

**ARKANSAS STATE UNIVERSITY**  
**COLLEGE OF NURSING AND HEALTH PROFESSIONS**  
**DEPARTMENT OF COMMUNICATION DISORDERS**

**ASU SPEECH & HEARING CENTER**

**CLINICAL PRACTICUM HANDBOOK**

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**Arkansas State University  
Speech and Hearing Center**

**INTRODUCTION**

The Arkansas State University Speech and Hearing Center (SHC) exists as a primary practicum component for the Department of Communication Disorders within the College of Nursing and Health Professions. The department's major goal is to provide scholarly and clinically appropriate opportunities for students enrolled in both the undergraduate and graduate studies in Communication Disorders (CD). Undergraduate and graduate students participate in observation, assessment and management of disorders of communication resulting from deficits associated with speech production (articulation, fluency, voice, or dysphagia), language reception and expression, hearing/aural rehabilitation, and related difficulties (English as a second language or accent reduction). The client population served by the SHC includes children and adults in the immediate Jonesboro area as well as the surrounding communities of Northeast Arkansas and Southeast Missouri. The major goals of the SHC include: 1) provision of a teaching center allowing student accumulation of practicum experiences required for certification purposes by the American Speech-Language-Hearing Association (ASHA), 2) provision of a teaching center allowing licensure by the Arkansas Board of Examiner's in Speech-Language Pathology and Audiology (ABESPA) or other state licensure/certification boards, and 3) provision of speech, language, and hearing services to the ASU Campus, the city of Jonesboro area and neighboring communities.

Policy Regarding Equitable Provision of Clinical Services

Arkansas State University is an Equal Opportunity/Affirmative Action institution and, thereby, complies with all applicable federal and state legislation regarding employment practices and admission/treatment of students without regard to race, color, religion, age, disability, gender, national origin, participation restriction, sexual orientation, veteran status, or status as a parent. As a single point-of-service entity within Arkansas State University, the Arkansas State University Speech and Hearing Center complies with all state and federal equal opportunity legislation in the provision of prevention, screening, diagnostic, and therapy services to all client populations served in the Center. Questions about this policy should be addressed to the Title 9 & Institutional Equity Coordinator 2105 Aggie Road, Human Resources Room 218A, P.O. Box 1500, State University, Arkansas 72467, phone (870) 972-2015

This handbook is intended to inform students of pertinent information and the numerous guidelines applicable to the SHC. Each student is expected to become familiar with the contents and will be held responsible for its review and application. As a result, the student will be responsible for verifying the record of courses, practicum clock hours and compliance to university, department, ASHA, ABESPA or other applicable licensure or certification requirements. Each student is also primarily responsible for his/her own

professional growth. Supervisors will, however, provide guidance and directions related to the development of clinical competencies and professional practice ethics.

All students involved in observation or practicum will be enrolled in appropriate coursework and will have completed all prerequisites. The general SHC guidelines for students are presented in the following text of information. Reference to “clinician” in this presentation pertains to all CD practicum students. Additionally, reference to treatment/instruction applies to client therapy. Specific requirements and/or samples are presented in the appendices.

The contents are subject to change without notification.

## **MISSION STATEMENT**

### **Arkansas State University**

Arkansas State educates leaders, enhances intellectual growth, and enriches lives.

### **College of Nursing and Health Professions**

The mission of the College of Nursing and Health Professions is to provide quality education to students, graduates and health care providers in a variety of health disciplines. Recognizing our unique position in the lower Mississippi Delta region, the College provides educational programs that are designed to promote lifelong learning based on the expressed needs of this area. The College assesses the attainment of this mission in terms of the contributions its graduates make to the health care industry.

### **Department of Communication Disorders**

The mission of the Department of Communication Disorders is to prepare competent speech-language pathologists. Students are trained to provide ethical service delivery to a broad spectrum of individuals with communication disorders. In addition, students are trained to work with other professionals in a wide variety of service delivery settings.

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**Arkansas State University  
Speech and Hearing Center**

I. THE CLINIC

A. Clinic Facility

The Arkansas State University Speech and Hearing Center (SHC) is located on the first floor of the Donald W. Reynolds Building on Danner Street in Jonesboro, Arkansas. The building is accessible for individuals with disabilities via both the Danner Street Entrance and the 2<sup>nd</sup> floor Caraway Road entrance. Access to the SHC facility and Department of Communication Disorders is provided by a centrally located elevator and stairways within the atrium of the Reynolds Building. The SHC area includes the office (serving the CD academic program and the SHC), waiting area, director's office, diagnostic or therapy rooms, audiology suite, clinician's workroom, library and equipment spaces, geriatric group room, and pediatric group room. Accessible restrooms are located just outside the SHC.

Parking for the SHC is managed by ASU Parking Services. Clients of the SHC who are not registered as an ASU student, staff, or faculty may park in any space reserved for the SHC or any visitor space. SHC spaces are located behind the Reynolds Building and are marked with appropriate signage. The SHC spaces require a hang tag to be displayed at all times in order to make use of those designated spaces. ASU visitor spaces are located in the parking garage on Caraway Road and marked with blue and white "V" signage. Clients parking in disability spaces must display a handicapped parking permit. Disability parking sites are located within the Caraway Road parking garage while additional spaces are located behind and West of the Reynolds Building. Failure to observe parking privileges appropriately or parking in restricted zones could result in fines by ASU's Parking Services Department.

Therapy rooms in the SHC are equipped with a motion activated digital video & audio recording system for observation purposes. Additionally, each therapy room has an adjacent observation room for parental, student, and/or supervisor use. A quiet environment must be maintained to insure appropriate observation opportunities. Likewise, use of cell phones and other electronic devices (during SHC hours) is limited to supervisors with incoming emergency calls. Student clinicians may only use cell phones in the workroom or as permitted by the supervisor.

Each therapy room is furnished to accommodate both children and adults. Placement of furniture must accommodate remote observation. Therapy rooms and hallways must remain evacuation ready at all times.

Prior to room use, furniture should be arranged to ensure appropriate access to viewing

from the observation room. Blinds should be adjusted to accommodate specific client needs, activities, or temperature levels. Activity or instruction in the room must end at the appointed time to allow sufficient time for cleaning and arranging the room for the next occupant. At the close of each therapy session, the room should be free of all therapy/instructional materials, table and chairs should be properly positioned, and debris should be placed in receptacles or removed from the room. As a general rule, a five minute period of time near the end of a session should allow sufficient time for evacuation and clean-up of a room as well as set up for the succeeding session. Such care will provide each clinician the assurance of a desirable work space and maintain a professional clinic environment.

The CD/SHC office, waiting area, student/material workroom, or hallways are not to be used as a social gathering place. Because these spaces are in close proximity to both the diagnostic and treatment areas and offices it is imperative that activities maintain a safe and quiet environment. It is never appropriate for visitors to be present in any student/client areas unless accompanied by a student, supervisor, or member of the faculty/staff. Family and friends will have many opportunities to visit during scheduled open houses and similar events. An additional client accessible waiting area is available immediately outside the first floor SHC in the atrium of the Reynolds Building.

The communication system within the SHC includes written postings on a bulletin board located in the library. The bulletin board located in the library allows for posting of official treatment session cancellation notices. Clinician and supervisor mail files are also located in the library. Although faculty mailboxes are located on the second floor of the Reynolds Building in the Department of Communication Disorders office, communication pertaining to SHC matters should be limited to the mail files housed in the library. Communication with clinicians and supervisors may include the current SHC schedule, SHC events, practicum calendars, diagnostic information, therapy information, clinician messages, client cancellations as well as relevant SHC information. Each clinician is required to provide the Clinic Director with an e-mail address for SHC use and faculty/supervisor interactions. It is the clinician's responsibility to check both the mail file, bulletin boards, and e-mail on a daily basis.

