Speech Clinic Policies and Procedures Handbook

Intended Recipients: Graduate Student Clinicians and Clinical Instructors in Speech-Language Pathology

Department of Communications Sciences and Disorders
Speech-Language Pathology

Fall Semester 2020 through Summer Semester 2021

Note: USF Graduate School provides a 2020-2021 Graduate Catalog **online and all students are expected to adhere to those policies. Policies and procedures described in this Speech Clinic Handbook and specific to the SLP Clinical training program are in addition to the Graduate School requirements.**
LINK: https://catalog.usf.edu/index.php?catoid=12

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INTRODUCTION

The Speech-Language Pathology (SLP) practicum assignments are an essential educational component of the SLP graduate program. The purposes of this document are to acquaint students with clinical policies and procedures, serve as a reference throughout the clinical experience, and provide details regarding responsibilities of graduate student clinicians during clinical assignments.

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 which includes but is not limited to race, sex, age, religion, national origin, sexual orientation, or disability. Discrimination is not tolerated and such acts will result in removal from the program.

Confidentiality

Students are required to follow departmental policies and Health Insurance Portability and Accountability Act (HIPAA) of 1996 policies regarding confidentiality. The HIPAA requirements apply to the use, storage, and/or electronic transmission of patient related information 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

Further, a Speech-Language Pathology graduate student enrolled in the program and any clinical rotation is required to have completed and to maintain a current HIPAA training certification (renewed annually) which is provided through an online training affiliated with USF Health. The due date for completion of this training will be during the first semester enrolled in the program and will be provided by your Clinical Instructor or the Clinic Director; an annual training renewal is mandatory in the second year of the program. The student should keep a copy for him/herself and follow program requirements to turn a copy in for records of the program. Failure to comply with HIPAA laws and regulations is considered to be significant and may result in termination from the program.

Sensitive Material

Sensitive information includes but is not limited to information 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…). Subjective details and 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).

DOCUMENTATION OF CLINICAL REQUIREMENTS AND EXPERIENCES

Typhon

The Department will refer students to a specified, professional document storage (https://www.typhongroup.net/ahst/index.asp?facility=9140) company to electronically manage and store all pre-clinic documentation and certifications including, but not limited to:

- BLS/CPR certification
- Immunization record
- Professional liability/malpractice insurance
- HIPAA training certificate
- Observation hours' records

Students will work with the identified company throughout the program of study to manage essential documentation. This provides a centralized, electronic 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 the USF Speech-Language-Hearing Clinic (USF SLHC) and in externship placements. **Students are also responsible for any associated costs.**

Upon entering and beginning the program, the Clinic Director will create an account for you in Typhon. You will be notified via email to confirm activation of that account. Please do so in a prompt manner (within 24 hours) as the link will expire 24 hours after the notification.

PREREQUISITES FOR PRACTICUM ENROLLMENT

Speech-Hearing Screening

Prior to enrollment in and/or participation in direct patient care clinical practicum experiences, each student in the SLP graduate program must participate in a speech and hearing screening. This screening must be completed during the first semester of enrollment as a graduate student. If any area is identified as needing intervention, resources and recommendations will be provided (Addendum A).

Background (Live Scan)

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. **Students are responsible for any costs associated with the background check process.**

Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR)

All students must have documentation of a training course in basic life support (BLS) for infants, children, and adults. The Department will provide students with approved sources for completing these requirements. Barring any University-wide limitations, students must complete CPR training prior to **enrollment in and/or participation in direct patient care clinical practicum experiences**. Certification in BLS must be maintained through completion of the graduate program. **Students are responsible for any costs associated with these certifications**. Current proof of certification must be uploaded to Typhon.

HIPAA Training

Students must complete the self-study program designated by the Department and must upload a copy of the certificate of completion to their personal account on Typhon in order to initiate clinical assignments. Follow all instructions and deadlines designated by the Clinic Director and Clinical Instructors.

Professional Liability/Malpractice Insurance

USF Self-Insurance now covers all CBCS students for professional liability insurance, including all CSD graduate students both in the university clinic and in outside settings such as externship, advanced practicum clerkship, etc.

Given the cost of equipment and to ensure coverage in all circumstances, **we require students carry their own professional liability insurance ($1,000,000 per occurrence/$3,000,000 aggregate coverage) throughout enrollment in the program of study.** The preferred vendor is Healthcare Providers Service Organization (HPSO). To begin the process, go to: www.hpso.com

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.

Observations

ALL students should have documentation of a minimum of 25 guided observation hours of assessment or treatment provided by an ASHA CCC-SLP.

As completion of observation hours is required prior to entering the graduate program, students are responsible for uploading the hours into Typhon during the first few weeks of the program, as directed by the Clinic Director. 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 photocopy**) **signed form** with the name and ASHA number of the person who certified the guided observation hours.

NOTE: If the observation hours were completed via Master Clinician with the USF Speech-Language Clinic Director, please print a Master Clinician report detailing 25.0+ completed and approved guided observation hours and collect the Clinic Director's signature of approval to certify the guided observation hours. Upon completion of collecting signature on those guided observation hours, upload the form to Typhon.

If the observation hours have NOT been completed prior to entering the graduate program, contact the Clinic Director.

FACILITIES

SLP Graduate Student Mailboxes

Student mailboxes are located in PCD 2031/the Student Workroom on the second floor of CSD. 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 between Summer and Fall semesters prior to the new academic year. If a student is not assigned a mailbox, please notify the Clinical Service Assistant and/or Clinic GA(s) immediately.

The Student Workroom

The student workroom is located in PCD 2031. It is open to all graduate student clinicians for planning, study and work purposes; however, please note that during the COVID-19 pandemic,

sitting will be limited, on a first-come, first serve basis, and prioritized for those assigned to clinic on-site that day or preparing for evaluations. Please respect the space by keeping it clean and organized. **Food and non-water beverages are NOT permitted; you may have a water bottle**. Please speak respectfully and kindly to and of one another and others. Be sensitive about the topics of discussion taking place and be aware of the parties (e.g., patients) who are within listening distance. Further, **due to the need for adequate circulation during the COVID-19 pandemic, the door must remain open**; thus, verbal communication volume should remain at a normal speaking volume, when possible.

During the COVID-19 pandemic, students must gain written permission from their lab Clinical Instructor to be on site to prepare for evaluations on a day other than their assigned clinic day. Further, it is mandatory that students write their name and date on the sign in sheet in the Student Workroom and/or the Adult Group Room on each date they are physically present.

The following items are housed in the student workroom:

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**.

Feedback box: There is a feedback box with slips of paper provided for students to share positive experiences and comments as well as questions and concerns. This process is anonymous. The Clinic GAs will empty the box periodically and share information with the Clinic Director.

Assessment Manual Filing Cabinets: Manual copies for diagnostic tools (stored in PCD2030) are stored in a filing cabinet in the Student Workroom.

Toys & Therapy Materials: Toys and materials are organized on the shelves in the Student Workroom. **During the COVID-19 pandemic, these materials are not available for use in therapy sessions, unless the Clinic Director provides approval.** When approved or outside of the COVID-19 pandemic, toys and materials must be signed out and signed back in when returned (materials sign out binder is found in PCD 2031). Following completion of any session, all materials must be cleaned properly and returned promptly. **No materials are to be left in the therapy rooms or observation rooms.**

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. **During the COVID-19 pandemic, personal laptops are highly encouraged; however, if not possible, the on-site computers may be used and should be cleaned after each use. See cleaning station in the Student Workroom for cleaning materials**.

Printer: The printer in the student room is for student use. Students use their USF ID card to pay for printing. Students get 22 free prints daily. 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 the IT Help Desk @ 813-974-1222.**

Clinic Playground Policy

The Clinic 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 Clinical Instructor's consent. No parents and siblings are to use the playground unless accompanied by a clinician and/or Clinical Instructor. Their presence should be for clinical treatment purposes only.

Further, graduate student clinicians, faculty, and staff may use the outdoor playground space to take face mask breaks and to eat snacks/lunch. Please maintain physical distancing practices. For water drinking, students should follow physical distancing practices for the purposes of removing their mask briefly to drink water.

CLINICAL CONDUCT

Consequences of Misconduct

The following subsections of Clinical Conduct outline clinical conduct expectations of students. Should a student violate these expectations and/or demonstrate misconduct, the Clinical Instructor of record will report the misconduct to the Clinic Director who will confer with the Program Director and the Chair. Any violation or misconduct could result in immediate dismissal from a clinical placement and impact academic standings in the Masters Speech-Language Pathology clinical program.

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 (see Addendum). Further, students are expected to review the Code of Ethics at the onset of each new clinical rotation or semester and/or when working with a novel patient population.

Professionalism and Cultural Sensitivity

The academic and clinical faculty members of the USF Speech-Language Hearing Clinic and the Department of Communication Sciences and Disorders value and maintain high expectations of the utmost professionalism including student demonstration of consistent, professional behavior. The Speech-Language Hearing Clinic is a recognized service provider in the Tampa Bay area. The on-campus clinic serves as the primary facility for clinical training for graduate students enrolled in Speech-Language Pathology and Audiology practicum.

Students are required to conduct themselves in a professional manner as reflected in their demeanor, dress, and written and oral exchanges. When in the on-campus clinic, academic environments, and community-based settings, students must comply with all policies and procedures associated with USF clinical assignments and academic contexts; therefore, attire and behavior should reflect professionalism. Students are also expected to comply with

the policies associated with sites external to USF (e.g., externship sites). Adherence to professional expectations will be taken into consideration when calculating individual student grades on assignments or assessments as well as the overall course grade. Students will sign a professionalism contract in their first semester enrolled in the program (see Addendum) and may be asked to review and sign it again in the second year of the program.

