteria listed above, either related to on-campus or off-campus practicum, will be eligible for the following sequence of activities to aid them in meeting KASA requirements in clinical service delivery. The following steps are highly recommended for the successful completion of graduate clinical training:

28.3.1. A meeting with the clinical educator and clinic director to clearly identify area(s) of breakdown;

- 28.3.2. Develop a plan of action monitored by the clinical educator. An action plan may include implementation of clinical growth plan based on the student's individual circumstances and need(s)
- 28.3.3. The student may be referred to the following programs:
- 28.3.3.1. Available Texas State intensive English resources to receive assessment and a tailored language proficiency improvement program.
  - 28.3.3.2. Participation in accent modification training at the CDIS Speech-Language-Hearing Clinic, or other similar training program.
  - 28.3.3.3. Peer to peer mentoring targeting specific, identified areas of interference of one language on the other.
- 28.3.4. Cost associated with any improvement/modification program will be incurred by the individual seeking such services.
- 28.3.5. Any adaptation action plan will be written by the clinical educator and the Clinic Co-directors. This plan is a written agreement between the clinical educator and the student. Positive and negative consequences are clearly outlined in the action plan and/or clinical growth plan. The Action or Growth Plan will also identify alternate methods in which clinical service delivery will be considered.

## 29. Clinical Feedback from Speech-Language Pathology Clinical Educators

29.1. PURPOSE: To describe the method(s) clinical educators use to provide feedback on clinical performance to student clinicians in order to promote clinical growth,

29.2. POLICY: Student clinicians shall regularly receive both written and verbal feedback from clinical educators based on the clinical educator's observations of therapy sessions.

### 29.3. PROCEDURES TO IMPLEMENT POLICY:

29.3.1. It is the responsibility of each student clinician to schedule a weekly conference with each assigned clinical educator to discuss the management of the client. Students should have access to the client chart in Raintree, and bring the weekly [Treatment Feedback](#) forms to the conference.

29.3.2. Some clinical educators may schedule group conferences with student clinicians that have clients with similar needs.

29.3.3. Students are encouraged to request additional supervisory conferences as needed.

29.3.4. Students are encouraged, in collaboration with their clinical educators, to complete the conference agenda section at the top of the [feedback form](#). The agenda outlines clinician goals and relevant activities for the upcoming week of therapy or a diagnostic.

29.3.5. Clinical educators will frequently give verbal feedback to the student immediately following a supervised session or provide written feedback on the feedback form.

29.3.6. Following a formal observation of a therapy session, the student may receive a written report of the observation on a [Diagnostic and Therapy Session Feedback Form](#).

29.3.7. If the clinical educator believes a conference is needed to discuss the observation in detail, the clinical educator will indicate such on the [Treatment Feedback form](#) or contact the student directly.

29.3.7.1. It is the student's responsibility to schedule this conference within two days or prior to the client's next scheduled treatment session.

29.3.7.2. These special conferences are in addition to the student's regular weekly conference.

29.3.8. Students receive formal versions of feedback at mid-term and at the end of the semester on the Evaluation of Clinical Skills (Rating Form) and the written clinical evaluation comments to accompany the evaluation of clinical skills form on CALIPSO.

### 30. Evaluation and Documentation of Student Performance in Clinic

30.1. PURPOSE: To specify the method of grading and the parameters taken into consideration in assigning a grade to a student enrolled in a clinical practicum course (CDIS 4344, 5321, 5344, and 5689)

30.2. POLICY: Each student will receive one grade (CR or F) for each clinical practicum (CDIS 4344, 5344, 5321, and 5689) each semester of enrollment.

30.2.1. For the undergraduate CDIS 4344, the grade is determined by the faculty member of record who is responsible for both the lecture and lab portions of the class. The grade is determined according to the procedures in the class syllabus, distributed during the first week of class.

30.2.2. The one clinical practicum grade reflects the student's performance in both the lecture and the lab portions of the class (CDIS 5344 & 5689) as judged by the Clinic Co-directors and the student's clinical educators respectively.

30.2.3. The faculty member of record for the lecture portion of the class bases the grade on the criteria stated in the class syllabus. The lecture portion (TRACS assignments, class assignments, discussions, etc.) accounts for 60% of the total grade.

30.2.4. The clinical educators base the lab portion of the grade on the student's clinical performance using the Clinician Evaluation Rating Scale. This constitutes 40% of the total grade.

30.2.4.1. A grade of CR will be assigned for total point acquisition of 70 or higher.

30.2.4.2. A grade of F is assigned if the student's cumulative point total (lecture & clinic) is lower than 70 points. An F may also be assigned for a flagrant violation of policy (willfully ignoring policy and procedures, compromising client care, etc.) regardless of therapy performance. An F in clinical practicum means the student does not obtain credit, competency, or clinical hours for the semester's work.

30.2.4.3. Student clinicians are expected to know and conform to the Code of Ethics of the American Speech-Language-Hearing Association (ASHA), Texas Department of Licensing and Regulation for Speech-Language Pathology and Audiology, and the CDIS Policies and Procedures Statements.

30.2.5. The Clinic Co-directors are responsible for combining the grades from both the lecture and lab portions of CDIS 5344 and 5689 and assigning a student's average grade.

30.2.6. The Clinic Co-directors will not document the CDIS 5344/5689 student's grade until the student has verified all clinical hours at check-out with the Clinic Co-directors. This point distribution is outlined in both the 5344 & 5689 syllabi.

30.2.7. The audiology clinical educator combines the lecture and lab grades for CDIS 5321 to arrive at a student's average grade according to the procedures outlined in the class syllabus.

### 30.3. PROCEDURES TO IMPLEMENT POLICY:

#### 30.3.1. For CDIS 5344:

30.3.1.1. The student's clinical educator(s) provide(s) the student with feedback forms after observing the student in diagnostics/therapy with the client.

30.3.1.2. The student is responsible for bringing the completed Feedback forms to the weekly conference with the clinical educator and for retaining the forms as part of the student's portfolio.

30.3.1.3. At mid-term of the long semesters and at the end of all semesters, each clinical educator provides a formal evaluation of the student's clinical performance in summative and formative format.

30.3.1.3.1. The formal evaluation includes the completion of Evaluation of Clinical Skills using the Supervision Rating Scale in the CALIPSO database. The appropriate competencies are rated, and written comments accompany the Evaluation of Clinical Skills.

30.3.1.3.2. Each clinical educator discusses with the student his/her specific clinical strengths and weaknesses as documented on the Evaluation Form in CALIPSO.

### 31. Substitute Clinical Educators

31.1. PURPOSE: To assure adequate and timely clinical supervision in the absence of the assigned clinical educator.

31.2. POLICY: The student clinician shall know at all times the name and location of the clinical educator assigned to supervise each clinical session.

31.2.1. Each clinical educator, who must be absent from an assigned session, is responsible for designating a substitute clinical educator who is willing to supervise for the absent clinical educator.

31.2.2. Clinical educators called away may leave the clinic only after a substitute clinical educator has been designated and any affected student clinicians and clinic co-directors have been notified.

31.2.3. Under no circumstances shall a student clinician conduct any portion of a diagnostic or therapy session without knowing the name and location of the responsible clinical educator.

#### 31.3. PROCEDURES TO IMPLEMENT POLICY:

31.3.1. In the event of a planned absence, the clinical educator notifies the Clinic Co-directors and any student clinicians affected by the absence in writing at least one week prior to the absence. The notification should include the name and location of the substitute clinical educator.

31.3.2. In the event of an unplanned absence, the clinical educator notifies the Director of clinic operations by telephone or email as soon as possible. The email or phone message will include who the Clinical Educator has arranged as Supervisor of Record and the CE will also notify the affected students, chair and clinic administration of the absence. If the CE is unable to arrange, the Clinic Director of Operation will assign a substitute clinical educator and notify all affected parties.

31.3.3. Any student clinician who is uncertain as to the name and location of the clinical educator for any portion of any session should immediately contact the Clinic Co-directors for clarification.

## 32. Procedure for Submission and Recording of Clinical Hours

32.1. PURPOSE: To specify procedures for submitting clinical hours earned to the CALIPSO database for recording in the student's permanent record.

32.2. POLICY: The student clinician is responsible for submitting the documented clinical hours earned on the designated due dates as outlined on the semester clinical calendar/schedule. Students will not receive credit for hours that are incorrectly or inaccurately recorded on the hours' forms, and CALIPSO database.

32.2.1. The clinical educators verify the accuracy of the student clinician's clinical hours' entry at designated times throughout the semester. The Clinic Co-directors subsequently verifies all clinical educator-verified hours at final semester checkout.

32.2.2. Relevant policy: [Clinical Supervision and Documentation Requirements](#)

### 32.3. PROCEDURES TO IMPLEMENT POLICY:

32.3.1. The student clinician verifies that the appropriate Clinical Hours forms have been completed correctly and have been verified and approved by the appropriate clinical educator(s).

32.3.2. The student clinician places any Clinical Hours forms with hours earned that time period (specified on clinic calendar) face down in the designated clinical educator's mailbox.

32.3.3. The assigned clinical educator will cross-reference the submitted hours forms with student-entered hours in CALIPSO. The clinical educator will sign and lock the hours once they are verified. Incorrect entries may be modified by a CALIPSO administrator (typically Clinic Co-directors) after careful consideration and communication with assigned clinical educator, on a case-by-case basis.

32.3.4. End-of-semester reports are printed by each student. The number and distribution of hours are reviewed by the student and the Clinic Co-directors during the semester's final check-out.

32.3.4.1. The End-of-semester reports and additional documents listed on the course syllabi are to be archived by each student into their e-portfolio.

# **Client Records**

### 33. Privacy and Security of Health Information (Confidentiality)

33.1. PURPOSE: To delineate the measures utilized by the Speech-Language-Hearing Clinic to maintain the confidentiality of client information as mandated by federal and state law, the Code of Ethics of the American Speech-Language-Hearing Association, and Texas Department of Licensing and Regulation

33.2. POLICY: All information contained in the clinic's client files is confidential, including textual, audio, and images as well as electronic. Client information stored in computer files shall be considered confidential. Only persons authorized by a valid signed Release of Confidential Information form or by law or persons directly involved in a client's case through the educational process in the classroom or clinic shall have access to client information.

33.2.1. Prior to participating in clinical activities/assignments, all students must review and sign the [Confidentiality Agreement/Statement of Policy](#), which is part of the student's permanent file, and stored electronically on CALIPSO.

33.2.2. Formal presentations on HIPAA standards and related privacy and security issues are delivered to the first-year graduate students during the fall and one other semester as a part of their clinical curriculum. The date of this training becomes a part of the student's permanent file. Privacy and security awareness, education and training are conducted at this time.

33.2.3. Student clinicians are never to discuss the contents of client records with the client, the client's family members/friends without the clinical educator being present for the discussion unless specifically instructed to do so by the clinical educator, such as making a phone call.

33.2.4. Faculty, staff, and students share mutual responsibility for protecting the confidentiality of all clients served.

33.2.5. Disclosure verbally, electronically, or via file misuse of protected health information may be grounds for immediate dismissal from any CDIS clinical practicum. Clinical Co- directors will report any client security or data breach to the Department Chair. In the cases of electronic breach, the Chair will notify the Texas State IT Security Office and report the incident. If IT Security believes that a breach has occurred, they will engage in an investigation to determine the appropriate actions to take.

33.2.6. The Department Chair and Clinic Co-directors will review all breaches of client confidentiality (in the case of electronic breaches, after IT Security personnel have completed the investigation). Based on their recommendations, appropriate action will be taken. Actions against the student may include, but are not limited to loss of clinical hours, loss of clinical competencies, and dismissal from the program for non-academic reasons. The appropriate consequences and actions will be based on the following:

33.2.6.1. the seriousness of the violation(s);

33.2.6.2. previous compliance history;

33.2.6.3. the severity level necessary to deter future violations;

33.2.6.4. student efforts to correct the violation; and

33.2.6.5. any other extenuating circumstances.

### 33.3. PROCEDURES TO IMPLEMENT POLICY:

33.3.1. The Authorization for the Release of Confidential Information from Texas State University is signed and dated by the client or his/her parent/guardian prior to the start of any diagnostic or therapy. This authorization is assumed to be good for one calendar year from the date. The authorization may be changed at any time by the patient or his/her parent/guardian.

33.3.2. All faculty and staff are responsible for verifying that a current and complete Authorization for the Release of Confidential Information from Texas State University form contains the name of the person and/or agency to whom information is being released.

33.3.3. Information will only be released to individuals and/or organizations listed on the authorization. Name and all contact information must be provided by parent/legal guardian. Confidential information will not be released if contact information is incomplete.

33.3.4. No confidential patient information is to be transmitted by e-mail, unless proper written consent has been obtained from the client or client's legal representative.

33.3.5. Client records remain in the Clinic area at all times as specified in Control of Client Files.

33.3.6. Hard-copy client files are stored and retrieved, in accordance with Client File Check-Out.

33.3.7. Client documents on the computer are stored and retrieved in accordance with Storage, Retrieval, and Review of Computerized Client Documents.

33.3.8. Video- and audio-taped client information is stored, retrieved and reviewed in accordance with Storage, Retrieval and Review of Audio and Video Taped Client Records.

33.3.9. At no time, under any circumstance is a client to be photographed or videotaped using a student's personal camera, including those cameras contained on cell phones.

33.3.10. Confidential client information is disposed of by shredding. Shredders are located in the graduate workroom, the clinic office area, and the departmental workroom.

## 34. Informed Consent

34.1. PURPOSE: To require that clients, or parents in the case of minor children, give informed written permission for the evaluation and treatment of communication disorders by student clinicians under the supervision of ASHA-certified and state licensed faculty.

34.2. POLICY: Clients will not be evaluated or treated without the student clinician and/or clinical educator first obtaining informed written consent from the client or the client's parent/guardian.

