



Francis Marion University

School of Health Sciences

Master of

Speech-Language Pathology (MSLP)

Program

Student Clinical Handbook

2019-2020

Table of Contents

Francis Marion University	32
Francis Marion University Clinical Practicum Attendance Policy.....	32
Client Files	38
Client Waiting Room	38
Computer Usage: Student Resource Center.....	38
Francis Marion University	40
Copying/Scanning Machines	40
Graduate Lounge Area.....	40
Handicap Access.....	40
Mailboxes.....	40
Observation (Live) and Recorded Viewing Rooms.....	40
Francis Marion University	42
Therapy Rooms.....	42
Materials and Equipment	42
Check-Out and Returns: Diagnostic Tests.....	43
Check-Out Materials.....	44
Check-In Materials.....	44
Resource Room Employees and Bulletin Board.....	44
Rooms and Furniture.....	45
Video Equipment	45
Francis Marion University	46
Scheduling Procedures for Clinical Assignments in the FMU Center for Speech, Language and Hearing and Other Clinical Educational Sites	46
The FMU Center for Speech, Language and Hearing	50
RISK MANAGEMENT POLICY & PROCEDURES	51
Student Health Insurance	58
Adult/Child Registration Requests for New Clients.....	59
Continuing Appointment Requests.....	59
Appointment with Supervisor	59
Assignments.....	59
Audiological Services	59
Case Management Summary	60

Francis Marion University	61
Clinic Information Letter	61
Client Scheduling Policy.....	61
Consultations/Conferences	61
Francis Marion University	63
Legal Release Forms.....	63
Notification of Clients.....	63
Parent/Family/Caregiver Observation of Treatment/Therapy	63
Speech, Language and Hearing Clinic Professional Protocol for Clinical Practice	64
I. Clinical Practicum Overview.....	64
Dress and Personal Appearance Code	69
I. Supervision of Practicum.....	71
II. Supervisory Conferences.....	71
III. Supervisory Approaches	71
IV. Session Plan	72
V. Evaluations.....	72
VI. Session Analysis	72
VII. Client and Clinician Evaluation	73
VIII. Session Organization.....	73
IX. Session Execution.....	73
X. Student Clinician’s Evaluation of Practicum	74
XI. Information Concerning Clinical Grades and Professional Protocol Grades	74
XII. Professional Protocol.....	75
XIII. Remediation Plan	75
XIV. Probation.....	75
XV. Eligibility for Internships/Externships	76
Clinical Intervention	76
XVI. Evaluation of Supervisors	77
XVII. Lines of Communication	77
XVIII. Video Recordings.....	77
<u>WHO MUST COMPLY WITH THIS NOTICE</u>	78
HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION....	79
RIGHTS YOU HAVE REGARDING YOU HEALTH INFORMATION	81

CHANGES TO THIS NOTICE.....82

WHAT TO DO IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED ...82

INADVERTANT DISCLOSURE OF PROTECTED HEALTH INFORMATION: Please refer
to83

Bill of Rights for People Receiving Audiology or Speech-Language Pathology Services Francis
Marion University SLP Clinic84

School of Health Sciences85

Master of Speech-Language Pathology General Guidelines for Diagnostic Report Writing85

Observation and Pre-Clinical Experiences88

□ Describe your concerns and the behaviors observed, as well as the student’s strengths92

SLP 520 Handout94

Dear Speech-Language Pathology Graduate Student,

Welcome to the graduate program in the Department of Speech-Language Pathology in the School of Health Sciences at Francis Marion University! The mission of the clinical education program in speech-language pathology aligned with the university's mission is to educate scientists, public health specialists, and other healthcare professionals, and to conduct biomedical and population-based Pee Dee Region research. Through its faculty and affiliated clinical partners, the University provides service to its community in an atmosphere of excellence, scholarship, and professionalism. Francis Marion University believes that the rich diversity of its student body and faculty is important to its mission of educating outstanding health care professionals particularly, healthcare professionals that are committed to the reduction of healthcare disparities in rural and remote areas like the Pee Dee region. The clinical faculty and I will be your guides throughout your clinical education experience. Additionally, the Clinical Manual will be a resource to help you achieve your clinical goals. We will refer to this manual throughout your time here.

Our program has many innovative and diverse clinical practicum opportunities to offer throughout your graduate program. You will gain clinical knowledge and skills with client populations across the life span and from culturally and linguistically diverse populations. You will work with people who have various types and severities of communication and swallowing disorders, differences, and disabilities. Our clinical faculty has a wealth of clinical expertise and experiences. We are excited to share this with you and support you in the clinical education process.

We are honored that you have chosen our program. The faculty and staff are dedicated to your success. We look forward to guiding you in developing your clinical and professional skills in speech-language pathology!

Best Wishes,

Nia I. Johnson, Ed.D., CCC-SLP

Coordinator of Clinical Services/Assistant Professor of Speech-Language Pathology

Department of Speech-Language Pathology

nijohnson@fmarion.edu

Phone: 843-661-1887

Reference this material as: American Speech-Language-Hearing Association. (2016). Scope of Practice in Speech-Language Pathology [Scope of Practice]. Available from www.asha.org/policy.

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ABOUT THIS DOCUMENT

This scope of practice document is an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the profession of speech-language pathology. This document was developed by the ASHA Ad Hoc Committee on the Scope of Practice in Speech-Language Pathology. Committee members were Mark DeRuiter (chair), Michael Campbell, Craig Coleman, Charlette Green, Diane Kendall, Judith Montgomery, Bernard Rousseau, Nancy Swigert, Sandra Gillam (board liaison), and Lemmietta McNeilly (ex officio). This document was approved by the ASHA Board of Directors on February 4, 2016 (BOD 01-2016). The BOD approved a revision in the prevention of hearing-section of the document on May 9, 2016 (Motion 07-2016).

INTRODUCTION

The Scope of Practice in Speech-Language Pathology (SLP) of the American Speech-Language-Hearing Association (ASHA) includes the following: a statement of purpose, definitions of both speech-language pathologist and speech-language pathology, and a framework SLP practice, a description of the domains of SLP service delivery, delineation of SLP service delivery areas, domains of professional practice, references, and resources.

The speech-language pathologist (SLP) is defined as the professional who engages in professional practice in the areas of communication and swallowing across the life span. Communication and swallowing are broad terms encompassing many facets of function. Communication includes speech production and fluency, language, cognition, voice, resonance, and hearing. Swallowing includes all aspects of swallowing, including related feeding behaviors. Throughout this document, the terms communication and swallowing are used to reflect all areas. This document is a guide for SLPs across all clinical and educational settings to promote best practice. The term individuals is used throughout the document to refer to students, clients, and patients who are all served by the SLP.

As part of the review process for updating the Scope of Practice in Speech-Language Pathology, the committee revised the previous scope of practice document to reflect recent advances in knowledge and research in the discipline. One of the biggest changes to the document includes the delineation of practice areas in the context of eight domains of speech-language pathology service delivery: collaboration; counseling; prevention and wellness; screening; assessment; treatment; modalities, technology, and instrumentation; and population and systems. In addition, five domains of professional practice are delineated: advocacy and outreach, supervision, education, research and administration/leadership.

Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, cognition, voice, resonance, feeding, swallowing, and hearing. The practice of speech-language pathology continually evolves. The SLP play critical roles in health literacy; screening, diagnosis, and treatment of autism spectrum disorder; and use of the International Classification of Functioning, Disability and Health (ICF; World Health Organization [WHO], 2014) to develop functional goals and collaborative practice. As technology and science advance, the areas of assessment and intervention related to communication and swallowing disorders grow accordingly. Clinicians should stay current with advances in speech-language pathology practice by regularly reviewing the research literature, consulting the Practice Management section of the ASHA website, including the Practice Portal, and regularly participating in continuing education to supplement advances in the profession and information in the scope of practice.

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

Disclaimer: The American Speech-Language-Hearing Association disclaims any liability to any party for the accuracy, completeness, or availability of these documents, or for any damages arising out of the use of the documents and any information they contain.

Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- A member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- A member of the Association not holding the Certificate of Clinical Competence (CCC)
- A nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- An applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics- The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

Advertising- Any form of communication with the public about services, therapies, products, or publications.

Conflict of Interest- An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

Crime- Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

Diminished Decision-Making Ability- Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

Fraud- Any act, expression, omission, or concealment- the intent of which is either actual or constructive calculated to deceive others to their disadvantage.

Impaired Practitioner- An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

Individuals- Members and/or certificate holders, including applicants for certification.

Informed Consent- May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

Jurisdiction- The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

Know, Known, or Knowingly- Having or reflecting knowledge.

May vs. Shall- May denotes an allowance for discretion; shall denotes no discretion.

Misrepresentation- Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

Negligence- Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

Nolo Contendere- No contest.

Plagiarism- False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

Publicly Sanctioned- A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

Reasonable or Reasonably- Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

Self-Report- A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

Shall vs. May- Shall denotes no discretion; may denotes an allowance for discretion.

Support Personnel- Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

Telepractice, Teletherapy- Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

Written- Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane matter.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgement, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students' tasks related to the provision of clinical services that require the unique skills, knowledge, and judgement that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee-directly or by implication-the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence based clinical judgement, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access of these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgement.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgement and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentation when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and interprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgement in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.

- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty; physical harm- or the threat of physical harm-to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action of disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

**FRANCIS MARION UNIVERSITY SPEECH-LANGUAGE PATHOLOGY CLINIC
PROFESSIONAL PROTOCOL FOR CLINICAL PRACTICE ETHICAL PRACTICES**

The Graduate Clinician:

A. ETHICAL PRACTICES

- Conducts all clinical work in accordance with the FMU Professional Protocol and the Code of Ethics set forth by the American Speech-Language Hearing Association.
- See FMU Attendance Policy

B. DEPENDABILITY

- Prepares for and conducts clinical services as assigned.
- Prepares for and conducts meetings/conferences/consultations (reviews appropriate files, develops questions and/or key points for discussion).
- Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
- Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.

C. PUNCTUALITY

- Conducts clinical contacts within appropriate period
- Therapy/treatment should begin promptly and end promptly in order to allow sufficient time for cleanup and setting-up the next session.
- Appointments will not be canceled without supervisor approval.
- In case of clinician illness, it is the clinician's responsibility to:
 - a. Notify supervisor first.
 - b. Discuss with supervisor arrangements for make-up appointments.
- Please be certain that supervisors are notified in advance of any anticipated absences from professional responsibilities.
- Submits all written assignments (e.g., session plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attends all meetings/conferences/consultations promptly.

D. CONFIDENTIALITY

- Retains patient folders in assigned locations in office or treatment/therapy rooms.
- Utilizes discretion concerning patient information in written and oral communication with others.

E. PERSONAL APPEARANCE

- Utilizes discretion in dress and behavior in professional activities.
- Wears name badge.
- Maintains and promotes a professional image.
- Expanded Dress and Personal Appearance Code (Ethics page 26.)

F. COMMUNICATION

- Utilizes appropriate communication in all professional activities.
- Provides appropriate communication model for patient and family.
- Appropriate written and oral communication is used with all persons involved in the case including supervisor, co-clinicians, and other professionals.
- Contact supervisor regarding inability to complete work by designated deadline.
- Check mailbox at least once per day

G. ACCOUNTABILITY

- A working folder (including session plans and patient-clinician analysis) is kept up to date for the full semester during which the patient is seen for services.
- Documentation (test results, data on specific goals, correspondence, release of information, etc.) is updated and kept in working folder.
- Appropriate billing forms are filled out in a timely manner.
- Information in the FMU Speech Clinic Handbook and Voice Manual is reviewed and used on a daily basis.
- Uses universal safety precautions whenever necessary.
- Uses HIPAA compliance standards whenever necessary.

H. ELECTRONIC COMMUNICATION DEVICES:

- Cell phone, pagers, and other electronic communication devices should be turned off during class and clinical assignments.

I. STUDENTS WITH DISABILITIES:

- Any student who has a disability that will require some modification of seating, testing, or other class requirements is urged to immediately seek such an accommodation.

- Students with disabilities must be registered with the Disability Resource Center in the Office of the Dean of Students before classroom/ clinical accommodations can be provided. In order to activate the accommodations for which the student is eligible, the student must initiate a meeting with the instructor/supervisor of record to make the necessary accommodations.

J. STUDENT RIGHTS, COMPLAINTS, AND ACADEMIC MISCONDUCT:

- The official policies of the University concerning student rights and complaints, honesty and academic misconduct can be found in the Academic Procedures Manual, and in the University Regulations, available from the Office of the Dean of Students. In general, a complaint(s) should be brought first to the instructor(s), the Coordinator of Clinical Services, and then, if the complaint(s) cannot be resolved, to the Program Director.

K. CAMPUS EMERGENCY:

- In the event of a major campus emergency, course requirements, deadlines, and grading percentages are subject to changes that may be necessitated by a revised semester calendar or other circumstances. We will e-mail you any changes and/or post information on Blackboard class sites for all Clinical Practice. Failure to meet these standards will result in probationary status to be determined by the Clinical Supervisor(s) directly involved and the Coordinator of Clinical Services. The result may be lowering of the semester clinical grade and/or termination of clinical responsibilities.

Clinical Program Policies and Procedures

Note: All FMU Clinical activities and policies are based on strict adherence to CAA guidelines.

Complaints Related to Accreditation Standards

Students with concerns related to any aspect of the program's compliance with accreditation standards may at any time voice their concerns directly to the Council on Academic Accreditation (CAA). The complaint must clearly describe the specific nature of the complaint and the relationship of the complaint to the accreditation standards, and include supporting data for the complaint. The CAA requires that the complainant exhaust all institutional grievance and review mechanisms before submitting a complaint to the CAA. Submissions should be addressed to:

- The Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard, #310
Rockville, MD 20850

Phone: (800) 498-2071

Email: accreditation@asha.org

Website: <http://caa.asha.org/>

Overview

The FMU clinical program is designed to give students diverse and multiple opportunities to gain clinical exposure and experience in various clinical settings. Clinical experiences are infused throughout the six (6) semesters of the program, and are designed to provide students a variety of educational experiences to apply their knowledge and build clinical skills in a progressive and dynamic clinical environments.

To enhance the integration of academic and clinical knowledge, students are engaged in clinical activities throughout their graduate program. Supervision and support is provided by ASHA certified, state licensed speech-language pathologists in the community, by adjunct clinical educators, and by FMU faculty. Academic courses may also have a clinical component and/or lab associated with the course to facilitate practical application and practice of clinical skills.

