



School of Communication Sciences and Disorders
College of Professional Studies
University of Wisconsin-Stevens Point

CLINICAL HANDBOOK

2016-2017

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INTRODUCTION AND OVERVIEW

WELCOME

Welcome to the University of Wisconsin Stevens Point, Speech, Language, and Hearing Clinic. As part of the School of Communication Sciences and Disorders, this fully functioning clinic serves as a training site for students as well a center for high quality speech, language and hearing services. While at UWSP you will be provided a host of clinical opportunities under the supervision of highly qualified and trained staff.

This handbook will provide you all of the necessary information you'll need to have a successful clinical experience. **You are responsible for the information in this handbook.**

SCHOOL OF COMMUNICATIVE DISORDERS MISSION STATEMENT

Undergraduate Mission

The mission of the undergraduate program in the School of Communication Sciences and Disorders is to provide students with a liberal education. In addition to this liberal education, students develop beginning knowledge and clinical skills in the area of communicative disorders. This pre-professional education makes them eligible for applying to a graduate program leading to a Master of Science Degree in Speech-Language Pathology and/or a Clinical Doctorate in Audiology.

Graduate Mission

The mission of the graduate programs in the School of Communication Sciences and Disorders is to provide a foundation of professional preparation in audiology and speech-language pathology. Students are provided with learning opportunities to develop the knowledge and skills necessary for an entry level position to competently serve individuals with speech, language, hearing and/or swallowing disorders in any setting within the scope of their education and their expertise.

Objectives of the Center

The primary purpose of this Manual is to help orient students to clinical practicum. It serves as a reference for participation in practicum in the Speech, Language, and Hearing Clinic and in selected off-campus sites.

The School of Communication Sciences and Disorders has the responsibility of preparing students to become competent clinicians, and also has an obligation to provide clients with the best care possible. We consider these two responsibilities, student training and professional services, to be equally important. The objectives of the Clinic include the following:

1. To provide student clinicians with experience in diagnosis, treatment, and counseling of people with communication disorders; to provide students with experiences in written documentation, including assessment and therapy reports.
2. To promote the general welfare of persons with communicative disorders.
3. To provide individuals who exhibit hearing, speech, language, and swallowing difficulties with diagnosis, treatment, and counseling.
4. To promote increased public understanding of hearing and speech problems.
5. To enable students to gain clinical hours needed to meet the requirements for certification and licensure.
6. To meet the clinical standards set by the American Speech Hearing Association
7. To meet the clinical standards and InTASC teaching standards (PI 34.02)

InTASC Teaching Standards

1. The teacher understands the central concepts, tools of inquiry, and structure of the discipline(s) he or she teaches and can create learning experiences that make these aspects of subject matter and meaningful for students.
2. The teacher understands how children learn and develop, and can provide learning opportunities that support their intellectual, social, and personal development.
3. The teacher understands how students differ in their approaches to learning and creates instructional opportunities that are adapted to diverse learners.
4. The teacher understands and uses a variety of instructional strategies to encourage student's development of critical thinking, problem solving, and performance skills
5. The teacher uses an understanding of individual and group motivation and behavior to create a learning environment that encourages positive interaction, active engagement in learning, and self-motivation.
6. The teacher uses knowledge of effective verbal, nonverbal, and media communication techniques to foster active inquiry, collaboration, and supportive interaction in the classroom.
7. The teacher plans instruction based upon knowledge of subject matter, students, the community, and curriculum goals.
8. The teacher understands and uses formal and informal assessment strategies to evaluate and ensure the continuous intellectual, social, and physical development of the learner.
9. The teacher is a reflective practitioner who continually evaluates the effects of his/her choices and actions on others (students, parents, and other professionals in the learning community) and who actively seeks out; opportunities to grow professionally.
10. The teacher fosters relationships with school colleagues, parents, and agencies in the larger community to support students' learning and well-being.

ASHA Code of Ethics 2010

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

1. Individuals shall provide all services competently.
2. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
3. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
4. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
5. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
6. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
7. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
8. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

9. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
10. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
11. Individuals shall not provide clinical services solely by correspondence.
12. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
13. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
14. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
15. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
16. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
17. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
18. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

1. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.
2. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
3. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
4. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
5. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

1. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
2. Individuals shall not participate in professional activities that constitute a conflict of interest.
3. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
4. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
5. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
6. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
7. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

1. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
2. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
3. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
4. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
5. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
6. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

7. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
8. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
9. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
10. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
11. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
12. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
13. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
14. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

American Speech-Language-Hearing Association. (2010). *Code of ethics* [Ethics]. Available from www.asha.org/policy.

STRUCTURE OF CLINICAL PRACTICUM

| Course | Title | Semester |
|---------|--|---|
| CSD 495 | Clinical Practicum-Undergraduate level | Final semester of Senior year |
| CSD 791 | Graduate Practicum I | Fall semester of 1 st year |
| CSD792 | Graduate Practicum II | Spring semester of 1 st year |
| CSD793 | Graduate Practicum III | Summer of 1 st year |
| CSD794 | Graduate Practicum IV | Fall of 2 nd year |
| CSD 795 | Graduate Externship | Spring of 2 nd year |

Students participating in practicum as an undergraduate will enroll in CSD 495 as part of their capstone in the major. Seniors should enroll for the spring semester of CSD 495 unless they are December graduates. CSD 360 is a prerequisite for the clinical practicum. Students in CSD 495 will be assigned 1 client and may or may not have a co-clinician depending on students enrolled in practicum. Students will typically be assigned a preschool or school aged child being seen for articulation and/or language delays. Seniors may also see clients who are working on foreign accent modification.

Graduate students will start their practicum semester in CSD 791 with one client and may or may not have co-clinician depending on student enrollment. Students may always ask for extra clients if they are handling the academic load along with their current clinic load well.

Graduate students will participate in a diagnostic team as well as a semester long off-campus experience starting the spring of their 1st year. Diagnostics and off-campus do not happen in the same semester. Diagnostics are scheduled in blocks of 2-3 hour and students work as a team under the guidance of a supervisor. Teams are responsible for the preparation of testing materials as well as data analysis, client meeting and a final written report. Off-campus placements are a minimum of 2 days a week and can be with a speech language pathologist in the area or around the state (fall semester only).

CSD 795 is the Externship semester where students spend 15-20 weeks at either a medical or school based placement. The Director of Clinical Services will work with graduates on this placement.

All clinical practicum students will be notified via e-mail of their supervisor(s) for the semester the first week of class. Students must make an appointment with that supervisor(s) to obtain the client name.

