



Department of Communications Sciences and Disorders

Speech-Language Pathology

Clinical Policies and Procedures

**Fall Semester 2015
Through
Summer Semester 2016**

GUIDE TO CLINICAL PRACTICUM – Speech-Language Pathology

I. Introduction

The speech-language pathology practicum assignments are an essential educational component of the graduate program. This portion of the Student Handbook is designed to acquaint students with clinical policies and procedures. It will serve as a reference throughout the clinical experience and explains responsibilities of graduate student clinicians during clinical assignments.

A. Non-Discriminatory Policy

Individuals must not discriminate in the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for and potential benefit from services such as: race, sex, age, religion, national origin, sexual orientation, or disability.

B. Confidentiality

Students are required to follow departmental policies and [Health Insurance Portability and Accountability Act \(HIPAA\) of 1996 policies](#) regarding confidentiality. The requirements of HIPAA apply to the use, storage and/or electronic transmission of patient related information, and are intended to ensure patient confidentiality for all health care related information.

In general, the rules state that any health care provider or insurance entity that maintains or transmits individually identifiable health information, referred to as “protected information,” about a client/patient is deemed a “covered entity” and is subject to HIPAA. The HIPAA privacy rule, along with the information itself, cover an entity or device which collects, stores, or transmits data electronically (including Social Media), orally, in writing or through any form of communication, including fax. Please refer to the University’s policy on Social Media found here: <http://www.usf.edu/ucm/marketing/comment-policy.aspx>.

Students must complete the self-study program designated by the Department and must make a passing grade on the program quiz in order to initiate clinical assignments. Follow all instructions and deadlines designated by the Clinic Director and Clinical Instructors (supervisors).

<http://www4.csudh.edu/son/info/hipaa-precautions/index>.

C. Sensitive Material

Sensitive information will include but will not be limited to information that could be considered social in nature with an attached social stigma, to include:

- Family history of mental illness, substance abuse, suicide or suicidal intent.
- Marital discord or marital problems.
- Information about the behavior or personality of another family member not provided by that person (e.g., a mother describing her ex-husband as violent or abusive).

This information should be included in a report only if its inclusion is relevant to the diagnosis. For example, if a child is being evaluated for a communication problem, family history of speech problems, hearing problems, learning disabilities, and

mental handicapping conditions are important in making the diagnosis of a communication disorder. The source of this information must always be specified (e.g., According to the mother, ...). Chatty details and subjective, value-laden interpretations are to be avoided.

Financial information should almost always be excluded from a report unless it is directly relevant to the diagnosis (e.g., financial problems causing the parents to be unable to obtain medical care or a child's reaction to severe financial problems causing a communication disorder).

D. Recording and Documenting Clients/Patients

During the semester, each student or team will be required to record and document sessions. The clinical supervisor and the student clinician will identify the method of recording/documenting to be utilized. The clinician must review the client's file to assure that the release form has been read and signed by the client or caregiver. Typical sessions recorded/documentated include, but are not limited to: evaluations, initial measures for treatment, therapy sessions, therapeutic procedures, final measures and client conferences during each semester in a clinical assignment. If the method of recording includes the use of audio recorders, the clinician may be required to provide the audio recorder to be used during recording. Audio recorders are not to be removed from the Clinic and must be stored in the storage container designated for the practicum. All recorders are stored in PCD 2000C. Review of recorded information must be conducted in the Department in areas that provide privacy and compliance with HIPAA guidelines. Under no circumstances will a student clinician retain recorded documentation or review recorded documentation with anyone other than the supervisor or individual(s) approved by the supervisor. All clinical sessions are recorded using a digital recording system installed in the clinic. To view the sessions, students will sign to the computers in the Workroom. Sessions can be viewed using the installed software. Under no circumstances, the sessions are to be downloaded and saved for viewing outside the clinic. The digital recording system erases data after 25 days. If a session is needed for further review, the student should communicate with the supervisor the need for further review and the supervisor will be able to download and save that session for further review.

E. Managing Drafts of Reports and Working File Documentation

All drafts of reports in progress and all documentation stored in the working file must not include identifying information. A code will be developed in consultation with the supervisor and will be recorded on any documentation which is transmitted, stored via any source outside of the Department and stored in the working file. At the end of the semester, the clinician will work with the supervisor and Clinical Program Assistant to finalize documentation and add identifying information prior to filing final reports and mailing documentation. A new electronic documentation recording system is being implemented by USF- Health. Once the system is implemented, students will be informed about the new guidelines for documentation storage.

F. Mailing Reports

The Clinical Program Assistant is the only person authorized to send/distribute reports generated by the Clinic. Only final drafts which have been approved and signed by the supervisor will be disseminated. Clinicians must review the client file and assure that the client/patient/caregiver has signed the appropriate

release form before requesting that a report be mailed to any individual/professional/agency other than the client/patient.

II. PREREQUISITES FOR PRACTICUM ENROLLMENT

A. Speech-Hearing Screening

Each student in the Department must have a speech and hearing proficiency check **prior to enrollment in practicum**. This screening must be completed during the first semester of enrollment as a graduate student (typically completed during orientation). (Please see Addendum A)

B. Level 2 (live scan) Background Check, Observation Hours, HIV Course Certification and BLS (CPR) Certification

Because clinicians work with vulnerable populations, all students must complete a Level 2 background check following the instructions provided by the Department for completion and documentation. Also, when applying for off-campus externships, a professional license and/or teaching certificate, clinicians are often asked to disclose information about any existing criminal records. Medical settings, school districts and health care boards have the right to know about any arrests, pleas of nolo contendere, adjudications withheld, or convictions that applicants may have sustained. When applying for professional licensure and certificates after graduation, applicants will be required to supply this information to the health care board when applying for a professional license, and to the Florida Department of Education when applying for a certificate. Students are responsible for any costs associated with the background check process.

The Department of Communication Sciences & Disorders cannot guarantee a placement for externships or eligibility for professional licenses and certificates following graduation. Students may contact the Florida Department of Health, Board of Speech-Language Pathology and Audiology and the Education Standards Commission of the Florida Department of Education for additional information. In addition, the Department of Communication Sciences & Disorders cannot guarantee that the states with which Florida has reciprocity will issue a professional license or teaching certificate. **Students are advised to contact the district(s) and state(s) in which they wish to seek future employment as a speech-language pathologist to investigate their respective personnel hiring procedures.**

All students should have documentation of a minimum of 25 hours of observation experience upon entering the program and no later than the end of the first semester (Fall Semester). Documentation of the completion of these hours must be submitted to the Clinic Director or Clinic Program Assistant during Fall Orientation. Documentation must be in the form of an observation log or letter, on letter head, from the program confirming the observation hours. Documentation must be an **original**, not a photo copy, with the name and ASHA number of the person who certified the hours.

If the observation hours have not been completed prior to entering the graduate program, students are responsible for completing the hours by the end of the first semester of the program of study. See the Clinic Director or the

Clinic Program Assistant for a log to record observation hours, instructions for completing the log and suggestions for sites where observation hours may be completed. **At least the minimum of 25 hours of observation must be completed by the end of the first semester of the program of study.**

In addition, all students must have documentation of a training course in basic life support (BLS) for infants, children, and adults, and a course related to HIV and Bloodborne Pathogens. The Department will provide students with approved sources for completing these requirements. Students must complete training prior to initiation of practicum. Certification in BLS must be maintained throughout the graduate program. Students are responsible for any costs associated with these certifications.

