



ECU Speech, Language and Hearing Clinic

General Clinical Policies and Procedures Manual
(Audiology and Speech)

Speech-Language Pathology Clinic Manual
(SLP Graduate Students and Supervisors in ECU Clinical
Programs)

East Carolina University
College of Allied Health Sciences
Department of Communication Sciences and
Disorders

Introduction

The purpose of this handbook is to provide the graduate student clinicians and the clinical supervisors for the ECU Speech, Language and Hearing Clinic

1. a general reference for the overall clinical policies and procedures of the ECU Speech-Language and Hearing Clinic and
2. a specific reference for the Speech-Language clinical program of the overall ECU Clinic. Various academic policies and graduate degree requirements as related to clinical coursework, forms utilized in the clinical program, policies and procedures, and sample forms are included. *A Clinical Handbook specific to Audiology and for SLP internship supervisors is also available on the CSDI web page.*

It is expected that any student enrolled in a clinical course in CSDI will be familiar with the contents of the first portion of this handbook. Students and supervisors for SLP services in the ECU Clinic will need to know the information regarding clinical procedures and rules, clock hour requirements/documentation, clinical forms, the ASHA Code of Ethics and the requirements for the Certificate of Clinical Competence in speech-language pathology, and the NC Board of Examiners for SLP and Audiology laws and requirements.

In addition to the requirements for the Master's Degree in Communication Sciences and Disorders, the CSDI graduate program provides the opportunity for students to meet clinical training requirements/competencies for:

ASHA Certification

NC Board of Examiners in SLP and Audiology License

NC Department of Public Instruction Licensure for Speech-Language Pathology

Students are responsible for monitoring the requirements of other states where they might want to apply for licensure upon graduation and for keeping the Director of Clinical Operations and the Coordinator of SLP Internships aware of their specific clinical experience needs, if different from those stated above.

Students and clinical supervisors must also recognize that all policies, guidelines, and forms found in this manual are subject to modification. Both groups will be informed in the event of any changes. If there are questions, the students and supervisors are encouraged to contact the Director of Clinical Operations.

ECU Speech, Language and Hearing Clinic Policies and Procedures Manual

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SECTION I: MISSION OF THE ECU SPEECH, LANGUAGE AND HEARING CLINIC

A. To provide Clinical Instruction-Students will be given opportunities to develop clinical competencies regarding knowledge and skills in speech-language pathology and audiology

B. To provide a Service to Clients-The ECU Speech, Language and Hearing Clinic will provide individuals with communication disorders and/or differences the opportunity to achieve maximum communication competencies through the provision of comprehensive evaluation, treatment, consultation, and referral services.

C. To ensure that students will satisfy ASHA, NC Board of Examiners for SLP and Audiology Licensure requirements, and NCDPI Licensure requirements

SECTION II: PERSONNEL

EAST CAROLINA UNIVERSITY DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS

FACULTY, ALMA MATER, & RESEARCH/SPECIALTY AREA

Gregg D. Givens, Ph.D., CCC-A; *Chair*; Florida State University; Audiology

Monica S. Hough, Ph.D., CCC-SLP; *Director of Graduate Studies*; Kent State University; Adult Neurogenic Communication Disorders/Neurolinguistics

Meta M. Downes, M.S., CCC-SLP; *Coordinator for Undergraduate Studies*; East Carolina University; Phonetics, Foreign Accent Reduction

Rose L. Allen, Ph.D., CCC-SLP/A; *Director of Distance Education Program*; Wichita State University; Adult Amplification/Supervision

Martha (Betty) Smith, Ph.D., CCC-SLP; *Director of Clinical Operations, SLP Clinic Coordinator*; East Carolina University; Infant/Toddler Communication Disorders, Articulation/Phonological Disorders, Early Literacy Skills

Deborah S. Culbertson, Ph.D., CCC-A; *Audiology Clinic Coordinator*; University of Iowa; Audiology Clinical Services, Amplification, Aural Rehabilitation

Julia Morrow, M.S., CCC-SLP, *SLP Clinical Internship Coordinator/SLP Clinical Supervisor*, University of Pittsburgh, Child & Adult Language/Speech Disorders.

Laura Ball, Ph.D., CCC-SLP; University of Nebraska-Lincoln; Motor Speech Disorders, Augmentative Communication

Deborah E. Bengala, M.A., CCC-SLP; Western Michigan University; Child & Adult Aural Rehabilitation, Child Speech & Language Disorders

Kathleen T. Cox, Ph.D., CCC-SLP; Ohio State University; Voice/Voice Disorders, Resonance, Swallowing/Dysphagia, Head & Neck/Laryngeal Rehabilitation

John Heilmann, Ph.D., CCC-SLP; University of Wisconsin, Madison; Child Language & Literacy Disorders

Sherri M. Jones, Ph.D., CCC-A; University of Nebraska-Lincoln; Auditory & Vestibular Physiology, Vestibular Assessment, Research

Timothy Jones, Ph.D.; University of California, Davis; Physiology: Auditory & Vestibular Ontogeny

Joseph Kalinowski, Ph.D.; University of Connecticut; Stuttering/Speech Science/Computer Applications

Michael P. Rastatter, Ph.D., CCC-SLP; Bowling Green State University; Neurolinguistics/ Speech Science

Sharon Rutledge, Au.D., CCC-A; University of Florida; Audiology Clinical Services; Cochlear Implant-Adults, CAPD, Amplification

Andrew Stuart, Ph.D., CCC-A; Dalhousie University; Pediatric Audiology, Electrophysiology, Research

Marianna M. Walker, Ph.D., CCC-SLP; North Carolina State University; Child & Adolescent Language Disorders, Language Learning Disabilities/Literacy

PART TIME CLINICAL SUPERVISOR/S

Beth Heilmann, M.S., CCC-SLP; University of Wisconsin-Madison

Sherri Winslow, M.S., CCC-SLP; University of North Carolina

DEPARTMENTAL AND CLINICAL SUPPORT STAFF

Dena Harrell, Third Floor, CSDI Office Assistant

Cynthia Cox, Third Floor, CSDI Office Assistant, Part Time

Emerette Dominy, Clinical Office Assistant

Wendy Harding, Clinical Office Assistant

Mark Allen, Technical Support

B. Job Descriptions

1. Director of Clinical Operations

- a. With guidance from the Clinical Operations Committee and Clinical Supervisors and the approval of the Chair of CSDI set general clinic policies and procedures
- b. Assure HIPAA trainings and Bloodborne Pathogens trainings are completed by supervisors and students each year
- c. Work with office staff to alert facilities management officials regarding cleanliness and safety issues in the clinic
- d. Monitor and keep records of use of observation room, cameras (recording and observation equipment), and USB devices used in taping clinical activities
- e. Confer with Chair of CSDI and SOM personnel regarding reimbursement issues, insurance credentialing for new clinical employees