## B. Equipment/Materials

### 1. Diagnostic Material/Equipment.

The Diagnosics Inventory sheet is located in the reception office of the first floor SHC. Its revision is ongoing. Diagnostic tests and materials stored in the file room immediately adjacent to the SHC reception office are for student clinician use unless otherwise indicated. Tests may be checked out overnight (Monday through Thursday) 30 minutes prior to the close of the SHC or for the weekend after diagnostic evaluations are completed on Friday (or earlier if no evaluations are scheduled) and must be returned by 8:30 a.m. the following business day. Only the CD/SHC faculty/clinical supervisors, secretary, or a designated graduate assistant may enter the file room to secure diagnostic

tests and/or materials. Testing manuals, stimulus materials and manipulative objects must be replaced in the test housing (box, case, etc.) when finished with the assessment. Materials should also be disinfected before returning. Diagnostic tests and materials may be checked out for use at external practicum sites with permission of the Clinic Director and standard off-site check-out procedure (Appendix A-2). This check-out form is located in the SHC reception office and must be initialed by a faculty member, secretary, or GA.

Test protocol forms are located in the file room. Students are NEVER to take the final copy of a diagnostic record form or information sheet from the files, but are to inform the SHC secretary or Clinic Director to ensure supply replenishment. Due to cost factors, clinicians should use only one form per evaluation.

Note: Required SHC forms (client case history, informed consent and release of information) are housed in the library.

Portable audiometers are stored in the geriatric room(#126). Audiometers are available for use in the SHC by signing the test/equipment reservation sheet posted in the SHC office (#147). Although overnight check out is allowed, specific time restrictions do apply. Audiometers may be checked out overnight (Monday through Thursday) 30 minutes prior to the close of the SHC. Check out of audiometers on Friday is dependent upon availability of units. Audiometers must be returned by 8:30 a.m. on the next business day. All off-site use requires completion of the External Check-Out form (Appendix A-2).

**Note: Audiometers are calibrated instruments requiring attention to the storage/transport temperatures as well as careful handling. Thus, special attention must be provided to maintain the functional integrity of the equipment.**

## 2. Clinic Materials

The Therapy Treatment Inventory sheet is posted in the SHC reception office. Its revision is ongoing. Speech-Language treatment materials are housed in the library (#146), or the file room (#145). Audiology materials are located primarily in the Audiology Suite (#122). Materials are to be returned immediately after use and should be disinfected. All pieces, parts, and/or sections of materials must be accounted for and must be in proper order. If only one part or a few pieces of a kit are needed, the entire kit should be taken. Do not remove cards and materials from a kit. Separate cards and materials into appropriate groups or classifications before returning them to the kits. As a general “rule of thumb”, return the materials to the location from which they were taken. These materials are to be used ONLY in the SHC.

## 3. Tapes and Recordings

The SHC has a closed circuit television system for clinical training and supervision.

Clinicians may record sessions with clients for self-evaluation and/or supervisory review provided written permission for such has been gained from the client. Sessions may be saved to the computers in the supervision room. Written client permission is secured using the SHC Informed Consent form. All guidelines pertaining to confidentiality must be maintained with the use of all recordings.

#### 4. Instrumentation

Computers and varied computer programs are available for diagnostic evaluations, treatment and instruction. In addition to access to computers in the AV Lab located on the second floor of the Reynolds Building, computer stations for clinician use are located in the clinic work room (#102). Other discipline specific equipment may be found in the materials/clinician workroom (#102), Audiology Suite (#122) and file room (#145). Articles of instrumentation include augmentative devices, computers, telephone, computerized speech lab, nasometer, laryngograph, portable audiometers, stop watches, assistive listening devices, musical keyboard, metronome, etc. A number of these instrumentation devices require reservation and/or check out through the SHC reception office. The majority of this equipment was purchased using student infrastructure fees.

#### 5. Duplicating Equipment

Materials for **clinical use** may be copied by the SHC upon submission of a Copy Request Order as represented in the Appendices (Appendix A-3). A specified number of copies per student will be supplied each semester provided the procedure for acquisition is utilized and the service is not abused. These copies are the direct result of lab fees paid by each student clinician.

#### 6. Repair Costs/Replacement

Broken equipment, repair requests or replacement needs should be reported immediately to a clinical supervisor, CD/SHC secretary or Clinic Director. Please keep in mind that SHC equipment and materials are costly and fragile; caution should be taken to protect all items. If they are lost or abused, limited funding will not normally permit immediate replacement. In the event equipment, test items or treatment materials are abused or lost by a clinician, he/she will be assessed a replacement cost based upon age and/or replacement cost of the item.



## C. Facility Use

The SHC hours of operation during the Spring and Fall semesters are from 1 p.m. to 6 p.m., Monday through Friday, except for ASU closings. The SHC hours of operation during Summer I and Summer II dates are from 1 p.m. to 5 p.m. Monday through Thursday and by appointment only on Friday, except for ASU closings. Scheduling of SHC operations may extend beyond these times by arrangement through the Clinic Director. Cancellation due to inclement weather parallels closings for the Jonesboro School District.

Client scheduling is arranged through the referral process by the SHC secretary and the Clinic Director. Initial referral information appears on a Referral form (Appendix B-4) which is placed in the clinician's box following clinician/supervisor and room assignments. This information is immediately shared with the assigned supervisor. All scheduling of room use is managed by the Clinic Director and a schedule is available for reference at the front desk on the first floor. Temporary use of any SHC space should be arranged through the Clinic Director or SHC secretary.

Note: Clinicians should refrain from removing clients from the SHC for any reason unless permission has been granted by the significant other and supervisor. Inquiries should be made of food allergies as well as likes and dislikes. The client and clinician should be accompanied by the supervisor or undergraduate observer in the event treatment requires therapeutic opportunities outside the designated SHC treatment area. Likewise, clinicians providing supervision of bathroom needs by the client (child or adult) should engage an additional individual to assist.

The use of food is acceptable within reasonable limits during treatment/evaluation activities. However, no food or drink is allowed in the SHC therapy rooms except for therapy purposes.

All faculty, staff, and students are expected to help maintain rooms in the SHC. This includes individual responsibility to help keep these areas clean and orderly at all times. Failure to do so will result in restricted or denied use of the clinic workroom.

## D. Emergency Procedures

### 1. Medical emergency.

At the beginning of each semester, clients, student clinicians, and University faculty and staff must complete an Emergency Medical Status form (Appendix A-4). Information must be documented regarding medical history, pertinent medical problems, medications, physician and hospital preference, as well as authorization to contact 911 EMS should a life threatening situation occur while on the premises. Student information will be maintained by the Clinic Director and housed in the SHC office. Client information will be housed in the client's working file in the clinician/materials workroom. Faculty information will be presented to the CD Department Chair/designee and placed in the faculty personnel file. **Note:** An EMS waiver may be submitted in the event one of the above individuals prefers an alternative emergency procedure.

In the event that a medical emergency occurs during therapy, the following procedures should be followed:

1. Immediately call for help if alone with the client.
2. Immediately notify supervisor or faculty designee by sending another person for one of the above named individuals – STAT.
3. Notify family member, supervisor or faculty designee to come to the location of the emergency.

Do not overreact. Many situations can be handled without calling 911, but do not hesitate to call for emergency assistance if the condition merits. Additional help may be available from the Nursing Department at ext. 3074.

4. If unable to reach family member or guardian, and emergency treatment is warranted:
  - a. If the EMS authorization has been signed, the supervisor or faculty designee will call ambulance (911) and accompany client to the hospital. Refer to the EMS card for pertinent information.
  - b. Supervisor or designee will continue to secure contact with significant others by phone to advise of medical status.
5. The supervisor will follow-up by calling family member or parent later to check on client.

**Note:** In the event any client should have medical conditions requiring specific emergency measures, the clinician and supervisor must be apprised of the condition at the

initiation of services for that semester. They must also receive instruction by the client/family to become acquainted with the recommended measures. Family members or persons designated by the family must remain on the premises while the client receives services in order to administer or assist with such emergency measures.

## 2. Medical injuries.

Reporting of student or client injuries should follow ASU specified guidelines.

1. Report injury to immediate supervisor and Clinic Director even if medical treatment is not necessary.
2. Report incident to Dean of CNHP and the office of Safety & Emergency Management. File report as instructed. The CNHP Incident Report Form may be found in both the undergraduate and graduate student handbooks.
3. Emergency situations should result in following the above medical emergency guidelines. Non-emergency incident may result in medical consult/treatment at the expense of the student or client.