CLINICAL POLICIES AND PROCEDURES

DRESS CODE

Students are expected to dress in a manner fitting their status as professionals providing services to the public. Although a student's physical appearance may have no relationship to the quality of treatment they provide, it is likely to influence a patient's perception of quality and professionalism. We should always convey the finest possible impressions to our clients and parents/caregivers. While individual preferences are recognized, a clinic that deals with the public requires a conservative approach to grooming, hair, jewelry, fragrances, and dress. All students are required to wear a nametag during clinical practicum. It is important that students in our Center be aware of their dress even when they are not involved in clinic. Our clinic is a public place of business and students should dress accordingly.

When students are placed in an off-campus practicum site, they must talk to their university liaison supervisor as well as their off-campus supervisor to determine the appropriate attire expected for that site.

Professional Dress Requirements:

- Clothing must be loose fitting, clean, neat, and in good condition.
- Clothing must be no shorter than knee length.
- Shirts must cover the abdomen and back at **all times.**
- Pierced body jewelry of any kind may only be worn in the ears.
- Tattoos must be covered with appropriate clothing. Visible tattoos which cannot be covered must be tasteful and discreet.
- Hair, including facial hair, must be neatly trimmed and clean, and must not interfere with the performance of your duties.
- Make-up must be tasteful and discreet.
- Footwear must be professional.
- Males should wear dress, collared or polo styled shirts that are tucked in. Turtleneck, v-neck or crewneck sweaters may also be worn.

The Following Are Not Allowed:

- Low rise pants
- Visible and/or distracting undergarments
- Shorts (including Bermuda style)
- Sweatshirts, blue jean pants, sweat suits, or sportswear
- Flip flop sandals
- Sports insignia, logos, or slogans
- Tank tops and spaghetti straps
- Visible cleavage
- Cologne/perfume (on clinic days)
- Leggings paired with tops above the knees

If your supervisor determines that your attire is unacceptable, you will be asked to change. If there is not time for you to change, you will be given something to wear. Unprofessional appearance in the clinic will be reflected in your clinic grade with a second violation.

INFECTIOUS DISEASE PRECAUTIONS

In accordance with the UW-Stevens Point Bloodborne Pathogens Exposure Control Program, before the first clinical experience, all students receive instruction in universal precautions according to recommendations for the Centers of Disease Control and Prevention (CDC). Following instruction regarding universal precautions, all students are required to complete a form acknowledging that they have received universal precaution training. A copy of the acknowledgment form will be filed in each student's personal file.

INJURY PROCEDURES

Should the need arise to administer first aid to a client, only administer first aid to the extent to which you are trained. Notify your supervisor immediately or send for your supervisor if you are unable to leave the client. If your supervisor is unavailable, locate the Clinic Director to assist in first aid treatment. All therapy rooms are equipped with basic first aid items.

INCIDENT REPORTS

Faculty and staff must complete the following forms in the event of an accident/incident within the Center:

For non UWSP employees, including all **child clients, adult clients, and/or UWSP students**, who might have an accident in the clinic, there is a specific form to complete. A person can get a form from the office manager.

IMMUNIZATIONS

All students must submit the *Statement of Informed Consent* and *Student Health Record* as proof that their immunizations are up to date. These forms are distributed in CSD 360 or sent in the mail to new graduate students. All forms should be turned into the Director of Clinical Services. Students may not start clinical practicum until all immunization forms are turned into the Director.

PERSONAL LIABILITY INSURANCE

The Center recommends that all off-campus practicum students consider obtaining personal liability insurance in the amount of \$1,000,000 for their protection. UWSP's policy will cover clinicians in the clinic, however, may not provide coverage in off-campus placements, depending upon the circumstances involved. Incoming students will receive information regarding insurance prior to beginning their clinical experience. It is the student's responsibility to renew his/her insurance before it expires. Proof of insurance can be given to the Director of Clinical Services for placement in the clinician's file.

Professional liability coverage is provided by the State of Wisconsin under provisions of S.S. 165.25(6) and 895.46(1) of Chapter 81, Laws of 1975 for all University of Wisconsin System student teachers, intern teachers, or for any others assigned to field experiences. This coverage protects the students against claims from third parties for personal injury or property damage caused while performing within the scope of duties as an off-campus practicum student or extern. Questions about liability insurance should be directed to the SCD Clinical Director or the UWSP Director of Safety and Loss Control.

CRIMINAL BACKGROUND CHECKS

The Wisconsin Caregiver Law requires background checks on persons who provide care to others or have access to people who receive care (e.g. 0-3 programs, skilled nursing facilities, hospitals, etc.). This law pertains to anyone who is providing clinical services in those facilities, including student clinicians who participate in practicum and externship experiences. It is necessary for students in the School of Communicative Disorders to complete a Background Information Disclosure (BID) Form and an Authorization and Release Form at the beginning of their practicum experience.

NAMETAGS

All students and faculty/staff are asked to wear nametags when involved in clinical work both on and off campus. If you are a senior or first year graduate practicum student, please pick up your nametag in room 037. The cost is approximately \$14.00 for each nametag. Checks may be made out to UWSP.

MAILBOXES

Each student enrolled in clinical practicum is assigned a mailbox for receiving communication from faculty and peers. Please check your mailboxes daily. Graduate student mailboxes are provided by the computer lab. The mailboxes for undergraduate students are housed in the student lounge, room 020.

Each faculty and staff member has a mailbox in the Center, near the front desk. Students are requested to leave messages or other correspondence to the faculty or staff in their mailbox.

E-MAIL

Many clinical supervisors and professors use e-mail to notify students of important information and general announcements. It is the student's responsibility to monitor their student e-mail account daily. Students are encouraged to have a confidentiality statement at the end of their e-mail while a clinical student at UWSP. Please see the section on confidentiality to add a tag at the end of your e-mail.

SOCIAL MEDIA

Students should not have contact with clients or caregivers on social media until after graduation. Students may not indicate in any way that they know someone via the clinic or have had them as a client. Identifying clients or caregivers would violate HIPAA and students may be subjected to federal regulations and penalties. Students should decline invitations from clients and caregivers citing clinic policy.

Students are asked to make thoughtful and professional choices related to the images and content you post to social media (Facebook, Twitter, Instagram, Snapchat). People can screen grab images and content even while you believe it has disappeared.

UTILIZATION OF THE TELEPHONE

The telephone in the Clinical Medical Center (CMC), room 043, and the supervisor's phones are available to conduct clinic business. Long distance can be reached by dialing 9 + 1 + area code + phone number (e.g. 9-1-414-555-2121). Telephones located in rooms 045 and 052 can be used for on-campus calls only. Students often use their personal cell phones when contacting clients, please be mindful of having this information in your phone and delete the number or contact once clinic is complete.