2. Coordinators of SLP Clinic and Audiology Clinic

- a. Coordinate clinical supervisors and student clinicians (AUD and SLP) and client assignments to each (SLP)
- b. Manage the acquisition, distribution, maintenance, and security of department materials, tests, equipment, and supplies.
- c. Monitor records of student clock hours for ASHA accreditation
- d. Mediate between clinical supervisors and graduate student clinicians as problems arise
- e. Monitor adherence to HIPAA rules by students and supervisors
- f. Provide clinical orientation sessions at the beginning of the academic year
- g. Monitor use of Tests and Materials Room and activities of the Graduate Assistants (SLP)

3. Clinical Support Staff

- a. Schedule SLP evaluations and audiology appointments
- b. Take referrals for services and disseminate to the clinical coordinator/supervisor as necessary
- c. Maintain order of client charts
- d. Assign therapy rooms for evaluations and therapy sessions
- e. Check Insurance issues for patients
- f. Check-in patients at the Front desk
- g. Answer the Clinical Phone Lines
- h. Disseminate reports as requested by the clinical supervisors
- i. Help with insurance credentialing and liability insurance issues for supervisors-new and renewals
- j. Notify Student Computing Services when computers and printer in Student Computer Lab need servicing
- k. Maintain office supplies and process requests for tests and clinical materials from SLP and AUD coordinators

- l. Keep Director of Clinical Operations and Coordinators of SLP Clinic and Audiology Clinic informed regarding any issues affecting patients, students, and clinic
- m. Other specific requirements as determined by the CSDI Department Chair

4. Clinical Supervisors

- a. Responsible for what occurs in evaluation, therapy, general treatment of the client and major decisions regarding the client
- b. Meet regularly with student clinicians to facilitate the development of evaluation/therapy skills
- c. Provide direct observation of at least 50% of each diagnostic evaluation, including screening and identification, in speech-language pathology and audiology
- d. Provide direct observation of at least 25% of each student's total contact time in clinical treatment with each client
- e. Report any HIPAA violations to the Director of Clinical Operations
- f. Consult with the Coordinator of the SLP Clinic or the Audiology Clinic regarding student clinician performance issues
- g. Provide the Coordinator of SLP Clinic with individual student grades at the end of the semester and the student with a written evaluation of his/her clinical performance for each patient
- h. Ensure that in the case of necessary absences that a person holding the appropriate ASHA CCC and NC Licensure is available for consultation at all times when a student is providing clinical services. Student, appropriate Clinical Coordinator and Department Chair must also be notified of designated supervisor.

SECTION III: GENERAL CLINICAL POLICIES

A. STUDENT RELATED

Regardless of the particular major emphasis area, all clinicians involved with the ECU Speech-Language and Hearing Clinic are required to adhere to the following policies and procedures:

1. CLINICIAN CARD (Appendix A)

- a. Within two weeks of the beginning of each semester, complete a Clinician's Card and return it to the CLINIC OFFICE (SLP/AUD).
- b. Include your phone number or a number where you might be reached (SLP/AUD).
- c. Indicate clinical schedule: giving days, times of day, and room number (SLP).
- d. On back of card, indicate your class schedule according to the format using building and room number (not class number), as well as your work schedule (if applicable) (SLP/AUD).

2. IMMUNIZATION INFORMATION

No immunization records other than what is mandated by the Graduate School/Student Health Service are required by the Department of CSDI. However, off-campus clinical sites may require additional immunizations and proof of such immunizations. Students will need to comply with the immunization requirements of off-campus sites or the student will not be placed at that site for clinical work.

The Department of CSDI does require that a student upon entering the graduate program either sign a waiver form or provide evidence of having had or in the process of taking the Hepatitis B shot series. (See Appendix B)

3. SAFETY AND HEALTH PRECAUTIONS

ALL faculty and CSDI students INVOLVED IN CLINICAL ACTIVITIES must adhere to the following requirements regarding infection control precautions:

- a. Attend a lecture on ECU Infection Control Policies and Procedures and submit written proof of attendance/test form.
- b. Read and understand the materials included in this clinical manual and in the CSDI departmental copy of the ECU Infection Control Manual. See Appendix C for the ECU Speech, Language and Hearing Clinic Infection Control Policy.

The following items outline the responsibilities of faculty, staff, and students when participating in clinical or research activities that necessitate the use of universal precautions for the prevention of disease transmission.

It is the responsibility of the individual (students, faculty, and staff) to:

- 1) Know which infection control practices will apply to daily clinical or research activities/interactions. This includes reading, understanding, and demonstrating Universal Precautions.
- 2) Seek out the Director of Clinical Operations or the appropriate clinical coordinator for clarification of Universal Precautions principles that are ambiguous or unclear to the individual.
- 3) Know where to obtain and how to appropriately use personal protective equipment including gloves, eye shields, and lab coats.
- 4) Know the basic housekeeping practices to be implemented in the Clinic and Labs on a regular basis including clean up of all spills, equipment cleaning and disinfecting, and hand washing.
- 5) Know the precautions for protecting oneself, clinic materials, equipment, and patients/family members from contamination. This includes the use of gloves, covering work areas, washing therapy materials, etc.
- 6) Know the Exposure Follow Up policies including reporting an exposure and required follow-up. See www.ec.edu/cs-dhs/prospectivehealth/infectioncontrolpolicies.cfm (#14 Prospective Health Services and Post Exposure Follow-Up)

Location of Information on Universal Precautions:

- 1) The ECU Infection Control Manual is a large, light blue binder and is kept in 2 locations in the Clinic. Students, staff and faculty are encouraged to locate the manual and read the Infection Control Policy prior to any clinic or research activities that may create a body-fluid exposure situation.
 - a. Office of the Director of Clinical Operations (HSB 1310M)
 - b. Student Computer Workroom (HSB 1310 B)
 - c. Information can also be found on the web: www.ecu.edu/cs-dhs/prospectivehealth/infectioncontrolpolicies.cfm
- 2) Biohazardous Waste Materials trash cans (red) and located in the Tests and Materials Room and in the back hallway of the Audiology clinical area.
- 3) Gloves, face masks are available in Tests and Materials Room, large double door cabinet.
- 4) Germicidal disposable wipes are available in each of the therapy/treatment rooms and additional containers are located in Tests and Materials Room.

General Housekeeping Guidelines

All faculty, staff, and students are required to observe general housekeeping guidelines to ensure a clean and neat clinical environment for clinical procedures and clinical research experiments.

- 1) All clinical areas, laboratories, booths, and observation rooms must be kept free of garbage, trash, or unused clinical/research materials. When leaving an area, it is the individual's responsibility to ensure that their area is neat and clean.
- 2) Tables, and door handles should be wiped clean with disinfectant after each session in a Treatment Room. If a contamination occurs in an atypical area (e.g. a child sneezes near the wall in the room), this area should also be wiped clean with a disinfectant. Germicidal disposable wipes are located in each clinical/research area for this purpose.
- 3) During cleaning or disinfecting, the individual should wear gloves.
- 4) Toys, objects, or other items used in clinic should be washed in soap and warm water on a regular basis and after each contamination with saliva. See www.ecu.edu/cs-dhs/prospectivehealth/customcf/infection_control/policies/03CleaningDisinToys.pdf. Also located in Appendix D of this manual.
- 5) Food and drink substances are not allowed in the clinical areas at any time unless they are used for a specific reason in a clinical session. The supervisor and parent/guardian must approve usage of food and drinks for therapeutic purposes. Beverage cans and other food-item refuse must be disposed of immediately after use.
- 6) Trash cans designated as "Biohazardous Waste Materials" (red bags) are to be used only for contaminated items such as bloody ear probe tips, gauze pads, and gloves. The red bag disposal units are not to be used for general non-contaminated garbage such as non-contaminated gloves, paper, tongue depressors, or beverage cans.
- 7) In the case of a child/adult throwing up, the clinic office should be notified immediately and trained custodial staff will come and clean the area.

