

ARKANSAS STATE UNIVERSITY
COLLEGE OF NURSING AND HEALTH PROFESSIONS
DEPARTMENT OF COMMUNICATION DISORDERS

ASTATE SPEECH AND HEARING CENTER

CLINICAL PRACTICUM HANDBOOK

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ARKANSAS STATE UNIVERSITY SPEECH AND HEARING CENTER

INTRODUCTION

The Arkansas State University Speech and Hearing Center (SHC) is a primary practicum component for the Department of Communication Disorders within the College of Nursing and Health Professions. The department's primary goal is to provide scholarly and clinically appropriate opportunities for students enrolled in both undergraduate and graduate studies in Communication Disorders (CD). Undergraduate and graduate students participate in the observation, assessment, and management of disorders of communication resulting from deficits associated with speech production (articulation, fluency, or voice), language reception and expression, dysphagia, hearing/aural rehabilitation, and related difficulties (English as a second language or accent reduction).

Policy Regarding Equitable Provision of Clinical Services

Arkansas State University is an Equal Opportunity/Affirmative Action institution and, thereby, complies with all applicable federal and state legislation regarding employment practices and admission/treatment of students without regard to race, color, religion, age, disability, gender, national origin, participation restriction, sexual orientation, veteran status, or status as a parent. As a single point-of-service entity within Arkansas State University, the Arkansas State University Speech and Hearing Center complies with all state and federal services to all client populations served in the center. Questions about this policy should be addressed to the Director of Institutional Integrity and Title IX, Aggie Road, Human Resources Room 104, P. O. Box 1500, State University, Arkansas 72467, phone (870) 972-2015.

This handbook is intended to inform students of pertinent information and the numerous guidelines applicable to the SHC. Each student is expected to become familiar with the contents and will be held responsible for its review and application. As a result, the student will be responsible for verifying the record of courses, practicum clock hours, and compliance with university, department, ASHA, ABESPA, or other applicable licensure or certification requirements. Each student is also primarily responsible for his/her own professional growth. Supervisors will, however, provide guidance and directions related to the development of clinical competencies and professional practice ethics.

All students involved in observation or practicum will be enrolled in appropriate coursework and will have completed all prerequisites. The general SHC guidelines for students are presented in the following text of information. Reference to "clinician" in this presentation pertains to all CD practicum students. Additionally, reference to treatment/instructions applies to client therapy. Specific requirements and/or samples are presented in the appendices. The contents are subject to change without notification.

MISSION STATEMENT

Arkansas State University

Arkansas State University educates leaders, enhances intellectual growth, and enriches lives.

College of Nursing and Health Professions

The mission of the College of Nursing and Health Professions is to prepare leaders to meet current and future global healthcare demands and positively impact health and wellness in the Mississippi Delta region and beyond through innovative scholarship and outreach.

Department of Communication Disorders

The mission of the Department of Communication Disorders is to prepare competent speech-language pathologists. Students are trained to provide ethical service delivery to a broad spectrum of individuals with communication disorders. In addition, students are trained to work with other professionals in a wide variety of service delivery settings.

ARKANSAS STATE UNIVERSITY SPEECH AND HEARING CENTER

Organization of the Clinical Handbook-

Policies and procedures are found within the body of the handbook. Forms referenced throughout the document are indicated with an asterisk (*) and are available in the A-State SHC Book of Forms

The Clinic

Clinic Facility

The Arkansas State University Speech and Hearing Center (SHC) is located on the first floor of the Donald W. Reynolds Building on Danner Street in Jonesboro, Arkansas. The building is accessible for individuals with disabilities via both the Danner Street Entrance and the 2nd floor Caraway Road entrance. Access to the SHC facility and Department of Communication Disorders is provided by a centrally located elevator and stairways within the atrium of the Reynolds Building. The SHC area includes the office (serving the CD academic program and the SHC), waiting area, director's office, diagnostic or therapy rooms, audiology suite, clinician's workroom, library and equipment spaces, swallowing lab, and pediatric group room. Accessible restrooms are located just outside the SHC.

Parking for the SHC is managed by ASTATE Parking Services. Clients of the SHC who are not registered as ASTATE students, staff, or faculty may park in any space reserved for the SHC or any visitor space. SHC spaces are located behind the Reynolds Building and are marked with appropriate signage. The SHC spaces require a hang tag to be displayed at all times in order to make use of those designated spaces. ASTATE visitor spaces are located in the parking garage on Caraway Road and marked with blue and white "V" signage. Clients parking in disability spaces must display a handicapped parking permit. Disability parking sites are located within the Caraway Road parking garage, while additional spaces are located behind and west of the Reynolds Building. Failure to observe parking privileges appropriately or parking in restricted zones could result in fines by ASTATE's Parking Services.

Therapy rooms in the SHC are equipped with a motion-activated digital video and audio recording system for observation purposes. Additionally, each therapy room has an adjacent observation room for parental, student, and/or supervisor use. A quiet environment must be maintained to ensure appropriate observation opportunities. Likewise, the use of cell phones and other electronic devices (during SHC hours) is limited to supervisors with incoming emergency calls. Student clinicians may only use cell phones in the work room or as permitted by the supervisor.

Each therapy room is furnished to accommodate both children and adults. The placement of furniture must accommodate remote observation. Therapy rooms and hallways must remain evacuation-ready at all times.

Prior to room use, furniture should be arranged to ensure appropriate access to viewing from the observation room. Blinds should be adjusted to accommodate specific client needs, activities, or temperature levels. Activity or instruction in the room must end at the appointed time to allow sufficient time for cleaning and arranging the room for the next occupant. At the close of each therapy session, the room should be free of all therapy/instructional materials, the table and chairs should be properly positioned, and debris should be placed in receptacles or removed from the room. As a general rule, a five-minute period of time near the end of a session should allow sufficient time for evacuation and clean-up of a room as well as set up for the succeeding session.

The CD/SHC office, waiting area, student material/workroom, and hallways are not to be used as a social gathering place. Because these spaces are in close proximity to both the diagnostic and treatment areas and offices, it is imperative that activities maintain a safe and quiet environment. It is never appropriate for visitors to be present in any student/client areas unless accompanied by a student, supervisor, or member of the faculty/staff. Family and friends will have many opportunities to visit during scheduled open houses and similar events. An additional client-accessible waiting area is available immediately outside the first floor SHC in the atrium of the Reynolds Building.

The communication system within the SHC includes written postings on a bulletin board located in the clinic library. The bulletin board located in the library allows for the posting of official treatment session cancellation notices. Clinician and supervisor mail files are also located in the clinic library. Although faculty mailboxes are located on the second floor of the Reynolds Building in the Department of Communication Disorders office, communication pertaining to SHC matters should be limited to the mail file houses in the library. Communication with clinicians and supervisors may include the current SHC schedule, SHC events, practicum calendars, diagnostic information, therapy information, clinician messages, client cancellations as well as relevant SHC information. It is the clinician's responsibility to check the mail file, bulletin boards, and student e-mail on a daily basis.

Equipment/Materials

Diagnostic Material/Equipment

The Diagnostic inventory sheet is located in the reception office of the first floor SHC. Its revision is ongoing. Diagnostic tests and materials stored in the file room immediately adjacent to the SHC reception office are for student clinician use unless otherwise indicated. Tests may be checked out overnight (Monday through Thursday) 30 minutes prior to the close of the SHC or for the weekend after diagnostic evaluations are completed on Friday (or earlier if no evaluations are scheduled) and must be returned by 8:30 am. the following business day. Only the CD/SHC faculty/clinical supervisors, administrative assistant, or a designated graduate assistant (GA) may enter the file room to secure diagnostic tests and/or materials. Testing manuals, stimulus materials, and manipulative objects must be replaced in the test housing (box, case, etc.) when finished with the assessment. Materials should also be disinfected before returning. Diagnostic tests and materials may be checked out for use at external practicum sites with the permission of

the Director of Clinical Services and standard off-site check-out procedure.* This check-out form is located in the SHC reception office and must be initialed by a faculty member, administrative assistant, or GA. Test protocol forms are located in the file room. Students are NEVER to take the final copy of a diagnostic record form or inform sheet from the files but are to inform the SHC administrative assistant or Director of Clinical Services to ensure supply replenishment. Due to cost factors, clinicians should only use one form per evaluation.