The goal of the MSLP program is that students will acquire entry-level competence for clinical practice by the time of their graduation. Generally, it is expected that students will progress through the MSLP program as outlined below:

SLP 520: Structured Observation and Preclinicals

Students participate in a minimum of two internal clinical rotations at our on-campus clinic. Observation, pre-clinical, and simulation clinical education are the focus of this clinical education, leading to basic speech, language and hearing clinicals.

Internal/External Clinical Practicum

Upon successful completion of the internal rotations, students participate in up to three different off campus clinical rotations at hospitals, rehabilitation centers, schools, or private practices.

Students must receive a passing grade in each practicum rotation in order to continue to the next practicum experience. Selected pediatric clock hours within these experiences may be counted toward the school based practicum requirement for teacher certification.

External Practicum: School Setting

This semester of clinical practicum experience in speech-language pathology includes experiences in diagnosis and treatment of speech-language disorders in a school setting. This course satisfies the practicum requirement for teacher certification. Participation in clinical training is a required part of the curriculum and a requirement for graduation; therefore, denial by a clinical site for the student to participate in the clinical experience at that site for any reason may result in a delay of graduation or the inability to graduate from the program. The university makes no representations or warranties regarding a student's ability to complete the program or obtain licensure, certification, or other professional credentialing.

Clinic Populations

During their academic program, graduate students will have practicum experiences with client populations across the lifespan and from culturally and linguistically diverse backgrounds, in addition to populations with various types and severities of communication and/or swallowing disorders, differences, and disabilities.

Knowledge and Skill Competencies

Graduate students must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve knowledge and skills outcomes in preparation for entry-level practice as described in Standard 3.0B by the Council on Academic Accreditation (CAA) Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology available at <https://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf>

These knowledge and skill outcomes include opportunities for students to acquire and demonstrate their knowledge in the nature of speech, language, hearing, swallowing, and communication disorders and differences including etiologies, characteristics, anatomic/ physiologic, acoustic, psychological, developmental, linguistic, and cultural correlates across the following areas:

1. Professional Practice Competencies

Student will demonstrate the following attributes and abilities:

- Accountability
- Integrity
- Effective Communication Skills
- Clinical Reasoning
- Evidence-Based Practice
- Concern for Individuals Served
- Cultural Competence
- Professional Duty
- Collaborative Practice

2. Foundations of Speech-Language

Pathology Practice Student will demonstrate knowledge of the:

- Discipline of human communication sciences and disorders.
- Basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
- Ability to integrate information pertaining to normal and abnormal human development across the life span.
- Nature of communication and swallowing processes in articulation & fluency.
- Voice and resonance, including respiration and phonation;
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities; hearing, including the impact on speech and language.

- Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology).
- Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning).
- Social aspects of communication (e.g., behavioral and social skills affecting communication).
- Augmentative and alternative communication.
- Knowledge of the above elements includes each of the following: etiology of the disorders or differences;
- Characteristics of the disorders or differences.
- Underlying anatomical and physiological characteristics of the disorder or differences.
- Acoustic characteristics of the disorders or differences; psychological characteristics of the disorders or differences; developmental nature of disorders or differences.
- Linguistic characteristics of the disorders or differences; cultural characteristics of the disorders or differences.

3. Identification and Prevention of Speech, Language, and Swallowing Disorders and Differences

Student will demonstrate knowledge of:

- Principles and methods of identification of communication and swallowing disorders and differences;
- Principles and methods of prevention of communication and swallowing disorders.

4. Evaluation of Speech, Language, and Swallowing Disorders and Differences

Students will demonstrate knowledge and skills in assessment across the life span for disorders and differences associated with:

- Articulation;
- Fluency;
- Voice and resonance, including respiration and phonation;
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
- Hearing, including the impact on speech and language;

- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology);
- Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
- Social aspects of communication (e.g., behavioral and social skills affecting communication);
- Augmentative and alternative communication.

5. Intervention to Minimize the Effects of Changes in the Speech, Language, and Swallowing Mechanisms

Students will demonstrate knowledge and skills in assessment across the life span for disorders and differences associated with:

- Articulation;
- Fluency;
- Voice and resonance, including respiration and phonation;
- Receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication, and paralinguistic communication) in speaking, listening, reading, writing, and manual modalities;
- Hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology);
- Cognitive aspects of communication (e.g., attention, memory, sequencing, problem solving, executive functioning);
- Social aspects of communication (e.g., behavioral and social skills affecting communication);
- Augmentative and alternative communication.

6. General Knowledge and Skills Applicable to Professional Practice Students will demonstrate:

- Ethical conduct;
- Integration and application of knowledge of the interdependence of speech, language, and hearing;

- engage in contemporary professional issues and advocacy; processes of clinical education and supervision;
- Professionalism and professional behavior in keeping with the expectations of the speech-language pathologist;
- Interaction skills and personal qualities, including counseling and collaboration; self-evaluation of effectiveness of practice.

Essential Functions Form

All students are expected to read and return the Essential Functions Form with a signature acknowledging that the student has read, understands, and affirms capacity to fulfill the essential functions as described.

Documentation of Observation Hours Standard V-C states: "The applicant for certification in speech-language pathology must complete a minimum for 400 clock hours of supervised clinical experience in the practice of speech-language pathology. A minimum of twenty-five must be spent in clinical observation, and 375 hours, or greater, must be spent in direct client/patient contact. Although students are required to obtain 400 hours, overall, it is understood that typically students may need greater than 400 clinical contact hours to achieve competency across and within all clinical domains. Clinical Supervisors may recommend more clinical hours to help students achieve professional level competence."

Implementation

Guided observation hours general precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Students entering the MSLP Program are required to have minimum of 25 hours of observation. These hours should be turned in to the Director of Clinical services during the first week of the first semester. Hours can only be counted if they are verified by certified speech-language pathologist. Documentation requires both the supervising clinician's name and ASHA certification number. If possible, submit original documents; make a copy for your records. Additional observation hours will be accrued during the first semester of clinical practicum.

Criminal Background Check

All graduate students are required to complete a national criminal background check at their own cost. At this time, background checks are complete during the second semester of the program prior to student being placed at outside clinical sites. If, in the sole discretion of FMU, the background check yields findings that could impact successful completion of the program, including access to clinical training sites, or diminish the likelihood of licensure, the SLP admissions, Progression, and Graduation Committee can dismiss the student.

Background Checks for International Students

International students are required to provide evidence of background checks conducted in their home country and in the United States. Fees and timelines associated with international background check processes may exceed those published for domestic students. Processes and timelines for international student completion of background checks will be handled on a case by-case basis.

Basic Life Support CPR

All students in the graduate program are required to complete a Basic Life Support (BLS) CPR (adult and infant) training and maintain current certification for the duration of the program. Certification is valid for two years. Students are responsible for the course and certification fee. A student's CPR certificate must be valid during all clinical experiences throughout the program, and the student is responsible for maintaining a record of this certification. Students must also provide a copy of their certificate to the program prior to the beginning of their first semester.

Mandatory OSHA Safety Training

Graduate students are required to complete Blood Borne/ Airborne Pathogens Exposure, Infection

Control Training, and OSHA Safety Guidelines, trainings as part of the requirements for clinical practicum. This training occurs during Student Orientation. Students may be required by a clinical site to complete additional on-site training. Instructions for completing these requirements will be given to students by the Coordinator of Clinical Services.

HIPAA / Privacy Training

Information that identifies patients or clients is held in confidence by clinical professionals and this assurance of confidentiality is an essential aspect of building trust between clients and healthcare professionals. Identifiers include name, address, and date of birth, phone number, email address, record number, photographs, videos, clinic identification number/s, diagnoses, and another information that could allow someone to identify the client/patient. Exceptions to confidentiality include specific written authorization from the client to release information as well as communication between students, supervisors, and other professionals managing that client in secure locations, certain communications for treatment, payment, or healthcare operations, or when a patient/client is believed to be in danger (from self or to others).

Students who gain access to information about clients through indirect discussion, for example in group supervision discussion, are required to uphold the confidentiality of that client. Some facilities may have stricter requirements relating to the handling of patient or other confidential information. Students are expected to familiarize themselves with and abide by the facility's requirements for the handling of information. Some facilities may require additional privacy or confidentiality before beginning fieldwork.

Violations may result in dismissal from the MSLP program.

Confidentiality Tips

1. Do not discuss your client by name except with your clinical supervisor, clinic staff or as necessary during clinical meetings.
2. Do not discuss the client in public areas e.g. elevator, waiting room, restrooms, stores, etc.
3. Do not mention your client's name in class presentations or discussions.
4. Do not leave client reports, lesson plans, or other written information unattended.
5. Follow all the office rules regarding checking out and returning client folders and reports.
6. Do not take client folders home and do not remove information from them.
7. Do not discuss your client with others. Unless your client or your supervisor has approved the communication, do not discuss your client with other professionals or persons in other agencies.
8. Remind your observers that they should respect client confidentiality.
9. Obtain written consent to make recordings or take photographs of clients.
10. Comply with all clinic rules regarding release of information.
11. Honor client confidentiality during communications on the Internet.

(Hegde, M.N. & Davis, D. (2005). *Clinical Methods and Practicum in Speech-Language Pathology*, (Fourth Edition). San Diego: Singular Publishing Group, Inc., pp. 88-90.)

Research Ethics Training

All students will be required to complete an online University training course in research ethics.

This is required during the first semester of the Master's degree program and is completed in the Research Methods in Communication Sciences course. Upon completion of the course, students must provide verification of completion to the course instructor for placement in the student's permanent record. Students are reminded to keep a copy of the certificate of completion for their own records. Students typically will not need to resubmit the documentation each time a new proposal is submitted. However, proposals sent to the Institutional Review Board will not be reviewed until all investigators listed on the proposal have completed the training.

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Consent to Disclose Student Information with Clinical Sites

Students will be asked to allow Health Services and the Director of Clinical Services to share information with clinical sites, such as background check, immunization records, HIP Attaining certificates, CPR certification, or other information. Authorizing release this information is voluntary. Students may revoke this consent at any time. Lack of consent may limit or delay internal and external clinical placements. Refusal to authorize release of information may impact student's ability to participate in required clinical experiences and may limit the student's ability to complete the program and graduation requirements.

Liability Insurance

Liability insurance for students may be required by clinical sites. The University maintains professional liability insurance coverage for covered employees and students engaged in activities within the course and scope of the University's programs. Clinical sites are provided with a liability insurance certificate prior to a student beginning a rotation at a site. Students may also choose to purchase additional personal liability insurance, which may be available via a broker or a student association.

Immunization Policy

Documented evidence of delivery of immunization or blood titers for the following immunizations must be reported to the FMU Student Health Services by August 1 for fall starts. Students must sign a release of records form. This form's authorization is limited to verification of health screening and immunization records only and allows the Coordinator of Clinical Services to proceed with clinical experience placements for students in adherence with agreements with agencies and facilities. Student should be aware that specific sites may have health clearance requirements beyond those required by the University; participation at those sites require that students submit to additional health clearance requirements at their own expense.

Requirements

History and Physical

Completed by student and healthcare provider.

Tuberculosis Screening

A tuberculin skin test (TST or interferon gamma release assay QuantiFERON r.-TB) within one year is required. If either is positive (TST>10mm induration): Chest x-ray performed after the test was known to be positive is required; Provide any dates of tuberculosis treatment.

Measles, Mumps, Rubella (MMR)

Beginning on or after the first birthday, two measles (at least 28 days apart), one mumps and one rubella vaccination OR lab documentation of positive IgG antibody to measles, mumps, rubella.

Hepatitis B virus (HBV)

Documentation of a full series (three (3) HBV vaccinations PLUS positive HBV surface antibody that is a qualitative result. HBV vaccine non responders must begin a revaccination series or provide laboratory documentation of prior HBV infection.

Varicella (Chickenpox)

Documentation of two varicella vaccinations OR laboratory documentation of positive IGG antibody to varicella.

Tetanus-Diphtheria-Pertussis

Documentation of a booster within ten years. One booster as an adult is to include a cellular pertussis (Tdap), instead of tetanus-diphtheria (Td) alone.

Polio Vaccine

Documentation of the last polio booster.

Meningococcal Vaccine ACWY

Meningococcal vaccination is recommended (especially for anyone living in a dormitory) but not required. Students are required to complete a form indicating vaccine receipt or declination.

In addition, the following immunizations are required by FMU and may be required by specific clinical sites:

Annual influenza (flu) vaccine

Students should retain a copy of their immunization records and health form and support documentation of updates to Student Health Services. Students should also note that clinical placement sites (and future employers) may require evidence of immunization and may require other immunizations in addition to those listed above.



Francis Marion University Clinical Practicum Attendance Policy

Speech-Language Pathology Graduate Student Clinicians enrolled in Clinical Practicum have an obligation to provide clients with regular and consistent therapy sessions. Consistent attendance in the Clinical Practicum courses are also required to enable students to gain appropriate skills across disorders. When students can anticipate that personal obligations will cause absence during a semester, they should consider not registering for clinic that semester. This will require approval from the Graduate Committee and Coordinator of Clinical Services. Graduate Student Clinicians may need to extend their program in order to accumulate the experiences and types of clinical hours required for graduation.

The Department's policy requires that Graduate Student Clinicians attend all scheduled appointments with clients and all class sessions. Only personal illness, death of an immediate family member, or pre-approved extenuating circumstances will be considered an excusable absence and a reason for canceling an appointment with clients, failing to attend assigned clinical placements, or missing class periods. Graduate Student Clinicians must submit a doctor's note if the combine absences for class and any clinical placements are in excess of two sessions during a semester. Whenever possible, given the constraints of individual practicum settings, every effort should be made to reschedule clients in a timely manner to make up the missed appointment. Absences from clinical assignments not related to illness will be considered unexcused unless approved, in advance, by the Coordinator of Clinical Services of the Speech-Language Clinic. Graduate Student Clinicians who miss more than 10% of any clinical practicum assignment or do not earn a grade of B or better on the CSCF anytime during a semester may have their clinical privileges removed. No hours will be accrued.

All unexcused absences will be considered excessive and will necessitate corrective action. The Graduate Student Clinician will be placed on probation and a Remediation Plan will be developed.