Student clinicians should remember they are practicing under the licenses of the Clinical Instructors. That relationship may result in Clinical Instructors' very specific and particular requirements for completion of documentation and performance of clinical duties.

The use of non-sexist, person-first and professional language is expected in written assignments and in class discussion. Guidelines are available in the Publication Manual of the American Psychological Association (APA).

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. Absences are NOT excused unless they are specifically acknowledged by the respective Clinical Instructor on a case-by-case basis.

Attendance to weekly client/patient sessions is required. Student clinicians must arrive 30 minutes prior to the first scheduled appointment in clinic or on telehealth to accomplish all pre-session responsibilities, including preparation of all materials and supplies in the clinical on-site or remote environment, disinfection of the therapy room, pre-session consultation with the Clinical Instructor, greeting the client/patient and any other duties designated. If an emergency arises and the student clinician expects to be late or absent on the day of a session, contact your Clinical Instructor clinical instructor immediately.
The sequence of notification is as follows:

1. Call and email your primary Clinical Instructor for that client/patient if you are calling before 9am
2. After 9am email and call your primary Instructor again. If still unable to reach them call the clinic office at 813-974-9844 and ask to speak with your Instructor or one of the Instructors on the floor.

If a client/patient 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 Clinical Instructor for instructions.

Attendance for seminar and other mandatory meetings: Weekly meetings and other meetings as set by the Clinical Instructor and/or Clinic Director require attendance as the meetings may be used as a forum to discuss clients, review clinical techniques, and to meet KASA Standards. Attendance includes punctuality, active listening, providing appropriate collegial and supportive feedback, appropriate response to questions and topics under discussion, and pragmatically appropriate behaviors. Instructors will attempt to give you at least 48 hours' notice

of additional meeting times; however, **circumstances may necessitate a last-minute meeting and your attendance will be required.** In the event of an absence due to an emergency (health, family) the student is required to notify their Clinical Instructor prior to the scheduled meeting time and if possible, arrangements will be made for the student to attend by other means (Microsoft Teams, phone, etc.).

Absence(s) Due to Medical Reasons: Student absence due to medical reasons (yours or your immediate family's) on a clinic day or a day that an assignment is due requires notification provided to your Clinical Instructor prior to class/session. Written verification of the reason for the absence may be requested; see COVID-19 procedures (CSD Policies for 2020 Clinical Operations; CSD Instructions for handling COVID-19). If written verification is requested by a Clinical Instructor or the Clinic Director, the documentation must be on physician letterhead or prescription paper and should include a "fit to perform clinical duties" statement before the student is allowed to return to clinical/academic assignment activities.

Absence(s) Due to Religious Observances: Students are expected to notify their Instructors at the beginning of each academic term if they intend to be absent for a class or announced examination due to a religious observance. Students absent for religious reasons, having previously informed their Clinical Instructor at the beginning of each academic term, will be given reasonable opportunities to make up any missed work.

For any excused absences, discuss missed assigned clinic sessions with your respective Clinical Instructor(s) upon your return; the makeup of missed sessions is at the discretion of your Clinical Instructor. Refer to the syllabus for procedures specifically designed for each practicum.

Dress Code

Participation in clinic is viewed with importance equal to that of a job. The USF-CSD Speech-Language Hearing Clinic is a professional environment and attire during clinical hours should reflect professionalism. When present on clinic floors (1st and 2nd floors), students must dress appropriately during clinic hours (typically Monday through Friday 8a-5p). NO extreme or casual clothing is allowed at any time when on the clinic floors (e.g., clothing that is TOO: tight, thin, short, low or high cut or clothing that exposes too much skin). Questions regarding dress should be directed to your Clinical Instructor or the Clinic Director.

Clothing while not working with patients: When NOT working directly with patients/their families and on clinic floors 1st and 2nd, students are required to dress professionally and adhere to the following:

- Monday through Thursday: Professional attire at ALL times. NO jeans or shorts allowed. NO hats or baseball caps. Closed toe shoes at ALL times.

- Friday: Casual Friday – Jeans allowed BUT they cannot have rips or holes. NO shorts allowed. NO athletic wear (e.g., leggings). NO hats or baseball caps. Closed toe shoes at ALL times.

Clothing and Badge while working with patients: Student clinicians are required 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. Clinical Instructors will indicate if there are practicum activities when scrubs will not be worn. ***Please note that scrubs should be clean and pressed when worn in clinic.*** *Wrinkled clothing is unprofessional and will not be allowed.*

*For details regarding mandatory face mask wearing and face shield use, see additional documents (*CSD Policies for 2020 Clinical Operations; CSD Instructions for handling COVID-19).

Mandatory Scrubs

The following is a list of the approved Cherokee and Greys Anatomy scrubs sold through **Discount Uniform** on Fletcher Avenue (NOTE: the location will change to University Plaza on Bruce B Downs/Fletcher in the Target shopping center in November 2020). Students will receive a 10% discount (be prepared to show your student id). The approved tops must have a USF Speech-Language Pathology logo monogrammed on them (inform the staff at Discount Uniform that you are with the USF Speech-Language Clinic and they will choose the monogram logo that they have on file). Colors may NOT be mixed and matched. Pants (bottoms) can be ordered Petite, Regular, or Tall.

Approved Colors: Hunter (both brands) and khaki (Cherokee only)

Cherokee Brand Tops	**Cherokee Brand Pants**
Item 4700	Item 4200
Item WW657	Item WW005
Item WW610	Item WW110
Item WW620	Item WW120
Item 4777 (men's)	Item 4000 (men's)
Item WW670 (men's)	Item WW140 (men's)
Item WW690 (men's)	

Grey's Anatomy Tops	**Grey's Anatomy Pants**
Item 4153	Item 4232
Item 41452	Item 4277
Item GRST001	Item GRSP500
	Item GRSP005
Item 0103 (men's)	Item 0203 (men's)

*Note: Men's Grey's Anatomy not available in store, can be ordered.

Shoes: Due to the fast-paced nature of healthcare, it is important to wear shoes that are in good condition (e.g., NO visual wear and tear or holes). They must be clean, soft-soled, closed toe flat shoes. If a clinician is unable to wear flat shoes due to a medical condition, please provide the Clinic Director with written doctor's clearance for alternate footwear. Backless shoes are not to be worn. **Color choices for shoes should coordinate with your scrubs**. **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 shirt under scrub tops and/or a solid colored cardigan or scrub jacket over the scrub top. **Color choices for shirts include**: black, white, dark brown, khaki, green or other color that compliments the color of the uniform. **Hooded jackets and hooded sweaters** are **NOT** to be worn in clinic. Matching scrub jackets can be purchased but are not mandatory. Any sweaters/jackets worn in clinic should be fitting and not pose a hazard while working with clients and/or equipment. Cardigans or light jackets without hoods are permitted. **Lab coats 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., cleavage, tops of undergarments at the waist, etc.).**

Personal Hygiene: Students will exhibit excellent personal hygiene. Hair needs 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. Only shades of natural hair colors are permitted (e.g., blonde, brown, black, natural red shades, gray). No head coverings, scarves or hats are permitted unless they are part of religious requirements; during the COVID-19 pandemic, scrub caps are permitted. Adaptations may be made at the discretion of the Clinical Instructor in consultation with the Clinic Director.

Jewelry and body adornment: Piercing to the ears only will be allowed. NO facial piercings (e.g., eyebrows, nose, lips, tongue studs, etc.) are allowed on the clinic floor and on telehealth. Jewelry should not be distracting (e.g., large in size, loud). Large bracelets that clang on the table should be removed. **Tattoos must be covered at all times in the clinic and on telehealth. Clinical Instructors might ask students to leave clinic until these concerns are addressed (which will be reflected in professionalism grades)**.

Perfumes, make-up, and nails: Perfumes/colognes and fragrances should NOT be used at all due to patient sensitivity and allergies. Make-up should be understated and business appropriate. Dark, thick make-up is not acceptable. Nails should be kept clean and short to allow for adequate hand hygiene and use of gloves without tearing; nail polish is permitted as long as it is properly maintained and not chipped. **Determination of excessive make-up, nail appearance, and/or adornments will be made at the discretion of the Clinical Instructor and/or Clinic Director.**

Cell Phones and Smart Phones

Cell phones, smart phones and smart watches may be used as timing devices to track time during the sessions, but these devices 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/patient specifies therapeutic use of phones; thus, prior Clinical Instructor approval is required. Student clinicians are not to make or take personal phone calls or text messages during treatment sessions.

Authorized Personnel on Clinic Floors

The Speech-Language Hearing Clinics, located on the first and second floors of PCD, house clinics for the purposes of educating/training clinicians, conducting clinical research and providing clinical audiology and speech-language pathology services to patients of the Tampa Bay and surrounding communities. As such, the Clinics are 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 participating in activities related to education/training, clinical services or research. Therefore, students are required to wear their clinical badge at all times when on the clinic floor. Unauthorized individuals on the clinic floor should be brought to the attention of the Clinic Director, CSA, and/or immediate Clinical Instructor. Further, only the clinic entrance provided from the second floor waiting room will have an unlocked door. The door near the diagnostics storage room (PCD2030) and the bathrooms will remain locked due to safety and to limit the likelihood of unauthorized access.

