



**Department of Communications Sciences and Disorders**

**Speech-Language Pathology**

**Clinical Policies and Procedures Handbook**

**Fall Semester 2018**

**Through**

**Summer Semester 2019**

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**Addendum B-** Professionalism

**Addendum C-** CaviCide First Aid Measures

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**Addendum E-** Video System

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## **GUIDE TO CLINICAL PRACTICUM – Speech-Language Pathology**

### **1. Introduction**

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

#### **1. Non-Discriminatory Policy**

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

#### **2. Confidentiality**

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

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

#### **3. Sensitive Material**

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

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

This information should be included in a report only if its inclusion is relevant to the diagnosis. For example, if a child is being evaluated for a communication problem, family history of speech problems, hearing problems, learning disabilities, and mental handicapping conditions are important in making the diagnosis of a communication disorder. The source of this information must always be specified (e.g., According to the mother, ...). Chatty details and subjective, value-laden interpretations are to be avoided.

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

#### **4. 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 Workroom. Sessions can be viewed using the installed software (See addendum E). Under no circumstances, the sessions are to be downloaded and saved for viewing outside the clinic. The digital recording system erases data after 25 days. If a session is needed for further review, the student should communicate with the supervisor the need for further review and the supervisor will be able to download and save that session.

During the semester, each student or team will be required to record and document sessions. The clinical supervisor and the student clinician will identify the method of recording/documenting to be utilized. **The clinician must review the client's file to assure that the release form has been read and signed by the**

**client or caregiver.** Typical sessions recorded/documented include, but are not limited to: evaluations, initial measures for treatment, therapy sessions, therapeutic procedures, final measures and client conferences during each semester in a clinical assignment. If the method of recording includes the use of audio recorders, the clinician may be required to provide the audio recorder to be used during recording. Audio recorders are not to be removed from the Clinic and must be stored in the storage container designated for the practicum. All recorders are stored in PCD 2000C. Review of recorded information must be conducted in the Department in areas that provide privacy and compliance with HIPAA guidelines. Under no circumstances will a student clinician retain recorded documentation or review recorded documentation with anyone other than the supervisor or individual(s) approved by the supervisor.

## **5. Managing Drafts of Reports and Working File Documentation**

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

## **6. 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 supervisor will be disseminated. Clinicians must review the client file and assure that the client/patient/caregiver has signed the appropriate release form before requesting that a report be mailed to any individual/professional/agency other than the client/patient.

## 2. Documentation of Clinic Requirements

### 1. Typhon

The Department will refer students to a specified, professional document storage (<https://www.typhongroup.net/ahst/index.asp?facility=9140>) company to manage and store electronically all pre-clinic documentation and certifications including, but not limited to: BLS certification, immunizations, professional liability insurance, HIPAA certificate, etc. Students will work with the identified company throughout the program of study to manage essential documentation. This provides a centralized storage mechanism for critical professional documents and will provide ease of access when needed. Students are responsible for updating and maintaining documentation which is required for participation in clinic at SLHC and in externship placements. **Students are also responsible for any associated costs.**

## 3. PREREQUISITES FOR PRACTICUM ENROLLMENT

### 1. Speech-Hearing Screening

Each student in the Department must have a speech and hearing proficiency check **prior to enrollment in practicum**. This screening must be completed during the first semester of enrollment as a graduate student (typically completed during orientation). If any area is identified as needing intervention, resources and recommendations will be provided. (See Addendum A)

### 1. 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.**

## 2. 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. Students must complete training prior to initiation of practicum. Certification in BLS must be maintained throughout the graduate program. **Students are responsible for any costs associated with these certifications.**

## 3. HIPAA

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

1. Go to:

<https://learn.health.usf.edu/login/index.php> (Links to an external site).

2. Click on "don't have a USF Health account?" under the log in box.

3. Complete the information requested and they will send you an email with instructions on verifying your account.

4. Go back to the original log in screen

(<https://learn.health.usf.edu/login/index.php> (Links to an external site.)) and log in with your new USF Health account.

5. Under "Course Categories" select "USF Health Training."

6. Then choose "USF Health Professional Integrity & Compliance (2018-19)."

Note:

If you click on the integrity tab and a page with a green "Enroll Me" button comes up, click "Enroll Me" and it should take you to the page with the HIPPA module.

7. Then choose the "HIPAA Privacy at USF Health" module (located about half way down the page).

8. Click "Enter" to begin the course.

9. Once you have completed the course, print the .pdf file and turn it in.

## 4. Liability

Professional liability coverage for students in the amounts of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate is required throughout the program of study. The preferred vendor is HPSO ([www.hpso.com](http://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.