### 34.3. PROCEDURES TO IMPLEMENT POLICY:

34.3.1. For the client/parent, the student clinician and/or clinical educator will:

34.3.1.1. briefly summarize what the interview, evaluation and/or therapy will entail,

34.3.1.2. review the need to video/photograph any parts of the evaluation or therapy as well as the potential use of the photographs/video for teaching, digital media use, or marketing brochures;

34.3.1.3. review the circumstances under which clients may be observed while in evaluation and/or therapy, and

34.3.1.4. review the need to give food and/or beverage during evaluation or therapy.

34.3.2. The student clinician and/or clinical educator will briefly summarize the benefits, risks, and/or potential complications of the evaluation and/or treatment.

34.3.3. The consents must be obtained before the client leaves the clinic reception area.

34.3.4. In the event that the EMR is not working, clinic administrative support will assist the clinical educator and student clinician in completing paper consent forms. Clinic administration will scan into the client's chart within 24 hours.

34.3.5. New informed consents must be obtained yearly.

34.3.6. The signed consents are a part of the client's EMR file.

### 35. Authorization for the Release of Confidential Information

35.1. PURPOSE: To ensure that confidential client information from the client's file is released only to persons or agencies of the client's choice.

35.2. POLICY: No confidential client information, reports, or records shall be released from the Speech-Language-Hearing Clinic to persons other than the client or the minor client's parent/guardian without written permission from the client/parent specifying the person(s) and/or agencies to whom the information is to be released. The address of the person/facility to whom information is to be released must be included on the release form.

#### 35.3. PROCEDURES TO IMPLEMENT POLICY:

35.3.1. Authorization forms must be updated at the beginning of each academic year in September or upon initial visit. The forms may be changed at any time by the client or his/her parent or guardian.

35.3.2. Student clinicians must refer all requests for client information directly to the clinical educator or the Clinic Co-directors in the absence of the clinical educator.

35.3.3. Only faculty and/or staff may release documents to authorized persons/agencies.

## 36. Control of Client Files

36.1. PURPOSE: To specify the Clinic Area in Willow Hall as the only approved site for client files and client file access electronically. Client records remain under the active control of the student clinician or clinical educator at all times.

36.2. POLICY: Original or photocopied parts of any client file including test forms/booklets must remain under the active control of the student clinician while it is checked out for use in the clinic or faculty office.

36.2.1. The exceptions to this policy are those documents photocopied as a result of a signed Release of Confidential Information from Texas State University.

### 36.3. PROCEDURES TO IMPLEMENT POLICY:

36.3.1. Clinicians should check out client files at the time they are needed and not before.

36.3.2. A client file must be returned immediately after use to the active file in Willow Hall Room 110E.

36.3.3. Client files that are checked out, but not in active use by the clinician may only be stored temporarily in the student's locked locker in the graduate workroom.

### 37. Consequences of Mishandling Client Records

37.1. PURPOSE: To specify the possible consequences incurred by student clinicians for improper handling of client confidential data.

37.2. POLICY: Student clinicians found mishandling client confidential information will face the following consequences:

37.2.1. First Offense: Review of Policies and Procedures concerning client files with the Clinic Co-directors.

37.2.2. Second Offense: The student clinician shall lose any clinical hours earned during the period of time the file was inappropriately handled.

37.2.3. Third Offense: At the discretion of the faculty, following recommendations from the clinical educator, one of the following possible consequences will be enforced:

37.2.3.1. Lose all clinical hours for the current semester.

37.2.3.2. Lose all clinical hours for the current semester for the client whose folder or confidential document was mishandled.

37.2.3.3. Forfeit any additional clinical assignments for the duration of the semester.

37.2.3.4. Automatic ineligibility to enroll in any on-campus or off-campus clinic class for the next semester.

37.2.3.5. Other actions as deemed necessary by the faculty, including dismissal from the program for non-academic reasons.

### 37.3. PROCEDURES TO IMPLEMENT POLICY:

37.3.1. The faculty or staff person who discovers the mishandling of a client file shall inform the clinical educator immediately of the violation of policy.

37.3.2. The clinical educator will determine the circumstances of the violation by discussing the issues with the student clinician and any other persons involved in the mishandling of the client file. The clinical educator informs the Clinical Co-directors and may request assistance in the matter.

## 38. Client's File

38.1. PURPOSE: To specify the data that are to be included in a client's electronic file (may be paper file during transition).

38.2. POLICY: Each client's file is to be organized in a specified and consistent manner using approved forms and formats.

### 38.3. PROCEDURES TO IMPLEMENT POLICY:

38.3.1. Last approved MAP with CE initials

#### 38.3.2. Consent Forms

38.3.2.1. Paper: Patient Information and Consent for Evaluation and Treatment, Authorization to Disclose Protected Health Information, Attendance Policy, Signed Acknowledgement of Privacy Practices (if not completed electronically in EMR).

38.3.2.2. Electronic: Consent to Release, Consent to Treat, Attendance Policy, Notice of Privacy Practices. The forms are verified complete when they have a • and turn from blue to green. Exception: Communication Preferences will remain light blue and will not have a •.

38.3.2.3. SOAP Notes Complete with signatures and payment posted

38.3.2.4. Clinical Summary for current semester. Cover letter (if used) scanned into EMR.

38.3.2.5. Additional documentation to support progress and/or recommendations in the Clinical Summary such as charts, graphs, if any.

38.3.2.6. Test Protocols from current semester if not part of current diagnostic report; test protocols, written summaries, audiograms, cap-o-gram, screenings, oral mechanism form, etc). All protocols to be signed/initialed by appropriate clinical educator.

38.3.2.7. Essential and relevant examples of client's work from the current semester (their written work, clinician charting) for example.

38.3.2.8. Documentation of client/parent conference form signed by clinical educator and client/parent with client/parent responses written on the back – as indicated.

38.3.2.9. Diagnostic Summary Report with cover letter if used.

38.3.2.10. Scanned copy of first page of diagnostic protocols. Original protocols completed in black ink, signed by student and clinical educator and given to clinic administration. Protocols will be stored in the active or inactive file room by semester following record retention policy.

38.3.2.11. Case History

38.3.2.12. Audio Worksheets

38.3.2.13. Any other reports from agencies or professional correspondence generated this semester scanned into documents/tasks tab.

38.3.2.14. Case History

38.3.2.15. All hearing aid and cochlear implant information

38.3.2.16. OSHA Corrected Pure-Tone Thresholds Tracking Sheet (if applicable)

38.3.2.17. OSHA Letter of Results

38.3.2.18. Audiology Report

38.3.2.19. Audiogram

38.3.2.20. Immittance

38.3.2.21. Cap-O-Gram

38.3.2.22. Worksheets

- 38.3.2.23. Case History
- 38.3.2.24. Correspondence
- 38.3.2.25. Intake sheet/referral form

### 39. Storage, Retrieval, and Review of Computerized Client Documents

39.1. PURPOSE: To provide methods to protect the confidentiality of client documents stored on the Network and on external storage devices

39.2. POLICY: Protection of the confidentiality and privacy of computerized client documents is the responsibility of student clinicians, faculty and staff.

#### 39.3. PROCEDURES TO IMPLEMENT POLICY:

39.3.1. Computers are located in low-traffic areas such as individual offices or the Graduate Student Room.

39.3.2. Computers are located in rooms that ~~are locked after hours~~ require card access at all times.

39.3.3. Logouts are required plus the computers have inactivity time-outs installed.

39.3.4. Access controls are in place with individual passwords.

39.3.5. Use of removable storage devices (jump drives, discs, etc.) to store clinic reports containing confidential client data is prohibited.

39.3.6. Client documents are stored remotely in data centers, which are firewall protected.

39.3.7. No client documents are transmitted via e-mail unless proper consent has been obtained and verified by the clinic co-directors.

39.3.8. In addition, also refer to [Security and Storage of Electronic Textual Documents](#).

39.3.9. Students will adhere to UPPS 04.01.01 which outlines the University's policy on Security of Texas State Information Resources. The policy is available at: <http://www.txstate.edu/effective/upps/upps-04-01-01.html>

#### 40. Client File Check-out

40.1. PURPOSE: To delineate the individuals responsible for client file check-out process and the procedures to be followed

40.2. POLICY: Each student clinician is responsible for ensuring that the assigned client file is checked out/in in accordance with established procedures to ensure client confidentiality.

#### 40.3. PROCEDURES TO IMPLEMENT POLICY:

40.3.1. To check out an active client file the student clinician shall:

40.3.1.1. Complete the sign-out portion of the Sign-out/In Log located at the front desk in the Clinic Reception Area

40.3.1.2. Remove the client file from the filing system in WH 110E

40.3.1.3. Return the file to the filing system in WH 110E prior to 5:00 p.m. or other stated clinic office closing time.

40.3.1.4. Complete the sign-in portion of the Sign-out/In Log to document return of the file.

40.3.2. To check out a client file overnight, the student clinician shall:

40.3.2.1. Secure the clinical educator's or Clinic Co-directors' or clinic administrative assistant's signature on the Sign-out/In Log;

40.3.2.2. Secure the file overnight in his/her locked locker in the graduate student workroom

40.3.2.3. Return the file to the active file in WH 110E prior to 9:30 a.m. the next clinic day

40.3.2.4. Complete the overnight sign-out portion of the Sign Out/In Log to document return of the file.

40.3.3. Violations of these procedures are covered on the policy and procedures titled: [Consequences of Mishandling Client Files.](#)

# **Speech-Language Diagnostics**

#### 41. Diagnostic Evaluation: Prerequisite to Admission for Therapy

41.1. PURPOSE: To specify what diagnostic evaluations are accepted as fulfilling the requirement for diagnostic evaluation prior to therapy

41.2. POLICY: Prior to admission to therapy, all clients must have received a diagnostic evaluation by CDIS Speech-Language-Hearing Clinic personnel or by an appropriate state licensed professional within six months prior to admission.

#### 41.3. PROCEDURES TO IMPLEMENT POLICY:

41.3.1. The Clinic Co-directors schedule clients for an initial speech-language diagnostic session.

41.3.2. The diagnostic session is authorized when the supervising faculty member or Clinic Co-directors determine from referral information that an evaluation is appropriate.

41.3.3. For clients admitted to therapy on the basis of an evaluation from another agency, the Texas State clinician and clinical educator will complete another diagnostic evaluation within the first semester of therapy as a part of the semester fee for therapy.

## 42. Diagnostic Clinic: Process and Sequence

42.1. PURPOSE: To specify the processes, procedures, timeframes and responsible persons involved in the diagnostic evaluation procedures

42.2. POLICY: To assure the appropriate and timely completion of diagnostic evaluations, the CDIS Speech-Language-Hearing Clinic adheres to a consistent process sequence

### 42.3. PROCEDURES TO IMPLEMENT POLICY:

42.3.1. The clinic administrative assistant receives speech-language inquiry calls and starts the clinic intake process by completing an intake form by phone or emailing to the prospective client. Email preferred but phone is allowed for clients without email or computer access.

42.3.2. Once the intake form is completed by phone or returned by email, the clinic administrative assistant will add the client to Raintree and send the welcome letter. The welcome letter includes information about scheduling, pricing, and instructs families to complete the appropriate case history for their age (pediatric or adult) and concern area (hearing or speech/language).

42.3.3. After the case history is completed by the client, the clinic administrative assistant adds the client to the EMR waiting list and notifies the Director of Clinic Operations.

42.3.4. The Director of Clinic Operations verifies the speech-language referrals and, if appropriate, assigns clinician(s) and the clinical educator to the diagnostic for a scheduled date and time. The Director of Clinic Operations provides the clinic administrative assistant with potential dates and times to confirm with the prospective client.

42.3.5. Once the appointment is confirmed, The Director of Clinic operations provides the clinic administrative assistant the names of the clinician(s) and CE and the clinic administrative assistant adds the appointment to the scheduler in Raintree. The Director of Clinic Operations notifies the clinician(s) and CE of a new clinical assignment by email. The email includes client initials and date of appointment with note to reference the clinician(s) Dashboard in Raintree for further information.

42.3.6. The assigned student clinician(s) is responsible for scheduling a conference with the clinical educator at least two weeks or 10 business days prior to the diagnostic. Failure to contact the clinical educator within the specified time frame is a serious omission and will be reflected in the student's cumulative clinic grade for the semester.

42.3.7. The purpose of the conference with the clinical educator is to determine what specific assessments will be done, to assign responsibilities, and to answer student questions. The student should come prepared to the conference with the client's file and with written suggestions for each of the areas specified for the client's disorder in the PPS Minimal Diagnostic Requirements by Disorder Type. The Diagnostic Checklist is available via TRACs and in the P&P to facilitate pre- and post- diagnostic meetings.

42.3.8. If during the conference, it is determined that additional information is needed (results of previous testing, reports from other agencies, current medications, changes in

health status etc.), the clinical educator is responsible for contacting the client and/or agency and requesting the information.