Students/clinicians must refrain from bringing individuals (adults or children) to the Clinic 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 Clinical Instructor for assistance in determining a course of action.

Further, during the COVID-19 pandemic, traffic flow down the clinic hallway will follow a one-way movement pattern (entering at the waiting room and exiting near the diagnostics storage room, PCD2030).

Recording and Documenting Clients/Patients

All clinical sessions are recorded using a digital recording system installed in the clinic. To view the sessions, students will sign into the computers in the Student Workroom. Sessions can be viewed using the installed software (see Addendum). Under no circumstances are the sessions 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 Clinical Instructor the need for further review and the Clinical Instructor can download and save that session.

During the semester, each student or team will be required to record and document sessions. The Clinical Instructor and the student clinician will identify the method to be used for recording/documenting. **The clinician must review the client's file to assure that the release form is signed by the client/patient or caregiver.** Typical sessions recorded/documented include, but are not limited to: evaluations, initial measures for treatment, therapy sessions, therapeutic procedures, final measures and client/patient 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 Clinical Instructor, co-clinicians, or individual(s) approved by the Clinical Instructor.

For Telehealth sessions conducted on Microsoft Teams, sessions may be recorded. **The student clinician must review the client's file to assure that the release form is signed by the client/patient or caregiver.** Further, the Clinical Instructor will maintain the recording on Box and delete it following the student clinician's review.

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 Clinical Instructor and will be recorded on any documentation which is transmitted, stored via any source outside of the Department, and stored in the working file. Throughout and before the end of the semester, the clinician will work with the Clinical Instructor and client/patient Service Assistant to finalize documentation and add identifying information prior to filing final reports and mailing documentation.

Another method for safely sharing documentation is via Box as the only individuals with access to those items are those who create the document and those who are invited to the document within the university. Students should acquire access to their box account via the USF Box account login/request link https://usf.account.box.com/login and be prepared to use this as a method of saving and sharing clinic files ONLY with Clinical Instructors and co-clinicians. If any information is shared with someone other than a Clinical Instructor or co-clinician, this is grounds for termination from the program.

Mailing Reports

The **Client Service Assistant** (**CSA**) is the **only** person authorized to send/distribute reports generated by the Clinic. Only final drafts which have been approved and signed by the Clinical Instructor will be disseminated. Clinicians must review the client/patient 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.

Paper client/patient Files

All clients who receive services in the Speech clinic must have a permanent file in PCD 2000C. Consult the client/patient Services Assistant (CSA) and the Clinical Instructor regarding procedures for establishing a new file. Use of client/patient files must comply with HIPAA guidelines.

Sign-Out Procedures for Paper Files

Sign out the client's permanent folder by completing required information on the sign-out sheet located in PCD 2000C. Ask the CSA or Clinical Instructor for details of this procedure. Students

may review client/patient **FOLDERS 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.**

Paper record retention

USF Health Retention Policy: Patient records shall be retained for a minimum of twelve (12) years, following the last date of service. Pediatric records will be retained until 24 years of age or twelve (12) years following the last date of service, whichever is longer. After the time period, patient records shall be destroyed. Patient records whether maintained in paper or electronic format, which are not being used for active treatment, payment or operations may be archived until the retention requirements are met.

Inactive records are housed in in the clinic in PCD 2009. This is a locked room and students should not access it unless they are given permission from a Clinical Instructor.

Patient File Status Types

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.

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.

Diagnostics: When a client/patient 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 Instructor supervising or conducting the evaluation.

Inactive: Inactive client/patient files are located in PCD 2009. In order to locate a client file, it is best to know which semester they were last seen, as the files are separated in a yearly order then in alphabetical order. If the client has more than one inactive folder, the information will be reflected in the center of the cover (e.g. file 3 of 3). The file number is the patient's MRN number.

Patient File Organization

Client/Patient folders are organized into six sections on colored backings (located in 2000C). 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) within each section.
In order from top to bottom, the organizational sections and colors of the backings are:

Yellow– Final Therapy Reports: discharge reports, end of semester progress notes. All protocols are located directly under the appropriate report including any from initial measures. Most recent reports should be stacked on previous reports.
Pink– Diagnostic Reports completed at USF-SLHC. Summary letter to parents/Client/Patient and all protocols are located directly under the report.
Red– 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.
Green– Hearing Aid Information: All hearing aid notes and other information pertaining to hearing aids
Orange– 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
Blue– Case History and Release Forms
Gray – Group Summary notes
Purple – Individual SOAP notes

Electronic client/patient Files

As of January 2016, USF-SLHC Clinical Services Assistants and Clinical Instructors utilize Epic for electronic scheduling and billing and electronic health record (EHR) access and maintenance. This system is closely monitored for HIPAA violations and students should only access their client's records. Access to records for clients not assigned to the student, including own personal records, is a violation of the privacy laws. Students do not generally have access to Epic.

CLINICAL ASSIGNMENTS

Assignment to Semester Practicums

Students should allow sufficient time for the Clinic Director and Externship Coordinator to finalize practicum assignments. Prior to the beginning of each semester, students will receive communication regarding the next semester clinical assignments.

General requirements

Weekly time commitment: Practicum assignments within the USF Speech Language Hearing Clinic (SLHC) require anywhere from 4 to 16 hours of direct client/patient contact time each week. Student clinicians must provide on-site **availability 5 days** per week to accommodate the schedules of the clients and Clinical Instructors. Additional time outside of direct client/patient contact hours is required for preparation, documentation and meeting with the Clinical Instructor.

Clinical Instructors provide 100% direct supervision while supervising in the USF Speech-Language Hearing Clinic (SLHC) both on-site and through telepractice.

Assignments Policy

Students may not register for a practicum unless it has been assigned and approved by the Clinic Director. For first year students, Clinic 1, 2, and 3 practicum rotations are assigned the first semester of admission into the program; Clinical Instructors for those rotations are assigned in advance of each semester. Upon written request presented to the Clinic Director, modification of the clinical assignment will be considered and can be made in extenuating circumstances. **It should be noted that these changes may delay graduation**. Additionally, **changes must be made before the semester begins and before clients have been assigned.**

Financial Compensation Policy

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 student in assigned stipend-funded positions.

Practicum Assignments in Speech Language Pathology

Completing the **minimum** number of clock hours in each semester 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/patient assignments and availability.

First Year	**Credit Hours**	**Assignment/ Min. Clock Hours**	**Grading**
Clinic I	3	Minimum of 6 simulation cases in class and 12 total hours of direct intervention participation in clinic and/or on telehealth in weekly sessions. Minimum 20 hours.	USF Grading Policy
Clinic II	3	Minimum of 2 individual therapy sessions and 1 group and/or community experience weekly. Minimum 40 hours.	USF Grading Policy
Clinic III	3	It should be noted that during summer sessions assignments/hours vary. Aim for 2 individual therapy sessions and 1 group and/or community experience weekly. Minimum 30 hours.	USF Grading policy

Students' rotations for the second year are determined before the end of the third semester (Summer 2020). Students are notified of their Fall 2020 rotations before the end of the third semester (Summer 2020) and notified each subsequent semester before the end of the previous semester (i.e., for Spring 2021 placement, notified in the end of Fall 2020). The following assignments are completed in the second year, and the order varies based on off-site placement opportunities and openings as well as student clinical performance and Clinical Instructor input.

Second Year	**Credit Hours**	**Assignment/ Min. Clock Hours**	**Grading**
Advanced Practicum Thesis (if applicable)	4 2	Treatment and diagnostic experiences with group and/or individual clients and other clinical activities for a total of 10-15 hours per week; some opportunities for off-campus placement; approx. 50-75 total clk. hrs. **MINIMUM** of 4-6 hours of direct contact required, <u>minimum of 50 hours per semester</u>.	USF Grading policy
Externship I	6	Variable (min. 24 hrs/week); aprx. 100-200+ clk. hrs per semester.	USF Grading policy
Externship II	6	Variable (min. 24 hrs/week); aprx. 100-200+ clk. hrs per semester.	USF Grading policy

There might be opportunities available to earn additional clinical clock hours through screenings, study abroad trips, community events, extra clinical assignments, research projects, etc. **Note: Most, if not all, of those opportunities are not likely during the COVID-19 pandemic**. 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.**

Student Learning Outcomes for Clinical Practica

<u>KASA knowledge and skills areas (2020 standards):</u>
The student will demonstrate at least minimal competence in KASA knowledge and skill areas (2020 Standards IV E, H; V A, B, C, D, E, F). The student will complete the minimum requirement of 400 clock hours of supervised clinical experience in the practice of speech-language pathology including 25 hours in guided clinical observation and 375 hours in direct client/patient contact by the end of the program of study (Standard V-C).

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. CS 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). Debriefing activities may not be included as clinical clock hours.

Procedure changes

Procedures for each practicum are subject to change for a variety of reasons including availability and presenting diagnosis of clients as well as natural disasters and local and global pandemics. Please refer to the most current syllabus for each practicum for details.

Practicum Labs and Meetings

Practicum labs and/or meetings may be held weekly for each practicum. Clinical Instructors reserve the right to require mandatory attendance at the practicum labs and/or meetings with points deducted from the final grade for unexcused absences. Labs and/or meetings consist of discussions about the management of services provided for clients, sharing therapy ideas, seeking help with problems encountered in therapy, literature reviews, ACE simulation and hands-on learning and training opportunities, and announcements pertinent to clinic operations. A client/patient presentation also may be required during the term. Practicum meetings are also scheduled for the semesters during which students are assigned to externship. Students may be required to attend scheduled practicum meetings as required by the Clinical Instructor. Additional blocks of time may also be required.