CLINICAL MEDIA CENTER PROCEDURES

- **Who may use the CMC?**
Any currently enrolled SCD student or faculty/staff member is authorized to use the CMC and check-out material(s) he/she may require.
- **What is your responsibility?**
It is your responsibility to follow the CMC procedures. You also need to clean up after yourselves. If you do not follow the procedures you will likely lose your privileges and it could affect your clinic grade. If it is a chronic problem with many students, the CMC may be closed to everyone.
- **Electronic system for check-out and check-in**
Each CMC item has a bar code affixed to it which is scanned, along with the students university ID, to check out items needed for clinic or class.
- **Daily Usage**
Items are available for check-out any time the CMC is open. Items checked out for daily use must be returned to the CMC on that same day by 4:30 p.m.
- **Overnight**
All CMC materials, **except special reserve items and Marantz and digital recorders**, may be checked out overnight after 3:00 p.m. (unless they are on reserve). Items checked out overnight **must be returned to the CMC by 9:00 a.m. the following day.**
- **Extended period of time**
If you need an item longer than overnight, ask the CMC graduate assistant. If the item is not reserved, the checkout time may be extended. Have a yellow Special Permission card signed by a CMC grad assistant or your supervisor and attach it to the item's check-out card.
- **Reservations**
Fill out a Reserve Slip completely. Place the slip with the item you are reserving, noting any other reservations currently on the item. When you pick up the reserved item, **throw away your reserve slip** and check the item out according to the usual procedure. **Do not be over zealous in your use of special reserve slips.** Only use these for diagnostic tools and therapy materials that there are no other options available during your session.
- **Diagnostic Tests**
Copies of diagnostic protocol sheets are kept in the filing cabinets labeled "PROTOCOL SHEETS." **Let the CMC grad assistant know if the protocol sheet supply is getting low by pulling out the sheet protector**, which includes a blue sheet and a copy of the protocol. Place it in the basket on the CMC desk.
Use the photocopies prior to copying the information on the original forms. Original protocol forms may be used for assessment of clients only when it will be placed into the client's file. Client files

should only contain original forms filled out correctly. Let the CMC grad assistant know if the original supply is low by pulling out the pink sheet and putting it in the basket on the desk.

- **Recording Equipment**

There are digital and Marantz recorders available in the CMC. These offer high quality recording capabilities. However, because of this they are expensive to replace and maintain. These are not allowed to be removed from the clinic. Also **the patient data on the digital recorders must be removed prior to putting them back in the CMC**. If this is not done, it is a violation of patient confidentiality and there are consequences to this. Refer to the confidentiality agreement you signed prior to beginning clinic.

- **Audio tapes**

All cassette are to be checked out by filling out the card attached and placing it in the audio checkout box. These may be checked out for the entire semester. **When returning tapes, place the tape and its check-out card in the ERASE BOX**. The CMC graduate assistant will erase all tapes before they are placed on the shelf for checkout again.

If your Instructor wants a tape, cross your name off the card but leave the instructor's name (Ex: ~~Smith~~/Reynolds). Place the card behind the supervisor's name in the Faculty Check-Out box located by the inventory computer.

Be sure that you do not use tapes in the Special Reserve Section for therapy or diagnostics or place them in the "Erase Box."

- **Consumable Items**

Alcohol, cotton, tongue depressors, crayons, paint, paintbrushes, construction paper, glue, colored pencils, etc. are available for your use. **Please let the CMC graduate assistant know if you notice any of these items getting low**. Return these items after each use or dispose of them properly.

- **Toy Cleaning Procedure**

All toys must be cleaned if they have been placed in the client's mouth, coughed or sneezed on, and/or if the client frequently touches his nose or mouth and then touches the toy. This includes all toys, games pieces, spinners, puzzle pieces, etc. For every session with young children or other clients prone to cross-contamination of toys, take a plastic basket from the CMC into your therapy room. As items become dirty place them in the basket. DO NOT place them in the bag or box with the other toys that were not contaminated. At the end of the session, clean the toys in the basket if soft sided. All hard plastic, non-electronic toys can be placed in the dirty toy bin to be run through the dishwasher.

To clean these items, spray them with an anti-viral spray and leave it for approximately 10 minutes. It takes time for it to destroy the germs. Then rinse the items thoroughly in water and dry. For wooden, electronic, or paper items (like books, gameboards) that would be harmed with liquid, spray down a cloth and wipe the item. Don't forget to spray down the table, light switch, and doorknob after each session also. Following these steps will keep the clients healthier...and also you!

- **Broken or damaged material**

Please help in our efforts to keep materials in good shape while you are a student here. However, do not be afraid to return broken or damaged items. We realize that some materials become worn and may break while being used. Give any items needing repair or replacement to the CMC graduate assistant. Make sure if you leave broken or damaged items on the desk that you write a note or talk to the CMC assistant.

If CMC materials are not checked out from or returned to the CMC according to these procedures, the following will occur:

- You will receive an email notifying you that you have violated CMC procedures, and a copy will be sent to your supervisor/course instructor and the Clinical Director.
- Use of the CMC is a privilege and demonstrates skills in professionalism and ethical behavior. Upon the **third reminder** for not adhering to the stated CMC rules, students will lose privileges for the use of CMC materials for an amount of time decided by the Clinical Director and your supervisor(s). In addition, your final overall practicum grade will be automatically lowered by half a letter grade by the Clinical Director and your supervisor(s) at the end of the semester.

Treat therapy and diagnostic digital recordings and audio cassette tapes as any other confidential material, as they have client information on them.

Because the loss of or cassette tapes represents the loss of confidential client information, any tapes not returned to the CMC at the end of the semester will result in the final overall practicum grade being automatically lowered by the Clinical Director and/or your supervisor by a half of a letter grade. It is the student's responsibility to account for all videotapes and cassettes that are checked out in their name.

CONFIDENTIALITY

The mission of the Center for Communicative Disorders is twofold: to provide student clinicians with the opportunity to gain clinical experience and to provide clinical services to members of the community. While the primary function is to prepare students for the profession, the highest possible standards for clinical services must be maintained. One of those standards is the assurance that Protected Health Information (PHI) and other Center Information (CI) will be kept confidential. This standard can be achieved by complying with the rules and regulations detailed below.

Violations of Client Confidentiality include the following:

- Keeping client permanent files out overnight
- Taking client permanent files, audiotapes, videotapes, or devices with identifying information out of the Center
- Losing devices, audio or videotapes containing client information/reports
- Using personal audio or videotapes for recording diagnostic/therapy activities
- Keeping audio recordings of clients on personal devices (iPads or tablets)
- Dubbing clinical audio or videotapes.

Penalties for Violation of Client Confidentiality

1st Violation: The final practicum grade will be lowered by one letter grade (e.g., A to B).

2nd Violation: The final practicum grade will be dropped to an F.

3rd Violation: The student will be dropped from the Communicative Disorders program.

A student can submit a written appeal to the Clinical Affairs Committee for review.

Oral Communication

Students must use reasonable safeguards to keep oral communication with or about a client private (e.g., use private room, move to corner of room, speak quietly, avoid use of names in public areas, etc). Do not discuss clients in public places.