- 42.3.9. If the requested additional information is not obtained prior to the diagnostic and it is critical to have the information before the diagnostic is done, the diagnostic may be postponed with the approval of the Clinic Co-directors.
- 42.3.10. An assigned clinician must contact the client the day before the evaluation to remind client of appointment. Long distance calls made by clinicians to clients should be made from the clinic administrative assistant's phone and documented in the Communication Log in the client's chart
- 42.3.11. The student should notify the clinical educator and the Clinic Co-directors immediately if the client reports he/she will not be able to attend the diagnostic appointment.
- 42.3.12. The student clinician(s), with CE oversight, is responsible for verifying that client consents have been completed in Raintree via the patient portal prior to the appointment. The consents will be green in color and have a dot next to them in the signed column under the admin tab if completed.
- 42.3.13. On the day of the evaluation, the clinician and clinical educator greet the client in the clinic reception area.
- 42.3.14. The student clinician assists the client in completing the appropriate releases, and permissions, if not already completed via patient portal, then takes the client to the clinic administrative assistant for payment of the evaluation fee, sign in procedure (including license plate) and verification that client parked in designated client parking.
- 42.3.15. The student clinician and clinical educator review the case history form with the adult client or the client's guardian. The discussion of the case history form should be done in the privacy of the clinic area, not in the clinic waiting room.
- 42.3.16. Testing is completed by clinician(s) under supervision.
- 42.3.17. Following the diagnostic, the student discusses findings, interpretations, and recommendations privately with the clinical educator. Students are not authorized to provide feedback to clients concerning diagnostic results without clinical educator approval. Post-assessment counseling is conducted only under strict supervision. (Second year graduate students may counsel clients with clinical educator present. First year graduate students may counsel clients with clinical educator's assistance.)
- 42.3.18. The client is not dismissed from the clinic until the clinical educator checks all forms and approves the dismissal.
- 42.3.19. The first draft of the Diagnostic Evaluation Summary report is due to the clinical educator 3 working days following the diagnostic. The computer-generated format must be used and double-spaced.

- 42.3.20. The clinician and the clinical educator use the Report Tracking Form (paper for audio; email notification for speech/language) and process during the various drafts of the Diagnostic Evaluation Summary report. If a report requires several revisions, the second draft is due within 48 hrs. after return by the clinical educator. Subsequent revisions are due 24 hours after return by the clinical educator. See [Report Tracking PPS](#) for preparation for mailing and mailing procedures.
- 42.3.21. All final diagnostic reports are due and uploaded into Raintree 3 weeks after the scheduled appointment.
- 42.3.22.
- 42.3.23. If the client is recommended for therapy, the CE notifies the Director of Clinic Operations. If the client is not recommended for therapy, the clinic administrative assistant makes the client chart inactive in Raintree.
- 42.4. Additional information can be found on the [Speech-Language-Hearing Clinic Diagnostic Preparation and Execution Procedure](#) form.

### 43. Criteria for Client Admission to Therapy

43.1. PURPOSE: To specify the criteria that must be met to qualify a client for admission to therapy

43.2. POLICY: Clients are admitted for therapy if the following criteria are met:

43.2.1. The client has been diagnosed within the previous 6 months by a certified/licensed speech-language pathologist or audiologist as having a speech, language and/or hearing disorder or delay within the scope of practice which will likely benefit from a course of outpatient therapy.

43.2.2. A clinic educator qualified to treat the disorder/delay is available to supervise and/or provide the therapy.

43.2.3. Student Clinician training needs warrant admission of the client. Should a client not meet the admission criteria, referrals shall be made to the appropriate professionals.

43.3. PROCEDURES TO IMPLEMENT POLICY:

43.3.1. The Clinic Co-directors review a client's speech-language diagnostic information.

43.3.2. The audiologist reviews a client's audiological diagnostic information.

43.3.3. Each requests any additional information if needed to make an admission decision.

43.3.4. The Clinic Co-directors and the audiologist each evaluate the availability of qualified clinical education personnel and the training needs of student clinicians in their respective areas of expertise.

43.3.5. The Clinic Co-directors are responsible for making the final decision to admit the appropriate client or to refer the client elsewhere if the client's interest is better served by referral.

#### 44. Client's First Day of Therapy

- 44.1. PURPOSE: To delineate the responsibilities of the student clinician on a client's first day of therapy
- 44.2. POLICY: The student clinician is responsible for ensuring that the new therapy client is processed on the first therapy day in accordance with approved procedures.
- 44.3. PROCEDURES TO IMPLEMENT POLICY:
- 44.4. Student clinician with the clinical educator wait in the clinic reception area to greet client after the client has checked in with administrative assistant.
- 44.5. Clinician assists client in completing patient information sheet, permissions, and releases, unless clinical educator instructs clinician otherwise.
- 44.6. Clinician takes client to clinic administrative assistant for sign-in, parking instructions, fee payment and receipt, and completion of the records checklist on front of client's folder.
- 44.7. Clinician and clinical educator answer client's questions, discuss clinic schedule, and take case history if not previously provided.
- 44.8. Therapy begins only after all release and permission forms are signed and questions are answered. The clinician is responsible for reviewing this information and engaging only in clinical activities for which release/permission was given.
- 44.9. Clinician escorts client to therapy area. Clinician and clinical educator assist family member to observation area, if appropriate.
- 44.10. Following the therapy session, clinician returns client/parent to clinic reception area for client to sign-out.

# **Therapy: Progression through the Semester**

## 45. Client Assignment and Scheduling for Therapy

45.1. PURPOSE: To specify the persons responsible for assigning clients and scheduling therapy and the process that is used

45.2. POLICY: The Clinic Co-directors are responsible for coordinating clinician and clinical educator schedules and are responsible for the clinic therapy schedule. At no time, under any circumstance, should a clinical educator independently schedule a client without approval from a Clinic Co-director.

### 45.3. PROCEDURES TO IMPLEMENT POLICY:

45.3.1. The Clinic Co-directors use the student's semester schedule and consultation with clinical educators when assigning clients to student clinicians, aides and clinical educators.

45.3.2. Client assignments usually change each semester in order to give each student a variety of clinical experiences.

45.3.3. Therapy sessions during fall and spring semesters are scheduled on the hour and end 45 to 60 minutes later unless special arrangements are made through the clinical educator and Clinic Co-directors for shorter or longer sessions.

45.3.4. Assignments are made using the Clinic Assignment Memorandum form, copies of which are placed in the mailboxes of the assigned clinical educator, student clinician(s) and aide, if assigned.

45.3.5. It is the responsibility of the clinical educator to monitor all phases of clinical work for each student assigned to him/her.

45.3.6. It is the responsibility of the assigned student clinician to schedule a meeting with the clinical educator and to provide the clinical educator with a Management Appraisal Plan (MAP) prior to the first therapy session.

45.3.7. It is the responsibility of the assigned aide to review the client's file and contact the clinical educator prior to the first therapy session. The aide's role during therapy will be determined by the clinical educator.

45.3.8. A client's scheduled session/s may not be changed without authorization from one of the Clinic Co-directors.

## 46. Faculty Supervised Off-Campus Clinical Assignments (FSOCA)

46.1. PURPOSE: To specify the parameters within which faculty supervised off-campus clinical assignments operate

46.2. POLICY: First year graduate students enrolled in 5344 who are eligible for an on-campus client assignment may, at the discretion of the faculty and Clinic Co-directors, be assigned a client in an off-campus site supervised by a CDIS faculty member. Criteria for determining which students will be assigned are as follows:

46.2.1. each student's clinical experience, academic preparation, class and clinic schedules, and clinical hours needed will be considered in making assignments, and

46.2.2. approval of the faculty.

### 46.3. PROCEDURES TO IMPLEMENT POLICY:

46.3.1. The Clinic Co-directors are responsible for assuring that the university has an updated clinical affiliation agreement, MOU, or service contract with the off-campus site.

46.3.2. The Clinic Co-directors and the clinical educators will jointly make the client assignments after review of eligible clinicians and possible clients.

46.3.3. The off-campus clinical educator will use Texas State clinic approved therapy and diagnostic feedback forms to provide feedback to clinicians.

46.3.4. The clinician will conference at least once per week with the off-campus clinical educator in individual and/or groups as appropriate.

46.3.5. Clinicians are responsible for:

46.3.5.1. Immediately communicating any schedule changes in writing to the Clinic Co-directors.

46.3.5.2. Using MAPs or other CDIS approved documents to plan treatment sessions and the Clinical Summary to report client's progress. The clinician will also use other facility-specific documentation as required.

46.3.5.3. Recording clinical hours on the appropriate clinical hours forms and for obtaining the clinical educator's signature.

46.3.5.4. Notifying the clinical educator and the Clinic Co-directors in case of absence/illness. The clinical educator will determine how the client's session will be managed in the absence of the clinician.

- 46.3.5.5. Wearing the CDIS nametag while in the facility.
  - 46.3.5.6. Checking out at the end of the semester with the facility clinical educator followed by the Clinic Co-directors.
  - 46.3.5.7. Attending classroom portion of CDIS 5344 and meeting all requirements specified on the CDIS 5344 syllabus.
- 46.3.6. The facility will take responsibility for orienting the clinician to facility policies and procedures to include at a minimum:
- 46.3.6.1. Fire and safety procedures
  - 46.3.6.2. Infection control procedures
  - 46.3.6.3. Incident reporting
  - 46.3.6.4. Confidentiality (protection of sensitive health and identifying information in oral, or written contexts).
  - 46.3.6.5. Records documentation requirements and filing systems.
- 46.3.7. The facility will require that the clinician, at a minimum, use CDIS approved documents to plan (MAPs or equivalent) treatment sessions and to record client progress (Clinical Summary). The facility may require other facility-specific documents in addition to the CDIS approved documents.
- 46.3.8. At the end of the semester, the facility clinical educator will be responsible for reviewing and signing off on the client charts at the facility and for notifying the Clinic Co-directors in writing that all charts are complete and in order.
- 46.3.9. Grading for the off-campus faculty supervised clinical assignment will be the same as grading for the on-campus assignment as described in the CDIS 5344 syllabus.

## 47. Use of CDIS Treatment Materials and Diagnostic Instruments

47.1. PURPOSE: To specify the requirements for use of CDIS treatment materials and diagnostic instruments

47.2. POLICY: No CDIS treatment materials or diagnostic instruments may be removed from the materials room (116) without first being appropriately checked out. Failure to follow the appropriate procedures for checking out and returning materials and tests may result in a suspension of check-out privileges, and subsequently loss of clinical hours and competencies. Students enrolled in CDIS 5689 (off-campus clinical practicum) are not, under any circumstances, eligible to check out materials or tests out of the clinic for off-campus practicum purposes.

### 47.3. PROCEDURES TO IMPLEMENT POLICY:

47.3.1. The materials room is open during regular department operating hours.

47.3.2. The procedure to check out therapy materials is as follows:

47.3.2.1. A list of therapy materials sorted by categories is kept in the materials check-out notebook in the materials room.

47.3.2.2. Locate the materials needed by noting the item's shelf location on the list.

47.3.2.3. Enter the date, the name of the items, and the therapy room where the items will be used and the clinician's initials in the appropriate section of the check-out notebook.

47.3.2.4. Enter the date the items are returned.

47.3.2.5. Clean and disinfect items before placing them on their shelf of origin.

47.3.3. The procedure to check out diagnostic instruments is as follows:

47.3.3.1. A list of tests in alphabetical order is kept in the Test Check-out Notebook in the materials room.

47.3.3.2. Locate the test on the shelves in alphabetical order.

47.3.3.3. Remove only the test booklets needed from the plastic holder, placing the holder on the top of the rolling shelves opposite the test shelves.

47.3.3.4. In the test check-out notebook, locate the check-out sheet in alphabetical order for the specific test, enter date and clinician's name.

- 47.3.3.5. When returning the test, enter the date returned, place the test back in the plastic holder and verify that it is filed in the appropriate order on the shelf.
- 47.3.3.6. Diagnostic Instruments may be checked out overnight upon approval of the Clinic Co-directors. Items may not leave the clinic before 4:00 p.m. and must be returned by 10:00 a.m. the next day.
- 47.3.3.7. Students are responsible for the replacement cost of any diagnostic instrument lost, stolen or destroyed while checked out in their name.
- 47.3.4. Students are required to purchase equipment that will be used frequently in diagnostic and therapy sessions such as a digital audio recorder, stopwatch, pen light, and a box of surgical gloves.

## 48. Observation of Therapy Session

48.1. PURPOSE: To delineate requirements for observing therapy sessions

48.2. POLICY: Observers may not enter any observation area or observe any diagnostic or therapy session without consulting with the appropriate clinical educator.

### 48.3. PROCEDURES TO IMPLEMENT POLICY:

48.3.1. Parents are encouraged to observe their child during therapy. At the clinical educator's or Clinic Co-directors' discretion, parents may occasionally be asked to wait in the waiting room if the observation rooms are over-crowded or overly noisy or unsafe for the number of people in the space.

48.3.2. CDIS students may observe sessions of clients not assigned to them only with permission of the clinical educator or as a part of an assignment in a CDIS class and with permission of the clinical educator.

48.3.3. Clinical educators or an appropriate faculty designee should be available during observation periods to answer questions and explain procedures.

#### 49. Use of Departmental Digital Still Cameras

49.1. PURPOSE: To describe who is authorized to use the Department and/or Clinic digital camera in clinic and under what circumstances and conditions

49.2. POLICY: Only authorized individuals- the Clinic Co-directors, clinical educators, and designated GIAs will be allowed to use this equipment.

49.2.1. Designated graduate students and faculty members utilizing camera equipment to document clinic activities of graduate students and clinic clients must be approved by the Clinic Co-directors.

49.2.2. Only designated graduate instructional assistants or clinical educators will be allowed to take photos during therapy and/or for therapy purposes. Therapy purposes include: photographing objects used in therapy sessions (picture schedules, vocabulary development, language remediation), photographing the client engaged in therapeutic activities (language remediation tasks including spoken and written language).

#### 49.3. PROCEDURES TO IMPLEMENT POLICY:

49.3.1. The Clinic Co-directors or designee will offer camera equipment instruction, as well as verify that all proper consents have been signed to allow photographing of clients.

49.3.2. Photos of clients must be stored securely on CDIS computers and free of identifying information.

### Use of Video Recording Technology (VALT System)

49.4. PURPOSE: To describe who is authorized to use the Department and/or Clinic digital video equipment installed in the clinic and under what circumstances and conditions.