## 3. Emergency evacuation.

Emergency evacuation may be necessary as a result of fire, tornado, or earthquake. General procedures for fourth floor or building evacuation are posted at various points in the SHC for reference should a fire, tornado, earthquake, or other emergency alert be given. Note: A copy of the routine evacuation routes and/or procedures appears in Appendix A-5. Sound and visual alerting devices are placed throughout the SHC. Use of the elevator during an emergency alert or incident is prohibited. All clinicians and supervisors must facilitate an evacuation process for appropriate and safe removal of disabled individuals via the stairs from the second floor of the Reynolds Building to the designated first floor emergency area or outside of the building. Undergraduate students must participate in a client evacuation in-service (as arranged by the Clinic Director) prior to participating in the initial undergraduate practicum.

The Clinic Director and supervisors are responsible for making sure all individuals have left the SHC and that appropriate fire, tornado, and/or earthquake procedures are completed as outlined by the office of Safety & Emergency Management. If possible, families should be apprised of the emergency situation after reaching a safe area.

**Arkansas State University**  
**Speech and Hearing Center**

**II. OPERATIONAL POLICIES AND PROCEDURES**

**A. Ethical Responsibility**

All clinical students (including student observers), faculty/staff, and adjunct faculty are to conduct themselves according to the Code of Ethics of the American Speech-Language and Hearing Association (ASHA) and the College of Nursing and Health Professions. (These guidelines are found in the appendix B-1). The final page document should be printed, signed, and submitted to the Clinic Director.

Practicum students must demonstrate responsibility and respect for the client and their significant others. Likewise, the student must develop the same characteristics toward self and clinical personnel. Students are responsible for the evaluation and treatment of assigned clients. Evaluation and treatment are under the direct supervision and approval of the assigned supervisor. Ultimately, provision of services by the student fall within the legal privileges extended the immediate supervisor by the Arkansas Board of Examiners in Speech-Language Pathology and Audiology and American Speech-Language-Hearing Association. Utilization of every resource is necessary to develop and provide the most effective services. All clients and their significant others must be informed of the results of an evaluation, the nature of the disorder, recommendation for treatment, and prognosis for improvement. Likewise, ongoing treatment assessment results must be reviewed to determine treatment effectiveness and efficiency. Students should also demonstrate responsibility through maintenance of accurate and precise client records. Clinical extern students are required to uphold the Code of Ethics of ASHA and the College of Nursing and Health Professions. Additionally, clinical extern students shall uphold the policies and procedures of their assigned clinical site.

Professional discretion and confidentiality of client information must be maintained at all times. It is the responsibility of the clinician to facilitate a confidential environment for open and uninterrupted discussion. Both written and verbal client information (active and inactive) will be handled with respect and confidentiality. Information is not to be discussed outside of the professional environments. Similarly, clinicians must not discuss client difficulties or progress regarding treatment in the reception area or hallways. Client related discussions must be contained within a secure area that fosters confidentiality without interruption. In the event a treatment room or office is not available, confidential conversations should occur in the Reynolds Center building. Clients, or their significant others, must be made aware of both the SHC Consent for Release of Information form and Informed Consent form prior to the initiation of an evaluation or treatment and at the beginning of each semester of service.

No part of the permanent file and/or the working file should be removed from the SHC unless the file is taken to a supervisor's office.

Any clinical student who does not behave in an ethical manner, or does not follow the policies and procedures of their clinical site will be reprimanded by the Director of Clinical Services. A Clinical Misconduct Form (Appendix B-12) will be completed and the student will be informed of the misconduct during a meeting with the Director. At that time, any remediation strategy will be determined based upon the severity of the clinical misconduct.

## B. Maintenance of Clinical Records

### 1. Permanent client files.

Procedures for permanent client file check out are to be followed when securing the permanent client file for review. Permanent client files are housed in the SHC file room and are released to appropriate personnel using a formal check-out procedure. Only the Clinic Director, SHC secretary, or designated graduate assistant may secure a permanent client file. A request for permanent client file requires the official client file number assigned by the SHC secretary upon completion of an evaluation and/or determination for receipt of clinical services. Permanent client files must be returned to the SHC reception office when the clinician leaves the SHC at the end of each day. Permanent client files should NEVER be placed in the clinician mail box or separated from the clinician's immediate possession for any reason.

Each permanent client file is arranged in a specific content order as designated on the front of each file. Additionally, each of the seven (7) content areas is organized from front to back or most current to initial sequence so that the latest information always appears at the front of each content area. Each client file should contain the required information pertinent to the designated disorder and be organized in the following content order from front to back:

1. Summary of contact – File Audit form  
EMS Care / Patient Information  
Contact Log
2. History – Referral  
Disposition forms  
Additional disorder history information packet (Case History)
3. Correspondence - In-coming and out-going written correspondence
4. Diagnostic - Original diagnostic report(s) and updates from ASU SHC  
(including protocols, language samples, etc.)  
Copies of outside diagnostic reports (SLP, psychological, audiological, etc.)  
Supporting test results and raw test data collected during a diagnostic evaluation
5. Treatment - Original Treatment Plan  
Original end of semester Treatment Summary/Discharge  
Discharge Summaries and Treatment Reports from other settings
6. Session Plans - Original Daily Session Plans/ Summaries
7. Consent/Release - Consent for Release of Information

Informed Consent  
Receipt of Notice of Privacy Practices (HIPAA)  
Patient Consent Form (HIPAA)  
Authorization for Transport of Minor  
Publicity Consent

Note: Clients receiving only speech-language or audiology evaluative procedures do require establishment of a permanent file and entries as appropriate. Upon arrival for the appointment, the SHC secretary will assign a file number and provide the clinician with the numbered folder. All diagnostic materials should be kept in the folder, and upon inclusion of completed and signed report, the folder should be turned in to the SHC secretary.

The clinician is responsible for maintaining appropriate organization and content of the permanent client file under the direction of the supervisor. At the conclusion of each semester and upon discharge, the clinician and supervisor will utilize the File Audit form as presented in Appendix B-2 to ensure proper transfer of semester information into the permanent file. The File Audit form will be placed in the front of the client file in the summary of contact section as noted on the audit form. As new information is added, it should be placed in the appropriate section and the proper chronological order. As previously indicated, the most current information is to be placed in front of or on top of each section, with the initial or oldest on the bottom.

Clinicians are bound by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Each clinician is required to complete the training in HIPAA regulations as provided by the Clinical Director. All protected health information is subject to the restrictions of the SHC Notice of Privacy Practices as found in Appendix C-6 and C-7.

All information in the files is CONFIDENTIAL and should never be discussed with anyone not professionally involved with the client, immediately related to the client, or legally responsible for the client. Client rights and professional ethics mandate confidential and secure record systems. Incomplete or problematic permanent client files should be reported to the Clinic Director or SHC secretary. Requests for forwarding of client information (reports, test results, etc.) must be submitted in writing to the SHC secretary. Subsequently, such requests will be forwarded by the SHC secretary based upon authorization from the client/SO.

## 2. Semester Client Work Files.

Semester work files for each client provide a short-term system for maintaining client information as described above. Each client enrolled in therapy at the SHC for a given semester should have a working file. Clients previously enrolled at the SCH will have the previously used working file in the back of the permanent file at the beginning of the semester, and clinicians should retrieve it upon initial file check-out. These client work files are arranged in alphabetical order by the clinician's last name in the file cabinet in the materials/clinician workroom. The establishment of a working file for new clients is

the responsibility of the assigned clinician. Each file should contain all semester relevant information as identified for the permanent client file. Likewise, its arrangement should closely resemble the overall compilation of the permanent work file sections. Timely placement of completed client information will be closely monitored by the supervisor on a regular basis throughout the semester. The clinician and supervisor are ultimately responsible for maintaining proper organization and content of the permanent and working client file material. Use of the File Audit sheet at the conclusion of each semester or upon discharge provides a systematic review of information or file material for transfer from the semester client work file to the permanent client file. The formal audit of the client work file must be initiated by the clinician and approved by the supervisor before actual transfer from the semester client work file to the permanent client file. Information or file material not transferred to the permanent file should be shredded in the paper shredder located in the materials/clinician workroom. All information in the files is CONFIDENTIAL and its existence as a professional and legal record will not be compromised.

### C. Referral Process/Disposition Form

Referral for services at the SCH is documented on the client Referral form (Appendix B-4A & B4B). This request may be for a screening, specialized or comprehensive evaluation, and/or treatment related speech-language pathology and/or audiology. Initial information received may indicate a diagnostic evaluation be scheduled if none has been done or a significant period of time has lapsed since one has been completed. In every case, a diagnostic evaluation must be in place before treatment services are initiated. All scheduling of evaluations and treatment are based upon completion of paperwork, as well as client availability, SHC schedule or space, clinician or faculty/supervisor availability, etc.

