OUR LADY OF THE LAKE UNIVERSITY

WOOLFOLK SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS

CLINICAL EDUCATION HANDBOOK

2021-2022

COVID 19 Guidelines Implemented by CSD

Some exceptions to Handbook Notations Secondary to COVID 19

Follow Additional Clinic Practicum Schedules and Format Provided as Addendums in fall 2021

Master's Program in Speech-Language Pathology accredited by Council on Academic Accreditation in Audiology and Speech-Language Pathology of American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville Maryland 20850, 800.498.2071 or 301.296.5700

TABLE OF CONTENTS

2021-2022 1

Welcome Letter 9

REVIEW AND USE OF CLINICAL PRACTICUM HANDBOOK 10

PROFESSIONAL ASSOCIATIONs 11

The Council on Academic Accreditation in Audiology and Speech-Language 11

Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) 11

Praxis Examination 11

Texas Department of Licensure and Regulation 12

CLINICAL EDUCATION 13

Mission and Philosophy 13

Philosophy and Clinical Program Objectives 13

Clinical Education Overview 14

Knowledge and Skills 14

CSD Graduate Clinical Curriculum 14

The CSD Clinical Education Program is Designed to: 15

Clinical Education Expectations 16

Clinical Practicum and Field Placement Experiences 17

The following is a list of clinical practicum courses: 17

Clinical Education Requirements 17

The goal of these learning experiences is to: 17

Semester Practicum Sequence 18

First year Illustration 18

Minimum hours earned per semester in HJC Practicum: 18

Minimum requirements/criteria for students to be considered for FP: 18

Second Year Illustration 19

Minimum hours earned per semester in FP Practicum: 19

Semester 1 Fall 1: 1st year graduate student – primary level 1 19

treatment 20

assessment 20

Additional clinical experiences may include: 20

Semester 2 Spring 1: 1st year graduate student – primary level 2 20

Semester 3 (Summer) 21

Approved Field Placement CSD 7377 or CSD 7379 21

Summer HJC Intermediate Practicum CSD 6367 21

Semester 4 Fall 2: 2nd year graduate student – Advanced Level Practicum 21
Semester 5 Spring 2: 2nd year graduate student – Advanced Level Practicum 21
Clinical Levels and Competencies 22
METHOD FOR ASSIGNING CLIENTS AND SCHEDULING THERAPY SESSIONS 23
Assignment Process/Procedure: 23
Considerations When Making HJC Practicum Assignments 23
Declining a Clinical Practicum Assignment 24
Important Definitions 24
Keeping the Same Client 24
Additional Client Assignments 25
Removal of Student from Client Assignment 25
Practicum Experiences that Count for Practicum Hours 25
Earning Clock Hours as a Co-Clinician 26
Self-Reflections 26
Meeting Clinical Skill (STANDARD IV-G) 26
CLINICAL SUPERVISION 27
Within HJC students can expect: 27
Modes of Communication Between Clinical Educators and Graduate Students 27
Supervision Approaches 28
CLINICAL SKILLS ASSESSMENT 29
Description of onsite practicum courses 29
Onsite first year practicum evaluation of clinical competencies 30
Performance Rating Scale 31
Practicum grade at the end of the semester is “Pass” or “Fail” for OLLU 32
Advancement to the Next Level of Practicum 32
CLINIC REMEDIATION PLAN (CRP) 33
CRP Process 33
STUDENT REMOVAL FROM CLINICAL ASSIGNMENT 35
POLICY FOR STUDENT GREIVANCES WITHIN CLINICAL EDUCATION 35
STUDENT GRIEVANCES AND APPEALS 35
CLINICAL DOCUMENTATION PROCEDURES 36
Treatment Documentation 36
Basic Treatment Documentation Requirements 36
Type of documentation 36
Timeline of documentation 36

EHR Client Records/Documentation 36
Clinician Practicum Documentation (Non-Record) 37
E-mail Format for Coding LPs 37
Method of Documentation: 37
Lesson Plans (LP): 37
Data & Clinical Probes 37
Progress Summary/Discharge Summary (PS/DS) 37
ELECTRONIC CLINICAL PRACTICUM PORTFOLIO 38
PROFESSIONALISM 39
CLINICAL PRACTICUM DRESS CODE 40
ATTENDANCE POLICY 42
All students are required to participate in the following: 42
Illness: temporary 43
Illness: long-term 43
Other: 43
How to Report Absences 44
Absence from Class 44
Absence / Cancellation for HJC Treatment: 1st, 2nd, and 3rd semesters 44
The student will: 44
absence/cancellation for HJC dx: 1st, 2nd, and 3rd semesters 44
absence cancellation for external field placements: 3rd, 4th, and 5th semesters 45
The student will: 45
Cancellation of Professional Meetings: All students across all semesters 45
TRANSPORTATION, TIMELINESS, AND ARRIVAL TO CLINICAL PRACTICA 46
INCLEMENT WEATHER 46
EMERGENCY PROCEDURES 47
OLLU Emergency Instructions 47
Medical Emergency-(..... 47
Emotional Crisis 47
Call Campus Police immediately, ... 47
Criminal Activity-(..... 47
Acts of God 47
Active Shooter 48
STUDENT SUPPLIES 49
HIPAA AND CLIENT CONFIDENTIALITY 50

Confidentiality Policy and Procedures 50
HIPAA Violations 51
Process followed when violations occur: 51
CONFLICTS OF INTEREST 51
Gifts and Donations 51
Payment for Services 52
Clinical Treatment of Relatives/Friends 52
Clinical Placements with Relatives/Friends 52
E-MAIL AND BLACK BOARD (Bb) PROTOCOL 52
E-mail Protocol 52
Black Board (Bb) Protocol 52
General Response Reply to E-mail from Faculty 52
SOCIAL MEDIA POLICY 54
Background 54
Rationale for the Policy 54
Behavior Expected from Students 54
Best Practices that SLP Students Are Expected to Follow 54
Activities That May Be Grounds for Dismissal from the SLP Program 55
Unprofessional Behavior that may be the Basis for Disciplinary Action 55
Student Organization Use of Social Networking Sites 56
Ethical Use of Social Media 56
CELL PHONE POLICY 56
“THREE BEFORE ME” POLICY 56
Accessibility Services 57
ESSENTIAL FUNCTIONS/TECHNICAL STANDARDS 58
English Proficiency Policy Statement 58
COMPLIANCE AGREEMENT 60
EQUAL EMPLOYMENT POLICY 60
COUNCIL ON ACADEMIC ACCREDITATION – COMPLAINT PROCEDURES 60
Criteria for Complaints - Complaints about programs must: 60
STUDENT COMPLAINT POLICY 61
CLIENT INFORMATION 63
Scheduling and Attendance Policy 63
Parent observation and attendance during pediatric therapy sessions 63
Client safety procedures 63

Client Satisfaction Surveys....63
Client Records....64
Inactive charts are held for a period of seven years.....64
CLINIC AND STUDENT ROOM oVERVIEW....65
CLINIC MATERIALS....65
Diagnostic Assessment Materials....66
Clean-up Policies and Procedures....66
General Maintenance of Clinic Materials – Midterm or End of Semester Clean-Up....66
Student Room (Worden 7) Supplies and Repairs....68
Documentation and computer/printer usage....68
OTHER SPACES AND USE OF SPACES WITHIN HJC....69
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA) LINKS TO SUPPORT STUDENTS....70
EXTERNAL FIELD PLACEMENT oVERVIEW....71
Field Placement and requirements....72
HJC Practicum vs. Field Placement....72
Pre-requisites and criteria for students to apply for Field Placement include:....72
Satisfactory completion of academic coursework including:....72
PURPOSE OF THE FIELD PLACEMENT EXPERIENCE....74
For Graduate Students:....74
For participating sites:....74
for universities....74
field placement expectations....75
CSD graduate students can expect to participate in a range of practicum experiences in the FP setting....75
Clinical Field Placement Skills....75
Site Selection....76
Responsibilities....76
For Students:....76
for participating fp sites....77
For the University/csd department:....78
role of fp supervisor....78
Assuming Clinical Responsibility....79
Internship Site Orientation....79
Delaying, Deferring, or Replacing a Field Placement....79
Requests for External Field Placement Changes or Adjustments....79
Resources for Field Placement Supervisors....80

Field Placement Observation, Feedback, Midterm Monitoring, and Final Grades 80
Removal of Student from External Field Placement Site 80
IMPORTANT NOTE: Students removed from FP sites due to remediation or unsatisfactory performance will have to enroll in FP course again for a passing grade 81
APPENDICES 82
Appendix 1: ESSENTIAL FUNCTION STANDARDS 83
ESSENTIAL SKILLS AND FUNCTIONS POLICY AND PROCEDURES 83
ESSENTIAL SKILLS AND FUNCTIONS evaluations 86
Appendix 2: COMPLIANCE AGREEMENT FORM 89
Appendix 3: CHECK-OUT PROCEDURES FOR DIAGNOSTICS AND DEVICES 90
Diagnostics 90
Process for Checking Out Keys, and Devices through Main Office: 90
Appendix 4: CLINIC MATERIALS MAP 91
HJC Closets 91
HJC Cabinets 95
*iPads and recorders in main office 97
Appendix 5: PROFESSIONAL BEHAVIOR GUIDELINES 98
Appendix 6: APPLICATION FOR PRACTICUM ASSIGNMENT 99
Number of estimated hours of practicum completed with OLLU CDIS faculty at graduate level: 99
Total Tx and Dx Hours:_____ 99
Appendix 7: PRACTICUM ASSIGNMENT FORM 101
Appendix 8: TREATMENT ROTATIONS AND SCHEDULING 102
Appendix 9: DIAGNOSTOIC ROTATIONS AND SCHEDULING 103
appendix 10: CRITERIA FOR EARLY FIELD PLACEMENT SUMMER 2 104
Appendix 11: CALIPSO CLINICAL SKILL AREAS AND RATINGS 105
Evaluation – Key Area 105
Intervention – Key Area 105
Professional Practice, Interactions, and Personal Qualities – Key Area 106
Professional Writing – Key Area 106
Appendix 12: FIELD PLACEMENT REQUIREMENTS WORKSHEET FOR STUDENT USE 107
Appendix 13: Q-A INFORMTATION FOR FIELD PLACEMENT CLINICAL EDUCATORS 108
Appendix 14: OLLU HIPAA PRIVACY POLICY 110
Terms: 110
Access: 110
Minimum Necessary: 111
Patient/Client Rights: 111

Security: 111
Administration: 112
Appendix 15: CLINIC TREATMENT OBSERVATION 113
Appendix 16: CLINIC DIAGNOSTIC OBSERVATION 114
Appendix 17: CLINIC REMEDIATION PLAN 115
Appendix 18: STUDENT GRIEVANCES AND APPEALS 116
Student Grievance Procedure 116
Procedures: 116
STEP ONE - Informal Resolution 116
STEP TWO - Mediation 117
STEP THREE - Formal Resolution 117
Appendix 19: TEMPLATE FOR CLIENT PLANNING WORKSHEET 119
Appendix 20: TREATMENT HIERARCHY/LESSON PLAN 120
Appendix 21: STAFFING OUTLINE 121
Materials to have during the staffing: 121
Discussion points for staffing: 121
Appendix 22: OUTLINE FOR CLIENT CONFERENCE 122
Client Conference Outline 122
Client Conference Guide 123
Appendix 23: END OF SEMESTER CLOSE-OUT 124
Appendix 24: CALIPSO EXPERIENCE RECORD 125
student resources 126

WELCOME LETTER

Dear Speech-Language Pathology Graduate Student,
Welcome to the Woolfolk School of Communication Sciences and Disorders at Our Lady of the Lake University!

The purpose of the clinical practicum program is to provide a range of practicum experiences and training opportunities in order to produce well-rounded and competent clinicians who can work independently as clinical fellows in the field of speech-language pathology by the completion of this program. The clinical faculty and the director of clinical education will provide guidance and support throughout this clinical practicum experience. Another resource to help you achieve your goals and guide you through the clinical process is the Clinic Practicum Handbook. Please use the Clinical Practicum Handbook to obtain information regarding the policies and procedures that are implemented within our program's clinical practicum experience.

Our program offers a range of innovative and diverse clinical practica experiences and opportunities throughout your graduate program. You will gain clinical knowledge and skills to work effectively with;

- clients across the lifespan,
- clients with a range of types and severities of communication and swallowing disorders,
- clients from a range of culturally and linguistically diverse populations.

Our clinical faculty has a wealth of expertise and experiences that we are eager to share with graduate students entering the program.

The faculty and staff are honored that you have chosen our program and we are dedicated to your success.

We look forward to guiding you in the development of your clinical and professional skills in speech-language pathology!

Warm Wishes,

ROSA LYDIA MARTINEZ, M.S., CCC-SLP
Director of Clinical Education (DCE)
Associate Clinical Professor
Woolfolk School of Communication Sciences and Disorders
Our Lady of the Lake University, 411 S.W. 24th Street, San Antonio, Texas 78207
rlmartinez1@ollusa.edu
210.431.6590

REVIEW AND USE OF CLINICAL PRACTICUM HANDBOOK

This handbook has been designed to provide incoming graduate students in the Communication Sciences and Disorders (CSD) program with information about the clinical education policies, procedures, and standards. This program's clinical policies are designed to encourage understanding and mutual respect for all faculty, staff, and students.

This handbook is to be used in conjunction with your communication disorders program degree plan, course outlines and the university bulletin. This handbook may be used as a resource supplement for the CSD 6365, 6366, and 6367 Clinical Methods courses and CSD 7377 and 7379 Field Practicum courses.

The handbook should serve to guide you through all of your clinical experiences within the Harry Jersig Center, field placements, in preparation for graduation and transition from graduate student to clinical fellow.

PROFESSIONAL ASSOCIATIONS

The American Speech-Language-Hearing Association (ASHA)ASHA is the national professional, scientific, and credentialing association for members and affiliates who are audiologists, speech-language pathologists, speech, language, and hearing scientists, audiology and speech-language pathology support personnel, and students. ASHA has been the guardian of the professions since 1926 and initiated the development of national standards for the profession.

THE COUNCIL ON ACADEMIC ACCREDITATION IN AUDIOLOGY AND SPEECH-LANGUAGE

Pathology (CAA)The CAA serves the public by promoting excellence in the graduate education of audiologists and speech-language pathologists. Through a peer review process, the CAA establishes accreditation standards and facilitates continuous quality improvement of the programs it accredits. Graduates of CAA-accredited and candidate programs are educated in a core set of skills and knowledge required for entry into independent professional practice. The CAA is committed to quality and dedicated to audiology and speech-language pathology programs' success in preparing future professionals.

Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology

COUNCIL FOR CLINICAL CERTIFICATION IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY (CFCC)

The CFCC defines the standards for clinical certification and process for applying those standards in the certification of individuals. The CFCC ensures standards promote ethical and excellency in practice and proactively communicates standards and policies to ensure transparency.

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

Clinical Education for the SLP program at OLLU is designed to meet or exceed the accreditation standards for the program (CAA) and the certification standards of program graduates (CFCC).

PRAXIS EXAMINATION

Information about the Praxis examination and the application process can be obtained from ASHA, information can be requested by mail, by phone or you can click here to find Praxis information on the ASHA website. The National Testing Service establishes dates for the administration of Praxis II-Speech/Language Pathology. The Praxis needs to be taken before application for CCC.

American Speech-Language-Hearing Association (ASHA)

10801 Rockville PikeRockville,

MD 20852-3279

ASHA Action Center: Members 1-800-498-2071, Non-members 1-800-638-8255

For information about and registration for the Praxis Tests, go to the Educational Testing Service (ETS) website, and link to Praxis II.

Students are required by the SLP program to 1) report when they register for the Praxis, 2) have the ETS send a copy of Praxis scores to the SLP program. The reason why we ask students to send Praxis scores to the SLP program is that CAA requires the program to have pass rates as part of program assessment.

TEXAS DEPARTMENT OF LICENSURE AND REGULATION

Texas State Licensure

Students need to check in with their academic advisor with questions as well as consistently monitoring the programs requirements and the websites noted above to verify completion of requirements.

This handbook is subject to modifications during enrollment in the program. Modifications related to legal matters, maintaining program accreditation or compliance for graduate study requirements will be implemented as necessary. Students will be informed in the event of modifications. Please contact Director of Clinic Education with any questions or concerns regarding content in this handbook.

CLINICAL EDUCATION

MISSION AND PHILOSOPHY

- to prepare students for successful careers in speech-language pathology
- to provide evidence-based services to individuals with communication and swallowing disorders
- to engage in scholarly activity in the field of communication sciences and disorders.

PHILOSOPHY AND CLINICAL PROGRAM OBJECTIVES

Clinical education is an integral component of the master's program in communication sciences and disorders. It provides students with an opportunity to apply academic knowledge to the assessment and treatment of individuals with communication, hearing, and swallowing disorders. Practicum experiences are supervised by speech-language pathologists who serve as clinical educators guiding students across a range of clinical learning experiences.

The primary goal of clinical education is to prepare graduate students to demonstrate general competence across the scope of practice across the nine communication disorders areas identified by the American Speech-Language and Hearing Association (ASHA) from infancy to the elderly. The nine disorder areas include: speech, fluency, voice, receptive and expressive language, communication modalities, social communication, cognitive communication, swallowing, and hearing.

The clinical education component is applied as a dynamic process to elicit active learning to apply what is learned in courses to their clinical work with clients who have varied types of communication and swallowing disorders. The focused outcomes are to prepare clinicians to demonstrate the ability to:

- Analyze, synthesize, and interpret information obtained in coursework as well as information obtained during diagnostic and treatment sessions.
- Problem-solve and make decisions based on evidence-based practice.
- Conduct assessment and treatment methods on clients with a range of communication disorders.
- Work collegially and effectively with colleagues and team members to manage patient's/client's communication, cognitive, hearing, and/or swallowing disorders.
- Self-evaluate and accurately reflect on skills to further develop and refine clinical competencies to extend their knowledge base.
- Demonstrate ethical and responsible professional behavior.
- Work in interprofessional settings.

THE LONG-TERM GOAL OF OUR CLINICAL EDUCATION IS TO PROVIDE STUDENTS WITH A SOLID ACADEMIC AND CLINICAL FOUNDATION IN ORDER TO SUCCEED IN A DIVERSE RANGE OF EDUCATIONAL, HEALTHCARE AND REHABILITATION SETTINGS.

CLINICAL EDUCATION OVERVIEW

The Clinical Education component of the CSD program at OLLU adheres to the standards of the Council of Academic Accreditation (CAA) in Speech-Language Pathology affiliated with the American Speech-Language-Hearing Association (ASHA). OLLU Clinical Education follows the Standards of the Council for Clinical Certification (CFCC). The clinical experience will allow students to qualify for completion of a Clinical Fellowship in Speech-Language Pathology, ASHA Certification, and applicable state licensure.

Movement across the Clinical Practicum continuum is based on fitness to practice essentials as well as satisfactory academic and practicum achievements. Fitness to practice essentials, ensure that candidates can successfully complete the essential functions of the program required for safe and appropriate provision of clinical services.

The Clinical Education component of the CSD program has a responsibility and commitment to the public to assure that graduate students become fully competent and capable of delivering quality services while preserving the well-being of clients they serve. It is critical that individuals admitted, retained, advanced, and graduated from the CSD program possess the cognitive skills as well as the integrity, compassion, physical and emotional responsiveness to service individuals with communication and swallowing disorders.

The College of Professional Studies is committed to the principle of equal opportunities in all policies and procedures affecting employment and education. In conjunction with the objectives of the policy and in accordance with the various local, state, and Federal laws, rules and regulations, the University is committed to providing employment and educational opportunities without regard to race, color, religion, sex, age, national origin, sexual orientation, veteran status and/or the presence of a disability.

KNOWLEDGE AND SKILLS

CSD graduate students will be expected to meet all knowledge and skill competencies required for certification by the Council for Clinical Certification (CFCC) of the American Speech-Language-Hearing Association. The Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology can be found at the ASHA website.

CSD GRADUATE CLINICAL CURRICULUM

The academic and clinical curriculum of the CSD department at OLLU are designed to guide the student to achieve the knowledge and skills required for independent practice as a speech-language pathologist (SLP), and to meet all standards for certification set out by the Council on Clinical Certification of the American Speech-Language-Hearing Association (ASHA). Both course work and clinical practica are designed to enable the student to develop the critical thinking skills needed to evaluate the most effective evidence-based support for application of knowledge obtained through content in coursework that emphasizes scientific and humanistic aspects of future clients.

In addition to sequenced course in communication sciences and disorders and research design, students need to obtain the following:

- 25 hours of clinical observation
- 375 clock hours of direct hands-on clinical practicum experience

Per ASHA requirements:

- Students will be supervised by individuals holding the ASHA Certificate of Clinical Competence (CCC)
- Students will be provided with a minimum of 25% percent of direct supervision, with the exact amount of supervision commensurate with the skill level of the student clinician.
- As students' progress through the clinical continuum, the expectations for independent clinical activity will increase.

THE CSD CLINICAL EDUCATION PROGRAM IS DESIGNED TO:

- Give students a range of opportunities in various clinical settings in the community
- Provide real time client experiences throughout various settings
- Provide students with Alternative Clinical Education (ACE – no more than 75 clinical hours) which ASHA defines as the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive).

Overall students are provided with 4 key methods of clinical education across class, assessments, treatment sessions, and labs include:

CLINICAL EDUCATION EXPECTATIONS

- As a graduate student of Speech-Language Pathology, students are embarking on a great journey of academic and clinical rigor. This is a fulltime commitment at OLLU across the CSD academic and clinical education programs.

- Students are expected to adhere to the rules and regulations relative to clinical services that hold paramount the welfare of the clients served at the site, including ethical practice and compliance with state and federal regulations.

- Graduate students are expected to be available Monday through Friday for classes and clinic practicum. Clinical assignments are scheduled between 8:00 am-6:00 pm Monday through Friday and revolve around the course schedules. The exception to this schedule only occurs during field placement externships in the second year of practicum. During external field placements, students will follow the schedule of their field placement assignment.

- The first few semesters, students are assigned to on- or off-site HJC-CSD. Students can expect to be assigned to a range of different clinical experiences as well as number of clients. Students may experience individual and group treatment.

- Because of the commitment to training students and providing services for the community, the clinic calendar does not always align exactly with the academic coursework calendar.

- Between classes and clinic, graduate students can expect full day(s) in the CSD department for each semester of the first year. Starting the second year, students who have successfully met clinical competencies and have a 3.0 or better in academic coursework, will be assigned to off-campus field placement sites. The external field placement sites will consist of at least a 5 day a week schedule based on the needs of the external field placement site. External field placement Liaison(s) make the field placement assignments, with input from full faculty. **It is the CSD program policy for students not to coordinate their own externship assignments.**

In addition to real time attendance and participation in classes and clinical assignments, students are expected to balance their planning for coursework and clinical assignments. This means that students will have to work outside clinic and class hours in order to successfully manage classes and client diagnostic and/or treatment sessions.

- Faculty members acknowledge and understand that it is common to feel overwhelmed at times trying to balance coursework and clinical assignments. Time management, organization, a positive outlook, initiative and motivation are all important factors in setting up and shaping a positive graduate experience.

CLINICAL PRACTICUM AND FIELD PLACEMENT EXPERIENCES

Students complete at least three semesters within the Harry Jersig Clinic (HJC) practicum and 2 full time semesters in external field placement (EFP) in schools, hospitals, rehabilitation centers, skilled nursing facilities, long-term facilities, community clinics, and private practices.

Within the HJC practicum and EFPs, students will obtain a minimum of 375 practicum clock hours of supervised clinical experiences in accordance with the ASHA guidelines. HJC practicum and EFPs vary in length and will not always align with the academic calendar. Upon completion of the master's level clinical education program, students will meet all of the requirements of certification by ASHA and the Texas Department of Licensing and Regulation (TDLR).

THE FOLLOWING IS A LIST OF CLINICAL PRACTICUM COURSES:

CSD 6365 (Fall): Clinical Practicum Policies and Procedures I
CSD 6366 (Spring): Clinical Method: Policies and Procedures II
CSD 6367 (Summer): Advanced Clinical Practicum: Policies and Procedures III
CSD 7371 (Summer 1): Advanced Assessment Procedures
CSD 7377: Field Placement Experience in Pediatric Settings
CSD 7379: Field Placement Experience in Adult Setting

Practicum each semester entails seminar type classes, team meetings, individual meetings with clinical educators, evaluation and treatment of clients, clinical simulations, and/or alternative clinical education learning experiences.