49.5. POLICY: Only authorized individuals- the Clinic Co-directors, clinical educators, and designated students will be allowed to use this equipment. Any student using this equipment must obtain approval and specific direction from their direct clinical educator and then from one of the Clinic Co-directors before recording clinical activities. Users are assigned by Administrator Users at the start of each Fall semester. Users requiring access will be added, and users who no longer require access will be removed.

49.5.1. Once recording of a clinical session is approved, the video remains stored on a secure server, accessible only by authorized individuals. The following naming conventions are required: disorder type\_CELastname\_session type\_semesterYear  
EXAMPLE: (Dysphagia\_Wendel\_Assmt\_Spring2018

### 49.6. PROCEDURES TO IMPLEMENT POLICY:

49.6.1. Faculty and students using the VALT Application and equipment must first view the required training tutorials to learn how to capture, edit, name, and store, video recordings.

49.6.2. Once video files are edited into their final format and size, and named, the original full-length video will be deleted by a VALT Administrator User.

## 50. Client Conferences

50.1. PURPOSE: To describe the purpose, time frame, attendees, content, and documentation of client conferences

50.2. POLICY: A conference, attended by the clinical educator, student clinician, aide, child's parent(s) or guardian or the adult client as well as other personnel directly involved in the client's management, is conducted at the very least, one time each semester to summarize the progress made during the treatment period; to make recommendations for the future and/or referrals to other professionals; and to receive feedback from the client and/or family member. This is an assigned clinical activity in which student clinicians are evaluated on oral communication in alignment with CFCC Standards.

### 50.3. PROCEDURES TO IMPLEMENT POLICY:

50.3.1. The conference is conducted at the regularly scheduled time as detailed in the Clinic Calendar or at another time at the end of the semester that is convenient to the participants. Additional conferences may be scheduled as indicated and approved by the clinical educator.

50.3.2. The clinician is responsible for summarizing the progress made during the semester and the current speech/language status of the client.

50.3.3. The clinician and the clinical educator share the responsibility for making recommendations concerning continuation or termination of therapy as well as referral to other personnel.

50.3.4. The clinician is responsible for completing the Documentation of Client Conference form during this meeting to include a summary of information presented and a record of client/family member responses. Clinic administration will add to client EMR.

50.3.5. The clinician is responsible for making sure the client/family member received a Client Evaluation form from the clinic administrative assistant and has completed the form, particularly the preferred days and time for therapy if continued therapy is recommended.

50.3.5.1. The client or family member may prefer to complete this form in private and to return it later in person or by mail to the clinic office.

50.3.5.2. If the client chooses to complete the form at a later time, the clinician notes this information both on the Contact Log and in the Progress Notes with the entry on the conference.

## 51. Criteria for Client Discharge from Therapy

51.1. PURPOSE: To specify criteria for discharge that will ensure that clients are discharged in a timely and appropriate manner

51.2. POLICY: A client is discharged from therapy when, in the judgment of the clinical educator, one of the following criteria is met:

51.2.1. Long term goal(s) have been met.

51.2.2. Client has progressed to the point that the client or the client's family can assume independent management of the communication disorder/delay.

51.2.3. Client fails to demonstrate significant functional progress when given adequate time to make such progress.

51.2.4. Client's status changes to the point that client becomes more suitable for treatment by another type of professional in which case, a referral will be made.

### 51.3. PROCEDURES TO IMPLEMENT POLICY:

51.3.1. Clinical educator confers with Clinic Co-directors once the clinical educator determines that the client is ready to be discharged.

51.3.2. Clinical educator confers with student clinician seeing client for therapy and determines how and when client (and client's family if appropriate) are to be informed.

51.3.3. A student clinician who feels that a client should be discharged from therapy, must discuss the issue with the appropriate clinical educator and receive the clinical educator's approval before discussing discharge with the client.

51.3.4. The student clinician is responsible for writing a Discharge Summary, which must be approved and signed by the appropriate clinical educator prior to placing it in the client's chart.

## 52. Semester Check-Out

52.1. PURPOSE: To specify the process and procedures used each semester to ensure that all client files are accounted for and complete and that clinic hours earned are accurately logged for each student each semester

52.2. POLICY: In order to receive credit for the semester's diagnostic and/or therapy hours and the practicum course, student clinicians who have engaged in diagnostics or therapy during the semester at the Speech-Language-Hearing Clinic must check-out with the appropriate clinic educator(s) and the assigned Clinic Co-directors at the end of each semester, unless alternate arrangements are made in advance with the Clinic Co-directors. Clinic Checkout is not optional and may not be missed for ANY reason other than a documented emergency.

### 52.3. PROCEDURES TO IMPLEMENT POLICY:

52.3.1. The Clinic Co-directors will distribute the appropriate Semester Check-Out Checklist to all clinical educators and student clinicians prior to the end of the semester.

52.3.2. The clinical educators and assigned Clinic Co-director will post sign-up sheets for student clinician check out times prior to the semester check-out deadline date specified in the semester clinic calendar. Sign-up may be done via hard copy forms or electronically using the practicum course LMS (TRACS).

52.3.3. Student clinicians must sign-up for an appointment with each clinic educator who provided diagnostic or therapy supervision during the semester

52.3.4. Student clinicians must sign-up for an appointment with the assigned Clinic Co-director subsequent to the appointment(s) with clinic educator(s).

52.3.5. Student clinicians must present all items specified on the Semester Check-Out Checklist to the Clinic Co-directors in completed form and in the order specified on the Semester Check-Out Checklist to successfully complete the semester check-out process.

52.3.6. Student clinicians who present incomplete items or incorrectly ordered items to the assigned clinic co-director at final check-out will be requested to put the items in order and return at the next available time. If a student clinician must make more than two visits to the assigned Clinic Co-director to complete the check-out process, the student's clinical practicum grade can be negatively impacted secondary to lack of preparation, which may include assigning a grade of "incomplete" (I) in CDIS 5344 or CDIS 5689.

# Reports

### 53. Clinical Documents and Reports

53.1. **PURPOSE:** To specify the documents/reports to be completed by student clinicians, the appropriate forms and formats to be used, and the time frames to be followed

53.2. **POLICY:** All clinical documents and reports regarding client services provided by students must be completed in writing using approved forms and formats within specified time frames and must be signed by the clinical educator of record.

#### 53.3. PROCEDURES TO IMPLEMENT POLICY:

53.3.1. Management and Appraisal Plans (MAPS) are to be completed weekly (or more frequently if requested by the clinical educator).

53.3.1.1. During the fall and spring semesters, the upcoming week's MAP with goal and objective sequences are due at 12 noon Thursdays for M/W clients and 9:00 a.m. Fridays for T/TH clients. MAPs should be submitted to clinical educators' Texas State email accounts, the student shared drive or the faculty box in the department office. The student clinician and clinical educator will determine how MAPs are submitted.

53.3.1.2. During the summer, the alternative due dates and times for MAPs will be announced at the beginning of the summer session.

53.3.1.3. If the clinical educator needs to discuss any issue noted on the MAP, he/she will place a note in the student's mailbox, on the whiteboard in Willow Hall 126, or via email message. The student is then responsible for contacting the clinical educator as soon as possible *before* the next therapy session.

53.3.1.4. After reviewing the returned MAPs and making required revisions, the student will place the original along with the revised MAP clipped together, but loose in the clinical educator's mailbox. Because the MAP is the therapy plan for the treatment period, all MAPs must be approved prior to the therapy session(s) the MAP addresses. Conducting therapy when a MAP is unapproved will result in a maximum clinical performance rating of 1.0-2.0 (see 54.3.1.7 below).

53.3.1.5. On the day of the therapy session, the clinician places the approved current MAP in a folder marked MAPs located just inside the observation room that the clinical educator will use to observe the session. The clinician retrieves the MAP from this folder at the end of the session and returns the MAP to the client's file.

53.3.1.6. Any MAPs sent via electronic transmission (email) will contain the clinician's first initial and last name; your therapy day and time, and your clinical educator's name. A template is provided for you on TRACS.

53.3.1.7. If, under the guidance and direction of the clinical educator, a student is unable to produce an Approved MAP within 12 hours of the scheduled therapy session, the student will receive clinical performance ratings of 1 in relative KASA areas, be eligible for a clinical growth plan, and the scheduled therapy session will be rescheduled.

53.3.2. The Clinical Summary, or Progress Note is completed in two parts, the Initial section of the report and the Final section of the report. The two, when put together, form the comprehensive Clinical Summary.

- 53.3.2.1. The Initial Report is written after the clinician has seen the client for four sessions or by a date set by the clinical educator. The report gives the status of the client at the beginning of the semester and the clinician's goals and objectives for the semester. The double-spaced rough draft of the report is reviewed and modified by the clinical educator in conference with the clinician. **Drafts returned by clinical educators for further revision are due back to the clinical educator within 24 hours. Failure to revise and return the draft in a timely manner will result in clinical performance ratings of 1 in relative KASA areas.** Once the draft has been approved by the clinical educator, the clinician formats the report in single space and files the report in the client's file.
- 53.3.2.2. The Final Report is added to the Initial Report to form the Clinical Summary at the end of the semester. The final portion includes status of goals, description of progress made, facilitating techniques used during the semester, and progress/recommendations for future management of the communication problem. The same timeline is expected. Once the clinical educator has approved the double-spaced draft, the clinician combines the initial and final reports to create the single-spaced Clinical Summary. The Clinical Summary may be scanned into the EMR or the final, approved text can be pasted into a Progress note on the EMR.
- 53.3.2.3. The original of the Clinical Summary and the client's completed file are submitted to the clinical educator for review, approval and signatures.
- 53.3.2.4. A **copy** of the Clinical Summary is given to the client/family at the end of semester conference and is discussed at that time. A signed copy will also be given to the Clinic Business Manager for scanning and uploading into Raintree.
- 53.3.3. The Diagnostic Evaluation Summary is first generated in double-spaced rough draft format after the formal evaluation of a new client.
  - 53.3.3.1. All clinicians should use the computerized outline found on the CDIS shared drive to report their findings unless their clinical educator mandates another type format. In this circumstance, the clinical educator is responsible for providing the student with the specific format to be used. The computerized format/Template on the CDIS shared drive, or on TRACS includes:
    - 53.3.3.1.1. Client Identifying Information
    - 53.3.3.1.2. Description of the Problem and chief concern
    - 53.3.3.1.3. Case History information
    - 53.3.3.1.4. Description of Test Behavior
    - 53.3.3.1.5. Test Results
    - 53.3.3.1.6. Summary & Impressions
    - 53.3.3.1.7. Recommendations
    - 53.3.3.1.8. Signatures
  - 53.3.3.2. If the initial draft needs more work than simple editing, the clinical educator shall make an appointment with the student within one day to discuss the specifics of writing the report.
  - 53.3.3.3. The second draft is due the next day. **All subsequent student drafts are due within 24 hours.**
  - 53.3.3.4. If the draft is going back and forth without obvious improvement, the clinical educator may choose to rewrite the report and grade the student appropriately, including possible loss of clinical hours accrued during the evaluation.

53.3.3.5. The goal for the completion and mailing of the Summary of Diagnostic Evaluation is no more than 10-15 business days from the completion of the diagnostic. (3 weeks)

#### 54. Report Tracking for Speech-Language Documents

54.1. PURPOSE: To specify strict procedures to ensure that client records are handled in a way that reflects their status as legal documents and thus minimizes the risk of litigation from mishandling

54.2. POLICY: Written reports (diagnostic evaluation and clinical summary) in progress shall be closely tracked to ensure their timely and documented completion and distribution.

#### 54.3. PROCEDURES TO IMPLEMENT POLICY:

54.3.1. When the first draft of a report is completed in double-space format, the student places the report loose in the client's file or saves the report using the outlined naming conventions in the clinical educator's folder in the shared drive.

54.3.2. For paper, the student then dates the First Draft completed space on a Report Tracking form and puts the form in the clinical educator's mailbox, leaving the report inside the client's folder in the file drawer. For reports saved in the drive, the student emails the clinical educator that the report is ready for review.

54.3.3. The clinical educator checks out the folder, reviews and edits the draft, returns the draft loose to the file, and checks file in. The clinical educator may edit the draft electronically using track changes in Microsoft Word.

54.3.4. The clinical educator dates the returned space on the First Draft line and places the Report Tracking form in the student's mailbox or emails the student that the draft is ready for further editing.

54.3.5. These procedures are repeated until the clinical educator notifies the student that the report is ready for final formatting.

54.3.6. Once the clinical educator returns the report tracking form (or email notification) to a student, a revised draft is due within 24 hours.

54.3.7. Once notified that the report is ready for final formatting, the student generates the following:

54.3.7.1. One single-spaced original on letterhead signed by the clinician,

54.3.7.2. a signed business style cover letter with signature line for the clinical educator, and

- 54.3.7.3. the appropriate number of typed addressed envelopes for the number of reports and copies that are being mailed.
- 54.3.8. The student places the signed reports, cover letter and addressed envelope(s) in the client's folder, writes the date on the "Completed" line at the bottom of the Tracking Form and places the form in the clinical educator's mailbox or emails.
- 54.3.9. The clinical educator reviews the documents in the folder, signs the reports and the cover letter, initials next to the date on the "Completed" line, and returns the tracking form to the student's mailbox.
- 54.3.10. The student retrieves the client's folder, makes any necessary copies of the report, addresses envelopes, and takes documents, folder and tracking form to the clinic administrative assistant.
- 54.3.11. The clinic administrative assistant assists the student in verifying the persons and/or agencies to receive the report(s), mailing the report(s), and documenting mailing on the contact log in the client's file.
- 54.3.12. The clinic administrative assistant then dates the Report Tracking form in the mailed space and forwards the form to the Clinic Co-directors.
- 54.3.13. The Clinic Co-directors review the tracking forms to assure that clinic reports are being handled in a timely and appropriate manner.