The Remediation Plan will be one of the following options:

Graduate Student Clinicians who have unexcused absence(s) in during a semester will be required to make up all of the class periods missed in the current semester by completion of an outside assignment to be determined in the Remediation Plan. The clinical grade for the semester may be lowered or the Graduate Student Clinician may receive an Incomplete (I).

Graduate Student Clinicians who have an unexcused absence(s) in a clinical assignment will be required to make up all of the sessions missed in the *current* semester if the situation permits. The clinical grade for the semester may be lowered.

Graduate Student Clinicians who have an unexcused absence(s) in a clinical assignment will be required to make up all of the sessions missed in the *following semester* if the situation permits. The clinical grade for the semester will be “Incomplete” and the grade may be lowered once the sessions are made up. Due to the limited availability of practicum assignments and depending upon circumstances and client availability, Graduate Student Clinicians needing to make up sessions may need to extend their program in order to accumulate the experiences and types of clinical hours required for graduation.

Graduate Student Clinicians who have unexcused absences within a semester in an assignment may be removed from that particular clinical assignment; in this case no hours will be accrued and the clinician will earn a clinical grade of C or lower. The clinician may withdraw with a “pass” or “fail”, if allowable by the University’s timetable. Due to the limited availability of practicum assignments and depending upon circumstances and client availability, Graduate Student Clinicians needing to make up sessions may need to extend their program in order to accumulate the experiences and types of clinical hours required for graduation.

Graduate Student Clinicians who demonstrate a pattern of unexcused absences across two semesters may be removed from the clinical program either temporarily or permanently; in this case no hours will be accrued and the Graduate Student Clinician will earn a clinical grade of F for that semester.



The FMU Center for Speech, Language and Hearing

Carter Center for Health Sciences Clinic Location:

The speech Clinic is located in Carter Center for Health Sciences Building on the FMU Downtown campus. Clinic facilities are accessible to physically handicapped persons via a ground level entrance. Parking is available for clients at designated areas in the Harrison Street Parking Garage.

The FMU Center for Speech, Language and Hearing Clinical experiences for FMU graduate students include evaluations, screenings, as well as individual and group intervention for children and adults with communication problems. Disorder areas addressed include, but are not limited to:

Accent Modification

Auditory processing, language comprehension, and other receptive communication difficulties.

Communication difficulties associated with hearing loss.

Speech production difficulties such as: speech sound/articulation, stuttering, voice disorders associated with vocal misuse, and a range of medical conditions such as cleft palate, Parkinson's disease.

Developmental language difficulties as well as language problems associated with other conditions such as autism, neurological conditions:

- Swallowing Problems
- Head and neck cancer
- Feeding and Swallowing Disorders
- Autism
- Cognitive Disabilities
- Aphasia

The FMU Center for Speech, Language and Hearing will provide a variety of clinical services to the community and FMU. Our missions include the provision of excellent services to clients as well as the highest quality of clinical training for graduate students. Below you will find detailed descriptions of our clinical experiences.

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The FMU Center for Speech, Language and Hearing

Accent Program: Accent modification sessions are designed to help non-native English speakers reduce their accent, improve oral communication, build vocabulary, and learn about American culture. Effective communication requires not just the mastery of individual sounds and the accompanying aspects of pronunciation such as stress, rhythm, and intonation, but also the mastery of non-verbal communication skills such as gestures, posture, and eye contact. A typical accent modification program will involve individual and/or group sessions with a speech-language pathologist to address each of these aspects of communication. Completion of daily home assignments to augment goals of the individual session, and a commitment to consistent self-practice are necessary for optimal success.

Adult Language Diagnostic and Treatment: Adult clients with varying neurologic diagnoses including CVA (stroke), traumatic brain injury, Parkinson's disease and dementia are seen weekly for individual and/or group therapy. Therapy focuses on improving communication skills via a multi-model approach.

Aural Rehabilitation for Children and Adults: Assessment and intervention services are provided for individuals with hearing loss from infancy through adulthood. Individual and/or group intervention focuses on auditory perception and amplification with hearing aids and/or cochlear implants, lip reading, expressive speech and language, vocabulary and communication development as well as social communication skills. The benefits of assistive listening systems are explored. Both audiologists and speech-language pathologists collaborate to provide comprehensive treatment.

Birth-Three Program: This program provides early intervention services for children aged three or younger and their families. Individual and group therapy sessions focus on collaborating with caregivers and sharing strategies associated with the development of communication skills in young children. Children with communication delays and their parents participate in a naturalistic, play-based setting.

Child Speech-Language Diagnostic and Treatment: Communication disorders in children and adolescents are evaluated and treated in weekly individual and or group therapy. Evidence based practice approaches are utilized to maximize improvement in communication disorders.

Pragmatic Language Groups: Pragmatic Language Groups are designed to provide opportunities for children and teens with social communication difficulties to interact with peers, to learn and practice skills for social interaction, and to develop friendships. Weekly, sessions are designed to provide opportunities for participants to learn and practice skills during motivating activities. Participants are involved in small group and large group activities targeting skills such as turntaking, topic maintenance, compromise, reciprocity, and interruption during both direct teaching and practice. There are different groups available including Play Group (ages 3-5), Kids Club (ages 5-8 years), Tweens Club (ages 9-12 years) and Teens Club (ages 13-18 years) and Adult Group.

Preschool Language Program: This communication-based program serves children ranging from 3-5 years of age. Various etiologies and communication problems are addressed in group and experiential situations. Children with typically developing communication skills are included as peer models. A transdisciplinary team consisting of a speech-language pathologist, early childhood special educator, and family members plan and implement communication intervention in an early childhood setting. The Preschool Language Program is open three mornings a week.

Stuttering Therapy Diagnostic and Treatment: The clinic offers a variety of programs for people who stutter and their families. Therapy is designed to meet clients' individual needs. Therapy with preschool and grade school children consists of individual sessions combined with parent support/training groups. Adolescents and adults may receive both individual and group therapy. Treatment emphasizes not only achieving smoother speech patterns, but also reducing the fear and embarrassment so commonly experienced by those who stutter.

Summer Intensive Articulation and Phonology Programs: This program is designed to provide intensive intervention for children ages 4 to 10 years who receive speech therapy during the school year. The program runs for approximately eight weeks over the summer. The program helps children learn and stabilize producing targeted sounds to improve their ability to be understood.

Summer Child Language Treatment/Research Program: Each summer, a four-week child language intervention and research program takes place from mid-June to mid-July. Children ranging from 4-6 years of age who meet the criteria established for research protocols participate in data collection tasks and intervention activities on three mornings a week.

Wellness Screenings: FMU employees and retirees may have their speech, language and hearing screened on advertised days throughout the calendar year for free

Additional Clinical Locations: Current additional clinical locations are included in the clinic program description. Detailed information is provided to the graduate student clinician upon assignment to this clinical experience.



The FMU Center for Speech, Language and Hearing

Cancellation of Appointments by Clients

When a client cancels a session, this information is forwarded to the Clinical Supervisor by phone message by the Clinical Administrative Assistant.

Client Files

The folders can be checked out of the file cabinet for use. See Section on “Clinic Procedures” for information related to use of client files. Current client folders and clinic forms are kept in the clinical files storage room. Ask the Clinical Administrative Assistant for non-current client folders as they are stored in another location. The main office is open from 8:00 a.m. to 4:00 p.m. Monday through Friday. Client files cannot be taken from the FMU Center for Speech, Language and Hearing.

Client Waiting Room

The client waiting rooms are located on the third floor. Clinicians should arrange to meet their clients in the waiting room prior to each treatment/therapy session unless special arrangements are made in advance. Parent conferencing should not take place in the hallway. Important therapy-related information should be discussed only in the privacy of a therapy room. Clients are asked to check in at the Clinical Administrative Assistant’s desk and then wait in the Clinic Waiting Area.

Computer Usage: Student Resource Center

The Student Resource Center is located on the third floor. The student computer lab is equipped with computers.

Available Software (this is a partial list)

First priority is use of the computers for Client treatment documentation:

- Microsoft Office
- MS Word
- Excel
- PowerPoint
- Adobe Reader
- Internet Explorer

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Miscellaneous other software related to Speech-Language Pathology, Auditory Interactivities, etc. (on some machines)- SALT, Brainiac, PRAT, and Cool Pro Edit, and MATLAB.

Policies and Procedures for Computer Room:

- Students' clinical assignments versus course work- The door is to remain locked **AT ALL TIMES** for security purposes.
- **No inappropriate material allowed**- Including pornography or any software unauthorized by the department.
- **Printing volume**- Please be sensitive to other users. Since this is to be used for clinical obligations there would be little need for "large" printing jobs. Color printing jobs need prior approval from Clinical Supervisor.
- **Copier**- Used for clinic purposes only. See information in next section.
- Clinic or personal files are **not** allowed to be stored on the hard drive. Clinic files are to be stored on the FMU Center for Speech, Language and Hearing Clinic drive.
- I-Pads are **NOT** to be used for personal use.



Copying/Scanning Machines

There are copy machines in several locations for copying documents for clinical use. (See above procedure under computer usage). Be aware that the Speech Clinic is charged for each copy made. DO NOT abuse this privilege. Additional copy machines and scanning are available in the University libraries.

Graduate Lounge Area

The graduate area is located on the third floor of the Carter Center. Lockers are available in 338 for graduate clinicians. Other gathering areas are located throughout CCHS for use by graduate students.

Handicap Access

The FMU Center for Speech, Language and Hearing is accessible through each entrance into the Carter Center to all handicapped individuals. An elevator is located in the main entrance in the building for access to the 2nd and 3rd floors. All of the treatment/therapy rooms in the clinic accommodate wheelchairs.

Mailboxes

All graduate student clinicians will be assigned mailboxes at the beginning of each semester. The mailboxes are located in the Student Resource Room. Faculty and staff mailboxes are located in the Workroom.

Observation (Live) and Recorded Viewing Rooms

Two rooms are directly observable. Observation rooms are limited in number and need to be used to everyone's best advantage. All interested clinicians and the clients' parents/families are encouraged to observe; supervisors have top priority for observing therapy sessions when space in an observation room is limited

Please heed the following rules when observing

- 1) **Be quiet.** If communication is necessary, step away from the window and whisper.
- 2) **Do not leave hallway doors open** as light from the hallways can be seen in the therapy rooms through the one-way mirror.
- 3) **Do not lean too closely to the mirror** as shadows can be seen in the therapy rooms.
- 4) **Use the headphones** available at each observation window if others need to observe a different room from that location.

Recording Sessions

The cameras continuously record movement in the therapy rooms. The button in the therapy room must be set to “green” to record the sound. Following a session, it MUST be disengaged to prevent continuous recording.

Carter Center Administrative Offices

The Carter Center Administrative Offices are located on the 3rd floor.



Therapy Rooms

Therapy rooms are located on the third floor of CCHS. Two of the rooms are observable via two-way mirror. Video recording equipment is located in all rooms. Each therapy room contains furniture appropriate for each room. Furniture should remain in that room but if removal is necessary, return it to the proper location immediately after the treatment/therapy session.

Room reservations for the semester need to be scheduled with the Clinical Administrative Assistant. Do not use a vacant therapy room for any reason without first checking with the Clinical Administrative Assistant who schedules all of the treatment/therapy rooms. As a courtesy, there is a sheet with room reservations that is located on the inside of the door for each room.

For special one-time occasions, reserve the room with the Clinical Administrative Assistant, who will note the date, time and room for the specific appointment.

In order to maintain current schedules for all therapy rooms, please coordinate room changes with the Clinical Administrative Assistant and the supervisor you are working with if an assignment changes during the semester.

Materials and Equipment

CLINICAL POLICY

The department provides a wide variety of treatment/therapy materials for use in the Clinic. These include stimulus materials, formal tests and speech and language therapy programs. This presents the students with a variety of materials to enhance the learning process during the clinical practicum.

Purchasing and maintaining materials is an expensive task. To ensure that materials are not misplaced and that they are maintained in the best possible condition, specific borrowing procedures have been developed. These procedures are outlined in the following paragraphs. Use of materials in the resource room is a privilege that may be revoked if procedures are not followed. Tests and treatment/therapy materials are not to be used in externships unless approval is provided by the Coordinator of Clinical Services.

Check-Out and Returns: Diagnostic Tests

There are many diagnostic tests available for your use in clinical practicum. Diagnostic tests and forms are kept in the Clinical Resource Room. A comprehensive list of tests available is included in a binder kept in the resource room. The tests are organized in the binder in several ways for your convenience. The tests are listed according to primary disorder classification, age range and in alphabetical order within the binder.

Sign out all diagnostic tests on the checkout list in Resource Room using the scanning system. Directions for checking out tests are posted. Clinicians should reserve needed tests materials before the diagnostic session. Diagnostic clinical teams have priority in reserving testing materials. Tests may be checked out for two hours at a time. Tests may not leave the building between 8 a.m. to 5 p.m. You may check out a diagnostic test after 5:00 p.m. for overnight use, but it must be returned by 8:00 a.m. the following day. You may need to return the test and check it out later to complete scoring after administering the test. When checking out diagnostic tests, take the entire assessment, not just the manual or test plates inside the folder and return it to the proper place. Tests and therapy materials are not to be used in externships unless approval is provided by a faculty or staff person.

Diagnostic test forms are very expensive. To prevent waste of forms, clinicians should use worksheets, photocopies, and/or other recording sheets for initial data collection. This data can then be transferred to the test protocol form. Use only one form per client.

IPads are stored in Clinical Resource Room. Sign-out is imperative as well as quick return. Charge iPads upon return. **NOT FOR PERSONAL USE.**

Check-Out Materials

Treatment/Therapy materials may be checked out of the resource room for daytime or overnight use. You must check out the materials by using the scanning system in the resource room. A comprehensive inventory of available materials is listed in a larger binder kept in the resource room. **ALL MATERIALS MUST BE CHECKED OUT AND RETURNED AT THE END OF THE SESSION.**

Check-In Materials

Return materials to the resource room as soon as you are finished. If materials are checked out for overnight use, they must be returned to the resource room by 8:30 am the following day. Specific guidelines for returning materials are posted in order to keep the resource room neat. Please return all materials to the location where you found them.

Resource Room Employees and Bulletin Board

The department employs graduate students to maintain materials in the resource room and to insure the upkeep of room. A Clinical Faculty member has over-all responsibility for the operation of the Resource Center. Please let a resource room employee know of damaged or missing items from the resource room by alerting the clinical administrative assistant. Please check the bulletin board for information regarding the resource room. Please help to keep the resource room neat. The Resource Room door is locked at all times.