CLINICAL EDUCATION REQUIREMENTS

These practicum experiences are led by OLLU CSD CEs. After students have successfully met their clinical competencies for at least two semesters and/or have acquired between 75-100 hours, they are eligible to apply for their external field placement experiences. These external field placement (EFP) sites are led by community CEs who are volunteering and partnering with our CSD program to mentor and provide clinical practicum experiences (pediatric and adult placements).

THE GOAL OF THESE LEARNING EXPERIENCES IS TO:

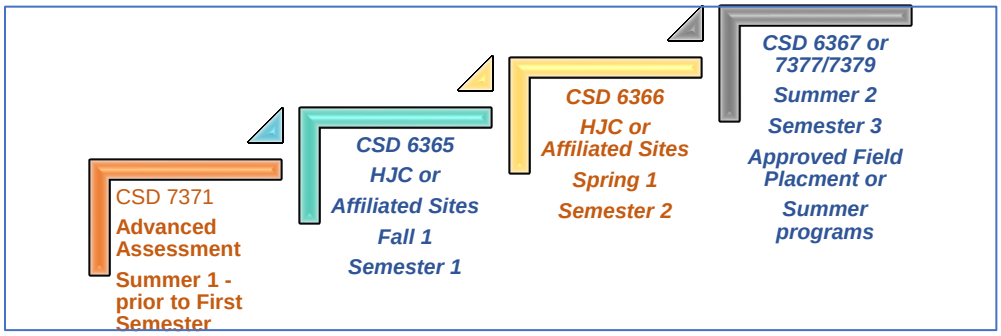
- set-up opportunities that facilitate clinical application,
- provide reflective review of experiences,
- facilitate clinical skill development,
- develop understanding of different perspectives
- develop critical thinking skills
- promote interprofessional skill development (http://www.asha.org/uploadedFiles/IPE-IPP-Reader-eBook.pdf

Clinical credentials and immunizations, competencies, clinical evaluations, clock hours, and client demographics will be tracked electronically using the CALIPSO electronic documentation system and will be reviewed periodically by designated CEs. The CSD program is designed to comply with national standards set-by the

Council for Clinical Certification in Audiology and Speech-Language Pathology for the Certificate of Clinical Competence in Speech-Language Pathology, as well as the Texas Licensure as a Speech-Language Pathology.

SEMESTER PRACTICUM SEQUENCE

FIRST YEAR ILLUSTRATION



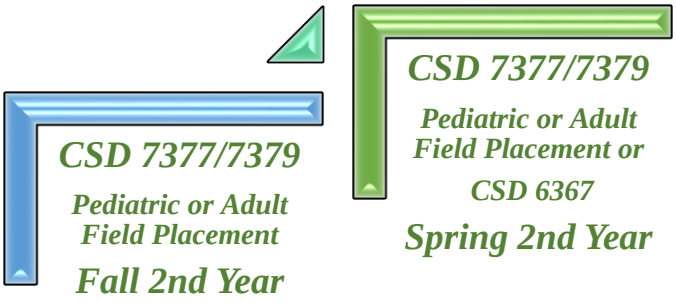
MINIMUM HOURS EARNED PER SEMESTER IN HJC PRACTICUM:

Students are expected to earn a minimum of 15 hours per semester across the HJC practicum for their 1st through 3rd semester. Students who earn 15 hours or less in a given semester will be required to make up the hours in the next semester in addition to that semester's minimum required hours. Example: if a student earns 10 hours in fall, then the student will have to earn 25 hours in the following semester (10 from fall + 15).

MINIMUM REQUIREMENTS/CRITERIA FOR STUDENTS TO BE CONSIDERED FOR FP:

- Consistent competency totals across evaluations, intervention, professionalism, writing need be at a 3.00 or better. Students must also be earning ratings of 3.00 or better across core clinical skills in each of the areas noted above.
- Consistency in balancing both academic and clinical components of the CSD program
- 75-100 Clinical Practicum Hours
- Full Faculty Approval
- Students will have different experiences and clinical educators across each semester within the HJC practicum. It is important to note that even if student's area observed have difficulty across all or any of the HJC practicum, it may result in remediation and/or delay in transitioning to FP assignments.
- The continuum noted above and relative to FP will be different for students choosing to shift to part-time status.
- Students may shift to part-time for academic component of program but are required to continue participating in HJC clinical practicum until they have met all the academic and clinical criteria for begin assigned to field placement.

SECOND YEAR ILLUSTRATION



MINIMUM HOURS EARNED PER SEMESTER IN FP PRACTICUM:

- Students are expected to earn a minimum of 150 hours per FP assignments. Students who earn less than 150 hours will be required to make up the hours by staying longer at that designated site or may need to take on an additional practicum assignment to complete the minimum requirement.
  Note: Students will generally earn 150 or more. Students are required to stay at their FP assignments at least until the end of the semester.

SEMESTER 1 FALL 1: 1ST YEAR GRADUATE STUDENT – PRIMARY LEVEL 1

- HJC or HNS (Possibly other off campus affiliations for screenings, evaluations, and/or treatment).
- **Pediatric or Adult**
- Students are required to complete an Application for Practicum Assignment form at designated times prior to scheduling of clients and student practicum assignments.
- *Application for Practicum Assignment (Completed by students per semester on designated dates)* *(APPENDIX 6: Practicum Application).*
- *Practicum Assignment (Generated by CEs and distributed to students)*

CSD 6365 for treatment is conducted on Mondays and Wednesday the format of the class varies (in a well-planned, organized manner). The focus is usually on treatment for pediatric and/or adult clients. Students will know when the syllabus is distributed, the format and time commitment for the class by the start of class that semester.

TREATMENT

Each student is assigned one or two clients, one CE, and will meet weekly for one hour with CE in an individual and/or small group context.

Client assignments are based on client availability, CE caseload, and student availability (students are asked to be flexible in order to progress smoothly across the practicum continuum – student time constraints may impede the flow of the practicum continuum and experiences).

- Treatment sessions are generally two times a week for 1 hour each session, however may vary according to client needs. Student assignments will vary in terms of days and times. *(APPENDIX 8: Treatment Rotations and Scheduling)*

ASSESSMENT

The diagnostic practicum is undergoing adjustments and modification. Currently CSD 6365 class for Assessment is conducted on Fridays (time is dependent on other graduate courses taught on Fridays (if any). Designated days/dates are set at the beginning of each semester for conducting evaluations and do include evaluations on Fridays. *(APPENDIX 9: Diagnostic Rotations and Scheduling)*

Just to reiterate, CSD graduate school is a full-time commitment across Monday through Friday through the designated end date noted on the clinic calendar. The clinic calendar does not always align with the academic calendar. Students are generally finalizing the end of sessions with clients the week of finals (there is no dead week or time off for studying for finals – students are expected to manage their time in order to balance (effectively and efficiently) both aspects of the CSD Program.

ADDITIONAL CLINICAL EXPERIENCES MAY INCLUDE:

- Hearing screenings
- Clinical Simulations (scheduled on Fridays – additional to supplement treatment and assessment)
- Speech-language screenings

Expected Practicum Hours per semester: No less than 15 hours per semester. Please reference page 21 Semester Practicum Sequence.

SEMESTER 2 SPRING 1: 1ST YEAR GRADUATE STUDENT – PRIMARY LEVEL 2

- HJC or HNS (Possibly other off campus affiliations for screenings, evaluations, and/or treatment).
- Pediatric or Adult
- Students are required to complete an Application for Practicum Assignment form at designated times prior to scheduling of clients and student practicum assignments.
- CSD 6366 for treatment is conducted on Mondays and Wednesday the format of the class varies (in a well-planned, organized manner). The focus is usually on treatment for pediatric and/or

adult clients. Students will know when the syllabus is distributed, the format and time commitment for the class by the start of class that semester.

SEMESTER 3 (SUMMER)

- Late Spring (Approved External Field Placement – Either CSD 7377 or CSD 7379) or,
- CSD 6367 Summer HJC Intermediate Practicum

APPROVED FIELD PLACEMENT CSD 7377 OR CSD 7379

- Late spring is for students approved to begin the external field placement practicums. *(APPENDIX 10: Criteria for For Early (Summer 2) Field Placement)*

SUMMER HJC INTERMEDIATE PRACTICUM CSD 6367

Summer 2 Semester 3 – HJC Intensive Summer Programs that are scheduled either summer session 1 or summer session 2. Summer programs may include intensive clinical workshop, intensive treatment program(s) that is more advanced pediatric or adult.
Anticipated hours vary, but fall in the 15-20hour range.

SEMESTER 4 FALL 2: 2ND YEAR GRADUATE STUDENT – ADVANCED LEVEL PRACTICUM

CSD 7377 Pediatric Field Placement or CSD 7379 Adult Field Placement Students are placed at an adult or a pediatric field placement. The schedule for field placement is Monday through Friday and approximately 8-hour work day (time) is based on the expectations of each field placement site (i.e., 7-4, 7-6, 7-7, etc…). There is a learning curve, so, students may stay longer due to completion of documentation. Initially, it may take longer to complete the workflow within assigned site due to a new learning environment with a different pace, different frequency, and number of clients seen.

SEMESTER 5 SPRING 2: 2ND YEAR GRADUATE STUDENT – ADVANCED LEVEL PRACTICUM

CSD 7377 Pediatric Field Placement or CSD 7379 Adult Field Placement Students are placed at an adult or a pediatric field placement.

The schedule for field placement is Monday through Friday and approximately 8 hour work day (time) is based on the expectations of each field placement site. There is a learning curve, so, students may stay longer due to completion of documentation. Initially, it may take longer to complete the workflow within assigned site due to a new learning environment with a different pace, different frequency, and number of clients seen.

Students who completed a field placement in summer 2, will be enrolled in a special CSD 6367 advanced practicum project/assignment.

CLINICAL LEVELS AND COMPETENCIES

Students will begin their practicum a beginner's level at the beginning of their first semester, fall 1. Maximum level of CE support ranging from meeting and providing direct input. The 3 primary clinical skill areas include:

- Planning
- Implementation
- Documentation/Recordkeeping (collecting data, documentation of data, Interpretation of data)

As students' progress through each semester within the CSD HJC setting, the expectation is that students will learn and demonstrate increased levels of independence across the 3 primary clinical skill areas noted above and to demonstrate an increased level of independence in core clinical skill areas that fall within each of the 3 primary clinical skill areas *(APPENDIX 11: CALIPSO Clinical Skill Areas and Ratings).*

Overall, students can expect to progress in their knowledge and application of knowledge to the clinical setting and will learn how to implement clinical strategies with greater levels of independence as they move across the clinical practicum continuum.

METHOD FOR ASSIGNING CLIENTS AND SCHEDULING THERAPY SESSIONS

The method for making clinical assignments and scheduling therapy sessions is a collaborative effort managed by all fulltime clinical faculty.

- Semester 1: Pediatric or Adult
  - Practicum Assignments are sent via email or are assigned via CALIPSO *(APPENDIX 7: Practicum Assignment Form)*
- Semester 2: Students will flip from pediatric to adult or, from adult to pediatric
- Students may repeat a pediatric or adult assignment if indicated on clinic remediation plans (CRP)

ASSIGNMENT PROCESS/PROCEDURE:

- Clinical educators (CEs) maintain client caseloads which support the required diversity of practicum experiences across age, disorder, severity and culture.
- Each CE will have a team of # - # students working with him/her and his/her caseload.
- Practicum assignments are determined prior to the beginning of each semester and are affected/influenced by the number and type of clients requesting services at that time.
- CEs collaborate when making clinical assignments to ensure that the needs and welfare of all clients and students are addressed
- Once the assignment process has been completed, CEs provide their team of students with written notification of each Practicum Assignment. Written notification may be provided during CSD 6365/6366/6367 and/or by e-mail.
- Students are to review the Practicum Assignment(s), indicate accept/decline the assignment, sign the document, and return it to the issuing CE in person or by e-mail.
- The decision to Decline a Client is a serious one. This option must be accompanied by a clearly written, valid rationale and made with the understanding that the decision may affect the timeliness of program completion/graduation.

CONSIDERATIONS WHEN MAKING HJC PRACTICUM ASSIGNMENTS

- Client, clinician, and CE schedules; coordinate availability times of all individuals involved
- Client requests and requirements
- Student enrollment in or completion of the pre-requisite class for client assignment. (i.e., Bilingual Cert, AAC, Fluency, etc.)
- Student needs in relation to: diversity of experiences (disorder, age), number of clients, practicum hours, General Clinical or Knowledge Based Competencies items to meet the requirements for field practicum or graduation
- Student interests, requests
- Placement site requirements.

DECLINING A CLINICAL PRACTICUM ASSIGNMENT

Completion of the master's program within a two-year period with all of the clinical experiences necessary to demonstrate the full range of competencies typically requires that the student receive a range of clinical experiences and assignments. Students who choose to decline a clinical assignment will be asked to submit the form, acknowledging that this choice will likely result in the delay of their graduation.

IMPORTANT DEFINITIONS

1. A full-time practicum student is one who is enrolled in 6 hours or more of CSD course work and who is available to provide treatments, assessments and to meet with supervisor during the school day except for times when OLLU classes are in session.

2. A part-time practicum student is one who is enrolled in 5 hours or less of CSD course work or who has a job or other responsibilities sometime during the 8 am and 5 pm work week. This is true even if work hours are scheduled after the initial round of assignments.

These definitions are important because students are expected to schedule weekly meetings with supervisors, reschedule clients for make-up sessions as needed, and be available for additional clients throughout the semester.

Students who cannot meet the criteria as full-time students **must** meet with their academic advisors and **formally** change their status to part-time. If students have not changed from full-time to part-time via their academic advisor, the students will be expected to follow schedules assigned to them by clinic instructors. Part-time students can expect that completing the program may take more than six semesters.

KEEPING THE SAME CLIENT

Students do not keep the same clients from one semester to another except in situations when the well-being of the client is at stake (per discretion of clinical instructors). This is done so that the student has ample opportunity to learn the clinical procedures related to the case and to provide the client with consistent care.

During the scheduled meetings near the end of each semester, each student's practicum experiences, and progress in the general clinical competencies is reviewed and new assignments are made to complement the experience to date.

Students may keep clients from one semester to another only for the following reasons:

1. The student has worked with a particular client for less than six hours in one semester.
2. The client cannot make an easy transition to a new student because of cognitive or emotional challenges.

ADDITIONAL CLIENT ASSIGNMENTS

Students are expected to gradually increase their client caseloads throughout the clinical experience. For this reason, clients are added to student schedules throughout the semester. Students are asked to check their e-mail regularly to determine whether they have been assigned an additional client. Students are expected to respond immediately and in writing. There is no penalty if a student does not accept a client if there is a valid reason. This decision may delay the completion of this graduate program.

REMOVAL OF STUDENT FROM CLIENT ASSIGNMENT

In some instances, students may be removed from a clinical assignment for the following reasons:

- If there are serious academic performance concerns,
- professional behavior concerns,
- safety concerns on both the part of the student, on-site clinical educator, and/or site.

Removal from clinic assignment within first two semesters will result in the following:

- Scheduling of a meeting between DCE, assigned CE, and student's assigned academic advisor.
- Determination of student's status within the CSD program (full faculty review and decision)
  - Option for clinic remediation plan (CRP) or,
  - Removal from CSD program

PRACTICUM EXPERIENCES THAT COUNT FOR PRACTICUM HOURS

Note: Always defer to CE, DCE, and/or ASHA if in question about what to log/post as practicum hours.

- Direct client care
- Consultation with the family
- Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement. ASHA
- Clinical simulations or Alternative Clinical Experiences (ACE-up to 75 hours per guidelines stipulated by ASHA)
- Accent modification (up to 25 hour elective)

Alternative Clinical Experiences (ACE) were revised in 2014 standards to include for up to 20% (75 hours) of direct client hours. ACE may include the use of standardized patients and simulation technologies (E.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Only the time spent in active engagement with the ACE will count.

Ancillary activities such as writing lesson plans, scoring tests, transcribing language samples, preparing treatment activities (making material for therapy), meeting with practicum CE, or data

collection in the context of a co-clinician assessment may not be counted as clock hours. (Standard IV-C).

EARNING CLOCK HOURS AS A CO-CLINICIAN

Most of the students' clinical experiences are 1:1 student to client ratio. There are assignments where students work together as co-clinicians or in a team. The sessions must be set-up so that students are clear as to what hours will count as hours earned. CEs will help organize the set-up so that each student is aware of how much time will count for their part as co-clinician or part of the team. Students can only earn hours for direct client contact. Students only taking data cannot count that time as clock hours earned. Responsibilities should be clearly delineated by CE and graduate student clinicians.

SELF-REFLECTIONS

Students will be asked to submit a mid-term and end-of-semester reflection of their clinical practicum performance. Self-reflection allows for students to review how they are developing across the core clinical skill areas noted on CALIPSO competencies. Documents to be used by students for self-reflection purposes are located on BlackBoard (Bb).

MEETING CLINICAL SKILL (STANDARD IV-G)

Accredited graduate programs in speech-language pathology are required to track and rate students across core clinical skill areas. Clinical competencies for OLLU graduate students are tracked through the CALIPSO competency system. Students are rated at mid-term and at the end of each semester across core clinical skill areas for treatment, assessment, and professionalism. The clinical competencies are evaluated across the clinical practica, clinical labs that are part of coursework, and specialty labs (i.e., AAC and Cleft Palate summer programs).

Clinical competencies addressed in the graduate program include all Knowledge and Skills Areas described in the 2014 CFCC standards (Noted on page with ASHA links).

In March 2016, the 2014 standards and implementation procedures, for the Certificate of Clinical Competence in Speech-Language Pathology, were revised and the definition of supervised clinical experiences was expanded to include the following:

- Organize, synthesize, analyze, integrate, interpret core concepts and knowledge;
- Demonstrate appropriate professional and clinical skills; and,

Incorporate critical thinking, problem-solving, and decision-making skills while engaged in identification, evaluation, diagnosis, planning, implementation, and/or intervention.

CLINICAL SUPERVISION

Clinical faculty are speech-language pathologists who all hold their Certificate of Clinical Competence (CCC) from ASHA and are licensed appropriately by the state where students are supervised.
On-site and off-site clinical educators are required to hold current credentials that are uploaded onto CALIPSO.

Students may be assigned one or two CE's for a semester, depending on the student's client assignments. The assigned CE is required by ASHA to supervise at least 25% of students' total contact time with each client/patient and must take place periodically throughout the practicum.

Educating a new age of speech-language pathologists is a collaborative and calibrated effort. CEs (vary, differ?) in their clinical education and experience backgrounds, but are consistent in the expectations for graduate students enrolled in clinical practicum. Variability in supervisory experiences should be expected due to the diversity in clients and disorders.

WITHIN HJC STUDENTS CAN EXPECT:

- Group or individual meetings with CEs approximately 1x a week for an hour. If more time is needed this can be embedded into the schedule. The idea is to fade the time of direct supervision so that students are learning, with accuracy, how to navigate through their practicum experience in a proficient and self-directed manner.

- Written or verbal feedback (discretion of CE) during scheduled meetings, and/or following sessions. Written and verbal feedback may be presented in a myriad of ways. There is no standard requirement for the type or frequency? of feedback provided by CEs to students.

- Consistent, direct feedback regarding application of clinical skills centered around consistent and proficient planning, implementing, and documenting for client(s) assigned.

MODES OF COMMUNICATION BETWEEN CLINICAL EDUCATORS AND GRADUATE STUDENTS

- In-person communication contexts
  - Individual meetings
  - Team Meetings
  - Seminar full class meetings
- Written communication via
  - Completion of Clinic Observation forms for
    - Clinic (Treatment) Observation *(APPENDIX 15: Clinic Treatment Observation)*
    - Diagnostic Observation E-mailed directly to student *(APPENDIX 16: Clinic Diagnostic Observation)*
  - E-mail to team of students

- Blackboard announcements

The rigorous pace of the clinic requires consistent communication. Checking e-mails at least two times a day is critical to remain well-informed regarding clinic and program matters.

SUPERVISION APPROACHES

Joint Planning: The student and the clinical educator may write a lesson plan and/or objectives together. The student may formulate step-by-step strategies for conducting the therapy activities.

Role Playing: The student and the clinical educator may role play therapy procedures as each one assumes the client or clinician stance.

Demonstration Therapy: The clinical educator models a part of, or entire therapy sessions while thestudent observes and analyzes specific intervention techniques.

Structured Observations: The student may arrange to observe another clinician who demonstratesstrong clinical skills in specific areas, particularly those in which you are experiencing some difficulty. During the observation, the student should gather ideas and strategies that could be implemented in his/her therapy sessions. Data collection may be practiced as well.

Videotape and/or Audiotape: Reviewing of video and audio taped sessions may be completed by the student and/or the clinical educator in order to identify the strengths and weaknesses of the session. Inaddition, the student and the clinical educator can view tapes together. Together concrete solutions and strategies may be identified.

Script Taping: The student and/or the clinical educator may transcribe directions and models given during the therapy session to be further analyzed and evaluated. The clinical educator should providespecific feedback regarding alternatives to the students' choices or implementation of strategies.

Observation by Other Clinical Educators: Other clinical educators may be asked to observe a student in order to provide additional specific feedback based on the data collected during observation.

Joint Evaluation: The student and the clinical educator may evaluate your session through written analysis. These evaluations would be shared and compared to obtain clinical educator-clinician accuracy and agreement.

CLINICAL SKILLS ASSESSMENT

DESCRIPTION OF ONSITE PRACTICUM COURSES

CSD 6365, 6366, and 6367 are all onsite first year practicum courses that encompass a combination of contexts including:

- Assessment, Treatment, and Management of Communication Disorders and Swallowing/Dysphagia under the supervision of ASHA certified CSD faculty.

- Designated and scheduled classes/labs/simulations related to methodology, and procedures for use in assessment, intervention, and legal ethical and professional issues related to professional practice.

ONSITE FIRST YEAR PRACTICUM EVALUATION OF CLINICAL COMPETENCIES

Clinical competency evaluations are completed by CEs at midterm and the end of each semester. The results of these evaluations are posted on CALIPSO system and reviewed by designated CE, DCE, and other Clinical Faculty. Evaluations include competencies in the areas of:

- Evaluation clinical skill areas
- Intervention clinical skill areas
- Preparedness, interaction, and person qualities

Graduate student clinicians engage in direct real time evaluations and intervention with clients of all ages who present with a wide variety of communication disorders and severity levels. Rating of competencies is based on the Student's Performance Level and the Level of Supervision required to achieve a satisfactory performance.

At the beginning of practicum semester 1, it is expected that students will require maximum support and input from CEs onsite across core clinical skill areas for the initial three to four weeks of the semester. As students learn routines across planning, implementation, and recordkeeping (documentation), the support level from CE should decrease and there is a shift to and increase in students' skill performance level. CEs will supervise a minimum of 25% of the direct client interaction time.

CALIPSO PERFORMANCE RATING SCALE

Score	Performance	Skill and level of support required
1	**Not Evident**	The student requires direct instruction to modify behavior. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides repeated instructions and modeling. Student is unable to meet the client needs without direct instruction. Maximum support by Clinical Educator (CE)
2	**Emerging**	The skill is emerging, but is inconsistent and/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. Moderate support by Clinical Educator (CE)
3	**Present**	The 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. Minimal support by Clinical Educator (CE)
4	**Developed**	The skill is developed/implemented most of the time and may need 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. Independent

PRACTICUM GRADE AT THE END OF THE SEMESTER IS "PASS" OR "FAIL" FOR OLLU

Final Practicum Grade Outcomes on CALIPSO are noted below:

- *Grading Scale on CALIPSO for midterm and final grades*
  - *4.0-3.0 = Pass*
  - *2.99-2.5 = Remediation*
  - *2.49 -1.00= Fail*

- Grading includes successful completion of the following practicum activities:
  - Pass rating on CALIPSO skill area competencies
  - Consistent (80%) attendance in seminars/class/labs for practicum are conducted
  - Self-Reflection task completed thoughtfully and completely.
  - Consistent (90% or better) rating on Clinical Simulation and/or Alternative Clinical Education/Experiences (ACE)
  - Completion with 80% rating of all selected speechpathology.com assignments.

Performance Rating table (Page 60) notes how students earn ratings from 1-4. CEs will calibrate on rating levels each semester at mid-term and end of semester in order to make sure that ratings posted are equitable across students. Based on the rating/grading scale noted above, students will earn a ***Pass, Remediation, or Fail*** in the CSD 6365, CSD 6366, CSD 6367 practicum courses at the end of each semester.

Students must earn a 3.00 across each of the key clinical skill areas of Evaluation, Intervention, and Preparedness/Interaction/Professionalism. Students earning a 2.99 across any of the key clinical skill areas noted above will be considered at risk even if the overall rating is at or over a 3.00 with a Pass.