C. Documentation of Clinic Requirements

The Department will refer students to a specified, professional document storage (<https://www.typhongroup.net/easi/login.asp>) company to manage and store electronically all pre-clinic documentation and certifications including, but not limited to: completion of background check, BLS certification, immunizations, professional liability insurance, HIPAA certificate, etc. Students will work with the identified company throughout the program of study to manage essential documentation. This provides a centralized storage mechanism for critical professional documents and will provide ease of access when needed. Students are responsible for updating and maintaining documentation which is required for participation in clinic at SLHC and in externship placements. Students are also responsible for any associated costs.

D. Assignment to Practicum

Students must allow sufficient time to complete practicum assignments. Practicum assignments within the USF Speech Language Hearing Center (SLHC) require 4 to 10 hours of direct client contact time each week depending upon the practicum. This does not include time required for preparation, documentation and meeting with the supervisor. The Clinic operates **5 days** a week therefore students must be available to accommodate the schedules of the clients and supervisors. In order to insure appropriate supervisory support for beginning clinicians, supervisors can only schedule one or two sessions in a time slot.

Students may not register for a practicum unless it has been assigned and approved by the Clinic Director. Practicum rotations are assigned the first semester of admission into the program. If for any reason a practicum cannot be completed in the assigned semester, the student must meet with the Clinic Director to request reassignment the practicum. Modification of the clinical assignment is made on an availability basis. The student will be assigned to the **first available semester. These changes may delay graduation. Changes must be made before the semester begins and before clients have been assigned.**

It is the policy of this Department that no student will acquire or be given credit for clinical clock hours completed while working in a paid position with the exception of paid traineeships (i.e., Veteran's Administration Hospitals), students enrolled in the Suncoast Master's Distance Program or in assigned stipend funded positions.

III. CLINICAL CONDUCT

A. Professionalism

The Speech Language Hearing Center is a recognized service provider in the Tampa Bay area. In addition, it serves as the primary facility for clinical training for graduate students enrolled in Speech-Language Pathology and Audiology practicum activities on campus. Students are required to conduct themselves in a professional manner as reflected in demeanor, dress, verbal exchanges, and compliance with all policies and procedures associated with clinical assignments. These areas also contribute to the student's grade for the clinical assignment.

Student clinicians should remember they are practicing under the licenses of the clinical supervisors. That relationship may result in supervisors being particularly exacting in their requirements for completion of documentation and performance of clinical duties.

B. Attendance

Attendance is mandatory at each clinical assignment for which student clinicians are scheduled. Students are assigned to these time slots for the entire semester. On occasion, the student clinician may be asked to perform clinical activities during an unassigned time slot (which would not interfere with other assigned duties). This would typically occur in cases in which the student needs further clinical experience or in make-up sessions.

If for any reason you cannot attend a session(s) due to illness, emergency, or other extenuating circumstances, notify your supervisor(s) as soon as possible via the Clinic Program Assistant at (813) 974-9844 or by calling the emergency contact number provided by the supervisor(s). Written verification of the reason for the absence may be requested. Absences are not excused unless they are specifically acknowledged by the respective supervisor on a case-by-case basis. In the case of an illness that prevents attendance for clinical assignments, a note from your physician must be submitted to your supervisor(s). Discuss missed assigned clinic sessions with your respective supervisor(s); the make-up of missed sessions is at the discretion of your supervisor. Refer to the syllabus for procedures specifically designed for each practicum.

If a client is absent during your assigned time slot(s), the student clinician is still required to attend clinic. The time will be spent performing clinic-related duties. See your supervisor for suggestions.

Student clinicians must arrive 30 minutes prior to the first scheduled appointment in clinic to accomplish all pre-client responsibilities, including preparation of all materials and supplies, disinfection of the therapy room, pre-session consultation with supervisor, greeting the client and any other duties designated.

C. Dress Code

Students tend to dress casually for classes. However, when on clinic floors (1st and 2nd floors), students must dress appropriately during clinic hours as this is a professional environment and attire during clinical hours should reflect

professionalism. Questions regarding dress should be directed to the clinical supervisor.

The SLP clinic at USF-CSD requires student clinicians to wear approved attire during participation in clinical activities in the clinic and at off-campus assignments. Scrubs and student badges are mandatory for students in the clinical program. Students are responsible for any costs associated with compliance with the dress code. Students must wear the approved scrub tops AND bottoms. Supervisors will indicate if there are practicum activities when scrubs will not be worn.

Participation in clinic is viewed with importance equal to that of a job. Student clinicians are expected to behave professionally and to dress professionally. Students will exhibit excellent personal hygiene. Clothing, accessories and hair need to be tidy and clean. Hair longer than shoulder length needs to be pulled back into a single ponytail or other style that keeps hair from falling onto the face. Approved hairstyles are those that do not become a distraction in clinic. No head coverings, scarves or hats are permitted unless they are part of religious requirements. The following guidelines must be followed. Adaptations may be made at the discretion of the Clinical Instructor in consultation with the Clinic Director.

Mandatory Scrubs

The approved vendor for scrubs is:

I.Q. Outfitters
12613 N 56TH ST
Temple Terrace, FL 33617
813-631-7778

Colors:

Hunter and khaki

The products approved for clinic are the **Cherokee and/or Grey's Anatomy Brand**. The approved tops will have a USF Speech Language Pathology logo on them. Colors may be mixed and matched. Pants (bottoms) can be order Petite, Regular, or Tall.

Cherokee Brand

Tops:

Item 4880
Item 4700
Item 4801
Item 4777 (men's)

Pants:

Items 4001/4001P/4001T
Items 4101/4101P/4101T
Items 4200/4200P
Item 4000 (men's)

Grey's Anatomy

Tops:

Item 4153
Item 41103
Item 0103 (men's)

Pants:

Item 4232
Item 0203 (men's)

Shoes: Must be clean, soft-soled, closed toe flat shoes. Backless shoes may be worn, provided they do not slip off of the foot easily and pose a potential cause of

injury (for xample, on the playground area). If a clinician is unable to wear flat shoes due to a medical condition, please provide a doctor's clearance for alternate footwear. **Color choices for shoes should coordinate with your scrubs and include:** black, dark brown, khaki and navy. **CLEAN ATHLETIC SHOES ARE APPROVED FOR CLINIC.**

Hose/socks: Must be worn at all times during clinic. Hose and socks should complement the colors of your uniform.

For warmth: Student clinicians may wear a short-sleeved or long-sleeved tee shirt under scrub tops and/or a solid colored sweater over the scrub top. **Color choices for tee-shirts/sweaters include:** black, white, dark brown, khaki, navy or other color that compliments the color of the uniform. Hooded jackets and hooded sweaters are **NOT** to be worn in clinic. Lab coats and scrub jackets are **NOT** part of the student clinician uniform.