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. This coverage is in effect as of July 1, 2018. However, given the high cost of our equipment and to ensure coverage in all circumstances, **we still require students to carry their own professional liability insurance (\$1,000,000/\$3,000,000 coverage) throughout enrollment in the program of study.** All students must purchase this through HPSO (Healthcare Providers Service Organization). To begin the process, go to: [www.hpso.com](http://www.hpso.com).

## 5. Observations

**ALL students should have documentation of a minimum of 25 hours of observation experience.** If the observation hours have been completed prior to entering the graduate program, students are responsible for uploading the hours into Typhon by midterm of the first semester of the program of study. If the observation hours have NOT been completed prior to entering the graduate program, students are responsible for completing the hours and uploading them into Typhon one week prior to the end of the first semester of the program of study. See the Clinic Director for a log to record observation hours, instructions for completing the log and suggestions for sites where observation hours may be completed.

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 hours. Once the observation hours are completed, the observation hour form must be uploaded to Typhon.

If the student is not able to complete the observation hours in the USF Speech Language Clinic, they must contact the Clinic Director. An alternative is to use the Master Clinician Network (<http://www.masterclinician.org>), after consulting with

the Clinic Director. **Students are responsible for all costs associated with the subscription to this site.**

## 1. FACILITIES

### 1. Mailboxes

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

### 2. The Student Workroom

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

- 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.
- Resource Library. Materials such as texts, journals, etc. are to be found on shelves in the Student Workroom.
- Toys & Materials. Toys and materials are organized on the shelves in the Student Workroom. These materials are available for use in therapy sessions. Toys and materials must be signed out and signed back in when returned (materials sign out binder is found in PCD 2031). All materials used must be returned promptly following the session. **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.

- 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 their IT Help Desk @ 813-974-1222.**

### 3. Center Playground Policy

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

## 2. CLINICAL CONDUCT

### 1. 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 (page 36).

### 2. Professionalism

The Speech Language Hearing Center and the Department of Communication Sciences and Disorders places the highest possible emphasis on professionalism and the demonstration of consistent, professional behavior by its students. In addition, the Speech Language Hearing Center 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 activities. Students are required to conduct themselves in a professional manner as reflected in their demeanor, dress, and verbal exchanges. When in the on campus clinic, academic environments, and community-based settings, students must comply with all policies and procedures associated with typical USF clinical assignments and academic contexts; therefore, attire and behavior should reflect professionalism. Students are also expected to comply with any additional policies imposed by sites external to USF (such as 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. (See addendum B)

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

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.

### **3. 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 supervisor on a case-by-case basis.

Attendance to weekly client sessions is required. Student clinicians must arrive 30 minutes prior to the first scheduled appointment in clinic to accomplish all pre-client responsibilities, including preparation of all materials and supplies, disinfection of the therapy room, pre-session consultation with supervisor, greeting the client and any other duties designated. If an emergency arises and you will be late or absent on the day of a session it is imperative that you contact your supervisor immediately.

The sequence of notification is as follows:

1. Call and email your primary supervisor for that client 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 is absent during your assigned time slot(s), the student clinician is still required to attend clinic. The time will be spent performing clinic-related duties. See your supervisor for instructions.

Attendance for seminar and other mandatory meetings: Weekly meetings and other meetings as set by the supervisor with required attendance 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 ample 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 additional means (facetime, skype, phone, etc.).

Absence Due to Medical Reasons: Students absence due to medical reasons (yours or your immediate family's) on a clinic day or a day that an assignment is due, are required to notify your clinical instructor prior to class/session. Written verification of the reason for the absence may be requested. If written verification is requested by an instructor, director, or professor the documentation must be on physician letter head or script and should include a "fit to perform clinical duties" statement before the student is allowed to return to clinical/academic assignment activities.

Absences 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, as noticed to the instructor at the beginning of each academic term, will be given reasonable opportunities to makeup any work missed. USF policy: <http://generalcounsel.usf.edu/policies-and-procedures/pdfs/policy-10-045.pdf>

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

#### **4. Dress Code**

Students tend to dress casually for classes. However, when on clinic floors (1<sup>st</sup> and 2<sup>nd</sup> floors), students must dress appropriately during clinic hours as this is a professional environment and attire during clinical hours should reflect professionalism. Questions regarding dress should be directed to the clinical supervisor.

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

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

#### **Mandatory Scrubs**

Below please find a list of the approved Cherokee and Greys Anatomy scrubs through Discount Uniform on Fletcher Avenue. Students will receive a 10% discount.