Students and faculty should be aware of the requirements. Also see Appendix C for a list of Clinical Activities and the Protective Equipment and/or Procedures Required.

4. MINIMAL TECHNICAL STANDARDS

Critical Thinking. All students must possess the intellectual, ethical, physical, and emotional capabilities required to participate in a clinical setting and to achieve the levels of competence required by the faculty supervisors. The ability to solve problems, a skill that is critical to the practice of Speech-Language Pathology and Audiology, requires the intellectual abilities of measurement, calculation, reasoning,

analysis, and synthesis. Graduate clinicians must be able to integrate academic knowledge into practical skills need for clinical work.

Communication Skills. Graduate Clinicians should also be able to speak, to hear, and to observe clients in order to elicit information. Graduate clinicians must be able to communicate effectively and efficiently in oral and written forms.

Auditory/Visual Ability. Student clinicians must be able to observe a client accurately, both at a distance and close at hand. This ability requires the functional use of audition and vision.

Mobility and Fine Motor Skills. Graduate clinicians should be able to execute movements reasonably required to move from area to area, maneuver in small places, calibrate and use small equipment as appropriate, and provide patients with general care.

Interpersonal Abilities. Graduate clinicians must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities required for the diagnosis and care of clients, and the development of mature, sensitive, and effective relationships with patients, families, and colleagues.

5. EMERGENCIES

Closing of Clinic

The ECU Speech-Language and Hearing Clinic will follow the university academic schedule and will be closed during university breaks (Fall, Spring) for designated holidays, and for certain special events such as the annual CSDI student symposium.

If the University closes due to inclement weather, then the clinic will also close. These closings will be advertised via emails, Announce lists, area TV stations.

If the student clinician is placed at an off-campus clinical site, he/she will follow the site's requirements for breaks, holidays, and inclement weather.

Emergency Response Plan

A Fire Extinguisher is located in the hallway of the SLP clinical area and in the Audiology Clinical area.

Emergency exit routes are also posted throughout the Health Sciences Building. For further information on the ECU Emergency Response Plan (www.ecu.edu/cs-dhs/ah/upload/SAHS_Emergency_Procedures.pdf)

6. CRIMINAL BACKGROUND CHECKS

Criminal background checks are becoming mandatory at medical institutions as a requirement of JCAHO and for some school districts and private practices;

however, ECU and the Department of Communication Sciences and Disorders are not responsible for reviewing background checks, ordering them, or paying for them. If a student cannot finish the clinical portion of the program because of negative item/s in a criminal background check, that student will not graduate. Neither ECU nor the CSDI Program will be held liable for a student's failure to graduate or failure to obtain a state license because of a clinician background. The ECU Speech-Language and Hearing Clinic does not require a Criminal Background Check for students completing a clinical rotation in the on campus clinic at this time.

7. DRESS CODE

Clinicians are expected to follow the dress code for the ECU Speech-Language and Hearing Clinic when providing clinical services. At all other times, casual clothing may be worn (working in the Student Computer Lab, checking materials out of the Tests and Materials Room, appointments with the Director of Clinical Operations, checking student mailboxes). See Appendix E for more detailed dress code information.

8. COMPUTER LAB

The Student Computer Lab located off the Clinic Lobby is for use by ECU students. It is funded by student monies from ECU, but students are asked to be good stewards of the environment and not waste paper and supplies. The prioritized use of these computers is as follows:

1. Clinical reports (audiology and speech), treatment plans, letters to clients/doctors/referrals
2. Searches for information regarding a clinical diagnosis, clinical therapy materials
3. Academic Course handouts/projects.
4. Check emails

Students needing the computers for #1 may respectfully request a student working on #3 and/or #4 to allow them to use the computer to complete the required clinical reports.

All final clinical reports must be completed on ECU Clinic letterhead and must be done using the computers and the printer in the computer lab.

Additional Rules for Computer Lab:

- 1) The door to the lab is to remain closed at all times. This will reduce the noise in the lobby and clinical areas. The last person to leave at night **MUST** close the door so that the computer lab is locked and secure for the evening. Failure to do so will result in the lab being locked at 5 pm each night when the Clinical Office Staff leaves for the day.

- 2) No food is allowed in the Computer Lab. Drinks that are in covered containers will be allowed.
- 3) Cubbies are to be shared among students and are not meant for long term use.
- 4) After using a computer station, please make sure all paper/s and trash are removed and placed in the trash containers located in the room. Shred any papers containing private information and remove all documents that you have printed. Do not leave papers around the printer.
- 5) If computers and/or the printer are not functioning appropriately, the students are responsible for notifying the Clinical Office Staff who will in turn contact IT services. Please do not walk away from a jammed printer or a computer that is not working without letting the office personnel know about the problems.
- 6) Students will need to let the Clinical Office Staff know when paper and printer ink is running low so that new supplies can be requested.

9. EQUIPMENT AND MATERIALS

Equipment used in the evaluation and treatment of hearing and speech-language disorders that is provided in the clinic should be handled with care. Students should ask for assistance if they have not been shown how to work with the various pieces of equipment and computer programs. If a student determines that equipment is not functioning appropriately, he/she should contact the appropriate clinical coordinator who will then instruct them as to what should be done next. Mr. Mark Allen is the technology assistant in CSDI and often is able to come to the clinic and troubleshoot the problems. At other times, IT will need to be contacted. If equipment cannot be repaired, the appropriate clinical coordinator will determine whether it should be sent to the manufacturer for repair or to request replacement.

All materials located in the Tests and Materials Room must be checked out! **No tests may be checked out overnight or taken away from the clinic.** Students may check tests out after clinical hours and use them within the clinical area, but they must be returned to the Tests and Materials Room before the student leaves for the night. Materials may be kept overnight; however the materials should not be kept for more than a week at a time so that others might also have access.

When students have finalized their test battery for an evaluation, they are to give one of the Tests and Materials Room Graduate Assistants a list of test forms needed for their evaluation. The GA will then pull the needed forms and place in the students' mailboxes the following day. **Please do not write names and identifying information on the forms until the patient actually comes and the form is used.** If forms are not used, please return them to the Tests and Materials Room. **Remember that test forms used in an evaluation cannot be removed from the clinical area or clinic chart unless taken to the supervisor's office.**

There is a computer and printer on a rolling cart in the Tests and Materials Room. This computer is for therapy use and for scoring certain tests such as the Woodcock Reading Mastery Tests-Revised. It may be taken to a therapy room for use and

returned when no longer needed. The computer and printer located on the table in the Tests and Materials Room is for use for documentation of clinical clock hours and for maintaining the Inventory list of tests and materials. Please do not use this area for any other activities.