Students are responsible for making sure the uniform tops and bottoms do not leave skin exposed (e.g. excessive cleavage, tops of undergarments at the waist, etc).

Jewelry and body adornment: Piercing to the ears only will be allowed. No facial piercing (e.g. eyebrows, lips, tongue studs, etc.). Jewelry should not be distracting. Large bracelets that clang on the table should be removed. Tattoos must be covered at all times in the clinic.

Perfumes and make-up: Perfumes and fragrances should be used sparingly, if at all. Some clients may have allergies. Make-up should be understated. Goth-like make-up is not acceptable.

Determination of excesses in make-up or adornments will be made at the discretion of the supervisor.

D. Cell Phones, Smart Phones and Beepers

Cell phones, smart phones, and beepers may be used as timing devices to track time during the sessions, but may NOT be used for texting, photos/videos or phone calls when completing a clinical assignment. The only exception is when the approved treatment plan for the client specifies therapeutic use of phones and/or beepers. Student clinicians are not to make or take personal phone calls or text messages during treatment sessions.

E. Liability Insurance

Professional liability coverage for students in the amounts of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate is required throughout the program of study. The preferred vendor is HPSO (www.hpsso.com) and information for purchase is available from the Clinic Program Assistant. Students are responsible for all associated costs. The insurance covers malpractice, designated damages and injury to client/patients for which the student clinician may be liable. Many externship sites will also require professional liability insurance.

F. Code of Ethics

Students in Speech-Language Pathology are regarded as professionals and are expected to adhere to the ASHA Code of Ethics (<http://www.asha.org/Code-of-Ethics/>). During their first semester, students will be required to sign a statement confirming their knowledge of the Code and their agreement to adhere to the Code.

G. Authorized Personnel on Clinic Floors

The Speech Language Hearing Center, located on the first and second floors of PCD, houses clinics for the purposes of educating/training clinicians, conducting research and providing services in audiology and speech-language pathology. As such, the Center is held to standards related to delivery of services and safety compliance. It is imperative that clinical protocol and procedures are maintained, and that respect for clients and clinicians engaged in clinical activity is demonstrated. Access to clinical facilities is limited to individuals who are participating in activities related to education/training, clinical services or research.

Students/clinicians must refrain from bringing individuals (adults or children) to the Center who are not engaged in the activities specified above. In the event of unforeseen emergencies where child care issues are concerned, clinicians should contact the Clinic Director and their immediate supervisor for assistance in determining a course of action.

IV. EVALUATION OF STUDENTS AND PRACTICUM EXPERIENCES

A. Grades

Grades for clinical assignments are based upon weekly performance in the completion of the assignment and demonstration of minimal or better competence on the ASHA KASA standards. Opportunities for remediation may be provided if needed during the semester if competence is not demonstrated by midterm. The evaluation of students incorporates the numeric grade and the successful demonstration of KASA competencies when assigning a final letter grade. **Students must meet SLP Standards to earn a passing grade.** Failure to demonstrate clinical competence will result in a grade of C or lower and will require that the practicum be repeated, and/or academic probation or dismissal from the program (see the 2 C rule, section E). Any grade less than a B- does not reflect successful completion of the practicum and demonstration of clinical competence. Therefore, **clock hours will not be awarded if a clinical assignment is not successfully completed with a grade of B- or better. Students who earn a C+ or lower must repeat the practicum.** Upon successful completion, some clock hours from the initial experience may be awarded at the discretion of the supervisor in consultation with the Clinic Director. Failure to complete a practicum successfully may likely result in a delay in further practicum assignments and graduation. The student must meet with the Clinic Director to reschedule all remaining practica. Grades are typically not rounded up. See the syllabus for specific information about the grading scale for each practicum.

B. Incompletes

A grade of incomplete can only be assigned if the criteria established by USF have been met. An incomplete in a practicum must be resolved to the satisfaction of the clinical instructor(s) or the student may not be eligible for subsequent practica. A contract following

the terms designated by the University and outlining the time-frame and terms of completion of a grade of “Incomplete” must be developed by the supervisor and student, in consultation with the Clinic Director. The contract must follow the guidelines established by USF. Clock hours will not be awarded until successful completion of the practicum assignment according to the terms of the contract.

C. Evaluations

Students receive a midterm and final evaluation. The evaluation will be completed on the SLP Clinic Feedback Form which includes the Clinic Grade Form, Mid-term and Final Skill Report and the Standards Competency Form. An explanation of each category is included. Students are also asked to evaluate the supervisors. The university has established an electronic system to complete the evaluations of supervisors and they will email details to complete the process. **Do not** complete the evaluations in the presence of the supervisor.

D. Clinical Assistance Program

The purpose of the Clinical Assistance Program (CAP) is to provide extra clinical supervisory support to those students identified by their supervisors as needing extra assistance. The following procedures will be implemented.

1. Initial identification of an at-risk student should occur and be officially documented by or before the clinic midterm evaluation week of the designated semester.
2. Criteria for initiating a CAP include the following, but may not be limited to:

A score less than 3.1 (below a grade of B-) in **any** of the 5 skill areas assessed (INTERACTION AND PERSONAL QUALITIES, ADMINISTRATIVE/WRITING FUNCTIONS, EVALUATION, INTERVENTION, ETHICAL CONDUCT/CLINICAL PROBLEM- SOLVING), as indicated by the appropriate USF-SLHC Daily Session Evaluation Forms and/or Mid-Term Evaluation Form.

3. The clinician will be notified in writing, via the Clinical Assistance Form (CAF) by the primary CAP supervisor.
 - a. The clinician and supervisor(s) are required to sign and date the CAF.
 - b. The date indicated on the CAF becomes the official **start date** for any CAP.
 - c. A copy of the CAF will be forwarded to the Clinic Director and the Practicum Coordinator. The Clinic Director will attend the Clinical Intervention Plan (CIP) Conference to establish the criteria for successful completion. The CAP Supervisor(s) and/or the student may also ask the Practicum Coordinator to attend the meeting.
4. An individualized Clinical Intervention Plan (CIP) Conference will be scheduled to establish the CAP criteria. The criteria for a CAP must include the following, but may not be limited to:
 - a. Specific skill areas targeted for intervention, e.g., Dx or Tx.
 - b. Documented specific competencies to be developed within each skill area.

- c. Cooperative development of specifically targeted competencies.
 - d. Documentation of whether or not the criteria for each competency was met, utilizing the CAP coding system (see CAP legend) by the CAP Supervisor.
5. Criteria for Completion of a CAP. Completed criteria must reflect a + (met criterion) in each competency goal and competency rating of greater than or equal to 3.1 (B-) in each of the applicable areas. Any student failing to meet this criterion may:
- a. Receive a grade of "C" or lower in the designated practicum.
 - b. Be required to repeat the designated practicum.
 - c. Be counseled by the CAP Supervisor, Clinic Director, and/or the appropriate Academic Program Director, regarding future options. The Practicum Coordinator may also be consulted.