Students earning a rating below 3.00 across any of the core clinical skill areas, also may need a clinical remediation plan (CRP).

Overall average ratings on CALIPSO trigger Pass, Remediation, or Fail ratings.

ADVANCEMENT TO THE NEXT LEVEL OF PRACTICUM

All students who received a rating of 3.00 or higher in Clinical Practicum will advance to the next level of Clinical Practicum in the sequence. Students earning a rating below 3.00 which will result in a Remediation or Fail may not advance to the next level of Clinical Practicum, will be placed on probation, and referred to the CRPC to develop a CRP. The same policy and procedures for academic probation with academic courses also apply to Clinical Practicum (please refer to the OLLU Student Handbook).

CLINIC REMEDIATION PLAN (CRP)

Remediation plans are designed and implemented to improve students' knowledge and skill areas of concern. The following scenarios may result in the implementation of a remediation plan. *(APPENDIX 17: Clinic Remediation Plan)*

A CRP will be implemented automatically whenever a student receives a grade of "Remediation" in a practicum experience (CSD 6365, 6366, 6367).

- A CRP may be implemented if student earns multiple scores of "emerging" within an individual clinical experience.
- A CRP may be implemented if student earns multiple scores of "emerging" on the same ASHA standard.
- A CRP may be implemented if the faculty determines that the following rating on the *Essential Skills and Standards Acknowledgment (Fitness to Practice)* is in accordance with student performance "Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders"

Decision to implement a CRP will be made jointly by the CE and DCE/Clinic Director. A meeting will be scheduled and will include the following participants:

- Student
- Designated CE
- Academic Advisor and/or Program Director
- DCE

CRP PROCESS

1. The DCE, Assigned CE, and Graduate Advisor will meet with the student.
   Note: The assigned CE, Graduate Advisor, and DCE form the CRP committee (CRPC).

2. The CRP areas of concern will be reviewed with the student while outlining a plan of activities/experiences the student must complete successfully demonstrating adequate improvement of knowledge and skills. The plan must include measurable goals completed within a designated timeline.

3. Mid-term initiated CRPs will use the currently assigned CE as a mentor, end-of-semester initiated CRPs will use the following semester's assigned CE as a mentor to assure implementation, and successful completion of the plan. Other mentors may be assigned as needed by DCE.

4. The student will enroll in the next CSD course (6365, 6366, 6367). If the student earns a rating of "remediation" during the fall or spring or summer semester, the student will need to enroll in a clinical practicum course with the designated course number in the fall semester. With authorization, CSD 6365 nor CSD 6366 may be taken over the second year if they received a "pass" the first year, but there are still concerns about

5. If the student successfully completes the CRP, the student will earn a “P” in the practicum class.

6. If the student fails to improve the practicum grade to a “Pass” during the following semester, s/he will be eligible for dismissal from the CSD graduate program.

7. Students earning a “Remediation” two consecutive semesters or alternating semesters will be placed on clinical probation or considered for dismissal from CSD program per full faculty vote.

8. If the graduate student earns a “Remediation” rating during their final semester of field placement s/he will be placed on clinical probation and ineligible for graduation. The student will be required to enroll in a designated practicum course the following semester and complete an additional field placement with a final rating of “Pass.” If a “Pass” is not obtained it will result in termination/dismissal from the CSD program.

9. Policy changes may occur throughout the year. Student/faculty/staff will be notified of any changes and their effective date via a memo from DCE/Clinic Director.

The CRP process is initiated by the assigned CE, the student, and the DCE. It is optimal for students to have a plan implemented at midterm in order to have time to engage in structured, specific remediation tasks that would provide the opportunity to show growth and development in targeted areas of concern.

STUDENT REMOVAL FROM CLINICAL ASSIGNMENT

All clinical assignments are at the sole discretion of the HJC, CSD program. In rare circumstances, students may be removed from a clinical assignment for demonstrating unproductive session or incompetent behavior. The CSD program has the right to take immediate action and remove a student from a clinical assignment due to serious academic, professional behavior, or safety concerns on both the part of the CSD student and the clinical educator and/or site. Students will be notified in writing of the removal and will meet with the CRPC which includes the Assigned CE, the Graduate Advisor and/or Program Director.

POLICY FOR STUDENT GREIVANCES WITHIN CLINICAL EDUCATION

In some cases, a student may disagree with a faculty member or CE to the extent that the situation warrants communication and action to reach an optimal resolution. The following policies and procedures have been established to serve as a mediation process between the students and clinical faculty members:

1. Student and clinical faculty member are encouraged to meet and discuss the situation with an attempt to resolve the differences or point of disagreement. Either the student or the clinical faculty member may invite the DCE to the meeting.
2. If there is no resolve between the student and the clinical faculty, the student should schedule a meeting with the CDE to share concerns. The DCE and the student will discuss options for resolving the situation.
3. In situations where there is no satisfactory resolve following the meeting between the DCE and student, a student may schedule a meeting with the CSD Program Director.

STUDENT GRIEVANCES AND APPEALS

See (APPENDIX 18: Student Grievances and Appeals)

CLINICAL DOCUMENTATION PROCEDURES

TREATMENT DOCUMENTATION

Rationale: Documentation is one of the core clinical skill areas utilized to measure outcomes resulting from treatment. Timely documentation is critical in order to accurately and proficiently monitor clients' progress and to determine whether or not adjustments need to be made to goals and objectives. Students will be mentored by Clinical and Academic faculty in the area of generating and managing client documentation across settings, lifespan and disorders. Students will need to invest time in preparing, writing, editing and revising documentation in order to meet the rigorous standards of the clinical practice.

BASIC TREATMENT DOCUMENTATION REQUIREMENTS

TYPE OF DOCUMENTATION

- Chart Review – 1st documentation completed when assigned a client
- Treatment Hierarchy/Lesson Plans (LP) - documentation submitted prior to clients' sessions
- SOAP Note (SN) - documentation submitted after treatment session (Electronic Health Record - EHR)
- Progress Summary – end of the semester report of post baseline collected (Electronic Health Record - EHR)

TIMELINE OF DOCUMENTATION

- SOAP Note (SN) completed and submitted by noon the ***day after each session***
- Treatment Hierarchy/LP is due by noon the ***day after final session of the week***
- Progress Summary is due at the end of the Semester (Designated date announced in practicum class or via Blackboard announcement).

Students are responsible for timely submission of documents. Delayed submission of client documentation will affect final rating of this core clinical skill area. Initial draft submissions should be well edited and proofed for grammar, spelling, and punctuation before submitting for CE review. Students should make every effort to submit documents that are final draft quality.

Use first-person language consistent with IDEA; emphasize the person more than the disability (i.e., child with Autism rather than an Autistic child).

EHR CLIENT RECORDS/DOCUMENTATION

- SOAP notes (SN) (EHR)
- Progress Summary (PS) (EHR)
- Diagnostic Evaluation (EHR)

CLINICIAN PRACTICUM DOCUMENTATION (NON-RECORD)

- Client Planning Worksheet *(APPENDIX: Template for Client Planning Worksheet)*
- Treatment Hierarchy/Lesson Plans (LP) *(APPENDIX 20: Treatment Hierarchy/Lesson Plan)*
- Staffing Outline *(APPENDIX 21: Staffing Outline)*
- Outline for Client Conference *(APPENDIX 22: Outline for Client Conference)*
- End of Semester Close-Out *(APPENDIX 23: End of Semester Close-Out)*
- CALIPSO Experience Record *(APPENDIX 24: CALIPSO Experience Record)*

E-MAIL FORMAT FOR CODING LPS

Example:

#=Client number Lesson Plan (LP)=type of documentation 82217=date of therapy

1. **Lesson plans (LP) (Client # LP 8 22)**
2. **Revision: Client # LP 8 22-8 24 rev**

METHOD OF DOCUMENTATION:

All SOAP Notes, Diagnostic Reports, and Progress Summaries must be documented only on EHR systems. No one should be documenting on Word then pasting onto EHR system in order to maintain HIPAA compliance.
Students should not have any client documentation/information in their own files.
No assessment score sheets/record forms should be taken out of the clinic.

LESSON PLANS (LP):

LP for each client must be submitted by 12:00 (noon) the day after the last therapy session for that week.

A lesson plan is the clinician's plan for what specific client behaviors are being targeted for the week and what procedures and activities are planned to accomplish this. It also serves as a written communication between the student clinician and his/her supervisor about the planned session.

DATA & CLINICAL PROBES

All students will be required to develop their own data taking or recording procedures, upon which to base their program decisions. Clinical probes are conducted to determine if the target response has generalized.

PROGRESS SUMMARY/DISCHARGE SUMMARY (PS/DS)

The Progress Summary provides a statement regarding client progress toward their target goals and objectives, procedures used in the treatment process and recommendations for the next semester. Reports should be written in terms that the client or family can understand. The PS will summarize progress for the semester and makes recommendations for the following semester of treatment. The PS is completed at the time of student clinician's end of semester close-out with the clinical supervisor then provided to the client/families.

ELECTRONIC CLINICAL PRACTICUM PORTFOLIO

The CSD requires students to demonstrate progress toward completion of degree, professional credentialing requirements, tracking of clinical competencies, and tracking of clinic practicum hours and makes this information available to students via CALIPSO, an electronic platform, in order for students to qualify for ASHA certification and licensure.

CSD graduate students pay a one-time CALIPSO registration fee directly to CALIPSO. Training for use of CALIPSO will be scheduled online during CSD 7371 Advanced Assessment course taken Summer 1.

The following CSD graduate student information regarding clinic practicum Knowledge and Skills required for Certification of Clinical Competence includes:

- Clinical Competencies
  - Clinical midterm and final evaluations
  - Clock hours
  - Client populations
  - Clinical settings
- Clinical Site Information
- Clinical Practicum Student Reflections
- Clinical Educator Feedback via CALIPSO for Field Placement and via Survey Monkey for HJC 1st year clinical practicum.
- CSD Graduate Student Credentials and Titers (via CALIPSO and Medicat)
- Liability Insurance
- Completion of training in:
  - Blood Borne Pathogens
  - HIPAA/Privacy
  - Ethics Training

It is very critical for students to keep credentials and immunizations up-to-date in order to continue through the CSD program and to continue in practicum.

https://www.calipsoclient.com/ollusa/account/login?o=%2Follusa%2F

PROFESSIONALISM

Over the course of the next two years, students will transition from student to professional. The CSD graduate program at OLLU requires the highest standards of its students. The following guidelines are expectations from the graduate clinical program and for a future career in the field of speech-language pathology. It is expected that all students will follow the appropriate professional and interpersonal skills with clients, their families, clinical educator, peers and support staff. Students are expected to review professional behaviors listed in the CALIPSO clinical competencies for "Professional Practice, Interaction, and Personal Qualities." Ratings less than "3" in the area of professionalism are grounds for a clinical remediation plan (CRP), academic probation, or dismissal from CSD program. *(APPENDIX 5: Professional Behavior Guidelines)*

The importance of Soft Skills for Professional Success – ASHA Leader article by Amy Shollenbarger (May 27, 2019)

CLINICAL PRACTICUM DRESS CODE

OLLU CSD department has set-up a standard dress code policy for clinical practicum. The standard dress code consists of:

- Blue Polo tops – students will purchase through organized group order during orientation
- Navy, Khaki, or Black trousers/slacks or skirts – personal choice; student responsibility to provide items within clinic guidelines
- Clinic Nametags: Purchased during orientation.
- Student clinicians must wear his/her nametags during clinical therapy, conferences with clients/family members, and during clinic-related functions.
- Shoes can include loafers, lace-ups, clean walking/running shoes, dress sandals, flats or pumps. No flip flops.
- Jewelry:
    - Watches, wedding bands and /or engagement rings are permissible.
    - No excessive bracelets or necklaces.
    - No more than two earrings per ear, no dangling or oversized earrings.
    - No other visible body piercings are permitted. Other than ear piercings, facial piercings must be removed, covered, or otherwise concealed so they are not visible while at any clinical site.
- Nails:
    - Fingernails should be kept trimmed and without nail polish. This is for your safety and the safety of your patients and preceptors.

- Badges:
    - A badge identifying you as a OLLU CSD SLP student is mandatory at all times and must be worn on the upper portion of your Polo or clothing while at the clinical site.
    - Badges should be worn at the lapel/shoulder level, not along the waistline.
- Hair
    - Hair should be clean and arranged so as not to interfere with patient care. When working with equipment or leaning over patients, students should pull long hair back.
    - Natural hair color so that it does not distract clients
- Tattoos:
    - Tattoos must be covered. Supervisors have the prerogative of requiring certain dress codes that are more (or less) stringent than the guidelines above, depending on the context (e.g., children, adults, setting, etc.)

Additional Dress Code Tips:

- Be mindful of the fit (i.e., loose fitting, appropriate length to cover belly and back areas, etc.) – minimize the reveal factor.
- Leave a cardigan, jacket at the clinic in case you need to cover-up.

- There may be instances where clinical faculty will allow provisional dress code options such as clean, well colored and maintained blue jeans, and clean tennis shoes if you are conducting Floor Time activities with young children or highly active children.
- Leggings and capris are not acceptable

For external field placements and possibly HJC off-campus placements, other standard wear may be applied and followed. The graduate student clinicians must abide by these regulations, including purchasing appropriate attire at their own expense.

It is advisable and require, in some instances, for all individuals providing services in schools or healthcare facilities to wear various forms of visible I.D.s students must follow these guidelines.

ATTENDANCE POLICY

The OLLU CSD Graduate Program is a full-time commitment Monday through Friday for 18 + months.

Attendance at all scheduled clinical practica dates and other clinical obligations is mandatory and essential for successful completion of each semester's clinical practicum and ultimately each student's entire course of graduate studies. Balancing academic and clinical aspects of the CSD program is critical for students. Both aspects command the highest priority in terms of managing and meeting the obligations required within the CSD program

Students are expected to attend all scheduled appointments regardless of whether it is academic (i.e., class) or clinical assignment (i.e., treatment or diagnostic). Excessive absences may put the student "at risk" either academically or clinically. The specific number of absences should not exceed the number stipulated on course outlines for academic and practicum courses.

The CSD practicum schedules (HJC and external field placement) will not always align with the academic schedule because practicum obligations are dependent of the clients, events, and facilities that we serve. Even during university vacations (e.g., spring break), there may be clinical practicum obligations that graduate students are responsible for in order to meet requirements for graduation, certification, and commitment to those we serve within our practicum experiences.

The CSD department makes every effort to provide clinic calendars for students to know what to expect for beginning and ending dates of clinic. *However, because we are coordinating services with clients and partners in the community, schedules may change. Flexibility remains key to students successfully managing their way through the CSD program.*

Plan ahead mindfully and thoughtfully in order to meet the obligations of the program.

ALL STUDENTS ARE REQUIRED TO PARTICIPATE IN THE FOLLOWING:

- Speech-Language and Hearing Screenings: This is part of your professional training which provides valuable experiences and offers opportunities to demonstrate clinical competencies.
- Treatment and Diagnostic Assignments: Notification of assignments may range from 1 day to 2 weeks prior to initial session/appointment. Additional information is provided in the treatment and diagnostic section of this handbook.
- Supervisory Meetings: Attend treatment and diagnostic conferences with the clinical supervisor as deemed necessary to ensure satisfactory performance. Frequency and duration of conferences may vary.
- Clinic Materials Organization: Activities will be scheduled periodically.
- Special events
- Professional conferences

Consistent attendance within the clinical practicum is critical for the development of clinical competencies, establishing professional relationships, and consistency in client care. Within the clinical

training program, no activity, be it a job or any other type of outside commitment should take precedence over classes or clinical assignments.
Absences will affect a student's final grade in clinic.

ILLNESS: TEMPORARY

It is understandable that illnesses do occur, especially when students are exposed to clinical populations for the first time.
If a student has more than two absence (excused or unexcused) within a given semester, it will possibly affect the student's final grade, overall status within the practicum continuum, and movement into field placement. Communicate in a timely manner to assigned CE and DCE.

OLLU attendance policy along with the CSD's department attendance policy notes that absences must have supporting documentation in order to warrant an excused status. Absences without a doctor's note are considered unexcused.

Excused absences will require a doctor's note documenting that the student was too ill to attend clinical practicum and is medically cleared to return. All doctor's notes must be scanned as pdf and sent via e-mail to the appropriate OLLU CE, Field Placement CE and/or OLLU FP liaison prior to return to the clinical practicum site. If the absence occurs on the last day of a practicum assignment, the note must be given to the OLLU FP liaison within 24 hours.

ILLNESS: LONG-TERM

If a student or their dependent has a severe or chronic illness during the course of the semester, notify the Program Director and the DCE as soon as possible, to determine if accommodations can be made of if leave of absence from program will be required. Communication is critical.

OTHER:

Minor illnesses such as colds, allergies, as well as weather events such as negligible amounts of precipitation (university and department will send out alerts to cancel for inclement weather events) are not appropriate reasons for missing clinic.
Students, who decline practicum assignments (for any reason) or do not attend practicum assignments, forfeit the expectation of graduating on time and may not be offered another assignment until all other students have received assignments.
Students are never to request time off from practicum for work obligations or vacations.
Students are not to modify their clinical assignments or adjust schedules unless authorized by clinical educator (CE) or director of clinical education (DCE).

HOW TO REPORT ABSENCES

Absence from Class:

1. Notify the Course Instructor and assigned OLLU CE of your absence in advance of the designated class time.

2. Provide the Course Instructor with necessary written documentation for an excused absence

3. Make arrangements for any missed presentations, assignments or class information.

ABSENCE / CANCELLATION FOR HJC TREATMENT: 1ST, 2ND, AND 3RD SEMESTERS

The student will:

1. Notify their assigned OLLU CE of the absence *as early as possible*, *preferably no less than 3 hours prior to appointment time.*

   If the assigned CE is not available, notify the DCE or another CE.

   Communication should be via e-mail unless otherwise arranged by assigned CE and include the main office managers.

2. Contact a pre-designated substitute clinician to arrange coverage in your absence if this provision is in place (requires CE approval)

3. Call the client/caretaker/ family member to cancel the session if a substitute is not available. ***Client cancellation must be no less than three hours prior to scheduled therapy time whenever possible.***

4. It is important for student clinicians to have access to their clients' phone numbers, particularly for early morning appointments.

5. Plan to reschedule sessions cancelled due to student clinician absence or other clinic cancellation such as weather, power outage, or other unforeseen event.

ABSENCE/CANCELLATION FOR HJC DX: 1ST, 2ND, AND 3RD SEMESTERS

The student will:

1. Contact HJC main office at 210-431-3938. **Client cancellation must be no less than three hours prior to scheduled appointment.** Leave a voice mail message and/or speak directly to office staff.

2. Notify their assigned OLLU CE of the absence *as early as possible*, *preferably no less than 3 hours prior to appointment time.*

3. Notify the assigned CE via voice mail and/or e-mail

ABSENCE CANCELLATION FOR EXTERNAL FIELD PLACEMENTS: 3RD, 4TH, AND 5TH SEMESTERS

The student will:

1. Notify their on-site CE and OLLU field placement liaison of the absence *as early as possible* via e-mail.

2. Adhere to any additional preferred procedures, relative to reporting absences, required by their designated FP site. Sites may require additional communication via phone, or text.

CANCELLATION OF PROFESSIONAL MEETINGS: ALL STUDENTS ACROSS ALL SEMESTERS

The student will:

1. Notify the appropriate individuals as soon as you are aware that you are unable to keep your scheduled appointment.

TRANSPORTATION, TIMELINESS, AND ARRIVAL TO CLINICAL PRACTICA

All students are responsible for arranging their own transportation to and from their assigned clinical sites and are responsible for managing their own safety. Transportation expenses (e.g., fuel, parking, etc.) are the students' responsibility and should be taken into consideration, by the student, when accepting clinical assignments. All students are to arrive on time for on and off-campus clinical assignments. This means between 15 and 30 minutes before the therapy session begins.

It is critical for a students' clinical preparedness that time allowances are made for travel, traffic, detours, and parking.

Students should always be sure they have planned sessions at least a week to a day before, so that session set-up only involves setting up the materials. Students should not be cutting out props and making the session materials right before and during the session.

Time management and planning ahead is a key element to implementing an effective treatment session.

INCLEMENT WEATHER

On or off-campus practicum sites have set procedures and processes for managing inclement weather or other environmental situations.

http://www.ollusa.edu/s/1190/hybrid/18/default-hybrid-ollu.aspx?sid=1190&gid=1&pgid=7662

Students must contact their assigned clinical educator (CE), the CSD main office, and be aware of alert messages via text, or phone messages in order to verify cancelation of practicum. If a student's practicum site has a delayed opening, contact the assigned CE via e-mail to verify if and when to report to the site. Make-up sessions are at the discretion of the CE and clients.

For external field placement sites (e.g., healthcare facilities) rarely, if ever, close and employees are considered to be essential personnel and are expected to report for their scheduled shift. If the university is closed, but the external practicum site is open, use best judgment and contact assigned CE via e-mail and/or phone to determine if conditions are safe enough to allow travel to a clinical site. Students and CEs should use their best judgment when determining feasibility of travel in order to follow reasonable safety and health precautions. Small amounts of precipitation are not instances where practicum cancelations are warranted.

If state officials have closed roads and highways due to a weather emergency, or restricted road use to essential personnel only, all clinical practicum will be cancelled until the restrictions are lifted.

EMERGENCY PROCEDURES

OLLU EMERGENCY INSTRUCTIONS

These instructions are provided so that all members of the Our Lady of the Lake University community are prepared to respond in the event of an emergency. Whenever possible, procedures should be followed as recommended.

OLLU Campus Police Officers are designated "first responders" for the University Community and should be contacted in ALL crisis situations. They will make the determination as to whether additional assistance is needed. In extreme emergencies where it is obvious that EMS or Fire Department assistance is necessary, individuals may call 911 to report the situation, followed immediately by a call to Campus Police.

Campus	Police	Phone	Numbers
Non-Emergency		(210)	431-4022

Emergency (210) 433-0911

MEDICAL EMERGENCY-(may include personal injury, alcohol or drug overdose, automobile accident, work-related injury, etc.).

Call Campus Police immediately, providing the exact location of the victim and the nature of the emergency. Remain with the victim until a Campus Police Officer arrives. The responding officer may render First Aid, or call for EMS or for assistance from the University's Nurse Practitioner. Once aid has arrived, remain in the immediate area in case additional information is needed.

EMOTIONAL CRISIS-(may include erratic behavior, suicide attempt or suicidal threats, emotional distress, etc.).

CALL CAMPUS POLICE IMMEDIATELY, providing the nature and location of the situation. Remain with the individual and attempt to provide reassurance that assistance is on the way. Once the officer arrives, provide whatever additional information you are able to give.

CRIMINAL ACTIVITY-(may include public disturbances or fighting, suspicious persons, theft, vandalism, etc).

Call Campus Police immediately, being careful to not put yourself in danger. Provide the location and nature of the incident. Make mental note of any activity you may have witnessed personally. Remain available to provide information, as needed.

ACTS OF GOD - (may include fire, floor, hurricane, tornado, power failure, etc.).

Call Campus Police immediately, stating the situation and your location. Stay where are unless you are in imminent danger or are instructed by Campus Police to do otherwise. In the event of high wind, move to an inside corridor away from windows.

ACTIVE SHOOTER

CALL Campus Police immediately if not already notified. <u>Shelter-in-Place</u>:
Secure the area you're in by locking or barricading door, avoid attracting attention, and seek protection, i.e., hide under/behind large furniture, behind a wall or in a closet. If not in a classroom or office, hide in a closet, a bathroom or under tables that might be around you. If outdoors when asked to Shelter-in-Place, go to an undamaged building nearby and stay there.

If you're outside and can't get into a building, seek shelter using things around you like benches, cars, trees or large trashcans. If in your car when you receive the order to shelter-in-place and feel you can safely leave the campus, do so. If you cannot or are unsure, then consider hiding in your car. If you're driving towards campus when you receive a message asking you to shelter-in-place, then simply stay away from campus.

Wait for instructions from OLLU or Police via text and/or email.

STUDENT SUPPLIES

Students are required to have some professional supplies for their clinical and academic work. Purchasing these items are the student's responsibilities for in-house (HJC) and/or field placement (FP) practica. If you have difficulty obtaining an item, please let your clinical educator/instructor/FP liaison know.

- Polo tops required at HJC
- Nametags
- Scrubs (FP or possibly HJC)
- Personal Protective Equipment (i.e., facemasks, face shields, gowns, and other required PPE at each site)
- Clipboard
- Penlight(s)
- Laptops
- Tablets
- Portable audio recorders

HIPAA AND CLIENT CONFIDENTIALITY

CONFIDENTIALITY POLICY AND PROCEDURES

All students are required to follow departmental policies and Health Insurance Portability and Accountability Act (HIPAA). OLLU CSD students go through formal HIPAA training and earn a certificate of completion before beginning clinical practicum.