The Clinic Director is directly responsible for scheduling of all speech-language screenings, evaluations and therapy sessions. Likewise, the Clinic Director assumes responsibility for scheduling of hearing screenings and comprehensive audiological assessments. The SHC secretary provides support related to appointment day, time, room and clinician/supervisor as requested by the Clinic Director. When a client, clinician, schedule, and/or room change occurs, the supervisor and clinician are notified via their mailbox or email.

The inability to schedule a client may result in placement on a waiting list or referral to an outside provider. In the event an outside referral is warranted following the initial evaluation, the supervisor and clinician should advise the client or significant other of available resources or alternatives. Likewise, an outside referral resulting during established or scheduled treatment should follow the same guidelines related to provision of information and assistance to the client and/or significant other. Referral recommendations should be documented in associated SHC reports or separate notation and housed in the permanent file.

Completion of a Disposition form at the conclusion of evaluations (Appendix B-5a) or each semester of intervention (Appendix B-5b) serves as the major resource for subsequent scheduling of services. The clinician and supervisor are responsible for securing a completed Disposition form for each client upon completion of assessment or two weeks prior to the end of each semester for returning established treatment clients. For clients not returning for any reason, clinicians should complete the client information section and write “discharged” boldly across the face of the form. All Disposition forms must be presented to the Clinic Director for scheduling purposes.

#### D. Absenteeism/Tardiness

Student clinicians are responsible for informing the client or significant others of absenteeism procedures and policies. The importance of prompt, regular attendance and its favorable influence on client improvement should be emphasized. Client attendance is also critical to the student's accumulation of practicum clock hours.

When clients need to cancel therapy, they are to notify the SHC office as soon as possible. This information is then distributed to those assigned to the case via the session notices board located in the SHC library. Should the client or significant other not notify the SHC office when an absence is anticipated, it is determined to be an unexcused absence. Three unexcused absences should be brought to the attention of the supervisor and Clinic Director, and such cases could warrant dismissal from services based on supervisor and Clinic Director recommendations. The student clinician should make contact following the first and second unexcused absence to determine the reason for absence. All communication with the client regarding absences should be reported on the Contact Record form (Appendix B-6) as a matter of record.

Student clinicians are to meet clients promptly at the assigned time. The client should not need to wait beyond the appointed evaluation or treatment time. The student, however, is expected to wait **20 minutes** for a tardy client to arrive. An attempt should be made to contact the client by phone to investigate the absence. If the client does not arrive, the clinician may leave the SHC after notifying the supervisor. Follow-up discussion between the clinician/supervisor and the client regarding prompt, regular attendance and favorable opportunities for improvement are encouraged. Communication with the client regarding tardiness should also be documented on the Contact Record form as a matter of record. A treatment session should begin and end at the assigned time. Beginning early or ending later than scheduled can be problematic for a number of reasons.

#### SHC Clinician Attendance

Clinician attendance is mandatory. If a situation arises that may warrant that a clinician be excused from therapy, the clinician must obtain permission from both the supervisor and Clinic Director. The supervisor and/or Clinic Director may request that the clinician secure an appropriate substitute to assume responsibility for therapy. Failure to demonstrate commitment to the practicum experience will result in a reduction of the clinic grade or recommendation by the Department Chair for dismissal from practicum enrollment.

#### Extern Clinician Attendance

Once an external site schedule is established, clinician attendance is mandatory. In the event of an emergency, the clinician will contact the extern supervisor for advisement. If it is concluded that the clinician should be absent from the site, it is the student clinician's responsibility to notify the Clinic Director.

## E. Dress Standard

Appropriate dress is required for all clinical practicum participants. All SHC students (including student observers), faculty and staff should be neat and professional in appearance when engaged in any SHC activity. Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact, pleasant facial expression, composed physical posture, personal hygiene, as well as selection and maintenance of garments worn while functioning in a professional capacity. Adherence to standards of professional posture as noted above are emphasized and expected. It is frequently necessary to adjust apparel and/or appearance based upon the nature of the client's disorder, type and place of activities, etc. It is extremely important to respect the dislikes or distracters for each client.

Students are required to adhere to certain personal standards both for their own safety and the comfort of the client. Jewelry is generally prohibited for health and safety reasons. A special note should be made regarding accessories such as scarves, ear rings, necklaces, etc. Care should be given to the choice of accessories as they can adversely impact safety for the clinician and provide a serious source of distraction for some clients. The display of "body art" such as tattoos, nose rings, tongue rings, and jewelry items that accentuate body piercing of other anatomical sites will be prohibited while students are engaged in clinical practicum experiences in both on and off-campus sites. Additionally, hair for both males and females must be short or else confinable so as not to hang loosely around the face during treatment. Any open lesions must be adequately covered and protected from contamination. Personal hygiene should be maintained at the highest level and students must pay attention to such potential problems as bad breath, body odor, excessive fragrances/scents, etc.

**Student Observers** - Student observers will adhere to a professional dress standard. Appropriate dress is "business casual." Clothing should be clean and neat. Inappropriate dress or apparel includes: jeans, shorts, beach or sport wear such as sweatshirts, t-shirts, tops with narrow straps, tops or slacks/jeans revealing the bare waist, short skirts, tennis shoes, etc.

**SHC Student Clinicians** - SHC student clinicians will abide by a uniform dress code. Clinicians will wear the prescribed SHC shirt. Student clinicians may wear either skirts or pants that are appropriate for therapy. No denim will be permitted. Tennis shoes are also prohibited.

**External Site Clinicians** - Student clinicians completing practicum at an external site will abide by the dress standard of that facility. Regardless of the accepted dress of a site, professional posture will be practiced by all ASU clinicians.

Consultation among the clinician, supervisor, and/or Clinic Director may result from inappropriate presentations of dress. Failure to implement appropriate professional posturing may result in the reduction of a clinic grade or recommendation to the Department Chair for dismissal from the clinical assignment.

## F. Infection Control

Appropriate education and training with regard to communicable and infectious disease policies will be presented throughout the academic courses and clinical experiences. Minimal “Standard Precautions” such as hand washing and disinfection are expected when interacting with clients. For the safety of students and clients, no long fingernails extending beyond fingertip are allowed. Additionally, no acrylic nails are to be worn by student clinicians. Nail polish is allowed; however, it must be in good condition free of chips. Further, the CNHP has adopted additional policies and procedures which are found in Appendix B-7. Such policies and procedures include information related to admission, retention, appeals, counseling, transmission, exposure, etc. Additionally, a Hepatitis B Vaccine declination form (Appendix B-8) is available for completion following an in-service (arranged by the Clinic Director) regarding the occupational risks associated with the hepatitis B virus and the benefits of receiving the hepatitis B vaccine. A student may negotiate a new Hepatitis B Vaccine form at any time during their clinical experience by notifying the Clinic Director. Any vaccine or immunity status change should be reported to the Clinic Director immediately.

G. Substance Abuse

Detailed CNHP substance abuse policies have been developed in addition to those already in place at the university level. These policies are found in Appendix B-9.

The final page of the B-9 document is a signature page that must be signed and submitted to the Clinic Director prior to clinical practicum for both undergraduate and graduate levels.

## H. Complaint Procedure

The formal complaint procedure provides the clinical students a mechanism for resolving written complaints against the ASU Department of Communication Disorders and/or personnel. The full complaint procedure is located in the Communication Disorders Undergraduate & Graduate Student Handbooks.

## I. Smoking Policy

According to HB 1193 it is unlawful to engage in the use of tobacco products in and on the grounds of all medical facilities in Arkansas. Thus, the policy of the CD department and the SHC is that any CD student completing external observations or clinical practica abides by all state, local, and facility policies regarding the use of tobacco products.

## J. Social Media Policy

Social media can be a way to share life experiences and opinions with others. Use of social media presents risks and carries with it certain responsibilities.

