Table of Contents

Chapter One
Overview of Facilities and Services.................................................................3

Chapter Two
Safety and Infection Control........................................................................10

Chapter Three  HIPAA, FERPA, and Privacy Information &
Policies...........................................................................................................22

Chapter Four
Professional Conduct and Dress Code..........................................................29

Chapter Five
Clinical Processes............................................................................................36

Chapter Six
Evaluation of Student Clinicians and Clinical Faculty...............................48

Chapter Seven
Adjusting to Clinic Life....................................................................................57
Chapter One

Overview of Services and Facilities
Services: East Carolina University Speech-Language and Hearing Clinic

The East Carolina University Speech-Language and Hearing Clinic offers diagnostic and therapy services to individuals of all ages. These individuals may be self-referred or referred by family, friends, medical practitioners or other professionals. The primary goal of our services is to identify, describe, and lessen the impact of speech, language, voice, and hearing problems. In addition to therapy, patients may be in need of assistive devices such as hearing aids, cochlear implants, assistive listening devices and/or augmentative communication devices, all of which may be offered through this Clinic.

The Clinic also offers other special programs (both on and off-campus) including: 1) speech and hearing screenings and 2) group programs for those with aphasia, hearing loss, fluency disorders, cochlear implants, articulation and language disorders, and pragmatic language disorders. The ECU Speech-Language Hearing Clinic is a RiteCare© clinic and receives support from the Scottish Rite Foundation of North Carolina for low cost evaluation services as part of the Language Learning Disabilities and Dyslexia Program.

Mission Statement

The mission of the East Carolina University Speech-Language and Hearing Clinic is to provide competent and comprehensive services to individuals of all ages experiencing communication disorders. The Speech-Language and Hearing Clinic specifically strives to provide a wide variety of services within all realms of communication including:

- Articulation
- Language
- Reading
- Written Expression
- Voice and Resonance
- Fluency
- Accent Modification
- Rehabilitation of the Hearing Impaired
- Swallowing Disorders
- Cognitive Language Disorders
- Adult and Pediatric Hearing Evaluations
- Adult Cochlear Implant Evaluations and Mapping
- Adult Tinnitus
- Aural Rehabilitation
- Electrophysiology Evaluations
- Auditory Processing Evaluations
- Adult Amplification
- Vestibular Evaluations

We strive to provide state of the art procedures including the latest in assessment and treatment techniques. Our philosophy includes ensuring that our patients/clients are educated thoroughly about their treatments, evaluations, and the latest information related to their concerns.
ECU SLH Clinic Facilities Description

The ECU SLHC is a teaching clinic in which graduate student clinicians are instructed by ASHA Certified, North Carolina licensed speech-language pathology and audiology faculty members. The clinical services are directed by clinical faculty and offer optimal teaching opportunities for the student clinicians in our program.

The Clinic is open from 8:00 AM to 5:00 PM Monday, 8:00 AM to 6:00 PM Tuesday through Thursday, and Friday 8:00 AM to 1:00 PM. The clinic office is located in Room 1310 of the Health Sciences Building and housed within the Department of Communication Sciences and Disorders at East Carolina University. The front office staff manages the office work flow with the assistance of student workers, under the supervision of the Director of Clinical Operations. Client files are stored in a locked room behind the clinic office and within the electronic health record system designated by ECU Physicians and their components.

Student Work Room

The student work room is located in Room 1310B. This workroom includes student mailboxes and multiple computer workstations for the purpose of clinical reporting.

Clinic Mailboxes

Student mailboxes are located in the student workroom (1310B) and these boxes should be checked on a regular basis for important messages related to clinical and other academic notices. While faculty mailboxes are located on the departmental floor (3rd floor) in room 3310C, all clinical supervisors also have a mailbox in the student workroom.

Patient Waiting Room

The patient waiting room is located in Room 1310 of the Health Sciences Building. Student clinicians should meet their clients in the waiting room prior to appointments. Patient and caregiver counseling and education activities should occur in a private area, as should any discussion of any topics that might divulge specific PHI (protected health information).

Communication in the waiting room is not confidential and thus should be limited to greetings and farewells. Staff, faculty, and students may communicate with patients at the check in/out window. Every effort should be made to maintain patient privacy. A sign asking patients to stand back to allow for privacy is posted at the check in/out window.
Tests and Materials Room

The tests and materials room is located in Room 1310L. While most audiology clinic supplies are stored in the clinic audiology booths and audiology procedure rooms, other supplies, materials, screening equipment, and speech-language tests and therapy materials are stored in the Tests and Materials room. There is an electronic database with barcode scanner for check in and out of materials located in the center of the room. Any item with a bar code must be checked out. Tests and therapy materials have barcodes. Toys and games are not barcoded and can be removed from the Tests and Materials room without checking them out. Consideration for others wishing to use these activities is appreciated and you should return them following your therapy or diagnostic sessions.

Audiology Clinic Areas

Room 1310E: Hearing Aid Procedures
Room 1310F: Cochlear Implant/Aural Rehabilitation Services
Room 1310G: Intake/Counseling/Otoscopy/Tympanometry
Room 1310H: Evoked Potentials Room
Room 1310J: VNG/Rotary Chair Room
Room 1310K: Audiology Test Booth
Room 1310C: Audiology Test Booth
Room 1310D: Audiology Test Booth

Speech-Language Clinic Areas

Rooms 1310L-1310Y: Speech-Language Treatment/Diagnostic Rooms

Clinic Observation Room

The clinic observation room allows observation and recording of therapy sessions within all speech-language treatment rooms. Each speech-language room has a camera linked to controls and a monitor in the clinic observation room. A Clinical Supervisor must be in the observation room with any students or guests during their observation of sessions. Anyone observing must sign on the log sheet located near the entrance of the observation room. A signed release from the patient/caregiver is required for observation of any treatment or diagnostic session in the clinic by anyone other than providing clinician or supervised students in the CSDI program. Anyone observing is required to sign a confidentiality statement and be advised in writing of observation room rules.
Copy Machine

The clinic copy machine, just outside the clinic office, is intended for use by clinical staff and faculty. Each authorized person is assigned a code for copying clinical documents. Personal copies of other materials can be made at Joyner or Laupus libraries. **NO clinical or therapy materials that contain PHI may be copied outside the clinic or the department.** Students can request black and white copies from the clinic office by using a Photocopy/Laminating Request Form. Color copies may be requested and are limited. A request for photocopying requires a supervisor signature and once signed by the supervisor should be placed in the mailbox marked “office” in the student computer lab/work room.

Keys

The clinic supervisors and clinic office staff have keys that open the ECU Speech-Language & Hearing Clinic and clinic procedures rooms. At the beginning of each weekday, the front office staff will unlock the front door to the clinic by 8:00 AM. They will also unlock but close each of the audiology procedures rooms. At the end of the day, the front office will lock the procedures rooms, the student work room, and the front door to the clinic.

Telephones

The telephones within the ECU Speech-Language & Hearing Clinic are for use related to the conduct of clinic business. These phones are not to be used for personal phone calls. Telephones are located in the student treatment room, some audiology treatment rooms, the group treatment room, and treatment rooms 8 and 10 in the speech clinic area.

Handicapped Access

The ECU Speech-Language & Hearing Clinic has been designed for handicap accessibility. Patient and family requests for further assistance should be directed to the faculty supervisor or Director of Clinical Operations.

**Department for Disability Support Services**
138 Slay Building | Greenville, NC 27858-4353 USA
252-737-1016 voice/TTY | 252-737-1025 fax

The Office of Disability Support Services may also be contacted for assistance with student needs. For more information, visit: [http://www.ecu.edu/cs-admin/accessibility/StudentAccommodation.cfm](http://www.ecu.edu/cs-admin/accessibility/StudentAccommodation.cfm)

Interpreter Services

Interpreter services for clients are available as needed. This includes both sign language and foreign languages. 48 hours advance notice is preferred and these services are coordinated through the clinical support staff.
Location

The ECU Speech-Language & Hearing Clinic is located in Room 1310 of the Health Sciences Building off of Highway 43 North in Greenville, NC. Signs are available to direct our patients to clinic parking on the side of the building complex, and parking is free to our clients. The mailing address is:

ECU Speech-Language and Hearing Clinic
Department of Communication Sciences and Disorders
College of Allied Health Sciences
1310 Health Sciences Building
Greenville, NC  21858
252-744-6104

Directions to the Clinic

Traveling from Rocky Mount:
Take 43 South into Greenville
Pass McGregor Downs Road on right
Turn right onto Health Sciences Drive across from Treybrooke Apartments
Follow signs to clinic & designated Allied Health parking

Traveling from 264 East:
Take 264 E into Greenville where road name changes to Stantonsburg Rd.
Turn left onto 5th St. & go down several blocks (past Microtel on the right)
Turn left onto Health Sciences Drive across from Treybrooke Apartments
Follow signs to clinic & designated Allied Health parking

Traveling from 11 North:
Take 11 North into Greenville where road name changes to Memorial Drive
Turn left onto 5th St. & go down several blocks (past Microtel on the right)
Turn left onto Health Sciences Drive across from Treybrooke Apartments
Follow signs to clinic & designated Allied Health parking

Traveling from Washington:
Take 264 West & turn left onto Greenville Blvd
Turn right onto Arlington Blvd
Go to end of Arlington Blvd. & turn right onto 5th street
Pass McGregor Downs Road on right
Turn right onto Health Sciences Drive across from Treybrooke Apartments
Follow signs to clinic & designated Allied Health parking

Map
Clinic Parking

Parking is free to PATIENTS being seen at the ECU Speech-Language & Hearing Clinic and for research subjects participating in studies in the Department of Communication Sciences and Disorders. Signs are available to direct our clients from Highway 43 to the dedicated clinic parking spaces on the side of the building near Laupus Library.

Patients should sign in at the clinic office and obtain a parking pass to hang on the review mirror or place in the front driver side window to confirm their status in patient parking.

Any vehicles parked in clinic parking spaces not displaying official parking passes will be ticketed. Written documentation will be required by parking services in the event that a patient of ECU SLHC is ticketed for not displaying a pass while parked for an appointment at the clinic.