## 55. Mailing and Distribution of Clinical Reports

55.1. PURPOSE: To specify who is responsible for the authorization/mailing of clinical reports and the documentation procedures to be followed to minimize the risk of any potential legal consequences

55.2. POLICY: Any clinical report mailed from the CDIS Speech-Language-Hearing Clinic must be authorized by the clinical educator, mailed with the appropriate supervision of the clinic administrative assistant or Clinic Co-directors and documented in the Contact Log in the client's file.

### 55.3. PROCEDURES TO IMPLEMENT POLICY:

55.3.1. For speech-language reports, the clinician, with the supervision of the clinic administrative assistant or the Clinic Co-directors, puts the report in clinic mailbox and documents such on the Contact Log in the client's folder.

55.3.2. Any speech-language or audiology report that is hand delivered or transmitted electronically by parent/caregiver request (with proper release signed) should also be documented in the Contact Log in the client's chart.

55.3.3. For audiology reports, the audiologist places the report in the clinic mailbox after signing it and documents such on the Contact Log in the client's folder. Under no circumstance should a student clinician mail an audiology report.

# **Audiology**

## 56. Background Coursework for Audiology

56.1. PURPOSE: To ensure that every student has the needed academic coursework prior to starting the audiology practicum experience

56.2. POLICY: All students participating in audiology practicum must have successfully completed an introduction to audiology course (CDIS 4420 or equivalent) and an aural rehabilitation course (CDIS 4370 or equivalent).

### 56.3. PROCEDURES TO IMPLEMENT POLICY:

56.3.1. Students are initially informed about the background courses during Graduate Orientation, which is held prior to the first day of class in August.

56.3.2. The instructor of CDIS 5321 then verbally confirms with each student that all prerequisites are met during the first class.

57. Preparation for Professional Contacts in Audiology

57.1. PURPOSE: To ensure that the student is prepared for every client contact during his/her audiology practicum

57.2. POLICY: Students are responsible for the planning and coordination of all clinical audiology activities

57.2.1. Students must meet with the supervising audiologist prior to a scheduled activity to discuss the case.

57.3. PROCEDURES TO IMPLEMENT POLICY:

57.3.1. The student must be prepared before the consultation with the audiologist. This involves file review and establishing an appropriate diagnostic hypothesis or (re)habilitative goals/objectives.

57.3.2. Detailed activities pertaining to planning, such as specific tests, modifications, checklists, forms, etc. are available in the class packet on TRACS for audiology practicum.

## 58. Scheduling of Audiology Practicum

58.1. PURPOSE: To ensure that the student clinicians receive an appropriate audiology experience that will complement the professional duties of a speech-language pathologist

58.2. POLICY: Students will be assigned specific, regular clinical slots throughout the semester. Each student is responsible for the audiological activity scheduled in his/her time slot.

### 58.3. PROCEDURES TO IMPLEMENT POLICY:

58.3.1. Assignments will be coordinated with academic demands as well as with speech-language clinic assignments prior to the beginning of each semester.

58.3.2. Students are minimally scheduled for one afternoon (1:00-5:00) on a rotating basis (approximately every two weeks depending on the number of students). The student's schedule and clinical needs are taken into account when assigning times.

58.3.3. Time slots cannot be exchanged between students during the semester.

58.3.4. Audiology practicum is completed during the first year of graduate school so as not to compete with off-campus clinical assignments during the student's second year of graduate study.

58.3.5. It is the student's responsibility to check his/her slots regularly during the week. Students are not scheduled for an audiology activity less than 24 hours prior to the start of that activity unless an emergency situation arises. Every attempt is made to give the student 48 hours' notice for planning prior to an audiology clinical activity.

58.3.6. Audiology practicum sometimes extends beyond the scheduled speech-language clinic hours. Audiology practicum does not necessarily follow the Speech-Language practicum schedule. There are times when students are assigned to audiology practicum activities outside their scheduled time slots. Consideration is always given to other academic and clinical responsibilities prior to a student's assignment to extra clinical hours.

## 59. Audiology Facilities

59.1. PURPOSE: To ensure that the clinical equipment and facilities are kept in a state suitable for audiological diagnostics and (re)habilitation

59.2. POLICY: Students share in the responsibility for the general upkeep of the audiology clinical facilities.

59.2.1. The student must ensure that the equipment and facilities have been prepared prior to a scheduled audiological activity. This includes the general arrangement of the space for testing purposes and the presence of needed forms, pens, tests, etc.

59.2.2. The clinical facilities include the booths used for testing (WH 142 A/B, 144 A/B), the audiological workroom (WH 149), the programming room (WH 148) and the audiology counseling room (WH 147).

### 59.3. PROCEDURES TO IMPLEMENT POLICY

59.3.1. A neat and organized appearance must be maintained in the sound suite area and the adjacent rooms. Forms, tests, pens, etc. should always be put away immediately following each activity.

59.3.2. It is the students' responsibility to ensure an adequate supply of forms and supplies.

59.3.3. The supervising audiologist must be notified if the supply of any item warrants attention or if any of the equipment is not working properly.

## 60. Audiology Clinical Responsibilities

60.1. PURPOSE: To ensure that every student receives the audiology training needed to become a professional speech-language pathologist and every client receive the best and most appropriate audiological care

60.2. POLICY: Students will conduct themselves in a professional manner prior to, during and subsequent to the actual clinical activity.

### 60.3. PROCEDURES TO IMPLEMENT POLICY:

60.3.1. Students must obtain and review the class packet during the week after the first-class meeting of the clinical practicum. This packet is available on TRACS through [www.txstate.edu](http://www.txstate.edu). This packet contains detailed information on audiological protocols, best practice algorithms, and paperwork issues.

60.3.2. Punctuality, effective use of time and prior information, demonstration of initiative, and independent investigation and learning are important components of professional activity and are expected of each student.

60.3.3. The student will always be responsible to the client. This is the governing principle of all clinical activity and will be stressed in all learning activities.

60.3.4. Specific clinical activities and expected competencies relating to audiology are given to each student his/her first week of graduate school. Meeting these competencies is the basis for each student's evaluation and final grade in the audiology practicum. Evaluations are done informally during and after every clinical experience. A formal, written evaluation is completed at the conclusion of the student's audiology practicum experience.

60.3.5. Students must follow the established Infection Control Protocols as found in the Speech-Language-Hearing Clinic's Infection Control Manual. Infection control training specific to audiology is completed via an on-line learning module within the first two weeks of audiology practicum.

## 61. Student Responsibilities Following an Audiological Clinical Activity

61.1. PURPOSE: To ensure the development of a complete professional by stressing the importance of administrative and record-keeping activities

61.2. POLICY: Students will be evaluated for skill development in post-session activities

61.2.1. Students are responsible for cleaning the area used during an audiological activity and employing appropriate infection control protocols.

61.2.2. Students are responsible for completing identifying information and pertinent clinical information on every form immediately following each audiological activity.

61.2.3. Students are responsible for appropriate and timely reports and SOAP notes.

61.2.4. Students are responsible for completing all sections of the client's chart.

~~61.2.5. Students are responsible for recording the CPT codes/procedures completed and their charges in the patient's chart on the billing sheet.~~

61.2.6. Students are responsible for documenting hours earned and obtaining the supervising audiologist's initials as part of the monthly submission of accrued clinical hours.

61.3. PROCEDURES TO IMPLEMENT POLICY:

61.3.1. Initial worksheets and a completed client folder must be submitted for review by the clinical educator by 5:00 on the second business day following an audiology activity.

61.3.2. Subsequent drafts/revisions of the client folder and report are due 24 hours after the student receives notification of the needed revisions. Format and wording for different types of reports are available in the class packet obtained prior to starting practicum. All revisions and drafts are kept in the client's folder until the final version is mailed. At that time, all old versions are shredded as soon as possible.

61.3.3. A final copy of the report is completed after the clinical educator indicates this is appropriate. Final copies should be single-spaced, on letterhead, and signed in black ink. Appropriate copies must be made and collated with ~~cover letters and~~ envelopes. Papers that need shredding are grouped. The final copy of the chart and report is returned to the clinical educator for a final inspection, signing and mailing. Students are not to mail reports under any circumstances.

# **Off-campus Clinical Placements**

## 62. Application and Approval for Off-Campus Clinical Placement

62.1. PURPOSE: To specify the time frames and processes for application and approval of off-campus clinical practicum placements with the ultimate goal of an on-time program completion/Graduation.

62.2. POLICY: All applications for off-campus clinical practicum must be submitted to the Clinic Co-directors during the fall or spring semester preceding the requested off-campus placement and be approved by the faculty prior to placement.

### 62.3. PROCEDURES TO IMPLEMENT POLICY:

62.3.1. Most students participate in off-campus practicum during the last two semesters of graduate study. Students may be assigned to an off-campus practicum site earlier if appropriate undergraduate clinical and academic experiences have been completed and faculty approval obtained. A student being assigned to an off-campus placement earlier than normal does not mean that the student can graduate in less than two academic years and one summer. Students are required to enroll in clinical practica every single semester of their graduate studies.

62.3.2. The student submits the [Clinical Practicum Application and Student Profile](#) by the due date specified by the Director of Clinical Education. Information in this application will assist in placing students for both off-campus rotations. Clinical assignments are not made based on a student's current address, and students may be required to commute or move residences ~~in order~~ to fulfill the practicum assignment and graduate on-schedule. Assignments are based on student needs as they relate to CFCC standards (Knowledge and Skills Acquisition).

62.3.3. The Clinic Co-directors contact specified clinical sites and will notify students of their off-campus placement once it is secured. Under no circumstances should the student contact the site prior to the initial contact by the Clinic Co-directors.

62.3.4. Clinic Co-directors present off-campus plans for the student to the faculty at earliest possible faculty meeting for approval. In some cases, especially during summer when all faculty are not present and regularly scheduled faculty meetings are not held, the Department Chair and the Clinic Co-directors will approve a student for off-campus placement.

62.3.5. Bilingual cognate faculty members are involved as early as possible in the site selection process for Bilingual cognate clinicians to insure an appropriate bilingual placement with appropriate supervision.

62.3.6. Clinic Co-directors notify student of faculty decision regarding placement and permission to interview, if applicable.

62.3.7. Off-campus clinical educators' certification (ASHA) and licensure (Texas Department of Licensing and Regulation) will be verified prior to the accrual of any client contact hours. Verification is done by obtaining current copies of each clinical educator's ASHA member card and state license.

### 63. Required Enrollment and Academic Standing for Off-Campus Placement

63.1. PURPOSE: To specify the mandatory CDIS enrollment and level of academic standing required to participate in off-campus clinical practicum

63.2. POLICY: CDIS graduate students must (a) be enrolled in a clinical practicum course, usually CDIS 5689, every semester they are enrolled for graduate work toward the CDIS degree and are accruing CAA and state required hours at an approved off-campus site and (b) be in good academic standing (not on academic probation). Graduate students coming off academic probation may not participate in off-campus clinical experiences until they have completed at least one successful semester of combined academic and on-campus clinical work and/or have been granted permission for off-campus practicum by the faculty.

#### 63.3. PROCEDURES TO IMPLEMENT POLICY:

63.3.1. The departmental administrative assistant will not release the advising holds for graduate students unless the clinical enrollment for CDIS 5689 has been approved by the graduate advisor.

## 64. Eligibility for Out of Area, Out-of-State or International Practicum Placement

64.1. PURPOSE: To specify the requirements that determine student eligibility for placement in an off-campus rotation that is outside of the Round Rock/San Antonio corridor, outside of the state, or internationally

64.2. POLICY: Students are traditionally placed for practicum experiences in facilities within the Central Texas area to allow University personnel to be as involved as necessary with the supervision of the student in the facility. Out-of-area placements, Out-of-state placements, or international placements are also possible, provided such placements are available, and the following requirements are met:

64.2.1. To be eligible for out-of-area, out-of-state placements or international placements during the spring semester of the second year of graduate school, the student must:

64.2.1.1. Be enrolled for graduate study fulltime;

64.2.1.2. Have an academic grade point average of at least 3.5;

64.2.1.3. Have received positive and high performance ratings from previous off-campus clinical educator(s); with a minimum clinical performance average in each section (Evaluation, Treatment, and PIP Qualities) of 4.25

64.2.1.4. Have never been placed on a clinical, academic, or professional growth plan;

64.2.1.5. Have 2 letters of recommendation from previous clinical faculty on and/or off campus;

64.2.1.6. Justify, in writing via a letter of intent, why an out-of-area, out-of-state, or international placement is required to meet graduation and certification requirements. Family, employment or personal circumstances are not valid criteria to justify any of the above mentioned placements. Students must also propose and support how they will meet criteria to obtain a passing grade in any CDIS classes they will be enrolled in during the semester they will be out- of-area. (Independent study or practicum class).

64.2.2. Due to the limited number of Bilingual or Bicultural affiliation sites in the Central Texas corridor, students completing the Bilingual cognate, and meeting the above criteria, may be required to complete one or both of their off-campus placements in facilities outside the Central Texas corridor. Individual circumstances will be evaluated on a case-by-case basis.

64.2.3. Placement in out-of-area, out-of-state, and international rotations are considered conditional until all grades are final for the semester preceding the assigned rotation. Placements may be rescinded if a student fails to meet and maintain the criteria listed in 65.2.1.

64.2.4. Since international sites may not allow the student to receive CAA and state required credit for therapy hours if ASHA certified personnel do not work at the site, only under

special circumstances will the department consider a site where the student could not receive credit for the hours. In such cases, the student will sign a statement acknowledging that no ASHA clock hours for certification will be earned.

#### 64.3. PROCEDURES TO IMPLEMENT POLICY

64.3.1. Students requesting out-of-area, out-of-state, or international placements will follow the regular procedures for applying for off-campus practicum placement. They must submit, with their applications, the information listed in 65.2.1 above.