Electronic Communication

Client-identifying information must never be sent via email (client name, parent/guardian name, date of birth, telephone, address, school/preschool, grade, site of previous evaluation or services, name-site of referral source, university major, physician name/site, etc.). If non-identifying information is sent electronically to those with a right to know, use client initials and send only the minimum information necessary. Type "CONFIDENTIAL" in the Email subject line and include the following Confidential Message Tag.

Confidential Message Tag

“This email and the documents accompanying this email contain confidential information belonging to the sender that is legally privileged. The information is intended only for the use of the individual or entity named as receiver. If you are not the intended receiver, you are hereby notified that any disclosure, reproduction, distribution, or the taking of any action that relies on the contents of this email is strictly prohibited. If you have received this email in error, please notify the sender by return email.”

Client Records

Client files are secured in the front office/reception area and can be checked out only to those who are authorized by their clinical supervisors. Files must be signed out by office staff, and kept in locked drawers or file cabinets. They may not leave the Center at any time. None of the materials in the file may be duplicated without authorization. Files must be returned by the end of the day. After hours, a file can be returned through the slot in the Clinical Materials Center (CMC) door.

Composing/Printing Clinical Records

Student clinicians may maintain working files for clients assigned to them. The student is responsible for protecting the client's confidentiality by exercising careful control of materials in those working files. Client names and other identifying information on diagnostic forms, lesson plans, data sheets, or other therapy records should be avoided or kept to a minimum. Client initials or other codes should be used whenever possible.

Only the S drive should be used for identifying material such as the final therapy report, plan of care and SOAP notes. This is secure drive designated for students in CSD 495 and/or graduate students.

For the convenience of student clinicians working on clinical reports, computers are available in each graduate room and in the computer lab. If all of these computers are in use, students might find it necessary to use computers in their home or in other campus labs. During the rough-draft phase of report preparation, identifying information should not be used. Diagnostic and therapy reports are to be file-ready when submitted. All of the identifying information can be added when the final copy is being printed and then deleted again following the printing. Printing of final drafts with identifying information must be done on computers in the Center. Students shall not retain copies of any clinical records that contain identifying information. Rough draft copies must be shredded.

Tape Recording

Only blank tapes checked out from the CMC are to be used for recording clinical activities. The student is responsible for placing the tape in an inter-department envelope with clinician's name on it and securing it in a CSD locker or storing it in the special drawer in the CMC. The student may remove it as needed until such time that he/she checks it back into the CMC. If the CMC is closed, the tape can be deposited in the slot in the CMC door. Audio recording machines can be checked out from the CMC; visual recording machines from Room 047. No clinical tape is to be heard by an unauthorized person. No tape is to be duplicated without authorization of the client and/or the clinical supervisor, and no tapes (dubbed or original) are to be kept by student clinicians. Supervisors may choose to retain tapes for educational purposes. Tapes checked back into the CMC will be erased for reuse.

Digital recordings may be uploaded to the S drive only and may only be accessed in the Center. No digital recording is to be heard by an unauthorized person. All audio files on the S drive should be deleted at the end of the semester. All accounts will be deactivated once a student has graduated from UWSP. No copies of audio recordings should be made for personal use later.

AT THE BEGINNING OF THE SEMESTER

PRACTICUM ASSIGNMENTS

Clients are assigned based on the students' training, students' class schedules, supervisors' schedules, and room availability. During the first week of each academic semester, the Director of Clinical Services publishes all practicum and diagnostic assignments. As soon as the assignments are made, a list will be posted on various bulletin boards in the graduate offices for students to review.

Students in all practicum courses should review the therapy assignments to determine which client(s) and supervisor(s) they have been assigned to and whether or not another student has also been assigned to the same client. Students should carefully review diagnostic assignments to determine the supervisor, any other students on the diagnostic team, and the day of the week and time that the diagnostic takes place.

ON-CAMPUS CLIENT ASSIGNMENTS

The student's clinical assignment as a senior is typically a preschool or school-aged child being seen for articulation and/or language delay. Students interested in audiology have the option to register for CSD 499 and participate in a 2 hour a week clinical observation. Please see the undergraduate advisor for more information. All assignments are in the Center for Communicative Disorders and are supervised by staff members of the Center. It is anticipated that each of the clinical assignments will provide the students with approximately 20-25 clinical clock hours.

Speech-Language students entering the graduate program enroll in a speech/language practicum. Each involves a single assignment during the first semester. For the speech-language student, it is typically a speech or language case with special effort to gain experiences with adult clients.

Speech/language graduate students participate in a minimum of four semesters of enrollment of graduate practicum, and one semester of an off-campus externship. The majority of their practicum assignments

are in the Speech, Language, and Hearing Clinic. Clinical assignments at the Clinic and at outside agencies are carefully made to accommodate students' clinical clock hour needs and professional interests. At the end of each semester, each student clinician submits a Student Practicum Information Form, which can be obtained by the black faculty mailboxes near the front desk. The form contains updated practicum and completed course information. The Director of Clinical Services uses this information along with several other bits of data to make the clinical assignments. Students may be given two to three clinical assignments, depending upon their needs and interests. Every effort is made to meet minimum clock hour requirements by the time the students have completed their fourth enrollment term in graduate practicum. In addition, the philosophy of the School is to provide each student with varied experiences with as wide of a variety of ages and disorder types, as the caseload will permit.

SPEECH/LANGUAGE DIAGNOSTICS

Qualified graduate clinicians are assigned to teams of three or four with one supervisor to complete speech and language diagnostics. These assignments remain the same for the entire semester. Speech diagnostic sessions are scheduled in two – three hour time blocks one time per week for each team. The clinical office manager at the front desk tracks appointments, and students are responsible for determining if they have a client scheduled during each week. Clients may be scheduled up to 24 hours in advance of the appointment.

Prior to each evaluation, the diagnostic team meets to review case history information if it is returned to the clinic prior to the evaluation. Based on the available information, the diagnostic team develops an appropriate interview and diagnostic plan. This plan is then discussed and revised with the supervisor.

OFF-CAMPUS ASSIGNMENTS

Off-campus speech/language assignments are based on the graduate student's training, schedule, and placement availability. Placements include hospital (acute care, rehabilitation, home care) sites, skilled nursing facilities, private practice, birth to three centers/agencies, and schools. Students can indicate placement requests on the Student Practicum Information Form which is given out during orientation.

Once assignments are made, students are expected to contact their site to arrange their schedule. It is the clinician's responsibility to notify both the on-campus liaison supervisor and on-site supervisor prior to an absence. Students are expected to continue at their placement until the end of the designated time period regardless of their accumulated clock hours.

Diagnostic and therapy experiences, as well as the amount of direct observation, will vary among placements and supervisors. However, the minimum required direct observation by the supervisor remains the same as on-campus practicum. Data keeping and report writing will also vary, and students should clarify any questions with their on-site supervisor.