Abbreviations:

HIPAA - Health Insurance Portability and Accountability Act

PHI - Protected Health Information

TPO - Treatment, Payment, and Operation

- Be certain that the client (or his/her representative) has signed all needed consent forms before using and disclosing PHI
- Make every attempt to keep oral communication with or about a client private, as circumstances allow (e.g., move to a private room, do not do consultations in the waiting area).
- Do not discuss clients in hallways, elevators, classrooms, or other public spaces.
- Turn computer screens inward or provide protective screens so that the passerby cannot read client information.
- Keep paper medical records in locked rooms and/or locked cabinets. Limit access to authorized staff members.
- Be aware of posting client information (e.g., treatment schedules or charts showing results of activities) on walls.
- Dispose of unneeded client information in confidential shredding containers, never place in unsecured waste bins.
- Account for all client lists, reports, lesson plans, and other loose records in conference/staffing rooms, work rooms, etc.
- Account for all recordings of clients (i.e., videotapes and audiotapes). Never leave unattended in an unsecured area.
- Never remove client records from the clinic or any practicum facility.
- Do not save or print client records.

All client records are currently managed by an Electronic Health Record (EHR) system. In accordance with the Health Insurance Portabiltiy and Accountability Act of 1996 (HIPAA) and the ASHA Code of Ethics, all information concerning past and present clients is directly confidential. The following information is to be kept confidential and not released to anyone with express and written permission.

- Name of client
- Nature of problem
- Identifying and family information

- Audio recordings of client's speech and/or video recordings
- Lesson plans
- Assessment results

HIPAA VIOLATIONS

HIPAA violations occur when one or more of the procedures outlined in the clinic's Policy and Procedures and the Graduate Student Handbook is breached or when an act/breach is deemed a violation by the Clinic Director in consultation with the School Director/Program Director, or OLLU President's Counsel.

PROCESS FOLLOWED WHEN VIOLATIONS OCCUR:

Violations are reviewed by the Clinic Director and School/Program Director

Violations will be classified as intentional or unintentional based on:

a) the nature of the breach
b) the prior knowledge a student clinician had regarding the type of information involved and/or the student's prior knowledge of the client's authorization to share protected information.

An intentional breach of HIPAA confidentiality will result in immediate review of the circumstances by the Clinic Director, School/Program Director. Any student who engages in an intentional breach will be recommended for dismissal from the program.Fir

1st time offenders of an unintentional breach, will meet with the Clinic Director and be given a written warning.

2nd time offenders of a breach of confidentiality will result in the recommendation that the student's grade be lowered to a rating level of remediation within the clinical experience. The Clinic Director, and Program Director will be informed and will discuss with full faculty recommendations regarding the grade change.

3rd time offenders in breach of confidentiality will fail for the semester and earn a grade of "F." Full faculty will determine the student's continuation in the graduate program.

Violations are cumulative throughout students' progression through the graduate program.

CONFLICTS OF INTEREST

GIFTS AND DONATIONS

Clients sometimes offer to give money or other gifts to student clinicians in appreciation for services rendered. Only gifts valued less than $50.00 may be accepted.

Donations to the Communication Sciences and Disorders program and donations are tax deductible. Clients may contact the Clinic Director or the Administrative Clinic Manager if they wish to make a donation. Gifts of children's toys or books that may be used for therapy are also welcome.

PAYMENT FOR SERVICES

Students are not to be paid or accept any requests for private SLP clinical services because students are not certified and licensed professionals.

CLINICAL TREATMENT OF RELATIVES/FRIENDS

Students are not allowed to directly treat relatives and close friends due to conflicts of interest that could arise within the therapeutic process. Relationships with clients must be disclosed to the DCE or CE anytime during the graduate clinical training.

CLINICAL PLACEMENTS WITH RELATIVES/FRIENDS

Students are not allowed to be placed at clinical sites with relatives or friends due to conflicts of interest that may arise in the assessment of clinical competencies and grading. Relationships needs to be disclosed to DCE or CE anytime during graduate clinical training.

E-MAIL AND BLACK BOARD (BB) PROTOCOL

E-MAIL PROTOCOL

Students are expected to follow professional, courteous, and respectful behaviors across communications, and interactions with others in-person and online.

The online communication and learning environment requires a high degree of diligent mindfulness. Students will be communicating via e-mail and online with a range of individuals in the context of the CSD program on and off-campus.

All graduate students must use the OLLU e-mail only within the context of the CSD program. E-mail professors from OLLU e-mail, and all communication from professors will come from OLLU e-mail.

All e-mail correspondence should contain appropriate and professional salutation, well-written and grammatically correct paragraphs, respectful closing, and a full signature.

Note: There are many resources online that provide students with tips on general e-mail etiquette.

E-mails should be checked at ***least three times daily*** (morning-afternoon-evening) due to the rate and frequency of communication within a given day in the context of a CSD practicum.

BLACK BOARD (BB) PROTOCOL

Check Bb daily for timelines, and resources covered in practicum class.

GENERAL RESPONSE REPLY TO E-MAIL FROM FACULTY

Clinical faculty members will respond to e-mails within 24 hours with the exception of weekends. Please be mindful that clinical faculty are providing supervision, documentation follow-up, administrative, and university commitments and may not be available to return e-mails for large segments of the day.

If you have an emergent issue/situation, please allow the full 24 hours for your recipient to respond via e-mail before sending another e-mail or attempting to contact another faculty member about your issue. In case of an urgent matter, contact clinic and main office managers at (210.431.3938 or 210.528.7115) phone numbers.

SOCIAL MEDIA POLICY

BACKGROUND

Through internet and mobile technologies, social media has become a timely and widespread form of communication. Social media sites are less passive and more interactive, user generated sites (Zur, 2011). Social Media includes all but not limited to Twitter, Facebook, Instagram, SnapChat, and blogs. The purpose of this policy is to outline professional behavior expected from OLLU graduate clinicians when using social media.

RATIONALE FOR THE POLICY

Graduate students must realize that their personal lives could affect their professional reputation and credibility. Students must uphold the same code of ethics as outlined by ASHA in their personal lives. This policy also helps students to protect themselves from invasions of privacy.

BEHAVIOR EXPECTED FROM STUDENTS

1. Be aware of what is available to the public. Examine the privacy settings available in each site and ensure that only the information you want available will be visible to the public.

2. Exercise good judgment when posting to social media sites. Although you may not be "friends" with clients, the information available on your profiles are still out there. "These active, interactive forums require much more care and attention regarding the confidentiality and privacy of the therapist-client communication" (Zur, 2011).

3. Interaction with clients via social media is explicitly prohibited. All interactions with clients should occur via school e-mail accounts. Notify a supervisor immediately if a client attempts to continue communication via social media.

BEST PRACTICES THAT SLP STUDENTS ARE EXPECTED TO FOLLOW

1. Take responsibility and use good judgment. You are responsible for the material you share through social media. Be courteous, respectful, and thoughtful about how others may perceive.
2. or be affected by what you share. False and unsubstantiated claims and inaccurate or inflammatory communications may create liability for you.
3. Think before you post. Anything you post is highly likely to be permanently connected to you and your reputation through Internet and email archives. Current instructors/supervisors, future employers, and clients often have access to this information and may use it to evaluate your personal and professional judgment and suitability for employment. Take great care and be thoughtful before placing your identifiable comments in the public domain.
4. Protect your own privacy. Make sure you understand how the privacy policies and security features work on the sites where you are sharing material. Use privacy settings to safeguard

personal information and content to the extent possible, but realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently.

5. When interacting with other students, faculty or clinical instructors, or patients on the internet, maintain appropriate boundaries in accordance with professional and ethical guidelines just as you would in any other context.
6. When students see unprofessional content posted by colleagues, they have a responsibility to bring the appropriateness of that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior violates professional norms and the individual does not take appropriate action to resolve the situation, the student should report the matter to a SLP faculty member.

ACTIVITIES THAT MAY BE GROUNDS FOR DISMISSAL FROM THE SLP PROGRAM

Publishing, discussing, or sharing in any way the health information of other individuals is prohibited. Be aware that removal of an individual's name or use of a pseudonym does not constitute proper de-identification of protected health information.

1. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, type of treatment or posting of patient stories and/or pictures (such as a before/after photograph of a patient having surgery, or a photograph of a patient participating in therapy or even social activities may still allow the reader to recognize the identity of a specific individual.
2. Claiming to be an official representative or spokesperson for OLLU or its entities, including the SLP program.
3. Assuming the identity of another person or otherwise attempting to obscure one's own identity as a means to circumvent the prohibited activities outlined in this policy.

UNPROFESSIONAL BEHAVIOR THAT MAY BE THE BASIS FOR DISCIPLINARY ACTION

1. Using vulgar language.
2. Using language or photographs that imply disrespect for any individual or group, including but not limited to age, race, gender, ethnicity or sexual orientation.
3. Publishing or sharing in any way, personal photographs or photographs of oneself or others that may reasonably be interpreted as condoning irresponsible use of alcohol, the use of recreational drugs, illegal activities, or sexual promiscuity.
4. Publishing, discussing, or sharing in any way, potentially inflammatory or unflattering material on another individual's website (e.g. on the "wall" of that individual's Facebook site).
5. Publishing or sharing in any way, personal photographs or photographs of clients in clinic or social situations. Keep in mind, permission forms signed for use of photographs, etc. in the program/clinic, are NOT intended for student permission/use.

STUDENT ORGANIZATION USE OF SOCIAL NETWORKING SITES

Registered student organizations that use social networking sites are required to seek permission of the advisor prior to posting material. Student organizations are not to represent themselves as official representatives or spokespersons for OLLU, its entities or any other organization, affiliated or unaffiliated.

Zur, O. (2011). To Accept or Not to Accept? How to respond when clients send "Friend Request" to their psychotherapists or counselors on social networking sites.

Kaplan, A., & Haenlein, M. (2010). Users of the world, unite! The challenges and opportunities of Social Media. Business Horizons, 53(1), 59-68. **Professional Behavior Guidelines for Participation in SLP Clinical Training**

ETHICAL USE OF SOCIAL MEDIA

https://www.asha.org/Practice/ethics/Ethical-Use-of-Social-Media/

CELL PHONE POLICY

Cell phones must be turned off during practicum unless used for data collection or other approved clinical activity. Students must notify faculty or staff if there is an emergency situation. Students observed using a cell phone for non-approved use (texting, Facebook, Twitter, etc.) during class, meetings, or practicum hours with an OLLU or field placement Clinical Educator, will be asked to leave the Clinical Site immediately and will not receive credit for work done at that time.

"THREE BEFORE ME" POLICY

Clinical faculty have put many resources into planning supports for CSD graduate students. Pre-Practicum module, orientation, Black Board (Bb) resources, and weekly practicum classes are all contexts where a frontload of clinical resources are shared with students. It is critical that students consider these resources, remember these resources, and go back to refer to these resources in order to promote independence, and problem-solving skills essential for successful completion of the CSD graduate program.

Clinical faculty provide more than the allotted 25% supervision required by ASHA. The expectation is for students to consider the "Three before me" rule for routine questions, such as location of clinic resource, or clinic material, or the contact information for an individual.

Please refer to resources provided by assigned CE, clinic handbook, clinic calendar, CSD 6365 or CSD 6366 on Bb, pre-practicum on Bb, or ASHA before contacting clinical faculty. If you cannot find the answer to a question independently, then e-mail the assigned CE.

Clinical faculty are here to answer any and all questions throughout the students' movement through the program. The goal with the "Three before me" policy is to instill a practice of utilizing the abundant resources that are provided by clinical faculty to CSD graduate students.

ACCESSIBILITY SERVICES

https://myollu.ollusa.edu/AcademicServices/LearningSupport/DisabilityServices/Pages/default.aspx

OLLU strives to make all learning experiences as accessible as possible. If you anticipate or experience academic barriers based on your disability, (including mental health, chronic or temporary medical conditions) please let DCE know immediately so that we can connect you with the Services to Students with Disabilities (SSD) Office to discuss an academic success plan and establish reasonable accommodations. After registration, make arrangements DCE as soon as possible to discuss your approved accommodations so that they may be implemented in a timely fashion. You are also welcome to contact SSD at any time: www.ollusa.edu/ada; email ada@ollusa.edu; phone (210) 431-4010; or visit Sueltenfuss Library Room 125.

The Accessibility Services Office is committed to diversity and a campus culture of inclusion that is necessary for a rich learning environment and essential in preparing students to work, live and contribute to an increasingly complex society. The office provides reasonable accommodations to ensure students with disabilities can participate and benefit from all of our campus, programs and activities. Students with disabilities must verify their eligibility through the University's Accessibility Services. www.ollusa.edu/ada**; email** ada@ollusa.edu**; phone (210) 431-4010; or visit Walter Student Service Center, suite 206, room 211.**

It is important to note that academic accommodations do not directly translate to clinical practicum accommodations because it is essential to maintain the well-being of the client, the standards of external field placement sites, and standards critical to the field of speech-language pathology
Concerns and questions relative to the academic and clinical training matters of the department's accredited program should be directed to the Program Director. Students may also contact the American Speech-Language-Hearing Association, Council on Academic Accreditation at 2200 Research Boulevard, Rockville, MD 20850-3289, telephone 301.296.5700.

The CSD faculty and staff are responsible for the welfare of students in the CSD program and the clients that the CSD program serve. To meet this responsibility, the CSD program has established academic standards as well as essential functions/technical standards. The Essential Functions/Technical standards document outlines these essential functions that must be demonstrated by all students with or without reasonable accommodations in order to complete the CSD program successfully. This will be reviewed by all CSD graduate students

ESSENTIAL FUNCTIONS/TECHNICAL STANDARDS

Purpose: Faculty will obtain baseline information regarding the Essential Functions/Technical Standards *(APPENDIX 1: Essential Function Standards) in* order to assure that graduate students entering the CSD program and the field of speech-language pathology have the capacity to adequately serve individuals with communication and swallowing disorders.

Rationale: In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social-professional. These essential functions/technical standards enable a student to meet graduate and professional requirements as measured by entry level competencies for state licensure and national certification. Some of these skills are inherent and some can be taught and developed during the course of the graduate program through coursework and clinical experience.

ENGLISH PROFICIENCY POLICY STATEMENT

The Woolfolk School of Communication Sciences and Disorders at Our Lady of the Lake University (OLLU) supports the position of the American Speech-Language-Hearing Association to encourage people of diverse backgrounds to enter into the field of speech-language pathology.

ASHA statement indicates the following:

"students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and when necessary, the ability to model target phonemes, grammatical features, and other aspects of speech and language that characterize a client's particular problems" https://www.asha.org/policy/TR1998-00154/

Students enrolled at the Woolfolk School of Communication Sciences and Disorders at OLLU must possess adequate written and verbal communication skill in Standard American English necessary to meet academic and clinical requirements. Specifically, licensed and experienced clinical educators, at OLLU, working with CSD graduate students during their clinical rotations and will assess the written and verbal communication in the context of client/patient service delivery and related students professional interactions with others.

Students must be able to:

- Communicate effectively, sensitively, and efficiently with clients, professors, and colleagues
- Comprehend technical, procedural, and professional materials while demonstrating consistent ability to manage clinically related instructions and supervisory input
- Possess the ability to efficiently and effectively communicate observations and findings,
- Accurately and efficiently prepare progress notes, correspond, and complete evaluation or treatment reports in a clear, logical, and professional manner

- Perceive the speech of clients and accurately make judgments regarding the quality and patterns of usage
- Efficiently and accurately comprehend language expressed in oral, graphic, and gestural forms
- Demonstrate acceptable intelligibility of speech and organization of language content and form
- Show acceptable intelligibility to allow for administration of speech, language, or audiological assessment instruments in a reliable and valid manner and to effectively relay all types of clinical information, instructions, and clinical feedback to clients in the treatment setting
- Demonstrate appropriate pragmatic skills, including eye contact and use of appropriate social and professional language and communication in the academic and clinical context - Modify communication in order to match the context and needs of the listener
- Demonstrate understanding of non-literal, figurative, or ambiguous language
- Demonstrate understanding of indirect and non-verbal communications in the clinical setting
- Speech-language pathology students must be able to model desired voice, fluency, articulation, and oral/nasal resonance, as well as features associated with English grammatical structure (syntax, morphology), semantics, literacy teaching, and other areas consistent with the objectives of a client in the assessment and treatment setting
- Non-native speakers of English will work closely with supervisors toward establishing this proficiency, prior to and during enrollment in clinical practicum. Students who speak with accents and/or dialects may seek out OR be asked to obtain assistance in improving English proficiency skills. This can be at the recommendation of the clinical direction, clinical supervisory, and departmental instructional faculty. English proficiency services will be provided at the HJC Speech and Hearing Center at no cost to the student. Other related English proficiency services which are available to OLLU students, including
- Progress towards improving English proficiency skills will be formally reviewed each semester at mid and final review points. Continuation in, and modification of, a student's clinical and academic program will be determined by the school director, clinic director, and other instructional or supervisory personnel. This will be based on different factors, including, but not limited to, the amount of demonstrated improvement and the degree of student's English competency skills as required for effective assessment and intervention implementation in a clinical practicum setting, in and outside of the HJC clinic.

COMPLIANCE AGREEMENT

The CSD Program's Clinical Manual, together with Our Lady of the Lake University's Graduate Catalog comprise a working contract between the student, the CSD Program, and the University. Adherence to the policies, procedures, and standards outlined in these three documents illustrate expectations for all students, faculty, and staff *(APPENDIX 2: Compliance Agreement Form).* The Compliance Agreement form documents the student's agreement to adhere to the CSD Program's and University's policies, clinical policies, clinical procedures, and standards. This will be signed and become part of the student's academic file.

EQUAL EMPLOYMENT POLICY

Our Lady of the Lake University (OLLU) has declared a policy of providing equal opportunity in all policies and procedures affecting employment and education. In conjunction with the objectives of the policy and in accordance with the various local, state, and Federal laws, rules and regulations, the University is committed to providing employment and educational opportunities without regard to race, color, religion, sex, age, national origin, sexual orientation, veteran status and/or the presence of a disability.

COUNCIL ON ACADEMIC ACCREDITATION – COMPLAINT PROCEDURES

Concerns and questions relative to the academic and clinical training matters of the department's accredited program should be directed to the Program Director. Students may also contact the American Speech-Language-Hearing Association, Council on Academic Accreditation at 2200 Research Boulevard, Rockville, MD 20850-3289, telephone 301.296.5700.

Procedures for Complaints to the CAA Against Graduate Education Programs:
A complaint about any accredited program or program in Candidacy status may be submitted by any student, instructional staff member, speech-language pathologist, audiologist, and/or member of the public.

CRITERIA FOR COMPLAINTS - COMPLAINTS ABOUT PROGRAMS MUST:

a. be against an accredited educational program or program in candidacy status in audiology or speech-language pathology and/or audiology,
b. relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology (http://www.asha.org/Academic/accreditation/accredmanual/section3.htm) , and
c. include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA.

All complaints must be signed and submitted in writing to the Program Director, Council on Academic Accreditation in Audiology and Speech-Language Pathology, American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850. The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and provide supporting data for the charge. The complainant's burden of proof is a preponderance or greater weight of the evidence. Complaints will not be accepted by email or fax.

STUDENT COMPLAINT POLICY

In some cases, a student may disagree with a faculty member or clinical educator to the extent that the situation warrants communication and action to reach optimal resolution. The following policies and procedures have been established to guide students and CSD Program members in such situations:

- Initially, the student is encouraged to meet with the faculty member/clinical educator who is directly involved in the situation. Both parties will discuss the complaint and attempt appropriate way(s) of managing the identified concern(s).

- If the issues cannot be addressed at that level, the student should meet with the Program Director to discuss concerns related to the academic program.

- For concerns related to the clinic program, the student should consult with the Clinic Director whenever possible. If the student has complaints or concerns regarding the internship, the student should consult with the internship liaisons. In any clinic program cases, the student may consult with the Program Director as well.

- In all cases, the student may seek the advice of their assigned academic advisor.

- The academic advisor is to be informed of major student complaints. The academic advisor will keep a written record of major complaints and how they were addressed.

- The clinic director and field placement liaison will keep a record of complaints and how they were addressed at their levels (development of documentation in process).

- The Program Director will keep a record of major complaints that are addressed at the chair level.

- University policy is followed in cases regarding equal opportunity, sexual harassment, and reasonable accommodation. We also follow the University Academic Grievance and Appeal Policy and Procedures. This information is posted in the online University Catalog.

- The clinic director and field placement liaison will keep a record of complaints and how they were addressed at their levels (development of documentation in process).

- The Program Director will keep a record of major complaints that are addressed at the chair level.

- University policy is followed in cases regarding equal opportunity, sexual harassment, and reasonable accommodation. We also follow the University Academic Grievance and Appeal Policy and Procedures. This information is posted in the online University Catalog.

CLIENT INFORMATION

SCHEDULING AND ATTENDANCE POLICY

Clients are served for assessment and/or treatment based on the following criteria:

- order on the waitlist
- training experiences needed by the graduate students as reflected by the accreditation policies of the American Speech-Language-Hearing Association (ASHA)
- completion and submission of service case history intake forms

Clients are served episodically based on evaluation recommendations, referrals, and attendance. Clients must sign an attendance agreement. If a client is absent for two or more sessions per semester services may be discontinued at the discretion of clinic management. Clients may incur a "no call, no show" fee of $15.00 per incident. Intermittent/inconsistent attendance may also affect continuation of services.

PARENT OBSERVATION AND ATTENDANCE DURING PEDIATRIC THERAPY SESSIONS

Parents/guardians are asked to escort their child into the building, unless the client is old enough to drive themselves to the session. Parents are also asked to sit and wait in the reception area with their child until they meet with the clinician and the child is escorted to his/her therapy room. Parents are expected to pick up children immediately after the therapy session. Children cannot wait alone in or outside of the building. Non-compliance with the center's procedures may result in dismissal from the services.

CLIENT SAFETY PROCEDURES

All Clients must provide emergency contact information in the unlikely case of an emergency. All clients must certify that their health status allows them to come into the clinic for services. Minor children must not be left unattended. Parents must make arrangements for alternative cargiver/guardian to be present in the absence of the primary caregiver.

CLIENT SATISFACTION SURVEYS

At the end of each semester, clients are given the opportunity to complete a Customer Satisfaction Survey to provide feedback regarding services received in the clinic that semester. Customer Satisfaction Surveys are distributed via email throught the electronic records system by the main office manager. Hardcopy surveys may also be distributed to clients via clinical educator and/or graduate students serving the client. Survey feedback is helpful in maintaining quality clinical services.

CLIENT RECORDS

Active client records are stored in the locked clinic vault or in the main office behind locked doors only accessed by faculty. Almost all client records for clinic are now housed in the clinics electronic health records system. These records are for clients who are being served, whether in evaluation or treatment for speech, language and hearing services. The records are accessible by clinicians, clinical educators or observation students involved with a given client, however, in order to obtain the information, students need to sign the file out from the front office.

Under no circumstances are files or client documents to be removed from the Clinic.

INACTIVE CHARTS ARE HELD FOR A PERIOD OF SEVEN YEARS.

CLINIC AND STUDENT ROOM OVERVIEW

The Harry Jersig Center houses faculty offices, therapy rooms, classroom, conference room, main office, cabinets and closets with clinic materials, a diagnostic room with assessment materials and a diagnostic lab as well as two designated offices for family observation and telepractice sessions.

There is a graduate student work room in Worden 7 right next door to the Harry Jersig Center.

Therapy room assignments are made by clinical educators once clients have been scheduled each semester.

The Harry Jersig Center space consists of the following:

- Main office
- Diagnostic Materials Room
- 8 Designated Therapy rooms (101, 103, 104, 106, 106B, 108, 109A, 111, and 115)
- Faculty Offices
- Audiology Suite
- J124 Conference Room
- J123 Classroom (students are asked to use the student room in Worden as much as possible instead of space outside of classroom to comply with HIPAA/FERPA and to avoid interupting classes being held in the classroom.

CLINIC MATERIALS

Students will need to tour the HJC clinic to explore and investigate clinic materials available for use with clients seen at HJC. Students seeing clients at HJC or HJC related off-campus sites (e.g., House of Neighborly Services – HNS) have access to use the clinic materials at HJC.
Additional materials that would benefit students to use within the clinical setting may include, but are not required, digital voice recorder, data collection apps for smartphone or tablet, flash drive, laptop, and arts and crafts supplies.