NOTE: Due to the high demand for certain materials, removing items from the Clinical Resource Room for individuals other than clients (i.e., brothers and sisters) should be discouraged. Patents should be encouraged to bring favorite toys/books from home for any accompanying children or use those toys in the waiting room. Under no circumstances should parents or accompanying children be allowed to help themselves in the Resource Room. Resource Room materials should not be taken down to the Waiting Room at any time.

Rooms and Furniture

If it is necessary to move furniture from room to room, please return it to its proper place. In most cases, it is preferable to change rooms rather than to move furniture. Keep supervisors aware of any room changes.

Also, please keep the treatment/therapy rooms as neat as possible. Do not use tape on the walls, spill liquid on the carpets, etc. As needed, please wipe off the table and chairs, clean up the floor. If there is a room that needs further attention, please alert the Clinical Administrative assistant so a note can be left for housekeeping to clean the room that evening. There is a Bio-hazardous Kit in each therapy room. Each kit is equipped with a bottle of bleach solution, rubber gloves, paper towels, etc. Please let the Clinical Administrative Assistant know when they need to be replenished.

Video Equipment

If there are problems with the equipment, please request help from a supervisor. Headphones are available in the Resource Room for private listening by parents or other observers. Please turn the monitors off when finished with them.



Scheduling Procedures for Clinical Assignments in the FMU Center for Speech, Language and Hearing and Other Clinical Educational Sites

Near the end of each semester, the student is requested to fill out a schedule indicating when s/he will and will not be available to participate in clinical activities. This schedule should include information pertaining to course numbers and the times they are being taken. Each student in the MSLP training program must, also, update the “Clinic Record and Practicum Plan” which includes caseload requests for the new semester (see Practicum) every semester. Deadlines for submitting updates typically occur during the second half of each semester. Remember that all forms must be kept up to date and all changes are to be given to the Coordinator as soon as they occur. Students are responsible for changing any clinical assignments after the schedule team has made them, with the consent of their assigned supervisor.

□ Scheduling of clinical practicum is done by the Coordinator of Clinical Services. The following information is considered to determine each individual’s clinic assignment:

- a) Disorder courses taken both as the graduate and undergraduate level.
- b) Clock hours previously accrued in graduate clinical placements. Each student’s clinical hours are entered into a computer database at the end of each semester by the Graduate Secretary. The scheduling team uses summary sheets from this database showing each student’s number of hours accrued toward the goal of a minimum of 10 client contact hours in: pediatric speech diagnostics, pediatric speech intervention, pediatric language diagnostics, pediatric language intervention, adult speech diagnostics, adult speech intervention, adult language diagnostics, adult language intervention, audiological assessment and aural rehabilitation. Speech includes the disorders of articulation, voice, fluency and dysphagia. *Be aware if you seek licensure in some states other than South Carolina, the minimum required hours may be different.*
- c) Clock hours are projected in current clinical assignments. In conjunction with their supervisor(s), students’ estimate how many clinical clock hours they expect to earn for clinical assignments not yet completed. These numbers are included in the total sum of clock hours and distributed within the various categories as described above when completing the request form.

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- d) Planned date of graduation.
- e) Future plans for health care/school externships (i.e., semester planned, type of clientele, etc.).
- f) Dates and locations of previous clinical assignments.
- g) List of previous supervisors.
- h) Concentration area of healthcare externship.
- i) Participation in specialized departmental training grant programs.

The clinical faculty meets and examines each individual student's projected clinical needs and submitted clinical requests using the above survey results. Student clock hours are reviewed and checked by the Coordinator of Clinical Services, and the supervisory staff. Each student's progress in the clinical training program is compared with the current ASHA regulations as stipulated above. Using information from this detailed comparison, the Coordinator or Clinical Services compiles a list of prioritized student needs for each individual student. Factors governing this process are numerous and may be weighed differently depending upon the perceived needs of the individual student. These may include (e.g., prioritized from most to least important):

Anticipated date of graduation. Student must have a minimum of 400 clock hours of direct client contact prior to graduation. At least 325 of these hours must be earned at the graduate level. In addition, the clock hours must be distributed in such a way as to satisfy all over the designated clinical categories specified by ASHA. Students must also show evidence of having completed 25 additional hours of. Students demonstrating shortages in any of the designated areas of clinical concentration and who are enrolled in their last semester in the FMU Center for Speech, Language and Hearing receive top priority in scheduling of clinical assignments.

Anticipated dates of off-campus externships (i.e., health care/education). Every attempt is given to provide student clinicians a similar clinical experience with the varied FMU supervisory staff prior to their scheduled externship assignment. Thus, individuals expecting to go out on a health care externship would be given at least one experience working with adult speech-language clients, either in the Clinic or a one of its affiliated practicum sites (i.e., ENT, Hospital, etc.) prior to departing on their externship. For students desirous of an education externship assignment, the following guidelines are considered:

- 1) Student teaching placement may occur in either the fall or spring semesters.
- 2) In order to be considered for an education externship, students are required to have completed the following graduate courses: Phonological Disorders, Language Disorders, Principles in Preschool, and School Clinical Methods. In addition, Voice Disorders and Stuttering may be taken either prior to, or concurrently with the educational externship if scheduling permits.
- 3) Prior to being approved for an education externship placement, students must have had at least 2 semesters of clinical assignments working with children and have accrued a minimum of 50 clock hours (75 hours preferred) working with this population, and grades of “B” or better.
- 4) Students must have an overall Clinical Performance Rating of at least 3.0 to be approved to go out on an education externship.

Disorder courses taken. Every effort is made **not** to schedule a student clinician for a given clinical assignment, unless they have already completed the necessary disorder course work. In certain situations, pending the approval of that student’s major professor, the Coordinator of Clinical Services, and the student himself, students may be allowed to take a clinical assignment concurrently with their enrollment in a particular disorder course.

Previous types of clinical experiences. Clinical training programs are obligated to provide a breadth of clinical experiences in order to train well-rounded clinicians and to satisfy ASHA requirements. Accordingly, every semester, the supervisory staff carefully examines each student’s previous clinical practicums to ensure that each clinician has been exposed to and/or has demonstrated mastery of:

- Working with child and adult clients.
- Providing individual and/or group intervention.
- Utilizing indirect and direct therapy intervention techniques.

Whenever possible, supervisory staff also attempt to supply:

- Diagnostic experience.
- Counseling opportunities (i.e., via parent training, fluency support groups, adult language groups, etc.).
- Simulation Experience

Student clinicians not exhibiting mastery in one or more of the above areas may be scheduled for additional clinical opportunities in the given category area. On rare occasions, students may request or be asked to consider a repeat assignment in a given practicum placement. Typically, these requests are not granted unless the student, supervising clinician, and Coordinator of Clinical Services consent.

Students are to be available to meet with supervisors to begin planning for clinic assignments on the first day of each semester. Master Schedules of clinic assignments are typically provided to students in a HIPAA compliant manner.

Changes and additions to clinical assignments are made by the supervisor or the student clinician acting on instructions by the supervisor under the direction of the Coordinator of Clinical Services and Scheduling Coordinator.

Students registering for clinical practicum are expected to complete the entire semester. Clinic assignments are based upon the enrollments at the beginning of the semester. In unusual circumstances, a student may find it necessary to drop the practicum after the semester has begun because of unusual circumstances. When this happens, the client will be reassigned to another student clinician.

Students requesting a reduced clinical caseload or a clinical overload must complete a written statement petitioning the Graduate Committee to grant that request. Requests must be turned in with the Clinical Record and Practicum Plan at the end of the preceding semester or at least one month prior to the start of the semester for which the change in caseload is being requested. See the Graduate Handbook for details of this process.

Students should make a request to drop practicum in writing with the clinic supervisors. Before it can be approved, the request must be signed by the Department Head and Coordinator of Clinical Services regardless of when the drop is requested during the semester.



The FMU Center for Speech, Language and Hearing

Emergency Preparedness

Please read the “Francis Marion University Emergency Preparedness” guide that explains procedures and important information on pandemic emergency periods as declared by the Center for Disease Control. In the event of a major campus emergency, course requirements, clinic assignments, deadlines and grading percentages are subject to change. This may be necessitated by a revised semester calendar or other circumstances beyond the instructor’s control.

Follow the guidelines in your Clinic Handbook for notifying your supervisor and/or one of the Coordinator listed below. Here are ways to get information about changes in this course and contacts.

MLSP web page:

<https://www.fmarion.edu/healthsciences/speechlanguagepathology/>

Coordinator of Clinical Services:

Dr. Nia I. Johnson, Ed.D., CCC-SLP

nijohnson@fmarion.edu

843.661.1887

Administrative/Program Assistant:

Ms. Kayla Roberts, B.S.

kayla.roberts@fmarion.edu

843.661.1664

RISK MANAGEMENT POLICY & PROCEDURES

Exposure Control Plan

Introduction

Purpose: The purpose of this infection control plan is to prevent transmission of infectious organisms among patients, student clinicians and employees.

Policy: In accordance with OSHA's Blood borne Pathogens Standard (29 CFR 1910.1030), this plan has been developed to minimize the risk of exposure to blood borne pathogens as well as other potentially infectious bodily substances. While direct exposure to blood is unlikely, this plan is written to protect the employees, student clinicians, and patients from that possibility and to reduce the exposure of personnel to nonblood borne pathogens, as well.

SECTION ONE

Categorization of Employees and Student Clinicians

Policy: Each employer shall identify all employees whose duties include routine or reasonably anticipated tasks or procedures where there is actual or potential exposure to blood or other potentially infectious material. (29 CFR 1910.1030)

Procedure: All personnel must be categorized according to their potential exposure to infectious material. The exposure determination is made without regard to the use of personal protective equipment. Employees and student clinicians are placed in one of three categories according to their potential exposure to infectious microorganisms as follows:

Category 1

Speech-language Pathologists, Audiologists, Student Clinicians/aides

Personnel whose primary job assignment exposes them to cross infection with Blood borne diseases or other potentially infectious microbes. This category includes physicians, nurses, physician assistants, paramedics, dentists, hygienists, and others whose primary job assignment requires that they participate in patient treatment or handle potentially contaminated instruments or items, on a regular basis.

Tasks/Procedures:

- Endoscopic evaluations of swallowing function/phonation
- Tracheostoma contact during evaluations/treatment

- Testing/treating patients recovering from radical ear or oral cavity surgery
- Interoperative monitoring in surgical suite

Category 2

Speech-language Pathologists, Audiologists, Student Clinicians/aides

Personnel whose secondary job assignment potentially exposes them to cross infection.

Most audiologists and speech-language pathologists are classified in this category because some job-related activities may involve blood, ear drainage, or mucus/saliva contact. Any office personnel involved in cleaning of instruments or surfaces that maybe contaminated with infectious substances would also be classified in this category.

Tasks/Procedures:

- Videoflouroscopic evaluations of swallowing
- Deep pharyngeal and thermal stimulation procedures
- Insertions/adjustments of oral-nasal prostheses
- Oral-peripheral exams
- Handling ear molds, hearing aids, immittance tips, specula, etc.
- Disinfecting patient 'touch and splash' surfaces

Category 3

Office Assistants, Administrative Assistants

Personnel whose job requirements in the office never expose them to blood or other bodily fluids. This person does not clean instruments or treatment areas and is not involved in treatment procedures or therapy.

- Tasks/Procedures
- Speech-language pathologist
- Student clinicians
- Office assistant
- Clinical Administrative assistant

Infection Control Protocols

Policy: Environmental infection control and basic housekeeping practices will be implemented to protect patients and employees/students.

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Procedure: The following infection control protocols are organized via the two sources of contamination: Environmental and Human.

Environmental Infection Control and Basic Housekeeping Practices

Surface Disinfection: Surface disinfection is a two-step process. The general policy is first to clean to remove gross contamination, then disinfect the area to kill the germs. Products containing a cleaning agent compound and disinfectant may be used for both cleaning and disinfecting. This protocol will be used on:

1. Mats, play surfaces, tables etc. used in any therapy area.
2. Headphones will be disinfected between patients, using a disinfectant towelette.
- 3... Mats, play surfaces, tables etc. used in any therapy area.

Surface disinfection will incorporate the following steps:

1. A hospital-grade, tuberculocidal disinfectant/cleaner (Wavicide) will be available in the clinical storage room.
2. Spray surface with the disinfectant/cleaner. Wipe away all gross contamination using paper towels.
3. Spray the surface again, leaving it wet for 10 minutes. Wipe the surface again with a cloth rinsed in tap water.
4. If gross contaminants are not present, a commercially available cleaner/disinfectant may be used.

Controlling the Human Source of Infection

Hand washing: Hands will be thoroughly cleaned before and after each contact with a patient.

1. Water and a hospital grade antibacterial soap are available at all sinks within the Clinic.
2. The hand washing procedure is: remove rings; start the water; lather the soap; scrub palms, backs of hands, fingernails, between fingers, and over the wrists; rinse off with running water; dry hands using a paper towel; turn off water with damp towel, not clean hands.
3. Hands will be washed after removing gloves, applying cosmetics or lip balm, using the restrooms, etc. Hands will be washed before and after providing services for each client, eating, handling disinfected ear molds or hearing aids, and handling material room toys.

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Gloves: Gloves will be worn when procedures may create exposure to blood, saliva or ear drainage. All audiometric procedures will begin with a thorough inspection of the ear and surrounding scalp and face. A determination of the need for gloves will be made. If the patient has visible blood, drainage, sores, or lesions, gloves will be worn before continuing services. Gloves will be worn while performing hearing aid cleaning or repairs. Gloves will be worn when handling glutaraldehyde and when cleaning up spills of infectious material (i.e. blood, vomit, urine). Gloves will be worn when conducting oral evaluation procedures that predispose one to contact with saliva. Two pairs of gloves will be worn when treating patients known to be infected with HIV or hepatitis B.

Post exposure Evaluation and Follow-up

Policy: All employees/students will immediately report any unprotected incident of exposure to blood, complete written documentation of the incident and follow-up with a medical examination and treatment, if necessary.

Procedure: Exposure to blood borne pathogens in this clinic is possible, although not likely, particularly if the steps in this plan are followed carefully. If any exposure does occur, it should be immediately reported to the clinical educator and the Coordinator of Clinical Services and recorded on the Post Exposure Management Record. It is the responsibility of the employee/student to follow up with required documentation from a physician regarding the medical examination and treatment.