E. Failing Student Policy

If a student earns a "C" or less in a practicum, the student must complete the required interim remediation before repeating the practicum:

- Remediation will be offered as a practicum section (1 credit hour) and should be taken the semester immediately following the failing grade, excluding summer.
- If remediation is not completed successfully, it will be considered the student's 2nd "C" and the student will be dismissed from the program.
- The schedule for remediation and retake is as follows:

Fail in fall semester – remediation in spring – *retake in fall*
Fail in spring semester – remediation in fall - *retake in spring*
Fail in summer semester – remediation in fall - *retake in spring*

- The student may be allowed to take the next scheduled practicum if deemed appropriate by the Clinic Director and SLP Academic Program Director.
- Under no circumstance should a practicum be split into two semesters/completed across more than one semester.
- ASHA clock hours should **normally** be awarded ONLY for the semester in which the student completes the practicum with a passing grade and successfully passes the CAP. However, there may be circumstances when some ASHA hours could be awarded to a student with a "C" grade. In these instances, the hours will count at the discretion of the supervisor and Clinic Director.
- Areas that are not passed with a "B-" or better are not considered areas of competence.

V. DOCUMENTATION OF CLINICAL EXPERIENCES

A. Documentation of Clock Hours

At the end of each semester of clinic at the SLHC, students are responsible for totaling the number of client/patient contact minutes completed during the semester,

reviewing the contact minutes with the supervisor and recording them in the CSD data base (<https://www.typhongroup.net/easi/login.asp>). Instructions will be provided by the supervisor and Clinic Program Assistant. **Report clock hours in actual time, NOT rounding to the nearest quarter hour.** Once the supervisor has reviewed and accepted the hours, the supervisor will approve the hours electronically. The student should print a clock hour summary each semester and maintain in a secure place for the student's personal record.

At the end of each semester in off-campus placements for Clinic IV and Externships, students are responsible for totaling the number of client/patient contact minutes completed during the semester and recording them on **two original ASHA Clock Hour Forms (hard copy)**. Be sure to use the forms provided in the student workroom because these are labeled as official USF clinic hour forms. **Report clock hours in actual time, NOT rounding to the nearest quarter hour.** There can be **no white-outs or mark-throughs** on these sheets. Be sure the supervisor **prints and signs** his/her name, and provides an ASHA number so that there are **two originals**. One original should be submitted to the Clinical Program Assistant for entry in the data base and so that one original can be posted in the student's permanent file. The remaining original should be retained by the student in a secure place for the student's personal record.

B. State Licensure Requirements

Due to the current difference in documentation required by state licensure boards and ASHA, the Department continues to document both clock hours and competencies demonstrated in clinical experiences. Clock hours include direct client/patient contact. Students are responsible for identifying the specific licensure requirements of the state or states in which they seek employment after completion of program requirements.

VI. CLINICAL SUPERVISION

The minimum percent of direct supervision required is 25% per client and ASHA recommends that the level of supervision should be commensurate with the student's abilities and experience. Supervisors and students are jointly responsible for compliance with this requirement. Students **MAY NOT** engage in therapy or diagnostics if their supervisor is not present unless the supervisor has arranged in advance for a substitute. In the event of an emergency, see the Clinic Director for assistance.

Supervisors use a variety of observation summaries/checklists to provide feedback on clinical sessions. Please check with individual supervisors to review comments and suggestions. Timely implementation of supervisory feedback is critical to the student's professional growth and development.

VII. PROCEDURAL SAFEGUARDS

A. Accidents

If anyone has an accident or becomes seriously ill in the clinic, notify the supervisor or another faculty member, immediately. Call campus emergency (911) for assistance if appropriate. In the event of minor injuries, first aid kits are located outside the Clinic Program Assistant's office on the shelf in the cabinet. Even if the injury is minor, notify the

supervisor and the Clinic Program Assistant to document the accident. An incident report must be completed before the end of the day.

B. Seizure Procedure

1. Keep calm and have someone notify the supervisor. A seizure cannot be stopped once it has started. Do not restrain the client/patient or try to revive him/her.
2. Clear the area around the client/patient of hard, sharp or hot objects which could injure him/her.
3. Do not force anything between his/her teeth. If the client/patient's mouth is open, place a soft object (i.e., handkerchief) between his/her teeth.
4. Turn the client/patient's head to the side and make sure the breathing is not obstructed. Loosen tight clothing.
5. Carefully observe the client/patient's actions during the seizure for a full medical report later. When the seizure is over, let the client/patient rest if he/she wishes.

C. HIV/AIDS/BLOODBORNE PATHOGENS

Our clinic has a non-discriminatory policy. As a result, students may be assigned a client/patient with HIV/AIDS/BLOODBORNE PATHOGENS. Unless the client/patient discloses this information during the interview or on the case history form, the clinic faculty may not know the client/patient has HIV/AIDS. Please read the information from ASHA (**available on line at asha.org**) to be an informed and knowledgeable professional. Maintain universal precautions for all client contact. Additionally, all student clinicians are required to complete a course on HIV and Bloodborne Pathogens prior to the beginning of clinic in the first semester of the program of study. Students are responsible for any costs associated with these certifications (<http://consultantsforthefuture.com/>).

D. Infection Control Procedures

Complete infection control training will be provided during self-study course and practicum orientation. This section is intended to acquaint students with the general precautions needed in treatment.

Clinicians should make sure to update medical history at the beginning of each semester on each client/patient. This should include the medications being taken and a check that client/patients under 18 have immunization records documented if the client/patient is receiving ongoing therapy.

Clinicians should wash their hands thoroughly before and after each client/patient, after removing gloves, after going to the restroom, after applying cosmetics and after cleaning. Clinicians must ALWAYS wear gloves when exposed to bodily fluids and disinfecting work areas. Clinicians will not handle contact lenses or cosmetics in treatment areas. Clinicians may have water in treatment rooms to model adequate hydration for clients. Clinicians **may not eat** in treatment rooms unless the refreshments are part of the treatment plan and have a therapeutic purpose. In the case of food and beverages in use during treatment, all clinicians and clients handling refreshments must wear gloves.

Surfaces such as table tops, mirrors, chairs, etc should be cleaned and disinfected. Disinfectant materials are stored in each room. Clinicians must wear gloves when using disinfectant. This is a two-step process. First the surface is wiped with a paper towel. Then

surface is sprayed with Cavicide and wiped (or wipe with Sani-Cloth). Lastly spray surface again with Cavicide and leave it wet (or wipe again with Sani-Cloth and leave wet). These products may be harmful if they come in contact with skin or eyes. **DO NOT EXPOSE CLIENT/PATIENTS TO THESE PRODUCTS.**

E. Sanitary Procedures for the Pediatric/Preschool Areas

Sanitary procedures are necessary to ensure that the rate and spread of illness is minimized in the clinic's pediatric population. Sanitary procedures include and involve hand-washing at regular intervals, before snacks, after assisting clients with toileting, after using tissues and after sneezing or coughing. It is imperative that toys and materials that have come in contact with bodily fluids (e.g. placed in the mouth, exposed to open sores or discharge from the nose) are disinfected.