#### **Style List**

CHEROKEE ORIGINALS

FEMALE TOP-4770

FEMALE PANTS-4200 AND 4101

MEN'S TOP-4777 AND 4876

MEN'S PANT-4000

CHEROKEE REVOLUTION

FEMALE TOPS-WW620 AND WW610

FEMALE PANTS-WW120 AND WW110

MEN'S TOPS-WW670 AND WW690

MEN'S PANTS- WW104

ALL OF THE PANTS ARE AVAILABLE IS SHORT(MEN), PETITE AND TALL

CHEROKEE CORE STRETCH

FEMALE TOPS-4728 AND 4727

FEMALE PANTS-4500 AND 24703

MEN'S TOPS-4743 AND 4725

MEN'S PANTS-4043

GREY'S ANATOMY

FEMALE TOP-4153

FEMALE PANTS-4232 AND 4245

**Brenda Bell**

Tampa Store Manager

**Tampa Discount Uniform Store**

1345 E Fletcher Ave

Tampa FL 33612

Store: 813-631-7722

Fax: (813) 864-7353

[www.discountuniformmall.com](http://www.discountuniformmall.com)

***Please note that scrubs should be clean and pressed when worn in clinic. Wrinkled clothing is unprofessional and will not be allowed.***

- **Shoes:** 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 a doctor's clearance for alternate footwear. **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 tee shirt under scrub tops. **Color choices for tee-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.

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

- **Jewelry and body adornment:** Piercing to the ears only will be allowed. NO facial piercings (e.g. eyebrows, nose, lips, tongue studs, etc.) are allowed during clinic time. Jewelry should not be distracting. Large bracelets that clang on the table should be removed. Tattoos must be covered at all times in the clinic.
- **Perfumes and make-up:** Perfumes/colognes and fragrances should NOT be used at all due to patient sensitivity and allergies. Make-up should be understated and business appropriate. Goth-like make-up is not acceptable.

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

## **5. Cell Phones and Smart Phones**

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

## 6. **Authorized Personnel on Clinic Floors**

The Speech Language Hearing Center, located on the first and second floors of PCD, houses clinics for the purposes of educating/training clinicians, conducting research and providing services in audiology and speech-language pathology. As such, the Center is held to standards related to delivery of services and safety compliance. It is imperative that clinical protocol and procedures are maintained, and that respect for clients and clinicians engaged in clinical activity is demonstrated. Access to clinical facilities is limited to individuals who are participating in activities related to education/training, clinical services or research. Therefore, students are required to have their clinical badge visible at all times when on clinic floor. Unauthorized individuals on the clinic floor should be brought to the attention of the clinic director, client services assistant, and/or immediate supervisor.

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

## 3. **Assignment to Practicum**

Students must allow sufficient time to complete practicum assignments.

### 1. **General requirements**

- I. Practicum assignments within the USF Speech Language Hearing Center (SLHC) require 4 to 16 hours of direct client contact time each week.
- II. **Availability 5 days** a week to accommodate the schedules of the clients and supervisors.

III. Time for preparation, documentation and meeting with the supervisor.

IV. 100 % direct supervision

**1. Assignments Policy**

i. Students may not register for a practicum unless it has been assigned and approved by the Clinic Director.

ii. For the first year students, practicum rotations are assigned the first semester of admission into the program.

iii. Modification of the clinical assignment can be made in extenuating circumstances and upon approval from the Clinic Director. **These changes may delay graduation.**

iv. **Changes must be made before the semester begins and before clients have been assigned.**

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

**1. Practicum Assignments in Speech Language Pathology**

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

<b>First Year</b>	<b>Credit Hours</b>	<b>Assignment/ Min. Clock Hours</b>	<b>Grading</b>
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Clinic I	3	<u>Minimum</u> of 1 individual client and 1 group and/or community experience, minimum of 2 evaluations and 1 screening. <u>Minimum</u> 40 hours.	USF Grading Policy
Clinic II	3	<u>Minimum</u> of 1 individual client and 1 group and/or community experience, minimum of 2 evaluations and 1 screening. <u>Minimum</u> 40 hours.	USF Grading Policy
Specialty Clinic ( <b>S u m m e r</b> <b>semester only</b> )	3	Summer sessions (Assignments/ hours vary)  <u>Minimum</u> 30 hours.	USF Grading policy

Students' rotations for the second year are determined between the end of their second semester of studies (Spring 2019) and the end of their third semester (Summer 2019). Students are notified of their rotations between their third semester (Summer 2019) and fourth semester (Fall 2019). The following assignments are completed on the second year, and the order varie

<b>Second Year</b>	<b>Credit Hours</b>	<b>Assignment/ Min. Clock Hours</b>	<b>Grading</b>
Advanced Practicum	4	Tx and Dx; group and/or individual clients and other clinical activities for a total of 10-15 hours a week; some opportunities for off-campus placement; aprx. 50-75 clk. hrs.	USF Grading policy
Thesis	2	<b>MINIMUM</b> of 4-6 hours of direct contact required, <u>minimum of 50 hours per semester.</u>	
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

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

### **STUDENT LEARNING OUTCOMES for Clinical Practica:**

#### KASA knowledge and skills areas (2014 & 2016 Revisions):

The student will demonstrate at least minimal competence in KASA knowledge and skill areas (2014 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 clinical observation and 375 hours in direct client/patient contact by the end of the program of study (Standard V-C).