Social media includes all means of communicating or posting information or content of any sort via the Internet or other electronic communication method. Social media includes your personal or someone else's personal web log/blog, journal, website, or chat room, and group interchanges such as Facebook, Twitter, or LinkedIn and social media anonymous sites. You are solely responsible for what you post online. Inappropriate postings specific to patients, classmates or faculty that include discriminatory remarks, harassment or threats, or violations of professional codes of conduct are subject to disciplinary action. Your actions could adversely affect your standing in your health professions program which could include program dismissal.

You should be aware that future employers may view potential candidate's websites. Students are advised to review their site (s) for any unprofessional images or language which could adversely affect successful employment upon graduation.

Please make responsible decisions about your use of social media.

#### K. Financial Compensation Policy

As part of the professional degree program, students will be required to enroll in clinical/field courses at various sites and locations. Students enrolled in clinical practicum courses are not to be financially compensated for these field or clinical courses by either Arkansas State University or the entity who operates the site and location where these field or clinical courses will take place.

## L. Maltreatment Reporting

Act 703 of 2007 (Arkansas Code Annotated 6-61-133) states that for each degree program at an institution of higher learning in this state that is a prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that for before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act; and 3) methods for managing disclosures regarding child victims.

All clinical students must complete the Child Maltreatment Reporter Training form(Appendix B-13) and return it to the Clinic Director.

**Arkansas State University**  
**Speech and Hearing Center**

III. STUDENT RESPONSIBILITIES

A. Scheduling Information

1. ASU SHC.

The SHC schedule for clients receiving treatment is established by the end of the first week for each academic semester. Every effort is made to accommodate client preference with regard to time and days. Student assignment is based upon a number of factors focusing upon acquisition of clinical skills. It is imperative that each student notify the Clinic Director of any courses they are enrolled in outside of the senior block of classes (undergraduates) or course rotation (graduates).

The clinician is directly responsible to the assigned supervisor regarding all client management decisions. Everything related to diagnostic evaluations, management, parent/significant other involvement, referral, etc., must be discussed and approved by the supervisor. Additionally, all decisions pertaining to changes in scheduling, room assignments, time, day, etc. must be approved first by the supervisor and finally the Clinic Director. As previously stated, all SHC schedule changes must be approved through the supervisor and then the Clinic Director's office. The clinician is not afforded the privilege of changing appointment times.

Decisions regarding client initiation of treatment and/or dismissal are primarily the responsibility of the assigned clinician and supervisor, however, consultation with the Clinic Director may be appropriate. Written notification of the decisions regarding client treatment and/or dismissal must be made to the Clinic Director. Recommendations for dismissal of a client must be reported to the client file in a final "Summary of Treatment/Discharge." Additionally, upon discharge, a Disposition Form (with client information completed at the top and "discharged" written boldly across the face of the form) must be presented to the Clinic Director.

The master SHC schedule is maintained in the Clinic Director's office. In addition, there are copies of the schedule in the SHC reception office and posted on the side of the student lockers in the clinician workroom (#102). Students should check the posted schedule on a daily basis for official revisions.

Speech-Language and Audiology evaluation and screening schedules are established within the first few weeks of each semester and are updated on an "as needed" basis. Clinicians may be assigned to diagnostic or screening teams based upon clock hour needs, availability of clinicians/supervisors, and SHC opportunities, etc. Subsequent to

individual or team assignments by the Clinic Director, client appointments are managed by the SHC secretary/receptionist. Assignment to a diagnostic team does not guarantee acquisition of clock hours equal to the time assigned.

## 2. External sites.

Practicum students are assigned from two to four external sites in order to gain clinical experience and the required clinical clock hours. Assignments are made by the Clinic Director prior to the beginning of each semester. All assignments are made after careful consideration of clock hour needs, student preferences, site and/or supervisor availability, disorders/ages of persons with disabilities, etc. A Clinical Affiliation Agreement (between Arkansas State University College of Nursing and Health Professions and the administration of the site) is initiated by the Clinic Director through the dean's office, which must be approved prior to beginning practicum at the site. Most agreements are constructed for a three year period of time. Both students and external clinical supervisors receive information relative to introduction, overview of expectations and timelines for completion and submission of required documentation. Students assigned to external sites must secure and submit copies of the supervisor's state licensure and certification credentials, as determined by the Clinic Director, and an External Practicum Site Agreement (Appendix D-5), which is an agreement between the off-site supervisor and the clinician. All information is confidential.

## B. Clinical service delivery

### 1. Utilization of stimulus materials.

The SHC provides a variety of therapy materials for use in treatment. However, students are strongly encouraged to have a personal collection of stimulus materials. Small mirrors, a small flashlight, stop watch, etc. are examples of frequently used items during assessment and treatment.

Students are responsible for insuring the cleanliness and safety aspects of all materials to be used. Particular consideration should be given to how materials will be housed during evaluation or treatment sessions. Attention should be given to Infection Control procedures described elsewhere in this publication. Likewise, it is imperative that general guidelines regarding use of the SHC materials and space be observed.

Students are encouraged to use a variety of therapy materials. The ASUSHC has a vast supply of items for student use in the library (room #146). Students should acquire five rulers and label those with their name. Each time a student removes a therapy material from the shelving, they are to insert a labeled ruler in its place.

### 2. Parent/significant other involvement.

The quality and quantity of parent/significant other/client interactions are a major influencing factor affecting skill development. Professional literature has increasingly stressed the desirability of caregiver involvement in the treatment of clients. The practicum student is responsible for initiating involvement as determined appropriate for the disorder, etc. Extent and progression of involvement must always be approved by the clinical supervisor prior to initiation. Parent/significant other involvement may include:

- a. discussion and clarification of history data
- b. observation of treatment/service delivery as allowed by privacy policy (see Appendix C-6)
- c. discussion of information relative to the client's progress
- d. discussion of treatment objectives, materials, instructional strategies, etc.
- e. explanation and/or demonstration of techniques and materials for use outside the treatment setting

### 3. Client/parent/significant other conferences.

The student and supervisor will discuss results of diagnostic information, treatment objectives, and/or recommendations prior to client/parent/significant other conferences. Students will not provide information that has not been approved by the supervisor. The supervisor will be available for all client-related conferences. The clinician will be thoroughly prepared to provide both verbal and written comprehensive reports regarding pertinent client information at the conference and offer meaningful explanations to questions.

## C. Clinic procedures

### 1. Referral

Clinicians and supervisors should take advantage of information provided via the referral form. Such information is generated as the result of a request for evaluation or treatment. Most referrals are physician or parent/significant other generated. Although most referrals for the SHC are requests for treatment, an equally significant number of requests for evaluation are indicated or received during a semester. Scheduling of client evaluations and first time clients for treatment will generate a Referral form (Appendix B-4a or B4-b). The Referral form will be placed in the clinician's mailbox as clinical assignments are made. It is the responsibility of the clinician to immediately share this information with the assigned supervisor. The Referral form will then be placed in the client work file for future placement in the permanent client file.

### 2. Authorizations and Client Forms

All authorization forms must be signed by the client (or parent, if client is a minor) unless legal "Power of Attorney" has been provided to another individual, in which case the person holding "Power of Attorney" must be the authorizing signature. All initial client forms are to be submitted to the SHC office (immediately upon obtaining the signatures) for review and processing. After processing, the completed forms will be returned to the clinician for filing in the client work file and will be transferred to the permanent client file upon completion of the diagnostic evaluation or at the end of each semester during the file audit. Initial client authorization forms are:

- a. The Consent for Release of Information (Appendix C-3) is completed on an "as-needed" basis by the authorized individual, and provides official permission to **obtain or release** confidential client information from or to other service providers. All requests for release of information must clearly indicate what information is authorized to be obtained or released prior to presentation to client for signature, and should be forwarded to the SHC secretary or Clinic Director for review and processing of the request. This form is customarily printed on yellow paper.
- b. The Emergency Medical Status/Patient Information form is detailed in Section I: D: 1 of this handbook and is customarily printed on blue paper.
- c. The Informed Consent (Appendix C-4) provides release of liability for all professional parties providing services and must be completed prior to the initiation of assessment and/or treatment of any kind. Failure to do so increases the liability for the student, supervisor, and SHC. They are very important and must be handled responsibly. The Informed Consent form not only provides the SHC with permission to evaluate or treat an individual but identifies the conditions under which services may be provided or used for academic or clinical teaching. It is extremely important that the clinician review each consent item on

the form and secure authorized initials *and* date of initialing on each item. Although clients may refuse selected consent items, explanation regarding our clinical/academic training status frequently provides a better understanding of each item's intent. Thus, fewer clinical training restraints are placed upon the student, supervisor, and SHC. This form is customarily printed on pink paper.

d. The Privacy Practices Notice (Appendix C-6) and associated consent forms (Appendix C-7) are discussed in Section II: B: 1 and must be presented to and completed by the client along with the above mentioned forms. This form is customarily printed on green paper.

e. The Authorization to Transport Minor form (C-8) should be used for underage clients and is a safety feature intended to insure that non-custodial parents or other unauthorized persons are not allowed to remove a minor child without the written consent of the custodial parent/legal guardian. This form is customarily printed on purple paper.