The protocol for disinfecting toys is as follows:

1. A plastic container will be located in the closet between the preschool rooms. The container will be labeled "Toy Cleaning". The container is not to be removed from the area.
2. Any toy used during group or individual sessions should be placed in the "For Cleaning" bin.
3. Following group and individual sessions, all the toys are to be sprayed with cleaning solution. Toys will remain in the container until the end of the group "wrap up" session with the supervisor.
4. At the end of the "wrap-up" meeting, clinicians will remove the toys from the bin, dry them, and return them to their original location.
5. Each clinician is responsible for cleaning the toys used during their individual session, and returning them to the original location.
6. Each clinician is responsible for cleaning and returning the toys used during their respective group activity.
7. If the toy cannot be sprayed without destroying the item (e.g., books, puppets, etc.); disinfectant wipes will be available. Wear disposable gloves while cleaning these toys with a disinfectant wipe. The disinfectant wipes will be disposed of with the gloves in the trash cans in the pre-school room.
8. The disinfectant **wipes are not to be used to clean toys that can be sprayed with the cleaning solution.**

It is the group responsibility to clean materials and make sure they are returned to their original location so the next group can use them.

Waste contaminated with cerumen, drainage, saliva, etc. must be carefully disposed of in appropriate trash bins. Toys should be sprayed with disinfectant or placed in a dishwasher hot water cycle of greater than 155 degrees. Nuk brushes must be sprayed with disinfectant and let dry for 7-10 minutes. They then should be rinsed and placed in an individual plastic ziploc bag or tupperware container.

F. Procedures for General Safety

During the day-to-day provision of services in the Clinic, it is important to follow basic procedures to ensure the safety of clients, caregivers, clinicians, supervisors and others in the facility. The following basic procedures must be followed:

- Parents must remain in the Clinic when services are being provided for child clients (child clients cannot be dropped off and picked up after the session)
- Clients must not be left unattended
- Clients at-risk for falling should be escorted by the clinician or caregiver
- Clients using transportation provided by other agencies may need assistance at the drop-off/pick-up area in front of the lobby (first floor)
- Furniture and toys CANNOT be placed in hallways or moved to other treatment rooms/clinic areas
- Hallways cannot be obstructed

G. Procedures for Evacuation of the Building

In the event of fire or emergency, warning indicators (strobe lights, siren, and voiced instructions) will engage. Faculty and staff should secure the clinical areas and building by giving directions to students and client/patients, making sure that all interior doors are closed, and assuring that everyone evacuates the building. Clinicians should remain with their client/patient and assist them throughout the evacuation. Walk calmly and in an orderly fashion.

Evacuation of the third and fourth floors will be completed using the stair well at the rear of the building. After exiting the building, proceed to an area a safe distance from the building.

Those on the first floor should use the main entrance to leave the building and should proceed to an area a safe distance from the building.

Clinicians, clients/patients, and individuals in the waiting area on the second floor who are able to walk safely using stairs should exit using the stairs to the playground. Proceed to an area a safe distance from the building. When the stair well at the rear of the building is cleared, clinicians and supervisors on the second floor should take client/patients who are not ambulatory (wheelchairs, walkers, etc.) to the second floor landing in the stair well. Do not attempt to take clients/patients in wheelchairs down the stairs in the wheelchair. The stair well has a two hour fire wall. Remain with the client/patient until the fire/rescue team arrives. Notify the team that we have individuals who need to be evacuated.

Do not use the elevator. Do not re-enter the building until fire/rescue signals all clear and that it is safe to return to the building.

VIII. FACILITIES

A. Mailboxes

Student mailboxes are located in PCD 2031. Each graduate student will be assigned a mailbox at the beginning of each academic year. **PLEASE EMPTY ALL MAILBOXES THE LAST WEEK OF EACH ACADEMIC YEAR.** The mailboxes will be re-alphabetized during the semester break prior to the new academic year. If a student is not assigned a mailbox, please notify the Clinical Program Assistant immediately.

B. The Student Workroom

The student workroom is located in PCD 2031. It is open to all students for planning, study and work purposes. The following items are housed in the student workroom:

1. Lockers. Lockers for therapy materials and personal belongings may be rented from NSSLHA. See NSSLHA Advisor for procedure. Please empty all lockers the last week of each academic year.
2. Resource Library. Materials such as texts, journals, etc. are to be found on shelves in the Student Workroom.
3. Toys & Materials. Toys and materials are organized on the shelves in the Student Workroom. These materials are available for use in therapy sessions. All materials used must be returned promptly following the session. **No materials are to be left in the therapy rooms or observation rooms.**
4. Computers. Computers are provided for student use in completing assignments related to clinical and coursework assignments. **They are not for personal use.** The building has wi-fi capability and students may use personal laptop computers to complete assignments.
5. Printer. The printer in the student room is for student use. Students use their USF ID card to pay for printing. Do not attempt to use a credit card or other debit card. This printer is serviced by USF- IT department. If you need assistance please contact their IT Help Desk @ 813-974-1222.

C. Center Playground Policy

The Center playground located to the south of the PCD building is for the exclusive use of client/patients and clinicians for therapy purposes. Client/patients must be accompanied by a clinician at all times. Clinicians should not take a client/patient to the playground without a supervisor's consent. No parents and siblings are to use the playground unless accompanied by a clinician and/or supervisor. Their presence should be for clinical treatment purposes only.

IX. BUDDY – MENTOR PROGRAM

Students in SPA 4050 (Pre-practicum) may be assigned a graduate student as Mentor. The Mentor/Buddy assignments are made in the second week of clinic. Graduate students are assigned Buddies by the instructor of the SPA 4050 class. Undergraduate students participate in observation of their mentor on a weekly basis. The undergraduate students are eager to support graduate clinicians in any way. They cannot be involved in the actual treatment or evaluation unless the mentor's supervisor has approved their participation. They will ask questions and review files related to the assignment. Please accept this extra responsibility graciously and conscientiously. It is important that our undergraduate students feel a part of the Department.

X. ASHA/USF CLINICAL REQUIREMENTS FOR SLP

Up to 50 clock hours at the undergraduate level **may be** applied toward the minimum of 400 clock hours required by ASHA. A minimum of 375 clock hours in the major area must be in direct client/patient contact and 25 hours in clinical observation. The number of hours accepted by the Department will be determined by the Clinic Director. Depending upon the number of hours and the type of experience, one Externship may be waived. See the Clinic Director for an appointment to review undergraduate hours. For students who have no previous clinical clock hours, the following practicums will be required:

A. Practicum Assignments in Speech-Language Pathology

Assignments for each practicum will include the following. Completing the **minimum** number of clock hours for each will **NOT** meet the total required for graduation and ASHA certification. The following is an estimate of clock hours per practicum. Please note that there is some variability in clock hours due to the length of each semester and the variability in client assignments.

Practicum – Clinic I,II,III & IV	Credit Hours	Assignment/ Min. Clock Hours
Voice/Fluency/Neurogenics	3	At least 2 individual clients, or 1 individual with group, minimum of 2 evaluations and 2 screenings. Approximately 50 hours.
Language/Phonology	3	At least 2 individual clients, or 1 individual with group, minimum of 2 evaluations and 2 screenings. Approximately 50 hours.
Specialty Clinic	2	Summer sessions (Hours vary)
Advanced Practicum	4	Tx and Dx; group and/or individual clients and other clinical activities for a total of 16 hours a week; some opportunities for off-campus placement; aprx. 75 clk. hrs. MINIMUM of 8 hours of direct contact required.
Off-Campus Placements	Credit Hours	Assignment
Externship I	6	Variable (min. 24 hrs/week); aprx. 85-100+ clk. hrs.
Externship II	6	Variable (min. 24 hrs/week); aprx. 100+ clk. hrs.