#### **Revision 2: Implementation Language to Standard V-C (additions to paragraph 2) – Acceptance of Alternative Clinical Education for up to 20% (75 hours) of direct client hours:**

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included.

Students may be required to attend scheduled practicum meetings as required by the supervisor. Additional blocks of time may also be required.

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

#### 2. **Practicum Meetings**

Practicum meetings may be held weekly for each practicum. Several practica make attendance at the practicum meetings mandatory with points deducted

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

#### **4. Client Files**

1. All clients seen in the clinic must have a permanent file in PCD 2000C. Consult the client services assistant and the supervisor regarding procedures for establishing a new file. Use of client files must comply with HIPAA guidelines. As of January 2016, USF-SLHC Clinical Services Assistant and clinical instructors use the EPIC system for electronic documentation. 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.

#### **1. Sign-Out Procedures**

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

#### **2. 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.

#### **3. 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.

## 1. **Diagnostics**

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

## 2. **Inactive Files**

In order to locate an inactive client file, a file number must be obtained. The client names are listed in alphabetical order in card files located in PCD 2009. Upon locating a client's name, his/her file number is listed in the upper right corner of the card. The file number is then used to locate the desired client folder. The file numbers are indexed by semester #-year-and order in which the case history form was received + S for Speech file (i.e., 2-90-14S- Semester II, 1990, 14th file).

## 3. **File Organization**

Client 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) on each backing. The organizational sections and colors of the backings are, in order from top to bottom:

- **Yellow Backing** – 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 Backing** – Diagnostic Reports completed at USF-SLHC

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

- **Red Backing** – Audiological Reports

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

- **Green Backing** – Hearing Aid Information

All hearing aid notes and other information pertaining to hearing aids

- **Orange Backing** – Correspondence/Background Information

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

- **Blue Backing** – Case History and Release Forms

- **Gray Backing** – Group Summary notes

- **Purple Backing** – Individual SOAP notes

## 1. **Therapy Procedures**

### 1. **Scheduling**

After receiving client assignments for a given practicum, student clinicians should follow the supervisor's directions for contacting the client(s). Individual therapy and conferencing time is based on client needs and is planned in conjunction 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 Client Services Assistant in conjunction with the clinical instructors does scheduling of 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.

### 2. **Absences**

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

## 1. Therapy Room Sign Up

After the client case load has been confirmed, the supervisor will work with the Client Services Assistant to schedule rooms in EPIC. Clients are typically scheduled for one-hour sessions. If rooms must be changed, your supervisor will notify the program assistant of the change so the master schedule can be updated. If for initial measures or other reasons, a different room is needed for one or two days. Notify your supervisor and arrangements must be made with the Client Services Assistant to verify that the room is available.

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

## 2. Therapy Room Preparation

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

- Be certain that both client and clinician are in camera range.
- Be sure that all materials have been gathered and organized for the session. **Temporarily** store materials for therapy in the cabinet.
- **NEVER LEAVE THE CLIENT UNATTENDED** in the treatment room.

- Do not leave any valuables unattended in the therapy room or in the student workroom.
- Be sure to complete infection control procedures.
- Do not tape or staple any materials to the walls, floor or doors.

### 1. Client Sign-In

Clients should be instructed to check in with the Client Services Assistant on the **second floor**, when they arrive for each session. The Services Assistant or billing personnel collects payments or insurance co-payments. The client will receive a semester parking permit during their initial visit. Clients are to park in the parking places designated as “CSD/PSY Clients” on the north side of the PCD building (Lot 9C), the south side (Lot 9A), the west side (Lot 10). Clients should **NOT** park in a Reserved (indicated with a stenciled number) or Handicapped space unless the client has the appropriate permit.

### 2. 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 and submitted to the supervisor for approval. Any variations in the schedule will be announced by the immediate supervisor. **Report writing and necessary revisions are time consuming; therefore, be prepared to set aside sufficient time to complete, make required changes, and receive approval for each report.**

### 3. Observation

Supervisors and fellow students will observe therapy sessions. Parents or visitors must obtain permission to observe sessions from the supervisor. Only persons directly related to the intervention process may observe. **Children are not al-**

**lowed in the observation areas.** Encourage parents to make arrangements for siblings who are not old enough to wait independently in the waiting room while they observe. Every student is invited to observe therapy sessions as often as possible. However, **always** check with the supervisor first. The supervisor may not want observers for particular sessions or there may already be several observers scheduled. Parents/supervisors take priority for seating. Students completing observation hours in the Clinic must sign up for observations using the sheets in the schedule book, located in room 2008. **Recording and photography of sessions is not allowed.**

#### 4. **Materials and Equipment**

Recording of sessions is generally achieved using the digital system set up in the clinic. 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. A clipboard with sign-out sheets for daily in-clinic use of this equipment is located on a shelf in PCD 2030. Reserve all tests in advance on the calendar located in PCD 2030.