A campus university liaison supervisor may conduct a site-visits once during the semester. The visit may include observation of therapy, diagnostics, and discussion of hours, experiences, and clientele. The on-site supervisor will be using the required online grading form on CALIPSO to evaluate the student's performance.

CLIENT SCHEDULING GUIDELINES

After you receive your clinic assignments, introduce yourself to your supervisor(s) and schedule your initial meeting with him/her within the next two days. Following this meeting, you will make your initial contact with the parents to share information and determine an actual therapy schedule.

During the initial meeting with your supervisor, you will discuss your class/therapy schedule, the supervisor's schedule, and the number and length of sessions specified by the IEP and determine potential therapy time frames.

Your clinical practicum is viewed as a professional responsibility, and your outside employment may not take precedent over your clinical practicum. Note: Therapy schedules are based first on student and supervisor obligations; therefore we cannot generally accommodate specific time requests.

Once you have established therapy times/days that will work for you and your supervisor, you will contact the client, parent and school teachers, if applicable, to discuss the following:

- Information about yourself
- Therapy schedule and starting date
- Parent opportunities for observation and therapy feedback

Some things to remember when contacting clients/parents:

- State your name clearly and explain that you are a student in the speech therapy program at UWSP and will be working with them or their child this semester.
- In sharing information about the schedule option(s), please use this wording: *"My supervisor and I have checked our schedules, and the following days/times would be available for you or your child's therapy sessions."*
- If you're leaving a message, give your number slowly. Repeat your name and number at the end of your message. Ask the client/parent to return your call by a specific date so that therapy can begin promptly.
- If you're having difficulty reaching the client/parent, call often and at varying times of the day and weekend.
- If there are questions that you cannot answer, tell the client/parents that you will check with your supervisor and get back to them.
- Remind the client/parents to contact the Center at (715) 346-3667 as early as possible if they or their child will be absent.

Students should then sign up for a therapy room that is appropriate for the client's age and needs.

ROOM RESERVATION

As soon as you have confirmed the meeting times with your assigned case(s) you must reserve a therapy room for the session. Individual therapy may be scheduled in rooms 005, 006, 007, 008, 009, 010, 011, 012, 013, 015, 017, 025, 026, 027, 028, 029 and 031. Provide the information requested on the room schedule, which is located on the front of each therapy door. Indicate the supervisor's code number, student clinician's last name, and the age group into which the client falls. Block out the appropriate time for each day session will be held. Be sure to inform your supervisor of the therapy room you selected.

CLINIC INFORMATION FORMS

The information forms provide parents and adult clients with the Center's policies and procedures. At your first meeting, it is essential that you provide your client with this information. The **Information** sheet contains information about sessions, billing and safety guidelines. The **Clinic Information Sheet** contains information on the client's session times and attendance. These forms can be found in the black rack by the faculty mailboxes.

THERAPY CANCELLATIONS

When a client calls you or your supervisor to cancel a session, please complete a yellow "Notice of Cancellation Form." Give the form directly to the front desk staff so that they know who is not attending and can ensure that the bus garage is also notified of the cancellation. The front desk staff will then post the cancellation on the black faculty mailboxes as soon as possible. Be sure to notify your supervisor and co-clinicians (if any) of cancellation. If the cancellation comes directly to the front desk, the front desk staff will post the cancellation on the black faculty mailboxes.

If you cancel a session because of personal illness or emergency, you must:

- Notify your supervisor and co-clinician
- Notify the client
- Notify the front desk to post the cancellation
- If you are unable to notify your supervisor, co-clinician, or the client yourself, contact the front desk staff so they can assist you in taking appropriate action.

If you cancel a session for any reason, it is your responsibility to offer a "make-up" session to your client. Discuss with your supervisor possible times for this special session before speaking with your client.

RELEASE FORMS

Various release forms for clients are used in the Center. All forms must be signed by the client, the client's parent, or a legal guardian. The forms can be found by the black faculty mailboxes near the front desk:

- *The Notice of Privacy Practices Form must be signed before any evaluation or therapy is initiated. These forms are valid indefinitely from the date that the client has signed the form. The clinical office manager typically takes care of this task, but please check the file to make sure it is up to date.*
- The "Authorization to Release and/or Receive Confidential Record Information" form must be in the client's folder before any information is shared outside of the Center. The names of any institutions or individuals to receive a copy of a report must be entered on the Authorization to Release and/or Receive Confidential Record Information form. The release is valid for only one year.
- Please check each client file to be sure that the "Emergency Care / Health History Form", which lists emergency information and people who can pick up clients at the end of therapy, is current. The form must be returned to the clinical office manager when completed. If there is a form already on file, it will be on the inside, front right-hand cover of the of the client's file. Review this information with the client each semester to make sure that all information is still current, then initial and re-date the form at the bottom of the sheet.

- The “*Permission to Observe*” form is valid indefinitely. Be sure to check if the client has indicated their permission for students to observe as well as for audiotapes/videotapes of therapy sessions to be used in professional presentations. This form can be found in the “Patient Info” section of the file.
- An “*Off-Site Field Trip Permission Slip*” must be completed for children who may leave the clinic and move about campus and the surrounding area. A parent must give written permission by signing and dating the form and returning it to the Center where it will put in client’s file.

CORRESPONDENCE FORMS

- The *Speech Language/AAC Billing Form* should be completed for each speech/language client, since it is used for billing purposes. This form can be found by the black faculty mailboxes by the front desk and is due to the clinical office manager at the end of every month.
- When Final Therapy Reports and Diagnostic Reports are completed, please indicate the exact date that the report was finished and delivered to the client and/or family. In addition, please be specific in the therapy recommendations section regarding the suggested semester that therapy may be recommended to continue. If the final meeting with the client and/or family reveals new information and/or changes the semester that therapy may be continued, be sure to revise the report to indicate the changed plan so that accurate placement recommendations can be made.
- A *File Correspondence Log* can be obtained by the black faculty mailboxes by the front desk. This form may be helpful in documenting a brief phrase regarding all parent and teacher contacts.

STUDENT PRACTICUM RESPONSIBILITIES DURING THE SEMESTER

CLINICAL FACULTY/STUDENT CONFERENCES

Students will participate in weekly conferences with each clinical supervisor to address questions and concerns, as well as discuss the patient’s progress in therapy.

MAINTENANCE OF THERAPY AND DIAGNOSTIC ROOMS

It is the responsibility of the student clinician to sanitize all materials used in therapy, especially preschool toys. The importance of sanitation cannot be stressed enough. All therapy and diagnostic rooms are equipped with cleaning supplies to disinfectant the table and chairs. A vacuum cleaner is available to use if the floor needs to be cleaned.

DOCUMENTING CLINICAL CLOCK HOURS

The Center maintains a clock hour file on every student who has been enrolled in undergraduate and/or graduate practicum. These files are maintained so that the Director may monitor each student’s progress toward earning the necessary minimum clock hours of experience to meet the requirement set forth by ASHA and the Wisconsin Department of Public Instruction.