Research participants should be provided with parking passes by the researcher or their assistants.
Chapter Two

Safety and Infection Control
All students enrolled in must complete the Hepatitis B Vaccine Information/Declination Form prior to participating in any clinical experiences at the ECU SLHC. Students will be provided with this form at orientation and the signed form will become a part of their student record.

Hepatitis B Vaccine Information/Declination Form

Hepatitis B Information:
I have had, or am currently in the process of having, the Hepatitis B vaccine administered to me and will provide the Dept. of Communication Sciences and Disorders with a copy of my vaccination record.

Signature ____________________________ Date ______________________

Hepatitis B Declination:
I understand that due to my occupational exposure to blood and other potentially infectious body substances that I may be at risk of acquiring hepatitis B virus (HBV) infection. For personal reasons, I choose not to have the hepatitis B vaccination. I understand that by declining, I remain at risk of acquiring hepatitis B, a serious disease. If I decide to obtain this vaccination in the future, I will notify the Director of Clinical Operations and provide a copy of the vaccination record to the CSDI department.

__________________________________ _________________
Signature Date

__________________________________
Witness
Infection Control Policy

The following infection control policy is reviewed every three years, as needed. All students are expected to be familiar with infection control policies and procedures in the clinic.

East Carolina University
Infection Control Policy

http://www.ecu.edu/cs-dhs/prospectivehealth/infection.cfm

EAST CAROLINA UNIVERSITY
INFECTION CONTROL POLICY

East Carolina Speech-Language and Hearing Clinic

Date Originated: 11/19/03     Dates Reviewed: 11/19/03, 11/15/06,
Date Approved: 11/19/03       12/4/12

Approved By:

______________________________ _________________________
Chairman, Infection Control Committee  Clinic Manager

_________________________
Infection Control Nurse

PURPOSE

To protect patients, staff, and students from infection

PHYSICAL ENVIRONMENT

Hand washing facilities: These are located in the clinic restrooms. In addition, waterless hand sanitizing agents will be available in all clinical areas.
**Separation of clean and soiled activities:** The Clinic only stores items associated with clean activities. Soiled items are disposable and discarded after each use or cleaned following each use with an approved disinfectant.

**Traffic Control:** No unauthorized individuals will be allowed in the clinic evaluation and/or treatment rooms.

**Cleaning Schedule:** Clinical areas and restrooms will be cleaned daily by ECU Facilities Services.

**Cleaning between patients:** Any disposable items used by patients that are not contaminated (e.g., otoscope specula, earphone tips) will be discarded immediately after use into plastic-lined trash cans which are emptied daily. The majority of patient use items are disposable. Non-disposable items (some impedance ear tips) and clinical surfaces that are contacted by patients will be disinfected and/or sterilized according to guidelines.

**EQUIPMENT AND SUPPLIES**

All infection control supplies will be obtained from the stockroom and stored in a cabinet in the Clinical Suite.

Personal protective equipment is located in a cabinet in the Clinical Suite and in the Audiology Clinic.

The Clinic Suite will have appropriately labeled contaminated trashcans (red bag) and non-contaminated trashcans (clear or brown bag).

Clinical tools and/or supplies will be considered “contaminated” when they have been directly exposed to “infectious waste”, including blood, pus, saliva, and/or other body fluids. Any contaminated non-sharp disposable tools or supplies will go in the red bag trash, and any non-contaminated disposables will go in the clear or brown bag trash.

All oral-motor exams will be done with gloved hands. Disposable latex and non-latex gloves will be available for use. After use, non-contaminated gloves will be discarded immediately into plastic-lined non-contaminated trashcans that are emptied daily.

After use, tissues and tongue blades that are not contaminated shall be discarded into plastic-lined non-contaminated trashcans that are emptied daily.

Disposable audiometric ear tips and electrodes (e.g., impedance, otoacoustic emissions, insert earphone tips, specula) that are not contaminated will be discarded after patient use into non-contaminated plastic-lined trashcans that are emptied daily.

Brainstem Auditory Evoked Response electrodes (flat surface electrodes) that are non-disposable will be cleaned in soap and water immediately after each use and disinfected with alcohol.

The audiometer headphones and bone conduction vibrator will be cleaned with audio preps between patient uses. Disposable headphone covers may also be used to prevent transmission contact with headphone use.

Assistive listening device equipment will be cleaned and disinfected in an approved disinfectant between patient uses.
Clinicians will wear gloves during clinical activities when there are open cuts/sores on the skin of the patient or clinician, when either one has an infectious disease or when there is the possibility of contact with bodily fluids. Gloves also are worn when cleaning, disinfecting, or sterilizing equipment.

Patient hearing aids and ear molds will be received in a gloved hand, paper envelope, or container and wiped with a disinfectant wipe prior to examination.

Augmentative aid covers on Vocaid and VOIS equipment will be removed and thoroughly washed and disinfected with approved disinfectant before being reassigned to another patient.

After use, reusable ear tips that are not contaminated are cleaned and placed in a disinfectant solution bath located in the Audiology Clinic Test Suite.

Reusable tools and tips that are contaminated will be placed in a disinfectant sealed tub. The Audiology Clinic Coordinator will be notified that these items need to be sterilized, and then she will place them in the closed cover sterilization bath.

Sterilization of contaminated non-sharp, non-disposables will take place in a covered-lid bath of Glutaraldehyde Solution. The sterilization bath will be located on an upper shelf in a specified room within the Clinical Suite.

Equipment will be inspected regularly and repaired or replaced as necessary.

A sharps disposal unit is located in the Clinic Suite.

PERSONNEL

Immunizations

All employees will comply with pre-employment and annual health screening. Refer to the Occupational Health Services policy for Occupational Health requirements for all department personnel.

CLOTHING

All faculty, staff, and students will follow the Department Dress Code Policy.

Disposable gowns are to be used during procedures where body fluids may splash.

Eye shields are to be worn during procedures where body fluid or debris may make contact with the eyes.

Precautions in patient areas to avoid spread of disease.

All personnel will wash their hands with appropriate cleansers before and after every patient.

APPROPRIATE IN-SERVICE

During clinic orientation, students and staff will receive training on the principles and methods of infection control within the department and areas served by the department.
On-going in-service education should be attended by all students and staff concerning infection control techniques or procedures useful to the members of this particular department.

Each student and staff member must attend an annual in-service on infection control.

PATIENTS

All patients being transported to East Carolina who are susceptible to infection (i.e., burns, open wounds) shall have opened areas covered and secretions contained. Patients on AFB, or Airborne Precautions, will be required to wear a mask when being seen in this clinic.

No service will be refused because barriers are in effect.

MONITORING PLAN FOR STAFF COMPLIANCE TO UNIVERSAL STANDARD PRECAUTIONS

Random monitoring will be ongoing and reviewed annually by the Director of Clinical Operations and Audiology Clinic Coordinator.

Faculty, staff, and students will be informed of the results of the monitoring at the end of each academic year by the aforementioned directors.

REVIEW OF POLICY

The Infection Control Policy for the Department of Communication Sciences and Disorders will be reviewed every 3 years or as needed.

CLINICAL ACTIVITIES Requiring Protective Equipment and/or Infection Control Procedures:

- Examination of ear canals *Gloves
- Disposable specula
- Making ear impressions *Gloves
- Ear Molds and Hearing Aids *Gloves
- Use of needles in Neuroscan Laboratory * Gloves
- Dispose of needles in sharps box
- Use of needles in Hearing Aid Clinic *Gloves
- Dispose of needles in sharps box
- Real Ear Measures Probe tips cleansed with disinfectant after each use
- Ear Curettes/Lavage Equipment Disinfect after each use
- Tympanometry Probe tips cleansed with disinfectant after each use
- Application of electrodes *Gloves
- Dispose of gauze pads and applicators in Biohazard containers
- Videolaryngostroboscopy *Gloves
- Use of fluid safe barrier on counter
- Dispose of gauze, gloves & blue-dip cup in Biohazard bag
- Airflow Analysis facemask. *Gloves when removing and disinfecting
- Acoustic Analysis *Gloves when disinfecting microphone cover
- Nasometer Evaluation *Gloves when disinfecting head gear
- Oral Mechanism Evaluation *Gloves when contacting patient skin, oral or nasal cavity.
Swallowing / Feeding Therapies *Gloves when feeding and disinfecting clinical area after feeding, use of individually wrapped food items, utensils, straws

*According to Universal Precautions, necessary when open cuts/sores appear on skin of patient or provider of services.

The risk for exposure to blood borne and air borne pathogens in the ECU SLHC is minimal when compared to other medical clinics. However, the following procedures should be followed:

**Hand washing Policy:** policy to ensure hand washing to help safeguard from transmission of infection:

a) before and after work, between each client, immediately after contact with blood or potentially infectious materials, after removing PPE, before and after restroom, before and after eating;

b) steps: wet hands if using water; scrub 15-30 seconds between fingers, back of hands and wrists;

**One time Disposable Equipment:** disposable tools shall not be re-sterilized or reused and will be disposed of appropriately.

**Equipment Disinfection and Cleaning Inventory:**

a) reminds of definitions for cleaning, disinfection, and sterilization;

b) offers approved products for doing so;

**Equipment Decontamination:** to ensure consistency in equipment decontamination prior to disinfection or sterilization.