*Students will be required to observe sessions periodically throughout the semester.

Be aware of opportunities to earn clinical clock hours through screenings, extra clinical assignments, and/or specialty practicum. Periodically, volunteer opportunities are made available. **It is the student's responsibility, with departmental assistance, to complete a minimum of 375 clock hours and 25 hours of observation during his/her academic career.**

Students may be required to attend scheduled practicum meetings as required by the supervisor. Additional blocks of time may also be required. Before finalizing semester schedule, check with individual practicum supervisor.

Procedures for each practicum are subject to change for a variety of reasons including availability and presenting diagnosis of clients. Please refer to the most current syllabus for each practicum to assure that procedures are being followed.

B. Practicum Meetings

Practicum meetings may be held weekly for each practicum. Several practica make attendance at the practicum meetings mandatory with points deducted from the final grade for unexcused absence. Meetings consist of discussions about the management of services provided for clients, sharing therapy ideas, getting help with problems encountered in therapy, literature reviews, and announcements pertinent to clinic operations. A client presentation also may be required during the term. Practicum meetings are also scheduled for externships.

XI. CLIENT FILES

All clients seen in the clinic must have a permanent file in PCD 2000C. Consult the clinical program assistant and the supervisor regarding procedures for establishing a new file. Use of client files must comply with HIPAA guidelines. As of January 2016, USF-SLHC will be using the EPIC system for electronic documentation. Further training on the use of the EPIC will be provided once the system and protocols for our clinic are established.

A. Sign-Out Procedures

Sign out the client's permanent folder by filling in the required information on the sign-out sheet located in PCD 2000C. Ask the Clinical Program Assistant or supervisor for details of this procedure. **CLIENT FOLDERS MAY BE REVIEWED IN THE DEPARTMENT, AND/OR STUDENT WORKROOM (PCD 2031). ALL FOLDERS MUST BE RETURNED BY THE END OF EACH DAY. NO PARTS OF THE FILE MAY BE COPIED OR REMOVED. When returning the file, place in the plastic bin located on the floor of Room 2000C and sign the file in on the same sign-out sheet. No identifying information may be copied by the student taking notes from the file. Any violation of these procedures is a breach of ethics and may result in a change in student status.**

B. Active: In Therapy

Permanent folders are located in the Clinic Office (PCD 2000C) and are classified under ACTIVE In the file drawer for Speech-Language Pathology. Active folders are filed alphabetically.

C. Waiting for Therapy

To obtain information on clients who have previously been evaluated and recommended for speech-language or aural rehabilitation therapy, locate the file cabinet drawer labeled WAITING FOR THERAPY. Folders are filed alphabetically.

D. Diagnostics (Speech-Language)

When a client is scheduled for an evaluation, the folder is filed in PCD 2000C and is placed in the top file drawer behind the name of the Clinical Supervisor in charge of the evaluation.



E. Inactive Files

In order to locate an inactive client file, a file number must be obtained. The client names are listed in alphabetical order in card files located in PCD 2000D. Upon locating a client's name, his/her file number is listed in the upper right corner of the card. The file number is then used to locate the desired client folder. The file numbers are indexed by semester #-year-and order in which the case history form was received + S for Speech file (i.e., 2-90-14S- Semester II, 1990, 14th file).

F. File Organization

Client folders are organized into six sections on colored backings (located in the student workroom). All material must be filed in the appropriate order. All reports and other material are filed in chronological order from oldest (on bottom) to most current (on top) on each backing. The organizational sections and colors of the backings are, in order from top to bottom:

1. Yellow Backing – Final Therapy Reports

All protocols are located directly under the appropriate report including any from initial measures. Most recent reports should be stacked on previous reports.

2. Pink Backing – Diagnostic Reports completed at USF-CDC

Summary letter to parents/client and all protocols are located directly under the report.

3. Red Backing – Audiological Reports

All audiograms and tympanogram data are included. This includes audiograms and reports from other agencies. Reports should be filed chronologically, with the most recent report on top.

4. Green Backing – Hearing Aid Information

All hearing aid notes and other information pertaining to hearing aids

5. Orange Backing – Correspondence/Background Information

Includes parent inquiries; letters to parents other than evaluation summary letter; and all other information from other agencies including medical update information

6. Blue Backing – Case History and Release Forms

XII. THERAPY PROCEDURES

A. Scheduling

After receiving client assignments for a given practicum, student clinicians should follow the supervisor's directions for contacting the client(s). Individual clients are typically scheduled for 30-60 minute sessions twice weekly. **Clinicians should reserve the last 5-10 minutes of each session for conferencing and/or restoring order in the treatment room.** It is also necessary for clinicians and clients to leave promptly after each session so that the next session may begin as scheduled.



When scheduling clients, give your name, the supervisor's name, and the Clinic Program Assistant's name and phone number (813-974-9844). **Clients should be instructed to contact the Clinic Program Assistant if they have questions about parking pass, billing or payment for services. They should also be instructed to contact the program assistant if they are unable to attend a session.** When the clinic office is notified of the cancellation, a notice will be placed on the bulletin board located in the student workroom. It is recommended that clients write necessary phone numbers and names on the back of their parking pass so that they always know where to locate the desired information in the event they need to contact the Center.

B. Absences

To ensure that clients receive a full therapy session, they must arrive on time. If clients find it necessary to miss a session, they should notify the clinician and the clinic in advance. Make-up sessions may be arranged if scheduling permits. **If the client misses three sessions, he/she is subject to dismissal.** If **clinicians** must cancel a session, it is mandatory that the session be rescheduled unless the client is unable to attend a make-up session. **Always clear make-up sessions with the supervisor in advance.**

C. Therapy Room Sign Up

After the client case load has been confirmed, the supervisor will work with the Clinic Program Assistant to schedule rooms in Outlook. Clients are typically scheduled for one-hour sessions. If rooms must be changed, your supervisor will notify the program assistant of the change so the master schedule can be updated. If for initial measures or other reasons, a room is needed for one or two days, please place a tiny post-it with your name and the date(s) on the appropriate time/room in the schedule notebook (printed copy) for which you wish to reserve the space.

Each therapy room has furniture assigned to it. **Please make sure that the assigned furniture remains in the appropriate room. Equipment/furniture is not to be left in the hallways at any time due to fire safety regulations.**

D. Therapy Room Preparation

Before each therapy session, check the therapy room for the following:

1. Be certain that both client and clinician are in camera range.
2. Be sure that all materials have been gathered and organized for the session. **Temporarily** store materials for therapy in the cabinet.
3. **NEVER LEAVE THE CLIENT UNATTENDED** in the treatment room.
4. Do not leave any valuables unattended in the therapy room or in the student workroom.
5. Be sure to complete infection control procedures.
6. Do not tape or staple any materials to the walls, floor or doors.