Graduates: clinical hours should be submitted using the CALISPO program and verified by the clinical supervisor. A summary report will be included in your file at the end of your program.

Seniors: clinical hours should be submitted on the **Clinic Clock Hour Report** form and handed in to the Director of Clinical Services before leaving campus at the end of an enrollment term. A separate form should be submitted each term of enrollment. In addition, each student should keep a copy of his/her clock hours for his/her own personal records.

CLINICAL RECORDS

All individuals who have been seen for therapy during any part of the semester will have a report of treatment (e.g., Final Therapy Report, Summary Report, Dismissal Report, etc.) prepared on their behalf by a student clinician. Generally, any particular client's reports should be turned in to the clinical office manager within two weeks of the last visit. All reports are to be turned in to the clinical office manager by the end of the corresponding academic term. The Director will specify the deadline date and time. The specific heading and sub-headings of diagnostic and therapy reports may vary across clients and/or supervisors.

AUDIO AND VIDEO RECORDING

Clinical practicum students have access to audio tapes and Marrantz recorders, digital recorders and a closed circuit video monitoring system to record client/clinician activity. Blank audio tapes are found in the CMC and can be used for the semester. Digital recorders can be checked out as needed and the audio transferred to the student's S drive folder. The digital recording must then be erased. Students may listen to audio recordings in the center at any computer as long as they have headphones.

All therapy and diagnostic rooms are equipped with cameras and recording devices. Students can push the record button or the supervisor may activate the record from the in-office computer. Video recordings of therapy or diagnostic sessions can be viewed in **room 022**. These computers are designated for viewing by students.

STUDENT PRACTICUM RESPONSIBILITIES AT THE END OF THE SEMESTER

SUPERVISOR EVALUATIONS

Students are strongly encouraged to complete an evaluation form on behalf of each assigned supervisor for a given semester. A copy of the evaluation form will be administered during the final weeks of practicum. The evaluation process is coordinated and conducted by members of the Evaluation Committee. The purpose of these evaluations is to provide an opportunity for the student to give written feedback on the performance of the supervisor. Supervisors receive the results of the evaluations after grading has taken place. The evaluations become a part of the supervisor's personnel file, which is reviewed by his/her peers for matters of retention, salary, promotion, and tenure.

STUDENT PRACTICUM CHECK OUT REMINDERS

1. Provide supervisor with **all original formal test forms (no photocopies of test protocols can be placed in official client files), language samples, home progress notes, copies of home programs, data graphs/charts, parent/teacher file correspondence logs if used**
2. **Turn in the completed Parent/Client/Daycare/School Correspondence Log form**, if required, to your supervisor to document all client, family, teacher contacts in the main file.

3. **Turn in electronic folder of all daily or weekly SOAP notes to your supervisor**, if you have provided services for a client under private insurance, CCPC, or Medicaid. To determine this, refer to the client information sheet found on the left inside cover of the client's file folder.

4. Turn in all **materials to CMC**.

5. **Give supervisors the Speech/Language Billing Form along with copies of the final therapy report on each individual speech/language client** (the billing form can be found by black faculty/staff mailboxes). Confirm that the number of sessions listed on this Billing Form is the same as the number documented on the final therapy report.

6. **On final therapy reports, please double check phone numbers, addresses, dates, add phonetic symbols and "key" to symbols if used. Ensure that the recommendations are accurate according to the final client/family conference discussion. Clearly document the date of the report. Be sure to sign the report if appropriate.**

Document all cc's (parents, teachers, physicians, etc.) on the final page of the final therapy or diagnostic report. If the report needs to be mailed to others, please indicate that clearly on the billing form, and then be sure that the Release of Information Consent form in the client's main file is current.

7. **Return all borrowed info** to supervisors/instructors.

8. **Complete supervisor evaluations, as instructed** (i.e., through class or through the paperwork found in your mailboxes).

9. **Read the "Clinical Clock Hour Form Directions" handout and then complete the required Clock Hour Forms and obtain signatures** from supervisors. **Place in appropriate envelope on the Clinic Director's table by the due date.**

10. **Complete the Student Practicum Information Form and fill out your next semester's class schedule on the back side.** Place this form in the appropriate slot on the Clinic Director's table **by the due date.**

11. **If applicable, place a Xerox copy of your improvement plan** in the appropriate slot on the Clinical Director's table **by the due date.** Keep the original copy and give copies to all supervisors and course instructors in the first week of the next semester.

12. **Return all diagnostic and therapy materials to CMC.**

13. **Housekeeping:**

Take your food out of the refrigerators. Note that food and containers will be tossed if not out by the last day of finals week.

Straighten out lounge and grad rooms.

STUDENT GRADING

Undergraduate students will be graded using the Speech-Language Student Evaluation form. This form can be found on D2L. It is based on the ASHA standards and is used for both mid-term and final grade reporting.

Supervisors should discuss the mid-term and final grade with you and you can ask for a copy for your records if one is not provided at your meeting. **The final grade report does not go into your file.** Supervisors report on the letter grade only, all comments are for your information only.

Graduate students will be using the CALIPSO system to receive all grades for the clinical practicum. This information will be part of your electronic file in CALISPO and apply to your competency checklist for graduation. Students must maintain a B or better in the clinical semester or an extension in the program may be required.

STUDENT CLINICAL CLOCK HOUR REQUIREMENTS

MINIMUM CLOCK HOUR REQUIREMENTS FOR CERTIFICATE OF CLINICAL COMPETENCE (CCC) FOR SPEECH/LANGUAGE PATHOLOGY

The American Speech-Language-Hearing Association has established minimum clock hour requirements for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology and also the Certificate of Clinical Competence (CCC) in Audiology. These requirements are identified in the charts below. It is strongly recommended that you maintain copies of all your clinical clock hour records and monitor your progress toward satisfying these minimum requirements. If you have any questions about clinical practicum or the clock hours required for the CCC, please review the ASHA Membership and Certification Handbook or see the Director of Clinical Services.

Requirements for Speech/Language Pathology:

SUPERVISED CLINICAL OBSERVATION AND CLINICAL PRACTICUM: 400 CLOCK HOURS (C.H.)