CLINICAL PROCEDURES

Scheduling

After receiving client/patient assignments for a given practicum, student clinicians should follow the Clinical Instructor's directions for contacting client(s). Individual therapy and conferencing time is based on client/patient needs and is planned in unison with your Clinical Instructor. It is also necessary for clinicians and clients to leave promptly after each session so that the next session may begin as scheduled.

The CSA in conjunction with the Clinical Instructors schedules clients. The Clinical Instructor may decide to include you in this process. However, DO NOT contact any clients unless specifically instructed by your Clinical Instructor.

Client/Patient 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/patient misses sessions, the decision to discharge is up to the discretion of the Clinical Instructor (see Speech Clinic client/patient attendance policy).** If **clinicians** must cancel a session, it is mandatory that the session be rescheduled unless the client/patient is unable to attend a make-up session. **Always clear make-up sessions with the Clinical Instructor in advance.**

Therapy Room Sign Up and/or Scheduling sessions for Telehealth

After the client/patient case load has been confirmed, the Clinical Instructor will work with the CSA to schedule rooms in Epic and/or telehealth sessions on Microsoft Teams. Future room and session changes are coordinated with the CSA. Clients are typically scheduled for one-hour sessions. If for initial measures or other reasons, a different room is needed for one or two days, notify your Clinical Instructor and arrangements must be made with the CSA to verify that the room is available.

Each therapy room has furniture assigned to it. Please note which items permanently belong in the treatment room based on the list posted near the door of each treatment room.
If the treatment room you are using is missing any furniture, please inform the CSA.
If you need to temporarily borrow furniture (i.e., for one session) from another room, please confirm that the piece(s) of furniture is(are) not needed in that room for that hour and if not needed, please only borrow the furniture for that one session. At the conclusion of your session, please place the furniture back where it belongs.

Please note: due to the COVID-19 pandemic, any cloth items are not permitted. All items must be cleanable with the solutions used in the clinic; thus, chairs will be covered in plastic and must remain covered at all times. If the plastic tears and the cloth is exposed, please inform the Clinic Director immediately.

Due to fire safety and accessibility regulations, equipment/furniture should never be stored in hallways.

Therapy Room Preparation

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

- Be certain both client/patient and clinician are in camera range.
- Gather and organize all materials for the session. **Temporarily** store materials for therapy in the cabinet.
- **NEVER LEAVE THE client/patient UNATTENDED** in the treatment room.
- Do not leave any valuables unattended in the therapy room or in the student workroom.
- Complete infection control procedures.
- Do not tape or staple any materials to the walls, floor, or doors. For temporary posting of materials to walls, only blue painters tape may be used. **During the COVID-19 pandemic ALL in use treatment rooms will be equipped with bulletin board paper to cover the walls for patients to point to projected assessment materials.**

Client/Patient Sign-In, payment and parking

Upon arrival for each session, all individuals will participate in a COVID-19 screening on the first floor of the CSD building. Following a passed screening, they will receive a sticker for their shirt. clients should be instructed to and must check in with the CSA on the **second floor**. The CSA collects payments or insurance co-payments. The client/patient 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/patient has the appropriate permit.

Communicating via Phone and Email with Clients/Patients

Per the request of the Clinical Instructor and/or for purposes of discussing upcoming appointments, graduate student clinicians might need to contact clients/patients via phone calls or emails. Do not be alarmed if a Clinical Instructor observes you making a call the first few times as he/she wants to confirm that you are following procedures and not revealing any personal health information.

Unless the Clinical Instructor directs the student to do otherwise, students should follow this protocol when making phone calls to clients/patients:

1. Use a clinic phone in PCD2000 on the second floor Speech Clinic OR ask your Clinical Instructor to use the phone in the Supervisor Room. DO NOT use your personal cell phone or home phone to contact clients/patients.
2. When the call is answered on the other end, follow this script:
3. If you need to leave a message, follow HIPAA guidelines and DO NOT leave any personal health information on the voicemail. Follow this script: "Hello. This is (state your name) graduate clinician in the USF Speech Clinic. Please call us back at the following number: _____." DO NOT state the patient's name or that you are calling in reference to an appointment in the Speech Clinic.

Unless the Clinical Instructor directs the student to do otherwise, students should follow this protocol when emailing clients/patients:

1. Before you send an email to a client/patient, confirm the email address either via phone or in person
2. Write an initial draft of the email and submit it to your Clinical Instructor for review.
3. Upon approval from your Clinical Instructor, send the email to the patient and ALWAYS CC your Clinical Instructor.
4. Follow HIPAA guidelines and DO NOT provide any personal health information in the email.
5. If a client/patient emails you, please do not respond until you have provided the email to your Clinical Instructor and he/she has approved a drafted response. ALWAYS CC your Clinical Instructor when you reply to client/patient emails.

Baseline Measures

The first week of clinic may be reserved for initial testing and completion of baseline measures for each client. Initial reports/outlines are then written for each client/patient and submitted to the Clinical Instructor for approval. Any variations in the schedule will be announced by the immediate Clinical Instructor. **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.**

Observation

Clinical Instructors and peers/fellow students will observe therapy sessions. Parents or visitors must obtain permission from the Clinical Instructor to observe sessions. Only students with permission and persons directly related to the intervention process may observe. **Children are not allowed in the observation areas**. Encourage parents to make care arrangements for siblings who are not old enough to wait independently in the waiting room while they observe; note that during the COVID-19 pandemic, no siblings are permitted on premises. Every student is invited to observe therapy sessions as often as possible; during the COVID-19 pandemic, only one observer per session is permitted. **Always** check with the Clinical Instructor first. The Clinical Instructor may not want observers for particular sessions or another observer may be scheduled. Parents/Clinical Instructors take priority for seating. Students completing observation hours in the Clinic must sign up for observations using the sheets in the Green schedule book, located in the Student Workroom. **Recording and photography of sessions is not allowed.**

Materials and Equipment

Recording of sessions is generally accomplished using the clinic digital recording system. All therapy rooms are equipped with a video camera that is motion activated.

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. Follow the documented and posted procedures for checking out and reserving assessment materials. Please contact the Clinic Director, your Clinical Instructor, or the clinic GAs if you need a copy of these procedures. Failure to comply with current checkout procedures may result in removal of privileges and the student will not be allowed to checkout test materials for a period of time designated by the Clinic Director.

Protocols are located in the file cabinet in PCD 2030, and copies of protocols are located in magazine files on the shelf in PCD2030. **If fewer than 10 (or 5) protocols remain, indicate the name of the protocol on the clipboard located on the skinny bookshelf by the door.** Use the same procedures if more copies of protocols are needed. The clinic GA will check the form weekly and replace any protocols if needed.

Materials that may be used for treatment activities such as books, games, cards, etc. are located in 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.**

Treatment Plans

Treatment plans will be completed ***weekly*** or as indicated by your Clinical Instructor. All sessions for the week will go on one treatment plan.

Treatment plans will be turned in electronically via Canvas prior to the due date / time (varies depending on clinical schedule; see Clinical Instructor for due dates/times). Treatment plans are filed only in the working file, not in the permanent record.

SOAP notes

SOAP notes are completed for ***each individual session***. These are the daily treatment note that will become part of the client's permanent medical record and will be submitted to third party payers when applicable.

SOAP notes must be reviewed and signed by the Clinical Instructor.

Make two copies of the SOAP note: give one to your Clinical Instructor (this will be scanned and sent to USF Health medical records for upload to the patient's EHR in Epic), the second copy goes in the patient's paper file.

Your Clinical Instructor may schedule a SOAP note meeting; please bring the patient's permanent file to this meeting.

Report Writing

For the Language Phonology practicum:

- A report will be completed during the semester that will summarize all treatment progress and/or assessments conducted.
- *Initial sections of progress summary:* Background/Current Information, Previous Evaluation Summary, Summary of Current Formal/Informal Measures (initial measure, assessment information only) include goals, baseline data, and procedures in past tense
- *Final sections of progress summary:* Summary of Current Formal/Informal Measures (final measures information), Additional Therapy Supports/Modifications Used, Current Goal Progress Section (final data and results and updated procedures), Summary and Clinical Impressions, Prognosis, ALL POC sections (complete through end of report)
- *Plan of Care:* The reports may contain a "Plan of Care" (POC), which is necessary for billing third party payers. The POC is submitted to the primary care physician, who will sign to authorize therapy.
- *Progress Summary Report:* this version of the report will be used when you are providing information about treatment progress. The purpose of this report is to summarize progress during the treatment period. This may be required at 3 month intervals during the authorized POC period by some insurance companies. A POC may not be necessary in LP and your Clinical Instructor will provide you will specific instructions in those instances.
- *Re-evaluation and POC Report:* this version of the report will be used when a reevaluation has occurred and a POC is written. This is typically needed every 6 months; however, Medicaid, Medicare, and some private insurances will vary. Consult with your Clinical Instructor regarding report needs. These reports will also contain information regarding the client's progress during the treatment period.