Each treatment room contains some materials put there for use during therapy and/or evaluations. If an item is removed for use in another treatment room, the clinician is responsible for returning the item/s to the original room after the session.

10. PHONE CALLS

1. The phone in the Student Computer Lab within the clinic is to be used for placing phone calls to parents/patients. The phone in the File Room is not for that purpose. When leaving call back numbers, please do not use the clinic number but use either your own number or the office number of your supervisor.
2. No personal calls (incoming or outgoing) are permitted on the Clinic Phones.
3. No cell phone use is allowed in the clinical therapy areas.

11. MAIL

1. When mailing out letters and reports, please give the patient chart to the office with specific instructions attached. Be sure to have a complete and correct address for your patient.
2. Personal mail cannot be received or sent through the clinic.
3. Please check your mailboxes daily. All pertinent messages (including calls) will be placed in your mailbox immediately upon receipt by the clinical office staff.

12. PROFESSIONALISM

At all times clinicians and supervisors must

- a. Maintain client confidentiality
 - 1). To comply with HIPAA regulations, client initials only will be used on treatment plans and client work folders that may be taken out of the clinical areas.
 - 2). Official clinical charts may not be removed from the clinical area other than to be taken to the clinical supervisor's office for appointments and review.
 - 3). **Discussion of clients should not take place in the lobby, in the hallways, or in the presence of any nonprofessionals in the clinical areas, lobby, or observation room.**
- b. Exhibit punctuality for all appointments, meetings, and paperwork
- c. Maintain neat and orderly therapy and evaluation areas as well as the Student Computer Lab
- d. Follow the Clinic Dress Code

13. PROCEDURES FOR ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

East Carolina University seeks to fully comply with the Americans with Disabilities Act (ADA). Students requesting accommodations based on a covered disability must go to the Department for Disability Support Services located in A-114 Brewster, to verify the disability before any accommodations can occur. The telephone number is 252-328-6799 and the web site is: <http://www.ecu.edu/studentlife/dss/>.

14. POLICY ON DISMISSAL FOR IMPROPER CONDUCT

The faculty of the Department of Communication Sciences and Disorders has an academic, legal, and ethical responsibility to protect members of the public and of the health care community from unsafe or unprofessional clinical practices. It is within this context that students engaged in clinical training can be disciplined or dismissed from the Department of Communication Sciences and Disorders for practices that threaten, or have the potential to threaten, the safety or well being of a patient, a family member or substitute familial person, another student, a faculty member/supervisor, or other health care provider.

I. Student Awareness

Within the courses, counseling/advising, student handbook, and other instructional forums of the Department of Communication Sciences and Disorders, students will be provided with the documents and statements referred to below. All students are required to be familiar with the principles and policies hereby established or adopted by reference and are further expected to perform in accordance with these requirements.

II. Definition: Improper Conduct is defined as:

- (1) an act or behavior of the type which is prohibited by the North Carolina Licensure Act for Speech and Language Pathologists and Audiologists, Article 22 of the North Carolina General Statutes (NCGS 90-292-90-307 and the NC Administrative Code, Chapter 64);
- (2) an act or behavior which violates the Code of Ethics of the American Speech-Language-Hearing Association (Appendix N);
- (3) an act or behavior which threatens or has the potential to threaten the physical, emotional, mental or environmental safety of the patient, a family member or substitute familial person, another student, a faculty member/supervisor, or other health care provider;
- (4) an act or behavior which violates specific rules, policies, and procedures of the setting in which clinical training is taking place;
- (5) an act or behavior which constitutes practice which a student is not trained or authorized to perform at the time of the incident
- (6) an act or behavior that violates the ECU Student Conduct Code and the College of Allied Health Sciences Code of Conduct (Appendix O).

- (7) violations of ECU HIPAA policies.

III. Investigation and Evaluation of Improper Conduct

- (1) When an incident occurs which a faculty member/supervisor believes may constitute improper conduct, he/she shall immediately so notify the student and instruct the student to leave the clinical setting. The faculty member/supervisor will then notify the Director of Clinical Operations who will then notify the Chair of the Department.
- 2) The faculty member will follow the procedures as outlined in Section IV of the Academic Integrity Code of East Carolina University and the College of Allied Health Sciences Code of Conduct (www.ecu.edu/cs-dhs/ah/studentresources.cfm) , and the ECU HIPAA policies (www.ecu.edu/hipaa).

SECTION III: GENERAL CLINICAL POLICIES (CONT.)

B. Client Related

1) Confidentiality-HIPAA Training Requirements

All clinical supervisors and students participating in the ECU Speech, Language and Hearing Clinic must complete the ECU HIPAA Training module on line and print out, sign, and give the final page to the Director of Clinical Operations. This must be done at the beginning of the first year for incoming students and then renewed in April each year afterwards while the student is enrolled in clinical work.

All incoming students participating in the ECU Clinic must also sign the Confidentiality Statement (Appendix F) and submit to the Director of Clinical Operations.

Notification of HIPAA Violation/s: A student may receive a Notice of Professional Misconduct and/or HIPAA Violation (Appendix G). If this occurs, the student must meet with the clinical supervisor issuing the notification and with the appropriate Clinical Coordinator. During that meeting the behaviors will be discussed and a plan of remediation and/or repercussions for the behavior will be determined. Options could include one or more of the following: letter of reprimand, completing the HIPAA training a second time, lowering of overall semester clinical grade, withdrawal from a clinical assignment, and/or charges related to the CAHS Student Code of Conduct.

2) Observation Protocols

The ECU Speech, Language and Hearing Clinic is a teaching facility and has an area for faculty, students, and parents/families to watch as a person receives treatment or is evaluated. These observations of therapy and evaluation sessions are permitted only if certain rules are followed. See Appendix H for the General Guidelines as well as for specific rules for students, parents, and other visitors.

3) Charts-Client Record/Access

The yellow client charts are considered to be Confidential and must be signed in and out of the secure file room located behind the main clinic office. These charts may not be removed from the clinical area (therapy rooms, Computer Lab, Tests and Materials Room) unless they are being taken to the third floor office of a clinical supervisor. No materials can be removed from the charts and no materials can be copied. A contact sheet (Appendix Q) at the beginning of each chart is there for noting any contact (face to face, phone,

email, etc.) that has been made with that patient or patient's family member. Other forms located in the Clinical Chart include:

- a. Accounting Disclosure Form-completed by the office staff when information is sent out
- b. Patient Disposition Form (SLP)-completed by the clinician and supervisor following an evaluation or when therapy sessions are discontinued.
- c. Individual Request for PHI-completed by the patient or parent when they want reports sent to themselves.
- d. Authorization for Use/Disclosure of PHI-completed by the patient or parent when they request that information be sent to someone other than themselves.
- e. Research Participant Pool-completed by patient or parent if they would be interested in being in a research participant pool for future research projects. (All of these forms are located in Appendix Q.)