**Definitions:**

a) **Cleaning:** removal of all foreign material from objects;

b) **Disinfection:** eliminates many pathogenic microorganisms with the exception of spores, from inanimate objects

c) **Sterilization:** completely eliminates all forms of microbial life; established protocols for sterilization;

**Steps in Cleaning for reusable** equipment and tools:

a) b. remove visible contamination by placing in a container with water and detergent;

b) c. scrub and rinse;

c) d. soaked in disinfectant OR wrapped and sent for sterilization;

**Levels of disinfection**

a) high-level: destroys all microorganisms except spores;

b) intermediate level: inactivates most but does not kill spores;

c) low-level: kills most but not resistant microorganisms (tubercle bacilli) or spores;

**Device classification**

a) Critical: objects that enter sterile tissue or vascular system;

b) Semi critical: objects contact mucous membranes or non-intact skin

c) Non critical: contact intact skin only
Level of disinfection/sterilization determined by device classification: must use pre-approved products

Identification of Patients with Potential TB and other Communicable Respiratory Illness: to prevent exposure;
   a) patients will be sent wearing a mask and clinic staff will receive notification;
   b) will be seen ASAP without stay in a waiting room and discharged ASAP;

Cleaning and Disinfection of Toys: to provide consistency in cleaning & disinfection of toys;

1. Diapered Children
   a) d. ideally toys should not be shared because of likely hand and mouth contact;
   b) e. use only non-porous easily cleaned toys;
   c) f. stuffed or other non-porous toys are allowed if they are not shared;
   d) g. toys contacted by mouth or hand should be washed, disinfected, and rinsed prior to re-use;
   e) h. toys should be stored in a clean, dry area;

2. Non Diapered Children
   a) toys that are used should be cleaned and disinfected weekly and when soiled;
   b) toys contaminated with blood or body fluids must be immediately cleaned and disinfected;
   c) if disinfection is not possible then toys must be discarded;
   d) toys should be stored in a clean, dry area.

Standard Precautions and the Use of Personal Protective Equipment: to provide consistent use.

1. Definitions:
   a) Standard Precautions apply to blood, all body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and mucous membranes;
   b) Personal Protective Equipment is clothing or equipment worn for protection against hazard;

2. Standard Precautions used to prevent contact with any potentially infectious body material.

3. PPE used:
   a) Gloves are used when may be contact with blood or other potentially infectious materials, mucous membranes or non-intact skin of all patients; and are changed after contact with each patient or between procedures if necessary; hands are washed immediately after gloves are removed;
   b) Fluid resistant gowns or aprons when there may be splashes of blood or other potentially infectious materials;
   c) Impermeable gowns or aprons worn when procedures may saturate clothing;
   d) Masks, protective eyewear or face shields when may be splash to mouth, nose, and eyes;
   e) Lab coats to prevent contamination of clothes;
4. Disposal or cleaning of PPE
   a) must be readily available where needed and must be cleaned or disposed of at no cost to employee;
   b) disposable PPE that are contaminated are thrown away in red bag trash;
   c) disposable PPE not contaminated may be thrown in regular trash;
   d) Lab coats used as PPE are to be cleaned by the department;
   e) Garments that are contaminated are to be removed ASAP;
   f) All PPE shall be removed and stored, cleaned or disposed of properly.

Soiled Linen, Trash, and Body Tissues: to insure proper handling

1. Soiled linens, such as non-disposable lab coats, will be placed and transported in impervious laundry bags to the linen service to processing.
2. No sorting of soiled linen will be done in clinic areas.

Infectious Waste Management: to insure accordance with NC Medical Waste Management rules:
1. Items are considered “infectious waste” include blood or items containing blood, pus, saliva, body fluids;
2. Infectious waste in hazardous trash, and sharps in sharps container;
3. If infectious waste is spilled, then evacuate personnel and use PPE, use absorbent material and soak up material and use a germicidal (in spill kit); if large amounts contact housekeeping;

Blood and Other Potentially Infectious Material Exposure: to insure reporting and follow-up.
1. Exposure is defined as:
   a) puncture or cut from sharp object previously contaminated with blood or other potentially infectious materials;
   b) contamination with blood or other potentially infectious materials on any exposed area of the body with broken or non-intact skin;
   c) contamination with blood or other potentially infectious materials to any mucous membrane surface; i.e., splash or splatter which introduces blood into the mucous membrane lining of the eye, nose, or mouth. Contamination of unbroken intact skin does not constitute an exposure.
2. When ECU employees are exposed at ECU:
   a) Complete ECU Non-patient incident report form & employee takes to ECU Prospective Health;
   b) Facility Incident Report completed & stays in facility;
   c) If exposed at another site, the supervisor at that site needs to work with ECU PH to determine follow-up.
3. When ECU students are exposed at ECU:
   a) Student report exposure to ECU faculty/supervisor and will complete source patient evaluation;
   b) Student is referred to Student Health Services.
4. When Patient is exposed at ECU:
   a) Report on a Patient Incident Report form;
   b) Notify ECU Prospective Health;
   c) Send patient to Prospective Health;
Failure to report an exposure will be considered a serious breach of policy

Management of HIV Post-Exposure: to facilitate the work up and management of those exposed to known HIV positive blood. Exposure is:
   a) percutaneous exposure to blood, body fluid or unfixed tissue;
   b) percutaneous exposure to bloody urine, saliva or respiratory secretions;
   c) skin contact if extensive and non-intact skin;
ECU employees seen by PH and students by SHS within 2-3 hours of exposure and may use hotline for afterhours exposure.

Blood and Other Potentially Infectious Material Exposure Counseling:
   a) testing is free;
   b) follow-up counseling by physician and/or PH;
   c) testing positive for some conditions may result in report to Health Department

Other policies and information on training for students, faculty, and visitors is available at http://www.ecu.edu/cs-dhs/prospectivehealth/infection.cfm
ECU Severe Weather Plan

Postponements and cancellations announced by the university will apply to the ECU SLHC. [http://www.ecu.edu/cs-admin/oehs/emergency/severe-weather.cfm](http://www.ecu.edu/cs-admin/oehs/emergency/severe-weather.cfm)

ECU Administration tries to make a decision whether to continue, postpone, or cancel classes by 6:00 AM the day of severe weather. When a decision is made, the information is posted on ECU ALERT (www.ecu.edu/alert) and an announcement is recorded on the ECU Weather Hotline (252) 328-0062.

Inclement Weather or Emergency Information
To stay informed of the latest announcements and official statements use this web site [http://www.ecu.edu/alert/](http://www.ecu.edu/alert/)

Severe Weather Information

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECU Alert</td>
<td><a href="http://www.ecu.edu/alert">www.ecu.edu/alert</a></td>
</tr>
<tr>
<td>Student / Staff / Faculty Hotline</td>
<td>(252) 328-0062</td>
</tr>
<tr>
<td>ECU Physicians Hotline</td>
<td>(252) 744-5080</td>
</tr>
<tr>
<td>NC DOT Travel Information</td>
<td><a href="http://www.ncdot.org/traffictravel/">http://www.ncdot.org/traffictravel/</a></td>
</tr>
<tr>
<td>HR Adverse Weather Guidelines</td>
<td><a href="http://www.ecu.edu/cs-admin/alertinfo/adverseweather.cfm">http://www.ecu.edu/cs-admin/alertinfo/adverseweather.cfm</a></td>
</tr>
</tbody>
</table>

To register to receive alerts and for more information, visit ECU Alert Information.

The main clinic number, 252-744-6104, will be programmed to announce clinic closures or delays for patients, students, faculty, and employees needing information.
Hostile Intruder

A threatening individual who is on campus (and/or in a University building) that has threatened or has actually caused an act of violence on campus against a member(s) of the University community is considered a hostile intruder. This includes individuals who committed an act of violence off-campus and who may now be on campus or may be headed towards the campuses (and/or clinics operated by the University). If notified of a hostile intruder in your area take the following protective measures:

"Figure Out" The situation, what is going on?
"Get Out" If you determine that you can get out to a safer area. Leave your belongings behind. The best way to survive an active shooter situation is, not be where the shooter is and not go where he/she can see you.
"Hide Out" If you cannot get out, then you must find a place to hide out.
"Keep Out" Hide in a room that can be locked with objects to hide behind. Block the door with heavy furniture.
"Spread Out" DO NOT huddle together. Quietly talk about what to do if the shooter enters. Remain Calm.
"Take Out" If you determine there is no other option than to take out the shooter, then be prepared to do whatever is necessary to neutralize that threat.

Lockdown Procedures-ECU SLH Clinic

The ECU Alert System will announce any building lockdowns through the phone system.

The ECU SLH clinic administrative staff or faculty will lock the front door to the clinic. No one who is outside of the building once the doors are locked will be allowed in. Patients and/or families already in the clinic will be escorted to areas of the building that are designated as safe rooms, and will remain there until the “all clear” call is given by campus police.

Faculty, staff, and students who are located in other areas of the AHS building will follow procedures designated by the College of Allied Health Sciences.

Medical Emergency Plan

Call 911 on a university phone (land line) when possible.
Provide your name, location, telephone number, nature of the patient’s injury, number of people injured, age and gender of patient, and patient’s level of consciousness and breathing.
Return to the patient. Administer first aid. Keep victim as calm and comfortable as possible.
Remain with the patient until ECU police officers or emergency rescue personnel arrive. If possible, send someone to meet the emergency personnel outside of the building.

If you used a cell phone for the initial 911 call, direct someone to use an ECU phone to call 911 to alert ECU police of the situation.
When calling emergency personnel, please provide the following address:
2150 W. Fifth St, Greenville, NC
Chapter Three

HIPAA, FERPA, and Privacy Information & Policies
Protected Health Information (PHI) Disclosure and HIPAA Forms and Information for Patients

All HIPAA forms are located in a filing cabinet accessible to all faculty, staff, and students. General forms along with English and Spanish versions can be found at: http://www.ecu.edu/cs-dhs/hipaa/privacy/forms.cfm

The following forms are required for patient care:

**Notice of Privacy Practices**
This notice is to be signed once at the first visit clinic visit and renewed when affected by policy changes or directed by the Compliance Officer. The top signature page is to be placed in the patient file and the remaining document is to be given to the patient/family. This form is available in both English and Spanish. Both English and Spanish versions are available in brochure form outside the patient check in window.

**Individual Request for PHI**
This request is to be signed when a patient, parent, legal guardian, or Power of Attorney wishes to have access to the patient’s clinical documentation. The signed authorization can be valid for up to one year from the date of the signature or can be designated for a specific event. Annual renewal is required for returning patients.

**Authorization for Use or Disclosure for PHI (required to obtain or submit information to outside agencies/entities)**
Signature by the patient or designated representative authorizes release of specified PHI to a specified entity OR request by ECU Speech-Language and Hearing Clinic to a specified entity for described documents, records, or information. The date of validity expires within one year of the date of the patient’s signature. A specific event or date can also be designated for expiration of this form. Annual renewal is required particularly for information to be sent/requested from referring physicians.