For the VFN practicum:

- *Initial evaluation and Plan of Care:* This document will include all evaluation results and the plan of care in one document. It will be faxed to the referring physician for his or her signature and then sent to insurance providers if needed.
- *Updated Plan of Care UPOC:* This will be a summary of the client's progress over the certification period with updated goals. This will also be sent to the physician for his/her signature and sent to insurance providers as needed. This occurs every 90 days for Medicare clients and at varying intervals for private insurance carriers. Your Clinical Instructor will provide details regarding specifics for your client.
- *Progress Report:* Medicare requires a "Progress Report" every 10 visits. This will be completed within the daily SOAP note and will be an extension of the "Assessment" section. This will be a summary of progress over the last 10 visits. Visits start with the evaluation as session 1.
- *Discharge Summary:* This document will be utilized for each client dismissed from therapy and serves as a summary of progress since the start of care with recommendations as needed. This will be sent to physicians as a courtesy, but a physician signature is not required
- For clients in our clinic treated for services not covered by insurance (i.e., Accent Reduction), please see your Clinical instructor for details on specific documentation requirements.

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 Clinical Instructor's name. If parents/Client/Patient are contacted by phone concerning problems such as scheduling, early dismissal, etc., enter date (including year), explanation, clinician's initials, and Clinical Instructor's initials under "Comments" inside the back cover. On the front cover of the file, **in pencil**, indicate status of the client/patient (Active, Inactive, Waiting Tx) including the term and year.

Diagnostic Procedures

In Clinic 2 and 3, when applicable, clinicians will be paired for full diagnostic evaluations held at USF-SLHC. A minimum of two evaluations per semester will be completed.

As is the case for treatment sessions, Clinical Instructors will coordinate room reservations with the CSA for evaluations.

Students are responsible for setting up evaluation materials before each evaluation. During the COVID-19 pandemic, the goal is for as little contact as possible on materials. Thus, elmo machines will project testing manuals on to clinical walls covered in bulletin board paper for the patient to point to the items on the wall without contacting any reusable, non-cleanable items.

Permanent files for clients who are scheduled for an evaluation are located in PCD 2000C in the top drawer of the file cabinet behind the divider labeled with the Clinical Instructor's name. Students are responsible for checking out and returning files properly.

Students are responsible for confirming appointments several days prior to the evaluation, and the night before the evaluation.

The CSA is the **only** person authorized to send/distribute reports generated by the Clinic. **No reports** are to be sent/distributed by student clinicians.

Other procedures are explained by the Clinical Instructor.

Clinical Supervision

ASHA requires a minimum of 25% direct supervision and also recommends a level of supervision commensurate with the student's knowledge, skills, and experience. Clinical Instructors and students are jointly responsible for compliance with this requirement. In order to comply with Medicaid, Medicare, and USF Health policies, the USF Speech-Language clinic SLP Clinical Instructors provide 100% direct supervision for all sessions. Students **MAY NOT** engage in therapy or diagnostics if their Clinical Instructor is not present, unless the Clinical Instructor has arranged in advance for a substitute. In the event of an emergency, see the Clinic Director for assistance.

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

Graduate Student Leadership Program

Students in the first-year cohort (graduating August 2022) will be assigned to a Clinical Instructor for clinical labs and direct clinical experiences; these assignments can be found in People/Groups within the Clinic I Practicum Prep Canvas course. Second year Advanced Practicum graduate students will assist the Clinical Instructors with labs and will participate in the direct clinical experiences. This will allow first year students to observe and learn from experienced Clinical Instructors and graduate student clinicians.

By mid-September of the first semester (Clinic 1), the first-year graduate students will participate in weekly clinical care sessions in collaboration with a second-year Advanced Practicum graduate student clinician. First year graduate students are expected to review client/patient files to gather pertinent information to prepare accordingly for the sessions.

The purposes of this Graduate Student Leadership program include:

1) First year students to gain clinical care and documentation experience in collaboration with an advanced graduate student clinician and provided support, guidance and feedback from a Clinical Instructor.

2) Second year graduate students to gain experience with leadership while considering the concepts of supervision.

First year graduate students will submit associated clinical documentation to their lab Clinical Instructor. First year graduate students are encouraged to ask questions while interacting with and learning from their Practicum Prep Instructors of Record and Lab Clinical Instructor.

EVALUATION OF STUDENTS AND PRACTICUM EXPERIENCES

Grades

In the context of direct clinical care, grades for clinical assignments are based upon weekly performance in the completion of the clinical care and documentation assignment and demonstration of minimal or better competence on the ASHA KASA standards.

Numeric grades are not rounded up. See the syllabus for specific information about the grading scale for each practicum and review the grading feedback form at the onset of the semester to learn the components and expectations. The evaluation of students incorporates the numeric grade and/or 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 letter of C or lower and will require that the practicum be repeated, and/or academic probation or dismissal from the program.

If significant deficiencies (below a B- in any area) are demonstrated at any point in the semester (especially at midterm and later), opportunities for remediation through the design and implementation of clinical intervention plans (CIPs) may be provided. Any grade letter 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 letter grade of B- or better**. **Students who earn a grade 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 Clinical Instructor in consultation with the Clinic Director. Failure to complete a practicum successfully will likely result in a delay in further practicum assignments and graduation. The student must meet with the Clinic Director to reschedule all remaining practica.

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. Any incomplete grade, must be completed the following semester. 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 Clinical Instructor 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.

Evaluations

Students receive a midterm and final evaluation grade with written feedback in all clinical rotations beginning in their second semester. For on-campus placement, 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. This same feedback form is introduced in Clinic I Practicum Prep course.

Students are also asked to evaluate the on-campus Clinical Instructors. The university has established an electronic system to complete the evaluations of instructors and they will email details to complete the process. **Do not** complete the evaluations in the presence of the Clinical Instructor.

Failing Student Policy

If a student earns a "C" or less in a practicum, the student must repeat the practicum:
If the student cannot complete the second attempt of the practicum successfully, it will be considered the student's 2nd "C" and the student will be dismissed from the program.

The schedule for repeating a practicum and retake is as follows:

First Year Clinic

Fail in Fall semester – retake in following Fall
Fail in Spring semester – retake in following Spring
Fail in Summer semester – retake in following summer
Each First Year Clinic path listed above delays graduation for 1 full year

Second Year Clinic

Fail in Fall semester – retake in Spring
Fail in Spring semester – retake in Fall
Fail in Summer semester – retake in Fall
Each Second Year Clinic path listed above delays graduation for 1-2 full semesters

Under no circumstance should a practicum be split into two semesters and/or completed across more than one semester. Further, a student may enroll in only one clinical practicum at a time; thus, a student cannot enroll in multiple practicums in the same 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 Clinical Intervention Program (see next section). 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 Clinical Instructor and in consultation with the Clinic Director.

Areas that are not passed with a "B-" or better are not considered areas of competence.

Clinical Intervention Program

The purpose of the Clinical Intervention Program (CIP) is to provide additional clinical training and supervisory support to those students identified by their Clinical Instructors as demonstrating needing extra assistance in certain competencies. The following procedures will be implemented.

- 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. In some unique circumstances, identification may occur after midterm.
- Criteria for initiating a CIP may include the following, but is not limited to:
  - A score less than 80 (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.
- The clinician will be notified via email from the Clinical Instructor of the need to establish a CIP in a CIP conference.
- Prior to the conference and using the data from written clinic feedback, the CIP will be drafted by the Clinical Instructor in unison with the Clinic Director and Program Director.

The criteria for a CIP must include the following, but may not be limited to:

- Specific skill areas targeted for intervention, e.g., Dx or Tx.
- Documented specific competencies to be developed within each skill area.
- Cooperative development of specifically targeted competencies.
- Documentation of whether or not the criteria for each competency was met, utilizing the CIP coding system (see CIP legend) by the CIP Clinical Instructor.

- An individualized Clinical Intervention Plan (CIP) Conference will be scheduled to establish and finalize the CIP criteria. The CIP conference will be scheduled with the Clinical Instructor, graduate student clinician, Clinic Director, and Program Director. During the CIP conference, the team will establish the criteria for successful completion. The CIP Clinical Instructor(s), Clinic Director, Program Director, and/or the student may also ask the Practicum Lead to attend the meeting.
- The final agreement agreed upon in the CIP conference will be documented in the CIP and via the Clinical Assistance Form (CAF) by the primary CIP Clinical Instructor(s). The graduate student clinician, Clinical Instructor(s), Clinic Director and Program Director are required to sign and date the CAF. The date indicated on the CAF becomes the official **start date** for any CIP.

Criteria for Completion of a CIP. Completed criteria must reflect a + (met criterion) in each competency goal and competency rating below an 80 (below a B-) in each of the applicable areas. Any student failing to meet this criterion may:

- Receive a grade of "C" or lower in the designated practicum.
- Be required to repeat the designated practicum with the CIP remaining in place.

- Be counseled by the CIP Clinical Instructor, Clinic Director, and Academic Program Director, regarding future options.

*If a student carries a CIP into a second semester, the CIP must be passed and the clinic course passed in order for the student to continue in future semester clinical rotations. If the student does not pass the second semester of a CIP, the student will be counseled by the CIP Clinical Instructor, Clinic Director, and Academic Program Director, regarding future options.