Charts will be organized in sections. The Clinical Office Staff will begin the process, but graduate student clinicians are asked to continue the organization as they complete their evaluations and add test forms and data sheets to the charts. A two hole punch is located in the Student Computer Lab.

The order is as follows:

Panel 1: Contact sheet and request for services form

Panel 2: Releases and Insurance Information

Panel 3: Speech Reports (latest should be on top)

Panel 4: Audiology Reports and Data Sheets/Audiograms

Panel 5: Reports from outside agencies

Panel 6: Case history, school questionnaire, interview notes, and test forms/protocols

Please remove all notes and revised copies of reports from the supervisor or that you made for your own information from the chart before returning it to the office.

Each clinical area (SLP and AUD) has its own rules for disposing of the charts following the evaluation and report writing. Please see appropriate clinical area manual for further information.

4) Attendance Policy for Patients

SLP CLINIC: If a patient does not show for an appointment for an evaluation, the graduate student and supervisor will set a second appointment time, check with the clinic office to be assigned a room, and then call to reschedule the missed appointment. If the patient/parent cannot be reached by phone, a letter regarding the rescheduled appointment should be sent immediately. One week should be given for the patient/parent to reply to the letter. If the patient/parent does not reply or is rescheduled and does not show a second

time, a letter is to be sent to the patient/parent, notifying them that they have been taken off the current evaluation list and placed in our inactive files. The patient/parent should be told in the letter that if they would like to reschedule for the following semester, they can call the clinic office and make the request. If a physician referred the patient, a letter is to be sent to the physician notifying the him/her that the patient has missed 2 appointments and that he/she has been placed in our inactive files.

If a patient calls the clinic office and cancels an evaluation appointment, a re-appointment can be scheduled at that time with the same graduate clinician/supervisor (SLP) or through the office (AUD) if appointments are available. See Appendix J for the ECU Speech-Language and Hearing Clinic attendance policy (SLP) and a letter sent to patients at the beginning of the semester regarding this.

5) Disruptive Behavior in Patients

If a patient consistently presents with behaviors that endanger himself/herself and/or the graduate clinician and clinical supervisor, the clinical supervisor will meet with the parent/caregiver and discuss measures to alleviate those behaviors. If the supervisor determines that the behaviors are negating any benefit from therapy at the clinic, then he/she may request that the parent/caregiver remove the client from the clinical program until the behaviors have been eliminated. (See Appendix J.)

SECTION IV: CLINICAL POLICIES AND PROCEDURES FOR SLP

A. GRADUATE CLINICAL EXPERIENCE

Candidates for the Master of Science degree will enter the program with a variety of undergraduate experiences. Since the program places a high emphasis on clinical competencies, all candidates should refer to the clinical competencies listed under Clinical Philosophy to become familiar with program expectations.

For students who have no undergraduate degree in speech and language pathology or audiology, individual consultation with the Director of Graduate Studies to outline the appropriate program to assist in developing the undergraduate competencies prior to formal graduate clinical undertakings will be completed. This is achieved by having the student take specific undergraduate courses. The candidate will also be required to complete 25 hours of observation prior to being allowed to acquire clinical clock hours.

For the graduate candidate with an undergraduate degree in speech-language and auditory pathology as well as for the candidate who has met undergraduate requirements, the clinical experience is integrated into the entire graduate academic program.

B. CLINICAL PHILOSOPHY

It is the philosophy of the ECU Department of Communication Sciences and Disorders that clinical competencies are best developed in a gradual and systematic manner that parallels the classroom components of the department, thus allowing for reciprocal enhancement of both components of the program.

The integration of clinical and academic experiences is reflected in both the undergraduate and graduate curricula. The following is a sequential outline for the graduate clinical experience component for the traditional on-campus student. *Students in the Distance Education Program should consult the DE Director and the Coordinator for Internship Placements for information regarding their clinical sequence and grading issues.*

1. Observation, to be completed prior to beginning of the first Fall Semester of Graduate Study. (25 hours)
2. Graduate Practicum in Clinical Diagnostic and Treatment Procedures (CSDI 6226, 6227)
3. Internship Practica (CSDI 6992-Part time Summer or Fall Semester; CSDI 6993-Full time Spring Semester)

In order to advance from one level of clinical work to the next (i.e., from CSDI 6226 to CSDI 6227 and from CSDI 6227 to CSDI 6992 and from CSDI 6992 to CSDI 6993), the student must meet the clinical competencies expected for that level of clinical work and be approved by the Director of Clinical Operations and a consensus of the ECU Speech-

Language Clinic clinical supervisors. Students receiving an overall grade of C in a clinical course for the on-campus clinic will be required to repeat the course in the following semester. This may mean delaying the off-campus internship experience and a delay in graduation. Clinical clock hour credit will be allowed for the hours completed during the semester. The student will be assigned at least one supervisor who has not supervised the student previously and a plan of remediation will be developed for the student by all clinical supervisors assigned to the student for that semester.

If a student receives a “C” in his/her part time internship experience, he/she will have to return to the ECU Clinic for an additional semester, thus delaying graduation by a semester. Dismissal from a clinical internship (either part or full-time) will result in the student’s returning to the ECU Speech-Language and Hearing Clinic for the remainder of that semester. A Grade of “Incomplete” will be given at the end of the semester and the student will be required to continue the course as an on-campus clinical experience in the ECU Clinic for the following semester. Part and full-time internships will be assigned based on the performance during these additional semesters; however the student will understand that he/she will be graduating at least a semester later than expected.

The Graduate Studies Committee, student’s academic advisor, Coordinator of Clinical Internships, Director of Clinical Operations, and various ECU Clinic clinical supervisors will develop remediation procedures on an individual basis.

C. CLINICAL COMPETENCIES

The following clinical competencies are expected to be developed by each student during clinical experience courses and are stated again in the Clinical Skills Evaluation Form (See Appendix I).

- Ability to determine appropriate evaluative procedures, demonstrating knowledge of purpose, administration, and interpretation of the results of selected procedures.
- Ability to demonstrate appropriate use of non-standardized evaluative procedures
- Ability to observe, analyze and interpret the effects of possible contributing factors as they relate to appraisal of a given disorder
- Ability to develop appropriate short and long-term treatment goals and evaluation plans for assigned patients, as well as developing sequential weekly treatment plans consistent with short and long- term goals
- Ability to demonstrate knowledge of rationale and appropriate implementation of a variety of standard treatment approaches
- Ability to evaluate the effectiveness of selected treatment approaches and modify when appropriate
- Ability to understand and implement appropriate behavioral management procedures, including use of verbal feedback and tangible reinforcement procedures as well as appropriate data collection for each treatment session

- Ability to provide appropriate parent/spouse/patient counseling as related to specific communicative needs
- Ability to be responsive to suggestions made by the supervisor
- Ability to maintain good working relationships with peers, patients, and clinical educators within the clinical setting
- Ability to write appropriate professional reports and maintain appropriate rapport with outside referral agencies and related professionals.
- Ability to effectively manage all administrative responsibilities described in this handbook.