Training

Policy: Universal Precaution/Infectious disease control training for all student clinicians is conducted for every new cohort of graduate students during the first two weeks of the fall semester. Additional trainings are completed throughout the year. Written documentation of each training session will be recorded and filed in the student's permanent file and/or electronic portfolio.

Procedure: Infectious disease control training will be conducted and include an explanation of the following:

- OSHA Standard for Blood borne Pathogens
- Epidemiology and symptomatology of blood borne diseases
- Modes of transmission of blood borne pathogens
- Review of this exposure control plan including documentation forms

- Procedures that might cause exposure to infectious pathogens
- Products used for infection control
- Methods to control exposure to blood or other potentially infectious substances
- Personal protective equipment
- Post exposure procedures

Waste Management

Policy: Potentially contaminated waste material will be disposed of in a manner that reduces the risk to employees, students, patients and the outside environment.

Procedure: Waste, such as paper towels, rags, gloves, etc. that are contaminated by significant amounts of blood will be disposed of in plastic bags and taken to the Student Health Center where appropriate disposal mechanisms are enforced. Most waste can be placed in the regular trash. All trash containers will contain disposable plastic bags serving as liners. Waste containing cerumen, drainage, saliva, vomit, diapers, etc. will be placed in a sealable plastic bag then placed in the regular trash. Used disinfectant will be poured down the drain in accordance with the instructions on the label.

Toy Cleaning and Disinfecting Procedure

Purpose: To reduce the number of germs and therefore the spread of disease through cleaning and disinfecting of toys.

Washing Toys: Routine cleaning with soap and water is a useful method for removing germs in the childcare setting. Good mechanical cleaning (scrubbing with soap and water) physically reduces the number of germs from the surface.

Disinfecting Toys: Toys require an additional step after washing with soap and water. This next step is called disinfection. Disinfection is a process, using chemicals, to kill germs. Disinfectants are stronger than soap and water. The disinfection process requires that the toy or object soak in the chemical(s) for several minutes in order to allow the chemicals time to kill the germs. Bleach is the chemical used to disinfect toys and surfaces at the Family Center. Bleach is easy to mix, cost effective, is nontoxic, is safe if handled properly and will kill most infectious agents.

Bleach loses its strength rapidly. Bleach is weakened by sunlight, heat, evaporation and organic materials. It is important to prepare bleach solutions daily, and to discard leftover bleach solution at the end of every day. Remember to only mix bleach with water; other chemicals may react with bleach and create and release a toxic chlorine gas.

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Recipe for Bleach Disinfecting Solution for Soaking Toys:

- One (1) Tablespoon Bleach added to
- One (1) Gallon of Cool Water.

Note: The Bleach Solution for Cleaning Surfaces is One (1) Tablespoon Bleach to One (1) Quart Water (this solution is used for surface cleaning, not soaking). For Bleach Solution: Sodium Hypochlorite 5.25%.

Dishwashing/Washing Machine: Toys that can be washed in a dishwasher or hot cycle of a washing machine do not have to be disinfected because these machines use water that is hot enough for a long enough period of time to kill most germs.

Procedure: Infants/Toddlers should not share toys. Toys that children put in their mouths should be washed and disinfected between uses by individual children. If you cannot wash a toy, it probably is not appropriate for an infant or toddler.

- When an infant or toddler finishes playing with a toy, you should retrieve it from the play area and place it in a bin reserved for dirty toys. Toys in the dirty toy bin should be washed and disinfected at the end of the day.
- Hard Plastic Toys:
 1. Scrub the toy in warm, soapy water. Use a brush to reach crevices.
 2. Rinse the toy in clean water.
 3. Immerse the toy in the bleach solution and allow it to soak for 15 minutes.
 4. Remove the toy from the bleach and rinse well in clean water.
 5. Air dry.

Note: Hard plastic toys and cloth toys that are washed in a dishwasher or a washing machine do not have to be disinfected with bleach.

- Toys used by children > 3 years old: Toys that are used by children > 3 years old and who do not place toys in their mouths should be cleaned at least weekly and when obviously soiled. A soap and water wash followed by clean water rinsing and air-drying is adequate. No disinfection is required.

Water Tables:

1. Water tables need to be disinfected with bleach solution before filling.
2. Disinfect all toys to be used in the water table.
3. No sponge toys (they trap bacteria).

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4. Have children wash their hands before and after using the water table.
5. Do not allow children who have open sores or open wounds use the water table.

Adapted for use by _____ from:

The ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers. Department of Health and Human Services, U.S. Public Health Service, Center for Disease Control and Prevention.



Francis Marion University

Student Health Insurance

While FMU does not have a preferred insurance carrier, students may acquire insurance from the following vendors and services, depending upon their needs and requirements. International Students are required to maintain certain levels of insurance coverage as indicated below.

General health insurance may be purchased through the national Health Insurance Marketplace at: www.healthcare.gov. Students should explore their options carefully as coverage, premiums, and eligibility varies.



Adult/Child Registration Requests for New Clients

Typically, the client or family of the client will call the FMU Center for Speech, Language and Hearing to inquire about services. The Clinical Administrative Assistant will notify the supervisor who handles cases of the type requested.

Continuing Appointment Requests

Client/Caregiver Clinic Appointment Information form must be fully completed before a client is enrolled in therapy. The information contained on this form is crucial to the scheduling of clients/clinicians. These forms should be completed by clinicians/clients/parents during the last week of therapy each semester *if a client will be continuing therapy the following semester*. Forms should be complete when handed in at the end of the semester. Forms may be completed in advance if a client wishes to enroll for future semesters.

Appointment with Supervisor

The clinician is required to schedule an initial conference with his/her supervisor prior to notifying the client concerning the clinical schedule. This initial meeting should be held as soon as possible after clinical assignments are made. In-service sessions may be scheduled to orient clinicians with the program to which they are assigned. Expectations will be discussed at that time, including proper professional attire for the placement and the individual supervisor's expectations for his/her clinicians. Clinicians should also discuss their own expectations and learning styles with their supervisors at this meeting.

Assignments

Clinical assignments are given to student clinicians during the first few days of the semester. Clinicians should also check their mail boxes for any further information and then carry out the initial clinical procedures.

Audiological Services

Impedance testing or complete audiological testing may be arranged through the hearing clinic. Appointments are made with the Clinical Administrative Assistant. There is no charge for these services.

Case Management Summary

Supervisors will ask students to complete some form of summary of case management to determine the services needed to best meet the client's needs. Clinicians are encouraged to utilize all resources available, including the client's folder, previous clinicians, academic information, literature, etc. to gather as much information as possible for the summary.

Supervisors may require the clinician to complete the Summary of Case Management form as a formal guide to this process. Note on the form the services which are needed as well as areas which warrant further evaluation. Indicate what assessment measures might be appropriate to obtain the evaluation information. Be sure to have a rationale for the tests, probes, and analyses, etc. that are chosen. Remember to consider all areas of case management including: medical, audiological, counseling/consultation, communication, educational, and other areas. Clinicians will present this information to their supervisors during initial conferences. This information will also be used to develop an intervention plan.

Client File Check-out:

Client files may be signed out with the clinical administrative assistant during regular business hours. Files may be taken only to the graduate offices, to the supervisors' offices or to the debriefing room and returned the same day and should never leave the building. There is no access to the office after 5:00pm to obtain or return client folders.

It is the student's responsibility to return the client folder to the clinical administrative assistant by the end of the business day.

Clinic Information Letter

Each client should be given a copy of the *FMU Speech, Language and Hearing Center Information Letter* at the beginning of each semester. This letter summarizes attendance policy, clinical services and general clinic information. The clinical administrative assistant fills this out to mails to the client prior to the first visit or to give to the client on the first visit if it is a returning client.

Client Scheduling Policy

It is the policy of the FMU Speech, Language and Hearing Clinic to schedule clients for services based on their waiting list order. This order is determined by the date of the client's request for services.

Exemptions are made to this policy. Exemptions may take into consideration the nature and severity of certain communication disorders, research/grant needs and the clinical requirements of students as reflected by the accreditation policies of the American Speech-Language-Hearing Association.

Consultations/Conferences

While many parents/family/caregivers are involved in therapy daily, usually two or three formal conferences are held with the responsible party of the clients throughout the semester.

1. **Intake Interview:** The first of these conferences, the intake interview, is to be held early in the semester. The purpose of this conference is to up-date information regarding the client and his responsible party of the speech/language/hearing disorder.
2. **Information-giving Conference:** This conference is conducted at the midpoint of the semester. At this time, the clinician is to explain the goals that have been established for the client and the methods being employed to achieve the goals. Additionally, the clinician may explain a home program to be initiated.

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Dispositional Conference (Final Conference): This is held at the conclusion of the semester. During this conference, the client's goals should be reviewed. The responsible party is then informed of the client's progress and is given recommendations regarding future management of the client's problem. Registration forms and pertinent release of information forms are completed at this time.

Often, the intake interview and the information-giving conference are combined at mid-semester. Outlines or plans for all conferences should be discussed with the supervisor prior to the conference occurrence. While neutral comments concerning daily therapy may be shared with a responsible upon returning a client to the waiting room, please remember that pertinent information requires a trip to the therapy room for discussion.



Conferences with adult clients who are their own responsible party are also to be planned at least twice during the semester. Information exchange is basically the same as that for a “parent” conference, including the completion of registration forms and release of information forms at the final conference.

Legal Release Forms

Each file should contain a scanned copy of the Legal Release and Request for Admission form. This allows clinicians to provide therapy to the client, as well as to audiotape and video record sessions for educational purposes. In addition, each file should contain a scanned copy of a Legal Release to Contact for Participation in Research. This may be accepted or declined, but the form must be included in the file. Please verify that the most recent version of the forms is signed and scanned in the client’s file each semester. If a form is missing, please see that it is completed immediately.

If needed, the Consent to Release Information must be completed and signed to allow us to provide to or obtain information concerning the client from another agency. A separate form must be completed for each person/agency to which a report of our work with a client will be sent, as well as for each agency from which we are requesting information. Once completed, a scanned copy should be entered in the electronic file.

Notification of Clients

Once the clinician and supervisors have met, each clinician is to telephone his/her client(s), to inform them of the day and time that they are scheduled to be seen. Any change to the scheduled time must be approved by the supervisor. If a client lives beyond the local calling area, the clinician should discuss how to make this contact with his/her supervisor. Long distance calls from the clinic may be made only for clinic business and with permission of the supervisor.

Parent/Family/Caregiver Observation of Treatment/Therapy

The opportunity for others to observe therapy sessions is the prerogative of each supervisor/clinician. Most clients are only observable once per week; however, special room arrangements may be possible if more frequent observation is crucial to therapy effectiveness. It is up to the discretion of each supervisor/clinician/parent as to whether or not siblings should be allowed to observe with parents.

Speech, Language and Hearing Clinic Professional Protocol for Clinical Practice

I. Clinical Practicum Overview

Requirements for the Certificate of Clinical Competence by ASHA include the completion of a minimum of 400 clock hours of supervised clinical experience with individuals who present a variety of communication disorders. This includes the following breakdown:

- A minimum of 25-50 observation hours before beginning or during their graduate clinical experience. These required observation hours may be completed by enrollment in SLP 520.
- Up to 50 hours of required clinical experience may be accrued in an undergraduate accredited program.
- 325 hours of clinical experience must be accrued in the graduate program you are attending.
- If the student's final clinical grade falls below B, or if the student withdraws from any portion of their clinical practicum, clinic hours accumulated for that semester will not be counted toward the 325 graduate clinic hours or the 400 hours required for ASHA certification.
- Usually coursework must be completed in the disorder category prior to doing treatment in that area. Beginning clinicians will most likely be assigned articulation and language cases, whereas advanced clinicians will be assigned diagnostics as well as articulation, language, dysphasia, aphasic, voice and fluency cases. Clinicians may also request diagnostics (speech-language, fluency, and/or voice) the pre-school language program, and the preschool screening program.
- The assignments for enrollees involve observations with a variety of client disorders and service delivery methods. First semester clinicians will be assigned 2-4 client contact hours; second semester clinicians and beyond is 6-9 contact hours (for example: three clients, or diagnostic practicum plus two clients, or a combination of experiences including externships). These assignments may be offset by work in audiological assessment and/or aural rehabilitation if hours are needed in these areas for certification purposes.

- Clinical training begins with an introductory clinical experience during the first semester of the graduate program. Clinic levels may be modified for those students who are completing prerequisite courses before entering clinic (students who do not enter the master's program with a degree in Communication Disorders). Such modifications must be planned as the graduate plan of study is developed and must be approved by the Coordinator of Clinical Services. The amount of direct client contact assigned varies with the clinical level of the graduate student.
- If a student has circumstances that necessitate a change from the typical clinic load requirements, written approval from the Coordinator of Clinical Services in Speech-Language Pathology and from the graduate committee is required. Requests for changes in clinic loads may be for the following: 1) reduced clinic loads, 2) increased clinic loads, or 3) no clinic assignment (approved for one semester only). Students should discuss the modification and its implications for the plan of study with their major professor and the Coordinator of Clinical Services before making any request.

**Speech, Language and Hearing Clinic Professional Protocol for Clinical Practice the
Graduate Clinician:**

A. ETHICAL PRACTICES

- Conducts all clinical work in accordance with the FMU Professional Protocol and the Code of Ethics set forth by the American Speech-Language Hearing Association (See FMU Attendance Policy).

B. DEPENDABILITY

- Prepares for and conducts clinical services as assigned.
- Prepares for and conducts meetings/conferences/consultations (reviews appropriate files, develops questions and/or key points for discussion).
- Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
- Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.

C. PUNCTUALITY

- Conducts clinical contacts within appropriate period.
- Therapy/treatment should begin promptly and end promptly in order to allow sufficient time for clean-up and setting-up the next session.
- Appointments will not be cancelled without supervisor approval.
- In case of clinician illness, it is the clinician's responsibility to
- Notify supervisor first
- Discuss with supervisor arrangements for make-up appointments
- Please be certain that supervisors are notified in advance of any anticipated absences from professional responsibilities.
- Submits all written assignments (e.g., session plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attends all meetings/conferences/consultations promptly.

D. CONFIDENTIALITY

- Retains patient folders in assigned locations in office or treatment/therapy rooms.
- Utilizes discretion concerning patient information in written and oral communication with others.