**Consent to Allow Observation, Photography, Audio-Recording, and/or Publishing**
Signature is required by all patients or designated representatives in order to allow audio or video recording of sessions-for diagnostic purposes, observation by students as part of course or practicum requirements, and publication of any related information in scientific journals. Additional permission is required for specific events (i.e., case study presentation in classroom or at conference, journal article, media release, pictures for brochures or public relations) and would be obtained relevant to the individual and specific event.
Confidential Patient Communication

1. Communication with patients or caregivers should take place in a **private** location or via the check in window.
2. Email communication is **NOT** allowed between patients/caregivers and students. Encrypted email is available to and may be used only by ECU employees, per specific policies.
3. Communication via wireless devices (cell phones, tablets, or other electronic devices) is not allowed between patients/caregivers and students.
4. Students should not communicate via social media with patients or caregivers.
5. Telephones (land lines) are provided in some of the audiology procedure rooms, the student computer lab, and four locations in the speech-language clinic. Students should use those phones to call patients.
6. When leaving messages, the main clinic number (252) 744-6104 should be given as a call back number. The following script should be used:
   “This is Janie Jones from ECU Speech-Language and Hearing Clinic. Please return my call as soon as possible. My number is 252-744-6104. Thank you.” No other information should be left in the message.
7. All outgoing email should contain the following:
   **CONFIDENTIALITY NOTICE:**
   This email may contain confidential health information that is legally privileged. This information is intended for the use of the named recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of this email is strictly prohibited. If you receive this email message in error, please notify the sender immediately to arrange disposition of the information.
8. If a patient communicates with you via email when you have not elicited the communication, you should respond with the following:
   “Your communication is important to me. However, according to ECU policy, email communication is not permitted with patients unless the email is encrypted (protected). Because this email is not encrypted, I am not able to communicate with you through this email. Please make contact by calling 252-744-6104 or speak to me at your next appointment.”
Protection of Patient PHI-Clinical Procedures

Patient files are stored in a locked room behind the clinic office. All files removed from that room are to be signed out with an “out” file card which would be used as a place holder until the file is returned. Your name, the patient’s name, and your clinical supervisor’s name should be written on the “out” file card.

Patient files should remain in locked areas of the clinic. NO patient files or documents containing patient information should leave the clinic unless for authorized research purposes or meetings with clinical supervisors. In this case, all files or documents should remain within the Department of Communication Sciences and Disorders (clinic, research labs, and department offices).

Patient files should be returned to the clinic file room promptly.

NO patient information will be saved or stored to a USB, flash drive, or portable storage device. All students and faculty have access to their own “piratedrive” which is password protected. Your own pirate drive can be used to store patient information for reports, session documentation, and therapy materials containing PHI for patients that you are working with.

NO online scoring, data collection, or other type of program or application is to be used without prior approval from IT Security. If you are not sure, ask your supervisor or the Director of Clinical Operations. These applications/programs MAY be requested through the Director of Clinical Operations.

Emailing reports or documentation containing PHI or any identifying information between students and clinical supervisors is prohibited. PHI includes test results, descriptive information about sessions, date and time of sessions, etc., not just name and DOB.

Scoring of testing protocols outside of the clinic or departmental offices or labs is prohibited.

Research and ECU SLHC

ECU SLHC is committed to supporting access to patients for research purposes so long as appropriate procedures are followed. When patients sign the Notice of Privacy Practices, they are agreeing that they understand that they MAY be contacted directly to participate as part of a research project. The following procedure should be followed when requesting to use patient information in the clinic:

- A copy of the IRB which states that the researcher is allowed to recruit subjects from the clinic should be forwarded to the Director of Clinical Operations
- The researcher or any person working for the research must request access to the patient records from the Director of Clinical Operations
- All appropriate documentation of access to patient files is completed (disclosure logs must be completed)
• Researcher treats all PHI in accordance to the IRB’s stated requirements for confidential information and keeps the information stored in a locked area

Workstation Security in the Student Computer Lab/CSDI

ECU SLHC provides a secure working space for students in the clinical program. The Student Computer Lab is located inside the clinic. The door is locked at clinic closing. Students may stay in the lab after hours to complete clinic documentation or reports but are to close the locked door when leaving. There is a single printer in the lab. Paper is provided for printing, as is clinic letterhead, and toner.

All clinic documentation or any information related to patients in the clinic MUST be printed in the student lab or in CSDI offices. Printing of documents containing patient’s PHI is prohibited on public printers.

The following practices are to be followed:

Do not share your password with anyone.
Log off of your workstation when you walk away from your desk.
Do not access files with patient information or PHI over public computers.
Do not allow anyone to work on a computer where you are logged in.
ALL graduate clinicians enrolled in clinical practicum will be required to review and sign a copy of the Audio Recording Policy for Graduate Student Clinicians.

Audio Recording Policy for Graduate Student Clinicians: ECU SLH Clinic

1. In order to audio record patients, graduate student clinicians must have completed the HIPAA training and have a written release to record signed by the client or his/her legal guardian within the past 12 months.

2. Audio recordings of patient sessions are to be made using clinic-owned digital recorders that are stored in a locked drawer within the Clinic Office. Students are to sign out a recording device from designated student graduate assistant during times and days designated for check out/in. Students are required to review instructions for use of the recorder prior to operation of the device-located in the file cabinet facing the student computer lab door.

3. After recording a clinical activity, students are asked to secure the recording device by placing it within their student mailbox in the Student Lab/Preparation Room within the Clinic.

4. Students may keep the device in their student boxes to use for multiple clients throughout the semester. Students may check out ONE device at a time.

5. Students may not copy the recorded materials onto any portable device or computer hard drive but may copy to their personal pirate drive.

6. Students may not remove the clinic-owned digital recording device from the Department of Communication Sciences & Disorders.

7. Students should listen to the recording in a confidential room within the department using their own personal headphones.

8. The Director of the ECU Speech-Language and Hearing Clinic may call in any or all audio recorders at any time during the semester in order to audit for compliance.

9. Upon check-in, the designated student graduate assistant will delete all recorded file(s) and return the recording device to the clinic for storage in a locked drawer or for check out. The designated student graduate assistant will maintain log entries for each device cleared of recorded files.

10. Loss of a recording device must be reported to the Director of the ECU Speech-Language and Hearing Clinic who is required to report the loss to ECU Police and ECU IT Security. If the device is not recovered or if it has been determined that the recorder was accessible to unauthorized persons, due process would determine whether this is a breach of HIPAA policies and resulting penalties will apply.

11. Damage or loss of the recording device will result in a charge to the student in the amount needed to repair or replace the recording device.
FERPA and East Carolina University

http://www.ecu.edu/cs-acad/registrar/FERPA.cfm

Please visit ECU Office of the Registrar for more information regarding FERPA.

All graduate student clinicians are required to sign the following form:

FERPA related to Clinical Practicum

According to FERPA, information on student coursework and/or performance may not be shared with individuals other than faculty members with a legitimate educational interest. This means that information related to your coursework and/or performance can be shared with other faculty supervisors.

You are asked to sign this FERPA permission to allow the appropriate Clinic Coordinator to discuss your coursework and/or performance with off-campus supervisors. The purpose of that type of communication is to allow off-campus supervisors to determine whether you have the skills and knowledge to succeed at their site and the types of clinical activities in which you might participate at that site. Failure to permit this information exchange could result in a supervisor refusing your participation at their clinical site.

Please indicate below whether you will or will not offer permission to the Clinic Coordinator to share information from written documentation pertaining to your coursework and/or performance. If you do offer permission, that permission will remain in force until one year after the date on this signed form unless you formally request to change that and deny permission.

_____ I do permit the Clinical Coordinator/Clinic Director/Externship Coordinator to share information from written documentation pertaining to my coursework, clinical activities, and/or performance in either area that is requested.

_____ I do not permit the Clinical Coordinator/Clinic Director/Externship Coordinator to share this information and I understand that it may lead off-site clinical supervisors to refuse my placement at their site.

___________________________________   _____________________
Student Clinician Signature     Date
Chapter Four

Professional Conduct and Dress Code
Professional Standards & Behaviors Expected of Student Clinicians

Minimum Technical Standards

The Minimum Technical Standards for enrollment in the professional degree programs are found at: http://www.ecu.edu/cs-dhs/csd/upload/040516_Masters_Degree_Student_Handbook.pdf. Minimum Technical Standards apply to all aspects of programs at CSDI, including clinical practicum.

Conduct in the Clinic

ALL clinical supervisors are certified by the American Speech-Language and Hearing Association. Specific information about Scope of Practice is available:


Speech-Language Pathology: http://www.asha.org/policy/SP2016-00343/

ALL conduct in the clinic is to be in adherence with the ASHA Code of Ethics at:


In addition, students must adhere to the ECU Conduct Process Guidelines found at: http://www.ecu.edu/PRR/11/30/01/

ALL clinical supervisors are licensed by the NC Board of Examiners for Speech-Language Pathologists and Audiologists. Statutes, scope of practice, and guidelines for our professions in the state of NC are available at:

http://www.ncboeslpa.org/index.htm
Licensure and Certification Requirements-Clinical Clock Hours

ASHA Certification Requirements:  
http://www.asha.org/certification/

Access to state licensure board requirements for all states in the US, as well as other US territories and international requirements is available through ASHA. State requirements vary. KNOW the licensure requirements for the state/area you will be seeking employment/licensure in.