D. ROLE OF CLINICAL SUPERVISOR

The clinical supervisor has the ultimate responsibility for the patient and is therefore concerned that the best possible services be provided. The clinical supervisor has the right to request that a student clinician be removed from a case when there is evidence of continued lack of following requirements set by that clinical supervisor for a particular patient. The student clinician will receive a grade of F for that patient which will then be factored into the final overall clinical grade at the end of the semester.

In order to provide appropriate supervision of student clinicians, the clinical supervisors:

1. Will observe students according to the level of clinical ability of each student as he/she conducts treatment sessions. At least 25% of the total treatment sessions for each patient will be directly supervised (on-site observation) throughout each semester.
2. Will observe at least 50% of each evaluation session, including screenings.
3. Will provide written **and/or** oral feedback regarding adequacy of evaluation and treatment plans and of performance in treatment and diagnostic sessions, according to the level or needs of the student clinician.
4. Will demonstrate treatment techniques as needed by working directly with patients and will suggest alternative procedures as appropriate.
5. Will review and discuss written goals and objectives, final progress reports and evaluation reports, all written communication with patient/parent, and must give final approval of all documentation.
6. Will participate in parent/spouse counseling sessions as necessary.
7. Will be available as needed for one-on-one student conferences.
8. Will ensure that for necessary absences, an appropriate supervisor will be available to the student for clinic needs.
9. Will provide continual support while encouraging student clinicians to develop appropriate problem solving skills and to be able to plan assessment and intervention sessions independently.
10. Will complete Clinical Skills Evaluation Form for evaluations and treatment and provide to the student at the end of each semester.

E. PROFESSIONAL RESPONSIBILITIES OF THE STUDENT

In the ECU Speech-Language and Hearing Clinic, students are treated as professional members of the staff and are expected to act accordingly. Professional behaviors include, but are not limited to, the following:

1. Signing and submitting to the Director of Clinical Operations the following forms: Student Confidentiality Statement, Hepatitis B Statement, verification of HIPAA training yearly (www.ecu.edu/hiss/HIPAA/hipaa.htm), attendance at Blood Borne Pathogens training each fall
2. Maintaining a professional attitude whenever dealing with colleagues and/or patients
3. Ensuring the safety and welfare of the patients by adhering to the ASHA Code of Ethics, the NC Licensure Act for Speech Language Pathologists and Audiologists, the ECU HIPAA policies, and the Clinical Infection Control Policies
4. Maintaining confidentiality regarding all clinical matters by doing the following:
 - Counseling in the privacy of the treatment room. Evaluation of the patient's behavior or discussions of progress are not to be conducted in the clinic lobby.
 - Not removing patients' charts from the clinic. It is a violation of HIPAA to remove any chart from the department (defined as clinic areas and supervisors' offices) because of the confidentiality of reports. Patient charts are to be locked in an approved area at the end of each day (prior to 5 pm: clinic file room; after 5 pm: either student mailbox or faculty supervisor's mailbox/office). **Any clinician found to have taken a chart out of the approved areas will be removed from clinic with a grade of "F."** Charts must be signed out in the clinical file room. Please sign patient's name and not initials on the sign out card.
 - Working on clinical reports using Pirate Drive to save the work. No private information is allowed on the reports until the final report is ready to be printed. Once the report is completed, approved and mailed out, the information must be deleted from the Pirate Drive.
 - Not discussing patients by name in any setting, academic or social.
5. Wearing appropriate attire, which at all times reflects common sense and is appropriate to the clinical/professional situation. Clinical supervisors will maintain the prerogative to judge the appropriateness of dress. Students dressed inappropriately and involved in professional activities will be asked to cancel any scheduled appointments or to leave, change apparel, and return in time for appointments. Observation in the Speech-Language and Hearing Clinic by students requires professional dress, as the observer must be in close proximity with patients. See Dress Code in Appendix E for further information.
6. Scheduling clinical activities at times other than during academic class times.
7. Adhering to the policy that therapy sessions have precedence over evaluation sessions and should not be cancelled in order to complete evaluations.

8. Following the policy that therapy and evaluations have priority over screenings. However, when a student is scheduled for a screening date, the student is obligated to fulfill the assignment. If a new clinical assignment is made that will conflict with a previously assigned screening, the student is responsible for notifying the screening supervisor ASAP and NO LATER than one week in advance of the screening. Failure to comply will result in a reduction of your final clinical grade by .5 per incident. The screening supervisor will be responsible for reporting absences from assigned screenings to the Director of Clinical Operations.
9. Arriving on time for clinical sessions and being prepared.
10. Seeking ways to expand clinical knowledge and skills.
11. Ensuring that appropriate HIPAA documents and releases have been signed by the patient/parent (Appendix W-Audio-visual Consent, Waiver, and Release Form and Appendix Q-Clinical Chart Forms)

F. SUPERVISED CLINICAL CLOCK HOUR VERIFICATION

1. It is the clinician's responsibility to keep an accurate account of actual patient contact hours on the "pink sheet". (Appendix P)
2. All designated areas of this form are to be completed, with clock hour data reported in terms of hours and minutes of treatment or diagnostic time for each patient. Also, faculty supervision time should be entered in terms of hours and minutes of supervision for each patient.
3. Each week the student clinician is required to enter his/her accumulated clock hours for that week into the Clock Hour Program on the computer located in the Tests and Materials Room.
4. Students must file the original Clock Hour Forms (pink sheets) at the end of each week of scheduled treatment (SLP) in the file cabinet next to the computer in the clinical folders labeled with their names.
5. Students off campus are to bring or send their original pink sheets to the Director of Clinical Operations at the end of the semester. Each student is urged to make copies of the originals before submitting them.

G. ASSIGNMENTS/SCHEDULING (Speech-Language Clinic Patients Only)

1. Treatment
 - a. Patient assignment lists will be distributed at the beginning of each semester, and updated throughout the semester. **Confer with your assigned clinical supervisor/s before contacting patients. Destroy any assignment notifications by shredding after you have received the information.**
 - b. Some patients will already have a scheduled time. Check with your supervisor to make sure this is still acceptable in their schedule.
 - c. Once an appointment time has been confirmed by you and the clinical supervisor:
 - (1) Call, if the patient has a phone.

(2) Write (if there is no phone, or you are unable to make contact by phone), using the form letter provided in the handbook (Appendix K). Request that the patient contact you to determine an appointment time within a week of receiving letter. **DO NOT GIVE THE CLINIC TELEPHONE NUMBER.** Include your personal telephone number or the office number of your clinical supervisor. Turn the letter into the office with the clinical chart so that a copy can be made and the letter sent to the patient/parent.

d. If patient is not already scheduled, check with your supervisor, set a time, call the patient. If you are able to reach the patient, confirm a time, complete the Change in Schedule form (Appendix X) for the office and give to the office for putting on the Master List and for assigning a room for therapy.

e. If the patient does not make contact by the stated date in the letter or does not return phone calls, complete the Disposition Form, have supervisor sign, and submit to the Director of Clinical Operations/Coordinator for SLP Clinic.

f. If there are any problems coordinating schedules, please see the Director of Clinical Operations/ Coordinator for SLP Clinic.

g. If, for professional reasons, you cannot serve the patient/s assigned to you, please discuss this with the Director of Clinical Operations/ Coordinator for SLP Clinic and your clinical supervisor.

h. Do not change clients with another clinician. The Director of Clinical Operations/ Coordinator for SLP Clinic is responsible for making all SLP evaluation and therapy assignments and the clinical supervisors should make any requests for changes in them-not a student.