## 65. Possible Requirements of Off-Campus Sites

65.1. PURPOSE: To specify possible requirements of off-campus practicum sites and the person responsible for communicating those requirements to students

65.2. POLICY: Off-campus practicum sites may set their own requirements for students prior to beginning off-campus experiences such as complete physical examination, immunization verification, drug testing, criminal background check, safety training, specific course work or clinical experiences, and/or successful interview among others. It is the responsibility of the CDIS Clinic Co-directors to discuss requirements with each site and to inform students of these requirements.

### 65.3. PROCEDURES TO IMPLEMENT POLICY:

65.3.1. The CDIS Clinic Co-directors will update the Off-Campus Placement Document with practicum site requirements as the requirements become known.

65.3.2. If a drug screening is required in which a urine sample is provided by the student, the following policy will apply regarding a “Negative Dilute” result:

65.3.2.1. The student must repeat the drug screening using the same Texas State vendor within 7 days (one week) of the previous result at his/her expense.

65.3.2.2. If a second “negative dilute” result is obtained, the student’s off campus practicum is suspended until a Negative result is obtained.

65.3.3. The student is responsible for reporting all other requirements of his/her off-campus practicum site to the Clinic Co-directors so that these can be verified and added to the Off-Campus Placement database.

65.3.4. The student is responsible for obtaining all required training and documentation necessary for participation in practicum at a chosen site, as well as associated costs.

65.3.5. The student is responsible for securing reliable transportation to and from their assigned off campus sites.

65.3.6. Students may be required to obtain a Criminal Background Check (CBC) prior to placement in certain externship sites. Students selecting a site requiring a CBC are responsible for any costs associated with obtaining the background check. Students should also be advised that they may deny a license to an applicant because of conviction for a felony or misdemeanor if the crime directly relates to the professional duties of a speech-language pathologist or audiologist. Felonies and misdemeanors which directly relate to professional practice include, but are not limited to: practicing speech-language pathology or audiology without a license; failing to report child abuse or neglect; deceptive business practices; Title 5 offenses (homicide, kidnapping, assault or sexual assault); Title 7 offenses (arson, burglary, theft, insurance fraud, money laundering, or computer crimes); Title 8 offenses (bribery, perjury, obstructing governmental operation, or abuse of public office); Title 9 offenses (disorderly conduct, public indecency); and Title 10 offenses (possession of weapons, gambling, alcoholic beverage offenses, and conduct affecting public health).

(Reference: 22 TAC, Chapter 741.200 Licensing of Persons with Criminal Convictions)

## 66. Professional Conduct at Off-Campus Sites

66.1. PURPOSE: To delineate the student's responsibility to maintain professional conduct while assigned to off-campus practicum site

66.2. POLICY: The student assigned to an off-campus clinical practicum site must meet all applicable professional conduct behavior requirements at the site as though he/she were a staff member of the facility. These professional behaviors may include, but are not limited to, dressing professionally and appropriately, being punctual, and maintaining records as required by the facility. Inappropriate behavior by a student, as determined by the on-site clinical educator and in consultation with the CDIS Clinic Co-directors and faculty, may result in the student being removed immediately from the site, a grade of F for CDIS 5689, and non-accrual of CAA and state required clinical hours.

### 66.3. PROCEDURES TO IMPLEMENT POLICY:

66.3.1. Students should engage their on-site clinical educator in discussions of the types of behaviors that are required at the site.

66.3.2. Students should discuss any problems that arise at the practicum site with their on-site clinical educator and with the CDIS Clinic Co-directors.

## 67. Attendance at Lecture Section of CDIS 5689

67.1. PURPOSE: To specify the student clinician's responsibility for attending the scheduled CDIS 5689 lecture section during off-campus practicum

67.2. POLICY: The student clinician is required to attend the lecture section associated with CDIS 5689. Attendance policy is specified in the CDIS 5689 syllabus.

### 67.3. PROCEDURES TO IMPLEMENT POLICY:

67.3.1. It is the student's responsibility to notify the off-campus clinical educator of the required lecture section associated with CDIS 5689.

67.3.2. In case of a scheduling conflict with the off-campus practicum site, the student will provide written documentation in advance from the on-site clinical educator specifying the schedule conflict and asking that the student be excused from the lecture.

67.3.3. Absence from the lecture due to other reasons will be handled on a case-by-case basis with the student. Attendance policy is clearly outlined in the CDIS 5689 course syllabus.

## 68. Responsibility of Clinician when Absent from Off-Campus Site

68.1. PURPOSE: To specify the student clinician's responsibilities to the practicum site and to the university when absent from off-campus practicum

68.2. POLICY: The student clinician is required and responsible for the timely notification of his/her clinical educator at the off-campus practicum site when he/she must be absent. The student clinician is also required and responsible for notifying the ~~university contact person~~, the assigned Clinic Co-director at the same time.

### 68.3. PROCEDURES TO IMPLEMENT POLICY:

68.3.1. The student clinician will use the type (phone call, email, etc.) of notification specified by the on-site clinical educator.

68.3.2. The student clinician will telephone or email the Clinic Co-directors immediately after the on-site clinical educator is notified.

## 69. Changes to Approved Schedule during Off-Campus Clinical Practicum

69.1. PURPOSE: To specify the required duration of the student's commitment to clinical responsibilities and campus responsibilities during an off-campus practicum placement and the student's responsibility to report all schedule changes.

69.2. POLICY: Enrollment in CDIS 5689 commits the student to an entire semester (official start date of the semester through the final checkout appointment) of clinical responsibilities, which may include on campus obligations, unless a shorter duration is approved in advance by the CDIS Clinic Co-directors and the Department Chair.

69.2.1. All student schedule changes at the off-campus practicum site must be submitted in writing to and approved in advance by the assigned CDIS Clinic Co-director. Exclusive approval of the off-campus clinical educator is prohibited.

69.2.2. Failure to notify the CDIS Clinic Co-directors in writing of termination of therapy or change of student schedule in the off-campus placement site will result in a faculty review of the issues and possible loss of academic credit for CDIS 5689 for the semester and/or loss of clinical hours for the semester. For some students, this may delay graduation.

69.2.3. Students may not check-out until the end of the semester at the specified check-out time even if they have completed the minimal number of required clinical hours at the practicum site.

### 69.3. PROCEDURES TO IMPLEMENT POLICY:

69.3.1. The student will provide the Clinic Co-directors with a revised, dated, and signed schedule form in advance of every change in the student's schedule.

69.3.2. The Clinic Co-directors will discuss the requested schedule change with the student's clinical practicum clinical educator if appropriate and notify the student and clinical educator in writing of the approval or disapproval of the proposed schedule change.

## 70. Student's Departmental Responsibilities during Off-Campus Practicum

70.1. PURPOSE: To delineate the student's on-campus responsibilities during off-campus practicum

70.2. POLICY: Enrollment in CDIS 5689 practicum may, at the discretion of the Clinic Co-directors, include on-campus meetings, on-campus diagnostic and therapy assignments in addition to the off-campus assignment.

### 70.3. PROCEDURES TO IMPLEMENT POLICY:

70.3.1. The Clinic Co-directors will notify students in writing via email, or via phone contact when student has an on-campus obligation.

70.3.2. To assure that the Clinic Co-directors can make on-campus assignments if needed that do not conflict with the student's off-campus practicum schedule, the student is required to provide the Clinic Co-directors with updates to his/her off-campus schedule as changes occur.

## 71. Clinical Educator's Evaluation of Student Clinician in Off-Campus Practicum

71.1. PURPOSE: To delineate how students are ~~to be~~ evaluated in off-campus clinical practicums

71.2. POLICY: The off-campus practicum clinical educator must complete a written comprehensive evaluation, via CALIPSO, of the student's work at midterm, and at the end of the semester. It is the student's responsibility to obtain the evaluation in a timely manner, according to the CDIS 5689 Course calendar.

### 71.3. PROCEDURES TO IMPLEMENT POLICY:

71.3.1. The CDIS Clinic Co-directors, prior to the beginning of the student's practicum, provides the clinical educator a Supervisory Packet. This packet contains a CALIPSO help index that outlines instructions on how to complete evaluations on CALIPSO. The Clinic Co-directors may also provide training sessions over the phone as needed.

71.3.2. A mid-term evaluation of the student is highly recommended especially if the student is having difficulty meeting expectations at the practicum site.

71.3.3. The Clinic Co-directors will provide the student and the clinical educator with a date each semester that will serve as the deadline for submitting the completed evaluation to the student's CALIPSO database.

71.3.4. The CDIS Clinic Co-directors are responsible for combining the grades from the clinical educator with the lecture portion of the grade in accordance with the CDIS 5689 class syllabus.

## 72. Off-campus Semester Check-out

72.1. PURPOSE: To specify the process and procedures used each semester to ensure that all off-campus student clinicians have successfully cleared with their facilities and that the CAA and state required clinical hours earned are accurately logged for each student

72.2. POLICY: ~~In order~~ To receive credit for the semester's diagnostic and/or therapy hours and for the practicum course, student clinicians who have engaged in off-campus diagnostics or therapy during the semester must successfully complete check-out with their off-campus facility clinical educator prior to checking out with the Clinic Co-directors. Final checkout is not optional, and attendance is required unless a documented emergency has occurred.

### 72.3. PROCEDURES TO IMPLEMENT POLICY:

72.3.1. The Clinic Co-directors will distribute the appropriate Semester Check-out Checklist to student clinicians at least three weeks prior to the end of the semester. All items listed on the checklist must be presented at the time of check-out with the Clinic Co-directors.

72.3.2. Student clinicians must fully complete their Documentation of Clinical Hours forms then obtain the practicum clinical educator's initials on the forms prior to check-out with the Clinic Co-directors.

72.3.3. Hours will not be counted unless verified by the on-site clinical educator and the Clinic Co-directors and unless adequate supervision, as defined by the CAA, was provided.

# Appendices

## **Exposure Control Plan Introduction**

**Purpose:** The purpose of this infection control plan is to prevent transmission of infectious organisms among patients, student clinicians and employees.

**Policy:** In accordance with OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to bloodborne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, student clinicians, and patients from that possibility and to reduce the exposure of personnel to nonbloodborne pathogens, as well.

### **SECTION ONE Categorization of Employees and Student Clinicians**

**Policy:** Each employer shall identify all employees whose duties include routine or reasonably anticipated tasks or procedures where there is actual or potential exposure to blood or other potentially infectious material. (29 CFR 1910.1030)

**Procedure:** All personnel must be categorized according to their potential exposure to infectious material. The exposure determination is made without regard to the use of personal protective equipment. Employees and student clinicians are placed in one of three categories according to their potential exposure to infectious microorganisms as follows:

#### **Category 1 Speech-language Pathologists, Audiologists, Student Clinicians/aides**

Personnel whose primary job assignment exposes them to cross infection with bloodborne diseases or other potentially infectious microbes. This category includes physicians, nurses, physician assistants, paramedics, dentists, hygienists, and others whose primary job assignment requires that they participate in patient treatment or handle potentially contaminated instruments or items, on a regular basis.

#### **Tasks/Procedures**

- Endoscopic evaluations of swallowing function/phonation
- Tracheostoma contact during evaluations/treatment
- Testing/treating patients recovering from radical ear or oral cavity surgery
- Interoperative monitoring in surgical suite

#### **Category 2 Speech-language Pathologists, Audiologists, Student Clinicians/aides**

Personnel whose secondary job assignment potentially exposes them to cross infection. Most audiologists and speech-language pathologists are classified in this category because some job-related activities may involve blood, ear drainage, or mucus/saliva contact. Any office personnel involved in cleaning of instruments or surfaces that may be contaminated with infectious substances would also be classified in this category.

**Tasks/Procedures**

- Videoflouroscopic evaluations of swallowing
- Deep pharyngeal and thermal stimulation procedures
- Insertions/adjustments of oral-nasal prostheses
- Oral-peripheral exams
- Handling earmolds, hearing aids, immittance tips, specula, etc.
- Disinfecting patient 'touch and splash' surfaces

**Category 3 Office Assistants, Administrative Assistants**

Personnel whose job requirements in the office never expose them to blood or other bodily fluids. This person does not clean instruments or treatment areas and is not involved in treatment procedures or therapy.

**Tasks/Procedures**

Speech-language pathologist  
Audiologist  
Student clinicians/aides  
Office assistants  
Administrative assistants  
Business manager

**Exposure Classification Record**

The designated employee or student was classified according to work task exposure to certain bodily fluids as required by the current OSHA infection control standard on

(date) \_\_\_\_\_ as follows:

Employee/student name: \_\_\_\_\_

ID#: \_\_\_\_\_

**CATEGORY 1)** All procedures or other job-related tasks involve an inherent potential for mucous membrane or skin contact with blood, bodily fluids or tissues, or a potential for spills or splashes of blood or bodily fluids.

**CATEGORY 2)** Some tasks in the normal work routine may lead to exposure to blood or other infectious substances, but exposure is not inherent in the job.

**CATEGORY 3)** The normal work routine leads to no exposure to blood, bodily fluid or tissues.

Employee/student signature: \_\_\_\_\_

\*\*\*\*\*

Because of a change of job assignment, the above employee/student was reclassified on (date) \_\_\_\_\_ as follows:

\_\_\_\_\_ Category 1

\_\_\_\_\_ Category 2

\_\_\_\_\_ Category 3

**Employer/Clinical Educator Signature:** \_\_\_\_\_

**SECTION TWO  
Hepatitis B Vaccine**

**Policy:** All employees who perform Category 1 or 2 tasks, have the potential for encountering blood or other infectious substances. These individuals are required to complete a hepatitis B vaccination series in accordance with policy.