There are digital recorders, a clinic laptop, and iPads available for check out at the main office. Students are asked to erase photos, or voice recordings before handing in these devices in order to be HIPAA compliant and to follow privacy aspects of patient/client care. Students are asked to take the time to study and plan for use of iPad apps well in advance of sessions in order to be well prepared for treatment sessions.

Students must provide their own internet-ready laptop or tablet computer capable of downloading and editing documents submitted via electronic health records. Students may be asked to bring laptops/tablet computers to class for use in class.

There is a diagnostic room with inventory located on a diagnostic room iPad as well as a computer located in the Main Office. A clinic graduate assistant is selected to manage a weekly schedule to check out diagnostic materials to students.

Students may only check out items only during designated time through the check-out system by the clinic GA or a clinical educator. No one is allowed access to the diagnostic room unless they have permission from one of the clinical educators or they are checking out diagnostic materials during designated schedule *(APPENDIX 3: Check-Out Procedures)*.

Treatment materials are available for use and check out on a first come first serve basis *(APPENDIX 4: Clinic Materials Map)*. Please be sure to plan ahead and check materials out and back in on a timely and daily basis. Consumable materials should be discarded after use. Reusable non-porous materials should be wiped down with the disinfecting wipes located in each therapy room after use and allowed to air dry.

DIAGNOSTIC ASSESSMENT MATERIALS

The CSD program has a diagnostic room filled with an excellent range of up-to-date assessment protocols and materials.

CLEAN-UP POLICIES AND PROCEDURES

Clean-up after Treatment Sessions

1. After each treatment session, students are required to sanitize the following;
2. Work area(s) of treatment sessions (i.e., tables, chairs, light switches, door handles, etc.).
   a. Materials used
   b. Observation rooms
3. Be mindful of room set-up for all clients using the room (working together helps).
4. Check the basket of cleaning supplies in each room daily to make sure that there are enough for the future sessions in the room.
5. Check with main office regarding refilling what is needed.

GENERAL MAINTENANCE OF CLINIC MATERIALS – MIDTERM OR END OF SEMESTER CLEAN-UP

1. It is the responsibility of each individual using the clinic facilities to do the following:
   a. Check out and return materials/equipment to the appropriate locations.
   b. Leave the clinic rooms in order. Return all tables and chairs to original room immediately following session. Request vacuuming if needed.
   c. Inform the staff or designated faculty of missing items or, items that need to be reordered.
   d. Clinic clean-up schedule will be disseminated each semester. Students are to report to Materials Rooms, as scheduled, and follow instructions.
   e. Report any equipment malfunction to clinic supervisor.

2. Each semester there will be an assigned day for graduate student clinicians to re-organize clinic materials and therapy rooms for the next semester.

3. Failure to fulfill clinic clean-up responsibilities will be reflected in the student ratings on STUDENT ROOM (WORDEN 7)

Students have access to a student room in the Worden School of Social Work which is next to the HJC building. Access is initiated during beginning of semester clinic practicum orientation or pre-practicum. There are approximately 8 computers, a Dahill printer, and other office supplies. Access to the student room and the Dahill printer is obtained by swiping the student I.D. card. Only CSD students, faculty, and staff as well as designated Worden faculty/staff have access to the student room.

Students are asked to plan treatment, plan evaluation sessions, complete documentation, and conduct all other class and clinical activities in Worden 7, the student room whenever possible.

STUDENT ROOM (WORDEN 7) SUPPLIES AND REPAIRS

Contact Main Office for the following:

- Ink for printer
- Printer offline or not working
- Need more printer paper
- Laminating paper
- Other

Cost of copying, printing for clients will be generated from the students OLLU copying account. Copiers are located throughout the OLLU campus and are accessed using OLLU I.D.s. Some copiers copy in black and white; others copy in color. The HJC copier copies in black and white, the Worden 7, student room, copier copies in color.

Students can put more money into their copying account for classes and a reasonable amount of clinic material for clients. If there is a substantial amount of copying for clients per CE instruction, then, CEs may incur the cost on their budget. It is the university policy that faculty may not share their I.D.s with the student so the faculty member will have to make the copies for the students or requests may be made to the main office by submitting a work order with at least a week's notice.

Students are responsible for maintaining the student room in a clean and organized manner. CSD does not supply eating utensils. There are snack and soda machines in the room next door to Worden 7.

DOCUMENTATION AND COMPUTER/PRINTER USAGE

Student should NOT be completing documentation in the classroom setting during class, at tables or chairs outside J123 or in any other setting where others have the capacity to view the documents being worked on by graduate student clinicians.

Student documentation should NOT be printed or saved on e-file by students. Clinical instructors may print documentation within the HJC building to review with students.

HJC is transitioning from hardcopy files to web-based electronic health records (EHR) so students may in some instances be reviewing clients' hardcopy folders. Review of these client folders MUST be conducted at HJC. Client folders should NOT be removed from HJC.

Do not remove files from the Harry Jersig Center, ***do not*** place them in your locker and ***do not*** leave files unattended. Make notes to obtain the background information needed to prepare treatment and diagnostic sessions. Students are responsible for maintaining the confidentiality of client records.
After completing a diagnostic evaluation at HJC, students must complete scoring within HJC building. Students must make sure that assessment protocol are returned to the diagnostic CE.

OTHER SPACES AND USE OF SPACES WITHIN HJC

The following rooms in HJC are designated as listed below:

- **Therapy rooms** - 101, 103, 104, 106, 106B, 108, 111, Acevedo Room, 109A and B (Voice Lab) = 9 therapy rooms. Clinical faculty make all room assignments.

- **Diagnostic room** – Students may use the dx room to Check-out, Check-in, brief review of manual and assessment protocol (15 minutes – check out the protocol (overnight check-out) and take to student room or home for review). Only instructors and the clinic graduate assistant have authorization to use room for extended and specific uses.

- **J124 Conference Room** - Classes as well as faculty and staff meetings.

- There are selected times with authorization when students may be granted permission to use HJC rooms for specific reasons. Both students and faculty must follow reservation check out processes.

- For therapy room reservations, clinical faculty must complete the blue reservation sheet on the therapy room door.

- For J124 conference room faculty and staff must follow the process noted on the portal.

- Main Office managers must be notified and kept in the loop to avoid double-booking.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA) LINKS TO SUPPORT STUDENTS

General ASHA Link
https://www.asha.org/
ASHA Certification
https://www.asha.org/Certification/AboutCertificationGenInfo/
2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology
https://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/
ASHA Code of Ethics
https://www.asha.org/Code-of-Ethics/
ASHA Clinical Practicum Certification Standards
https://www.asha.org/Certification/Certification-Standards-for-SLP--Clinical-Practicum/
ASHA Clinical Education of Students with Accents
https://www.asha.org/policy/PI2011-00324/
Clinical Simulation Practices
https://www.asha.org/Certification/Certification-Standards-for-SLP--Clinical-Simulation/
ASHA Portal Practice
https://www.asha.org/practice-portal/
ASHA HIPAA
https://www.asha.org/practice/reimbursement/hipaa/
ASHA Scope of Practice
https://www.asha.org/policy/sp2016-00343/
ASHA Issues in Ethics and Confidentiality
https://www.asha.org/practice/ethics/confidentiality/

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program. The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

EXTERNAL FIELD PLACEMENT OVERVIEW

The Woolfolk School of Communication Sciences and Disorders provides a generalist orientation to the practice of speech-language pathology and provides future practitioners with the knowledge and skills to work with clients across the lifespan and across disorders of communication and swallowing. The academic curriculum is balanced to provide graduate students with the knowledge to apply their skills in a range of settings successfully from medical, rehab, home health, school and other settings. Students who successfully complete the graduate program earn a Master's of Arts degree in Communication Sciences and Disorders which meets the academic and clinical requirements for the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) through the American Speech-Language-Hearing Association (ASHA), and meet the state licensure requirements for the practice of speech-language pathology in the state of Texas. The Our Lady of the Lake, Woolfolk School of Communication Sciences and Disorders has been accredited by the Council of Academic Accreditation (CAA) of ASHA since 1969 and complies with all the Council standards.

Field Placement (FP) experiences are critical components that serve to advance the clinical skill acquisition of graduate student clinicians. These FP experiences provide students with the opportunity to further apply the knowledge and clinical skills they have acquired within the CSD program. Graduate students complete two to three clinical experiences at the Harry Jersig Center and are assigned to their adult and pediatric FP rotations during their last two semesters. Students are placed in a variety of settings, such as hospitals, schools, rehabilitation centers, skilled nursing facilities, community and private clinics throughout the San Antonio and surrounding areas. The goal in each of the settings is for students to experience continued learning opportunities to improve their clinical competency, and progress toward increased levels of independence.

Students are placed at community sites and remain with the supervising SLP for the agreed time period as stated in the contract letter. The contract letter also contains information concerning roles and responsibilities for supervisors/students, dates when specific externship forms are due, and any holiday information pertaining to the student.

Students in FP may earn clock hours only for the portion of time they are actively participating in service delivery to clients. To meet clinical program requirements, students must accrue diagnostic and treatment hours in the off-campus placements and receive supervision by an ASHA-certified professional in accordancewith standards of the ASHA. ASHA standards require at least 25 percent supervision of all therapy and diagnostic sessions. "ASHA-Standard IV "(same as on contract). Any SLP that supervises a student must provide ASHA # on all relevant documentation forms. The clinical supervisor for the off-campus site will sign verify completion of clinical clock hours. The Community supervisor's ASHA Certification and State Licensure will be verified by the OLLU Harry Jersig Clinic office.

In addition, beginning January 1, 2020, clinical supervisors and clinical fellowship mentors for ASHA certification must have at least 9 months of full-time work experience and complete 2 hours of professional development/continuing education in clinical instruction/supervision after being awarded the CCC-SLP and prior to supervising or mentoring.

FIELD PLACEMENT AND REQUIREMENTS

FP is the clinical capstone experience of the CSD graduate students. The key purposes of FP include the capacity to:

- Provide a series of continued application experiences focused on current level of clinical skills.
- Demonstrate professional role in the context of a clinical setting while being immersed in the work culture, organization processes, and systems, as well as job expectations with increased pacing of clinical responsibilities.

The Woolfolk School of Communication Sciences and Disorders has affiliation agreements with many hospitals, rehabilitation centers, skilled nursing facilities, private practices, and school districts across San Antonio, Texas and the surrounding areas. FP assignments last between 15 weeks during Fall and Spring semesters, and 12 weeks during the Summer unless there are mitigating circumstances of the site has a different site requirement. FP experiences must include a sufficient range of various disorders across the lifespan. Students must be available for 40 hours per week during a full-time FP assignment. Any conduct that compromises the quality of services to clients, client safety, or violates facility rules may result in dismissal from the FP assignment and from the CSD program.

HJC PRACTICUM VS. FIELD PLACEMENT

Graduate CSD students complete between 75-100 clinical hours within the HJC practicum prior to being considered for Field Placement assignments. The clinical capstone of the CSD program is Field Placement. Student must engage in clinical experiences across disorders and the lifespan in order to meet the ASHA standards.

PRE-REQUISITES AND CRITERIA FOR STUDENTS TO APPLY FOR FIELD PLACEMENT INCLUDE:

- Satisfactory completion of required courses in CSD with no “I” or “X” grade in any course
- Satisfactory completion of all HJC practicum courses (6365, 6366, 6367, and 7371) with no remediation or “X” status.

SATISFACTORY COMPLETION OF ACADEMIC COURSEWORK INCLUDING:

- 6356 Language disorders in preschool
- 6357 Language disorders in school-age
- 6353 Neurogenic Language disorders
- 6354 Dysphagia
- 7312 Voice
- 7335 Motor Speech
- 6242 Fluency Disorders
- 4340 Aural Rehabilitation

- 7213 Augmentative and Alternative Communication Systems
- 7353 Research in Communicative Disorders

Submission of Practicum Application
Acceptable security clearance background check (and any other site-specific requirements, e.g., proof of immunizations).

Certification of Basic Life Support for Healthcare Providers
Completion of 75-100 clinical clock hours or graduate practicum (only 50 hours of undergraduate practicum will count toward final clock hours)

Approval of full CSD faculty

Overall GPA of 3.0 or above in the CSD graduate program – No "C's" or Probationary status
Placement of current and correct CSD graduate Plan of Study on file with the department
Students may not continue in the clinical plan of study until they have met the above criteria. If the student has not maintained the above criteria, it is the student's responsibility to contact their academic advisor and the FP liaison to make sure their academic and clinical plan are both in compliance and under acceptable status. Students who do not act before the end of the add/drop period can be withdrawn from their FP by the School without benefit of tuition reimbursement or waiver of late fees for late add/drop. Refer to OLLU portal in the registrar's section for the calendar with deadlines.

FP assignments last 15 weeks during the fall and spring semesters and 12 weeks in the summer semester. Students must be present at the FP site 40 hours from Monday through Friday. The schedule for FP is at the discretion of the FP Supervisor and students should not impose their preferences on the scheduling. Clinic and FP assignment will not always align with the academic calendar. Clinic Practicum is different from coursework in that there are client and facility needs to be considered and accommodated.

PURPOSE OF THE FIELD PLACEMENT EXPERIENCE

FOR GRADUATE STUDENTS:

- To provide a consistent series of practicum experiences, adapted to the students' level of expertise and to provide opportunities for application of knowledge, skills, and principles acquired in previous class and clinic settings.
- To learn to assume professional role in a clinical setting while getting acclimated to a variety of organization structures, work culture, and job expectations.
- To develop a professional role and identity as a speech-language pathologist.
- To develop skill in interprofessional interactions with other professionals and families in the assessment and treatment process.

FOR PARTICIPATING SITES:

- To be engaged in the development process of the university CSD program, thereby contributing in the education and development of future speech-language pathologists.
- To mentor and facilitate growth for participating speech-language pathologists through their engagement and interactions with graduate students.
- Provides an opportunity for sites to recruit new employees.

FOR UNIVERSITIES

- To establish an outside measure of students' abilities to function efficiently and effectively as speech-language pathologists.
- To facilitate continuous evaluation of the curriculum's relevance and effectiveness, leading to modifications when necessary.
- To provide more diverse clinical experiences for students

FIELD PLACEMENT EXPECTATIONS

CSD GRADUATE STUDENTS CAN EXPECT TO PARTICIPATE IN A RANGE OF PRACTICUM EXPERIENCES IN THE FP SETTING

- Observation of the facilities processes, procedures, and systems
- Evaluation and diagnosis of communication disorders
- Scheduling of treatment sessions
- Completion of documentation used by the sites and school systems in reporting and record keeping.
- Understanding and applying the reimbursement procedures in a variety of health care and educational settings.
- Treatment in individual and group contexts across a variety of communication disorders/delays.
- Writing lesson plans that include appropriate goals, logical task sequences, clear conditions and criteria for achieving goals, elicitation and shaping of goals, selection and use of materials, implementation of activities, and application of reinforcement.
- Use of Evidence Based Practice (EBP) to support clinical decisions.
- Staffing and conferencing with professionals within the site setting (Interprofessional Practice)
- Learning to implement a variety of materials and instrumentation.
- Delivering in-service education program for clinicians.
- Attending IFSP or IEP meetings, staffings, interpretive conferences and other professional meetings.
- Observing and/or participating in special programs/activities of hospitals, rehabilitation centers, skilled nursing facilities, school systems and other settings.

CLINICAL FIELD PLACEMENT SKILLS

Graduate student clinicians in off-campus internships will bring skills already mastered during previous clinical courses and practicums. Students will leave the internship with many more skills, which must be mastered, before completing that internship. During the internship, students should demonstrate competencein the following skills:

- Working cooperatively with other professionals
- Conducting diagnostic evaluations
- Explaining test results to clients and families.
- Developing recommendations based on test results.
- Writing accurate and concise reports.
- Planning and implementing a speech-language program based on the needs and abilities of clients.
- Collecting and analyzing data.
- Understanding and stating the rationale for any treatment plan, approach and procedure used.
- Motivating clients to improve their communicative skills.

- Performing diagnostic and treatment tasks efficiently and effectively.
- Identifying and managing client behaviors and responses.
- Meeting clients' and families' needs in flexible manner.
- Planning treatment sessions and choosing appropriate materials for clients.
- Self-evaluating clinical skills objectively

SITE SELECTION

CSD FP liaisons select all FP sites. The sites represent a wide variety of settings and experiences, including public schools, private practices, skilled nursing facilities, medical centers and specialized programs. The FP liaisons consider the following characteristics when selecting newsites.

- Breadth, depth, and diversity of clinical population.
- Supervisors' interests and experiences in clinical education
- Positive setting for clinical education.
- Welcoming and helpful administrative and professional staff.
- Availability of appropriate diagnostic, treatment and related opportunities.

RESPONSIBILITIES

FOR STUDENTS:

1. Conform to the rules and regulations of the internship site.

2. Students are financially responsible for the cost of parking, required PPE, scrubs, additional background check/clearances, fingerprinting, drug testing, and any other site expenses. Based on the site requirements any site costs will be the responsibility of the student. Student does have the option to select another site for FP.

3. Students attend a one-hour class meeting on campus with field placement liaisons/coordinators three times during long semesters. Summer meetings are variable. All students will complete Requirements Worksheets (turned in at midterm and at end of semester) so that liaisons can monitor progress toward graduation each semester. Coordinators will provide feedback as needed *(APPENDIX 12: Field Placement Requirements Worksheet)*

4. Maintain regular attendance at the site during hours arranged for the placement. Absences must be reported to FP Liaisons and lost time must be made up. FP graduate students are normally entitled to the regular vacation and holiday leave granted by the site. Students may also take two additional days of leave upon arrangement with the community supervisor for such things as illness, meetings, emergencies and interviews. These are not to be used for vacations.

5. Maintain regular and timely attendance at supervisory conferences for which major responsibilities include clarifying issues, asking questions, seeking out learning opportunities and exposing problems that may be experienced.

6. Students are expected to reflect and understand how to engage professionally with supervisors in the FP setttings. Students are also encouraged to communicate openly with FP supervisors in order to manage the site effectively and efficiently. If there are any breakdowns in communication, the student should reach out to FP liaisons immediately in order to look a mediation options sooner than later.

7. Fulfill, in a professional manner, all duties and responsibilities assigned by the supervisor. Special emphasis is placed on abiding by the personnel policies of the site, maintaining confidentiality withregard to sensitive information gained in the work environment, and following all health and safety.

8. Participate openly and honestly in the evaluation process.

9. With the supervisor's approval, seek out and engage in any learning opportunity appropriate to interest, previous experience and academic preparation.

10. Report any inappropriate situations or unresolved matters to the lead supervisor or the FP liaison.

FOR PARTICIPATING FP SITES

1. Assign an ASHA-certified supervisor to work directly with graduate student clinicians, to insure that students achieve the educational goals of the internship and to assign appropriate work duties.

2. Determine work space for students.

3. Provide students with an orientation to work-site duties, hours and site expectations.

4. Adjust the nature and amount of clinical supervision to the experience and ability of students; see contract.

5. Schedule regular meetings with students and provide appropriate evaluations of students' performance.

6. Assist students in integrating theory and practice within the profession with the implementation of EBP. All major decisions regarding evaluation and treatment should be implemented or communicated only after approval by supervisors.

7. Evaluate students' performance in writing, providing copies to students and returning all forms toInternship Coordinators by the dates specified.

8. Provide a safe, secure workplace at which students can meet the educational objectives of clinical externship.

9. Make available at all times, when graduate student clinicians are providing clinical services, a supervisorholding an appropriate credential to assist with clients.

10. Provide Internship Coordinators with advance notice of any internship program or site change, such asshifting the student to a new supervisor not previously agreed upon.

FOR THE UNIVERSITY/CSD DEPARTMENT:

1. Provide students with an interview with the community supervisor.

2. Acquire affiliation agreements and approve all off-campus settings to be used by students.

3. Provide off-campus supervisors with a summary of students' academic and clinical experiences, and particular needs, if requested.

4. Provide support for the off-campus experience through site visits, email and telephone contact with thecommunity supervisor at least once a semester.

5. Provide participating sites with appropriate instruments for evaluating students.

6. Collect site data through students' evaluations and reporting forms.

ROLE OF FP SUPERVISOR

The supervisor plays a critical role in the internship experience, taking responsibility for guiding relatively inexperienced graduate student clinicians to becoming competent professionals. Those supervisors who are willing to provide the time, effort and energy required of this endeavor are to be commended. They must be willing to allow students to make mistakes, use critical thinking skills and to move to independent care of clients all in one semester. They must also be able to honestly critique students' therapy skills, to help them identify weaknesses and to guide them to address their weaknesses.

Procedure for Community Supervisor Feedback

- Students will complete an online evaluation of their site and community supervisor.
- The information from the evaluation will be collected each semester by the Clinic Director or designee and shared with the FP liaison.
- The feedback will be summarized and verbally communicated to community supervisors as needed.

ASSUMING CLINICAL RESPONSIBILITY

Students should begin taking responsibility for the assigned caseload as soon as possible. It may be desirablefor students to observe one or two clients before assuming responsibility. Once responsibility is assumed, the goal is for the student to move toward independence as quickly as possible.

INTERNSHIP SITE ORIENTATION

One of the first responsibilities of supervisors is orientation to the physical facilities of the FP site. Students need to know the following:

- Organization and structure of the facility
- Protocols followed at the facility, including dress requirements, hours of work, use of the phone and otherpertinent information.
- Availability of materials and equipment for use in diagnostics and therapy.
- Introductions to other staff members with an explanation of their roles.
- Requirements for the setting, including in-service training, immunizations needed and presentations to staff.
- Duties and competencies expected of student clinicians.

DELAYING, DEFERRING, OR REPLACING A FIELD PLACEMENT

Requests to delay, defer, or replace a field placement are not recommended. If needed, any request should be submitted in writing to the faculty, and it will be subject to their approval.
Student will write a letter to a field placement coordinator, explaining particular circumstance(s) for the request. The coordinator will request additional information as needed and present the request to full faculty, who will then make a decision regarding the student's request.

REQUESTS FOR EXTERNAL FIELD PLACEMENT CHANGES OR ADJUSTMENTS

Students must submit, in writing, what type of change or adjustment they are requesting and a well-formulated rationale for requesting the change or adjustment to the DCE.
The DCE will share the documented request with full faculty. Full faculty will discuss and assess the following:

- Student's status in the CSD program
- Reason for the request
- Implications of the request on the student's status in the CSD program
- CSD program policies

- Implications of the request on CSD program policies and procedures
- Equitability to other students
- Other factors on an individual case-by-case basis New External Field Placement Clinical Educators

The selection of all field practicum supervisors is done by field placement liaison review and approval. Field placement liaisons contact potential supervisors to obtain credentials, caseload descriptions, and lists of materials and techniques used in their settings.

RESOURCES FOR FIELD PLACEMENT SUPERVISORS

- Information for Field Placement Clinical Educators *(APPENDIX 13: Q-A Information for Field Placement Clinical Educators).*
- OLLU HJC Privacy Policy *(APPENDIX 14: OLLU HIPAA Privacy Policy).*

FIELD PLACEMENT OBSERVATION, FEEDBACK, MIDTERM MONITORING, AND FINAL GRADES

Midterm and Final Evaluations are completed in CALIPSO by field placement supervisors. Field placement coordinators review student ratings/scores at midterm and at the end of semester. They provide feedback as needed, and post Pass/Fail grades accordingly.

Supervision at external field placement sites varies per facility and staff. Students are expected to be at a professional entry level of independence across core clinical areas. Frequency of supervision and feedback will vary per site as well as the amount of input provided to students prior to midterm and final evaluations.

If students are failing at midterm (core clinical and professional areas falling below expected levels), students may be removed from field placement sites. A rating of “Fail” at midterm may also result in withdrawal from the CSD program at Our Lady of the Lake University. Faculty will review the information and make a final determination as to the status of the student within the CSD program.

REMOVAL OF STUDENT FROM EXTERNAL FIELD PLACEMENT SITE

All clinical placements are assigned by OLLU CSD clinical field placement liaisons. In some instances, students may be removed from a clinical site for the following reasons:

- Unsatisfactory clinical performance managing the practicum
- Serious academic performance concerns,
- Issues with professional behavior or,
- Safety concerns on both the part of the student, on-site clinical educator, and/or site.

Removal from external field placement site within first two semesters will result in the following:

- Scheduling of a meeting between DCE, assigned CE, and student's assigned academic advisor.
- Determination of student's status within the CSD program (full faculty review and decision)
  - Re-enrolling in FP course CSCD 7377 or CSCD7379
  - Option for clinic remediation plan (CRP) or,
  - Removal from CSD program

IMPORTANT NOTE: STUDENTS REMOVED FROM FP SITES DUE TO REMEDIATION OR UNSATISFACTORY PERFORMANCE WILL HAVE TO ENROLL IN FP COURSE AGAIN FOR A PASSING GRADE.