E. PERSONAL APPEARANCE

- Utilizes discretion in dress and behavior in professional activities.
- Wears name badge.
- Maintains and promotes a professional image.
- Expanded Dress and Personal Appearance Code.

F. COMMUNICATION

- Utilizes appropriate communication in all professional activities.
- Provides appropriate communication model for patient and family.
- Appropriate written and oral communication is used with all persons involved in the case including supervisor, co-clinicians, and other professionals.
- Contact supervisor regarding inability to complete work by designated deadline.
- Check mailbox at least once per day.

G. ACCOUNTABILITY

- A working folder (including lesson plans and patient-clinician analysis) is kept up-to-date for the full semester during which the patient is seen for services.
- Documentation (test results, data on specific goals, correspondence, release of information, etc.) is updated and kept in working folder.
- Information in the FMU Speech Clinic Handbook and Voice Manual is reviewed and used on a daily basis.
- Uses universal safety precautions whenever necessary.
- Uses HIPAA compliance standards whenever necessary.

H. ELECTRONIC COMMUNICATION DEVICES:

- Cell phones, pagers, and other electronic communication devices should be turned off during class and clinical assignments.

I. STUDENTS WITH DISABILITIES

- Any student who has a disability that will require some modification of seating, testing, or other class requirements is urged to immediately seek such an accommodation. Students with disabilities must be registered with the Disability Resource Center in the Office of the Dean of Students before classroom/clinical accommodations can be provided. In order to activate the accommodations for which the student is eligible the student must initiate a meeting with the instructor/supervisor of record to make the necessary accommodations.

J. STUDENT RIGHTS, COMPLAINTS, AND ACADEMIC MISCONDUCT:

- The official policies of the university concerning student rights and complaints, honesty and academic misconduct can be found in the *Academic Procedures Manual*, and in the *University Regulations*, available from the Office of the Dean of Students. In general, a complaint(s) should be brought first to the instructor (s), the Coordinator Clinical Services, and then, if the complaint(s) cannot be resolved, to the MSLP Program Director.

K. CAMPUS EMERGENCY:

- In the event of a major campus emergency, course requirements, deadlines, and grading percentages are subject to changes that may be necessitated by a revised semester calendar or other circumstances. We will e-mail you any changes and/or post information on Blackboard class sites for all Clinical Practice.

Failure to meet these standards will result in probationary status to be determined by the Clinical Supervisor(s) directly involved and Coordinator of Clinical Services. The result may be lowering of the semester clinical grade and/or termination of clinical responsibilities.

Dress and Personal Appearance Code

It is important that clinicians dress in a professional manner whenever they are providing diagnostic or therapy/treatment services in any FMU Speech, Language and Hearing Center setting. The way one dresses reflect the quality of service provided, the level of respect one feels for the client and family, and the high standards of professionalism required. The way you dress should not distract the client from the services provided. If you are going to be in the FMU Speech, Language and Hearing Center Clinic area and are casually dressed, please keep in mind that clinical services are still being provided by others. You may be asked to leave the area if the casual dress is distracting. Business Standard Professional Attire or FMU SLP Scrubs and/or FMU SLP lab coats are required professional dress unless your Clinical Practicum Supervisor approves of other attire due to the special needs of your client.

This dress code is also the minimum requirement for all off-campus clinical placements. Individual facilities may have additional or more stringent guidelines.

Any student who is not dressed appropriately will not be allowed to participate in clinic. For this reason, it may be beneficial to keep a change of clothing, sweater, etc., in your locker to use if needed. If inappropriate attire continues, a Professional Protocol Notice will be written and a “U” may be issued under Professional Behavior on the CSCF.

Name Badge:

- Clinicians must wear their name badge when providing services to patients.

Hair:

- No distracting hair styles or coloring is allowed.

Pants:

- No denim jeans, or shorts are allowed without permission from your supervisor.
- Pants must not be excessively tight, baggy, or ride excessively low on the hips.
- Any pants/skirt/shirt combination must cover the midriff when the arms are raised and cover the back when bending over.
- No bib overalls, sweatpants, or spandex.

All Clothing:

- All clothing must be loose fitting, clean, neat, and in good condition.
- Skirts/Dresses:
- Skirts must be of a reasonable length and no more than three inches above the knee.
- Skirts must be reasonably loose and not excessively form fitting. □ No spaghetti-strap dresses.

Shirts/Blouses:

- Shirts and blouses must have sleeves (no tank tops).
- Shirts for men must have collars and be tucked in. T-shirts are not appropriate.
- Ladies' low-cut tops that show cleavage or shirts that show through are not allowed.
- Tops should be reasonably loose, not form fitting, and/or so tight as to create a gap in the front.

Shoes:

- Shoes should look professional.
- Flip-flops are not allowed. Close toe shoes are mandatory.
- Tennis shoes are allowable only with supervisor's consent.

Nails:

- Length must be moderate. No abnormal or distracting polish colors.

Body Art:

- Any visible or potentially visible body art needs to be removed or covered if possible. Tattoos must be covered with long sleeves or a high collar. Ankle or foot tattoos must be covered with pants or socks. Oral or facial piercing (tongue, lip, and eyebrow) must be removed.

Fragrances:

- Clients may have an allergic reaction. No fragrances may be used at FMU Carter Center or The FMU Speech, Language and Hearing Center during clinic hours. Please check with your clinical supervisor for any clarification.



I. Supervision of Practicum

Student clinicians will be assigned to one or more supervisors during each semester of practicum. At least 25% of each session, including screening, identification and treatment, is observed by a supervisor who holds the CCC in the appropriate area. The observation may be direct observation or through review of recorded sessions. More frequent supervision will be dependent upon clinician needs as determined by the supervisor. If warranted, student clinicians will be observed for full sessions per live/recordings.

II. Supervisory Conferences

Initial supervisor/clinician conferences will be used to define the responsibilities of each person in regard to lesson plans, evaluations, video recording, observations, reports and other clinical matters. Generally, each supervisor and clinician will schedule a weekly conference. These meetings can be used to evaluate past therapy sessions for areas of strengths and weaknesses, discuss proposed plans, communicate upcoming responsibilities or jointly work on personal goals established by the clinician.

III. Supervisory Approaches

The Professional Staff and students have compiled a list of possible supervisory approaches that clinicians may want to discuss with their supervisors during their clinical experience at Francis Marion University. The following options may be available:

Samples: The supervisor may provide examples of lesson plans, session analysis, SOAP notes or reports.

Joint Planning: The supervisor and clinician may write a lesson plan and/or objectives together. They may formulate step by step strategies for conducting the therapy activities.

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

Demonstrating Therapy: A part of, or an entire therapy session may be planned to be modeled by the supervisor while the clinician observes.

Structured Observations: The clinician may arrange to observe other clinicians who demonstrate strong clinical skills in specific areas, particularly those in which he/she is experiencing some difficulty. During the observation, the clinician should gather ideas and strategies which could be implemented in his/her therapy sessions. Data collection may be practiced as well.

Video recording and/or Audiotape: Reviewing of taped sessions may be completed by the clinician and/or the supervisor in order to identify the strengths and weaknesses of the session. In addition, the supervisor and the clinician can view recordings together. They can jointly find concrete solutions and strategies for the identified areas of weakness.

Script Taping: The supervisor and/or clinician may transcribe the clinician's directions and models given during the therapy session. Those may further be analyzed and evaluated. The supervisor should provide specific feedback regarding alternative to the clinician's choice or implementation of strategies.

Observation of the Clinician's Therapy by Other Supervisors: Other supervisors may observe the clinician in order to provide additional specific feedback based on the data collected during the observation.

Joint Evaluation: The supervisor and clinician may evaluate the clinician's session through written analysis. These evaluations would be shared and compared to obtain supervisor-clinician accuracy and agreement.

IV. Session Plan

Clinicians will submit written lesson plans and evaluations of their therapy sessions. Examples may be found in the Clinical Report Writing Handbook. The specific format and content of these assignments may vary and will be determined at the beginning of each semester by the case supervisor.

V. Evaluations

Evaluations are usually done on a weekly basis and reflect the planning and execution of the past therapy session(s). The analysis should be based upon clinician's reflection of the session and information gathered from audio/video recordings. Evaluations are to include objective and subjective descriptions of the client's, parents', and clinician's, etc., behavior and their interaction. Both positive and negative aspects should be discussed. In addition, indicate concrete suggestions for improving future therapy sessions (see sample).

VI. Session Analysis

Critique sessions using the items listed below. This is not complete, but may constitute a beginning from which clinicians learn to better analyze therapy sessions. Clinicians should include other aspects that they feel are important. Indicate specific examples of clinician and client's behaviors which illustrate comments. Be sure to include concrete suggestions for improving future sessions, as well as indicating effective behaviors within each session. Clinicians should also explain the rationale for their comments and suggestions.

VII. Client and Clinician Evaluation

What aspects of this session were productive? Why?

What aspects of this session were not productive, why not, and what specific suggestions do you have for improvement?

What suggestions do you have for more effective management of this client?

VIII. Session Organization

Did you incorporate supervisory suggestions and information from your own analysis of previous sessions in your plans?

Were the session objectives appropriate based on client needs, previous progress, and diagnostic information?

Were the activities goal-directed? Appropriately sequenced? Age and ability appropriate? Appropriate in number?

Did you plan effective reinforcement and feedback?

Were you familiar enough with diagnostic and other materials to handle them efficiently?

Were discussions, consultations, and conferences organized effectively?

IX. Session Execution

Did you conduct the session to facilitate optimum performance and progress by?

Structuring the teaching environment and pacing the session for maximum correct responses?

Providing clear and appropriate instructions and feedback; including multisensory models, effective reinforcement, and minimal extraneous interaction.

Managing client behavior; including attention, motivation, and self-monitoring skills?

Modifying your own behavior in response to client performance?

Was record-keeping accurate and consistent during this session?

Did you conduct consultations/conferences and discussions effectively?

Did your interpersonal skills enhance the effectiveness of the session and consultation?

X. Student Clinician's Evaluation of Practicum

The KASA for Certification & the CSCF were designed to collect information regarding a student's professional and interpersonal skills. Clinical supervisors and clinicians complete the appropriate sections of this evaluation tool at mid-term and at the conclusion of the semester to determine a rating which reflects the independence and competence of the clinician during this practicum experience.

XI. Information Concerning Clinical Grades and Professional Protocol Grades

Grades are compiled from ratings on the Clinical Skills Competency Form (CSCF). The expected ratings indicate the level of ability, which is commensurate with each sequential level of practicum experience. Each supervisor who works with a student clinician rates him/her on his/her performance. The overall Practicum Grade is determined by averaging the individual ratings. The percentages of expected competency ratings associated with each grade are as follows:

A+	97-100%	4.0	B-	80-82%	2.7
A	93-96%	4.0	C+	77-79%	2.3
A-	90-92%	3.7	C	73-76%	2.0
B+	87-89%	3.3	C-	70-72%	1.7
B	83-86%	3.0	D+	67-69%	1.3
			D	63-66%	1.0
			D-	60-62%	.07
			F	≥ 59%	0.0

**The overall practicum grade may be lowered due to an infraction of a professional protocol as described below.

Practicum experience are documented through records of clock hours. These hours will be credited to a clinician's practicum experience when they obtain a grade of B or better in each practicum experience. Clock hours will not be recorded for practicum experiences in which a grade of B- or lower is obtained. If a grade of B- or lower is obtained during a practicum experience, a Remediation Plan may be developed as described below.

The CSCF ratings/grades will be used to determine attainment of the competencies on the Knowledge and Skills Assessment (KASA). Grades of B or better will indicate attainment of the appropriate KASA knowledge and skills. However, grades of B- or lower will indicate that those competencies have not been attained.

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XII. Professional Protocol

This is a general term for the 3 specific areas delineated on the CSCF, which are evaluated as Satisfactory (S) or Unsatisfactory (U).

Professional Behavior- an Unsatisfactory will lower the overall clinic grade. An Unsatisfactory must be remediated within a specified time period or clinical privileges may be terminated.

Written Communication Skills- an Unsatisfactory may lower the overall clinic grade, and clinical privileges may be terminated. Remediation Plans will not be extended past the end of semester 3.

Oral and Non-verbal Communication- an Unsatisfactory may lower the overall clinic grade, and clinical privileges may be terminated. Remediation Plans will not be extended past the end of semester 2.

XIII. Remediation Plan

This is a plan developed by the Coordinator of Clinical Services along with the Clinical Faculty who are currently supervising a student clinician. A Remediation Plan is developed when a student clinician is not demonstrating knowledge and skills commensurate with the expectations for the student's current level in clinical practicum. This clinician will typically have earned a grade of B- or lower in clinical practicum and/or have received a U on one or more of the Professional Protocols. The Remediation Plan will include:

Description of expected knowledge and skills, which are not being demonstrated by the clinician.

Specific goals and behaviors which must be demonstrate to indicate knowledge and skills appropriate for current practicum level.

Time frame within which these improvements must be demonstrated and consistently maintained.

A maximum number of 2 Remediation Plans will be developed for a student clinician during the M.S. in SLP. Should a student earn a grade of B- or a U for Professional Protocol during a practicum experience following the completion of 2 Remediation Plans, his/her clinical privileges will be terminated.

XIV. Probation

This is the status given to a student clinician who is working under the guidelines of a current Remediation Plans.

A student clinician who has successfully completed a Remediation Plan is no longer on Probation. However, the skills delineated in the Remediation Plan must be maintained and if they are not, the student clinician will automatically be returned to Probationary status and another Remediation Plan will be developed and clinical privileges may be terminated.

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Student clinicians who are on probation must obtain a grade of B or better in all clinical assignments and must obtain an S on all professional protocols from all Clinical Faculty currently supervising this student in order to be removed from Probationary status.

A student clinician who does not successfully complete the Remediation Plan within the specified time frame will either have the Remediation Plan extended or have clinical privileges terminated.

XV. Eligibility for Internships/Externships

An overall clinical practicum grade of B or better must be obtained in the two semesters immediately prior to participating in an internship/externship. If a grade of B- or lower is earned in any of these semesters, it will delay and may preclude an externship if adequate improvement is not demonstrated within the specified time period listed in the Remediation Plan as described above.