Note: Hard copies of required SHC forms (client case history, informed consent, and release of information, etc.) are housed in the clinic library.

Portable audiometers are stored in the audiology room (#122). Audiometers are available for use in the SHC by signing the test/equipment reservation sheet posted in the SHC office (#147). Although overnight checkout is allowed, specific time restrictions do apply. Audiometers may be checked out overnight (Monday through Thursday) 30 minutes prior to the close of the SHC. Checkout audiometers on Friday are dependent upon the availability of units. Audiometers must be returned by 8:30 a.m. on the next business day. All off-site use requires completion of the External Check-Out form.*

Note: Audiometers are calibrated instruments requiring attention to the storage/transport temperatures as well as careful handling. Thus, special attention must be provided to maintain the functional integrity of the equipment.

Clinic Materials

The materials sheet is posted in the SHC reception office. Its revision is ongoing. Speech-Language treatment materials are housed in the clinical library (#146), or the file room (#145). Audiology materials are located primarily in the Audiology Suite (#122). Materials are to be returned immediately after use and should be disinfected. All pieces, parts, and/or sections of materials must be accounted for and must be in proper order. If only one part or a few pieces of a kit are needed, the entire kit should be taken. Do not remove cards or materials from a kit. Separate cards and materials into appropriate groups or classifications before returning them to the kits. As a general “rule of thumb,” return the materials to the location from which they were taken. These materials are to be used ONLY in the SHC.

Recordings

The SHC has a closed-circuit television system for clinical training, research, and supervision. Clinicians may record sessions with clients for self-evaluation and/or supervisory review provided written permission for such has been gained from the client. Sessions may be saved to the computers in the supervision room. Written client permission is secured using the SHC Informed Consent form. All guidelines pertaining to confidentiality must be maintained with the use of all records.

Instrumentation

Computers and varied computer programs are available for diagnostic evaluations, treatment, and instruction. Computer stations for clinician use are located in the clinic workroom (#102). Other discipline-specific equipment may be found in the materials/clinician workroom (#102), audiology suite (#122), and file room (#145). Articles of instrumentation include augmentative devices, computers, telephones, a computerized speech lab, a nasometer, a laryngograph, portable audiometers, stopwatches, a musical keyboard, a metronome, etc. A number of these instrumentation devices require reservation and/or check-out through the SHC reception office. The majority of this equipment was purchased using student infrastructure fees.

Repair Costs/Replacement

Broken equipment, repair requests, or replacement needs should be reported immediately to a clinical supervisor, CD/SHC administrative assistant, or Director of Clinical Services. Please keep in mind that SHC equipment and materials are costly and fragile; caution should be taken to protect all items. If they are lost or abused, limited funding will not normally permit immediate replacement. In the event equipment, test items, or treatment materials are abused or lost by a clinician, he/she will be assessed a replacement cost based on age and/or replacement cost of the item.

Facility Use

The SHC hours of operation during the Spring and Fall semesters are from 9 a.m. to 6 p.m., Monday through Thursday and on Friday by appointment, except for ASTATE closings. The SHC hours of operation during Summer I and Summer II dates are from 1 p.m. to 5 p.m. Monday through Thursday and by appointment only on Friday, except for ASTATE closings. Scheduling of SHC operations may extend beyond these times by arrangement through the Director of Clinical Services. Cancellation due to inclement weather parallels closings for Arkansas State University.

Client scheduling is arranged through the referral process by the SHC administrative assistant and the Director of Clinical Services. Initial referral information appears on a Referral form* which is placed in the clinician's box following clinician/supervisor and room assignments. This information is immediately shared with the assigned supervisor. All scheduling of room use is managed by the Director of Clinical Services and a schedule is available for reference at the front desk on the first floor. Temporary use of any SHC space should be arranged through the Director of Clinical Services or SHC administrative assistant.

Note: Clinicians should refrain from removing clients from the SHC for any reason unless permission has been granted by the significant other and supervisor. Inquiries should be made of food allergies as well as likes and dislikes. The client and clinician should be accompanied by the supervisor or undergraduate observer in the event treatment requires therapeutic opportunities outside the designated SHC treatment area. Likewise, clinicians providing supervision of bathroom needs by the client (child or adult) should engage an additional

individual to assist. Faculty members other than the Director of Clinical Services may schedule clients on an as needed basis to include special clinical projects.

The use of food is acceptable within reasonable limits during treatment/evaluation activities. However, no food or drink is allowed in the SHC therapy rooms except for therapy purposes. All faculty, staff, and students are expected to help maintain rooms in the SHC. This includes individuals' responsibility to help keep these areas clean and orderly at all times. Failure to do so will result in restricted or denied use of the clinic workroom.

Emergency Procedures

Medical Emergency

At the beginning of each semester, clients, student clinicians, and university faculty and staff must complete an Emergency Medical Status form.* Information must be documented regarding medical history, pertinent medical problems, medications, physician and hospital preference, as well as authorization to contact 911 EMS should a life-threatening situation occur while on the premises. Student information will be maintained by the Director of Clinical Services and housed in the SHC office. Client information will be housed by the client's working file in the clinician/materials workroom. Faculty information will be presented to the CD Department Chair/designee and placed in the faculty personal file. Note: An EMS waiver may be submitted in the event one of the above individuals prefers an alternative emergency procedure.

In the event that a medical emergency occurs during therapy, the following procedures should be followed:

1. Immediately call for help if alone with the client,
2. Immediately notify the supervisor or faculty designee by sending another person for one of the above-named individuals – STAT
3. Notify family members, supervisors, or faculty designee to come to the location of the emergency.

Do not overreact. Many situations can be handled without calling 911, but do not hesitate to call for emergency assistance if the condition merits.

4. If unable to reach family member or guardian, and emergency treatment is warranted:
 - a. If the EMS authorization has been signed, the supervisor or faculty designee will call an ambulance (911) and accompany the client to the hospital. Refer to the EMS card for pertinent information.
 - b. The supervisor or designee will continue to secure contact with significant others by phone to advise of their medical status.

5. The supervisor will follow up by calling a family member or parent later to check on the client.

Note: In the event any client should have medical conditions requiring specific emergency measures, the clinician and supervisor must be apprised of the condition at the initiation of services for that semester. They must also receive instruction from the client/family to become acquainted with the recommended measures. Family or persons designated by the family must remain on the premises while the client receives services to administer or assist with such emergency measures.

Medical Injuries

Reporting of student or client injuries should follow ASTATE-specified guidelines.

1. Report injury to the immediate supervisor and Director of Clinical Services even if medical treatment is not necessary.
2. Report the incident to the Dean of the CNHP and the Office of Safety and Emergency Management. File the report as instructed. The CNHP Incident Report Form may be found in both the undergraduate and graduate student handbooks.
3. Emergencies should result in following the above medical emergency guidelines. Non-emergency incidents may result in medical consult/treatment at the expense of the student or client.

Emergency Evacuation

Emergency evacuation may be necessary as a result of fire, tornado, earthquake, or threat of violence. General procedures for the fourth floor or building evacuation are posted at various points in the SHC for reference should a fire, tornado, earthquake, or other procedures occur.* Sound and visual alerting devices are placed throughout the SHC. Use of the elevator during an emergency alert or incident is prohibited. All clinicians and supervisors must facilitate an evacuation process for the appropriate and safe removal of disabled individuals via the stairs from the second floor of the Reynolds Building to the designated first-floor emergency area outside of the building. Undergraduate students must participate in a client evacuation in-service (as arranged by the Director of Clinical Services) prior to participating in the initial undergraduate practicum.

The Director of Clinical Services and supervisors are responsible for making sure all individuals have left the SHC and that appropriate fire, tornado, and earthquake, or active shooter procedures are completed as outlined by the Office of Safety & Emergency Management. If possible, families should be apprised of the emergency situation after reaching a safe area.