APPENDICES

APPENDIX 1: ESSENTIAL FUNCTION STANDARDS

OLLU CSD Program
Essential Skills and Functions (ESF)

ESSENTIAL SKILLS AND FUNCTIONS POLICY AND PROCEDURES

This policy applies to CSD students enrolled in the CSD Program. As part of meeting the program objectives set forth in the Student Handbook and Graduate Catalog, students are expected to conduct themselves in an ethical, responsible, and professional manner across coursework and practicum experiences. This conduct is evaluated through the Essential Skills and Functions (ESF) policy as an element of students' academic performance. The purpose of the ESF review process is to regularly monitor students' professional and personal development to ensure students demonstrate appropriate progress towards developing the necessary behaviors, attitudes, and professional competencies to practice as speech-language pathology students-in-training. Student progress is routinely monitored and discussed in consultation with other faculty members and department chair and/or clinic director.
At the onset of their CSD program (Undergraduate, Leveling, Graduate levels), students are directed to review these ESF standards and seek clarification when or as needed. In order to successfully complete the program and be endorsed for any relevant certifications or licensure, students must demonstrate academic performance meeting or exceeding standards in all settings, including classes, advising sessions, practicum internship sites, and all verbal and written communication, including:

1. Maintain a cumulative GPA of 3.0 or better and present grades of C in no more than two courses, that are to be counted toward the degree,

2. Demonstrate essential skills and standards (ESF) in their interactions with others as measured and which include the following competencies:
    a. Follows ethical and legal considerations
    b. Displays multicultural competence
    c. Open to new ideas
    d. Aware of own impact on others
    e. Responsive, adaptable, and cooperative
    f. Receptive to and uses feedback
    g. Responds to conflict appropriately
    h. Accepts personal responsibility
    i. Expresses feelings effectively and appropriately
    j. Dependable in meeting obligations , and
    k. Comply with the ASHA codes of ethics, Code of Student Conduct and all related national and state licensure and certification boards.

The ESF Evaluation Process:
Students' competence is evaluated using the Essential Skills and Functions and documented with the ESF Evaluation Form.

CSD faculty will review all students upon entry to undergraduate, leveling, or graduate program. Admission to the program does not guarantee fitness to remain in the program. In addition, an ESF review may be initiated on any student at any time if a faculty member, staff, course instructor, program advisor, or field supervisor believes the student has displayed behavior which suggests the student does not possess sufficient competency on one or more ESF criteria. Faculty also may initiate an ESF review at any time for:

a. Students who engage in illegal or unethical behaviors,
b. Students who present a threat to the wellbeing of others, or
c. Students who violate the OLLU Student Code of Conduct, or any other CSD Program policies or procedures.
d. Students exhibiting breakdowns in any of the Fitness to Practice competencies based on the Essential Skills and Functions.

In such cases, depending upon the circumstances, the fitness to practice process may result in the student being dismissed from the CSD Program without the opportunity for remediation.
Faculty members, staff, course instructors, program advisors, and field supervisors may evaluate all students according to these standards. Students will have the opportunity to participate and respond at each step of the ESF process.

Performance on the ESF standards will be rated on a scale of 0 (competence not achieved) to 1 (competence achieved) as described in the Essential Skills and Functions. A rating of 1 on all ESF standards will indicate competence. The ESF Evaluation Form then will be shared with the student and a copy placed in the student's file.

A rating of 0 on any of the ESF standards will initiate the following procedure:
1) The student will be contacted to schedule a meeting to review the ESF Evaluation Form. The meeting will be held with the issuing faculty member, an advisor, and/or the department chair or clinic director unless the ESF process was initiated because the student engaged in illegal or unethical activities, presented a threat to the wellbeing of other,s or violated the OLLU Student Code of Conduct (in which case, the meeting will be held with a faculty review committee, as outlined in Step 3 below).

   The student has five business days to respond to the request to schedule a meeting. If the student does not respond by the close of business on the fifth business day, the matter will proceed to step 3 below.

2) At the meeting, the issuing faculty will review the ESF Evaluation Form with the student and discuss a remediation plan. Within fifteen business days after the meeting, the issuing faculty will provide a final copy of the remediation plan (incorporating any changes agreed upon at the meeting) to the student for review and signature. The student will have ten business days to review, sign, and return the remediation plan. Failure of the student to sign and/or return the remediation plan by the close of business on the tenth business day will not impede the process and may be considered during the fitness to practice process.

The remediation plan may include

1. Specific competency(ies) from the Essential Skills and Functions which require(s) remediation,
2. Specific recommendations to achieve remediation,
3. Specific requirements to demonstrate remediation efforts have been successful, and
4. A specific timeline for subsequent monitoring to evaluate progress.

Both the student and issuing faculty retain copies of the signed ESF Evaluation Form and remediation plan, and copies will be placed in the student's academic and clinic folders.
At any time during the remediation process, the issuing faculty member may refer the student to a faculty review committee.

3) A faculty review committee will be convened if:
   a. The ESF process was initiated because the student engaged in illegal or unethical activities, presented a threat to the wellbeing of others, or violated the OLLU Student Code of Conduct ,
   b. A student fails to respond to the issuing faculty's request to schedule a meeting to review the ESF Evaluation Form,
   c. A student fails to show reasonable progress in the remediation plan, or
   d. A student receives more than one ESF Evaluation Form rated 0 during his or her Program of Study.

The committee will be comprised of two-three faculty members appointed by the CSD Department Chair and/or Clinic Director. The student will be required to meet with the faculty review committee in accordance with the procedures described in #1 and #2 above.

The faculty review committee may consult with any of the CSD Program faculty regarding the development of alternative remedial strategies and/or evaluation of the student's fitness for continuation in the CSD Program. The faculty review committee will monitor the student's progress on the remediation plan.

If at any time the student is determined not to be making satisfactory progress, the faculty review committee may either modify the remediation plan or dismiss the student from the program.

All faculty review committee decisions for a student's dismissal from the CSD Program will be forwarded to the CSD Department Chair and Clinic Director.

The student may appeal the committee's decision to the CSD Clinic Director and/or Department Chair.

ESSENTIAL SKILLS AND FUNCTIONS EVALUATIONS

CSD Department of Communication Sciences and Disorders Master's Program in Speech-Language Pathology
Adapted from: Council of Academic Programs in Communication Sciences and Disorders – 2007

Essential Skills and Functions (ESF) Acknowledgment (Fitness to Practice)

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory- observational, and behavioral-social-professional. These skills enable a student to meet graduate and professional requirements as measured by entry level competencies for state licensure and national certification. Some of these skills are inherent and some can be taught and developed during the course of the graduate program through coursework and clinical experience.

Name:_____ **Date:**_____

A. COMMUNICATION *

A student must possess adequate communication skills to:

- ☐ Communicate proficiently in both oral and written English language.
- ☐ Possess reading and writing skills sufficient to meet curricular and clinical demands.
- ☐ Perceive and demonstrate appropriate non-verbal communication for culture and context.
- ☐ Modify communication style to meet the communication needs of clients, caregivers, and other persons served.
- ☐ Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- ☐ Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as part of course work and professional practice.
- ☐ Convey information accurately with relevance and cultural sensitivity.

_____**All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____**Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

B. MOTOR

A student must possess adequate motor skills to:

- ☐ Sustain necessary physical activity level in required classroom and clinical activities.
- ☐ Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.
- ☐ Access transportation to clinical and academic placements.
- ☐ Participate in classroom and clinical activities for the defined workday.
- ☐ Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- ☐ Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- ☐ Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

_____**All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____**Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

C. INTELLECTUAL/COGNITIVE

A student must possess adequate intellectual and cognitive skills to:

- ☐ Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.
- ☐ Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- ☐ Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- ☐ Self evaluate, identify, and communicate limits of one's own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- ☐ Utilize detailed written and verbal instruction in order to make unique and independent decisions.

_____**All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____**Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

D. SENSORY/OBSERVATIONAL

A student must possess adequate sensory skills of vision, hearing, tactile and smell to:

- ☐ Visually and auditorily identify normal and disordered (fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, social interaction related to communication).
- ☐ Identify the need for alternative modalities of communication.
- ☐ Visualize and identify anatomic structures.
- ☐ Visualize and discriminate imaging findings.
- ☐ Identify and discriminate findings on imaging studies.
- ☐ Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- ☐ Recognize when a client's family does or does not understand the clinician's written and/or verbal communication.

_____**All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____**Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

E. BEHAVIORAL/SOCIALFESSIONAL

A student must possess adequate behavioral and social attributes to:

- ☐ Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.
- ☐ Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.
- ☐ Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.
- ☐ Maintain general good physical and mental health and self care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
- ☐ Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- ☐ Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- ☐ Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- ☐ Dress appropriately and professionally

_____**All items above are observed to be adequate to manage assessment and treatment of clients with communication disorders.**

_____**Selected items above are observed not to be adequate to manage assessment and treatment of clients with communication disorders.**

I have read and understand the Our Lady of the Lake Communication Sciences Disorders Essential Skills and Standarads Acknowledgement for Enrollment.

My signature acknowledges my understanding and, to the best of my knowledge, agreement that I meet these standards with or without reasonable accommodations. If the need should arise during my studies, I understand it is my responsibility to contact, in writing, the Services to Students with Disabilities (SSD) to determine if any specific reasonable accommodations may be necessary and can be made.

Student Signature:_____

APPENDIX 2: COMPLIANCE AGREEMENT FORM

Agreement to adhere to the Our Lady of the Lake University's (OLLU) Student Handbook policies and the Woolfolk School of Communication Sciences and Disorders (CSD) Clinic Practicum Manual

I,_____, have read the OLLU Student Handbook policies and the CSD) Clinic Practicum Manual of the program in Communication Disorders at Our Lady of the Lake University, understand the contents, and agree to abide by the policies and procedures as outlined and amended.

Additionally, I have (please check each box)

☐ Read the Essential Functions document in the manual; I am committed to the policies expressed therein; and that I may be advised to discontinue the program should I fail to demonstrate all of the Essential Functions despite reasonable accommodations (if recommended by our ADA department at OLLU) and reasonable levels of support from the faculty.

☐ Read and agree to abide by the Code of Ethics of the American Speech-Language-Hearing Association (ASHA)

☐ Read the Policy Statement on Criminal Background Checks/Drug Screening and Fingerprinting agree to abide by its policies and procedures.

APPENDIX 3: CHECK-OUT PROCEDURES FOR DIAGNOSTICS AND DEVICES

****IMPORTANT INFORMATION TO REMEMBER****

DIAGNOSTICS

- The primary method of check out is through the **Book Source System** on the main office computer.
- Tests may be checked out overnight, but **must be returned by the next morning** during the Clinic GA's scheduled hours.
- **Friday checkouts are due Monday morning** during the Clinic GA's scheduled hours.
- There is no alternative dx check out or in system.
- Please plan ahead and follow the clinic GA schedule.

PROCESS FOR CHECKING OUT KEYS, AND DEVICES THROUGH MAIN OFFICE:

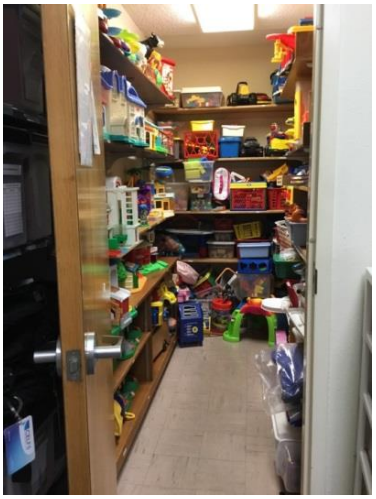
- Go to main office for check out of (i.e., iPads, recorders, room 109A and B keys etc…)
- Once the session is completed go to the main office to return keys, devices etc…
  - Main office hours will range from 8-5 or 8-6
  - Before room clean-up, start documenting your session, or meet with clinical instructor, please go check in the device or key that was checked out.
- If the office is closed, give the key, or device to designated clinical instructor (first), if designated clinical instructor is not available then give to another onsite clinical instructor.

APPENDIX 4: CLINIC MATERIALS MAP

HJC CLOSETS

1.Diagnostic Room Closet

- Ball towers
- Houses
- Farms
- Schools
- Animals
- People
- Jungles
- Car wash
- Airport
- School buses
- Cars & transportation
- Race tracks
- Legos
- Washer
- Blocks
- Mr potato head
- Train tracks
- Kitchen & food
- Mail box
- Babies
- Horsies
- Tool box & med kit
- Puzzles
- Play doh & cutters
- Music instruments
- Magnetic numbers & animals



2. Art Cart in diagnostic room

- Markers
- Crayons
- Color pencils
- Chalks
- Scissors
- Glue
- Paint & paint brushes
- Yarn
- Sea shells
- Rubber bands
- Water beads
- Popsicle sticks
- Clothespins
- Construction paper
- Pipe cleaners
- Feathers

3. Room 108

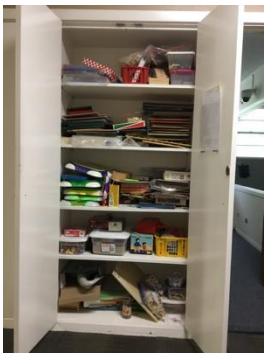
4. Store Room D / Motor Closet		
• Balls • Bubbles • Bean bags • Magic cushions • Bowling game • Tic tac toe • Hoola hoops • Spinner • Twister	• Jump ropes • Nets • Horse shoe • Buckets • Scatter scotch squares • Tent • Ball in hole	

5. Left closet on hallway by therapy rooms (baby closet)		
• Baby farm friends bowling • Transportation toys • Trains • Baby animals	• Owl toy • Sorting boards • Bunny peek a boo • Cause & effects toys • Baby beads • Soft box	

6. Middle closet on hallway by therapy rooms (games, arts&crafts)		
• Board games – candy land, monopoly, bingo, apples to apples, chess, scrabble, scattergories, very hungry caterpillar game, etc • Wood dominoes • Star wars game • Whack a mole • Jumping monkeys	• Ants in pants/Cooties • Alphabet mystery box • Finger basketball • Jenga • Fishing game • Craft materials • Stamp set • Stencils • Sticker pads • Paint kits • Play doh	

7. Right closer on hallway by therapy rooms (puzzles)

- Puzzles
- Wooden making sets
  -birthday cake, sandwich, pizza
- Magnetic sketch board
- Small legos
- Shark
- Wooden figures



8. First closet next to office

- Articulation games
- Phonological awareness games
- Articulation flashcards
- Phonology flashcards
- Phonological awareness bingo
- Articulation bingo
- Fluency games
  -spelling bugs, turtle talk, roll n talk, etc
- Artic lab

9. Second closet next to office

- Communication games
  -photo verbs bingo, storytellers box, communication boards, etc
- Language & literacy games
- Language & literacy flashcards
- Photo fish

10. Third closet next to office

- Auditory processing chipper chat
- Phonological awareness skill strips
- Workbooks
  -Written language/reading
  -articulation
  -phonology
  -auditory processing
  -social skills
  -language&literacy

11. Fourth upper closet next to office

- Oral motor materials
  -grabbers
  -z vibe
  -bite blocks
  -tongue scrappers
  -mirrors
  -tubing
  -straws
  -cups&spoons
  -horns
- Aphasia&cognition books
- Jumbo mighty mouth
- The dice dude
- Picture cards
- Plastic poker chips
  Frog massager

12. Fourth bottom closet next to office

- Emotions skill strips
- Pirate buddies
- Token tower reinforcer
- Social skills board games
  -chipper chat, photo lotto, communicate junior, etc
- Animugs
- Stickers
- Microphones
- Emotion skill strips
- Functional photo cards

13. Last top closet next to office (bilingual closet)	
• Books in Spanish • Spanish phonology cards • Spanish lotto- verbs • Spanish verb cards • Spanish word flips • Spanish body parts & opposites • Sign language cards	

14. Last bottom closet next to office (software)	
• DVDs • CDs • Single message talker • Boone voice program for children • See n Sign cards	

HJC CABINETS

Acevedo Room

- Arts and crafts
- Paper towels
- Ziplocs
- Gloves
- Tongue depressors
- Books

Room 111

Random materials such as:

- Bowling sets
- Sensory boxes
- Buckets
- Books
- Papers
- Plastic boxes
- Treasure chest
- Clip boards (2)

Room 108

- Monster trucks (Hernandez')
- Heater
- Globe
- Microscope sets
- Games
- Fruit basket
- Yarn
- Art kits
- Write&wipe pockets
- Ribbon
- Cut out letters & numbers
- Grow animals
- Miscellaneous

Room 106B

- Scotch squares
- Buckets
- Nets
- Chalk
- Bowling set
- Sensory box
- Microphone
- Cars
- Heater

Room 103

- Foam stickers
- Regular stickers
- Markers
- Color pencils
- Jenga blocks (therapist's)
- Legos (therapist's)
- Brown paper bags
- Bowling set

Room 101

- Heater
- Blanket
- Jenga
- Therapist materials
- Photo cards
- Table top basketball
- Jumpin monkeys
- Wood figures
- Social inferences game
- Bucket
- Bingo
- Social skills games
- Bowling set
- Crafts

***IPADS AND RECORDERS IN MAIN OFFICE**

APPENDIX 5: PROFESSIONAL BEHAVIOR GUIDELINES

Over the course of the next two years, you will transition from a student to a professional. The CSD graduate program at OLLU requires the highest standards of its students. The following guidelines are expectations from your graduate clinical program and for your future career in the field of speech-language pathology. It is expected that all students will follow the appropriate professional and interpersonal skills with clients, their families, clinical instructors, peers and support staff.

Professional Behavior

- Conduct all clinical work in accordance with HJC Professional Protocol and the Code of Ethics and Scope of Practice in Speech-Language Pathology set forth by the American Speech-Language Hearing Association.
- Consistently prepare for and complete clinical services, conferences, and other practicum activities.
  - Arrive ahead at least 15 minutes of the appointment time to prepare for your session or meeting.
  - Contact supervisor in a timely manner if an extenuating circumstance causes lateness/cancellation (see HJC clinic attendance policy).
  - Take seriously the responsibilities of fulfilling clinical obligations by avoiding long weekends, absences due to personal reasons (e.g., vacations, weddings).
  - Take initiative by reading client's file, being prepared to ask questions, knowing what you want to learn during a clinical experience and using references to learn necessary information.
- Use universal safety precautions and follow Blood Borne Pathogen protocol whenever necessary.
- Protect and maintain confidentiality of clinical information as prescribed by HIPAA guidelines and clinic protocols.
- Present professional image through appropriate personal appearance and dress, identification with professional name badge, and professional demeanor (see HJC clinic dress code).
- Respect clinic property including resource therapy materials. Check out according to protocol and re-shelve in a timely manner

Written Communication Skills

- Consistently and accurately convey professional information from coursework, supervisory input, clinical activities and other resources.
- Consistently write information in a clear and organized manner using accurate spelling and grammar.
- Consistently and accurately use professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting.

Oral /Nonverbal Communication

- Consistently and accurately use oral communication that demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA's most current position statement on students and professionals who speak English with accents and nonstandard dialects.
- Consistently and accurately convey correct information from course work, supervisory input, clinical activities and other resources.
- Consistently and accurately describe behaviors of client and patient.
- Consistently and accurately use nonverbal language, including but not limited to affect, eye contact, tone, or body language, which is consistently appropriate for clinical interactions.
- Consistently model appropriate communication in all clinical settings and provide appropriate clarification to clients, family members, or other professionals when needed.
- Consistently and accurately use oral and nonverbal communications which are appropriate for the cultural, socioeconomic, and semantic needs of the audience.
- Check emails at least once daily. Notify DCE of change to address/numbers.
- Avoid use of electronic devices including cell phones, iPads, and/or laptops for personal use in clinic.

I have read and understand the guidelines regarding professionalism.

Student Signature: _____ Date: _____

APPENDIX 6: APPLICATION FOR PRACTICUM ASSIGNMENT

Student Name:_____**E-mail address:** _____

Phone number(s) Home:_____ **Cell:**_____

Name and number of practicum course:

CDIS 6365/Fall ____CDIS 6366/Spring ____CDIS 6267/Summer ____CDIS 7377 ____CDIS 7379 _____

Full Time _____ Part Time _____ **Seeking Bilingual Certification: Yes:_____ No:_____**

Number of estimated hours of practicum completed with OLLU CDIS faculty at graduate level:

Total Tx and Dx Hours:_____

LEAVE OPEN THE SPACES FOR TIME WHEN YOU ARE AVAILABLE FOR CLINICAL ASSIGNMENTS. WRITE IN COURSE NUMBERS AND NAME THE ACTIVITY, E.G.WORK, TRAVEL TIME, etc.

TIME	MON	TUES	WED	THURS	FRI	USE THIS SPACE FOR ADDITIONAL INFORMATION *(i.e., requests for specific types of clinic experiences needed – adult clients, fluency, child artic, etc…)*
8:00						1. List needs for required hours or specific competencies being requested.
8:30						
9:00						
9:30						
10:00						
10:30						
11:00						
11:30						
Noon						2. Bilingual skills – Mark with an X
12:30						English
1:00						Spanish
1:30						Sign
2:00						Other (list language):
2:30						
3:00						3. List special interest(s):
3:30						
4:00						
4:30						
5:00						
5:30						
6:00						

READ AND ANSWER THE QUESTIONS BELOW. FILL IN THE BLANKS.		
1. YES	NO	I have turned in 25 hours of observation.
2. YES	NO	Credentials and Immunizations Updated on CALIPSO
3. YES	NO	I am aware that the Clinic Calendar is posted at the clinic and on Blackboard for my use.
4. YES	NO	I have received and reviewed the current clinic practicum handbook. The date on my Handbook is_____
5. YES	NO	I understand I need functional computer skills to complete my practicum assignments.
6. YES	NO	I am eligible for assignment because I have a GPA of 3.0 or better and I am not on scholastic probation.

This information is accurate and I will update it as needed throughout the semester. Student Initials _____

INSTRUCTIONS: ✓ Courses Completed x Courses Enrolled

MAJOR COURSES: Course Preparation

✓ or x	Course Number	Course Title
	CDIS 7371	Advanced Assessment Procedures
	CDIS 3311	Normal Language
	CDIS 3343	Articulation and Phonological Disorders
	CDIS 3412	Intro to Phonetics
	CDIS 3362	Intro to Audiology
	CDIS 4315	Neuroanatomy and Neurophysiology of Speech-Language
	CDIS 4340	Aural Rehabilitation
	CDIS 4351	Language Disorders in Children
	CDIS 6242	Fluency Disorders
	CDIS 6353	Neurogenic Language Disorders
	CDIS 6354	Dysphagia
	CDIS 6356	Language Disorders in Preschool Children*
	CDIS 6357	Language Disorders in School–Aged Individuals*
	CDIS 6258	Language in Discourse
	CDIS 7213	Augmentative Communication
	CDIS 7312	Voice/Speech Disorders
	CDIS 7335	Motor Speech Disorders
	CDIS 8202	Communication Disorders in Different Cultures

Write in other courses you have completed that are not on the list. *Required courses for field placements.