E. Client Sign-In



Clients should be instructed to sign in with the Clinical Program Assistant when they arrive for each session. The program assistant or billing personnel gives each client the billing form to be filled out during the initial therapy visit. The client will receive a semester parking permit during their initial visit. Clients are to park in the parking places designated as "CSD/PSY Clients" on the north side of the PCD building (Lot 9C), the south side (Lot 9A), the west side (Lot 10). Clients should NOT park in a Reserved (indicated with a stenciled number) or Handicapped space unless the client has the appropriate permit.

F. Baseline Measures

The first week of clinic is reserved for initial testing and completion of baseline measures for each client. Initial reports/outlines are then written for each client and submitted to the supervisor for approval. Any variations in the schedule will be announced by the immediate supervisor. **Report writing and necessary revisions are time consuming; therefore, be prepared to set aside sufficient time to complete, make required changes and receive approval for each report.**

G. Observation

Supervisors and fellow students will observe therapy sessions. Parents or visitors must obtain permission to observe sessions from the supervisor. Only persons directly related to the intervention process may observe. **Children are not allowed in the observation areas.** Encourage parents to make arrangements for siblings who are not old enough to wait independently in the waiting room while they observe. Every student is invited to observe therapy sessions as often as possible. However, **always** check with the supervisor first. The supervisor may not want observers for particular sessions or there may already be several observers scheduled. Parents/supervisors take priority for seating. Students completing observation hours in the Clinic must sign up for observations using the sheets in the schedule book. Recording and photography of sessions by parents and/or caregivers is not allowed.

H. Materials and Equipment

Throughout the semester, the use of video equipment may be required or desirable. Recording is generally achieved using the digital system set up in the clinic.

Equipment such as mirrors and hearing aid test kits are housed in individual treatment rooms. Diagnostic tests and treatment materials are kept in PCD 2030. A clipboard with sign-out sheets for daily in-clinic use of this equipment is located on a shelf in PCD 2030. Reserve all tests in advance on the calendar located in PCD 2030.

If a student wishes to check tests or programs out overnight:

Check the calendar in PCD 2030 to be sure that the test has not been reserved (If we only have one copy of the test it cannot be taken out when reserved. If we have multiple copies, it may be checked out.)

1. Locate a blue slip kept in the front of the file box on the shelf and fill it out.
2. Obtain a supervisor's or the clinical program assistant's signature.
3. File the slip in the box **alphabetically under the name of the test.**
4. **Check out the entire test/program. Do not remove manuals or portions of the material.** Keep the entire set together. If only the manual is needed, copies of manuals are available for check-out and are located in the bottom file cabinet drawer.



5. **Tests may be checked out from 4:00–5:00 p.m. Monday through Thursday and 2:00-5:00 p.m on Fridays.**
6. Tests and materials must be **returned by 9:00 a.m.** the following morning (Monday morning for tests checked out on Friday).
7. **When returning the test/kit/program, be sure to have a supervisor or the clinical program assistant verify the return by his/her initials on the blue slip.** The blue slip is then placed in the box marked for returned materials.
8. Be certain items are replaced properly.

Protocols are located in the file cabinet in PCD 2030. **If a protocol is removed and 5 or less remain, write the name of the test on the form taped to the cabinet.** The graduate assistant will check the form weekly and replace any protocols needed.

Materials that may be used for treatment activities such as books, games, cards, etc. are also located in PCD 2030 and the student workroom. These materials may not be removed from the clinic. **They are to be used exclusively for treatment/diagnostics, not to entertain waiting children.** Parents should be encouraged to bring toys from home for siblings. Safe toys are provided in the Waiting Room.

A comprehensive inventory list is in a notebook in PCD 2030.

I. Treatment Plans

A copy of the treatment plan format to be used in each practicum will be distributed or posted on Canvas during practicum orientation. Students are responsible for making copies for each of the clients' treatment sessions. Treatment plans/SOAP notes are made in duplicate with the original placed in the **working file** located in the supervisor's office or supervisor workroom in PCD 2008D and a copy kept by the student clinician for use during the session. A copy will be provided for the SPA 4050 student(s) to review when requested via e-mail at least 24 hours prior to the session. Such requests will be directed to the graduate clinician responsible for the session.

Supervisors sign in and out on the treatment plan or feedback form and log each time a student is observed. The first session will not state a percentage or cumulative time. Each subsequent plan must have the cumulative times and percentages. Percentage of supervision is determined by dividing the cumulative supervised time by cumulative treatment time.

Each supervisor will have specific instructions as to where the treatment plans should be placed for easy access for the supervisor. For instructions, see the supervisor.

J. Report Writing

1. An **Initial Report/Outline** that includes goals, rationales, and baseline measures is required for each client. **All rough drafts are to be double-spaced and submitted in hard copy.** Drafts submitted electronically should be single spaced. The supervisor will provide a specific outline and instructions on writing the report. **NOTE: The first draft of the report is the draft that is graded.** The **Initial Report** is filed in the **working folder** located in the supervisor's office.



2. A **Final Report** is written at the end of each semester. It summarizes the work with each client as well as final measures taken. The supervisor will provide an outline for the report. Clinicians submit a rough draft of the report (**all rough drafts are to be double-spaced; electronic drafts are single-spaced**) with protocols from testing, on which the supervisor writes comments for revisions. After a final review by the supervisor, the final draft of the report will be single spaced, printed, signed by supervisor and clinician and filed in the client's permanent file located in the clinic office. Identifying information is added at the time of printing/completion in the Department. If the report is to be sent to the parent/client, it should be paper-clipped to the top of the file and given to the Clinic Program Assistant (**do not staple or punch holes in the report**). ONLY the clinic program assistant sends reports from the Clinic.

K. Permanent File Update

At the end of each practicum, each client's permanent file is to be updated. Inside the front cover, indicate Semester/Year, Sessions Attended, Recommendation, Clinician (your name) and Supervisor's name. If parents/client are contacted by phone concerning problems such as scheduling, early dismissal, etc., enter date (including year), explanation, clinician's initials, and supervisor's initials under "Comments" inside the back cover. On the front cover of the file, **in pencil**, indicate status of the client (Active, Inactive, Waiting Tx) including the term and year. In addition, the Eligibility/Discharge Checklist should be completed with the supervisor and filed in the permanent file.

XIII. DIAGNOSTIC PROCEDURES

Rooms PCD 2002 and PCD 2006 are reserved for evaluations. Other clinic rooms will be utilized for evaluations based upon room availability. Students are responsible for setting up evaluation materials before each evaluation. Permanent files are located in PCD 2000C in the top drawer of the file cabinet behind the divider labeled with the supervisor's name. Students are responsible for checking out and returning files properly. Follow the procedures for use and storage of recorders and video outlined in section I. D.

Students work individually or in teams of two. They are responsible for confirming appointments several days prior to the evaluation and the night before the evaluation. A formal report is written for each evaluation as well as a letter to the parent/client summarizing test results. Reports should be completed promptly and signed. The clinical program assistant is the **only** person authorized to send/distribute reports generated by the Center. **No reports** are to be sent/distributed by student clinicians. Other procedures are explained by the practicum supervisor.