**Procedure:** All Category 1 and 2 employees must complete the vaccination series for hepatitis

B. The vaccine must be initiated within 10 working days of initial employment or within 10 days of the implementation of this infection control plan unless the person has already had the vaccine. Employees who decline the vaccine will be required to sign the declination portion of a Hepatitis B Vaccine Consent/Declination Form.

OSHA regulations do not consider students to be employees. Students who perform duties in either Category 1 or 2 will be informed of the potential danger of contracting Hepatitis B. They will be strongly encouraged to obtain the vaccination before initiating clinical duties. If they receive an unprotected exposure to blood, post-exposure evaluation and follow up will be initiated. Costs associated with follow-up procedures are the responsibility of the student.

### **SECTION THREE**

#### **Work practice and Engineering Controls**

**Policy:** Engineering and work practice controls will be utilized to minimize or eliminate potential exposure to employees/students. Where occupational exposure remains after institution of these controls, personal protective equipment will be utilized.

**Procedures:** Rooms WH 149 and WH 130 of the Speech-Language-Hearing Clinic in Willow Hall at Texas State University in Round Rock will be designated as "hazardous". They are away from heavy traffic areas and patient-contact areas in the clinic reducing the chance of casual contact with contaminated material.

Trays and bins for disinfecting diagnostic/therapy materials, earmolds, immittance tips, laryngeal mirrors, Nuk devices, etc. are kept in these areas as well as the chemicals used to complete these tasks. When an object becomes contaminated, it will be brought to these areas for disinfection. The counter and shelves in these areas allow for the placing of trays and cleaning solutions to be out of the reach of unauthorized personnel. No eating, drinking, or socializing will be allowed in these areas.

### **SECTION FOUR**

#### **Emergency Procedures**

**Policy:** All personnel will execute and follow designated emergency procedures.

**Procedures:** If an employee or student or patient is involved in an exposure incident as a result of an accident (i.e. someone trips and falls, or cuts himself or herself, or a clinician nicks a patient's ear canal causing blood flow) a clinic educator or a clinician will call 9-1-1 if the situation warrants. Under no circumstances will any personnel classified in Category 3 place himself or herself in a situation where contact with the blood of a patient or co-worker could occur. Category 1 or 2 employees/personnel may provide assistance in emergency situations when blood or bodily substance spillage occurs ONLY while wearing gloves. If an employee is the victim of an exposure incident, a Post-exposure Management Record Form will be completed and medical attention will be offered.

**Postexposure- Management Record**

The following employee/student clinician was the subject of an infectious disease exposure incident on (date)\_\_\_\_\_and was examined and treated as follows:

Employee/student name \_\_\_\_\_ ID# \_\_\_\_\_

Type of incident (describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Route of Exposure \_\_\_\_\_

Source patient information:

\_\_\_\_\_ Source patient was identified but refused to contribute blood.

\_\_\_\_\_ Source patient was identified and blood was secured from such patient. Results of source patient's blood testing are attached.

Employee hereby grants permission for tests for antibodies of HIV-1 and/or HBV and acknowledges that the employee/student has been counseled concerning such tests.

Employee/student signature \_\_\_\_\_ Date \_\_\_\_\_

The following tests were administered under the supervision of a qualified physician:

\_\_\_\_\_ Human immunodeficiency virus (HIV-1) antibodies.

\_\_\_\_\_ Hepatitis B virus antibiotics.

\_\_\_\_\_ Other tests (please list)

Date(s) of test(s) \_\_\_\_\_

Result(s) of test(s)- See physician's or laboratory report attached.

Employee/student hereby acknowledges that the employee/student was counseled and a written copy of the results of the above test(s) was furnished to such employee/student on (date)\_\_\_\_\_.

Employee/student signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION FIVE Infection Control Protocols

**Policy:** Environmental infection control and basic housekeeping practices will be implemented to protect patients and employees/students.

**Procedure:** The following infection control protocols are organized via the two sources of contamination: Environmental and Human.

### Environmental Infection Control and Basic Housekeeping Practices

**Surface Disinfection:** Surface disinfection is a two-step process. The general policy is first to clean to remove gross contamination, then disinfect the area to kill the germs. Products containing a cleaning agent compound and disinfectant may be used for both cleaning and disinfecting. This protocol will be used on:

1. Counter tops and Chair armrests in Willow Hall Rooms 1442 A/B, 144 A/B, 147, 148, and 149 after ear impressions are taken or hearing aids are serviced.
2. The countertop in Willow Hall Room 148 and 149 after working on an appliance.
3. Headphones and bone oscillators will be disinfected between patients, using a disinfectant towelette.
4. Mats, play surfaces, tables etc. used in any therapy area.

Surface disinfection will incorporate the following steps:

1. A hospital-grade, tuberculocidal disinfectant/cleaner (Wavicide or equivalent) will be available in Willow Hall Room 149 and 116.
2. Spray surface with the disinfectant/cleaner. Wipe away all gross contamination using a paper towel.
3. Spray the surface again, leaving it wet for 10 minutes. Wipe the surface again with a cloth rinsed in tap water.
4. If gross contaminants are not present, a commercially available cleaner/disinfectant may be used.

**Immersion Disinfection:** An ultrasonic cleaning machine located in Willow Hall Room 149 will be utilized to clean and disinfect noncritical objects and instruments. Items to be disinfected with a commercial disinfectant (Wavicide or equivalent) include specula, probe tips, earmolds, light tips, etc. that appear free of blood, mucus or significant cerumen. These items will remain in the disinfectant bath as long as directed on the label.

**Handling ITE and CIC instruments and earmolds:** ITE and CIC instruments and earmolds are assumed to be contaminated and are therefore always to be handled with gloved hands or with a disinfectant towlette prior to disinfection. The following steps will be taken when handling these items:

1. Receive the hearing instrument or earmold in a disinfectant towlette or gloved hand or have the patient place the instrument and/or earmold in a container. Using a disinfectant towlette, wipe the hearing aid or earmold over all surfaces, disinfecting it.
2. Gloves should be worn when cleaning instruments on the repair counter due to the chance of encountering dried blood or mucus within the cerumen found in the sound ports or on the hearing aid or earmold.
3. Picks and probes used to clean an instrument will be sterilized when blood, drainage, or cerumen that contains either are encountered in this process. These tools will be disinfected when blood, drainage or cerumen are not found.
4. A hearing instrument stethoscope may only be used on an instrument that has been disinfected properly. Disinfect the stethoscope using a disinfectant towlette prior to attaching it to another instrument.

**Motivational Toys:** It is assumed that toys will be mouthed by children, potentially becoming infectious. The following steps will be taken to address this issue:

1. Nonporous, easily cleaned toys will be provided. This will allow the use of a spray disinfectant, towlette, immersion disinfectant or placement in a dishwasher with a hot water cycle of 155 degrees F, depending on the manufacturer's specifications.
2. These toys, including mats, thera-balls, and blocks will be disinfected after a child plays with them.
3. Household gloves or latex exam gloves will be worn when routinely cleaning toys. Exam gloves will be worn when handling toys known to have been exposed to bodily substances. Hand washing, using a medical grade antibacterial soap located at all sinks in the Clinic, will be completed after cleaning and disinfecting toys.

**Sterilization:** Objects that contact blood, ear drainage or cerumen containing either are critical instruments and must be sterilized prior to reuse or storage. This includes probe tips, specula, etc. that are visually contaminated with blood, drainage, or cerumen that may contain either or both. Due to the nature of the items to be sterilized, cold sterilization with 2% glutaraldehyde will be practiced. The following steps will be completed:

1. The solution will be placed in a covered, plastic container. Gloves will be used when handling the solution.

2. Objects will be cleaned in the ultrasonic cleaner or with a disinfectant towelette, followed by overnight submersion in the full-strength glutaraldehyde.
3. Objects will be removed and wiped with a disinfectant towelette the following morning.
4. The solution will be changed every 30 days as instructed on the label. It will be changed sooner if the material becomes visibly viscous or soiled. A dated label will be affixed to the container with date the solution was prepared and the date of the 30-day expiration.
5. The solution will be properly disposed of as directed on the chemical's label.

### Controlling the Human Source of Infection

**Hand washing:** Hands will be thoroughly cleaned before and after each contact with a patient.

1. Water and a hospital grade antibacterial soap are available at all sinks within the Clinic.
2. The hand washing procedure is: remove rings; start the water; lather the soap; scrub palms, backs of hands, fingernails, between fingers, and over the wrists; rinse off with running water; dry hands using a paper towel; turn off water with damp towel, not clean hands.
3. Hands will be washed after removing gloves, applying cosmetics or lip balm, using the restrooms, etc. Hands will be washed before and after providing services for each client, eating, handling uninfected earmolds or hearing aids, and handling material room toys.

**Gloves:** Gloves will be worn when procedures may create exposure to blood, saliva, ear drainage or cerumen containing blood or ear drainage. All audiometric procedures will begin with a thorough inspection of the ear and surrounding scalp and face. A determination of the need for gloves will be made. If the patient has visible blood, drainage, sores, or lesions, gloves will be worn before continuing services. Gloves will be worn while performing hearing aid cleaning or repairs. Gloves will be worn when handling glutaraldehyde and when cleaning up spills of infectious material (i.e. blood, vomit, urine). Gloves will be worn when conducting oral evaluation procedures that predispose one to contact with saliva. Two pairs of gloves will be worn when treating patients known to be infected with HIV or hepatitis B.

## **SECTION SIX**

### **Work Area Restrictions**

**Policy:** All employees/students will follow designated work area restrictions.

**Procedure:** Employees or students will not eat, drink, apply cosmetics or lip balm, or handle contact lenses in the treatment areas or in the hazardous areas.

## **SECTION SEVEN**

### **Postexposure Evaluation and Follow-up**

**Policy:** All employees/students will immediately report any unprotected incident of exposure to blood, complete written documentation of the incident and follow-up with a medical examination and treatment, if necessary.

**Procedure:** Exposure to bloodborne pathogens in this clinic is possible, although not likely, particularly if the steps in this plan are followed carefully. If any exposure does occur, it should be immediately reported to the clinical educator and the Clinic Co-directors and recorded on the Postexposure Management Record. It is the responsibility of the employee/student to follow up with required documentation from a physician regarding the medical examination and treatment.

## **SECTION EIGHT**

### **Training**

**Policy:** Universal Precaution/Infectious disease control training for all student clinicians is conducted for every new cohort of graduate students during the first two weeks of the fall semester. Additional trainings are completed throughout the year. Written documentation of each training session will be recorded on an Infection Control Training Program Form and filed in the student's permanent file and/or electronic portfolio.

**Procedure:** Infectious disease control training will be conducted and include an explanation of the following:

1. OSHA Standard for Bloodborne Pathogens
2. Epidemiology and symptomatology of bloodborne diseases
3. Modes of transmission of bloodborne pathogens
4. Review of this exposure control plan including documentation forms
5. Procedures that might cause exposure to infectious pathogens
6. Products used for infection control

7. Methods to control exposure to blood or other potentially infectious substances
8. Personal protective equipment
9. Postexposure procedures

## **SECTION NINE**

### **Waste Management**

**Policy:** Potentially contaminated waste material will be disposed of in a manner that reduces the risk to employees, students, patients and the outside environment.

**Procedure:** Waste, such as paper towels, rags, gloves, etc. that are contaminated by significant amounts of blood will be disposed of in plastic bags and taken to the Student Health Center in the Nursing Building where appropriate disposal mechanisms are enforced. Most waste can be placed in the regular trash. All trash containers will contain disposable plastic bags serving as liners. Waste containing cerumen, drainage, saliva, vomit, diapers, etc. will be placed in a sealable plastic bag then placed in the regular trash. Used disinfectant will be poured down the drain in accordance with the instructions on the label.

### Infection Control Training Record

As required by the Infection Control Training and Retraining? Programs of this office, the initial training session via an on-line Power Point presentation was completed on (date)\_\_\_\_\_.

This training covered Infection Control, CDC Universal Precautions, Methods of transmission of disease spread, Air-borne and blood-borne diseases, OSHA Guidelines, Interpretation of Guidelines dependent on work setting, Cleaning vs disinfecting vs sterilization techniques, Infection Control Plan, and Employee Classification. Demonstrated competency in Infection Control was achieved by a grade of 70% or higher on a quiz following the Power Point Presentation.

Completed by:

Printed Name:

---

Signature:

---

Presenter's/Trainer's Name: Lori Stiritz, MA/CCC-A

Signature of Presenter:

---

*INFECTION CONTROL CHECKLIST*

## General Requirements

- \_\_\_\_\_ Infection Control Plan
- \_\_\_\_\_ Employee/student Classification & Documentation
- \_\_\_\_\_ Work Practice Controls
- \_\_\_\_\_ Training for new students every semester

## Protocols

- \_\_\_\_\_ Counter tops and tables disinfected after each use
- \_\_\_\_\_ Headphones disinfected after each use
- \_\_\_\_\_ Noncritical instruments cleaned and disinfected before reuse or storage
- \_\_\_\_\_ Toys disinfected after each use
- \_\_\_\_\_ Earmolds, ITE, CIC disinfected prior to handling
- \_\_\_\_\_ All audiological procedures begin with visual inspection of patient's ear, scalp and face
- \_\_\_\_\_ All critical instruments cleaned and sterilized prior to reuse or storage
- \_\_\_\_\_ Ultrasonic cleaning solution changes every 30 days
- \_\_\_\_\_ Glutaraldehyde solutions changed every 21 days or when appears contaminated
- \_\_\_\_\_ Waste handled according to policy

## Supplies

- \_\_\_\_\_ Latex exam gloves
- \_\_\_\_\_ Wavicide (or equivalent) diluted to a 1:4 concentration in the spray bottles and in the ultrasonic cleaner
- \_\_\_\_\_ Wavicide (or equivalent) undiluted in plastic container for cold sterilization purposes
- \_\_\_\_\_ Tuberculocidal disinfectant wipes
- \_\_\_\_\_ Antibacterial liquid hand soap

\_\_\_\_\_ Paper towels

\_\_\_\_\_ Plastic trash liners

\_\_\_\_\_ Plastic sealable bags

PROTOCOL  
#1  
Hand washing

Hands must be washed:

1. Before and after seeing a patient
2. After eating, applying cosmetics, adjusting contact lenses, disinfecting any surface or object, after removing the exam gloves, before and after taking an earmold impression.