**ARKANSAS STATE UNIVERSITY
SPEECH AND HEARING CENTER**

OPERATIONAL POLICIES AND PROCEDURES

Ethical Responsibility

All clinical students (including student observers), faculty/staff, and adjunct faculty are to conduct themselves according to the Code of Ethics of the American Speech-Language and Hearing Association (ASHA) and the College of Nursing and Health Professions. The final page of the Clinical Handbook is a Signature Page that must be printed, signed, and submitted to the Director of Clinical Services prior to the first clinical practicum experience.

Practicum students must demonstrate responsibility and respect for the client and their significant others. Likewise, the student must develop the same characteristics toward self and clinical personnel. Students are responsible for the evaluation and treatment of assigned clients. Evaluation and treatment are under the direct supervision and approval of the assigned supervisor. Ultimately, provision of services by the student fall within the legal privileges extended the immediate supervisor by the Arkansas Board of Examiners in Speech-Language Pathology and Audiology and American Speech-Language-Hearing Association. Utilization of every resource is necessary to develop and provide the most effective services. All clients and their significant others must be informed of the results of an evaluation, the nature of the disorder, recommendation for treatment, and prognosis for improvement. Likewise, ongoing treatment assessment results must be reviewed to determine treatment effectiveness and efficiency. Students should also demonstrate responsibility through maintenance of accurate and precise client records. Clinical extern students are required to uphold the Code of Ethics of ASHA and the Honor Code of the CNHP. Additionally, clinical extern students shall uphold the policies and procedures of their assigned clinical site.

Professional discretion and confidentiality of client information must be maintained at all times. It is the responsibility of the clinician to facilitate a confidential environment for open and uninterrupted discussion. Both written and verbal client information (active and inactive) will be handled with respect and confidentiality. Information is not to be discussed outside of the professional environments. Similarly, clinicians must not discuss client difficulties or progress regarding treatment in the reception area or hallways. Client related discussions must be contained within a secure area that fosters confidentiality without interruption. In the event a treatment room or office is not available, confidential conversations should occur in the Reynolds Center Building. Clients, or their significant others, must be made aware of both the SHC Consent for Release of Information form and Informed Consent form prior to the initiation of an evaluation or treatment and at the beginning of each semester of service.

No part of the permanent file and/or the working file should be removed from the SHC unless the file is taken to a supervisor's office.

Any clinical student who does not behave in an ethical manner or does not follow the policies and procedures of their clinical site will be reprimanded. Depending upon the circumstances, the student will be counseled and assigned an appropriate intervention to rectify the situation and to educate the student regarding ethical practice. If necessary, a Student Intervention form* will be completed, and the student will be informed of the misconduct during a meeting with the Director. At that time, any remediation strategy will be determined based upon the severity of the clinical misconduct.

Maintenance of Clinical Records

Permanent Client Files

Procedures for permanent client file check out are to be followed when securing the permanent client file for review. Permanent client files are housed in the SHC file room and are released to appropriate personnel using a formal check-out procedure. Only the Director of Clinical Services, SHC administrative assistant, or designated graduate assistant may secure a permanent client file. A request for permanent client file requires the official client file number assigned by the SHC administrative assistant upon completion of an evaluation and/or determination for receipt of clinical services. Permanent client files must be returned to the SHC reception office when the clinician leaves the SHC at the end of each day. Permanent client files should NEVER be placed in the clinician mailbox or separated from the clinician's immediate possession for any reason.

Each permanent client file is arranged in a specific content order as designated on the front of each file. Additionally, each of the seven (7) content areas is organized from front to back or most current to initial sequence so that the latest information always appears at the front of each content area. Each client file should contain the required information pertinent to the designated disorder and be organized in the following content order from front to back:

1. Summary of contact – File Audit form
EMS Care / Patient Information
Contact Log
2. History – Referral
Disposition form
Additional disorder history information packet (Case History)
3. Correspondence – In-coming and out-going written correspondence
4. Diagnostic – Original diagnostic report(s) and updates from ASTATE
SHC (including protocols, language samples, etc.)
Copies of outside diagnostic reports (SLP, psychological, audiological, etc.)
Supporting test results and raw test data collected during a diagnostic evaluation

5. Treatment – Original Treatment Plan
Original end of semester
Discharge Summaries and Treatment Reports from other settings
6. Session Plans – Original Daily Session Plans/Summaries
7. Consent/Release – Consent for Release of Information
Receipt of Notice of Privacy Practices (HIPAA)
Patient Consent Form (HIPAA)
Authorization for Transport of Minor
Publicity Consent

Note: Clients receiving only speech-language or audiology evaluative procedures do require establishment of a permanent file and entries as appropriate. Upon arrival for the appointment, the SHC administrative assistant will assign a file number and provide the clinician with the numbered folder. All diagnostic materials should be kept in the folder, and upon inclusion of completed and signed report, the folder should be turned in to the SHC administrative assistant.

The clinician is responsible for maintaining appropriate organization and content of the permanent client file under the direction of the supervisor. At the conclusion of each semester and upon discharge, the clinician and supervisor will utilize the File Audit form* to ensure proper transfer of semester information into the permanent file. The File Audit form will be placed in the front of the client file in the summary of contact section as noted on the audit form. As new information is added, it should be placed in the appropriate section and the proper chronological order. As previously indicated, the most current information is to be placed in front of or on top of each section, with the initial or oldest on the bottom.

All SPEAK OUT!® files are maintained in ClinicNote, a streamlined password protected electronic medical record (EMR) website. Access to client files is granted to student clinicians and clinical supervisors by the SPEAK OUT! program director. Student clinicians and clinical supervisors are authorized to access only the client files to which they are assigned.

Clinicians are bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Each clinician is required to complete the training in HIPAA regulations as provided by the Clinical Director. All protected health information is subject to the restrictions of the SHC Notice of Privacy Practices.*

All information in the files is CONFIDENTIAL and should never be discussed with anyone not professionally involved with the client, immediately related to the client, or legally responsible for the client. Client rights and professional ethics mandate confidential and secure record systems. Incomplete or problematic permanent files should be reported to the Director of Clinical Services or SHC administrative assistant. Requests for forwarding of client information (reports, test results, etc.) must be submitted in writing to the SHC administrative assistant. Subsequently,

such requests will be forwarded by the SHC administrative assistant based upon authorization from the client or significant other.

Semester Client Working Files

Semester working files for each client provide a short-term system for maintaining client information as described above. Each client enrolled in therapy at the SHC for a given semester should have a working file. Clients previously enrolled at the SHC will have the previously used working file in the back of the permanent file at the beginning of the semester, and clinicians should retrieve it upon initial file check-out. These client work files are arranged in alphabetical order by the clinician's last name in the file cabinet in the materials/clinician workroom. The establishment of a working file for new clients is the responsibility of the assigned clinician. Each file should contain all semester relevant information as identified for the permanent client file. Likewise, its arrangement should closely resemble the overall compilation of the permanent work file sections. Timely placement of the completed client information will be closely monitored by the supervisor on a regular basis throughout the semester. The clinician is responsible for maintaining proper organization and content of the permanent and working client file material. Use of the File Audit sheet at the conclusion of each semester or upon discharge provides a systematic review of information or file material for transfer from the semester client work file to the permanent client file. The formal audit of the client work file must be initiated by the clinician and approved by the supervisor before actual transfer from the semester client work file to the permanent client file. Information or file material not transferred to the permanent file should be shredded in the paper shredder located in the materials/clinician workroom. All information in the files is CONFIDENTIAL and its existence as a professional and legal record will not be compromised.

Referral Process/Appointment Request Form

Referral for services at the SHC is documented on the client Referral form. This request may be for a screening, specialized or comprehensive evaluation, and/or treatment related speech-language pathology and/or audiology. Initial information received may indicate a diagnostic evaluation be scheduled if none has been done or a significant period of time has lapsed since one has been completed. In every case, a diagnostic evaluation must be in place before treatment services are initiated. All scheduling of evaluations and treatment are based upon completion of paperwork, as well as client availability, SHC schedule or space, clinician or faculty/supervisor availability, etc.