XIV. ADVANCED PRACTICUM PROCEDURES

In the second year of the graduate program of study, students who are "on track" with the program of study will complete Clinic IV, Advanced Practicum (in the clinic or in a designated off-campus setting), Externship I (off-campus) and Externship II (off-campus). Given the size of the graduate program, all students cannot complete these assignments in the same semester. Students will be assigned by the Clinic Director to a semester for each of the three remaining clinical practica. During Spring Semester of the first year, the



Clinic Director and supervisors will review student performance and SLP competencies completed by students. Students will be tracked for completion of these assignments during the second year of their program of study.

Advanced practicum, like externships, provides an opportunity for clinical experience which has not previously been completed during the prior semesters of practicum. The goal is to offer clinical experiences which allow targeted specialization, a higher level of independence, a larger and more rigorous case load and the opportunity to learn about mentorship and serve as a mentor for first year graduate student clinicians. Therefore, students in Advanced practicum may be required to complete clinical hours during days not indicated in the clinical calendar.

At the beginning of the semester before a student is scheduled for Before the end of the semester, the Clinic Director will finalize placements and notify students of their assignments for Advanced Practicum for the following semester.

Fall semester Advanced Students are responsible for screening the new incoming students. Your assigned supervisor will provide you with information regarding the screenings.

XV. EXTERNSHIP PROCEDURES

During the first three weeks of the term prior to the intended externship, students attend the **required** orientation meeting to obtain a student packet for externships from the Externship Coordinator. Check e-mails and the bulletin board in the student workroom for announcements and notices of the date and time of the meeting. **In order to be eligible for an externship, the student must attend the meeting, must be in good academic standing (must not have an active CAP or must have successfully exited the CAP before the end of the semester; must not be on academic probation), and must have successfully completed or be in the process of completing all scheduled in-house practica.** Procedures for selecting and scheduling a placement will be explained in detail at the meeting. If there is a class conflict with the day/time of the application meeting, schedule an appointment with the Coordinator.

Complete the application included in the packet by listing all courses and practica completed, the term taken, grade achieved, or term course will be taken. Update and print a current clock hour summary. Update the clock hour summary, and upload a copy of liability insurance, background check results, immunizations, HIPAA, HIV, and a copy of BLS (CPR) card (documenting that certification will be current throughout the placement). Choose one possible site from the sites with current Memorandum of Agreement listed on the SLP Externship Site List posted on Canvas. A current Memorandum of Agreement/Affiliation Agreement must be completed and on file in order for a student to initiate the externship experience. Students are not permitted to participate in clinical activity at sites without affiliation approved by the Department, the Dean and USF Office of General Counsel. Check the ring binders in the Student Room (PCD 2031) or Canvas for information about sites used in the past. Review the site list to identify additional requirements of the site (such as immunizations, professional liability insurance, background checks, drug screen, etc.). Requirements are posted on the site list posted on Canvas. Typically, all sites serving child clients require fingerprinting and background checks for compliance with state legislation. These are requirements of the site and



compliance is not optional. Students are responsible for any costs associated with compliance with these requirements. Other sites not listed on our current list may be considered, but must have a Memorandum of Agreement completed before the site can be approved for externship (see Externship Coordinator for more information concerning procedures to establish a Memorandum of Agreement). **Students must not contact externship sites unless directed to do so by the Externship Coordinator.**

When the application is completed and approved by the Externship Coordinator the application will be returned with a memo stating that it has been approved, and providing contact information for arranging an interview with the site. **Make the appropriate number of copies** of the application to take to the interviews and schedule an appointment with each approved site. Be prompt and present a professional appearance.

When both student and Externship Supervisor are in agreement, the Externship Placement Approval form is then signed by the student, the Clinic Director, the Director of the Speech-Language Pathology Academic Program, the Externship Coordinator, and the Externship Supervisor. The original is placed in the student's permanent file, one copy is given to the student, and the other copy is kept by the Externship Coordinator. Students are required to be at the externship site a minimum of 24 hours a week for 12 weeks or the equivalent. Many sites require 32-40 hours per week.

XVI. TRAINEESHIPS

The Tampa Bay community offers several traineeships in speech-language pathology to graduate students at USF. Timelines for application vary and will be announced by the Externship Coordinator. An application for the traineeship may be obtained from the Externship Coordinator who will explain the procedures. Any student holding a graduate assistantship must submit his/her resignation upon accepting a paid traineeship. It is the policy of the Department that no student may complete a graduate assistantship and a paid traineeship simultaneously.



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Addendum A

Dear Graduate Student,

Today you participated in a speech, language and hearing screening as a new student enrolled in our Masters of Science program. We appreciate your patience with receiving the screening and salute you on your commitment to providing best practices to the clients/patients that you will serve throughout your career.

During the screening you were asked to perform several tasks that serve as a baseline to assist with determining your readiness for clinical practice here in our clinic as well as externally. This screening reflects various requirements from standard V-B of the SLP Certification Standards through ASHA.

Our findings and recommendations are as follows:

Hearing Screening: _____Pass _____Refer

Speech and Language Screening: _____Pass _____Refer

Specific area(s) of difficulty include:

_____Speech Production

_____Fluency of Speech

_____Voice

_____Pragmatics

A clinical instructor from our program will contact you to further discuss these results and assist you with a plan to explore options for improving in the identified areas.

If you should have additional concerns feel free to contact the clinic director.

Please maintain a copy of this document for your records.

Student Name: _____ Date: _____

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Further Information:

1. All students will receive a Pass/Fail rating for both speech/language and hearing. Documentation of the screening results will be kept in the student's clinical file, which is maintained by the Clinic Director.
2. For those students who fail the speech-language screening, a formal speech-language evaluation will be scheduled. Keep in mind that this evaluation may only focus on an aspect of the students' speech or language (e.g., voice, fluency, articulation, etc.). It will be the student's responsibility to contact the Clinic Director for an appointment within one week of the screening.
3. For those students who fail the hearing screening, a formal audiological evaluation will be scheduled. It will be the student's responsibility to contact our Audiology Clinic @ 813-974-8804 for an appointment within one week of the screening.
4. Following the evaluation, it is expected that the student will follow through with all recommendations for treatment and/or referral for further testing. Documentation of the same will be required and kept in the student's clinical file. **Failure to comply by the first semester will result in the student being placed in a remediation plan. As a result, students are not allowed to move forward with the clinical practicum rotations. Please refer to the handbook regarding the remediation guidelines.**

A clinical instructor from our program will contact you to further discuss these results and assist you with a plan to explore options for improving in the identified areas.

If you should have additional concerns feel free to contact the clinic director.

Please maintain a copy of this document for your records.

Student Name: _____ Date: _____

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DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS**

I have read and agree to abide by the codes, policies and procedures of the Communication Sciences & Disorders Academic and Clinical Handbooks, and ASHA's Code of Ethics.

I agree to follow the guidelines set by the USF-CDC for compliance with Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).

I am aware that failure to comply with these regulations and procedures may result in my dismissal from the program and/or legal liability.

Printed Name

Signature

Date

*This form must be signed before permitting for Spring classes.

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