Licensure requirements for the state of North Carolina is available at:  
http://www.ncboeslpa.org/index.htm

Instructions for completing North Carolina Licensure is available at:  
http://www.ncboeslpa.org/APPLICATIONPROCESSAtoZ.pdf

Other helpful sites for professional support in North Carolina:

North Carolina Department of Public Instruction (public school employment, pay schedules, certificate instructions)  
http://www.dpi.state.nc.us/

North Carolina Speech, Hearing, and Language Association-NCSHLA (professional organization for speech-language pathologists, audiologists, and speech-language pathology assistants)  
http://www.ncshla.org/
ECU SLHC General Principles for Conduct

Ethical Conduct

Student clinicians will:
☐ ensure the welfare of clients by complying with the ASHA Code of Ethics, as directed by the clinical supervisor

Confidential and Safe Practice

Student clinicians will:
☐ review university HIPAA policy, complete annual training as required, and adhere to the stated policies
☐ review ECU SLHC Infection Control plan each semester of participation in the on-campus clinic, complete annual training and quizzes on Blood borne/Air borne Pathogens and Infection Control, and adhere to the stated policies

Preparation/Execution/Follow Up of Clinical Sessions

Student clinicians will, on a regular basis:
☐ discuss clinical goals and objectives with the supervisor
☐ plan for clinical sessions and ensure that appropriate materials and equipment are prepared
☐ arrive on time for clinical sessions, as directed by the supervisor
☐ seek ways to expand clinical knowledge, skills, and abilities.
☐ review and follow clinic policy on protection of PHI
☐ review and comply with clinic dress code
☐ follow clinic procedures related to client intake, testing, and documentation, as directed by the supervisor
☐ appropriately use and account for materials and equipment
☐ refrain from the use of informal and/or casual language
☐ show appreciation for clinical views differing from their own
☐ show positive regard to supervisors, clients, families, & others, regardless of cultural backgrounds/beliefs
☐ demonstrate self-evaluation of performance during clinical sessions
☐ accept feedback from supervisors or others as opportunity for growth and learning
☐ complete follow-up activities and reports in a thorough and timely manner, as directed by the supervisor
☐ engage in meeting times to discuss clinical performance with the supervisor

Professionalism is demonstrated both by our behaviors and our attire.
All faculty, staff, and students are asked to abide by the Clinic Dress Code as described below.

**ECU SLHC Dress Code**

Faculty, staff and students are asked to dress according to the ECU SLH Clinic Dress Code when in the patient waiting room, clinic office/file room, speech-language clinic treatment rooms and hallway, observation room, audiology procedures rooms and hallway, booths, test and materials room and student lab/workroom.

The Dress Code applies during ECU SLH Clinic operating hours-year round. **Note that there is a variation in clinic dress for patient care and clinic dress in general.**

Faculty and students are required by law to wear their ECU ID badges (Senate Bill 951, Article 37 Health Care Practitioner Identification).

When in the ECU SLHC and **NOT providing patient care**, the following dress code applies:

- Clean and neat apparel should be worn-frayed, ripped, or stained garments are not allowed
- No athletic clothes—sports bras, gym shorts, tank tops,
- Shorts, dresses and skirts should be no shorter than 2 inches above the knee
- No dresses or tops with thin or spaghetti straps; no strapless tops or dresses
- No low cut pants and/or tops
- No leggings unless covered by regular dress length tunic (2 inches above the knee)

In addition to the requirements listed above, the following dress code applies when providing patient care or working in the clinic:

- Business casual attire is generally appropriate—nice polo shirts, casual slacks/pants, sweaters, jackets, nice casual shoes
- Polo shirts are allowed as part of business casual attire. **CSDI Polo shirts are preferred.** *(rev 9-14-16)*
- Jewelry should be minimal; avoid large hoop or dangling earrings, large and heavy and/or dangling necklaces or bracelets; avoid multiple earrings
- Facial or tongue piercings are not allowed during patient care
- Hair color should be natural shades or hues
- Tattoos should be covered unless minimal in size; no facial tattoos are allowed
- No spiked heels, platform shoes/heels, tennis shoes, or flip flops; shoes with backs are preferred*
- Fingernails should be short and well-manicured; polish may be worn but no nail jewelry is allowed
- Business casual capri pants or ankle length pants may be worn
- Revealing clothes that show cleavage (either end) or midriffs are not acceptable
- Skin tight dress pants are not acceptable
- No shorts are to be worn while providing patient care
- **Students working in the vestibular clinic MAY wear clean athletic shoes.** *(rev 9-14-16)*
On-campus and off-campus supervisors may state additional requirements when working with specific populations or patients.

Clinical supervisors and staff are asked to advise those not dressed according to code as to why their attire is not appropriate.

White lab coats are available in the Test and Materials Room, If needed.

**Clinical sessions will not be rescheduled due to dress code violations** and the expectation would be that the session be completed wearing the lab coat. Following clinical obligations for the day, the person violating the dress code may be asked to leave the clinic and return in appropriate attire. The supervisors and staff may use their judgment as to whether the specific incident should be reported to the Director of Clinical Operations. If serious, a professional misconduct notice may be issued.

**Cell Phone Use in the Clinic**

The use of cell phones during treatment or diagnostic sessions is NOT allowed. Texting, checking email, and talking on the cell phone during a session is prohibited, unless directly related to patient care and approved by the clinical supervisor.

Supervisors MAY allow the use of cell phones as timers/stopwatches. Recording of sessions (video/audio) is only to occur via the use of approved devices. Personal cell phones or other personal electronic devices are not authorized for storage of any form of PHI.

**Conflict Resolution**

Occasionally, conflicts arise in certain situations. Most conflicts can be resolved through thoughtful, respectful and courteous interactions. If a conflict should arise that cannot be resolved, the following procedure is recommended:

1. The two parties should engage in a respectful discussion.
2. If the conflict is between two students, the supervisor, clinic coordinator, or program director should be involved to facilitate a courteous and respectful resolution.
3. If the conflict is between the student and supervisor, the clinic coordinator or program director should be involved to facilitate a courteous and respectful resolution.
4. If the conflict is between the student and clinic coordinator, the department chair should be involved to facilitate a courteous and respectful solution.
5. If the conflict is not resolved, a meeting may need to be scheduled with unbiased faculty or the Dean of Allied Health Sciences.

**Clinic Grades/Professional Behavior**

Students are expected to engage in and develop professional behaviors while participating in clinical activities. ECU SLHC is committed to providing a safe learning and working environment for our students and patients alike. Clinical supervisors will address any areas of weakness with regard to professional behavior during mid-term and final clinic grading periods or throughout the semester in verbal feedback sessions.
In addition, supervisors may cite students in writing for non-professional behaviors. If the behavior is serious, the student will be required to meet with the appropriate clinical coordinator and/or the Director of Clinical Operations/Program Director to determine whether more serious consequences should be considered. In some cases, behaviors that are not in accordance with either the clinical guidelines or behaviors that violate ECU Student Code of Conduct may result in dismissal from an internship site, dismissal from the program, or other more stringent penalties.

The ECU Student Code of Conduct is available from the Office of Students’ Rights and Responsibilities: [http://www.ecu.edu/osrr/](http://www.ecu.edu/osrr/)

**Diversity and Non-Discrimination**

The ECU Department of CSDI and the ECU Speech-Language and Hearing Clinic fully supports and is guided by East Carolina’s policy to ensure non-discrimination. As outlined at [http://www.ecu.edu/oed/](http://www.ecu.edu/oed/)

In the University Diversity Mission, CSDI “is committed to enriching the lives of students, faculty, and staff by providing a diverse academic community where the exchange of ideas, knowledge and perspectives is an active part of living and learning. The university seeks to create an environment that fosters the recruitment and retention of a more diverse student body, faculty, staff and administration. The university defines diversity in a broad context to include the representation, integration and intersection of different races, genders, ages, ethnicities, cultures, national origins, abilities, religions, sexual orientations, gender identity, veteran status, socio-economic status, intellectual positions and perspectives. The university desires a pluralistic academic community where teaching, learning and living occurs in an atmosphere of mutual respect in pursuit of excellence. The university considers diversity, the opportunities afforded by a diverse learning environment, and the authentic interaction among people from various backgrounds and persuasions to be essential elements in achieving excellence in academia.”

CSDI specifically creates clinical experiences both on and off-campus for students that reflect our respect for and appreciation of the individual diversity of our student clinicians and the clients they engage.

As outlined in the Master’s Degree Student Handbook, students are required to have minimum communication standards to ensure that they are able to “speak, to hear, and to observe clients in order to elicit information. Graduate students must be able to communicate effectively and efficiently in oral and written forms.” In addition, the Department of CSDI and ECU Speech-Language and Hearing Clinic is guided by the ECU Graduate School policy that non-native English speakers that have not completed at least one year of education (minimum of 18 credit hours) at a United States school, are required to take a standardized English language exam or complete the ECU Language Academy (ECULA). For more information, please see [http://www.ecu.edu/cs-acad/gradschool/International-Students.cfm](http://www.ecu.edu/cs-acad/gradschool/International-Students.cfm) or pages 8-9 in the Master’s Degree Student Handbook.
Chapter Five

Clinical Processes
Scheduling of Patients

In general, the front office staff is responsible for scheduling patients and confirming appointments. There are times that clinical supervisors or students may need to call to confirm or reschedule patients directly.

The front office clinical staff MUST be notified of ANY schedule change or patient added to a clinical supervisor’s schedule. Clinical supervisors may email the office directly. Students should not use any PHI in email communication-only date and time of session.

Student Clinical Assignments

Speech-Language Pathology student assignments are made in advance of the first session that you will have with the patient by the clinic director/clinic program coordinator. You will receive the date and time of the patient’s session, type of session (diagnostic or treatment), and the supervisor’s name via email. Patient’s name and date of birth with be provided to you confidentially by clinic staff. Following receipt of the assignment, you should immediately contact the supervisor involved and set up a planning meeting.

The file should be reviewed by you PRIOR to meeting with the assigned supervisor. Checklists to help guide you are available on Blackboard in the Clinical Materials Library.

Student Absences

Certain situations do arise when you may need to be excused from clinic. The following reasons are excused:

Illness-if you are running a fever, suspect that you have something contagious, (stomach bug, flu, etc.), please call/email your supervisor as SOON as you know that you are not able to come in.

Family emergency-illness or death of immediate family members are considered to be excused absences. Please call/email your supervisor as soon as you know you will not be able to come in.

Accident-if you are involved in an accident, injured, and are able to communicate in some way with someone in the department, please do so. Consider having a plan for notification of the department in the event that you are unable to do so.

In some cases, you may be asked to provide proof for your reason for absence.
Other reasons may include:

Attendance or presentation at a convention or conference. You will need to notify your clinical supervisor and the speech-language clinic coordinator/audiology clinic coordinator in advance. Your supervisor may require that you plan in advance for your absence by preparing materials for sessions.