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

Check the calendar in PCD 2030 to be sure that the test has not been reserved (If we only have one copy of the test it cannot be taken out when reserved. If we have multiple copies, it may be checked out. A comprehensive inventory list of tests is in a notebook in PCD 2030.

1. Locate the slip kept in the front of the file box on the shelf and fill it out.
2. Obtain a supervisor's or the client services assistant's signature.
3. File the slip in the box **alphabetically under the name of the test.**
4. **Check out the entire test/program. Do not remove manuals or portions of the material.** Keep the entire set together. If only the manual is

needed, copies of manuals are available for check-out and are located in the bottom file cabinet drawer. If more than one copy of the test, please indicate the number of the copy (on test).

5. **Tests may be checked out from 4:00–5:00 p.m. Monday through Thursday and 2:00-5:00 p.m on Fridays.**
6. Tests and materials must be **returned by 9:00 a.m.** the following morning (Monday morning for tests checked out on Friday).
7. **When returning the test/kit/program, be sure to have a supervisor or the client services assistant verify the return by his/her initials on the slip.** The slip is then placed in the box marked for returned materials.
8. Be certain items are replaced properly.
9. Failure to comply with the checkout procedures may result on removal of privileges and the student will not be allowed to checkout test for the remaining of the program.

Protocols are located in the file cabinet in PCD 2030. **If a protocol is removed and 10 or less remain, write the name of the test on the form located on the shelf.** The graduate assistant will check the form weekly and replace any protocols needed.

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

#### 1. **Treatment Plans**

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

2. Treatment plans will be emailed to the clinician's supervisor prior to the due date / time (this varies depending on clinical schedule; see supervisor for due dates/times).
3. Treatment plans are filed only in the working file, not in the permanent record.

#### 1. SOAP notes

1. 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.
2. SOAP notes must be reviewed and signed by the supervisor.
3. Make two copies of the SOAP note: give one to your supervisor (this will be scanned and sent to medical records), the other one goes in the permanent record.
4. Your supervisor may schedule a SOAP note meeting; please bring permanent file to this meeting.

#### 1. 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 Thera-

py 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)

- 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 necessary in LP and your supervisor 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, Medicare and some private insurances will vary. Consult with your supervisor regarding report needs. These reports will also contain information regarding the client’s progress during the treatment period.
- **For the VFN practicum:**
  - Initial evaluation reports will be completed on the “Initial Evaluation and Plan of Care” document. This document will be faxed to the referring physician for his or her signature and then sent to insurance providers if needed.
  - Your supervisor will provide information about use of G codes and reporting them. Check with your supervisor regarding the need of documentation of G codes for each document/report.
  - Updated plans of care will be completed on the “Progress Summary with Updated Plan of Care”. 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 or 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 supervisor will provide details regarding specifics for your client.

- 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.
- The **“Discharge Summary”** document will be utilized for each client who is dismissed from therapy. This will be a summary of progress since the start of care with recommendations as needed. This will be sent to physicians as a courtesy, but does not require the physician signature.
- For clients in our clinic who are being treated for services not covered by insurance, (i.e. Accent Reduction), please see your instructor for details on specific documentation requirements.

## 2. **Permanent File Update**

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

## 1. **Diagnostic Procedures**

1. Clinicians will be paired for full diagnostic evaluations which will be held at USF-SLHC.
2. A minimum of two evaluations per semester will be completed.
3. Rooms PCD 2002 and PCD 2006 are reserved for evaluations. Other clinic rooms will be utilized for evaluations based upon room availability.

4. Students are responsible for setting up evaluation materials before each evaluation.
5. 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 supervisor's name. Students are responsible for checking out and returning files properly.
6. Students are responsible for confirming appointments several days prior to the evaluation, and the night before the evaluation.
7. The client services assistant is the **only** person authorized to send/distribute reports generated by the Center. **No reports** are to be sent/distributed by student clinicians.
8. Other procedures are explained by the practicum supervisor.