Note: Advise parent/guardian that minor children will be released only to those individuals designated as transporters on the authorization form. Phone arrangements for unspecified transport of minor children are made only through the SHC secretary and will require an identifying code. The clinician is responsible for becoming apprised of the designated transporter and report exceptions to the SHC secretary or clinical supervisor prior to the release of the minor child to a non-designee of transport. Any changes or reassignment of authorized transporters should be made on the authorization form only, unless temporary, in which case the form instructs that a password will be required.

f. An additional Publicity Consent (Appendix C-5) statement must be completed for authorization of any video/audio tape recording, photographs or films taken of a client when not exclusively used for teaching purposes. The Clinic Director should be consulted prior to securing authorization using the Publicity Consent form. Such pictures or recordings may be used for teaching purposes and/or public relations publications or displays. Names of client and/or clinician will not be disclosed if used for these purposes. This form is customarily printed on red paper.

### 3. Patient Information

Although it would be most helpful to have the "client history" intake information prior to the initial session, both time and cost have proven prohibitive in such an arrangement. Therefore, the clinician is responsible for punctually securing the information critically relevant to the disorder prompting the referral. The history intake packets are lengthy and comprehensive. It is not advisable to allow the client/parent/significant other to take the intake packet home for completion. Typically, this will delay collection of appropriate information or result in a failure to secure relevant information.

The clinician should inquire regarding the availability of current or previous evaluation or treatment information, and if available, complete the aforementioned Consent for Release of Information (C-3). Any history information received prior to the initial session will be forwarded immediately to the assigned clinician who will immediately share it with the assigned supervisor. All client information will be placed in the client working file for future transfer to the permanent client file.

Age and/or disorder specific client history intake information packets are housed with the clinic secretary.

## D. Reports

All reports are considered legal documents usable for medical/educational and, if applicable, billing purposes. Ownership and liability of evaluation and/or treatment rests with the licensed and credentialed supervisor. Thus, all reports or plans must be approved. Such approval is indicated by supervisor signature and/or initials prior to the initiation of diagnostics and treatment as well as distribution of written information to the client/significant other.

### 1. Diagnostic Summary

A Diagnostic Summary will be generated for every client evaluation. The Diagnostic Summary formats (speech, language and hearing) are available for reference in Appendix C-9. Each diagnostic report is required to have a prognostic statement at its conclusion as well as an indication for frequency and duration of treatment. The initial draft of the diagnostic summary and test protocols is due *within 48 hours* following the evaluation. Upon submission to the clinical supervisor, the report will be critiqued regarding technical writing and report content. Following the return of the initial draft, the practicum student will submit two copies of the revised diagnostic report within 24 hours for approval and signature. (Submission of revisions must be accompanied by all previous submissions). Immediately following the affixing of the signatures, one copy is placed in the client's working file while the remaining copy is presented to the client or significant other during a subsequent treatment session, mailed in an official letterhead envelope (available in the office) with typed address, or may be presented to the SHC secretary for mailing. All requests for forwarding of diagnostic findings to others should be submitted on the Consent for Release of Information (C-3) to the SHC secretary. Subsequently, the SHC secretary will forward the information. Punctuality in submitting diagnostic reports to the supervisor and client is an important aspect of the student's demonstration of professionalism.

Frequently, a client may present to the SHC with formal diagnostic information resulting from a previous evaluation at another site. This formal reporting should be reviewed and placed in the working file for transfer to the permanent file during the end of semester file audit or discharge. Additional testing may be appropriate for diagnostic and/or programming purposes.

### 2. Treatment Plan

The Treatment Plan (Appendix C-10) must be prepared each semester for every client served in the SHC regardless of the length for enrollment. The purpose of the report is to outline a specific plan of treatment for an identified communication related disorder based upon previous formal and informal evaluation. Such plans of treatment represent individualized behavioral goals and objectives which clearly identify three major

components (condition, performance, and criterion) associated with the identification and acquisition of a skill. Further, the goals and objectives should reflect a hierarchical order for acquisition of speech and /or language skills. The major focus of the report is to formally record pertinent information regarding the remediation program. Goals and objectives for a particular client and an individual disorder are represented through personalized intervention goals/objectives, strategies, and/or modifications. Such plans provide the structure necessary for efficient and effective remediation of targeted skills acquisition.

The format used for the Treatment Plan should be followed carefully. It is important that each Treatment Plan clearly identifies specific individualized goals and objectives while supporting the prognosis for expected client outcomes for a specified period of time. Additionally, each Treatment Plan must record statements of frequency/duration and prognosis. It is equally important that the development of the Treatment Plan reflects client and/or significant other participation through both oral and written agreement as represented at the conclusion of each written Treatment Plan.

Critique of the student generated Treatment Plan includes determination of appropriate technical writing skills and report content. The initial draft of the Treatment Plan must be submitted for review within one week from the second therapy session. Frequently, individuals may be placed in a treatment slot prior to actual collection of evaluation information. Therefore, the Diagnostic Summary and Treatment Plan must be completed in a timely but accelerated manner. These two documents may be combined into a Diagnostic Summary/Treatment Plan. Procedurally, revisions are indicated by the supervisor and the copy is reviewed by the student for changes. Two copies of the final draft are returned to the supervisor (with original draft copy) for approval and signature. Immediately following the affixing of signature, one copy of the Treatment Plan is placed in the client's working file and the second one is immediately reviewed with/presented to the client or significant other during a subsequent treatment session or mailed. Punctuality in submitting written documentation to the supervisor and client is a primary aspect of ethical professionalism. Transfer of the Treatment Plan from the working file to the permanent file should occur at the end of semester file audit or upon discharge.

### 3. Weekly Intervention Plan/Summary

The Weekly Intervention Plan/Summary (Appendix C-11) must be prepared for each client served in the SHC using the designated format. Such a plan provides an opportunity to state or restate treatment goals and objectives as well as procedure and/or activities for remediation of disorders of communication. It also provides opportunities to record/report formal achievement of targeted tasks and informal statements relevant to the acquisition of specified deviant skills, levels of client participation, etc. Daily treatment objectives should be presented using the 3-part objective model. The C-11 will be presented to the assigned supervisor for approval prior to the session as determined by the supervisor. Each supervisor will provide a submission schedule to the supervisee during the initial clinician/supervisor meeting. Treatment results should be presented, in

the narrative “SOAP” format (Appendix C-12) is required by the supervisor.

#### 4. Treatment Summary

The Treatment Summary (Appendix C-13) must be prepared for every client served in the SHC regardless of the length of enrollment. The purpose of the report is to record pertinent information regarding the client’s disorder, remediation program goals and objectives, client response to therapy, progress achieved and recommendations for future maintenance or management. These reports also provide useful information for future clinicians as therapy goals/objectives are reviewed ensuring appropriate continuity of service.

The format for the Treatment Summary should be followed carefully. It is important that each client’s behavior is accurately and specifically described. Provided the client continues services through the end of an academic semester, the Treatment Summary must be submitted on dates determined by the Clinic Director.

Note: In the event clients discontinue services prior to the end of an academic semester, the Treatment Summary and Discharge Summary formats may be combined resulting in a Treatment Summary/Discharge Summary.

Procedure for submission of the Treatment Summary is similar to those previously presented. It is imperative that reports be submitted in a timely manner as previously described. Students must comply with the submission guideline for initial completion, subsequent resubmission and acquisition of signatures. Client review and approval as well as inclusion procedures related to file documentation must be considered. Likewise, placement in the working file and presentation to the client/significant other must be completed in both a timely and professional manner. The Treatment Summary must be presented to the client/significant other on the last scheduled day of treatment in a given semester and placed in the working file prior to the final client file audit with the supervisor. It is essential that the final Treatment Summary be specific, concise, objective, and accurate. Transfer of the Treatment Summary from the working file to the permanent file should occur at the end of the semester file audit or upon discharge.