For speech-language pathology students: If you know in advance that you are attending a convention or will be out for an excused reason, you will need to notify the clinic coordinator as soon as possible so that adjustments can be made to clinical assignments. These activities are encouraged and are important in your development as a professional.

If you have a question about whether an absence is excused or not, you may communicate with your supervisor or the clinic director.

**Policies for Cancellations, Missed Appointments, No Shows**

The ECU SLHC makes every effort to work with patients during hardships to manage missed appointments or cancellations. It is important that students are aware of how to handle such interactions in a professional manner.

In general, supervisors can make the determination on how to work with patients when needed. The policies are as follows:

- Two missed appointments or three cancellations in a semester may result in a letter to the patient telling them that they will be placed on the waiting list for the next semester and the slot will be filled with another patient.
- One no-show for a diagnostic session may result in the patient being placed on the list for next available slot after other patients who have been waiting are scheduled.
- Sessions are considered to be “no-show” after 20 minutes past the time the session was supposed to start. The clinical supervisor makes the decision to “call” the session.
- Patients who are in regularly scheduled slots for therapy will not be allowed to “hold” scheduled slots should they voluntarily decide to stop therapy for any length of time (i.e., summer break). The ECU SLHC usually has a waiting list for scheduling therapy slots, especially after-school slots. The next person on the waitlist will be contacted to fill the vacated slot. The patient who vacated the slot by voluntarily stopping therapy will be added to the waitlist, if they wish, to be contacted for future scheduling when a slot becomes available. Possible physician’s orders and insurance authorization may apply.
Templates for letters to communicate with patients regarding the policies state above are available on Blackboard in the Clinical Materials Library.

**Student Liability Insurance during Clinical Practicum Experiences**

Liability insurance is acquired by the College of Allied Health Sciences for students at the beginning of each fall semester of clinical practicum. The policy is good for one year and covers students in clinical activities through graduation from the program.

**Greeting Patients**

Patients are checked in at the front desk. Please observe the following rules when greeting patients:

- Wait until patients have completed the check in process and gotten their parking pass in place before taking them back to the session area
- First time meetings, introduce yourself and your clinical supervisor to the patient and caregiver(s)
- Invite patient and/or caregivers back to the session area
- Do not communicate about any specifics of the case in the waiting area
- When waiting for your patients, please do not stand in the area outside the student computer lab and chat
- When the session is finished, communicate with the caregivers or patients about their session or home program in the treatment room or other confidential areas
- Be mindful that others can hear your discussions when you are in the common areas of the clinic and in the student room
- At the beginning of each semester, provide your patient/caregiver with an information form that lists your name, your supervisor’s name, the clinic phone number, and upcoming holidays or clinic closures.

**Guidelines for Clinical Sessions**

The clinic can be a very busy and exciting place. We have small children who love to have fun and adults who love to chat or practice voice exercises! We have to remember that there are others in testing or therapy sessions who may have difficulty with attention in noisy environments. Our audiology booths are right in the middle of everything, too. Here are some guidelines to help things flow smoothly in the clinic:

- **Speech Language Pathology**
  - Each clinic room on the speech-language side has a schedule posted outside the door. At the beginning of each semester, ask your supervisor which room you will be in for treatment sessions. Mark the schedule with your supervisor’s
initials in the appropriate time slot. Please REMOVE the laminated sheet and mark directly on the sheet using dry erase markers.

- Try to keep patients and caregivers inside of the therapy rooms to discuss sessions or for chatting. Chatting in the hallway violates HIPAA policy and disturbs other sessions.
- Manage behaviors. Children should not be allowed to run up and down the hallway or open other treatment room doors.
- Clinic policy is posted but sometimes we have to remind parents that they are to remain on the premises while their children are in session.
- Clinical supervisors MUST be on the premises for you to conduct a session. You may have an “on-call” supervisor for certain non-billable sessions, but a licensed, certified provider must be on the premises. Clinical supervisors are required to be in control of any session billed to a third party payer, as well as meet licensure and ASHA guidelines for observation of sessions. Consult directly with your supervisor for details or questions.
- Session planning is your responsibility, including meeting with your supervisor in planning meetings.
- Session documentation is your responsibility. All templates are posted in the Clinical Materials Library on Blackboard or found in the file cabinet located next to the waiting area. Additional resources are also available in the Clinical Materials Library on Blackboard or may be provided by clinical supervisors.
- Working folders are used to help you track your patient’s progress but should NOT contain any PHI. Working folder guidelines and documents for speech-language folders are located in the Clinical Materials Library. Speech-language students should have a working folder for each patient. Consult with your supervisor regarding specific requirements.
- Your supervisor may ask for a session treatment plan to review and follow during the session. Other requirements for session planning are up to the clinical supervisors and based on patient or supervisor needs.
- Feedback on session performance is usually given after the session or in written form in your working folder or verbally in a separate meeting with the clinical supervisor.
- Recognize that you will be exposed to new learning situations as a graduate clinician. Use these opportunities to reflect, grow, and evolve into a respected and knowledgeable professional.
- Learning about your patient is your responsibility. Not only should you come prepared to your first planning meeting but you should research evidence based practices that may be appropriate for your client. Bringing your well-researched ideas and input to the table is an important part of the clinical learning experience.
- Using food in a session is a possibility. ALWAYS check with parents/caregivers regarding food allergies and to ask permission for consumption. Food used should be in individually wrapped containers and should not come from home kitchens.
The clinic has policies on missed appointments, although we will do everything possible to work with patients who have hardships to be flexible. Clinical supervisors will make the decision to dismiss patients for missed or canceled appointments.

**Audiology**
- Try to keep patients and caregivers inside of the treatment rooms to discuss sessions or for chatting. Chatting in the hallway violates HIPAA policy and disturbs other sessions.
- Manage behaviors. Children should not be allowed to run up and down the hallway or open other treatment room doors.
- Clinic policy is posted but sometimes we have to remind parents that they are to remain on the premises while their children are in session.
- Clinical supervisors MUST be on the premises for you to conduct a session.
- Session planning is your responsibility, including meeting with your supervisor in planning meetings.
- Session documentation is your responsibility.
- Your supervisor may ask for a session treatment plan to review and follow during the session. Other requirements for session planning are up to the clinical supervisors and based on patient or supervisor needs.
- Feedback on session performance is usually given after the session, in written form, or verbally in a separate meeting with the clinical supervisor.
- Recognize that you will be exposed to new learning situations as a graduate clinician. Use these opportunities to reflect, grow, and evolve into a respected and knowledgeable professional.
- Learning about your patient is your responsibility. Not only should you come prepared to the appointment, but you should research evidence based practices that may be appropriate for your client. Bringing your well-researched ideas and input to the table is an important part of the clinical learning experience.
- The clinic has policies on missed appointments, although we will do everything possible to work with patients who have hardships to be flexible. Clinical supervisors will make the decision to dismiss patients for missed or canceled appointments.

**Miscellaneous**

Clinic process forms are located in the file cabinet that is nearest to and faces the student computer lab.
You will likely use the following forms (in addition to the HIPAA forms mentioned in a previous section):

- Disposition Form (yellow)
- Patient Intake Form (green)
- Request for Laminating/Photocopying
- Hearing Screening Forms
  - Adult
  - Child
- Session Schedule Change Form (purple)
- Hearing Aid Sales Agreement
- Medicare Form 1500
- Adult Speech Screening Form
- Confidentiality Statement for Groups
- Billing Charge Slip
- Patient Contact Record
- Encounter Forms
- Form letters for missed appointments

This is not a complete list but likely those forms that you may use most often. You may wish to meet with your supervisor or second year mentor to go over some of these. Some forms may be available in Blackboard in the Clinical Materials Library.

**Clinical Clock Hours**

ASHA and state licensing agencies require minimum amount of clock hours for certification and licensure in both areas of speech-language pathology and audiology. North Carolina requires a specific number of hours in each area across adults and children. Clinical clock hours earned both on and off-campus are entered into the CALIPSO system. The CALIPSO system tracks the type and amount of hours acquired across settings.

Students are provided with an in-service on CALIPSO’s use, as well as step by step written instructions for entering clock hours, completing self-evaluations, and supervisor evaluations. The CALIPSO login is located at [https://www.calipsoclient.com/ecu/account/login](https://www.calipsoclient.com/ecu/account/login).

**Entering Clock Hours**

All clinical clock hours should be entered in a timely manner. Supervisors receive email notification when clock hours are submitted for approval. Entering clock hours is considered an administrative task and all students are expected to be diligent and truthful in their entries. Failure to enter clock hours in a timely manner or intentional mis-entry of clock hours maybe reported as a violation of professional conduct.

Clock hours are entered based on the site where the supervisor is employed. All clock hours supervised by ECU SLHC supervisors are entered under ECU SLHC even though the actual clinical activity may take place off-campus.
CALIPSO is also used for self-evaluation activities, supervisor evaluations, and grade reporting.

**Clinic Materials, Equipment, and Tests**

The ECU SLHC has state of the art equipment and a large library of tests, resource books, therapy materials, and activities. Tests used are the most recent editions and graduate students are generally assigned to manage the Test and Materials Room where most items are stored.

There is a library data base/check out system in the Test and Materials Room. This system uses bar codes and a scanner to track check in/out of materials. All tests, resources, and therapy materials should have bar codes. Certain toys, games, and activities do not have bar codes and do not need to be checked out.