The Director of Clinical Services is directly responsible for scheduling of all non-SPEAK OUT[®] speech-language screenings, evaluations, and therapy sessions. Likewise, the Director of Clinical Services is directly responsible for scheduling of hearing screenings and comprehensive audiological assessments. The SHC administrative assistant provides support related to appointment day, time, room, and clinician/supervisor as requested by the Director. When a client, clinician, schedule, and/or room change occurs, the supervisor and clinician are notified via their mailbox, email, or teams chat. The SPEAK OUT![®] program director is responsible for scheduling SPEAK OUT![®] speech evaluations and treatment sessions. The typical progression of

the SPEAK OUT!® program occurs across seven steps. The seven steps are listed in the diagram below.



The inability to schedule a client may result in placement on a waiting list or referral to an outside provider. In the event an outside referral is warranted following the initial evaluation, the supervisor and clinician should advise the client or significant other of available resources or alternatives. Likewise, an outside referral resulting during established or scheduled treatment should follow the same guidelines related to provision of information and assistance to the client and/or significant other.

Completion of an Appointment Request form* at the conclusion of evaluations or each semester of intervention serves as the resource for subsequent scheduling of services. The clinician is responsible for securing a completed Appointment Request form for each client upon completion of assessment or two weeks prior to the end of each semester for returning established treatment clients. For clients not returning for any reason, clinicians should complete the client information section and write "discharged" boldly across the face of the form. All Appointment Request forms must be presented to the Director of Clinical Services for scheduling purposes.

Absenteeism/Tardiness

Student clinicians are responsible for informing the client or significant others of absenteeism procedures and policies. The importance of prompt, regular attendance and its favorable influence on client improvement should be emphasized. Client attendance is also critical to the student's accumulation of practicum clock hours.

When clients need to cancel therapy, they are to notify the SHC office as soon as possible. This information is then distributed to those assigned to the case via the session notices board located in the SHC library. Should the client or significant other not notify the SHC office

when an absence is anticipated, it is determined to be an unexcused absence. Three unexcused absences should be brought to the attention of the supervisor and Director of Clinical Services, and such cases could warrant dismissal from services based on supervisor and Director of Clinical Services recommendations. The student clinician should make contact following the first and second unexcused absence to determine the reason for absence. All communication with the client regarding absences should be reported on the Contact Record form* as a matter of record.

Student clinicians are to meet clients promptly at the assigned time. The client should not need to wait beyond the appointed evaluation or treatment time. The student, however, is expected to wait **20 minutes** for a tardy client to arrive. An attempt should be made to contact the client by phone to investigate the absence. If the client does not arrive, the clinician may leave the SHC after notifying the supervisor. Follow-up discussion between the clinician/supervisor and the client regarding prompt, regular attendance and favorable opportunities for improvement are encouraged. Communication with the client regarding tardiness should also be documented on the Contact Record form as a matter of record. A treatment session should begin and end at the assigned time. Beginning early or ending later than scheduled can be problematic for a number of reasons.

SHC Clinician Attendance

Clinician attendance is mandatory. If a situation arises that may warrant that a clinician be excused from therapy, the clinician must obtain permission from both the supervisor and Director of Clinical Services. The supervisor and/or Director of Clinical Services may request that the clinician secure an appropriate substitute to assume responsibility for therapy. Failure to demonstrate commitment to the practicum experience will result in a reduction of the clinic grade or recommendation by the Department Chair for dismissal from practicum enrollment.

Externship Attendance

Once an external site schedule is established, clinician attendance is **mandatory**. Student clinicians **do not** receive personal time off (PTO) from externship sites. Students are required to begin and end their externship on the dates specified by the Externship Coordinator at the start of each semester.

Any missed time due to illness or extenuating circumstances must be approved by the Externship Coordinator and must be made up **before the semester ends**. This policy ensures that students meet the required number of clock hours and clinic days necessary for graduation.

Students are expected to schedule doctor appointments and routine personal obligations **before the externship begins**. In the event of an emergency, the student clinician should contact the external supervisor for immediate advisement. If the supervisor determines that the clinician should be absent, it is the student's responsibility to notify the Externship Coordinator as soon as possible. The Externship Coordinator will work with the clinical supervisor and student to schedule make-up time for missed clock hours. The Externship Coordinator must be notified of—and must approve—**all absences**.

If the clinical supervisor is absent and another speech-language pathologist is available to provide supervision, the student clinician is expected to work with the substitute supervisor and attend the clinical site as scheduled.

Failure to adhere to the attendance policy or demonstrate professionalism related to attendance will result in a formal meeting involving the clinical supervisor, the student clinician, the Externship Coordinator, and the Director of Clinical Services.

Dress Standard

Appropriate dress is required for all clinical practicum participants. All SHC students (including student observers), faculty and staff should be neat and professional in appearance when engaged in any SHC activity. Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact, pleasant facial expression, composed physical posture, personal hygiene, as well as selection and maintenance of garments worn while functioning in a professional capacity. Adherence to standards of professional posture as noted above is emphasized and expected. It is frequently necessary to adjust apparel and/or appearance based upon the nature of the client's disorder, type and place of activities, etc. It is extremely important to respect the dislikes or distracters for each client.

Students are required to adhere to certain personal standards both for their own safety and the comfort of the client. Jewelry is generally prohibited for health and safety reasons. A special note should be made regarding accessories such as scarves, earrings, necklaces, etc. Care should be given to the choice of accessories as they can adversely impact safety for the clinician and provide a serious source of distraction for some clients. The display of "body art" such as tattoos, nose rings, tongue rings, and jewelry items that accentuate body piercing of other anatomical sites will be prohibited while students are engaged in clinical practicum experiences in both on and off-campus sites. Additionally, hair for both males and females must be short or else confinable so as not to hang loosely around the face during treatment. Any open lesions must be adequately covered and protected from contamination. Personal hygiene should be maintained at the highest level and students must pay attention to such potential problems as bad breath, body odor, excessive fragrances/scents, etc.

Student Observers

Student observers will adhere to a professional dress standard. Appropriate dress is "business casual" or scrubs. Clothing should be clean and neat. Tennis shoes may be worn with scrubs if they are clean, neat, and well kept.

Inappropriate dress or apparel includes jeans, shorts, beach or sport wear, tops with narrow straps, tops or slacks/jeans revealing the bare waist, short skirts, ball caps, etc.

SHC Student Clinicians

SHC student clinicians will adhere to a professional dress standard. Appropriate dress includes scrubs or a collared ASTATE shirt with slack or dress pants. Tennis shoes may be worn with scrubs if they are clean, neat, and well kept.

External Site Clinicians

Student clinicians completing practicum at an external site will abide by the dress standard of that facility. Regardless of the accepted dress of a site, professional posture will be practiced by all ASTATE clinicians.

Consultation among the clinician, supervisor, Externship Coordinator, and/or Director of Clinical Services may result from inappropriate presentations of dress. Failure to implement appropriate professional posturing may result in the reduction of a clinic grade or recommendation to the Department Chair for dismissal from the clinical assignment.

Infection Control

Appropriate education and training with regard to communicable and infectious disease policies will be presented throughout the academic courses and clinical experiences.

Minimal “Standard Precautions” such as hand washing and disinfection are expected when interacting with clients. Nail polish is allowed; however, it must be in good condition free of chips. Nail length must be short to protect client safety. Nails may not protrude past the fingertips when facing the palms. Further, the CNHP has adopted additional policies and procedures. Such policies and procedures include information related to admission, retention, appeals, counseling, transmission, exposure, etc. Additionally, a Hepatitis B Vaccine declination form* is available for completion following an in-service (arranged by the Director of Clinical Services) regarding the occupational risks associated with the hepatitis B virus and the benefits of receiving the hepatitis B vaccine. A student may negotiate a new Hepatitis B Vaccine form at any time during their clinical experience by notifying the Director of Clinical Services. Any vaccine or immunity status change should be reported to the Director of Clinical Services immediately. All equipment and furniture must be disinfected prior to patient use. Masks may be required in situations that require a heightened level of precaution.

Substance Abuse

Detailed CNHP substance abuse policies have been developed in addition to those already in place at the university level.