Projected Graduation Date:_____

I understand that

1. **Completion of a master's degree in this CDIS program is a minimum of five to six semester program for full time students, i.e., those enrolled in 9 or more course hours per semester and who are available for therapy, evaluations, and supervisor meetings during times not attending class.**
2. **Part-time students will take a longer period of time to graduate.**
3. **All students enrolled in CDIS classes are to participate in clinical practicum. All students assigned clients must be enrolled in classes.**
4. **All students are required to participate in clinical practicums throughout long (fall and spring) and short (summer) semesters.**

Provide major cross streets of residence (specific areas of town) during Field Placement semester:

_____

Signature:_____ **Date**_____

APPENDIX 7: PRACTICUM ASSIGNMENT FORM

Clinician's Name:_____

Clinic Instructor's Name:_____

Date Issued:_____

You have been assigned the following client:

Name:_____

Date of Birth:_____

Clinical Setting: Jersig/_____

The client is scheduled to be seen:_____
Date and time of the initial supervisory meeting is:_____
Instructions:

Complete and Return This Form to Supervisor (Clinic Instructor)
I accept this client and will meet with this supervisor/clinic instructor this date and time:_____
I am declining this clinic assignment because_____
_____

I understand that rejecting an assignment may result in a delay in my graduation as assignments are made only as they become available. Note and initial_____

_____
Practicum Student Signature

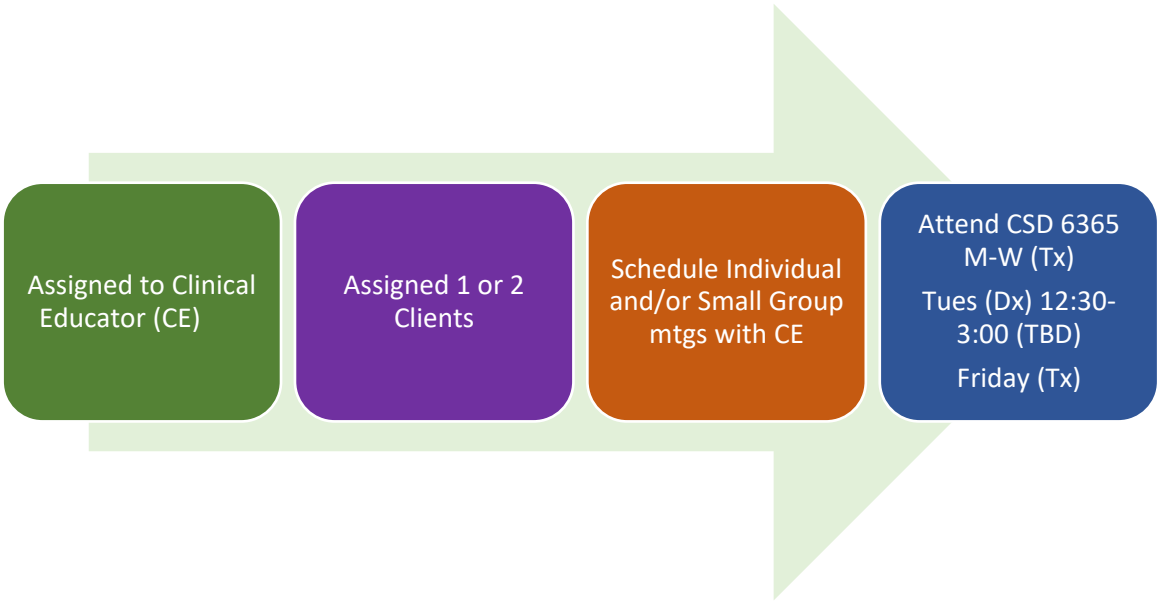
_____
Date

_____
Clinical Instructor's Signature

_____
Date

APPENDIX 8: TREATMENT ROTATIONS AND SCHEDULING

Fall Practicum Semester 1 and Spring Practicum Semester 2 – There are approximately 12-13 weeks of clinic including week of finals. Academic and Clinic Calendar are not always aligned due to variability of client availability for diagnostic or treatment sessions.



Clinical Educators meet and collaboratively assign students to designated CEs then CEs assign students to clients.

Therapy sessions are scheduled in between and around course schedules.

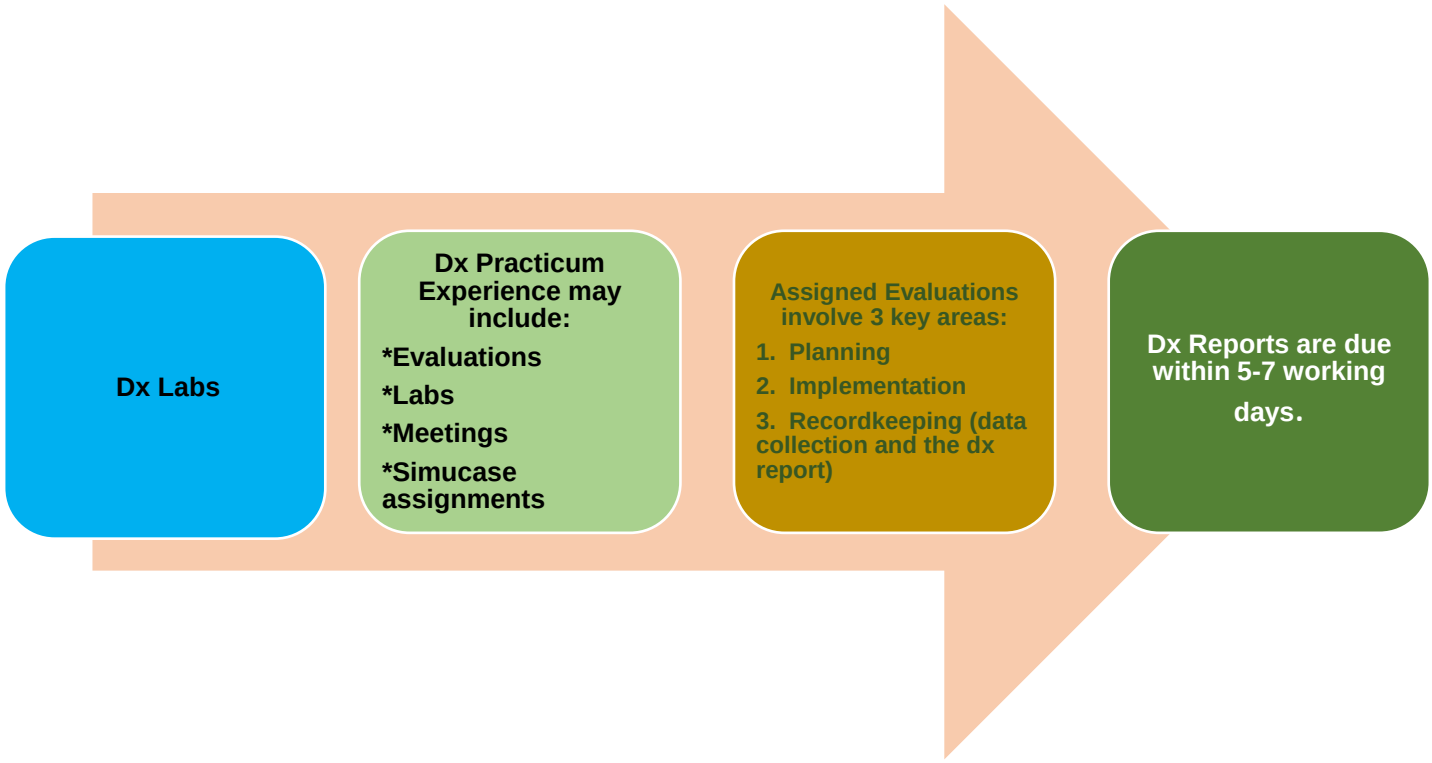
Students are assigned to pediatric or adult clients Semester 1. If student was assigned to an adult client semester 1 then, the student will be assigned to a pediatric client semester 2.

Students are required to participate fully in all aspects of practicum. Practicum entails client assignments, practicum classes/labs, online simucase assignments with grp debriefs, screenings, and other special practicum experiences/activities.

Clinic Calendar – There is a general clinic calendar where every effort is made to provide students with advance notice of scheduled activities. ***Flexibility is key***, because in some instances, activities/labs/ and other learning experiences will be embedded and scheduled within the semester with short notice due to scheduling variables outside of the CSD control.

Summer Practicum Semester 3 – Students who meet criteria may be eligible for external field placement assignment. Other students who are not assigned to field placement in semester 3 will be enrolled in an HJC summer practicum program either summer session 1 or summer session 2.

APPENDIX 9: DIAGNOSTOIC ROTATIONS AND SCHEDULING



Assignments and labs may include:

- Simucase with schedule debrief
- Dx Labs and assignments to practice assessments
- Synchronous virtual dx regroups
- Scheduled
- Scheduled Screenings – students must complete at least three screening sequentially within the same given time period and generate a written summary for it to count toward clinic practicum hours.

APPENDIX 10: CRITERIA FOR EARLY FIELD PLACEMENT SUMMER 2

- **Completion of CSD 6242 Fluency Summer 1 prior to starting CSD Program**
- **Completion of CSD 7371 Advanced Assessment Summer 1 prior to starting CSD Program**
- **All Core Clinical Skill Areas at a Level 3 or 4 -.**
- **Passing each of the clinical practicum areas of Evaluation - Treatment - Professionalism**
- **Cumulative Practicum Clock Hours between 70-100**
- **Good Range of Practicum Experiences**
- **Grade Point of 3.0 for each of the CSD Courses**
- **Full faculty Approval**

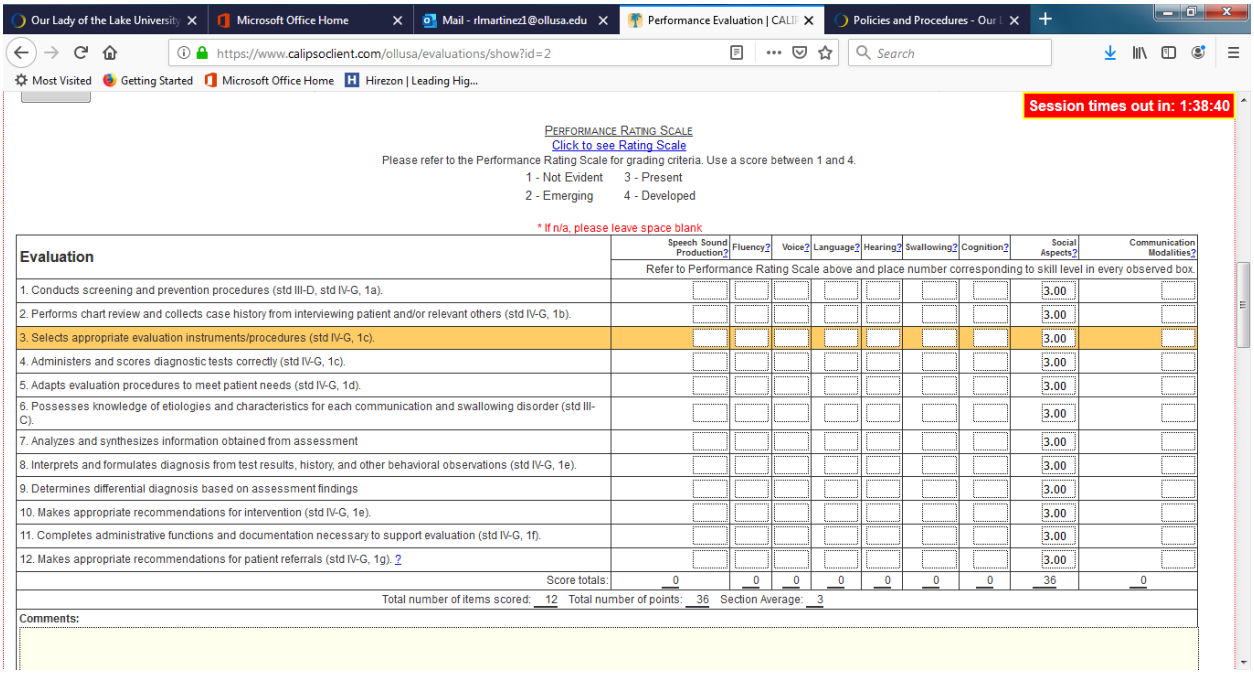
Note of Clarification:

Summer 1 (not the same as summer session 1 or summer session 2) is the summer before starting the CSD program.

Fall Semester 1, Spring Semester 2, Summer 2 Semester 3

APPENDIX 11: CALIPSO CLINICAL SKILL AREAS AND RATINGS

EVALUATION – KEY AREA



Our Lady of the Lake University | Microsoft Office Home | Mail - rlmartinez1@ollusa.edu | Performance Evaluation | CALI | Policies and Procedures - Our

https://www.calipsoclient.com/ollusa/evaluations/show?id=2

Most Visited | Getting Started | Microsoft Office Home | Hirezon | Leading Hig...

Session times out in: 1:38:40

PERFORMANCE RATING SCALE
Click to see Rating Scale
Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 4.
1 - Not Evident 3 - Present
2 - Emerging 4 - Developed

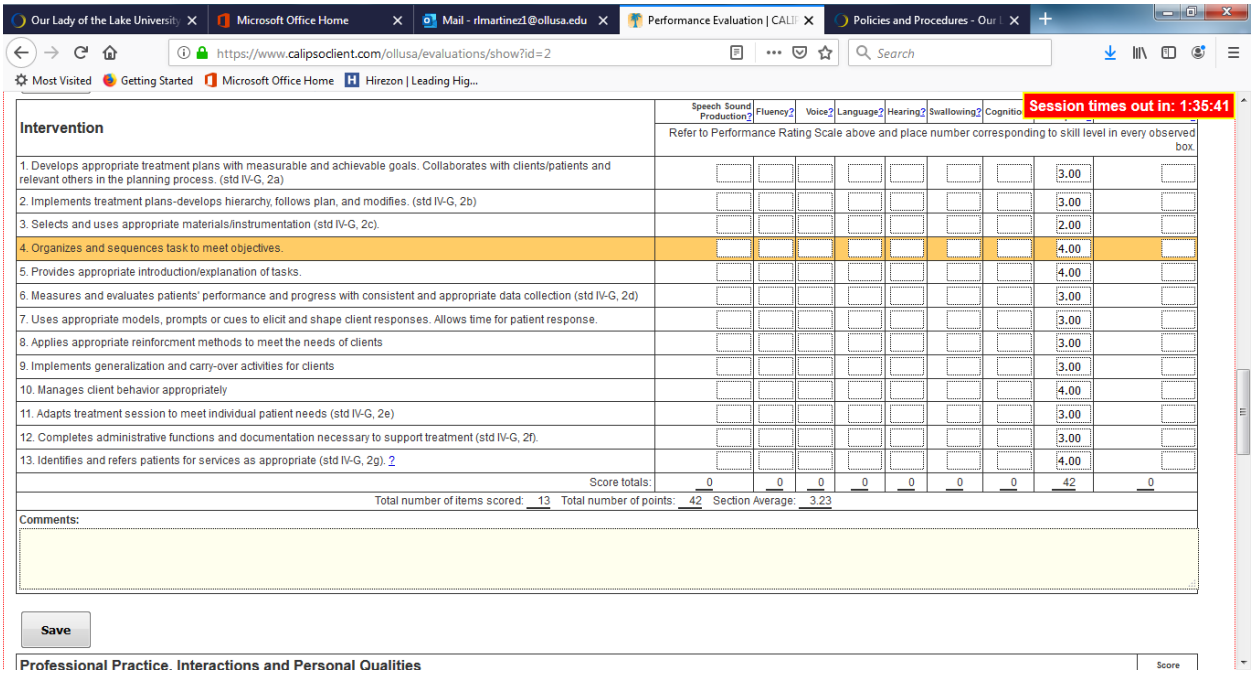
* If n/a, please leave space blank

Evaluation	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	Communication Modalities?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std III-D, std IV-G, 1a).								3.00	
2. Performs chart review and collects case history from interviewing patient and/or relevant others (std IV-G, 1b).								3.00	
3. Selects appropriate evaluation instruments/procedures (std IV-G, 1c).								3.00	
4. Administers and scores diagnostic tests correctly (std IV-G, 1c).								3.00	
5. Adapts evaluation procedures to meet patient needs (std IV-G, 1d).								3.00	
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).								3.00	
7. Analyzes and synthesizes information obtained from assessment								3.00	
8. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std IV-G, 1e).								3.00	
9. Determines differential diagnosis based on assessment findings								3.00	
10. Makes appropriate recommendations for intervention (std IV-G, 1e).								3.00	
11. Completes administrative functions and documentation necessary to support evaluation (std IV-G, 1f).								3.00	
12. Makes appropriate recommendations for patient referrals (std IV-G, 1g). ?								3.00	
Score totals:	0	0	0	0	0	0	0	36	0

Total number of items scored: 12 Total number of points: 36 Section Average: 3

Comments:

INTERVENTION – KEY AREA



Our Lady of the Lake University | Microsoft Office Home | Mail - rlmartinez1@ollusa.edu | Performance Evaluation | CALI | Policies and Procedures - Our

https://www.calipsoclient.com/ollusa/evaluations/show?id=2

Most Visited | Getting Started | Microsoft Office Home | Hirezon | Leading Hig...

Session times out in: 1:35:41

Intervention	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognitio	
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.							
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std IV-G, 2a)								3.00
2. Implements treatment plans-develops hierarchy, follows plan, and modifies. (std IV-G, 2b)								3.00
3. Selects and uses appropriate materials/instrumentation (std IV-G, 2c).								2.00
4. Organizes and sequences task to meet objectives.								4.00
5. Provides appropriate introduction/explanation of tasks.								4.00
6. Measures and evaluates patients' performance and progress with consistent and appropriate data collection (std IV-G, 2d)								3.00
7. Uses appropriate models, prompts or cues to elicit and shape client responses. Allows time for patient response.								3.00
8. Applies appropriate reinforcment methods to meet the needs of clients								3.00
9. Implements generalization and carry-over activities for clients								3.00
10. Manages client behavior appropriately								4.00
11. Adapts treatment session to meet individual patient needs (std IV-G, 2e)								3.00
12. Completes administrative functions and documentation necessary to support treatment (std IV-G, 2f).								3.00
13. Identifies and refers patients for services as appropriate (std IV-G, 2g). ?								4.00
Score totals:	0	0	0	0	0	0	0	42	0

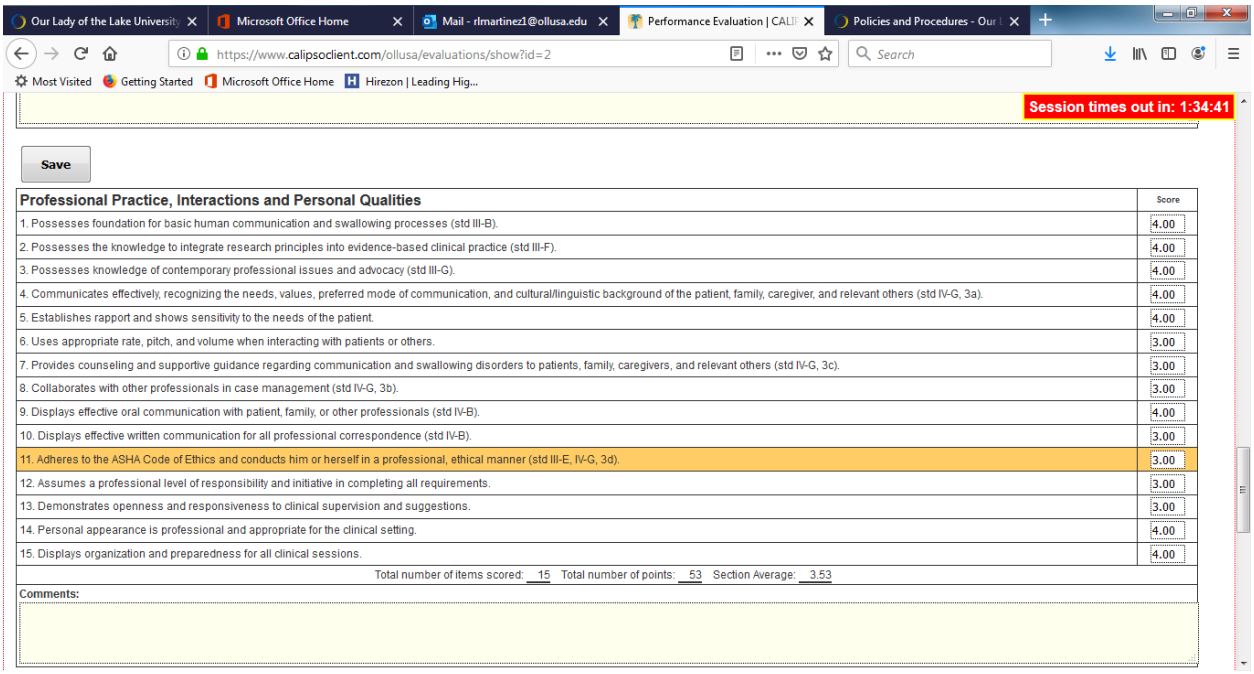
Total number of items scored: 13 Total number of points: 42 Section Average: 3.23

Comments:

Save

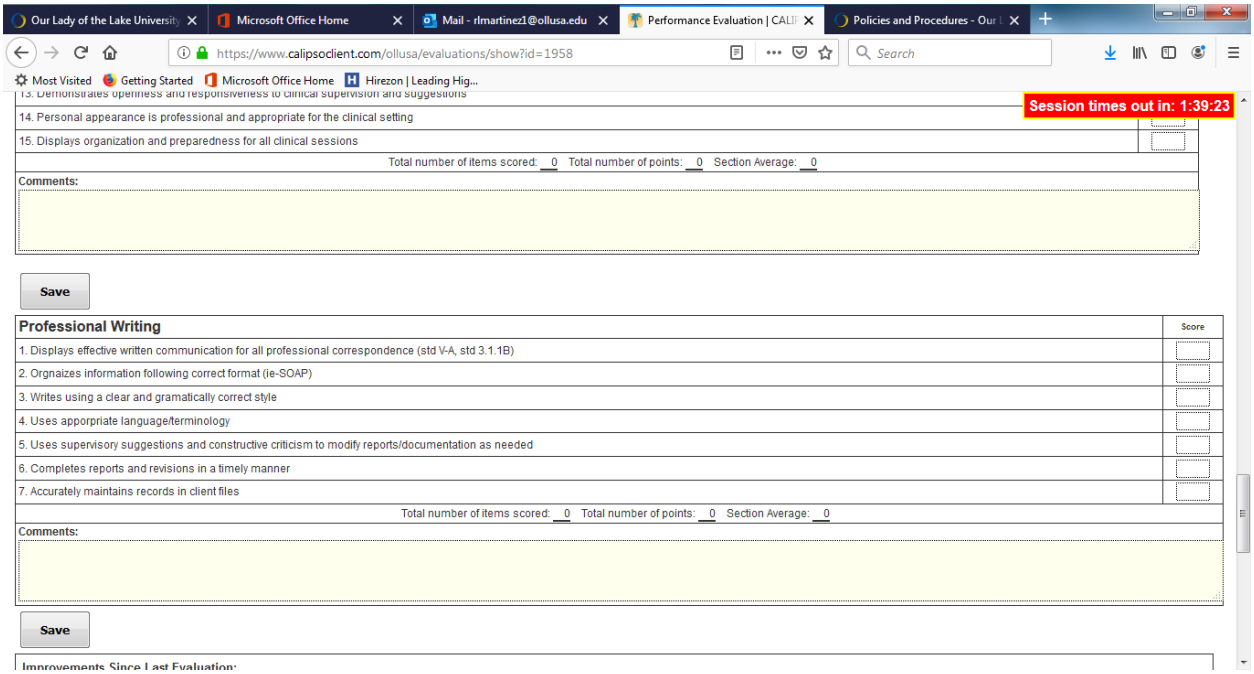
Professional Practice, Interactions and Personal Qualities | Score

PROFESSIONAL PRACTICE, INTERACTIONS, AND PERSONAL QUALITIES – KEY AREA



Professional Practice, Interactions and Personal Qualities	Score
1. Possesses foundation for basic human communication and swallowing processes (std III-B).	4.00
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std III-F).	4.00
3. Possesses knowledge of contemporary professional issues and advocacy (std III-G).	4.00
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std IV-G, 3a).	4.00
5. Establishes rapport and shows sensitivity to the needs of the patient.	4.00
6. Uses appropriate rate, pitch, and volume when interacting with patients or others.	3.00
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std IV-G, 3c).	3.00
8. Collaborates with other professionals in case management (std IV-G, 3b).	3.00
9. Displays effective oral communication with patient, family, or other professionals (std IV-B).	4.00
10. Displays effective written communication for all professional correspondence (std IV-B).	3.00
11. Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std III-E, IV-G, 3d).	3.00
12. Assumes a professional level of responsibility and initiative in completing all requirements.	3.00
13. Demonstrates openness and responsiveness to clinical supervision and suggestions.	3.00
14. Personal appearance is professional and appropriate for the clinical setting.	4.00
15. Displays organization and preparedness for all clinical sessions.	4.00
Total number of items scored: 15 Total number of points: 53 Section Average: 3.53	
Comments:	

PROFESSIONAL WRITING – KEY AREA



14. Personal appearance is professional and appropriate for the clinical setting	
15. Displays organization and preparedness for all clinical sessions	
Total number of items scored: 0 Total number of points: 0 Section Average: 0	
Comments:	

Professional Writing	Score
1. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)	
2. Orgnaizes information following correct format (ie-SOAP)	
3. Writes using a clear and gramatically correct style	
4. Uses apporpriate language/terminology	
5. Uses supervisory suggestions and constructive criticism to modify reports/documentation as needed	
6. Completes reports and revisions in a timely manner	
7. Accurately maintains records in client files	
Total number of items scored: 0 Total number of points: 0 Section Average: 0	
Comments:	

Save

Improvements Since Last Evaluation:

APPENDIX 12: FIELD PLACEMENT REQUIREMENTS WORKSHEET FOR STUDENT USE

Student Name: _____ **Academic Advisor Name:** _____

Expiration date of: Liability Insurance _____ CPR _____ Immunizations (TB) _____

Dates of Hepatitis B: _____ _____ _____

I. Hours

Disorders	**Evaluation Hours**		**Treatment Hours**		**Subtotals**
	Child (0-17)	Adult (18-65+)	Child (0-17)	Adult (18-65+)	
Articulation					
Fluency					
Voice					
Language					
Hearing					
Swallowing					
Cognition					
Social Aspects					
Comm. Modalities					
Subtotals					**Semester Total:**

Bilingual/CLD Certification _____ **/ 50 hours**

Attendance at Staffings, Pre-referral (RtI), Admission/Review/Dismissal Meetings __ hours

(Clinician-led discussion of evaluation/treatment is counted as direct hours; other meeting time is reported here)

Total Practicum Hours: _____ **/ 375.00 hours**

II. Clinic Remediation Plan Dates: _____ _____ _____

III. Course Grades: CSD 6365 _____ 6366 _____ 6367 _____

CSD 7377 _____ CSD 7379 _____

IV. Completion Date of Supervisor Feedback form on CALIPSO: _____

_____ _____

Student's Signature Current Phone Number

_____ _____

Field Supervisor Signature University Liaison Signature

_____

Date Completed

APPENDIX 13: Q-A INFORMTATION FOR FIELD PLACEMENT CLINICAL EDUCATORS

Required minimum supervision:

- ***25% -*** *Supervisor must directly observe student 25% while conducting treatment or diagnostics.*
- ***100% on site w/student -*** *Supervisors must be on-site 100% of the time while student is providing services.*

Calibrating on rating students during external field placements (Please consider the following):
Student ratings are based on a continuum of readiness related to their status as a graduate student. It is a given factor that graduate student clinicians will not demonstrate total independence or competence compared to an experienced Speech-Language Pathologist in the field.