## 2. Clinical Supervision

ASHA requires a minimum of 25% direct supervision per client and also recommends that the level of supervision be commensurate with the student's abilities and experience. Supervisors and students are jointly responsible for compliance with this requirement. Students **MAY NOT** engage in therapy or diagnostics if their supervisor is not present unless the supervisor has arranged in advance for a substitute. In the event of an emergency, see the Clinic Director for assistance. In order to comply with Medicaid, Medicare, and USF Health policies, we provide 100% direct supervision for all therapy sessions.

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

## 3. Buddy Mentor Policy

Students in SPA 4050 (Pre-practicum) may be assigned a graduate student as Mentor. The Mentor/Buddy assignments are made in the second week of clinic. Graduate stu-

dents are assigned Buddies by the instructor of the SPA 4050 class. Undergraduate students participate in observation of their mentor on a weekly basis. The undergraduate students are eager to support graduate clinicians in any way. They cannot be involved in the actual treatment or evaluation unless the mentor's supervisor has approved their participation. They will ask questions and review files related to the assignment. Please accept this extra responsibility graciously and conscientiously. It is important that our undergraduate students feel a part of the Department.

#### 4. Evaluation of students and practicum experiences

##### 1. Grades

Grades for clinical assignments are based upon weekly performance in the completion of the assignment and demonstration of minimal or better competence on the ASHA KASA standards. Opportunities for remediation may be provided if needed during the semester if competence is not demonstrated by midterm. The evaluation of students incorporates the numeric grade and/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 (See below: 2d rule, section i). 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 supervisor in consultation with the Clinic Director. Failure to complete a practicum successfully may likely result in a delay in further practicum assignments and graduation. The student must meet with the Clinic Director to reschedule all remaining practica. Numeric grades are not rounded up. See the syllabus for specific information about the grading scale for each practicum.

##### 1. 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 supervisor and student, in consultation with the Clinic Director. The contract must follow the guidelines established by USF. Clock hours will not be awarded until suc-

successful completion of the practicum assignment according to the terms of the contract.

## 1. Evaluations

Students receive a midterm and final evaluation. The evaluation will be completed on the SLP Clinic Feedback Form which includes the Clinic Grade Form, Mid-term and Final Skill Report and the Standards Competency Form. An explanation of each category is included.

Students are also asked to evaluate the supervisors. The university has established an electronic system to complete the evaluations of supervisors and they will email details to complete the process. **Do not** complete the evaluations in the presence of the supervisor.

## 2. Failing Student Policy

**If a student earns a “C” or less in a practicum, the student must repeat the practicum:**

1. If the student cannot complete the practicum successfully, it will be considered the student's 2<sup>nd</sup> “C” and the student will be dismissed from the program.
2. The schedule for repeating a practicum and retake is as follows:

### **First Year Clinic**

**Fail in fall semester – retake in spring**

**Fail in spring semester – retake in Fall**

**Fail in summer semester – retake in following summer**

**(delays graduation for 1 full year)**

## **Second Year Clinic**

**Fail in fall semester – retake in spring**

**Fail in spring semester – retake in spring**

**Fail in summer semester – retake in fall**

3. Under no circumstance should a practicum be split into two semesters and/or completed across more than one semester.
4. ASHA clock hours should **normally** be awarded ONLY for the semester in which the student completes the practicum with a passing grade and successfully passes the CAP. However, there may be circumstances when some ASHA hours could be awarded to a student with a “C” grade. In these instances, the hours will count at the discretion of the supervisor and in consultation with the Clinic Director.
5. Areas that are not passed with a “B-“or better are not considered areas of competence.

### **1. Clinical Assistance Program**

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

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

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

3. The clinician will be notified in writing, via the Clinical Assistance Form (CAF) by the primary CAP supervisor.
  - The clinician and supervisor(s) are required to sign and date the CAF.
  - The date indicated on the CAF becomes the official **start date** for any CAP.
  - A copy of the CAF will be forwarded to the Clinic Director, Associate Clinic Director and the Practicum Coordinator. The Clinic Director and Associate Clinic Director will attend the Clinical Intervention Plan (CIP) conference to establish the criteria for successful completion. The CAP Supervisor(s) and/or the student may also ask the Practicum Coordinator to attend the meeting.
  
4. An individualized Clinical Intervention Plan (CIP) Conference will be scheduled to establish the CAP criteria. The criteria for a CAP must include the following, but may not be limited to:
  1. Specific skill areas targeted for intervention, e.g., Dx or Tx.
  2. Documented specific competencies to be developed within each skill area.
  3. Cooperative development of specifically targeted competencies.
  4. Documentation of whether or not the criteria for each competency was met, utilizing the CAP coding system (see CAP legend) by the CAP Supervisor.
  