The College of Nursing and Health Professions recognizes its responsibility to provide a healthy environment within which students may learn and prepare themselves to become members of a health occupation. Within each profession there are codes and standards for conduct by which all members of the profession are expected to function. Thus, when engaged in educational activities whether on campus or in the clinical setting health professionals are expected to be free from the abusive influence of chemical substances/drugs¹. When students are under the influence of drugs and alcohol, they present a threat to patients, other students and the employees and visitors of clinical facilities. It is the responsibility of the student to report any medication/s taken which would adversely affect his/her ability to perform safely in class or clinic. Written documentation will be required for verification of medications taken and will be placed in the student's file.

PROCEDURES

If a faculty member or supervisor observes a student demonstrating behavioral changes giving probable cause to believe the student is under the influence of drugs or alcohol while performing course activities the student will immediately be asked to submit to body fluid testing for substances at a lab designated by the College of Nursing and Health Professions who have identified procedures for collection. The cost of the test will be borne by the student. Refusal to submit for testing warrants immediate program dismissal.

At the time the specimen is released to the testing lab, the student will sign a release statement requesting that the test results be sent to the Dean's Office, College of Nursing and Health Professions, and to the student. If the results are negative, no further action will be taken and the student will only be allowed to make up work missed. If the results are positive (and substantiated by a second or confirmation test), the student will be dismissed from the professional program. Laboratory results will be disclosed to individuals whose duties necessitate review of the test results and confidentiality will be adhered to as stringently as possible.

This policy applies only to a student exhibiting behavior creating probable cause to believe drug or alcohol abuse is present. A student may be removed from the clinical environment or educational program for any prohibited behaviors as set out in the university or program handbooks, rules and regulations, whether or not related to substance abuse.

Readmission of the student to the program is contingent upon the following conditions:

- a. Formal application for readmission to the program
- b. Meeting specific program admission criteria as noted in the Undergraduate/Graduate Bulletin
- c. Clinical space availability

Arkansas State University may be required by state or national regulatory boards to submit information regarding a student's substance abuse history when he/she applies to take the examination for licensure. There is no guarantee that these boards will allow individuals with a substance abuse history to take the examination. Each case is judged individually by each board. Students will be required to abide by individual institutional policies relating to substance abuse in clinical agencies to which they are assigned.

Complaint Procedure

The formal complaint procedure provides the clinical students with a mechanism for resolving written complaints against the ASTATE Department of Communication Disorders and/or personnel. The full complaint procedure is located in the Communication Disorders Undergraduate & Graduate Student Handbooks.

Smoking Policy

According to the Arkansas Clean Air Act, it is unlawful to engage in the use of tobacco products in and on the grounds of all medical facilities, schools, and universities in Arkansas. Thus, the policy of the CD department and the SHC is that any CD student completing external observations or clinical practice abides by all state, local, and facility policies regarding the use of tobacco products.

Social Media Policy

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication method. Social media includes your personal or someone else's personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Instagram, X, Snap Chat, YouTube, and social media anonymous sites. These applications are subject to having a content transmitted to others, with or without consent from the original author. Additionally, refer to the A-State social media guidelines for faculty and staff for specific guidance <https://www.astate.edu/a/marketing/files/A-State-social-media-guidelines.pdf>

When in doubt, do not post.

You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates, or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are subject to disciplinary action. Your actions could adversely affect your standing in your health professions program which could include program dismissal.

Patient information should never be shared on social media by clinicians. This includes names, description but is not limited to names, image, or description.

You should be aware that future employers may view potential candidate's websites. Students are advised to review their site(s) for any unprofessional images or language which could adversely affect successful employment upon graduation.

Please make responsible decisions about your use of social media.

Financial Compensation Policy

As part of the professional degree program, students will be required to enroll in clinical/field courses at various sites and locations. Students enrolled in clinical practicum courses are not to be financially compensated for these field or clinical courses by either Arkansas State University or the entity who operates the site and location where these field

or clinical courses will take place.

Maltreatment Reporting

Act 703 of 2007 (Arkansas Code Annotated 6-61-133) states that for each degree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that for before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.

All clinical students must complete the Child Maltreatment Reporter Training form* and return it to the Director of Clinical Services.

**ARKANSAS STATE UNIVERSITY
SPEECH AND HEARING CENTER**

STUDENT RESPONSIBILITIES

Scheduling Information

ASTATE SHC

The SHC schedule for clients receiving treatment is established by the end of the first week for each academic semester. Every effort is made to accommodate client preference with regard to time and days. Student assignment is based upon a number of factors focusing upon acquisition of clinical skills. It is imperative that each student notify the Director of Clinical Services of any courses they are enrolled in outside of the senior block of classes (undergraduates) or course rotation (graduates).

The clinician is directly responsible to the assigned supervisor regarding all client management decisions. Everything related to diagnostic evaluations, management, parent/significant other involvement, referral, etc., must be discussed and approved by the supervisor. Additionally, all decisions pertaining to changes in scheduling, room assignments, time, day, etc. must be approved first by the supervisor and finally the Director of Clinical Services. As previously stated, all SHC schedule changes must be approved through the supervisor and the Director. The clinician is not afforded the privilege of changing appointment times.

Decisions regarding client initiation of treatment and/or dismissal are primarily the responsibility of the assigned clinician and supervisor, however, consultation with the Director of Clinical Services may be appropriate. Written notification of the decisions regarding client treatment and/or dismissal must be made to the Director of Clinical Services. Recommendations for dismissal of a client must be reported to the client file in a final "Summary of Treatment/Discharge*." Additionally, upon discharge, an Appointment Request Form * (with client information completed at the top and "discharged" written boldly across the face of the form) must be presented to the Director of Clinical Services.

The master SHC schedule is maintained by the Director of Clinical Service. In addition, there are copies of the schedule in the SHC reception office and posted on the side of the student lockers in the clinician workroom (#102). Students should check the posted schedule on a daily basis for official revisions.

Speech-Language and Audiology evaluation and screening schedules are established within the first few weeks of each semester and are updated on an "as needed" basis. Clinicians may be assigned to diagnostic or screening teams based upon clock hour needs, availability of clinicians/ supervisors, and SHC opportunities, etc. Subsequent to individual or team assignments by the Director of Clinical Services, client appointments are managed by the

SHC administrative assistant/receptionist. Assignment to a diagnostic team does not guarantee acquisition of clock hours equal to the time assigned.

External Sites

Practicum students are assigned to two to four external sites to gain clinical experience and accrue required clinical clock hours. Assignments are made by the **Externship Coordinator** prior to the start of each semester. All placements are determined after careful consideration of clock hour needs, student preferences, supervisor and site availability, and the ages/disorders served at each site.

A Clinical Affiliation Agreement (between Arkansas State University College of Nursing and Health Professions and the administration of the site) is initiated by the Externship Coordinator through the dean's office and must be fully approved prior to the student beginning practicum. Once an Affiliation Agreement is finalized and the student is placed, the student clinician is expected to remain at that site for the entire semester. Changes will only occur if the University or the facility has cause to terminate the contract or request the student's removal. This policy also applies to students who request placements in a city or state where they do not typically reside. Students are responsible for securing their own housing for the entire semester and must remain at the site until the externship is completed.

Both students and external clinical supervisors receive introductory information outlining expectations, timelines, and required documentation. Students assigned to external sites must secure and submit copies of their supervisor's state licensure and certification credentials—*as determined by the Clinic Coordinator*—along with an External Practicum Site Agreement within the first five days of externship. Failure to submit these items by the deadline will result in a **0** for this assignment and may delay the student's continuation at the site. All documentation is confidential.

Once the externship begins, students must follow their supervisor's schedule. For example, if the supervisor works 7:00 AM–5:00 PM, the student must be present during those hours. Any schedule adjustments require prior approval from the **Externship Coordinator**. Students are expected to remain at the clinical site for the duration of their supervisor's workday unless explicitly dismissed by the supervisor. If dismissed early, the Externship Coordinator must be notified the same day.

Student clinicians do **not** follow the University's academic calendar; they follow their supervisor's schedule. For example, if the clinical site does not observe spring break, the student is required to attend. Failure to meet attendance expectations will result in a conference involving the student, the clinical supervisor, the Externship Coordinator, and the Director of Clinical Services. (Refer to the Externship Attendance section for details.)