The rating levels reflect competence at a student level with either moderate or minimum support from the supervisor. A student at a level "3" receives moderate input from the supervisor and in the end performs the task in a satisfactory manner. A student at a level "4" receives minimal input from the supervisor and in the end performs the task satisfactorily. The level "4" student shows more consistency of initiating and leading or maintaining discussions regarding clinical issues.

Note: Please feel free to e-mail your university liaison at any time with questions or concerns. The clinic director may be contacted at rlmartinez1@ollusa.edu with any additional input regarding student ratings or with any questions. Thank you so much for working with our students; we really appreciate it!

Rating*	**Skill Performance**: Student		**Level of Support:** Supervisor
4	**Developed / Consistent**	**Pass**	**Minimum**: student performs tasks independently a majority of the time; initiates and leads discussion regarding clinical issues
3	**Present / Consistent**		**Moderate**: direction and/or practice in conference leads to satisfactory performance
2	**Emerging**	**Fail**	**Maximum**: student instruction and/or demonstration with the client leads to satisfactory performance
1	**Not Evident**		**Maximum**: ongoing student instruction and/or demonstration with the client required for satisfactory performance

As per OLLU CSD program:

- CALIPSO hours are to be approved weekly. *(Diagnostic hours may include baselining as well as reporting of evaluation results.)*
- Students will submit a hard copy of practicum hours (Requirements Worksheet) with field supervisor signature to university liaison at midterm and at the end of the semester.
- Online ratings of evaluation/treatment/professional skills are completed, reviewed with student, and submitted by field supervisor at midterm and at the end of the semester.Complete and submit (via student or e-mail) Field Practicum Supervisor Questionnaire at the end of the semester.
- Complete and submit (via student or e-mail) Field Practicum Supervisor Questionnaire at the end of the semester.
- Consider addressing "teachable moments" with the graduate student as they occur.

Additional resources and tips for supervisor graduate student clinicians:
http://www.asha.org/slp/supervisortips/

When working with the graduate student, consider the following:

- Set up regular times for conferences.
- Encourage the graduate student to be an active participant in establishing mutually agreed upon educational goals for the placement, which take into consideration the student's level of experience and the nature of the clinical opportunities available at the site.
- Clearly state your expectations for the graduate student over the course of the practicum: hours, responsibilities (clients, assigned projects or readings), facility policies, and how the student will be evaluated.
- Be cognizant of the graduate student's learning style and how they respond to feedback.
- Avoid attempting to expose the graduate student to every type of patient and disorder. Periodically revisit the goals for placement and student learning objectives.
- Maintain communication with the university regarding the student's progress.

Resources available to you as a supervisor:

- Contact the university's clinic director and/or liaison with questions or concerns regarding your graduate student.
- Explore ASHA's resources on clinical education.
- Consider joining Special Interest Group 11: Administration and Supervision. You can post questions and learn from other clinical educators once you join the division email list.

APPENDIX 14: OLLU HIPAA PRIVACY POLICY

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information – called "covered entities,' as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.
U.S. Department of Health and Human Services: www.hhs.gov

This notice describes how medical information about our patients/clients may be used and disclosed and how they can obtain access to this information. Please review it carefully. Clients who have questions or require additional information should ask the HJC Office Manager. Clients who have complaints can submit them in writing. The Clinic Director will review the complaints. Clients who have complaints requiring immediate attention should ask for the Clinic Director or the Program Director. Clients whose complaints have not been resolved satisfactorily can address complaints to the Secretary of the United States Department of Health and Human Services. The HJC Clinic will not retaliate against any individual for filing a complaint.

TERMS:

Any medical information, which could in any way identify an individual client, is considered **Protected Health Information** (PHI). PHI will be used and disclosed only as needed for the Speech and Hearing Clinic to perform continuity of care regarding **Treatment, Payment and Health Care Operations (**TPO). Any other disclosure will require the written authorization of the client. In general, use or disclosure of PHI for purposes other than treatment, or a disclosure requested by the client, is limited to the **Minimum Necessary** to accomplish the intended purpose.

ACCESS:

The following people will have access to PHI:
- The client.
- Any person to whom the client has authorized in writing the release of information.
    - OLLU/HJC Clinic staff involved in providing care to the client will have access as indicated below:

- Audiologists, speech/language pathologists, speech/language supervisors, faculty and student clinicians (graduate and undergraduate)
- Office staff needs access to the entire medical record in order to file all components of the chart.
- Office staff assisting clients with insurance problems may need access to the entire record in order to determine dates of service, etc.
- Custodial staff does not have access to PHI.
- Client's health insurance company, for payment purposes.
- Public Health Services and regulatory officials, when required by law.
- Courts, when the request is accompanied by a duly executed subpoena and reviewed by BGSU legal counsel.
- Parents or legal guardians of a minor.
- Referring physicians and/or therapists and physicians, and/or therapists involved in continuity of care.

MINIMUM NECESSARY:

Requests for disclosure of PHI for all purposes will be reviewed by the Privacy Contact (OLLU HJC office staff) to assure that they meet the minimum necessary requirement. The Privacy Contact may consult the Privacy Officer (Program Director) for assistance in making this determination.

PATIENT/CLIENT RIGHTS:

• Clients have a right to see and obtain a copy of their PHI.
• Clients have a right to request limitations to the routine use of PHI for TPO.
• Clients have a right to request changes in their PHI.
• Clients have the right to see a list of all people to whom PHI has been disclosed. In order to meet this requirement, HJC must keep a disclosure log. The log must record all disclosures, both written and verbal.

SECURITY:

- Privacy measures are designed to protect the confidentiality of all PHI:
- All faculty, staff, and student clinicians will receive instruction about and be familiar with the HJC Privacy Policy.
- Faculty, staff and student clinicians will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When the HJC is open, exposed patient records are not left unattended in unlocked offices. When the HJC Clinic is closed, all files are placed in locked cabinets inside a locked room.

ADMINISTRATION:

• The HJC office staff serve as the Privacy Contact.
• The Director of Clinical Education and the School Director serve as the Privacy Officers: *Ms. Rosa Lydia Martinez* - (210) 431.6590 *& Dr. Patti Solomon-Rice* – (210) 528.7117. A designee of the University Information Technology Services (ITS) department serves as the Security Officer.

Patti Solomon-Rice, Ph.D,, CCC-SLP
Director, Woolfolk School of Communication Disorders

Rosa Lydia (Rosie) Martinez, M.S., CCC-SLP
rlmartinez1@ollusa.edu
Director of Clinical Education, Woolfolk School of Communication Sciences and Disorders (CSD) for more information on HIPAA requirements by ASHA members and their affiliates go to:
http://www.asha.org/practice/reimbursement/hipaa/default/

APPENDIX 15: CLINIC TREATMENT OBSERVATION

Graduate Clinician:	Date:	Client:	Time:

Competencies	Level:	Comments
Documentation:		
• **Lesson Plan:** timeliness; content; form		
• **SOAP Note:** timeliness; content; form		
Baseline:		
• select targets to baseline		
• utilize appropriate baseline sequence		
• obtain data to support level of intervention		
• efficient manner		
Session Organization:		
• introduction, body, closing		
• sequence of goals, activities, materials		
• follow lesson plan efficiently; max time on task		
• integration of targets within an activity		
• altered planned procedures as needed		
• standard precautions		
Materials and Activities:		
• appropriate, effective to elicit target(s)		
• varied; within session/tx-tx		
• age & gender appropriate		
• maintain client interest level		
Elicitation & Shaping:		
• introduce, teach, practice, review		
• demonstrate variety of techniques & strategies		
• provide effective corrective feedback		
• ensure adequate response opportunities		
Reinforcement:		
• variety in type and schedule		
• effective delivery		
Generalization and Carryover:		
• plan & implement within therapy setting		
• plan & implement home management		
Data Collection:		
• system to note range of responses & cues		
• recorded responses accurately & efficiently		
• online collection		
• judge accuracy of responses		
• interpretation of data		
• use data to guide clinical decisions		
Interaction: Client and Family		
• engage client: enthusiastic; animated; volume adj.		
• seating arrangement; proximity, touch		
• behavior management		
Professional:		
• punctual for appointments		
• attire		
• made adjustments based on feedback		
Other:		**Clinical Instructor:**

APPENDIX 16: CLINIC DIAGNOSTIC OBSERVATION

Clinician:	Date of Evaluation:	Time:
Client Initials:	Age:	Disorder:
Competencies	**Level:**	**Comments**
Planning		
• familiar w/available background information re: client and disorder		
• selects appropriate assessment tools; standardized & non-standardized		
• develops non-standardized techniques if needed; includes stimulability		
• confirms test procedures & materials w/supervisor		
• considers alternatives to planned procedures		
• explains rationale for selected tests & procedures		
Administration		
• prepares environment to meet client/clinician needs		
• assures that all equipment is in working order prior to testing		
• materials are complete, organized and accessible		
• uses appropriate interview techniques to obtain pertinent information		
• administers tests/subtests according to standardized procedures		
• obtains ceiling & basal		
• records responses accurately & discretely		
• notes diagnostically significant behaviors		
• uses appropriate rate/pace of presentation		
• handles/manipulates tests & materials efficiently		
• modifies procedures to accommodate special needs		
Behavior Management		
• appropriately engages client		
• manages client behaviors; verbal & nonverbal cues		
• provides appropriate client encouragement/reinforcement; verbal/nonverbal		
Reporting: Oral		
• explains impressions/findings/recommendations accurately & fully		
• uses appropriate terminology		
• provides examples when needed to illustrate points		
• answers questions, listens, supports & addresses family concerns		
Professional		
• punctual with adequate time to set-up, prepare		
• attire appropriate to setting & client		
• appropriate interaction w/client, parent, supervisor, others		
• utilizes standard precautions		
Other:	Clinical Instructor:	

APPENDIX 17: CLINIC REMEDIATION PLAN

Practicum:_____

Semester:_____

Student Name:_____**Date:**_____

Skill or Knowledge area(s) of concern:

Description of how the area(s) of concern was/were demonstrated:

Remediation Action Plan (Goals and Procedures):

Consequences if not completed successfully:

- ☐ Extended time at HJC site
- ☐ Practicum at another site
- ☐ Terminate Practicum
- ☐ Further Consideration of Practicum options
- ☐ Dismissal from CSD/CSD program
- ☐ Met the goal
- ☐ Continue CRP

_____ _____

Graduate Student **Clinical Instructor**

_____

Date

APPENDIX 18: STUDENT GRIEVANCES AND APPEALS

STUDENT GRIEVANCE PROCEDURE

The University provides a uniform method by which students can pursue grievance issues. An academic grievance is an allegation that something has occurred that violates existing University policy or established practices, or is intrinsically wrong. Grievance issues include complaints about violations of the institution's academic policies (e.g., application of grading policies), about unfairness in the application of policies (e.g. accusation of plagiarism or cheating), or other academic matters. For other potential violations of student rights, students should consult with their adviser or Student Life. Evaluation of a student's academic performance in a course or program of the University, when conducted by a faculty member, is presumed to be valid unless there is proof that the evaluation was significantly and adversely affected by prejudice (bias against the student as an individual or as a member of a group or class) and/or capriciousness (unjustifiable deviation from generally acceptable academic standards or procedures, or from explicit understandings established for the course or through the course syllabus, which is the de facto contract for course objectives, requirements, and expectations).

If a student has good reason to suspect that prejudice or capriciousness significantly and adversely affected an official final evaluation of performance in a course or program or the student is being treated in an arbitrary or capricious manner by a faculty member, the student should present this concern to the faculty member and request a reconsideration of the academic matter within 30 working days of the event upon which the complaint is based.

PROCEDURES:

STEP ONE - INFORMAL RESOLUTION

a. The student must talk with the faculty member about the complaint. A faculty member must be willing to meet with a student for discussion. The faculty member is required by University policy to confer with a student who requests redress.
b. If the student and the faculty member are unable to resolve the matter through good faith, reexamination of the issues and negotiation, the student must then talk with the faculty member's department head, who will attempt to collaboratively resolve the complaint between the parties. Prior to this meeting, the student must submit the grievance in writing; doing the following: state how the decision or action is unfair and harmful to the grievant; list the University policies or state or federal laws that have been violated, if known; name the respondent parties (the person(s) against whom the grievance was filed); state how the respondents are responsible for the action or decision; and state the requested remedy.

c. If the complaint is not satisfactorily resolved through A and B, a student may proceed to Step 2, Mediation, or if necessary Step 3, Formal Resolution

STEP TWO - MEDIATION

Assuming that the grievance is not resolved at the level of the department chair, the issue goes to the dean of the school or college to mediate. The dean is empowered to hear both sides of the matter, to examine all relevant documents and evidence held by either the students or the faculty member, to bring the student and the faculty member together for further clarification, discussion and negotiation, and to suggest possible compromise or other remediation of the issue. The dean, the faculty member, and the student will collaborate to try to resolve the matter within five working days of the dean's receiving the mediation request.

STEP THREE - FORMAL RESOLUTION

If these mediating efforts do not satisfactorily resolve the matter at the level of the dean, the student may petition the Vice President for Academic Affairs (VPAA), in writing, to establish a hearing committee, provided that this request is made no later than 10 working days after the previous attempts to resolve the issue is completed. The student may request the VPAA to appoint a faculty adviser to assist in the preparation and presentation of the student's case. Before establishing a hearing committee, the VPAA shall verify that good faith efforts were made to resolve the matter through discussion and mediation, and shall explain the due process guidelines to all parties. If, in the judgment of the VPAA, the student's complaint is clearly without substance for allegations of prejudice or capriciousness, the grievance process may be terminated at this point.

In situations where the VPAA believes that a review is warranted she/he shall name a committee consisting to the following: two tenured faculty members and one staff member (selected in consultation with the President of the Faculty Assembly) and two students who are elected officers of the Student Government Association. If a member of the hearing committee disqualifies himself or herself for possible bias or conflict of interest prior to the date of the hearing, the VPAA shall appoint a replacement. If the member disqualifies him/herself only immediately before the hearing, the hearing shall be conducted with remaining members, except that in no case shall the hearing be conducted with fewer than three members, at least one of whom must be a student and one a faculty member.

For each hearing the committee will elect a chairperson from among its members. The chairperson is responsible for keeping committee records, for preserving documents that relate to the hearing, and for seeing that an adequate record is made regarding the hearing, its proceedings, findings, and recommendations.

The hearing must be held within 10 working days after the formal written request for the review of the grievance is received by the VPAA. At the hearing the burden of proof shall be on the student to demonstrate that the application of policies has been improper because it has been significantly and adversely affected by prejudice and/or capriciousness. The grievance hearing is an internal review and, as such, shall be private. The grievant may be assisted by a faculty representative. However, persons external to the University (including outside counsel) shall be excluded.

The hearing shall consist of the following:

a. Presentation of charges and evidence by both grievant and respondent;
b. Informal questioning of either or both parties by committee members for the purpose of clarification;
c. Final statements by each party, if desired or requested; and,
d. A closed session in which the hearing committee assesses the evidence to decide whether the application of policies was, according to the evidence, affected significantly and adversely by prejudice and/or capriciousness.

The recommendation of the hearing committee including a course of action must be reported in writing by the chairperson to the VPAA within four working days after the hearing. In the event that the decision rendered by the VPAA is in opposition to the committee's recommendation, the VPAA will communicate the decision and the rationale for it to the committee. The VPAA will communicate the decision, in writing, to the involved parties. The VPAA's decision is final. Communication of the decision ends institutional due process on the matter, and no further appeal is possible.

The petition requesting the hearing, the report of the hearing committee, and any resultant action shall be the only official records kept of the hearing. Copies of these records shall be maintained by the VPPA's Office for seven years or as otherwise mandated by applicable law.

*A working day is defined as a day when the University offices are open for business excluding Saturday and Sunday.

For cases believed to constitute harassment, students should follow the procedure specified in the Student

APPENDIX 19: TEMPLATE FOR CLIENT PLANNING WORKSHEET

Client Planning Worksheet

Client Initials:	YOB:
What do I Know? Date of last evaluation? Diagnosis? Family Info (include language info)? Developmental History? Medical History? Educational History? Vocational info? Treatment History? Additional Pertinent Information:	
1. What do I want/need to know?	
How will I find out?	
Environment/Organization/ScheduleActivity/Materials/Reinforcement	
2. What do I want/need to know?	
How will I find out?	
Environment/Organization/ScheduleActivity/Materials/Reinforcement	
3. What do I want/need to know?	
How will I find out?	
Environment/Organization/ScheduleActivity/Materials/Reinforcement	

Reference

Adapted from Kennedy, M. (2002). Principles of Assessment. In Paul, R. (Ed). Introduction to Clinical Methods in Communication Disorders. Baltimore, Maryland: Paul H. Brookes Publishing Co.

APPENDIX 20: TREATMENT HIERARCHY/LESSON PLAN

Client Initials:	YOB:

Dates of Tx Sessions:	
CPT: **ICD-10:**	**Long Term Goals (LTG)**

- **Objective/Criteria (Hierarchy):**

Methods/Approaches
Cues/Prompts:
Activities/Materials:
Reinforcement:

- **Objective/Criteria (Hierarchy):**

Methods/Approaches
Cues/Prompts:
Activities/Materials:
Reinforcement:

CPT: ICD-10:	**Long Term Goals (LTG)**

- **Objective/Criteria (Hierarchy):**

Methods/Approaches
Cues/Prompts:
Activities/Materials:
Reinforcement:

- **Objective/Criteria (Hierarchy):**

Methods/Approaches
Cues/Prompts:
Activities/Materials:
Reinforcement:

APPENDIX 21: STAFFING OUTLINE

Materials to have during the staffing:

- ❒ Client file
- ❒ e-files (Lesson Plans, Soap Notes, Data Log, Treatment Plan, Progress Summary)
- ❒ recorded sessions, if applicable
- ❒ Chart Review

DISCUSSION POINTS FOR STAFFING:

- ❒ Use the chart review format to begin the process
- ❒ Talk about planning (time allotment for lesson ideas, finding materials, setting up for sessions, activity presentations, reinforcement tools, making adjustments as needed, etc)
- ❒ Talk about implementation (type of instructions/directions, type of auditory/visual/tactile prompts, type of adjustments to make based on client's cues, etc.)
- ❒ Talk about recordkeeping (type of data collection and logs that are helpful, how to complete the lesson plan and soap note documents efficiently, how treatment plan will guide treatment, what to baseline and where to go from there)
- ❒ Expectations for clients and of their families
- ❒ What can you learn from the client?
- ❒ What works and what doesn't work

APPENDIX 22: OUTLINE FOR CLIENT CONFERENCE

CLIENT CONFERENCE OUTLINE

I. Introduction

II. Update of information

III. Review of goals and progress toward goals then describe the implications across contexts

IV. Modification of goals and objectives

V. Things that worked (i.e., strategies etc…) things to work on during the interim period until treatment sessions.

VI. Confirm status for Spring semester

- Continuing treatment _____
- Time options for therapy (preferred days/times)

VII. Provide parent/client with a customer satisfaction form.

VIII. Questions/Concerns

_____ _____

Parent/Client **Graduate Student Clinician**

_____ _____

Clinical Instructor **Date**

CLIENT CONFERENCE GUIDE

I. Introduction

- begin with positive statement of client's motivation, general progress or good attempts at participating during treatment sessions –
- thank them for taking the time to attend, for support and motivation regarding the therapy process,
- state the purpose of the meeting,
- ask parent(s)/client (if an adult) how they feel about the communication status of the client or themselves in outside contexts away from therapy setting

II. Update of information

- Identifying info
- Medications
- School program current – upcoming for next semester
- Any other therapies
- Any reports and progress summaries from school or other therapies/evaluations

III. Review of goals and progress toward goals then describe the implications across contexts

- List of objectives (note goals met, progress made, but goals not met, discontinued ect…):

IV. Modification of goals and objectives

- What changes were made
- Why the changes were made

V. Homework/Carry-Over Packet

- Provide them with input about things that worked (i.e., strategies etc…) as carry-over to work on during the interim period between semesters.

VI. Confirm status for Spring semester

- Will they be continuing treatment
- Time options for therapy (preferred days/times)

VII. Provide parent/client with a customer satisfaction form.

VIII. Ask if they have any questions

_____ _____

Parent/Client **Graduate Student Clinician**

_____ _____

Clinical Instructor **Date**

APPENDIX 23: END OF SEMESTER CLOSE-OUT

~~~~~~ Client ~~~~~~

- SOAP Notes / Treatment Logs
  - all must be completed

- Progress Summary
  - Reviewed and finalized

~~~~~~ Clinician ~~~~~~

- CALIPSO
  - Practicum Hours: submit all hours for approval (Tx, Dx & ACE)
  - Competencies & Rating: review and finalize
  - Accuracy of Hours,
  - Compliance & Immunizations Update

- Application for Practicum Assignment; submitted in 6365; **update, if needed**

- Complete Clinic Instructor Feedback Survey

- Return all therapy materials, books, DVDs, etc.

APPENDIX 24: CALIPSO EXPERIENCE RECORD

OUR LADY OF THE LAKE UNIVERSITY

CALIPSO
Experience Record
Doe, Jane

Cohort x Choose a Cohort Year x

	Child	Adult	Total
Total Observation Hours:			**0:45**
OBSERVATION - Evaluation			
Speech	0:30	0:00	0:30
Language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
OBSERVATION - Treatment			
Speech	0:15	0:00	0:15
Language	0:00	0:00	0:00
Hearing	0:00	0:00	0:00
EVALUATION			
Articulation/Speech Sound Production	0:00	0:00	0:00
Fluency and fluency disorders	0:00	0:00	0:00
Voice and resonance	0:00	5:00	5:00
Expressive/Receptive language	0:45	15:00	15:45
Hearing	0:00	0:00	0:00
Swallowing/Feeding	0:00	5:00	5:00
Cognitive aspects of communication	0:00	3:00	3:00
Social aspects of communication	0:00	0:00	0:00
Augmentative and alternative communication modalities	0:00	0:00	0:00
TREATMENT			
Articulation/Speech Sound Production	0:00	3:00	3:00
Fluency and fluency disorders	0:00	0:00	0:00
Voice and resonance	0:00	0:00	0:00
Expressive/Receptive language	0:00	30:00	30:00
Hearing	0:00	0:00	0:00
Swallowing/Feeding	0:00	5:00	5:00
Cognitive aspects of communication	0:00	0:00	0:00
Social aspects of communication	0:00	0:00	0:00
Augmentative and alternative communication modalities	0:00	0:00	0:00
Total Hours	**0:45**	**66:00**	**66:45**
Clockhours Needed			**324:15**

Observation Hours			
	0:45	0:00	0:45
Dx			
	Child	Adult	Audiology
Speech	0:00	10:00	
Language	0:45	18:00	
Total	0:45	28:00	0:00
		Total Dx Hours:	28:45
Tx			
	Child	Adult	Audiology
Speech	0:00	8:00	
Language	0:00	30:00	
Total	0:00	38:00	0:00
		Total Tx Hours:	38:00
Totals:	0:45	66:00	0:00

Total Hours Earned in Different Settings	
University Clinic	66:00
Clinical Simulation	0:45

STUDENT RESOURCES

Student Accessibility Services

Counseling

Mission and Ministry

Writing Center