DOCUMENTATION OF CLINICAL EXPERIENCES

Documentation of Clock Hours

In-house rotations: At the end of each semester of in-house clinical rotations at the USF SLHC, students are responsible for totaling the number of client/patient contact minutes completed during the semester (using the self-calculating spreadsheet), reviewing the contact minutes with the Clinical Instructor, and recording them in the CSD data base (https://www.typhongroup.net/ahst/index.asp?facility=9140). Instructions will be provided by the Clinic Director, Clinical Instructor and/or Clinic Program Assistant. **Report clock minutes in actual time, NOT rounding to the nearest quarter hour.** Prior to semester checkouts, students are to complete the entry in Typhon, print a graphical summary, and provide 2 copies for signature to their Clinical Instructor. Once the Clinical Instructor has reviewed and agreed with the documented minutes, the Clinical Instructor will print and sign his/her name with ASHA # documented on the printed copies of the Typhon graphical summaries for the student file and approve the electronic entries. The Clinical Instructor will submit one printed and signed summary to the Program Assistant for the student file. The remaining original should be retained by the student in a secure place for the student's personal record.

Off-site rotations: 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 using the self-calculating spreadsheet and collecting off-site Clinical Supervisor signatures. **Report clock minutes in actual time, NOT rounding to the nearest quarter hour**. Prior to semester checkout meetings with their off-site Clinical Supervisor and USF Instructor of Record, students are to complete the entries in Typhon, print the associated graphical summaries, and provide 2 copies of each summary to their off-site Clinical Supervisor for signature. Once the off-site Clinical Supervisor has reviewed and agreed with the documented minutes, the off-site Clinical Supervisor will print and sign his/her name with ASHA # documented on the printed copies of the Typhon summaries. At Clinic IV/Externship check out, students will bring their grade forms and the signed Typhon hours summaries. One original should be submitted to Externship Coordinator or Clinic Director for the student's permanent file. The remaining original should be retained by the student in a secure place for the student's personal record.

Students might be asked to complete a survey/evaluation of their off-site clinical site at the end of the semester. This is helpful feedback for the program for future semesters and is designed as a method of collecting information for the purposes of Quality Improvement. The information is kept secure and will be used to improve policies, procedures, and processes.

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 clinical rotation may be waived; but this requires approval of Clinic Director and Program Director. In your first semester in the graduate program, please see the Clinic Director for an appointment to review undergraduate hours; you must have original signed proof of the hours (with undergraduate institution name and supervising CCC-SLP name, signature and ASHA #; minutes/hours in clinical care with age and clinical population accurately described) for the Clinic Director to review documentation and agree to accept those hours. For students with no previous clinical clock hours, the following practica will be required:

First Year	Second Year
Clinic I (Practicum Prep)	Clinic IV (Advanced Practicum)
Clinic II (LP or VFN rotation)	Externship I
Clinic III (LP or VFN rotation)	Externship II

In the second year of the graduate program of study, students who are “on track” with the program of study will complete, in no standard order: Clinic IV, Advanced Practicum (in the clinic or in a designated off-campus setting), Externship I (off-campus) and Externship II (off-campus). Students will be tracked for completion of these assignments during the second year of their program of study.

Assigning Second Year clinical rotation order

Given the size of the graduate program, all students cannot complete the second year clinical rotations in the same semester. Students will be assigned by the Clinic Director to a semester for each of the three remaining clinical practica. To determine the appropriate assignment order for each individual student, during the Spring and/Summer Semesters of the first year, the Clinic Director and Clinical Instructors will review student performance and SLP competencies completed by students; this evaluation includes a Clinical Instructor qualitative evaluation and a quantitative evaluation with calculation of student ranking based on grades earned in Clinic I Practicum Prep and Clinic II.

Advanced Practicum Procedures

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 observe and learn about supervision and leadership among a cohort of less experienced clinicians. Due to the advanced nature of this

rotation, students in Advanced Practicum may be required to complete clinical hours during days not indicated in the clinical calendar.

The Clinic Director will provide applications for Advanced Practicum (with a due date) as early as the Spring semester of your first year. The Clinic Director will use that information and academic and clinical performance data to finalize Advanced Practicum placements for each semester. The Clinic Director will notify students of their assignments for Advanced Practicum the semester before their assigned Advanced Practicum.

Fall semester Advanced Students may be assigned to screening the new incoming students and assisting with clinical labs and clinical sessions with the new student cohort. If this is part of your assignment, your assigned Clinical Instructor and/or the Clinic Director will provide you with information regarding the screenings, a leadership lecture/module, clinical labs, and clinical sessions.

Externship Procedures

During the Spring Semester of the student's first year (i.e., second semester) students attend a **required** externship orientation meeting to obtain a student packet for externships from the Externship Coordinator. Check e-mails and CANVAS 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 CIP or must have successfully exited the CIP before the end of the semester immediately prior to externship placement; must not be on academic probation), and must have successfully completed or be in the process of completing all scheduled in-house clinical practica.** Procedures for selecting and scheduling a placement will be explained in detail at the meeting.

1. 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.

2. Update the clock hours on Typhon at the end of each semester.

3. Upload a copy of liability insurance, immunizations, HIPAA, HIV, and a copy of BLS (CPR) card (documenting that certification will be current throughout the placement).

4. List at least 3-5 preferred sites from the sites with current Affiliation Agreement listed on the SLP Externship Site List posted on Canvas. A current 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 an Affiliation Agreement finalized and approved by the Department, the Dean, and USF Office of General Counsel. Check Canvas for information about externship sites and their current status. Other sites not listed on the current list may be considered but must have an Affiliation Agreement completed before the site can be approved for externship (see Externship Coordinator for more information concerning procedures to establish an Affiliation 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 placement process will begin. The Externship Coordinator will contact students as sites agree to consider students for placement and/or interviews.

Apply the following practices when interviewing for and/or confirming externship sites:

- **Make copies** of the application prior to submitting it to the Externship Coordinator so student can take a copy of the application to interviews.
- **Update your CV/Resume for all interviews.**
- **Schedule interview** appointments with the approved site **within 24 hours of receiving a Memo 4 form** and email from the Externship Coordinator.
- **Attend to email daily –** we would not want you to lose an opportunity due to lack of communication.
- **Be prompt and present a professional appearance while interviewing**, even for remote interviews, such as Zoom, Skype or Microsoft Teams.
- **Remember:** 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, some weekends and some holidays.

When both student and Externship Coordinator are in agreement, the Externship Placement Approval form is signed by the student, the Clinic Director, the Program Director, the Externship Coordinator, and/or the Externship off-site Clinical Supervisor. The original is submitted to the Externship Coordinator. Students and sites should make copies to keep for their own files.

*It is important to note that externship placements will be determined based on a combination of the following considerations:

- Student preferences documented on the Externship application,
- Student's previous clinical experiences,
- Student's needed areas (e.g., age, diagnoses) of clinical experience,
- Clinic Director's review of student's clock hour summary and KASA competencies,
- Clinical Instructors' feedback in qualitative and quantitative forms,
- Student performance in clinical practica rotations and academic coursework,
- and availability of sites.

Preferred sites are not guaranteed, and final placement decisions will be made at the discretion of the Externship Coordinator and Clinic Director.

Background Checks in Externship: Typically, all sites serving medically fragile and vulnerable 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.**

The Department of Communication Sciences & Disorders cannot guarantee a placement for externships.

Other Externship requirements: Review the site list to identify additional requirements of the site (such as immunizations, professional liability insurance, drug screen, CPR, higher level of background clearance, certain uniform protocols, and additional requirements that may be site specific, etc.). **Students are responsible for any costs associated with compliance with these requirements.**

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 may be asked to submit his/her resignation upon accepting a paid traineeship; however, in most cases, the traineeship site supervisors may be willing to reduce expected weekly hours on site. It is the policy of the Department that no student may complete a graduate assistantship and a paid traineeship simultaneously.

State Licensure Requirements (Specific to Florida): **The Department of Communication Sciences & Disorders cannot guarantee 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.**

PROCEDURAL SAFEGUARDS

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, Clinical Instructors and others in the facility. The following basic procedures must be followed. **Please note: during periods of necessary elevated safety precautions (e.g., COVID-19 pandemic), additional procedural safeguards may be enforced; see additional documents provided by the Clinic Director for details**.

1. Parents must remain in the Clinic when services are being provided for minor clients (minor clients cannot be dropped off and picked up after the session). The requirement is the same for Telehealth sessions.
2. Minor clients must never be left unattended, including on Telehealth sessions.
3. Clients at-risk for falling and/or needing mobility assistance should be escorted by the clinician or caregiver.
4. Clients using transportation provided by other agencies may need assistance at the drop-off/pick-up area in front of the lobby (first floor).
5. Furniture and toys CANNOT be placed in hallways or moved to other treatment rooms/clinic areas.
6. Hallways cannot be obstructed.
7. The clinic will maintain one unlocked entrance from the waiting room in the second floor. The second door that enters the clinic (near PCD2030 and the bathrooms) will remain locked to limit access to unknown parties and for safety purposes. Please only use this door as an exit from the clinic and if it is unlocked, please notify the Clinic Director.

Accidents

If anyone has an accident or becomes seriously ill in the clinic, notify the Clinical Instructor 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 Client Service Assistant's office on the shelf in the cabinet. Even if the injury is minor, notify the Clinical Instructor and the Clinic Director to document the accident. An incident report must be completed before the end of the day.