Students may request a specific site when submitting the Externship Request Form at the start of their first fall semester. Students **are not allowed to directly contact sites to inquire about placements**. The Externship Coordinator is the liaison between the program and the clinical site—**all contact from the program regarding externships must come from the Externship Coordinator**. Students may provide the contact information of sites, but the Externship

Coordinator must make contact. If multiple students request the same placement, the Externship Coordinator will consider several factors, including:

- Order of requests
- Knowledge and skills of the students
- Needs and capacity of the practicum site
- Individual educational or personal needs

The Externship Coordinator reserves the right to deny placements that do not adequately support the student's development of the clinical knowledge and skills required for graduation.

Clinical externships are typically scheduled as follows; however, schedules may be adjusted at the discretion of the Externship Coordinator and Director of Clinical Services:

- **Clinic I (Fall) or Clinic II (Spring):** Mondays and Wednesdays (Fridays may be used to make-up time)
- **Clinic III (Summer):** As needed, Monday–Thursday afternoons during Summer I and II sessions (Fridays may be used to make-up time).
- **Clinic IV (Fall):** Monday–Friday (full-time).

Each course syllabus will specify the number of clock hours required for that semester. Start and end dates for each externship will be scheduled and communicated by the Externship Coordinator at the beginning of each semester.

Clinical Service Delivery

Utilization of Stimulus Materials

The SHC provides a variety of therapy materials for use in treatment. However, students are strongly encouraged to have a personal collection of stimulus materials. Small mirrors, a small flashlight, stopwatch, etc. are examples of frequently used items during assessment and treatment.

Students are responsible for ensuring the cleanliness and safety aspects of all materials to be used. Particular consideration should be given to how materials will be housed during evaluation or treatment sessions. Attention should be given to infection control procedures described elsewhere in this publication. Likewise, it is imperative that general guidelines regarding use of the SHC materials and space be observed.

Parent/Significant Other Involvement

The quality and quantity of parent/significant other/client interactions are a major influencing factor affecting skill development. Professional literature has increasingly stressed the desirability of caregiver involvement in the treatment of clients. The practicum student is responsible for initiating involvement as determined appropriate for the disorder, etc. Extent and progression of involvement must always be approved by the clinical supervisor prior to initiation. Parent/significant other involvement may include:

- a. discussion and clarification of history data
- b. observation of treatment/service delivery as allowed by privacy policy
- c. discussion of information related to the client's progress
- d. discussion of treatment objectives, materials, instructional strategies, etc.
- e. explanation and/or demonstration of techniques and materials for use outside the treatment setting

Client/Parent/Significant Other Conferences

The student and supervisor will discuss results of diagnostic information, treatment objectives, and/or recommendations prior to client/parent/significant other conferences. Students will not provide information that has not been approved by the supervisor. The supervisor will be available for all client-related conferences. The clinician will be thoroughly prepared to provide both verbal and written comprehensive reports regarding pertinent client information at the conference and offer meaningful explanations to questions

Clinic Procedures

Referral

Clinicians and supervisors should take advantage of information provided via the referral form. Such information is generated as the result of a request for evaluation or treatment. Most referrals are physician or parent/significant other generated. Although most referrals for the SHC are requests for treatment, an equally significant number of requests for evaluation are indicated or received during a semester. Scheduling of client evaluations and first time clients for treatment will generate a Referral form.* The Referral form will be placed in the clinician's mailbox as clinical assignments are made. It is the responsibility of the clinician to immediately share this information with the assigned supervisor. The Referral form will then be placed in the client work file for future placement in the permanent client file.

Authorizations and Client Forms

All authorization forms must be signed by the client (or parent, if client is a minor) unless legal Power of Attorney has been provided to another individual, in which case the person holding Power of Attorney must be the authorizing signature. All initial client forms are to be submitted to the SHC office (immediately upon obtaining the signatures) for review and processing. After processing, the completed forms will be returned to the clinician for filing in the client work file and will be transferred to the permanent client file upon completion of the diagnostic evaluation or at the end of each semester during the file audit. Initial client authorization forms are used for teaching purposes and/or public relations publications or displays. Names of client and/or clinician will not be disclosed if used for

these purposes. This form is customarily printed on tan paper.

Patient Information

Although it would be most helpful to have the “client history” intake information prior to the initial session, both time and cost have proven prohibitive in such an arrangement. Therefore, the clinician is responsible for punctually securing the information critically relevant to the disorder prompting the referral. The history intake packets are lengthy and comprehensive. It is not advisable to allow the client/parent/significant other to take the intake packet home for completion. Typically, this will delay collection of appropriate information or result in a failure to secure relevant information.

The clinician should inquire regarding the availability of current or previous evaluation or treatment information, and if available, complete the aforementioned Consent for Release of Information*. Any history information received prior to the initial session will be forwarded immediately to the assigned clinician who will immediately share it with the assigned supervisor. All client information will be placed in the client working file for future transfer to the permanent client file.

Age and/or disorder specific client history intake information packets are housed with the clinic administrative assistant

Reports

All reports are considered legal documents usable for medical and/or educational purposes. Ownership and liability of evaluation and/or treatment rests with the licensed and credentialed supervisor. Thus, all reports or plans must be approved. Such approval is indicated by supervisor signature and/or initials prior to the initiation of diagnostics and treatment as well as distribution of written information to the client/significant other.

Diagnostic Summary

A Diagnostic Summary will be generated for every client evaluation. The Diagnostic Summary template/guide (speech, language and hearing) are available for reference in the book of forms.* Student clinicians will consider case history, observations, client/caregiver report, and performance on standardized and/or criterion referenced assessments to determine the best fit diagnosis. A diagnosis is more than scores on a protocol form. Student clinicians must consider the entire client when forming a diagnosis. Additionally, each diagnostic report is required to have a prognostic statement at its conclusion as well as an indication for frequency and duration of treatment. The initial draft of the diagnostic summary and test protocols is due *within 48 hours* following the evaluation.

Upon submission to the clinical supervisor, the report will be critiqued regarding technical writing and report content. Following the return of the initial draft, the practicum student will submit two copies of the revised diagnostic report within 24 hours for approval and signature. (Submission of revisions must be accompanied by all previous submissions). Immediately following the affixing of the signatures, one copy is placed in the client's working file while the remaining copy is presented to the client or significant other during a subsequent treatment session, mailed in an official letterhead envelope (available in the office) with typed address, or may be presented to the SHC administrative assistant for mailing. All requests for forwarding diagnostic findings to others should be submitted on the Consent for Release of Information* to the SHC administrative assistant. Subsequently, the SHC administrative assistant will forward the information. Punctuality in submitting diagnostic reports to the supervisor and client is an important aspect of the student's demonstration of professionalism.

Frequently, a client may present to the SHC with formal diagnostic information resulting from a previous evaluation at another site. This formal reporting should be reviewed and placed in the working file for transfer to the permanent file during the end of semester file audit or discharge. Additional testing may be appropriate for diagnostic and/or programming purposes.

Treatment Plan

The Treatment Plan* must be prepared each semester for every client served in the SHC regardless of the length of enrollment. The purpose of the report is to outline a specific plan of treatment for an identified communication related disorder based upon previous formal and informal evaluation. Such plans of treatment represent individualized behavioral goals and objectives which clearly identify three major components (condition, performance, and criterion) associated with the identification and acquisition of a skill. Further, the goals and objectives should reflect a hierarchical order for acquisition of speech and /or language skills. The major focus of the report is to formally record pertinent information regarding the remediation program. Goals and objectives for a particular client and an individual disorder are represented through personalized intervention goals/objectives, strategies, and/or modifications. Such plans provide the structure necessary for efficient and effective remediation of targeted skills acquisition.

The format used for the Treatment Plan should be followed carefully. It is important that each Treatment Plan clearly identifies specific individualized goals and objectives while supporting the prognosis for expected client outcomes for a specified period of time. Additionally, each Treatment Plan must record statements of frequency/duration and prognosis. It is equally important that the development of the Treatment Plan reflects client and/or significant other participation through both oral and written agreement as represented at the conclusion of each written Treatment Plan.