2. Evaluations

a. No evaluations are to be performed without a supervisor on site. Check with your supervisor regarding her/his preference of when you should go to the lobby and meet the patient.

b. Evaluations are being scheduled through the Clinic Office and supervisors and clinicians will be notified through emails of the dates and times of the evaluation sessions.

c. Any conflicts should be reported to the Director of Clinical Operations/Coordinator for SLP Clinic.

d. Students are to request a meeting with the assigned supervisor within 24 hours of assignment notification in order to set up an appointment for discussing the patient and planning the evaluation.

e. Students may contact the patient/parent to remind them of the evaluation, to introduce themselves prior to the day of the evaluation, and/or to learn additional information about the patient's/parent's concerns. Discuss this with your supervisors.

f. A detailed outline of the tentative format of the evaluation (including standardized and non-standardized tests) is to be submitted to the supervisor 5 days prior to the appointment date (check with individual supervisors regarding individual requirements).

- f. During the evaluation have the patient, parent or guardian complete the release of information form/s and required HIPAA documents. (Appendix Q) and the Audio-Visual Consent, Waiver, and Release Form (Appendix V)**
- g. Immediately following all evaluations with the exception of the SRF evaluations, complete a Patient Disposition Form, have supervisor sign, and turn it into the Director of Clinical Operations/ Coordinator for SLP Clinic. Note: Do not wait until the evaluation report is completed to turn in this disposition form.
- h. A rough draft of the evaluation report is to be submitted to the supervisor within 2 days following the evaluation using the format as outlined in Appendix S. See clinical supervisors for additional requirements regarding individual specific requirements for evaluation reports.
- (1) Attach draft to patient's chart.
 - (2) Include all tests, case history, release forms, etc. in chart. Make sure all forms have the patient's name and date recorded and have been two hole punched.
 - (3) The draft will be returned within 3 working days by the supervisor. **Reports are to be completed and submitted to the Clinic Office for mailing out within 2 weeks following the evaluation date.**
 - (4) Students should meet with the clinical supervisor to determine the ICD-9 diagnostic code for each patient and then submit that in the report. If therapy is recommended, goals and objectives should be included in the Recommendations Section of the evaluation report. This is needed for filing insurance prior approvals for therapy.
- i. **After the report has been completed and typed in final form, with signatures of clinician and clinical supervisor, the clinical supervisor will place the typed report-NOT STAPLED (paper-clipped to the patient's chart) in the clinic office for final routing and filing instructions. A cover letter must also be completed for all persons who are to be sent a copy of the report. Envelopes are not to be created by the student or supervisor but will be the responsibility of the office staff.**
- j. The clinician and clinical supervisor are responsible for making appropriate referrals to other professional agencies when so indicated in the Recommendations section of the report and on the Patient Disposition Form.

H. CANCELLED APPOINTMENTS

In order to maintain consistency of treatment as well as to provide you with the necessary clinical clock hours, an attempt should be made to make up all treatment sessions cancelled by the patient. ALL treatment sessions cancelled by the clinician must be made up if patient is able to come.

When parents/patients request services at the ECU Clinic, they will be sent a letter explaining the cancellation/no show policy of the ECU Speech, Language and Hearing Clinic. (See Appendix J.)

1. By Clinician

a. If a situation arises that does not allow you to see the patient for the scheduled appointment, it is your responsibility to cancel the appointment with the clinical supervisor's approval.

b. In an emergency, contact one of the Clinic Secretaries. The secretary will handle **only** emergency cancellations.

2. By Patient (The patient must assume the responsibility of contacting us if an appointment cannot be kept!)

a. For evaluations:

(1) If an appointment is not kept, call the patient or send the form letter with a request that the patient call for a new appointment time. Indicate by phone or a personal note on the form letter that: "If you wish to be seen at the ECU Clinic, you will need to contact me or the faculty supervisor by _____ or it will be necessary to drop your name from our active files." Remember all written correspondence must be on clinic letterhead and signed by your supervisor.

(2) If the second appointment is not kept, notify the clinic office (using Patient Disposition form) relative to the recommendation of whether or not to drop the patient from active status. The Director of Clinical Operations and clinical supervisor may need to confer to determine the final disposition. A letter will also be sent to the patient/parent notifying them of their status. Again the supervisor must sign the letter and it must be on official letterhead.

b. For treatment:

(1) If the patient does not attend any given treatment session without notice, contact the patient or primary caregiver by phone and determine the reason. Stress that two consecutively missed appointments without notification to the clinic may result in being dropped from treatment! If the patient has no phone, send a personal note indicating above policy or discuss the matter during patient's next scheduled appointment.

(2) If a patient has been canceling more often than necessary (even if calls have been received), discuss the matter with your clinical supervisor in order to determine what action should be taken.

(3) See Appendix K for examples of letters to send.

I. DISCHARGING A PATIENT

If, after a discussion with your clinical supervisor, a decision to drop a patient is made, submit a patient disposition form to Director of Clinical Operations. When the client is discharged, it is your responsibility to:

1. Advise the patient/parents that they have been discontinued from therapy (by letter, with signature of your supervisor).
2. For patients seen for 4 or more treatment sessions, write a termination report draft and submit to clinical supervisor. Upon approval, complete a Termination Report and submit this to the clinical supervisor, along with the file, for his/her signature. The clinical supervisor will then submit the file to the clinic secretary for mailing.
3. For patients seen for less than 4 sessions, type a note indicating reason for discharging him/her and submit with file to clinical supervisor for signature. The clinical supervisor will then submit the completed file to the clinic secretary for mailing.

J. BEHAVIORAL OBJECTIVES AND TREATMENT PROCEDURES

1. Your behavioral objectives and treatment procedures should be submitted to the clinical supervisor assigned to that particular patient. Drafts will be returned within three working days.
2. Once accepted, the information will be transferred to the progress report at the end of semester.
3. Treatment Methods are completed separately and filed in the patient's chart if requested by the clinical supervisor.
4. All treatment plans are due to the clinical supervisors each Friday by 12:00 noon, unless your individual clinical supervisor tells you otherwise.
5. Treatment plans should be written as you are instructed by your clinical supervisor/s.

K. PROGRESS REPORTS

1. Utilizing the appropriate Progress Report sample format, submit a draft (up to and including methods) immediately following the 4th session of treatment (or sooner, if deemed appropriate by your clinical supervisor).
2. Rough drafts of the progress reports are due in accordance with your clinical supervisor's instructions.
3. The draft will be returned to the clinician as soon thereafter as possible with editorial recommendations or a recommendation to meet with the clinical supervisor to discuss the report. It is the clinician's responsibility to schedule a meeting with the supervisor.
4. The typed final copy is to be returned for the assigned faculty's signature in accordance with the date on the semester schedule.