Seizure Procedures

1. Ease the person to the floor.
2. Turn the person gently onto one side. This will help the person breathe.
3. Clear the area around the person of anything hard or sharp. This can prevent injury.
4. Put something soft and flat, like a folded jacket, under his or her head.
5. Remove eyeglasses.
6. Loosen ties or anything around the neck that may make it hard to breathe.
7. Time the seizure. Call 911 if:
    1. the seizure lasts longer than 5 minutes
    2. a caregiver mentions the individual has no history of seizures
    3. the patient has a health condition such as diabetes or heart disease or is pregnant.

https://www.cdc.gov/epilepsy/about/first-aid.htm

HIV/AIDS/Bloodborne Pathogens

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/**).

Our clinic has a non-discriminatory policy. As a result, students may be assigned a client/patient with HIV/AIDS/BLOODBORNE ILLNESS. 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 Bloodborne pathogens information from OSHA provided at this link:
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Universal precautions: Maintain universal precautions for all client/patient contact. This includes handwashing, use of Personal Protection Equipment (PPE), Cleaning of contaminated surfaces (see below), and Safe handling/disposal of contaminated material.
https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html

Please note: during a pandemic (such as COVID-19 pandemic), extra precautions may be in place and those procedures will be documented and shared by the Clinic Director.

Bio-hazardous waste management

POLICY: To provide guidelines for management of bio-hazardous wastes to control exposure to staff, patients, and the public to disease causing agents.

PROCEDURE: The USF Speech-Language Hearing Clinic facilities (Speech-Language Clinic, the Hearing Clinic, and the Bolesta Center) will rarely contain bio-hazardous waste. When a bio-hazardous waste incident occurs, the waste will be packaged, labeled and stored to meet Florida requirements.

In this document, provider refers to Speech-Language Pathologists or Audiologists.
The State of Florida specifically defines biomedical waste in the Florida Administrative Code. It is: *Any solid or liquid waste which may present a threat of infection to humans, including nonliquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included: (a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried. (b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.*

Body fluids include: Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. ***Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood****.*

Bio-hazardous waste will be identified by the healthcare provider and segregated from other solid waste at the time it is identified as such. Any bio-hazardous wasted mixed with hazardous waste will be managed as bio-hazardous waste.

The following guidelines will be followed by providers:

1. Identify bio-hazardous waste for separation from non-bio-hazardous waste in the area where the objects became contaminated with items identified as biomedical waste in the Florida Administrative Code . All clinical rooms will hold impermeable red polyethylene or polypropylene plastic bags for quick access during emergencies.
2. Contain bio-hazardous waste (so that no discharge or release of any waste occurs).

3. Package bio-hazardous waste, except sharps, in impermeable red polyethylene or polypropylene plastic bags; close all filled bags by tying them in a tight knot and placing in the large, red storage containers constructed of smooth, easily cleanable, impermeable materials.
4. Packages of bio-hazardous waste must be handled in a manner to maintain their integrity and the handler must wear gloves.
5. All on site storage of bio-hazardous waste will be in a designated area away from general traffic flow patterns and accessible only to authorized personnel. The doors of the identified rooms are labeled as a room containing bio-hazardous waste.
    a. USF Speech and Language Clinic:
        i. Designated (red can) bio-hazardous waste receptacle will be housed in PCD 2009.
        ii. All clinical rooms will hold impermeable red polyethylene or polypropylene plastic bags for quick access during biohazard waste emergencies.
        iii. Upon opening and/or closing of clinical rooms, CSA will check bio-hazardous waste receptacle daily and notify the Clinic Director if there are items in the container.
6. Bio-hazardous waste may not be stored longer than 30 days.
    a. The 30 day time period will commence: When the first item of bio-hazardous waste is placed into a red bag.
        i. When an item is placed in the box, the provider will write the date on the attached log.
        ii. When the provider places waste in the container, they must notify the Clinic Director.
7. All bio-hazardous waste generated at the Clinic will transfer off site for treatment and disposal by the USF Environmental Health and Safety department.

CSD contact for Bio-hazardous waste disposal:
Teresa Anthony, MA, CCC-SLP, Speech Clinical Director TIAnthony@usf.edu

BCS contact for Bio-hazardous waste disposal: Stefan Phekoo sphekoo@usf.edu

USF Environmental Health and Safety contact for Bio-hazardous waste disposal:
Wilson Bull, Associate Director of Environment Health and Safety, Facilities Management wbull@usf.edu

Robert (Rob) Risavy, *EH&S Specialist-Hazardous Waste,* Facilities Management, rrisavy@usf.edu

Infection Control Procedures

Individuals who work in a healthcare setting can help prevent the spread of infectious diseases. These preventive measures are part of infection control. In addition to washing hands and cleaning surfaces and materials used in clinic sessions, the following are the policy and procedure for when a clinician is out of the clinic due to illness. **Additional procedures may be**

in place during times of pandemics (such as the COVID-19 pandemic); see additional documents provided by the Clinic Director.

Policy: ALL clinicians (SLP staff, Clinical Instructors, and students working in clinic during current semester) must provide date(s) of absence and a description of any symptoms associated with any illness that required absence from the clinic.

Procedure: ALL clinicians (SLP staff, Clinical Instructors, and students working in clinic during current semester) must complete the Infection Control form after having been out sick for any length of time (e.g., half of a day, a full day, several days). Please ask the front desk CSA or Clinic Director for a blank Infection Control form. The completed form must be returned to the Clinic Director in order to track trends.

Reason: To avoid spread of infection among patients, students, and providers, this data will provide evidence that could point to a trend of infection and identify when the clinic needs a deep clinic clean (e.g., disinfecting doorknobs and light switches, desks, cabinets, shelving, common spaces).

Complete infection control training will be provided in the first semester students are enrolled in the program. This section is intended to acquaint students with the general precautions needed in treatment.

HAND HYGIENE and CONTACT:
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. Hand sanitizer is also available on the clinic floor (located at the entrance by both doors of the clinic floor). 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; during pandemic, students and clinicians must step away from the session to remove mask for hydration. Clinicians **may not eat** in treatment rooms. In the case of food and beverages in use during treatment, all clinicians and clients handling refreshments must wear gloves.

SURFACE DISINFECTING:
Surfaces such as table tops, mirrors, chairs, doorknobs, etc. should be cleaned and disinfected using Cavicide. Disinfectant materials are stored in each room. Clinicians must wear gloves when using disinfectant.

When the surface is soiled, this is a two-step process: Cleaning AND disinfecting. Otherwise, simply follow step 2 disinfecting guidelines:

1) Cleaning soiled surface (Spray Cavicide **wait 30 seconds** and wipe with paper towel)
2) Disinfecting all hard surfaces (spray Cavicide **wait 3 minutes** then wipe clean with a paper towel).

These products may be harmful if they come in contact with skin or eyes (Addendum C); WEAR GLOVES WHEN USING THIS PRODUCT. **DO NOT EXPOSE CLIENT/PATIENTS TO THESE PRODUCTS**.

For toys: if soiled, clean then disinfect (as described in below link); if not soiled, simply disinfect (3 minutes) then rinse toys with potable water and airdry.

https://www.oaktreeproducts.com/img/product/description/C-24 label.pdf

https://www.metrex.com/sites/default/files/content/education-file/education-file-upload/guide-to-surface-disinfection-with-cavicide-77-1004.pdf

End of Semester Cleaning Assignments

Your Clinical Instructor and/or the Clinic Director will provide you with a clinic cleaning assignment at the end of each semester. The cleaning assignment must be completed before you check out of clinic. Within your assigned space, please clean walls, carpet, and hard surfaces in therapy and observation rooms. Please clean and organize all therapy materials and toys (dispose of broken toys or toys missing pieces) stored in the Student Workroom (PCD 2031). If your clinical rotation (Clinic II or Advanced Practicum) is with an instructor in our CSD clinic this semester, please follow the instructions below.

1. By the end of the designated week, you will receive a cleaning assignment either from your Clinical Instructor or the Clinic Director.
2. Please check with the CSA for cleaning materials (Mr. Clean wall erasers, vacuum, cavicide, and lysol wipes).
3. *In therapy rooms:* please use a Mr. Clean wall eraser that is slightly damp to remove scuff marks from the walls, vacuum carpeted floors, wipe down counters with gloves and Cavicide, and wipe down tabletops with gloves and Cavicide. Please clean out materials and organize cleaning supplies in the cabinets in the treatment rooms.
4. *In the observation rooms:* please use a Mr. Clean wall eraser that is slightly damp to remove scuff marks from the walls, vacuum carpeted floors, and remove dust from the magazine wall files.
5. Cleaning should be completed before your clinic check out for the semester. When you have completed your assignments, please notify your Clinical Instructor who will check for completeness.

Cleaning Logs and Tracking

Each treatment room is equipped with a cleaning log posted on the wall by the door. After a room has been used for a clinical session and it has been properly cleaned and disinfected, the clinicians who cleaned the room should write the time and their initials in the calendar square of the date of cleaning. Upon completion of each month, the GA will remove the calendars and replace them with new calendars. The GA and/or Clinic Director will review the completed cleaning logs to determine if rooms are cleaned regularly after each session. Random walk-throughs will occur throughout the academic year.

Maintenance Logs

At the bottom of each Cleaning Log, there is space to document maintenance needs for that particular therapy room. Additionally, students can request a blank maintenance request form from the CSA.

Patient Satisfaction Surveys

Patients might be asked to complete a satisfaction survey in order to rate their experiences receiving services in the USF CSD Speech Language Hearing Clinics. This is designed as a method of collecting information for the purposes of Quality Improvement. The information is kept confidential and will be used to improve policies, procedures, and processes.