1. **Criteria for Completion of a CAP.** Completed criteria must reflect a + (met criterion) in each competency goal and competency rating of greater than or equal to 3.1 (B-) in each of the applicable areas. Any student failing to meet this criterion may:

- Receive a grade of "C" or lower in the designated practicum.
- Be required to repeat the designated practicum.
- Be counseled by the CAP Supervisor, Clinic Director, Associate Clinic Director, and Academic Program Director, regarding future options. The Practicum Coordinator may also be consulted.

## 2. Documentation of Clinical Experiences

### 1. Documentation of Clock Hours

At the end of each semester of clinic at the SLHC, students are responsible for totaling the number of client/patient contact minutes completed during the semester, reviewing the contact minutes with the supervisor, and recording them in the CSD data base (<https://www.typhongroup.net/ahst/index.asp?facility=9140>). Instructions will be provided by the Clinic Director, supervisor and 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 required ASHA hour log form, which can be found on canvas. Once the supervisor has reviewed and accepted the minutes, the supervisor will approve the minutes electronically. The student should print a clock hour summary each semester and maintain in a secure place for the student's personal record.

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

### 3. ASHA/USF clinical requirements for SLP

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

<b>First Year</b>	<b>Second Year</b>
Clinic I	Clinic IV (Advanced Practicum)
Clinic II	Externship I
Specialty Clinic	Externship II

#### 1. Advanced Practicum Procedures

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

Advanced practicum, like externships, provides an opportunity for clinical experience which has not previously been completed during the prior semesters of practicum. The goal is to offer clinical experiences which allow targeted specialization, a higher level of independence, a larger and more rigorous case load and the opportunity to learn about

mentorship and serve as a mentor for first year graduate student clinicians. Therefore, students in Advanced Practicum may be required to complete clinical hours during days not indicated in the clinical calendar.

The Clinic Director will finalize placements and notify students of their assignments for Advanced Practicum for the following semester.

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

## Externship Procedures

During the Spring Semester of the students 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 CAP or must have successfully exited the CAP before the end of the summer semester; must not be on academic probation), and must have successfully completed or be in the process of completing all scheduled in-house practica.** Procedures for selecting and scheduling a placement will be explained in detail at the meeting.

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 affiliation 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. **Make copies** of the application prior to submitting it to the Externship Coordinator so it can be taken to interviews. Schedule interview appointments with the approved site within 24 hours of receiving a Memo 4 form and email from the Externship Coordinator. Be prompt and present a professional appearance while interviewing.

When both student and Externship Supervisor are in agreement, the Externship Placement Approval form is then signed by the student, the Clinic Director, the Director of the Speech-Language Pathology Academic Program, the Externship Coordinator, and the Externship Supervisor. The original is submitted to the Externship Coordinator. Students and sites should make copies to keep for their own files. 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.

*\*It is important to note that externship placements will be determined based on the following: student preferences, previous experiences, needed areas of experience, review of clock hour summary and KASA competencies by the Clinic Director, Clinical Instructors feedback, 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.*

## 1. Background

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 or eligibility for professional licenses and certificates following graduation.** Students may contact the Florida Department of Health, Board of Speech-Language Pathology and Audiology and the Education Standards Commission of the Florida Department of Education for additional information.

## 2. Other requirements

Review the site list to identify additional requirements of the site (such as immunizations, professional liability insurance, drug screen, etc.). **Students are responsible for any costs associated with compliance with these requirements.**

### 3. Traineeships

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

#### 1. State Licensure Requirements

**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.**

#### 2. Procedural Safeguards

##### 1. Procedures for General Safety

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

1. Parents must remain in the Clinic when services are being provided for child clients (child clients cannot be dropped off and picked up after the session)
2. Clients must not be left unattended

3. Clients at-risk for falling 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

### 1. **Accidents**

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

### 2. **Seizure Procedure**

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 the seizure lasts longer than 5 minutes

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

### 3. **HIV/AIDS/BLOODBORNE PATHOGENS**

Our clinic has a non-discriminatory policy. As a result, students may be assigned a client/patient with HIV/AIDS/BLOODBORNE PATHOGENS. Unless the client/patient discloses this information during the interview or on the case history form, the clinic faculty may not know the client/patient has HIV/AIDS. Please read the information from OSHA ([https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)) to be an informed and knowledgeable professional. Maintain universal precautions for all client contact. Additionally, all student clinicians are required to complete a course on HIV and Bloodborne Pathogens prior to the beginning of clinic in the first semester of the program of study. Students are responsible for any costs associated with these certifications (<http://consultantsforthefuture.com/> ).

**Universal precautions:** Handwashing, use of Personal Protection Equipment (PPE), Cleaning of contaminated surfaces (see below), and Safe handling/disposal of contaminated material.