#### 5. Discharge Summary

A Discharge Summary (Appendix C-14) will be generated for any client discontinuing receipt of services at the SHC. Reasons for discharge may include the following: 1) completion of a remediation plan, 2) referral to another provider, 3) entry into another provider setting, 4) personal choice to discontinue services, 5) provider recommendation for discharge related to decreased participation/attendance, or 6) maximized skill level although goals/objectives not met, and/or 6) other factors contributing to the need for cessation of treatment.

As previously stated or implied, the Discharge Summary format must be followed closely in order to convey an accurate accounting of a disorder as well as the intervening services

focusing on communication skill building and functional application. The Discharge Summary (although an abbreviated narrative) must provide a concise and objective picture of the client's communication levels at evaluation and initiation of treatment, advancing benchmarks throughout the treatment process, and the final point of function at discharge (regardless the reason). The client's communication strengths and weaknesses must be clearly stated and applied to the aspects of activities of daily living regardless the primary setting (school, home, community, etc.). It is extremely important that the Discharge Summary accurately reflect the client's communication abilities along with any strategies or modifications that facilitate or support the reported skill level.

The Discharge Summary must be submitted to the supervisor for review and approval no later than 48 hours after determination of discharge. Should the discharge occur at the end of an academic semester, the Discharge Summary or Treatment Summary/Discharge Summary must be submitted to the supervisor prior to the last treatment session as indicated by the Clinic Director. The approved signature copies (2) must be ready for presentation to the client and placement in the working file at the final treatment session. Placement in the working file is required prior to the end of semester file audit for transfer to the permanent file. Transfer of the Discharge Summary from the working file to the permanent file should occur at the end of semester file audit or upon discharge. Note: All permanent client files determined for discharge should be presented to the SHC secretary following file audit.

#### 6. Survey of Clinical Services

The Survey of Clinical Services (Appendix C-15) must be presented to the client for completion at the end of each semester or upon discharge. This survey provides valuable quality assurance information for management of the SHC as well as documentation for CD accreditation purposes.

#### 7. Self-Reflection

Each student will rate their own clinical performance for each client assignment at mid-term and at the end of each semester using the Self-Reflection form (Appendix C-16). The C-16 will be presented to the supervisor prior to the end of each grading period according to the clinical calendar. Upon review, the supervisor will present these documents and grades to the Clinic Director.

#### 8. Supervisor Evaluation

Each student will rate each supervisor using the Evaluation of Supervision form (Appendix C-17). Narrative comments are encouraged. It will be presented directly to the Clinic Director via the faculty mailbox located in the faculty office on the second floor. The evaluations will remain anonymous and will not be read until all clinic grades have been posted. An over-all rating will be calculated and available to the ASU SHC supervisors during the subsequent semester. Over-all ratings for off-site supervision will be calculated and available upon request or as determined by the Clinical Director.

## 9. Grades

With the exception of the final (full time) clinical practicum, evaluation of clinical performance is provided throughout the semester using the Clinical Observation/ Consultation form (Appendix C-18), Mid-Term/End of Term Evaluation of Intervention form (Appendix C-19) and Mid Term/End of Term Evaluation of Diagnostic form (Appendix C-20). Both mid-term and end of semester grades are submitted by the assigned supervisor to the Clinic Director according to the clinical calendar. Grades are averaged by the Clinic Director prior to official submission to the Registrar and/or Graduate School office. Failure to comply with designated time lines for submission of client documentation, clock hour reports, grades, etc. may result in lowering of the overall clinical practicum grade. Note: Students at external sites are responsible for monitoring submission of grades in a timely manner as outlined by the clinical calendar. The original grade form(s) must be submitted subsequent to a faxed grade report.

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**IV. PRACTICUM**

**A. Guidelines**

**1. Clinical Observation**

All Communication Disorder (CD) majors are required to complete 25 clock hours of supervised observation prior to engaging in a direct practicum experience. The purposes of clinical observation are two-fold. Clinical observation affords acquisition of 1) clinical experience and 2) accumulation of clinical clock hours. Student observations are currently completed at the undergraduate level, generally during the first year of the undergraduate CD program. Transfer students, or those who have changed majors, will begin observation and practicum upon completion of required academic prerequisites.

The academic and clinical faculty agree that every opportunity must be presented to make observation a meaningful aspect of the total CD program. Cooperation and compliance with established clinical procedures will help the student have a positive learning experience. Failure to comply will result in cancellation or restriction of observation privileges. Such action may adversely impact timely completion of required course work or delay eligibility for application to a graduate program.

Currently, clinical observations are required within the framework of two (2) academic courses: 1) Introduction to Communication Disorders – CD 2653, and 2) Clinical Observation in CD – CD 3553. After each observation, students in CD2653 will complete an Observation Summary. The Observation Record (Appendix D-2) will be completed immediately upon completion of the observations. Supervisor initials should also be secured immediately upon completion of the observation activity. Both the original Observation Summary and Observation Record will be presented to the appropriate academic professor at the conclusion of the academic offering for inclusion into the appropriate permanent student file. Observations will be documented to meet ASHA requirements. Clinical observers should maintain a copy of all originals presented for verification purposes.

**2. Admittance to Graduate Practicum**

All speech-language pathology practicum students must have completed their undergraduate degree with the normal progression of academic coursework. The student must have completed 25 clock hours of observation and have documentation of these hours in their student (advising) file for transfer to the CD clinical practicum file. The student will be registered in the appropriate clinical practicum course as identified in the graduate catalogue. Actual clinical assignments allow students to acquire diagnostic and

treatment experiences for a variety of prescribed disorders, settings and ages. The graduate practicum student must complete one (1) undergraduate practicum in the ASU SHC prior to enrollment as a graduate clinician. The graduate practicum experience involves four (4) practicum enrollment semesters with varied clinical clock hour requirements. The first three (3) practica suggest accumulation of at least 50 clinical clock hours provided in the ASU SHC and external practicum sites. Each clinical experience will afford various amounts of clock hours based on multiple factors, including site productivity, course schedules, and weather. The final or fourth (4th) practicum experience provides a full semester of clinical experience resulting in the accumulation of a minimum 200 clinical clock hours. Students are advised that the minimum total number of clinical hours specified by ASHA is 400.

### 3. Required Documentation

Prior to participating in the appropriate clinical practicum course, the undergraduate and graduate student must have completed the following items as evidenced each year:

- a) **Professional liability insurance.** Professional liability insurance may be secured through any provider chosen by the student. However, group policy information offered to NSSLHA members through ASHA is available.
- b) **Tuberculosis skin test.** Proof of tuberculosis testing may be obtained from any provider chosen by the student. Testing is also available through the ASU Student Health Services for a reduced fee. An appointment is required.
- c) **CPR training.** Proof of CPR training may be obtained from any provider chosen by the student. However, provision of such training is frequently provided to students at a reduced cost through the CNHP's Nursing Program or the Red Cross prior to the beginning of the Fall semester.
- d) **Hepatitis B inservice.** A brief in-service related to the occurrence and effects of Hep B will be provided. Each student will be provided the documentation to indicate their current Hep B immunization record, desire to receive immunizations, or declination of immunization. Provision of injections may be secured through the ASU Student Health Services for a reduced fee. Appointments are required. In addition, Appendix B-8 includes the CNHP infection control policy.
- e) Act 703 of 2007 (Arkansas Code Annotated § 6-61-133) states that for each degree program at an institution of higher learning in this state that is prerequisite for licensure or certification in a profession in which the professional is a child maltreatment mandated reporter under the Child Maltreatment Act, the Arkansas Department of Higher Education shall coordinate with all institutions to ensure that before receiving a degree, each graduate receives training in 1) recognizing the signs and symptoms of child abuse and neglect; 2) the legal requirements of the Child Maltreatment Act and the duties of mandated reporters under the act;

and 3) methods for managing disclosures regarding child victims.

Prompt submission of the required documentation will ensure participation in the appropriate clinical experience as well as providing documentation to meet program requirements. All information will be housed in the CD clinical practicum file.