5. All progress reports are to be consistent with the format example in Appendix T.
6. Completed and signed progress reports are to be submitted by the clinical supervisor to the clinic office before a grade is assigned to the student for the semester.

L. **ROOM SCHEDULE**

1. Assignment of treatment rooms is on a first come, first served basis.
2. At the beginning of the semester, returning patients will be assigned a therapy room.
3. For new patients: **Upon firm commitment from a patient for a given session, give information regarding choices of days and times to the clinic office staff and they will assign a room.**
4. **For changes throughout the semester, complete the scheduling form and give to the clinic office staff.**

M. **FORMS**

1. All clinical materials (letterhead, envelopes, data sheets, extra patient disposition forms, clock hour sheets, etc.) are located in student workroom or in the filing cabinets located right outside of that room. You should check these locations for materials you need before asking in the office.
2. The following forms are in the Tests and Materials Room File Cabinets:
Apprentice Evaluation, Appointment Letter, Articulation Data Sheet, Audiogram, Data Sheet templates, Grad Assistant Work Hour Sheet, Observation Hours Report, Request for Photocopying/Laminating, Treatment Plan templates.
3. *Test forms are issued by the Test & Materials Room Graduate Assistants to the Graduate Students as needed for use in an evaluation. These forms are expensive and should not be written on when using one for practicing test administration.*
4. See Appendix U for forms that will be completed at the end of each semester for the Evaluation of Clinical Supervision: Therapy and Evaluation. Clinicians will complete one of these forms for each supervisor they have had that semester.

N. **OBSERVATION OF TREATMENT SESSIONS**

1. NO unauthorized persons are permitted in the clinic area.
2. CSDI students, parents and spouses are permitted to observe treatment only if permission by the clinician and clinical supervisor has been obtained. (Appendix H) The observations must have a purpose as established by the clinician, e.g., initiation of a home program, demonstration of techniques, or accrual of observation hours.

3. Training on the use of the equipment in the Observation Room will be provided and all clinical supervisors will be responsible for informing parents and observers on the correct use prior to the observation session.

O. CLINICAL SYLLABI FOR SPEECH-LANGUAGE PATHOLOGY CLINICAL COURSEWORK

The speech-language graduate clinical experience is designed to be sequential and to allow for the development and enhancement of diagnostic and treatment techniques.

No student will be allowed to continue to the next level of clinical coursework if he/she has an “Incomplete” on the clinical course taken during the previous semester.

The achievement of the required clinical clock hours as set forth by the American Speech-Language-Hearing Association is a requirement for the clinical M.S. degree (see Appendix M Requirements for the Certificate of Clinical Competence). The Department of CSDI has additional requirements for the accumulation of specific types of clock hours. All clinical activities are under the direct supervision of faculty or off-site clinical supervisors who hold the Certificate of Clinical Competence and State Licensure in Speech-Language Pathology.

The clinical courses are:

CSDI 6226: Clinical Practicum in Speech and Language Pathologies

This course is designed for first semester graduate clinicians. It includes an orientation to clinical procedures and basic diagnostic and treatment strategies. This clinical practicum course is designed to provide an opportunity to utilize theoretical knowledge with practical application for evaluating and providing services to various persons with communication impairments in the ECU Speech, Language and Hearing Clinic under the direct supervision of CSDI faculty. Experience with basic to advanced diagnostic and treatment strategies (depending on the level of the student) will be provided as well as opportunities for the development of clinical competencies in the areas of treatment, assessment, management, and clinical research. Specific objectives include the development of (1) clinical competencies in the assessment and treatment of communication disorders, (2) proficiency in report writing related to assessment and treatment of communication disorders, (3) comprehensive administrative skills, (4) competencies in counseling, and (5) skills in interdisciplinary approaches to habilitation and rehabilitation.

1-Prerequisites

- a. Have completed undergraduate prerequisite CSDI courses and be currently enrolled in CSDI 6100 and 6108.
- b. Have completed 25 hours of observation and have received signed authorization prior to accrual of clinical clock hours.

2-Requirements

- a. Complete all practicum assignments and submit all documentation as required by clinical supervisors and the Director of Clinical Operations.
- b. Final grade will be determined by the assigned clinical supervisor/s and Director

of Clinical Operations (the final grade based upon clinical supervisors' observations of treatment and evaluations and management of clinical responsibilities). See Grading Information in Appendix L.

3. Responsibilities

- a. Patient management throughout the semester
 1. Schedule assigned patients under the guidance of the clinical supervisor.
 2. Complete a detailed patient review for purposes of developing an in-depth treatment rationale and critically analyzing all available information.
 3. Based upon the rationale, plan and write an individualized comprehensive treatment sequence and objectives.
 4. Submit a weekly treatment plan for each patient.
 5. Submit a semester progress report for each patient, including pre- and post data to specifically quantify results of treatment.
- a. Completion of diagnostic evaluation (if assigned)
 1. Develop a diagnostic plan with the assistance of the clinical supervisor.
 2. Complete all evaluative procedures.
 3. Interpret test and evaluation data with the assistance of the clinical supervisor.
 4. Submit a comprehensive diagnostic report written in conjunction with the clinical supervisor.
- c. Adhere to all policies and regulations of the ECU Speech-Language and Hearing Clinic as stated in this manual.
- d. Attend clinical conferences on days and times scheduled each semester.

CSDI 6227: Clinical Practicum in Speech and Language Pathologies (repeatable for 3 credit hours each))

This clinical practicum course is designed to provide expansion of clinical competencies in areas of treatment, assessment, management, and clinical research. Specific objectives include the development of (1) advanced clinical competencies in the assessment and treatment of communication disorders, (2) proficiency in report writing related to assessment and treatment of communication disorders, (3) comprehensive administrative skills, (4) competencies in counseling, and (5) skills in interdisciplinary approaches to habilitation and rehabilitation.

1-Prerequisites

- a. CSDI 6226 and academic coursework for first semester of graduate program.

2-Requirements

- a. Complete all practicum assignments and submit all documentation as required by clinical supervisor/s and the Director of Clinical Operations.
- b. Final grade will be determined by the assigned clinical supervisor/s and Director of Clinical Operations (the final grade based upon clinical supervisors' observations of treatment and evaluations and management of clinical responsibilities).

3. Responsibilities

- a. Patient management throughout the semester
 1. Schedule assigned patients under the guidance of the clinical supervisor/s.

2. Complete a detailed patient review for purposes of developing an in-depth treatment rationale and critically analyzing all available information.
 3. Based upon the rationale, plan and write an individualized comprehensive treatment sequence and objectives.
 4. Submit a weekly treatment plan for each patient.
 5. Submit a semester progress report for each patient, including pre- and post data to specifically quantify results of treatment.
- b. Completion of diagnostic evaluation
 1. Develop a diagnostic plan to be approved by the clinical supervisor.
 2. Complete all evaluative procedures.
 3. Interpret test and examination data.
 4. Provide appropriate recommendations.
 5. Submit a comprehensive diagnostic report.
 - c. Adhere to all policies and regulations of the ECU Speech-Language and Hearing Clinic (See Handbook).
 - d. Attend clinical conferences on days and times scheduled each semester.