A. CLINICAL OBSERVATION: 25 C.H. (should be completed prior to initial clinical practicum)

B. CLINICAL PRACTICUM: 375 Total, with 325 C.H. at graduate level

| CCC IN SPEECH/LANGUAGE PATHOLOGY | |
|--|---|
| 375 C.H. including the following nine categories; experiences with preschool children, school age children, and adults; experiences with culturally/linguistically diverse populations; and experiences with a variety of severities and types of communication and/or related disorders, differences, and disabilities: | |
| Speech/Language Treatment Skills | Speech/Language Evaluation Skills |
| Expressive and Receptive Language Treatment | Expressive & Receptive Language Evaluation |
| Social Communication Treatment | Social Communication Evaluation |
| Augmentative and Alternative Communication Modalities | Augmentative and Alternative Communication Modalities |
| Cognitive Treatment | Cognitive Evaluation |
| Articulation Treatment | Articulation Evaluation |
| Voice & Resonance Treatment | Voice & Resonance Evaluation |
| Fluency Treatment | Fluency Evaluation |
| Swallowing Treatment | Swallowing Evaluation |
| *Hearing Treatment/Aural Rehab(UWSP recommends 10 hrs) | Hearing Screening/Evaluation (UWSP requires 10 hrs) |

* Hearing Treatment/Aural Rehabilitation refers to clinical management, counseling, auditory training, speech reading, and speech/language services for those individuals having a hearing impairment.

INSTRUCTIONS FOR SPEECH/LANGUAGE PATHOLOGY

A clock hour is defined as “direct contact with the client or the client’s family in assessment, management, and/or counseling.” The time credited cannot exceed actual time spent in direct patient contact. Time spent with the client or caretaker giving information, counseling, or training for a home program may be counted as clock hours if the activities are directly related to evaluation and treatment. Time spent in writing lesson plans, scoring tests, transcribing language samples, preparing for sessions, and writing reports cannot be counted for clock hours. **Meetings with supervisors may not be counted.** Evaluation refers to those hours in screening, assessment, counseling, and diagnosis. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client’s family. Typically, only one student should be working with a given client. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending upon the specific responsibilities each student is assigned. If more than one clinician is participating in providing services, each can take credit only for the actual time that he/she is directly involved with the patient or the patient’s family.

Record the clock hours you have earned in the appropriate spaces. Use the following abbreviations to represent ages: **Pr** = Preschool (0-5 years); **Sc** = School aged (6-16); **A** = Adult (17+). For hours earned in THERAPY, identify the patient (Pt’s Init.) by initials. For hours earned in DIAGNOSTIC and in client groups, you need not identify the individual patients. Instead, total the clock hours earned in each category for each age group and list separately by supervisor. In computing clock hour totals, keep track of hours in exact minutes, and round to the nearest 1/4 hour (15 minutes) at the end of the semester.

Please report only the clock hours you have earned during the enrollment term you have identified. Before turning in your clock hours to the Clinical Director, make one copy to keep for your own records. Turn the original signed copy in to the Director of Clinical Services by the designated due date. Maintain close watch over your individual clock hour needs.

ASHA’s Description of Speech/Language Categories

1. Articulation
2. Fluency
3. Voice and resonance, including respiration and phonation
4. Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
5. Hearing, including the impact on speech and language
6. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
7. Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
8. Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
9. Augmentative and Alternative Communication Modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

Supervision Requirements According to ASHA

Observation Hours

For certification purposes, observation experiences must be under the direction of a qualified clinical supervisor who holds current ASHA certification in the appropriate practice area.

Clock Hours

Speech/Language: Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are the minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. All clinical practicum hours must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. The supervised activities must be within the scope of practice of speech/language pathology to count towards certification. Only the supervisor who actually observes the student in a clinical session is permitted to verify the credit given to the student for the clinical practicum hours.

25 Hours of Observation Requirement

Before a UWSP senior student can be enrolled in Clinical Practicum, he/she should have completed a minimum of 25 supervised observation hours. The student must complete the **Observation Hours Form**, which can be obtained by the black faculty mailboxes by the front desk, for each observation hour acquired and have the appropriate supervisor initial the form to verify completion of each hour observed. This process is introduced in various COMD courses and continues until practicum.

Screenings

The clinic may occasionally provide opportunities for graduate students to obtain additional diagnostic hours through screenings located at schools, health fairs, and retirement homes in Stevens Point and the surrounding areas. Qualified students may participate in these screenings. These screening hours count as diagnostic hours and may be in audiology or speech and language for all ages.

Clock Hours

The Center maintains a clock hour file on every student who has been enrolled in undergraduate and/or graduate practicum. These files are maintained so that the Director may monitor each student's progress toward earning the necessary minimum clock hours of experience to meet the requirement set forth by ASHA and the Wisconsin Department of Public Instruction. There are two different but overlapping sets of standards that must be met: standards established by the Clinical Certification Board of ASHA and InTASC teaching standards for those students who wish to qualify for DPI's school certification in Wisconsin. The Wisconsin state licensure standards do not add extra criteria, but rather follow ASHA's and DPI's standards.

It is the student's responsibility to make certain that the clock hours he/she earns during each term of enrollment in practicum or externship are entered into his/her file. These hours should be submitted on the **Clinic Clock Hour Report** (undergrad) form and handed in to the Director of Clinical Services before leaving campus at the end of an enrollment term. A separate form should be submitted each term of enrollment. In addition, each student should keep a copy of his/her clock hours for his/her own personal records.

Those students entering clock hours on the CALIPSO program are responsible for entering in correct hours and keeping a copy of their hour log for reference.

SUPERVISORS: RESPONSIBILITIES AND PROCEDURES

Members of the School of Communication Sciences and Disorders faculty and staff are the Clinical Supervisors in the Speech, Language, and Hearing Clinic and at St. Michael's Hospital. In addition, several faculty/staff members act as the University Liaison Supervisor for students assigned to supervision by off-campus supervisors at outside sites.

All Clinical Supervisors hold the Certificate of Clinical Competence from ASHA and a Wisconsin State License. Each supervisor will vary in supervisory techniques as well as requirements for the student clinicians. Even though all Clinical Supervisors utilize the same clinical evaluation tool to evaluate student performance in practicum, considerable individual latitude is given to each supervisor during the evaluation process when arriving at a grade for each student clinician. The Clinical Evaluation Form acts as a guideline for each supervisor. The needs of each client vary; consequently, it is seldom possible to use exactly the same criteria in every clinical situation. For example, one student clinician may be deeply involved in a counseling program aimed at the client and family, while another student clinician may have little involvement in this area. The latter may be devoting energy toward diagnostic therapy. Under these circumstances, it would not be possible to use the same criteria for evaluation.

Supervisors have differing supervisory styles and philosophies. Some supervisors require considerable structure for planning and carrying out treatment strategies while others offer significant latitude to the student when making his/her own decisions in clinical matters. We regard the different styles and philosophies as a strength in our practicum program. Students will have opportunities to work with different supervisors and receive suggestions and feedback reflecting different unique styles or philosophies. We believe this variety develops the student's clinical skills.

Supervision occurs on a continuum, and it is expected that the student will advance along the continuum to become adept at self-supervision. Having a clear understanding of mutual expectations is important for an effective supervisory relationship. Communications between the student and the supervisor are necessary so that students' needs and supervisors' expectations can be addressed.