Successful completion of the first externship with a grade of B or better must be achieved to advance to the last externship. If a grade of B- or lower is received remediation of the knowledge and skills or professional protocols is required before advancing. This may require additional training at the Clinic or a repeat of the externship with a Remediation Plan. This will extend the time for completion of the master's program by at least a semester if the student wants to continue with the master's degree. If the student has previously completed two remediation plans in previous semesters, the clinic privileges will be terminated.

Clinical Intervention

Academic and clinical MSLP faculty are tasked with identifying students who need intervention. The student intervention procedure will be initiated by the MSLP program staff/faculty in collaboration with any student needing the intervention. Students in the MSLP Program experiencing difficulties may receive programmatic support as follows:

- A. Clinical Aspects of the MSLP Program;
 - 1. Student clinicians needing remediation, mentoring and/or additional coaching will be exposed to facilitative learning experiences designed to help improve their clinical skills (e.g. modeling, coaching, scaffolding, articulation, reflections, and exploration),
 - 2. Other Methods Used to Help Students Improve Clinical Skills,
 - a. Simulation training for speech-language and hearing screenings,
 - b. Standardized Patient (SP), and
 - c. Simulated grand rounds.

XVI. Evaluation of Supervisors

The Supervisory Evaluation Summary will be filled out by the student clinician in CALIPSO. The evaluation will be reviewed by the Coordinator of Clinical Services to share information on the supervisory process.

XVII. Lines of Communication

In the event that the student has concern regarding the supervisory support and/or clinical performance, the student may do the following in a hierarchical order:

Step 1: The student should directly discuss the concern with the supervisor. A discussion with the supervisor should include information about individual learning style and suggestions about the most beneficial supervisory style for the individual student clinician.

If the concern is not resolved:

Step 2: The student should contact the Coordinator of Clinical Services in Speech-Language Pathology who will in turn, hold a meeting with the supervisor and the student. The Coordinator will act as a facilitator and may include the MSLP Program Director in this, or subsequent meetings. If the concern is in regard to the Coordinator of Clinical Education for Speech-Language Pathology, the student should contact a Major Professor to act as the facilitator.

If the concern is not resolved:

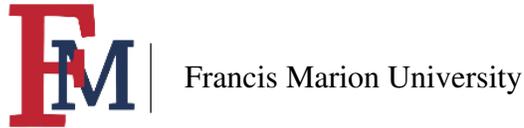
Step 3: The student may negotiate with the Coordinator or Clinical Services in Speech-Language Pathology regarding additional people who can participate in a meeting with the Coordinator or and the supervisor. Additional people may include other professional staff members (supervisors), the major professor, the graduate clinical psychologist, and/or the graduate student representative or student colleague.

If the concern is not resolved:

Step 4: The student should contact the Department Head. Additional meetings with the supervisor and the Coordinator of Clinical Services may take place.

XVIII. Video Recordings

Students are expected to video record and evaluate his/her therapy sessions. How often and in what form the evaluation shall be performed will be decided by the student and supervisor.



NOTICE OF PRIVACY PRACTICES FOR FMU’S HEALTH CARE PROVIDERS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact:

Privacy Officer FMU

Florence, SC

www.fmarion.edu

WHO MUST COMPLY WITH THIS NOTICE

This notice applies to the following departments that provide health care services to students, faculty, and others, including but not limited to the FMU Student Health Center in Florence, the FMU Pharmacy, and The FMU Speech, Language and Hearing Center. It also applies to the following portions of the university that provide business support to the listed health providers: Accounts Receivable, Internal Audit, Information Technology at FMU (partial), Student Services Workstation Technology, Public Records Office, Printing Services, Insurance Services Enterprise, Environmental Health, Pharmacy, Nursing, and Health Sciences Technical Services, FMU Electronics and Technical Support. For convenience, the listed health care providers and the listed business support groups will be referred to in this notice as “Health Care Providers.” The full list of covered components at FMU may be found at the following website: fmarion.edu. This notice does not apply to the remainder of FMU’s departments and schools.

FMU’s Health Care Providers are legally required to protect the privacy of your health information and to provide you with a notice of privacy practices. This notice describes how the Health Care Providers may use and disclose your protected health and medical information. It also describes some rights you have regarding your health information. Health information is information about you that is received, used, or disclosed by FMU’s Health Care Providers concerning your physical or mental health, health care services provided to you, or your health insurance benefits and payments. Protected health information may contain information that identifies you, including your name, address, and other identifying information.

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HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Mental health information, including psychological or psychiatric treatment records, and information relating to communicable diseases, including HIV records, are subject to special protections under South Carolina law. We will generally only release such records or information with your written authorization or with an appropriate court order. Alcohol and drug abuse treatment information is also subject to special protections under federal law. We will usually need to get your written authorization or an appropriate court order before we release this information. Except where there are special protections under South Carolina law or other federal laws, we may use and disclose your health information without your authorization for the following purposes:

For treatment. The Health Care Providers may use and disclose your health information to provide or assist with your treatment. For example, we may provide your health information to a laboratory in order to obtain a test result important for diagnosing or treating a condition you may have.

For health care operations. Your health information may also be used or disclosed to improve and conduct health care operations. For example, we may use your health information in order to evaluate the quality of health care services that you received, or to evaluate the performance of the Health Care professionals who provided health care services to you. We may also provide your health information to our auditors, attorneys, consultants, and others in order to make sure we are complying with the laws that affect us. We may also use a sign-in sheet at registration or other appropriate areas, and we may call you by name in waiting and servicing areas.

When a disclosure is required by federal, state, or local law, judicial or administrative proceedings, or law enforcement. For example, we make disclosures when a law requires that we report information to government agencies and law enforcement personnel about victims of abuse, neglect, or domestic violence; when dealing with gunshot and other wounds; or when ordered in a judicial or administrative proceeding.

Health oversight activities. For example, we will provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.

Research purposes. In certain limited circumstances, we may provide health information in order to conduct medical research. Use of this information for research is subject to either a special approval process, or removal of information that may directly identify you. In most instances, we will require your written authorization prior to using or disclosing health information for research purposes.

Avoiding a serious threat of harm. In order to avoid serious threat to the health or safety of a person or the public, we may provide health information to law enforcement personnel or persons able to prevent or lessen such harm.

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Certain government functions. We may disclose health information of military personnel and veterans in certain situations, as well as for national security purposes or when required to assist with governmental intelligence operations.

Workers' compensation. We disclose health information in order to comply with workers' compensation laws.

Appointment reminders and health-related benefits or services. We may use health information to provide appointment reminders, or give you information about treatment alternatives, other health care services or benefits we offer.

Business Associates. We will share your health information with business associates that assist out Health Care Providers. Business associates include people or companies outside of FMU who provide services to our Health Care Providers. For example, health information may be disclosed by the Student Health Center to a bill processing company to obtain payment for services rendered. We have agreements with our business associates to protect the privacy of your health information.

Disclosures to family, friends, or others. In very limited cases, we may provide health information to family members, or close friends who are directly involved in your care or the payment for your health care, unless you tell us not to. For example, we may tell a friend who asks for you by name where you are in our facility. We may also contact a family member if you have a serious injury or in other emergency circumstances. We may discuss medical information in the presence of a family member or friend if you are also present and indicate that it is okay to do so.

All other uses and disclosures require your prior written authorization. In any other situation not described above, we will ask for your written authorization before using or disclosing any of your health information. If you do sign an authorization to disclose your health information, you can later revoke that authorization in writing. This will stop any future uses and disclosures to the extent that we have not taken any action relying on the authorization.

RIGHTS YOU HAVE REGARDING YOUR HEALTH INFORMATION

The Right to Request Limits on Uses and Disclosures of Your Health Information. You have the right to ask that FMU's Health Care Providers limit the use and disclosure of your health information. We will consider your request but we do not have to accept it. If we do, we will put any limits in writing and abide by them except in emergency situations where the information is needed. You may not limit the uses and disclosures that we are legally required to make.

The Right to Choose How We Send Health Information to You. You have the right to ask that we send your health information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, by fax instead of regular mail). We must agree to your request if we can easily provide it in the format you requested.

The Right to See and Get Copies of Your Health Information. In most cases, you have the right to look at or get copies of your health information that we have, but you must make the request in writing. If we do not have your health information but we know who does, we will tell you how to get it. We will respond to you within 30 days after receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. If you request copies of your health information, we will charge you a reasonable fee as permitted by South Carolina law. Instead of providing the health information you requested, we may provide you with a summary or explanation of the health information. We will only do this if you agree to receive information in that form and if you agree to pay the cost in advance.

The Right to Get a List of Certain Disclosures We Have Made. You have the right to request a list of instances in which we have disclosed your health information. The list will not include uses or disclosures made for treatment, payment, and health care operation, or information given to your family or friends with your permission or in your presence without objection. It will also not include disclosures made directly to you or when you have given us a written authorization for the release of health information. The list will also not include information released for national security purposes or given to correctional institutions. To obtain this list, you must make a request in writing to the Privacy Officer identified above. The list we will give you will include disclosures made in the last six years unless you request a shorter time, but will not include any disclosure that occurred before April 14, 2003. We will provide the list to you upon request once each year at no charge.

The Right to Amend or Update Your Health Information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have the right to request that we amend the existing information. You must provide the request and your reason for the request in writing to the Privacy Officer identified above. We may deny your request in writing if the health information is:

- 1) Incorrect and incomplete.
- 2) Not created by us.
- 3) Not allowed to be disclosed.
- 4) Not part of our records.

Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial. If you do not file a statement of disagreement, you have the right to ask that your request and our denial be attached to all future disclosures of your health information. If we approve your request, we will make the change to your health information, tell you that we have done it, and tell others that need to know about the change to your health information.

The Right to Get This Notice by E-mail. You have the right to get a copy of this notice by email. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

CHANGES TO THIS NOTICE

Francis Marion University's Health Care Providers are required to abide by the terms of this Notice of Privacy Practices. However, we may change our notice at any time. The new notice will be effective for all protected health information maintained by the covered Health Care Providers of Francis Marion University. A revised Notice of Privacy Practices will be posted at the main entrances to our covered healthcare provider areas, may be requested from the Privacy Officer listed above, and may be found on our website at www.fmarion.edu.

WHAT TO DO IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED

If you think that we may have violated your privacy rights, or you disagree with a decision we made about your health information, you may file a complaint with our Privacy Officer at the telephone number or email address listed at the top of this notice. You also may send a written complaint to the Secretary of the Department of Health and Human Services. Further information about how to file a complaint is available from the Privacy Officer. We will not punish you or retaliate against you if you file a complaint about our privacy practices.

EFFECTIVE DATE OF THIS NOTICE. This notice applies to uses and disclosures of your health information beginning on August 1, 2018.

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INADVERTANT DISCLOSURE OF PROTECTED HEALTH INFORMATION: Please refer to HIPPA presentation from 54900-1 regarding current procedure.

**Bill of Rights for People Receiving Audiology or Speech-Language Pathology Services
Francis Marion University SLP Clinic**

Clients as consumers receiving audiology or speech-language pathology services have:

1. THE RIGHT to be treated with dignity and respect;
2. THE RIGHT that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability;
3. THE RIGHT to know the name and professional qualifications of the person or persons providing services;
4. THE RIGHT to personal privacy and confidentiality of information to the extent permitted by law;
5. THE RIGHT to receive a clear explanation of evaluation results, to be informed of potential or lack of potential for improvement, and to express their choices of goals and methods of service delivery;
6. THE RIGHT to accept or reject services to the extent permitted by law;
7. THE RIGHT that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary;
8. THE RIGHT to present concerns about services and to be informed of procedures for seeking their resolution;
9. THE RIGHT to accept or reject participation in teaching, research, or promotional activities;
- 10.
11. THE RIGHT, to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records;
12. THE RIGHT to adequate notice of and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so request



School of Health Sciences

Master of Speech-Language Pathology General Guidelines for Diagnostic Report Writing

1. Read the manual before the evaluation.
2. Be sure you understand your test. In addition to knowing how to give it, understand why you are giving it.
3. Pay attention to small details on the report- be sure you have the client's name spelled correctly, as well as any family members, physicians, medications, etc. Double check the client's birth date.
4. Know the difference between a grapheme and a phoneme. Graphemes go in quotes ("sh"). Phonemes go between slashes (/ /). If your computer does not do phonemes, do not use the closest looking letter on your keyboard. Handwrite the phoneme in.
5. Learn to recognize incomplete sentences and run-on sentences. Invest in a grammar book if grammar is not your strength.
6. Pick one tense and use it- that means either past or present tense. Check with your supervisor to determine tense preference.
7. Read your report out loud to help you look for problems with grammar, word choices, etc.
8. Use active voice whenever possible (as opposed to passive). Example: Active- The clinician presented the stimuli. Passive- The stimuli were presented by the clinician.
9. Your reader most likely is not another speech pathologist. Use examples to clarify your statements, especially for recommendations.
10. Be concise. Example: The client was able to read the paragraph (wordy). The client read the paragraph (better).
11. Be specific. Example: "The client had difficulty with reading sentences." Does not state the problem. "On sentence completion tasks, the client consistently chose the incorrect word to complete the sentence." Describes the client's problem.
12. Read what you want (or need) to write. That means if you need to write a diagnostic report, but have never read one, it is going to be hard to write one. Read as many diagnostic reports as time allows to get a feel for organization, working, type of information reported, etc.
13. Remove qualifying adjectives (for example, very, quite, much rather, somewhat, and approximately).
14. Spell check and grammar check.

15. The last page of a report should contain the statement, “This report was completed by the above named student clinician under the supervision of the supervisor whose name appears on this report.”
16. When corrections are submitted, paperclip the rough draft to your new, corrected draft, if providing a hard copy.

SLP 520

Pre-Clinical, Simulation and

Structured Clinical

Observation Education

Abstract

This document provides guided clinical observations and simulation experiences under the supervision of an ASHA Certified Speech-Language Pathologist. This course will help prepare students for working with pediatric and adult populations with communication and swallowing disorders.

Dr. Nia Johnson, CCC-SLP

nijohnson@fmarion.edu

Observation and Pre-Clinical Experiences

The MSLP Program is responsible for training students at the graduate level. The initial phase of clinical training is embodied in observation and pre-clinical experiences. Observations and preclinicals are designed to help students develop specific competence and clinical knowledge.