Critique of the student generated Treatment Plan includes determination of appropriate technical writing skills and report content. The initial draft of the Treatment Plan must be submitted for review within one week from the second therapy session. Frequently,

individuals may be placed in a treatment slot prior to actual collection of evaluation information. Therefore, the Diagnostic Summary and Treatment Plan must be completed in a timely but accelerated manner. These two documents may be combined into a Diagnostic Summary/Treatment Plan. Procedurally, revisions are indicated by the supervisor and the copy is reviewed by the student for changes. Two copies of the final draft are returned to the supervisor (with original draft copy) for approval and signature. Immediately following the affixing of signature, one copy of the Treatment Plan is placed in the client's working file and the second one is immediately reviewed with/presented to the client or significant other during a subsequent treatment session or mailed.

Punctuality in submitting written documentation to the supervisor and client is a primary aspect of ethical professionalism. Transfer of the Treatment Plan from the working file to the permanent file should occur at the end of semester file audit or upon discharge.

Weekly Intervention Plan/Summary

The Weekly Intervention Plan/Summary* must be prepared for each client served in the SHC using the designated format. Such a plan provides an opportunity to state or restate treatment goals and objectives as well as procedure and/or activities for remediation of disorders of communication. It also provides opportunities to record/report formal achievement of targeted tasks and informal statements relevant to the acquisition of specified deviant skills, levels of client participation, etc. Daily treatment objectives should be presented using the 3-part objective model. The Weekly Intervention Plan/Summary will be presented to the assigned supervisor for approval prior to the session as determined by the supervisor. Each supervisor will provide a submission schedule to the supervisee during the initial clinician/supervisor meeting. Treatment results should be presented, in the narrative "SOAP" format* is required by the supervisor.

Treatment Summary

The Treatment Summary* must be prepared for every client served in the SHC regardless of the length of enrollment. The purpose of the report is to record pertinent information regarding the client's disorder, remediation program goals and objectives, client response to therapy, progress achieved and recommendations for future maintenance or management. These reports also provide useful information for future clinicians as therapy goals/objectives are reviewed ensuring appropriate continuity of service.

The format for the Treatment Summary should be followed carefully. It is important that each client's behavior is accurately and specifically described. Provided the client continues services through the end of an academic semester, the Treatment Summary must be submitted on dates determined by the Director of Clinical Services.

Note: In the event clients discontinue services prior to the end of an academic semester, the Treatment Summary and Discharge Summary formats may be combined resulting in a Treatment Summary/Discharge Summary.

Procedure for submission of the Treatment Summary is similar to those previously presented. It is imperative that reports be submitted in a timely manner as previously

described. Students must comply with the submission guideline for initial completion, subsequent resubmission and acquisition of signatures. Client review and approval as well as inclusion procedures related to file documentation must be considered.

Likewise, placement in the working file and presentation to the client/significant other must be completed in both a timely and professional manner. The Treatment Summary must be presented to the client/significant other on the last scheduled day of treatment in a given semester and placed in the working file prior to the final client file audit with the supervisor. It is essential that the final Treatment Summary be specific, concise, objective, and accurate. Transfer of the Treatment Summary from the working file to the permanent file should occur at the end of the semester file audit or upon discharge.

Discharge Summary

A Discharge Summary* will be generated for any client discontinuing receipt of services at the SHC. Reasons for discharge may include the following: 1) completion of a remediation plan, 2) referral to another provider, 3) entry into another provider setting, 4) personal choice to discontinue services, 5) provider recommendation for discharge related to decreased participation/attendance, or 6) maximized skill level although goals/objectives not met, and/or 6) other factors contributing to the need for cessation of treatment.

As previously stated or implied, the Discharge Summary format must be followed closely in order to convey an accurate accounting of a disorder as well as the intervening services

focusing on communication skill building and functional application. The Discharge Summary (although an abbreviated narrative) must provide a concise and objective picture of the client's communication levels at evaluation and initiation of treatment, advancing benchmarks throughout the treatment process, and the final point of function at discharge (regardless the reason). The client's communication strengths and weaknesses must be clearly stated and applied to the aspects of activities of daily living regardless the primary setting (school, home, community, etc.). It is extremely important that the Discharge Summary accurately reflect the client's communication abilities along with any strategies or modifications that facilitate or support the reported skill level.

The Discharge Summary must be submitted to the supervisor for review and approval no later than 48 hours after determination of discharge. Should the discharge occur at the end of an academic semester, the Discharge Summary or Treatment Summary/Discharge Summary must be submitted to the supervisor prior to the last treatment session as indicated by the Director of Clinical Services. The approved signature copies (2) must be ready for presentation to the client and placement in the working file at the final treatment session. Placement in the working file is required prior to the end of semester file audit for transfer to the permanent file. Transfer of the Discharge Summary from the working file to the permanent file should occur at the end of semester file audit or upon discharge.

Note: All permanent client files determined for discharge should be presented to the SHC administrative assistant following file audit.

Documentation requirements for the SPEAK OUT!® program are dictated by the Parkinson's

Voice Project and may change according to their protocol. Typical reports include the documentation required following each evaluation, individual treatment session, group session, and re-check. Service delivery and a research data base for SPEAK OUT!® patients may require electronic medical records. Students assigned to this program will be advised on how best to use that electronic platform.

Survey of Clinical Services

The Survey of Clinical Services* must be presented to the client for completion at the end of each semester or upon discharge. This survey provides valuable quality assurance information for management of the SHC as well as documentation for CD accreditation purposes.

Self-Evaluation

Each student will rate their own clinical performance for each client assignment at mid- term and at the end of each semester using the Self-Evaluation form using Calipso.

Supervisor Feedback

Each student will rate each supervisor using the Supervisor Feedback form using Calipso. Due dates are listed each semester on the clinical dates to remember

Grades

Evaluation of clinical performance is provided throughout the semester using evaluation information completed through Calipso, direct feedback from clinical supervisors, and information documented via the Student Intervention form.* Both mid-term and end of semester grades are submitted by uploading the evaluation of performance to Calipso. Letter grades will be submitted by the Externship Coordinator or Director of Clinical Services. Failure to comply with designated timelines for submission of client documentation, clock hour reports, grades, etc. may result in lowering of the overall clinical practicum grade. Note: Students at external sites are responsible for monitoring submission of grades in a timely manner as outlined by the clinical calendar.

**ARKANSAS STATE UNIVERSITY
SPEECH AND HEARING CENTER**

PRACTICUM

Guidelines

Clinical Observation

All Communication Disorder (CD) majors are required to complete 25 clock hours of supervised observation prior to engaging in direct practicum experience. The purposes of clinical observation are two-fold. Clinical observation affords acquisition of 1) clinical experience and 2) accumulation of clinical clock hours. Student observations are currently completed at the undergraduate level, generally during the first year of the undergraduate CD program. Transfer students, or those who have changed majors, will begin observation and practicum upon completion of required academic prerequisites.

The academic and clinical faculty agree that every opportunity must be presented to make observation a meaningful aspect of the total CD program. Cooperation and compliance with established clinical procedures will help the student have a positive learning experience. Failure to comply will result in cancellation or restriction of observation privileges. Such action may adversely impact timely completion of required course work or delay eligibility for application to a graduate program.

Currently, clinical observations are required within the framework of two (2) academic courses: 1) Introduction to Communication Disorders – CD 2653, and 2) Clinical Observation in CD – CD 3553. After each observation, students will complete an Observation Summary or a SOAP note as designated by their faculty member. The Observation Record* will be completed immediately upon completion of the observations. Supervisor initials should also be secured immediately upon completion of the observation activity. Both the original Observation Summary and Observation Record will be presented to the appropriate academic professor at the conclusion of the academic offering for inclusion into the appropriate permanent student file. Observations will be documented to meet ASHA requirements. Clinical observers should maintain a copy of all originals presented for verification purposes. During the semester prior to the first clinical experience, undergraduate clinicians will secure a Calipso account and upload all observation hours for approval by the faculty member who taught each course resulting in observation hours.