Remember that as with all “common” use items, we tend to be less aware of how our behaviors (not putting things back where they belong, checking out tests for too long, not reporting missing or damaged items, etc.) can affect others. Please be considerate of others and follow the guidelines listed below:

- Tests can be checked out overnight or Friday for the weekend. They must be returned the morning of the next business day.
- The whole test can be checked out or each component can be checked out. Make sure that if you take the whole test that you have checked it out correctly.
- Tests and the related protocols are expensive. Please do not use actual test protocols for practice. The student working in the Test and Materials Room can make copies for you, if there are none in the file.
- Tests are stored in alpha order on the wall along the left side of the room as you walk in.
- Test protocols are stored in the file cabinets along the back right wall, also in alpha order.
- Please report to the clinic coordinator, the student worker, or the clinic office if you see we are getting low on protocols. DO NOT take the last one. Please ask for a copy. You can transfer your testing results from the copy to the actual protocol once we receive the new protocols.
- Be considerate of others. Sometimes the same tests are being used by two different students. In the past, student have sent emails out announcing that they will be using certain tests on certain dates.
- When checking out other materials, please return them promptly so that others can use them.
- Oral motor supplies, food for swallowing treatment, gloves, tongue depressors, straws, plastic cups, spoons, disinfectant wipes, tissues, and hand sanitizers are located in the cabinet at the end of the testing shelves. As with testing materials, please report when materials are running low.
Screening audiometers and CD players are located in the Test and Materials room. Removal from the clinic is prohibited without supervisor approval. Please return them when you have finished with them.

Books, puzzles, and Spanish materials are located in speech treatment rooms in the clinic.

Some supervisors may loan out their own personal materials and will track those as they see fit.

Special requests for tests or materials will be considered for purchase. Submit those requests to the speech/audiology coordinator or clinic director.

The laminator that is located in the Test and Materials room is to be used by authorized persons only. You will need to fill out a laminating request form and have it signed by your supervisor to have items laminated. Once the request is signed it is placed with the items to be laminated in the box marked “office” in the student computer lab.

Copies can be requested using the same request form as used for lamination requests, following the same procedure. Plan ahead—allow a week for the requests to be processed.

The Clinical Materials Library on Blackboard also has resources provided by clinical supervisors to support therapy and diagnostic planning.

Clinic iPads

iPads are available for check out through supervisors. The supervisor is responsible for checking out the device and ensuring that it is returned at the end of each semester. There are instructions for access which are given along with the device. iPads are NOT to leave the clinic. NO PHI is to be stored on them. There are a wide variety of apps available on them. If you know of a specific app that would be beneficial to all, there is a request form that you can complete through your supervisor. NO apps, free or otherwise, are to be added to the iPads by anyone not authorized to do so.

Common Areas—Safety and Clean Up

The student computer lab within ECU SLHC is a common area used by all students in our department. The area can become cluttered and messy with so many people coming and going. In order for everyone to enjoy and use the lab available to them, the following guidelines apply:

- Use shared overhead bins to store therapy materials rather than placing in the floor
- Do not leave food or drink out overnight—ANTS will come and they will call their friends!
- Pick up paper and other objects from the floor
- Clean up after yourself! No one is responsible for you but YOU!
- You may use the refrigerator but PLEASE do not leave items in there overnight
- Limit email correspondence and other class assignments to other student lab areas
- Be courteous and keep talking to a minimum
- Know that ANYONE including clients can hear what you say
- Close the door behind you if you are the last person out of the clinic for the day

Observation of Clinical Sessions

Observation of clinical sessions is limited to students and faculty in the Department of Communication Sciences and Disorders. On occasion, outside visitors such as other professionals or students may be allowed to observe.

Non-ECU visitors are required to go through the Brody School of Medicine, Office of Generalist Programs prior to scheduling observation, consultation, or shadowing sessions in the clinic.

http://www.ecu.edu/cs-dhs/hipaa/privacy/training.cfm

The ECU SLHC has a room specifically designed for observation of clinical sessions. There are monitors and recording stations for each therapy room in the speech-language area of the clinic. This area is behind a locked door. The following regulations must be followed for use of the observation room by students, supervisors, or visitors.
Observation Room Guidelines ECU Speech-Language and Hearing Clinic
Clinical Observation Room Use

General Use Regulations
1. All persons using the Observation Room must sign in and sign out on the access list located just inside the door to the Observation Room.
2. The door to the Observation Room will remain closed and locked at all times other than when observers are in the process of entering or leaving.
3. Persons other than the clinical supervisor of record must request permission from the clinical supervisor to observe a session and the request must be made at least 1 week prior to that session.
4. Observers are asked to be quiet and respectful of the others who are trying to observe and supervise other sessions. It is understood that there will be some quiet interaction between observers and supervisors but this should be kept at a low volume.
5. Observers will not touch any of the controls for the cameras due to the sensitive nature of the equipment.
6. No food will be allowed; however drinks in covered containers may be taken into the room.
7. All persons using the Observation Room will make sure that no trash is left behind when they have finished their observation period.
8. No cell phone use will be permitted.
9. No persons under the age of 16 years will be allowed in the Observation Room.

Family/Caregiver Specific Guidelines
1. Outside observers must be checked into the Observation Room by the appropriate ECU clinical supervisor who will remain with them during the observation. Permission must be requested from the supervisor at least one week prior to the desired date of observation and due to the nature of the training program permission may have to be limited.
2. Observers will observe only the child/adult in their care; and if they are observed doing otherwise, they will be asked to leave the observation area and will give up their rights to observe any future sessions.
3. The ECU clinical supervisor “hosting” the observers will review guidelines for conduct in the observation room. A signature is required by the observer that they understand these guidelines.

Student Specific Guidelines
1. ECU students will be allowed to observe for classes and assignments provided they have permission from the Clinical Supervisor for that client and completed the ECU HIPAA training module and given a copy of their test results to the Director of Clinical Operations.
2. Students must be signed in by the appropriate clinical supervisor or the academic instructor for the class for which the observation is being required.
3. No notes with identifying information on the patient may be made.
4. Students are not to touch the camera or recording controls. The clinical supervisor or faculty instructor will be responsible for choosing the appropriate setting for the observation period.
5. Students must sign out when leaving the Observation Room.
6. Appropriate clinical dress is required because the Observation Room is located within the ECU Speech-Language and Hearing Clinic.

**Supervisor Specific Regulations**
1. Supervisors must sign in and sign out when accessing the Observation Room.
   If a supervisor gives permission for a student, parent, caregiver, other professional working with the client to observe, the supervisor is responsible for opening the Observation Room, having the observer sign in, remaining in the Observation Room with the observer (unless needed in the therapy room for part of the session), and then having the observer sign out. If the supervisor is not available at the time, that supervisor is responsible for asking another supervisor to be present during that session time to sign the observer in and out and monitor what they are doing.
2. If a camera is off line, the supervisor should immediately notify the Director of Clinical Operations.
3. Supervisors must attend a session on the use of the equipment as well as on the guidelines for utilizing the audio/video recording capabilities of the equipment.
   Before the supervisor is allowed to record a session, appropriate parent/patient permission specific to each event must be obtained. All recording is to be done using an encrypted USB device checked out from the Office of the Director of Clinical Operations. Once recorded, the file should be transferred to the clinical supervisor’s pirate drive and removed from the USB device. In addition, if the recording is to be used for measuring progress or in the therapeutic process, the supervisor should place the file on a DVD and make it a permanent part of the patient’s file, documenting its existence in writing within the clinical notes.

For more information on video recording and photography as part of the clinical process, please review ECU’s PRR on medical photography at:

[http://www.ecu.edu/prr/12/60/25](http://www.ecu.edu/prr/12/60/25)
Chapter Six

Evaluation of Student Clinicians and Clinical Faculty
Evaluation of Student Clinicians

**Audiology**
Components of ASHA’s Knowledge and Skills Outcome for Certification are used to measure competency levels:

http://www.asha.org/Certification/2012-Audiology-Certification-Standards/

On and off campus clinical supervisors use the evaluation instrument accessed through CALIPSO or through a form provided by the Audiology Clinic Coordinator. The assigned clinical supervisor(s) grade(s) the student on performance of clinical, administrative, attendance, and professional skills.

Clinical supervisors/instructors provide regular feedback, both in writing and verbal across clinical experiences. In addition, clinical supervisors/instructors provide mid-term and final evaluations.

Students are encouraged to meet with instructors following review of their evaluation, or at any time if they have any questions or concerns.

The rating scales are reflective of student independence throughout their clinical experiences, as each level in the rating scale describes the amount of support required from the clinical supervisor/instructor. Clinical supervision by percentage in some cases may be representative of compliance requirements by third party payers.

A cumulative grade of C or below is considered to be failing in any clinical practicum course. For specific procedures to be followed for a grade of C or lower in a clinical course, please refer to the AuD Handbook.

Students are required to sign a statement upon entrance to any CSDI program acknowledging that they possess the essential functions to complete the program (Minimum Technical Standards).

**Grade Disputes**

A student should try to resolve grade disputes with the clinical instructor or clinical program coordinator. Grade disputes that do not result in probation or dismissal from the program may be brought to the attention of the Department Chair and the AuD Program Director. The Department Chair may elect to conduct an informal inquiry. Traditionally grade decisions remain within the jurisdiction and the right of the assigned clinical instructor(s). Students wishing to appeal grades are urged to speak with the clinic program coordinator, then AuD Program director, then Department Chair, and finally the College Dean, if resolution is not satisfactory at each level. The Graduate School maintains a final course grade appeal policy that students can utilize in very specific situations; this policy can be reviewed at:

http://www.ecu.edu/cs-acad/grcat1112/regulations.cfm#gradeappeals.

**Speech-Language Pathology**
Knowledge and skills outcomes from ASHA’s 2014 Standards and Implementation Procedures are used to measure competency levels:  

On and off campus clinical supervisors use the evaluation instrument accessed through CALIPSO which mirrors ASHA’s skill competencies for certification. The assigned clinical supervisor(s) grade(s) the student on performance of clinical, administrative, attendance, and professional skills.

The following rating scale and skills list are used to grade speech-language pathology students:

Performance Rating Scale for Student Evaluation-Speech-Language Pathology

1. **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).

2. **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).

3. **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is present 51-75% of the time).

4. **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).