Procedure:

1. Remove all rings. Microorganisms cannot be eliminated from skin beneath rings and growth is facilitated in warm, dark, moist places (such as under rings).
2. Start water and apply the liquid soap from the dispenser on the wall. Scrub palms, fingers, fingernails, between fingers, backs of hands up to the wrist for a minimum of 15 seconds.
3. Rinse the soap off with running water.
4. Dry hands with a paper towel and using a towel, turn off the running water.
5. Use hand lotion to keep hands from drying and becoming chaffed. Avoid petroleum-based products as these affect latex.

PROTOCOL #2  
Audiology  
Handling ITE, CIC, & Earmolds

1. Wear gloves when receiving the hearing aid. OR
2. Have the patient place the item in a plastic bowl and then disinfect it with a wipe. OR
3. Have the patient place the item on a disinfecting towlette. OR
4. Have the patient place the item in the ultrasonic cleaner (earmolds only).
5. Always wear gloves when cleaning aids as cerumen containing dried mucus and blood is very common within the sound port and vents.
6. Sterilize picks/probes used to clean the aid/earmold if the cerumen contained drainage, blood or mucus. Disinfect items if the cerumen did not contain blood, drainage, or mucus.
7. Never use the diagnostic stethoscope on an aid that has not been disinfected.  
Always disinfect the stethoscope after using it before storage.

PROTOCOL #3  
Surface Disinfection

1. Spray surface with disinfectant and wipe away all gross contamination.
2. Spray surface again with disinfectant and allow to dry for 10 minutes.
3. Wipe surface again with a tap water-dampened towel.

PROTOCOL #4  
Disinfecting

1. Disinfect the repair counter top, the headphones, bone oscillator and any item used in cleaning a hearing aid and/or earmold (including the hearing aid/earmold), any toys or motivational objects used in therapy.
2. Use the spray bottle for items that are stationary. Spray and let dry 10 minutes.
3. Use a disinfecting towlette for items that cannot be sprayed or immersed in a disinfectant solution, i.e. hearing aids, earphones.
4. Place any item that can be immersed in a diluted solution (1:4) of Wavicide (or equivalent) for 10 minutes. Remove and rinse with tap water. Allow to air dry.
5. Change all diluted Wavicide (or equivalent) as indicated on the label.

PROTOCOL #5  
Cold Sterilization

1. Any item that contains blood mucus, or drainage or contains cerumen with dried blood, mucus, or drainage must be cold sterilized.
2. Place the item in the ultrasonic cleaner containing disinfectant for 10 minutes.
3. Place the item in the undiluted Wavicide (or equivalent) overnight. The undiluted Wavicide (or equivalent) should be discarded after use.
4. Rinse with sterilized water and let air dry.

### Department of Communication Disorders Incident Report

Date of this report: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Person reporting & title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinical Educator (if other than the person reporting incident): \_\_\_\_\_

**Incident Information:**

Date of discovery: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Person(s) involved (include addresses if known):

Physical injuries, potential harm and risks incurred: (near-injuries, confidential data breach/ security risks)

Property damage:

Notification procedures followed (individual contacted, date, time):

Describe the incident as fully as possible including elements leading to the incident, actions taken and possible factors in the cause of (use the back of this form as necessary).

Signature: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Follow-up and Results:**

\_\_\_\_\_  
Clinic Co-director Signature

\_\_\_\_\_  
Date

### **Letter to Bilingual or Bicultural Off-Campus Clinical Educator**

Dear Bilingual or Bicultural Off-Campus Clinical Educator:

The Department of Communication Disorders' (CDIS) faculty members at Texas State University wish to thank you for your assistance with the clinical training of our future bilingual speech-language pathologists. Based on feedback the department has received from bilingual off-campus clinical educators, we thought it might be beneficial to describe the Bilingual Cognate and the guidelines to be implemented for the cognate.

Graduate students completing the Advanced Bilingual Cognate are bilingual (English/Spanish) speakers, demonstrate native or near native fluency in both languages. They are well versed in bilingual theory as it pertains to assessment and intervention with culturally and linguistically diverse populations. These students are prepared to conduct bilingual speech and language assessments and provide intervention for both monolingual Spanish-speaking and bilingual (Spanish- and English-speaking) clients under the supervision of a qualified bilingual or bicultural clinical educator.

Graduate students completing the Intermediate Bilingual Cognate are also well versed in bilingual theory as it pertains to assessment and intervention with culturally and linguistically diverse populations. However, they do not demonstrate native or near native proficiency in Spanish; therefore, they will work primarily with bilingual English- and Spanish-speaking clients when intervention is provided in English. They must still be supervised by a qualified bilingual or bicultural clinical educator.

Students in the bilingual (advanced and intermediate) cognate have completed or are in the process of completing coursework addressing Spanish phonetics and phonemics, multicultural issues in communicatively disordered populations, and second language acquisition. They have obtained clinical hours working with bilingual clients under the supervision of a bilingual or bicultural speech-language pathologist at the CDIS Speech-Language-Hearing Clinic while completing on-campus practicum during their first year of graduate work.

It is during the student's first year of graduate study that their Spanish proficiency levels are determined by a bilingual speech-language pathologist. The student's Spanish proficiency skills are established using a combination of the following factors: performance on standardized language proficiency testing, ability to conduct simulated assessment/intervention activities, and self-report of language proficiency skills. Strengths and areas of need are reviewed with students prior to off campus placement. Entry into the advanced bilingual cognate requires that the student meet ASHA's definition of a bilingual speech language pathologist (refer to the attached document). If the student does not meet these criteria, they will have to complete the Intermediate Bilingual Cognate.

Given the fact that students in either of the Advanced or Intermediate cognates utilize bilingual theory, they will accrue bilingual hours when providing assessment or intervention services to clients who have been exposed to 2 or more languages, regardless of the client's language of intervention as long as they are supervised by a qualified bilingual or bicultural speech-language pathologist.

If you have any questions, please do not hesitate in contacting Renee Wendel, Clinic Co-director at (512) 716-2604 ([rw18@txstate.edu](mailto:rw18@txstate.edu)) or Jessica Bowers, Clinic Co-director at (512) 716-2990 ([jhl124@txstate.edu](mailto:jhl124@txstate.edu)). We truly appreciate your dedication and loyalty in helping us to shape the future leaders of our profession.

### Diagnostic and Therapy Session Feedback

**Date(s):** \_\_\_\_\_ **Clinician:** \_\_\_\_\_ **Clinical Educator:** \_\_\_\_\_

**Client Info:** **Age:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Disorder:** \_\_\_\_\_

**Clinical Educator/Student Conference Agenda**

Student's goal(s) for diagnostic session or week of therapy (Not client's therapy goals):

Student objectives to achieve goals:

Strengths:

Opportunities  
For improvement:

Next week's therapy OR next diagnostic session goal(s):

**Therapy/Diagnostic Rating:** (rate applicable areas using scale on back)

<b>Skill</b>	<b>score</b>	<b>Skill</b>	<b>score</b>
A. Preparation/organization	_____	G. Appropriate technique	_____
B. Professional appearance and action	_____	H. Appropriate materials	_____
C. Administers formal/informal tests	_____	I. Appropriate language	_____
D. Behavior management	_____	J. Goal/objective focus	_____
E. Charting accuracy	_____	K. Flexibility	_____
F. Interprets responses appropriately	_____		

**Narrative Comments & Feedback:**

**Additional comments & feedback):**

**Clinician Self-Evaluation:**

Rating	1	2	3	4	5
<b>Definition</b>	<b>Not Evident</b>	<b>Emerging</b>	<b>Present</b>	<b>Adequate</b>	<b>Consistent</b>
<b>Sup. Requirement</b>	Skill present <25% Modeling/intervention	Skill present 26-50% Frequent Intervention	Skill present 51-75% Frequent monitoring	Skill present 76-90% Infrequent monitoring	Skill present >90% Guidance

**Establishing Supervisory Needs**

Name

Semester

Site

Client's initials/Age:

Date

It is important for you to think about and establish what your needs are from this clinical rotation. Please answer the questions honestly.

1. Describe any previous clinical experiences you have had.
  - a. What was good about the previous experience?
  - b. What aspects of the experience were not good?
2. How much supervision do you feel you need?
3. What do you want to learn from this specific clinical experience? (This can be very specific or very broad or both)
4. What type of feedback do you prefer written, oral, real-time?



*The rising STAR of Texas*

## CONFIDENTIALITY AGREEMENT

Students at the Texas State University Department of Communication Disorders (CDIS) have access to and work with confidential records of actual clients from the Texas State Speech-Language-Hearing Clinic and from off-campus health care facilities.

Two factors relative to student access of client records during the clinical education process must be stressed:

1. Legally, the information in the client's health record belongs to the client. A violation of client confidentiality has serious legal consequences.
2. The Code of Ethics of the American Speech-Language-Hearing Association and the Texas Department of Licensing and Regulation stipulates that confidentiality of client information is a part of professional responsibility and integrity.

Due to these legal and ethical considerations, any student enrolled in the CDIS program who reveals contents of a client's record, except as it relates to the educational process in the classroom or at a clinical site, may be dismissed from CDIS Clinical Practicum activities.

I \_\_\_\_\_, attest to the following: (1) I understand the CDIS Client Confidentiality Policy and Procedure Statement; (2) I understand that the penalty for violation of a client's confidentiality may warrant dismissal from the CDIS Clinical practicum; (3) I agree to maintain the confidentiality of client information to which I am exposed as a CDIS student; (4) I understand and agree that if I employ use of a personal laptop, tablet, or portable storage device in the CDIS department, my laptop, tablet, or portable device is subject to random audit by the CDIS Clinic director; (5) I understand and agree that USE of personal cameras, including cell phones with cameras, or mobile devices /tablet with cameras is prohibited in the speech-language-hearing clinic and at University sponsored clinic events.

Student signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Witness: \_\_\_\_\_

Date signed: \_\_\_\_\_

**This agreement will remain on file with the Texas State Department of Communication Disorders and will be made available to all clinical educators to whom students have been assigned.**

**Texas State University**  
**Department of Communication Disorders**  
**Speech-Language-Hearing Clinic Diagnostic Preparation and Execution Procedure**

**PRE - DIAGNOSTIC**

- Receive diagnostic/clinic assignment memorandum from Clinic Co-directors or admin assistant.
- Schedule meeting with assigned clinical educator, then
- Review client's chart thoroughly BEFORE meeting with clinical educator. Be prepared to discuss:
  1. Reason for referral (parent or physician concerns)
  2. Client's developmental history
  3. What kinds of, if any "red flags" exist?
  4. Client's academic performance or work/daily performance
  5. Any prior assessments including audio, FIE/school eval, swallow studies, etc.
  6. History of prior speech therapy treatment
  7. Your ideas on what areas should be tested (1st semester grads)
  8. Suggested tests you've selected and rationale for selecting them (Spring & Summer semesters)
  9. Know and review the sequence of your plan
- Know assigned room for diagnostic (obtain from Clinic Co-directors 3 days prior to scheduled assessment)
- Review, PRACTICE, and KNOW the test /s you will administer including: test procedure(s), baselines, ceilings, allowed errors, allowed cueing, and scoring.

**THE TIME OF THE DIAGNOSTIC**

- Review and double check the sequence of your plan. Obtain correct stimulus items/manuals, etc.. (English vs. Spanish; correct age range, and so on).
- Gather and prepare appropriate materials
- Meet client and parents in waiting room
- Review forms and gather necessary signatures for *informed consent*
- Escort client to assigned clinic room
- Perform diagnostic evaluation

**POST - DIAGNOSTIC**

- Score raw data/test results – Make certain your math is correct and you've looked at correct charts/tables in the manual;
- Schedule meeting with clinical educator
- Analyze diagnostic information/observations
- Check and double check test tables
- Meet with clinical educator to review results and set report expectations
- Write first draft of diagnostic evaluation summary, which is due 3 business days after the eval.
- Follow procedure to complete diagnostic report within 2 weeks of date of diagnostic
- Schedule follow up Results conference with client in collaboration w/ your clinical educator

- Follow-up with Clinic Admin. Assistant to schedule Results conference or telephone conference with client/family/caregiver
- Meet with client/family/caregiver and discuss results and recommendations from diagnostic evaluation

**Department of Communication Disorders  
Clinical Practicum Application & Student Profile**

Student Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Bilingual cognate?            Y        N

Autism Cognate?                Y        N

Fluency Cognate?               Y        N

NVS                                    Y        N

VIP                                     Y        N

**Undergraduate Degree:**

**Needs Assessment:**

Experiences you **need** to get to fulfill graduation requirements (minimum 400 hours & competencies) Please list:

\_\_\_\_\_

\_\_\_\_\_

Additional comments you would like to include:

Experiences you **would like to get** while in graduate school (icing on the cake) Please List:

\_\_\_\_\_

\_\_\_\_\_

Additional comments you would like to include:

**Texas State Clinical Experience (Please include assignments to date as well as age and disorders):**

**Employment Interest after Graduation:**

(Circle **No more** than 2)

Pediatric clinic

outpatient rehab  
skilled nursing

public schools

acute care/hospital

Residential Rehab Facility

ECI – Pedi home health

Other:

\_\_\_\_\_

**Out of Area Practicum:** Students wishing to participate in practicum experiences outside of the Central Texas corridor (Austin to San Antonio and about 30 miles to the east/west) must be eligible to do so.