**Universal precautions should be used with all bodily fluids (blood, vomit, etc). Bodily fluids should be contained in red biohazard bag and disposed in red biohazard receptacle (located on the 2<sup>nd</sup> floor by the teacher work-room).**

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

#### 4. Infection Control Procedures

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

Clinicians should 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. Clinicians **may not eat** in treatment rooms unless the refreshments are part of the treatment plan and have a therapeutic purpose. In the case of food and beverages in use

during treatment, all clinicians and clients handling refreshments must wear gloves.

Surfaces such as table tops, mirrors, chairs, doorknobs, etc should be cleaned and disinfected. Disinfectant materials are stored in each room (i.e., Cavicide; see addendum C & D). Clinicians must wear gloves when using disinfectant. This is a two-step process: Cleaning AND disinfecting. (Spray Cavicide **wait 30 seconds** and wipe with paper towel) First clean (spray Cavicide and wipe with paper towel) before disinfecting (spray Cavicide **wait 3 minutes** then wipe clean with paper towel). These products may be harmful if they come in contact with skin or eyes. **DO NOT EXPOSE CLIENT/PATIENTS TO THESE PRODUCTS.** For toys: clean then disinfect (as described in below link) then rinse toys with potable water and air-dry.

[https://www.oaktreeproducts.com/img/product/description/C-24\\_label.pdf](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>

## 5. 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 harms 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 play-

ground. 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 supervisors on the second floor should take client/patients who are not ambulatory (wheelchairs, walkers, etc.) to the second floor landing in the stair well. Do not attempt to take clients/patients in wheelchairs down the stairs in the wheelchair. The stair well has a two-hour fire wall. Remain with the client/patient until the fire/rescue team arrives. Notify evacuation drill volunteers or emergency responders of persons sheltering in the areas of rescue/ refuge.

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

## **6. 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**

Dear Graduate Student,

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

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

Our findings and recommendations are as follows:

Hearing Screening: \_\_\_\_\_Pass    \_\_\_\_\_Refer

Speech and Language Screening: \_\_\_\_\_Pass    \_\_\_\_\_Refer

Specific area(s) of difficulty include:

\_\_\_\_\_Speech Production

\_\_\_\_\_Fluency of Speech

\_\_\_\_\_Voice

\_\_\_\_\_Pragmatics

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

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

Please maintain a copy of this document for your records.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Further Information:

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

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

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

Please maintain a copy of this document for your records.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Addendum B**

### **PROFESSIONALISM**

The Speech Language Hearing Center and the Department of Communication Sciences and Disorders places the highest possible emphasis on professionalism and the demonstration of consistent, professional behavior by its students. In addition, the Speech Language Hearing Center 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 activities. Students are required to conduct themselves in a professional manner as reflected in their demeanor, dress, and verbal exchanges. When in the on campus clinic, academic environments, and community-based settings, students must comply with all policies and procedures associated with typical USF clinical assignments and academic contexts; therefore, attire and behavior should reflect professionalism. Students are also expected to comply with any additional policies imposed by sites external to USF (such as 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.

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

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.

The following conveys expectations about the behaviors 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 properly attired.
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.
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.
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.

# 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 ad-

vice 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.

## Addendum D



CaviCide®  
Data Prepared: 7/5/2012

### MATERIAL SAFETY DATA SHEET

#### 1. Product And Company Identification

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

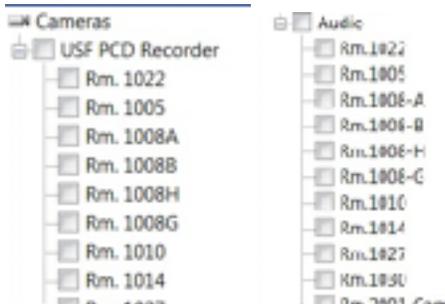
## Addendum E

### To view a recorded session

1. Log in to the computer using your NetID
2. Open the exacVision Program
3. The following page will open



4. Click on **Search Page**  (On the top menu bar)
5. Check (on the left side list the room you want to watch and listen, you must click both video and audio



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



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

Search Range

5/20/2015

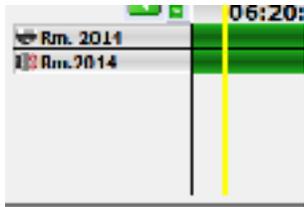
Start Time: 06:13 AM

5/20/2015

End Time: 01:13 PM

Search Quick Report

8. Click on play and you can watch the recording. The camera and speaker is indicating the room you are viewing and listening.



**UNIVERSITY OF SOUTH FLORIDA**  
**DEPARTMENT OF COMMUNICATION SCIENCES &**  
**DISORDERS**

I have read and agree to abide by the codes, policies and procedures of the Communication Sciences & Disorders Academic and Clinical Handbooks, and ASHA's (2016) Code of Ethics.

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

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date