Objectives:

- Ability to recognize the characteristics of the various speech, language and hearing disorders.
- Knowledge of the duties and responsibilities of speech-language pathologists and audiologists.
- Awareness of the various settings in which speech-language pathologists and audiologists work.
- Ability to distinguish between appropriate and inappropriate clinical behavior.
- Ability to identify the elements in the clinical process for which the clinician is responsible.
- Familiarity with the range of diagnostic instruments and procedures used in speech-language pathology and audiology.
- Ability to recognize and record critical clinical behavior in a therapeutic situation.
- Understanding of the attitudes and competencies that are to be developed in the training process.
- Appreciation of the clinician's responsibility for the quality of service provided to his/her clients.

Observation Requirements

Graduate majors in SLP are required to obtain observation clock hours. Clock hours mark the first step of the clinical education of the speech-language pathology degree program. Observation experiences include live and/or taped video monitoring of audiological evaluations, speech-language evaluations and treatment with children and adults exhibiting a variety of communicative disorders.

Graduate Education

Graduate students who have undergraduate degrees in other disciplines are required to complete a minimum of 50 clock hours of observation prior to receiving a clinical assignment. These hours should be completed within the first year of enrollment. Specific instructions for the completion of observation report forms are given in SLP 520 (Pre-Clinical, Simulation and Structured Clinical Observation Education).

Graduate students who have undergraduate degrees in speech-language pathology and audiology/communication sciences and disorders from other institutions are required to complete a minimum of 10 clock hours of observation, once they present official documentation (within first year of enrollment) of 25 clock hours already earned. If evidence is not presented, then these students will also be required to earn 50 clock hours of observation. Observation clock hours must be verified by MSLP faculty and/or the ASHA certified Speech-Language Pathologist who has observed. Clock hour documentation should be entered by the student into the CALIPSO and handed into the Academic Advisor for approval.

Pre-Clinical Experience

The following objectives and competencies reflect the total pre-clinical experience which involves one or two semesters of course work for graduate students without undergraduate preparation in speech-language pathology. These courses are designed to provide opportunities for students to “practice” before actually being assigned clinical responsibility.

Pre-Clinical Objectives:

- To familiarize students with the MSLP Program SLP Clinic’s policies and procedures.
- To engage students in those experiences which are pertinent to diagnostic and treatment procedures in a clinical setting.
 - To expand the students’ knowledge and understanding of the duties, ethical responsibilities, and professional requirements for practicing speech-language pathologists and audiologists.

Pre-Clinical Competencies

- Knowledge of the requirements for becoming a certified, licensed professional.
- Understanding of the standards and ethics which govern practicing professionals.
- Knowledge of the experience and purpose of professional organizations.
- Ability to choose appropriate diagnostic instruments to plan and implement diagnostic procedures.
- Ability to administer, score, and record test results for specified articulation and language diagnostic instruments.
- Ability to write acceptable diagnostic reports and therapy plans.
- Ability to plan and implement appropriate therapeutic intervention strategies for those clients who have a diagnosed articulation and/or language disorder.
- Ability to develop a basic therapy kit of materials to be used in management sessions.
- Knowledge regarding techniques and strategies to target, modify, chart, and record client behavior.

The goal of clinical training is to provide each graduate student with the academic coursework, exposure to research and related professional activities, and the clinical experience necessary to enter the workforce as a professional in the field of speech-language pathology. Once students have graduated, they must be prepared to be critical thinkers and life-long learners.

**Step 1: Pre-Professional Observations

Complete a minimum of 25 to 50 hours of observation across at least fifteen or more core SLP domains, which include:

- Speech Disorders
- Language Disorders
- Voice Disorders
- Fluency Disorders
- Dysphagia
- Hearing Disorders
- Articulation Disorders
- Aphasia
- Motor Speech Disorders
- Medical SLP
- Autism
- Dialect Variation
- Cleft Palate
- Genetics and Syndromes
- Neurogenic Communication Disorders

Observations must include the following:

- Treatment of speech disorders in children and adults
- Evaluation of speech disorders in children and adults
- Treatment of language disorders in children and adults
- Evaluation of language disorders in children and adults
- Treatment of hearing disorders in children and adults
- Evaluation of hearing disorders in children and adults
- Treatment of swallowing disorders in children and adults
- Evaluation of swallowing disorders in children and adults
- Other communication and disorders activities (TBA)

- Each student majoring in speech-language pathology is required to complete a minimum of 25 clock hours of observation of appropriate clinical activities prior to enrollment in the first practicum course. Some observations will be completed via video tape while other observations will be of live sessions.
- Undergraduate students typically gain this experience while enrolled in SLP 520: Pre-Clinical, Simulation, and Structured Clinical Observation Education. During this course, the student completes clock hours to include observation of diagnostic and/or intervention activities with individuals representing a variety of age groups and types of speech, language, and hearing problems.
- Students will complete the Observation Hour Form as a log of the observations completed. These hours will be verified by the instructor at the end of the course. The student must turn in the form to the course instructor before a grade will be posted.
- The student should keep a copy of the form for his/her records.
- Students who enter the program from another university must provide written documentation of observation hours before receiving any clinical assignments.
- Each report is written using a standard report template. Rough drafts are typed on the computer and double spaced.
- Use sample reports as a reference for identifying information, capitalization of major headings, and signatures.
- Complete all identifying information.
- Use past tense.
- Include your supervisor's title in the signature section.
- Use phonetic symbols and slashes correctly.
- Numbers, with the exception of dates and test scores, must be spelled out. For example, "John's receptive vocabulary fell one and one-half years below his chronological age." "Harry was able to count from one to seven." The Arizona Articulation Proficiency Scale revealed a score of 72 percent.
- Vary wording. For example, do not use terms such as, "Judged to be", "reported", "within normal limits", etc. several times in succession. Do not use the client's name more than necessary. Read the report aloud to yourself to evaluate wording, clarity, and smoothness.
- Underline test names. Capitalize test names. For example, Goldman Fristoe Test of Articulation (GFTA).
- If a test is mentioned more than once, the abbreviation can be used as long as it was referenced earlier in the report. For example, Goldman-Fristoe Test of Articulation (GFTA).



ASSISTING THE STRUGGLING STUDENT IN A PRACTICUM PLACEMENT

Step 1: Clinical Educator Meets with Student to Discuss Concerns (as soon as issues arise)

- Get the student's perspective on their progress within the practicum placement and determine their own insight into any issues.

- Describe your concerns and the behaviors observed, as well as the student's strengths

- Be objective; avoid interpretation
 - Reflect on your own teaching style and expectations; Brainstorm with student around ways to remediate concerns; Inform the student that you will be contacting the Clinical Coordinator; Keep notes during the meeting, including feedback you provided, student response to describe concerns, what clinical competencies and objectives need to be targeted, and the strategies for meeting these competencies/objectives that were discussed.

Step 2: Clinical Educator Contacts Clinical Coordinator to Discuss Concerns- Clinical educator describes concerns, behaviors and/or issues and reviews details of initial discussion with student- Clinical Coordinator assess concerns/behaviors and possible consequences

Step 3: Clinical Coordinator Contacts Student to Discuss Concerns, Remediation Plan, and Consequences- Clinical Coordinator reviews clinical educator concerns and obtains student input into the issues- Clinical Coordinator provides overview of remediation plan process and consequences of not meeting clinical competencies (must meet necessary clinical competencies to obtain a passing grade for the practicum placement)

Step 4: Remediation Plan Developed and Implemented- Clinical Coordinator takes lead on developing the remediation plan, seeking input from the Clinical Educator and Student- The remediation plan will include clinical competencies and objectives to be targeted, strategies for working on each objective and clinical competency, feedback and evaluation schedule, timelines for meeting objectives, outcomes that need to be achieved by the end of the placement, and consequences of not meeting clinical competencies- Clinical Coordinator informs the School's Director of the current situation and remediation plan

Step 5: Clinical Educator Monitors Student's Ability to Follow the Remediation Plan- Keep daily notes and closely monitor the student's ability to follow the plan of action- Provide the student with frequent feedback on their progress toward the defined goals/clinical competencies- Clinical Coordinator checks in on a weekly basis with Clinical Educator and Student (via email or phone) on the student's progress toward meeting the defined objectives and clinical competencies

Step 6: Determining Outcome- Grade of Pass: If the Clinical Educator determines that the student has met all clinical competencies by the end of the placement, a passing grade will be assigned. - Grade of Incomplete: If the student has demonstrated the ability to improve their skills, but requires more time to meet all clinical competencies, an extension of the placement may be granted. The extension is dependent on the clinical educator's availability. The placement may need to be completed at a different site and with a different clinical educator (when one is available). The student will be assigned a grade of pass or fail at the end of the practicum placement extension, depending on his/her ability to meet clinical competencies. - Grade of Fail: If the student is not meeting the objectives within the remediation plan and is not showing any signs of improvement toward meeting clinical competencies, the student will be assigned a failing grade for the practicum placement and dismissed from the program.

Adapted from "Preparing to be a Preceptor: A Handbook for Health Care Aide Preceptors", Alberta Health Services, 2011 (<http://www.albertahealthservices.ca/hr-student-hcapreceptorhandbook.pdf>), "Supporting the Struggling Student", BC Preceptor Development Initiative, 2012 (<http://www.practiceeducation.ca/modules.html>), & "Preceptor eLearning Course", Dalhousie University, Faculty of Health, 2013 (<http://preceptor.healthprofessions.dal.ca/>)



Self-Study Guide to Clinical Observation Useful Tidbits

SLP 520 Handout

- Clinical Observation is the “bedrock” of empirical assessment, description, analysis, treatment and overall intervention in the management of human communication disorders and differences.
- Clinical Observation refers to direct, systematic, and scientific watching of clients, patients, structure(s), behavior(s), and/or communicative event.
- Clinical Observation refers to focused, careful, clinician controlled “intentional”, examination of person’s characteristics, traits, behaviors, speech, communication and other factors.
- Clinical Observation entails an evaluation of responses which can be perceived, counted and recorded.
- A convenient way of examining what happens is to track in small step sequential phases, all observable and acoustical aspects of an individual communicating (talking/speaking).
- A strong SLP, recognizes the significance of acute clinical observation of patients during a variety of communication events.
- Speech and language is worth careful study, focus and directive observation.
 - Focused clinical observation is worthwhile, because the study, evaluation and analysis of human communication, provides useful insights into the nature and history of the patient (client/student).
- Great SLPs, Audiologists, Speech Scientists and Communicologists must master the art and science of clinical observation.
- Clinical Observation skills are crucial tools that SLPs/AUDs/Speech Scientists use to help describe the patient or client (student).

- Clinical Observation is a key learning device... informative tool for SLPs, AUDs, and Speech Scientists.
- Clinical Observation grounds SLP processes. Clinical Observation is a basic fundamental process that must be engaged at all times when treating a client.
- Clinical Observation refers to directed, systematic, focused, descriptive tracking of patient/client and/or student behavior.
- When you engage in clinical observation, the SLP must “ID” signs of attitudes as well as visible behaviors. Beliefs, emotions, and thoughts are often revealed via controlled analytical observations.
- Critical descriptive data with regard to individual patients/clients, reveals themselves.
- Much has been identified in SLPA literature on body language, the messages, involuntary features, and even the posture of a client, because the signs and symptoms that patient (clients) present both verbal and nonverbal are crucial under pinning’s to putting the puzzle parts of a communication disorder together!
- Observed behaviors, messages, speech, sound, language and any other phenomena noted during clinical observation must be recorded, described in as much detail as possible and eventually reviewed for determination of what the observed data reveals.
- Good clinicians, always follow up observed data, as carefully as possible, without exception!
 - Aspects of Clinical Observation include:
 - A. Study: A set of learning activities that take place offline at times other than during the session.
 - B. Reflection: A process of turning one’s “scientific/clinical mind” back to the communication event or behavior that was observed.
 - C. The importance and relevancy of observed data must be constantly analyzed further if warranted.
 - D. Listening is a crucial two-part process of first understand and then assessing messages of all types, forms and consistencies.

Read/Review: OBSERVATION pp. 40-42, Counseling and Interviewing in Speech Language Pathology: A Therapy Resource by Carl M. Tellis and Orlando R. Barone.

Clinical Observation: A Guide for Students in Speech, Language, and Heritage by Georgia Hambrecht and Tracie Rice

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The Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”) establishes, for the first time, a set of national standards for the protection of certain health information.

The U.S. Department of Health and Human Services (“HHS”) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). The Privacy Rule standards address the use and disclosure of individuals’ health information- called “protected health information” by organizations subject to the Privacy Rule called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights (“OCR”) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well-being.

The following guidelines provide a general overview of the professional responsibilities of Department of Speech-Language Pathology:

Definitions for the Purpose of these Guidelines:

Electronic Communication and Social Media includes interaction between students and preceptors/clinical instructors, students and patients/clients, students and other health professionals, students in public or semi-public fora and between students before, during or after practice education experiences.

Practice Education includes all instances where Faculty of Speech-Language Pathology employed or engaged to undertake work for an employer as part of their degree. This includes both direct patient/client care and observational experiences.

Practice Education Employer refers to any organization in which a student of the faculty of Speech-Language Pathology completes an internship, clinical or co-operative education experience as part of their educational program with Francis Marion University.

Social Media is defined as any web-based fora where users interact online and share information. Social media sites include, but are not limited to, Facebook, Twitter, Instagram, Google+, blogs, YouTube, LinkedIn, etc.

Electronic Communication refers to the use of any personal electronic communication mediums (such as email) and personal mobile devices (such as cell phones, smart phones, tablets) for sending and receiving messages, texts, emails, or other information.

General Guidelines

Consider the privacy of patients first. Everything that is written and spoken about a patient is confidential.

Be respectful. When communicating electronically, conduct yourself as you would in a professional face-to-face environment: with a respectful demeanor and attention to proper etiquette and language.

No social media. Students are prohibited from posting photos or discussing any aspect of their practical education experience on social media (students should check with their school regarding posting practice education sites on their LinkedIn resume).

Not at work. During work hours, ensure that any personal mobile devices are put away and on silent mode. Do not engage in personal business during work hours- this includes taking or making phone calls, texting, and using any social media.

Think before you send. Before engaging in online communication or posting photos, ask yourself if it would reflect poorly upon you, Francis Marion University, or your profession. If so, refrain from doing so.

Once something is public, you can't take it back. All information sent or posted electronically is permanent and may be accessible to the public even after it is deleted. Also, consider that it is always possible to find the author or information posted in electronic interactions and forums.

Protect your privacy. Ensure that all privacy settings in your accounts are set at a high level. This is for your own privacy, but also to protect others.