5. **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).
**SLP Students:**

**Evaluation Skills-Rated across disorders and populations**

1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)
4. Administers and scores diagnostic tests correctly (std V-B, 1c)
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)
8. Makes appropriate recommendations for intervention (std V-B, 1e)
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)
10. Refers clients/patients for appropriate services (std V-B, 1g)

**Treatment skills-Rated across disorders and populations**

1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a)
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b)
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)
4. Sequences tasks to meet objectives
5. Provides appropriate introduction/explanation of tasks
6. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)
7. Uses appropriate models, prompts or cues. Allows time for patient response.
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)
9. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)
10. Identifies and refers patients for services as appropriate (std V-B, 2g)
Preparedness, Interaction, and Personal Qualities

1. Possesses foundation for basic human communication and swallowing processes (std IV-B)
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F)
3. Possesses knowledge of contemporary professional issues and advocacy (includes trends in professional practice, ASHA practice policies and guidelines, and reimbursement procedures) (std IV-G)
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a)
5. Establishes rapport and shows sensitivity to the needs of the patient
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c)
8. Collaborates with other professionals in case management (std V-B, 3b)
9. Displays effective oral communication with patient, family, or other professionals (std V-A)
10. Displays effective written communication for all professional correspondence (std V-A)
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std IV-E, std V-B, 3d)
12. Assumes a professional level of responsibility and initiative in completing all requirements
13. Demonstrates openness and responsiveness to clinical supervision and suggestions
14. Personal appearance is professional and appropriate for the clinical setting
15. Displays organization and preparedness for all clinical sessions
16. Submits paperwork with fewer than 2 spelling, formatting, or grammatical errors.
17. If required, maintains working folder in expected format of individual supervisor.
18. Adheres to all paperwork deadlines expected of each individual supervisor.
19. Responds quickly to emails and phone calls (i.e., within 24-48 hours maximum).
20. Demonstrates potential for working independently with this patient population again.

Clinical Grading Scale

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.30 – 5.00</td>
<td>A</td>
</tr>
<tr>
<td>3.00 – 4.29</td>
<td>B</td>
</tr>
<tr>
<td>2.00 – 2.99</td>
<td>C</td>
</tr>
</tbody>
</table>
Clinical supervisors/instructors provide regular feedback, both in writing and verbal across clinical experiences. In addition, clinical supervisors/instructors provide mid-term and final grades through the CALIPSO grading system.

Students are encouraged to meet with instructors following review of their grade in CALIPSO, or at any time if they have any questions or concerns.

The rating scales within CALIPSO are reflective of student independence throughout their clinical experiences, as each level in the rating scale describes the amount of support required from the clinical supervisor/instructor. Clinical supervision by percentage in some cases may be representative of compliance requirements by third party payers.

A cumulative grade of C or below is considered to be failing in any clinical practicum course. For specific procedures to be followed for a grade of C or lower in a clinical course, please refer to page 26 in the Master’s Degree Handbook:

Students are required to sign a statement upon entrance to any CSDI program acknowledging that they possess the essential functions to complete the program (Minimum Technical Standards). The Minimum Technical Standards for enrollment in the professional degree programs can be found on page 9 of the Master’s Degree Handbook:

Grade Disputes

A student should try to resolve grade disputes with the clinical instructor or clinical program coordinator. Grade disputes that do not result in probation or dismissal from the program may be brought to the attention of the Department Chair and the Director of Master’s Education. The Department Chair may elect to conduct an informal inquiry. Traditionally grade decisions remain within the jurisdiction and the right of the assigned clinical instructor(s). The final semester clinic grade is a weighted average based on number of hours spent with each instructor (more hours equals more weight in overall average). Students wishing to appeal grades are urged to speak with the clinic program coordinator, then Department Chair, and finally the College Dean, if resolution is not satisfactory at each level. The Graduate School maintains a final course grade appeal policy that students can utilize in very specific situations; this policy can be reviewed at:
http://www.ecu.edu/cs-acad/grcat1112/regulations.cfm#gradeappeals
Student evaluation of Clinical Supervisor

Students are encouraged to engage in professional feedback sessions with clinical supervisors and may be provided in direct instruction in how to participate in these sessions.

Students are asked to complete supervisor evaluation surveys at the end of each semester through CALIPSO. This systems is used for both on and off-campus clinical supervisors.

The evaluations are released to supervisors once all grades have been entered. The survey used is as follows:

Supervisor Feedback for Students

1. Provided an orientation to the facility and the caseload.
   - N/A
   - No orientation provided. Student oriented him/herself.
   - Informal orientation provided.
   - Formal orientation provided with supplemental documentation.

2. Provided the student with feedback regarding the skills used in diagnostics.
   - N/A
   - Comments were vague, therefore difficult to apply
   - Comments were useful but lacked specifics or concrete examples
   - Comments were useful, specific, and constructive

3. Provided the student with feedback regarding the skills used in interviewing.
   - N/A
   - Comments were vague; and therefore, difficult to apply
   - Comments were useful but lacked specifics or concrete examples
   - Comments were useful, specific, and constructive

4. Provided the student with feedback regarding the skills used in conferences.
   - N/A
   - Comments were vague; and therefore, difficult to apply
   - Comments were useful but lacked specifics or concrete examples
   - Comments were useful, specific, and constructive

5. Provided the student with feedback regarding the skills used in behavioral management.
   - N/A
   - Comments were vague; and therefore, difficult to apply
   - Comments were useful but lacked specifics or concrete examples
   - Comments were useful, specific, and constructive

6. Provided the student with feedback regarding the skills used in therapy.
   - N/A
   - Comments were vague; and therefore, difficult to apply
- Comments were useful but lacked specifics or concrete examples
- Comments were useful, specific, and constructive

7. Provided the student with feedback regarding his/her selection of diagnostic or therapy materials.
   - N/A
   - Comments were vague; and therefore, difficult to apply
   - Comments were useful but lacked specifics or concrete examples
   - Comments were useful, specific, and constructive

8. Explained and/or demonstrated clinical procedures to assist students in clinical skills development.
   - N/A
   - Provided minimal explanations and/or demonstrations
   - Provided adequate explanations and/or demonstrations when requested
   - Provided thorough explanations and/or demonstrations for all clinical procedures

   - N/A
   - Rarely referenced current literature
   - Occasionally referenced current literature
   - Frequently referenced current literature

10. Encouraged student independence and creativity.
    - N/A
    - Minimally receptive to new ideas and differing techniques
    - Somewhat receptive to new ideas and differing techniques but did not encourage them
    - Very receptive to new ideas and encouraged use of own techniques

11. Provided positive reinforcement of student’s success and efforts.
    - N/A
    - Rarely commented on success and efforts
    - Occasionally commented on success and efforts
    - Frequently commented on success and efforts

12. Provided student with written and/or verbal recommendations for improvement.
    - N/A
    - Rarely provided written and/or verbal recommendations except midterm and final evaluations
    - Occasionally provided written and/or verbal recommendations in addition to the midterm and final evaluations
    - Enthusiasm and interest regularly observed; frequent positive and optimistic comments

13. Demonstrated enthusiasm and interest in the profession and in providing clinical services.
    - N/A
    - Enthusiasm and interest rarely observed; frequent negative comments
    - Enthusiasm and interest occasionally observed; occasional negative comments
    - Enthusiasm and interest regularly observed; frequent positive and optimistic comments

14. Demonstrated effective interpersonal communication with student
    - N/A
• Seemed uninterested and/or unwilling to listen or respond to student’s needs
• Some interest in student’s needs shown but communication lacked sensitivity
• Aware of and sensitive to student’s needs; open and effective communication

15. Receptive to questions
• Available to me when I requested assistance
• Unwilling to take time to answer questions
• Answered questions inconsistently
• Answered questions with helpful info or additional resources which encouraged me to think for myself

16. Utilized effective organizational and management skills.
• N/A
• Supervisor was rarely available
• Supervisor was occasionally available
• Supervisor was always available

17. Utilized effective organizational and management skills.
• N/A
• Rarely organized; showed difficulty balancing supervisory and clinical responsibilities
• Somewhat organized; balanced supervisory and clinical responsibilities with little difficulty
• Always organized; balanced supervisor and clinical responsibilities with ease

18. Referred me to or provided me with additional resources (materials, articles, video tapes, etc.)
• N/A
• Provided minimal or no additional resources
• Provided helpful resources upon student request
• Provided helpful resources without student request

19. Realistically demanding of me as a student intern
• N/A
• Expectations were either too high or too low for level experience with no attempts to adjust
• Expectations were generally appropriate for my level of experience
• Expectations were individualized and adjusted according to my strengths and weaknesses

Overall, how would you rate this clinical experience?

Additional comments?

What experience during this practicum provided you with the greatest learning opportunity?

Student Evaluation of Self
Students are required to complete self-evaluations accessed through the CALIPSO system, at least once per semester. Other activities for self-evaluation include active discussion with clinical supervisor and written reflection papers following clinical sessions.

Chapter Seven

Adjusting to Clinic “Life”
Clinic Life

There are always adjustments in life. Changes and new ways of doing things can be stressful. It is not uncommon for students to feel overwhelmed with coursework, clinic assignments, and life in general.

As a graduate student in clinic, some of you will experience your first summer of being full time in class and clinic, since beginning your school career. In your first internship experience, you will find that others may be on break while you still have to meet the requirements of the internship.

ECU SLHC is a fully operational clinic that is open, except during University holidays or closures. The expectation is that you are available for clinical activities at any time you are not in class and when the semester is in session, during normal clinic hours.

Students should not plan long weekend events during the semester, unless there is a scheduled clinic closure for a holiday. You may receive an assignment at any time during the semester and should be available to take that assignment.
Staying Mentally Healthy

There have been recent trends that suggest a rise in mental health issues among college students. Often times, stress can bring out undiagnosed mental illness or aggravate an already diagnosed illness. If you have difficulty handling the challenges or stress of your program or feel that you need support to remain mentally healthy, please contact any of resources listed below or anyone you may trust to help you identify resources that may be helpful.

For EMERGENCIES—Call 911
ECU Center for Counseling and Student Development
www.ecu.edu/counselingcenter/
252-328-6661

ECU Navigate Counseling Clinic (West Campus)
Navigate@ecu.edu
252-744-0328

Family Therapy Clinic
www.ecu.edu/cs-hhp/hdfs/ftc-contact.cfm
252-737-1415

ECU Cares Hotline
www.ecu.edu/cs-studentaffairs/ECU_CARES.cfm
252-737-5555

ECU Dean of Students
http://www.ecu.edu/cs-studentaffairs/dos/
252-328-9297