#### 4. Practicum Objective

Participation in the clinical practicum allows pre-professional clinical experience involving direct client contact. Clinical practicum provides an opportunity to apply concepts, theories, and methods of assessment and management learned in academic coursework. Performance in clinical practicum usually reveals individual strengths and weaknesses in the student's ability to apply academic knowledge to the clinical situation. Therefore, the practicum experience is perceived as an on-going learning experience for the clinician. The student clinician is not expected to possess full knowledge and proficiency in client assessment and management, but is expected to continually seek answers to clinical questions. A primary responsibility of the clinical supervisors is to facilitate student growth in this special learning situation. Students are encouraged to draw on talents, knowledge and expertise of the supervisors and fellow students, in addition to pursuing library research pertaining to clinical questions and challenges.

Further, students should respect and honor the professional autonomy of each supervisor. Valuable experience may be gained through the implementation of a variety of supervisor models imposed through practice information, guidelines, procedures, strategies, activities, etc.

#### 5. Clinic Calendar

Students are provided a calendar of events at the beginning of each semester. The calendar will list the beginning and/or termination of services for the semester as well as closings and special events. Students assigned to external sites will frequently experience additional service related events. Meetings scheduled by the Clinic Director or supervisors, regularly scheduled clinical activities and special events are mandatory. Such mandatory meetings do not typically appear on the events calendar.

Note: Students assigned to external sites will observe the closings/holidays determined by the assigned supervisor/site. For example, the student will observe holidays and/or "spring break" according to the site calendar and not ASU's calendar. Likewise, an offsite clinical assignment may require week-end, evening, or holiday service delivery.

#### 6. National Student Speech-Language-Hearing Association

All undergraduate and graduate communication disorders majors are strongly encouraged to become members of NSSLHA. Additional hand-out materials pertaining to fees and membership requirements may be obtained from the faculty advisor or NSSLHA officers.

## B. Supervisor Guidance

The responsibilities of the Clinic supervisors are to work within the framework of SHC operations as outlined in the Supervision Handbook including:

1. Guide and direct student clinician growth in client assessment and arrangement during the practicum experience.
2. Observe, supervise, and demonstrate (as required) the clinical activities of assigned student clinicians in accordance with established policies and procedures.
3. Observe and evaluate in written form the performance of the assigned student clinician during each treatment session. Supervisors are encouraged to provide more than the minimum requirement of 50% supervision for evaluations and 25% supervision for treatment as prescribed by ASHA.
4. Conduct regularly scheduled conferences with each assigned student clinician to discuss client and clinician progress.

In regard to supervision relating to Speech-Language screenings and diagnostic evaluations, Audiological screenings and diagnostic evaluations, and Language-Reading evaluations, supervisors are responsible for each evaluation as follows:

1. Reviewing and instructing the student clinician in the use of current assessment procedures and instruments.
2. Assisting the student in selecting client-appropriate assessment tools.
3. Observing, directing, and performing (as required) a portion of the evaluation. Direct observation must be no less than 50% minimum.
4. Directing discussion of the results and recommendations with the student clinician prior to the exit conference.
5. Participating in the client exit conference discussion as needed.
6. Critiquing each student's performance during the evaluation and giving feedback in written and verbal form.
7. Editing the student's rough draft of the diagnostic evaluation report and signing the final report. Each supervisor is responsible for timely completion and presentation of reports.
8. Guiding finalization of the diagnostic evaluation process.

### C. Clock Hours

Guidelines for discipline-specific clinical clock hours required by ASHA are as follows:

<b>Practicum area</b>	<b>Hours needed</b>
Total observation and practicum required	400
a. Observation required	25
b. Practicum required	375
Total graduate practicum required	325

Supervised practicum must include experience with client populations across the lifespan from culturally diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Guidelines for discipline-specific clinical clock hours established by the ASU Communication Disorders Program are:

Intro	25 hrs
I	50 hrs
II	50 hrs
III	50 hrs
IV	200 hrs

Each practicum student is responsible for maintaining an accurate accounting of diagnostic evaluation and treatment clinical clock hours. Students must submit a monthly account of accrued hours using the Daily Clinical Clock Hour record (Appendix D-3) and Cumulative Clinical Clock Hour record (Appendix D-4). Since the Cumulative Clinical Clock Hour form serves as a record for a variety of time periods (monthly, semester and final), it must be completed so as to reflect its specific use. Direct client contact time is calculated using the “8-minute rule.” Time will be rounded up or down to the nearest quarter-hour. For example, clients seen for either nine minutes or 22 minutes will be recorded as .25 hours. Original Daily Clinical Clock Hour records and Cumulative Clinical Clock Hour records are due monthly to the Clinic Director no later than the fifth (5th) or within three (3) days of the final treatment day in a semester. Students involved in externships are also responsible for keeping an accurate record of practicum clock hours. **Note: Proof of participation in clinical practicum from other academic institutions must be provided to the Clinic Director prior to enrollment in graduate clinical practicum.**

Clinical practicum assignments will be subject to change by the Clinic Director until all original clock hour forms have been reviewed.

The original Daily Clinical Clock Hour records and Cumulative Clinical Clock Hour records are housed in each student’s practicum file in the CD program office. These

forms are constructed to allow concise categorical recording of all assessment and management practicum hours. Failure to maintain an accurate record of hours will result in time loss. Therefore, it is imperative that all forms be completed in a timely and accurate manner. The student is responsible for retaining a copy of the submitted clinical clock hour records for their personal files.

The student will participate in mandatory clock hour file audits at the end of each semester and at the conclusion of their undergraduate and graduate practicum. The final clock hour audit will result in verification of the fulfillment of clinical requirements by the CD Program, ASHA and state licensure boards. The concluding clock hour documentation will be forwarded to the graduate school for verification of completion for graduation purposes and posting on the official transcript.

## V. APPENDICES

**Note: The documents contained in each Appendix are listed on the following index pages. The actual documents are individual files kept separate from the handbook text due to the need for easy revision and expeditious distribution, and must be viewed separately.**

## **APPENDIX A**

- A-2 External Check-OutS
- A-3 Copy Request Order
- A-4 Emergency Medical Status
- A-5 Reynolds Building Exit Plan

## **APPENDIX B**

### **OPERATIONAL POLICIES AND PROCEDURES**

- B-1 Code of Ethics/Honor
- B-2 File Audit
- B-4 Referral (B-4a and B-4b for HNC program)
- B-5 Disposition – B-5a for Assessment, B-5b for Intervention
- B-6 Contact Record
- B-7 ASU/CNHP Policy/Procedure Guidelines for Infection Control
- B-8 Hepatitis B
- B-9 Substance Abuse
  
- B-12 Clinical Misconduct Form
- B-13 Child Maltreatment Reporter Training

## **APPENDIX C**

### **STUDENT RESPONSIBILITIES**

- C-3 Consent for Release of Information
- C-4 Informed Consent
- C-5 Publicity Consent
- C-6 Notice of Privacy Practices
- C-7 Patient Consent Form
- C-8 Authorization to Transport Minor
- C-9 Diagnostic Summary
- C-10 Treatment Plan
- C-11 Daily Session/Treatment Plan
- C-12 SOAP
- C-13 Treatment Summary
- C-14 Discharge Summary
- C-15 Survey of Clinical Services
- C-16 Self-Reflection
- C-17 Evaluation of Supervision
- C-18 Clinical Observation / Consultation
- C-19 Evaluation of Diagnostic
- C-20 Evaluation of Intervention

## **APPENDIX D**

### **OBSERVATION HOURS/CLOCK HOURS**

- D-1 Observation Summary
- D-2 Observation Record
- D-3 Daily Clinical Clock Hour Record
- D-4 Cumulative Clinical Clock Hour Record
- D-5 External Practicum Site Agreement

VI. SIGNATURE PAGE

I have received a copy of the Arkansas State University Speech and Hearing Center *Clinical Handbook*. My signature below indicates that I have read the Arkansas State University Speech and Hearing Center *Clinical Handbook* and understand the policies and procedures outlined therein. Further, my signature below indicates that I will comply with the policies and procedures set out in the Arkansas State University Speech and Hearing Center *Clinical Handbook*.

\_\_\_\_\_

Student Clinician Name

\_\_\_\_\_

Date

This sheet must be on file in the student clinician's clinical practicum file before the student clinician will be allowed to have contact with clients.