Patient complaints

If you are aware that a patient is upset or displeased with something related to services or facilities, please relay this information to your Clinical Instructor or the Clinic Director.

Fire and Emergency evacuation process

Location of Fire Alarm Pull Station: First floor by the main entrance
Location of Fire Extinguishers: Each floor in the central hallway

In the event of fire or emergency, warning indicators (strobe lights, siren, and voiced instructions) will engage. First **R.A.C.E.** (Rescue, Alarm, Contain, Evacuate). If see active fire, use fire extinguisher: **P.A.S.S.** (Pull the pin, Aim, Squeeze, Sweep side to side). Faculty and staff should first ensure patients are out of the way, then secure the clinical areas and building by giving directions to students and client/patients, pulling the fire alarm pull-station, calling 911, and 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 from the playground to an area a safe distance away from the building. When the stair well at the rear of the building is cleared, clinicians and Clinical Instructors 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 evacuation drill volunteers or emergency responders of persons sheltering in the areas of rescue/ refuge.

<u>Do not use the elevator</u>. Do not re-enter the building until fire/rescue signals all clear and that it is safe to return to the building. Never assume that an alarm is a "false alarm".

AED (Automatic External Defibrillator)

AED Location: First floor at main entrance

CARDIAC ARREST/AED STEPS

1. Turn on the AED
2. Wipe the chest dry
3. Attach pads to bare chest
4. Plug in the connector, if necessary
5. Make sure no one, including you, is touching the person. Tell everyone to "STAND CLEAR!"
6. Push the analyze button if necessary, let the AED analyze heart rhythm.

http://www.redcross.org/flash/brr/English-html/AED.asp

Addendum A. Graduate Student Screening form

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 in the USF CSD Speech-Language clinic and in external placements. 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
[Sometimes conducted by Audiology on a different date]

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 discuss these results and assist you with a plan to explore options for improving in the identified areas. If you have additional concerns, please contact the Clinic Director. Please maintain a copy of this document for your records.

Student Name: _____ Date: _____

Further Information:

1. All students will receive a Pass/Fail rating for both speech/language and hearing. Documentation of the screening results will be stored in the student's clinical file (maintained by the Clinic Director).
2. Students who fail any portion of the speech-language screening will be contacted by a Clinical Instructor or the Clinic Director to discuss options. This may include re-screening and education/strategy training, or 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.).
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 maintained in the student's clinical file. **Failure to comply by the first semester will result in the student being placed on a remediation plan. As a result, students are not allowed to move forward with the clinical practicum rotations. Please refer to the handbook regarding 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. Please contact the Clinic Director with concerns or questions. Please retain a copy of this form for your records.

Student Name: _____ Date: _____

Addendum B. Graduate Student Professionalism Contract

USF CSD Speech-Language Pathology Graduate Student Clinician

PROFESSIONALISM CONTRACT

Speech-Language Pathology is a professional, clinical discipline. Professions require certain behaviors of their practitioners. Professional behaviors (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession and with relations with other professions. Included among professional task are education and training. The following conveys expectations for the professional behavior of those who seek to join this profession.

1. You show up.
2. You show up on time.
3. You show up prepared.
4. You show up in a frame of mind appropriate to the professional task.
5. You show up clean and properly attired, including necessary safety precautions such as face masks and face shields if necessary.
6. You accept the idea that “on time,” “prepared,” “appropriate,” and “properly” are defined by the situations, by the nature of the task, or by another person.
7. You accept that your first duty is to the ultimate welfare of the persons served by your profession and that “ultimate welfare” is a complex mix of desires, wants, needs, abilities, and capacities. Further, you accept that you being a healthcare professional means holding paramount the duty to serve and protect others leading you to make certain choices outside of work and school for the safety of your patients (e.g., physical distancing and limited social activities during a pandemic).
8. You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefits others, either immediately, or in the long term. When you are called on to behave as a professional, you are not the patient, the customer, the star, or the victim.
9. You place the importance of professional duties, tasks, and problem solving above your own needs.
10. You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.

11. You properly credit others for their work (i.e., write name of peers working on project with you, APA citations, etc.).
12. You sign your work.
13. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.
14. You do not accept professional duties or tasks for which you are personally or professionally unprepared.
15. You do what you say you will do, by the time you said you would do it, and to the degree of quality you said you would do it. Thus, you meet deadlines with high quality products.
16. You take active responsibility for expanding the limits of your own knowledge, understanding, and skill.
17. You vigorously seek and tell the truth, including those truths that may be less than flattering to you.
18. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.
19. You value the resources required to perform duties, tasks, and problem solving, including your time and that of others.
20. You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.
21. You accept the fact that others may establish objectives for you. Although you may not always agree with those goals or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.
22. When you attempt a task for the second time, you seek to do it better than you did the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgements of best practices.
23. You accept the imperfections of the world in ways that do not compromise the interests of those you serve.
24. You base your opinions, actions, and relations with others on sound empirical evidence and on examined personal values consistent with the above.
25. You expect all of the above from other professions.

The above description was adapted from Chial, Michael (1998). *Audiology Today*, 10, page 25.

I have read the information listed above and have been advised regarding expectations, policies, and procedures regarding professionalism in the clinical setting. By signing below, I agree to adhere to these standards and realize that violating any of these standards could lead to being dismissed from a clinical placement and impact my academic standings in the Masters Speech-Language Pathology clinical program.

_____

Printed Name

_____ _____

Signature Date

Addendum C. Additional documents for review in 2020-2021

The following documents are required material for graduate student clinicians to review, learn know, and follow:

- CSD Clinics COVID Fall 2020 procedures
- What to do if you have COVID exposure and/or symptoms
- HIPAA training modules provided by USF Health
- Telepractice guidelines
- ASHA Code of Ethics
- Florida Department of Health (FLDOH) Board of Speech-Language Pathology licensing (or student's intended state of residency and practice post graduation)
- ASHA guidelines for Supervision
- ASHA CF guidelines

CaviCide®

FIRST AID MEASURES

Inhalation: Move to fresh air if effects occur and seek medical attention if effects persist.

Skin Contact: Remove contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for further treatment advice.

Eye Contact: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a poison control center or doctor for treatment advice.

Ingestion: If swallowed, get medical advice by calling a Poison Control Center or hospital emergency room. If advice is not available, take victim and product container to the nearest emergency treatment center or hospital. Do not attempt to give anything by mouth to an unconscious person.

CaviCide®
Date Prepared: 7/9/2012

MATERIAL SAFETY DATA SHEET

1. Product And Company Identification

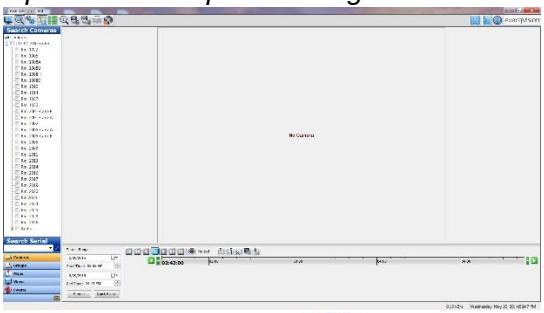
Product Name:	CaviCide®
Manufacturer:	METREX® RESEARCH 28210 Wick Rd Romulus, MI 48174 U.S.A.

Addendum E: Viewing Recordings on ExacQVision

To view a recorded session

Log in to the computer using your NetID

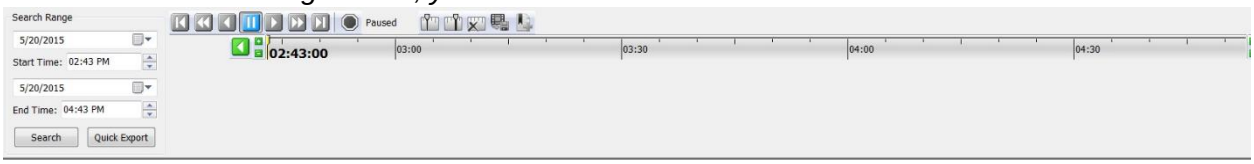
Open the ExacqVision Program and the following page will open



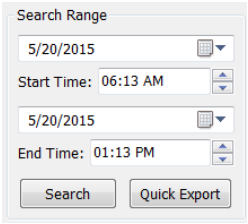
Click on ***Search Page*** *(On the top menu bar)*

Check (on the left side) the room to which you want to watch and listen. You must click both video and audio.

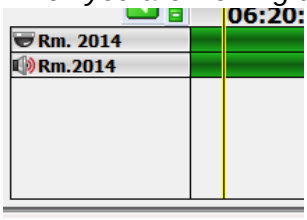
On the bottom of the big screen, you will see these controls.



Type the date, start time, and end time of the video you would like to watch.



Click on play and you can watch the recording. The camera and speaker indicates the room to which you are viewing and listening.



Addendum F. Student Policy Acknowledgement and Agreement

UNIVERSITY OF SOUTH FLORIDA
DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS
Speech-Language Pathology Graduate program and Speech-Language Clinic

Graduate Student Clinician Agreement to follow and abide by:

- **ASHA Ethics Code**
- **USF CSD Speech-Language Clinic Policies and Procedures/Clinic Handbook**
- **USF CSD Speech-Language Pathology Graduate Program Academic Handbook**
- **HIPAA guidelines**

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 (2016) Code of Ethics.

I agree to follow the guidelines set by USF, USF Health and the United States Department of Health and Human Services' Office for Civil Rights (OCR) 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