Admittance to Graduate Practicum

All speech-language pathology practicum students must have completed their undergraduate degree with the normal progression of academic coursework. The student must have completed 25 clock hours of observation and have documentation of these hours on their online Calipso account. The student will be registered in the appropriate clinical practicum

course as identified in the graduate catalogue. Actual clinical assignments allow students to acquire diagnostic and treatment experiences for a variety of prescribed disorders, settings and ages. The graduate practicum student must complete one (1) undergraduate practicum in the ASTATE SHC prior to enrollment as a graduate clinician. The graduate practicum experience involves four (4) practicum enrollment semesters with varied clinical clock hour requirements. The first three (3) practica suggest accumulation of at least 50 clinical clock hours provided in the ASTATE SHC and external practicum sites. Each clinical experience will afford various amounts of clock hours based on multiple factors, including site productivity, course schedules, and weather. The final or fourth (4th) practicum experience provides a full semester of clinical experience resulting in the accumulation of a minimum of 200 clinical clock hours. Students are advised that the minimum total number of clinical hours specified by ASHA is 400.

On-site clinicians who are assigned to the SPEAK OUT!® program are required to complete a training program. Tasks may include, but are not limited to observing, simulating, and performing skills required to deliver high quality treatment to patients enrolled in SPEAK OUT!®.

Required Documentation

Prior to participating in the appropriate clinical practicum course, the undergraduate and graduate student must have completed the following items as evidenced each year:

- a) Professional liability insurance.** Professional liability insurance may be secured through any provider chosen by the student. However, group policy information offered to NSSLHA members through ASHA is available.
- b) Tuberculosis skin test.** Proof of tuberculosis testing may be obtained from any provider chosen by the student. Testing is also available through the ASTATE Student Health Services for a reduced fee. An appointment is required.
- c) CPR training.** Proof of CPR training may be obtained from any provider chosen by the student. However, provision of such training is frequently provided to students at a reduced cost through the CNHP's Nursing Program or the Red Cross prior to the beginning of the Fall semester.
- d) Hepatitis B.** A brief in-service related to the occurrence and effects of Hep B will be provided. Each student will be provided with the documentation to indicate their current Hep B immunization record, desire to receive immunizations, or declination of immunization. Provision of injections may be secured through the ASTATE Student Health Services for a reduced fee. Appointments are required. Students who choose to waive the administration of Hep B vaccination must submit the Declination of Vaccination* form prior to the first clinical experience.

- e) Act 703 of 2007 (Arkansas Code Annotated § 6-61-133) states that for each degree program at an institution of higher learning in this state that is prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.

Prompt submission of the required documentation will ensure participation in the appropriate clinical experience as well as providing documentation to meet program requirements. All information will be housed in the CD clinical practicum file.

Practicum Objective

Participation in the clinical practicum allows pre-professional clinical experience involving direct client contact. Clinical practicum provides an opportunity to apply concepts, theories, and methods of assessment and management learned in academic coursework. Performance in clinical practicum usually reveals individual strengths and weaknesses in the student's ability to apply academic knowledge to the clinical situation. Therefore, the practicum experience is perceived as an on-going learning experience for the clinician. The student clinician is not expected to possess full knowledge and proficiency in client assessment and management, but is expected to continually seek answers to clinical questions. A primary responsibility of the clinical supervisors is to facilitate student growth in this special learning situation. Students are encouraged to draw on talents, knowledge and expertise of the supervisors and fellow students, in addition to pursuing library research pertaining to clinical questions and challenges.

Further, students should respect and honor the professional autonomy of each supervisor. Valuable experience may be gained through the implementation of a variety of supervisor models imposed through practice information, guidelines, procedures, strategies, activities, etc.

Clinic Calendar

Students are provided a calendar of events at the beginning of each semester. The calendar will list the beginning and/or termination of services for the semester as well as closings and special events. Students assigned to external sites will frequently experience additional service related events. Meetings scheduled by the Director of Clinical Services or supervisors, regularly scheduled clinical activities and special events are mandatory. Such mandatory meetings do not typically appear on the events calendar.

The SPEAK OUT!® schedule may vary from the typical clinical schedule. Due to the nature of

the program, therapy may begin as soon as the first day of each semester and end on the last day of final exams. The SPEAK OUT!® calendar is reflected on the clinic calendar.

Note: Students assigned to external sites will observe the closings/holidays determined by the assigned supervisor/site. For example, the student will observe holidays and/or “spring break” according to the site calendar and not ASTATE’s calendar. Likewise, an offsite clinical assignment may require weekend, evening, or holiday service delivery.

Supervisor Guidance

1. Guide and direct student clinician growth in client assessment and arrangement during the practicum experience.
2. Observe, supervise, and demonstrate (as required) the clinical activities of assigned student clinicians in accordance with established policies and procedures.
3. Observe and evaluate in written form the performance of the assigned student clinician during each treatment session. Supervisors are encouraged to provide more than the minimum requirement of 50% supervision for each evaluation session and 25% supervision for treatment as prescribed by ASHA.
4. Conduct regularly scheduled conferences with each assigned student clinician to discuss client and clinician progress.

In regard to supervision relating to speech-language screenings and diagnostic evaluations, Audiological screenings and diagnostic evaluations, and Language-Reading evaluations, supervisors are responsible for each evaluation as follows:

- a. Reviewing and instructing the student clinician in the use of current assessment procedures and instruments.
- b. Assisting the student in selecting client-appropriate assessment tools.
- c. Observing, directing, and performing (as required) a portion of the evaluation. Direct observation must be no less than 50% minimum.
- d. Directing discussion of the results and recommendations with the student clinician prior to the exit conference.
- e. Participating in the client exit conference discussion as needed.
- f. Providing feedback to each student regarding performance during the evaluation and giving feedback in written and verbal form.
- g. Editing the student’s rough draft of the diagnostic evaluation report and

signing the final report. Each supervisor is responsible for timely completion and presentation of reports.

- h. Guiding finalization of the diagnostic evaluation process.

Clock Hours

Guidelines for discipline-specific clinical clock hours required by ASHA are as follows:

Practicum area	Hours needed
Total observation and practicum required	400
a. Observation required	25
b. Practicum required	375
Total graduate practicum required	325
Maximum number of undergraduate hours that may be used	75

Supervised practicum must include experience with client populations across the lifespan from culturally diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities.

The documentation of clinical clock hours are completed by the student and verified by the clinical supervisors through the cloud based Calipso software. For student convenience, a Daily Clock Hour form * is available to assist students in tracking hours.

Guidelines for discipline-specific clinical clock hours established by the ASTATE Communication Disorders Program are:

Intro	25 hrs
I	50 hrs
II	50 hrs
III	50 hrs
IV	200 hrs

Each practicum student is responsible for maintaining an accurate accounting of diagnostic evaluation and treatment clinical clock hours. Students must submit a monthly account of accrued hours using Calipso. Students involved in externships are also responsible for keeping an accurate record of practicum clock hours. **Note: Proof of participation in clinical practicum from other academic institutions must be provided to the Director of Clinical Services prior to enrollment in graduate clinical practicum.**

Clinical practicum assignments will be subject to change or suspension by the Director of Clinical Services until all original clock hour forms have been reviewed.

The student will participate in mandatory clock hour file audits at the end of their graduate curriculum. The final clock hour audit will result in verification of the fulfillment of clinical requirements by the CD Program, ASHA and state licensure boards. The concluding clock hour documentation will be forwarded to the graduate school for verification of completion for graduation purposes and posting on the official transcript.

Special Programs

For special clinical programs included but not limited to SPEAK OUT!®, policies may be amended as needed.

SIGNATURE PAGE

I have received a copy of the Arkansas State University Speech and Hearing Center *Clinical Handbook*. My signature below indicates that I have read the Arkansas State University Speech and Hearing Center *Clinical Handbook* and understand the policies and procedures outlined therein. Further, my signature below indicates that I will comply with the policies and procedures set out in the Arkansas State University Speech and Hearing Center *Clinical Handbook*.

Student Clinician Name

Date

This sheet must be on file in the student clinician's clinical practicum file before the student clinician will be allowed to have contact with clients.