Final grades in practicum are computed and reported by the Director of Clinical Services. To accomplish this task, he/she requests that each Clinical Supervisor provide him/her with a numerical grade for each student at the end of the term. When a student has had more than one assignment and has more than one grade submitted on his/her behalf, the grades are averaged with weighting based upon the number of clinical clock hours earned in each assignment.

The Clinical Supervisor's responsibilities include the following tasks:

- **Supervise and evaluate students** assigned to them for either diagnostics or therapy assignments
 - Evaluation of students' level of performance
 - Assist students in moving to higher level of performance
 - Observation of students to identify skills and areas of improvement
 - Appropriate instruction, opportunity for practice, and immediate and accurate feedback to students
 - Assist students in self-evaluating existing skills and areas which need improving
 - Receive feedback from students to modify supervision techniques
- **Utilize the required clinic syllabus** as the foundation for their syllabus for diagnostics, therapy, and off-campus liaison supervision
- **Utilize the required clinic student evaluation paperwork for speech/language**
 - Evaluation of Therapy Skills forms (*Undergrad*)
 - Evaluation form on CALIPSO for both TX and DX (graduates)

- Improvement Plan (*Undergrad and grad, as needed*)
- InTASC Standards (*Undergrad – located in syllabus*)
- Lesson Plan/ Self-Evaluation Rubric (*Undergrad*)
- **Speech/Language Supervision Requirements:** Direct supervision must be in real time and must never be less than 25% of the student's total contact with each client/patient and must take place periodically throughout the practicum. These are the minimum requirements that should be adjusted upward if the student's level of knowledge, experience, and competence warrants. A supervisor must be available to consult as appropriate for the client's/patient's disorder with a student providing clinical services as part of the student's clinical education. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. All clinical practicum hours must be supervised by individuals who hold a current CCC in the professional area in which the observation and practicum hours are being obtained. The supervised activities must be within the scope of practice of speech/language pathology to count towards certification. Only the supervisor who actually observes the student
- **When assigned, act as university liaison supervisor and assist in the development of a valuable practicum for students in off-campus practicum settings**

Students may expect the following from their assigned university liaison supervisor:

1. The university liaison will make an initial direct telephone call to the off-campus supervisors during the first week of the semester to introduce him or herself as the assigned university liaison for the semester and make sure that the off-campus supervisors do not have any questions as the students begin their off-campus practicums and clerkships.
2. The university liaison will meet with each assigned off-campus practicum and/or clerkship student during the first week of the semester, to review the syllabus packet and discuss any questions that the student may have as they begin their off-campus experiences.
3. The university liaison will continue to make periodic telephone contacts with the off-campus supervisors to monitor the student's progress and status.
4. The university liaison may make a minimum of one on-site visit during the practicum. Whenever possible, two visits are encouraged. Off-campus supervisors have indicated that they appreciate the support of the university faculty while supervising students at their sites and enjoy sharing their professional work and expertise with university faculty. During this visit, the university liaison will observe the student for approximately 30-60 minutes, confer with the supervisor(s) as needed, and hold a final group supervisory conference.
5. The university liaison will arrange to meet with each of their assigned students after their students have received their midterm evaluation from the off-campus supervisor, to ensure that appropriate progress is being made and discuss the student's clinical objectives with them.
6. The university liaison will arrange to meet with each of their assigned students after their students have received their final evaluation from the off-campus supervisor, to discuss the student's performance.

7. The university liaison will be responsible for obtaining all necessary paperwork from the student and the off-campus supervisor at the end of the semester, and will ensure that all paperwork is submitted to the Clinical Director by the due dates.

- **Clinical management of clients assigned to them for either diagnostics or therapy;** includes **completion of necessary paperwork involved in billing** each client for services provided (required documentation for Plan of Care paperwork; Medicaid billing; SOAP notes required for third party billing, etc.)
{Provide assistance to ensure student learning and quality client care}
- **Guide students on the paperwork required for the clinical process:**
 1. Beginning of Semester Client Start-Up Paperwork
 2. End of Semester Check Out Paperwork
 3. Approval of all Diagnostic Reports, Final Therapy Reports, Individualized Educational Plan, and any other professional correspondence generated by student clinicians
- **Submit final grade information and client schedules/recommendations to Clinical Director** by the required due date at the end of the semester
- **Submit final client reports and billing information to the Front Desk Staff** by the required due date at the end of the semester
- **Maintain ASHA Certification** in Speech/Language Pathology or Audiology
- **Maintain Wisconsin Licensure** in Speech/Language Pathology or Audiology

ASHA's Clinical Certification Board Interpretations:

1. Persons who hold the CCC-SLP may supervise the following:
 - a. assessment, rehabilitation, and prevention of disorders of speech (e.g., articulation, fluency, voice, swallowing) and language
 - b. assessment and rehabilitation of cognitive communication disorders
 - c. assessment and rehabilitation of disorders of oral-pharyngeal function and related disorders
 - d. assessment, selection, and development of augmentative and alternative communication systems and the provision of training for their use
 - e. aural habilitative/rehabilitative services and related counseling services
 - f. enhancement of speech-language proficiency and communication effectiveness (e.g. accent reduction)
 - g. pure tone air conduction hearing screenings

OFFICE AND PHONE NUMBER LIST

| <u>Administration</u> | Office | Extension |
|---|---------------|------------------|
| Julia King, PhD, CCC-SLP, Associate Dean and Chair | 37 | 4657 |
| Sondra Reynolds, M.S., CCC-SLP Director of Clinical Services-SLP, Undergraduate Advising | 36 | 4816 |
| Pamela Terrell, PhD, CCC-SLP, Coordinator of Graduate Academic Programs | 34 | 3423 |
| Rebecca Henning, Ph.D, CCC-A, Director of Clinical Services-AuD | 50 | 2351 |
| <u>Faculty</u> | | |
| Leslie Plonsker, PhD, CCC-SLP | 46B | 4835 |
| Maggie Watson, PhD, CCC-SLP | 40 | 2072 |
| Tonya Vieth, AuD, CCC-A | 48 | 2851 |
| <u>Academic Staff</u> | | |
| Mary Day, M.S., CCC-SLP | 42C | 3588 |
| Jane Elliott, M.S. CCC-A | 42A | 3216 |
| Cynthia Forster, M.S., CCC-SLP | 42B | 4517 |
| Charlie Osborne, M.A., CCC-SLP | 44B | 4960 |
| Sarah Reeve, M.S., CCC-SLP | 46D | 4006 |
| Christine Witt, M.S., CCC-SLP | 44A | 2577 |
| <u>Administrative Support Staff</u> | | |
| Office Manager | 01 | 3667 |
| Dave Malay, Electronics Technician | 47 | 4515 |
| Tammy Molski, Executive Program Assistant | 38 | 2328 |

Graduate Offices

| | | |
|------------------|----|------|
| Graduate Offices | 45 | 4221 |
| Graduate Offices | 52 | 4523 |

