

# CLINIC PROCEDURES MANUAL

## OHIO UNIVERSITY THERAPY ASSOCIATES HEARING, SPEECH AND LANGUAGE CLINIC

INFORMATION FOR  
GRADUATE STUDENT CLINICIANS  
UNDERGRADUATE STUDENT CLINICIANS  
CLINICAL SUPERVISORS

2004-2006

Modified 8/09

The Speech-Language Pathology and Audiology programs are accredited by the Council on Academic Accreditation of the American-Speech-Language-Hearing Association (ASHA). The Au.D. program has an interim accreditation by the Council on Academic Accreditation of the American-Speech-Language-Hearing Association (ASHA).

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## I. Welcome

Welcome to the Ohio University Therapy Associates Hearing, Speech and Language Clinic in the School of Hearing, Speech and Language Sciences at Ohio University. This manual is designed to answer many of the questions you may have about general Clinic procedures, student clinician responsibilities and supervisor roles and responsibilities. If you do not find the answer to one of your questions, please talk with your clinical supervisor or the Coordinator of Clinical Services, and they will be happy to help. As you read this manual, if you have any suggestions or comments on information to include, please forward these suggestions to Marianne Malawista PhD. by mail or e-mail: malawist@ohio.edu

The Coordinator of Clinical Services in the School of Hearing, Speech and Language Sciences is Marianne Malawista, PhD. Her office number is W181. She is responsible for the administration of the Hearing, Speech and Language Clinic. The specific responsibilities of the Coordinator of Clinical Services are outlined in a separate section of this manual. The clinical staff members serve as clinical supervisors for speech, language and hearing treatment or diagnostic evaluations.

The current clinical staff members who provide clinical supervision are listed below:

<u>Supervisor</u>	<u>Certification Area</u>	<u>Phone</u>	<u>Office</u>
Rebecca Meier	Audiology	593-1413	W167
Brandie Nance	Audiology	589-0417	W179
Marianne Malawista	Speech Pathology	593-1418	W181
Kristi Kinnard	Speech Pathology	593-0993	W175
Janice Wright	Speech Pathology	593-9474	W165
Sarah Taylor	Speech Pathology	597-1482	W177

During the time in the program, students may meet additional supervisors who work with the above clinical staff.

## II. Clinic Background

The Ohio University Hearing, Speech, Language Clinic is a division of the School of Hearing, Speech, and Language Sciences. It is a business, which provides quality speech, language and hearing services to community members, students, faculty, and staff. Clients in the clinic are charged fees for the services rendered by faculty, staff, and student clinicians. The primary goals of the clinic are to provide quality services to our clients and to provide a comprehensive student practicum training site where quality diagnostic and therapeutic services are delivered. These goals are accomplished by the direct involvement of the supervisors and student clinicians in the training processes and by providing a high-quality service product. The supervisors have a variety of backgrounds and focus areas that provide a broad spectrum of valuable knowledge and skills.

The mission of the Ohio University Hearing, Speech and Language Clinic is to promote excellence in the clinical education of students and to provide the highest quality of services to the community.

## III. Professional Organization Contacts

Listed below are the addresses and phone numbers of professional organizations:

American Academy of Audiology  
8300 Greensboro Drive, Suite 750  
McLean, VA 22102-3611  
800-AAA-2336  
[www.audiology.org](http://www.audiology.org)

American Speech-Language and Hearing Association (ASHA)  
10801 Rockville Pike  
Rockville, MD 20852  
800-498-2071  
[www.asha.org](http://www.asha.org)

Council of Academic Accreditation (CAA)  
10801 Rockville Pike  
Rockville, MD 20852  
301-497-5700

National Black Association for Speech, Language, and Hearing  
[www.nbaslh.org](http://www.nbaslh.org)

Ohio Speech Language Hearing Association  
P.O. Box 309  
Germantown, OH 45327  
800-866-OSHA  
[www.osha.org](http://www.osha.org)

## IV. General Clinic Procedures

### A. Professional Dress Code

ALL students should be professional in all clinic sites. Professional manner, appearance, and attire must be maintained in the clinic at all times. This includes manner of dress. Students who are inappropriately dressed will be asked to leave the clinic area. **SHORTS AND JEANS ARE NEVER PERMITTED IN THE CLINIC AREA PAST THE HALLWAY DOOR, WHICH SEPARATES THE STUDENT LOUNGE AND WORK AREA FROM THE REST OF THE CLINIC.** This code applies when students are seeing clients, working in the office area, attending practicum class in the clinic, as well as when observing diagnostic or therapy sessions. Business casual attire (skirts, slacks, longer 'walking' shorts with tights or stockings) must be worn at all times when you are seeing clients, working in the clinic, or moving through the Grover Clinic past the hallway door where you may be seen by our clinic clients. Do not wear tank tops, crop tops, halters, or other 'brief' attire in the clinic area. No undergarments should be visible. For reasons of safety, no open-toed shoes are permitted during diagnostic testing or therapy sessions. Students must also maintain their personal hygiene when coming to clinic. Students are expected to have showered and maintained their personal hygiene prior to their daily clinic assignments.

Please understand that dress codes may vary from work site to work site. When you are assigned to any clinic site, make certain of the dress code **BEFORE** reporting to that site to complete screenings, diagnostics, or treatment.

### B. Dependability

Student clinicians are expected to:

- Prepare for and conduct clinical services as assigned.
- Prepare for and conduct meetings/ conferences/ consultations within appropriate time frame, including attendance at clinical practicum meetings.
- Carry out all duties to accomplish total case management as agreed upon with the clinical supervisor (e.g. forms, phone calls, referrals, etc.).
- Make appropriate arrangements and notify all concerned regarding any changes in schedule/location or cancellation.

### **C. Punctuality**

Student clinicians are expected to:

- Conduct clinical contacts within appropriate time frames.
- Submit all written assignments (e.g. lesson plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attend all meetings/ conferences/ consultations promptly.

### **D. Client Files**

A file is created for each client who receives services in the Hearing, Speech and Language Clinic. This file contains the case history, diagnostic information, previous treatment reports and any information released to our clinic. Active files are filed alphabetically in room W180. .

All speech language pathology and audiology client files are kept in room W180. To review client files, clinicians must fill out "File Out" cards with the client's name, clinician's name, and the date. Client files are to be returned to the file room as soon as the clinician is finished. Client files must never be left out in public view, left unattended for any amount of time, or placed in the communication file. Client files must never be removed from the clinic or stored anywhere in the clinic other than the file room. Students who remove client files are subject to disciplinary action.

### **E. Client Fees**

All clients pay a fee for the services received at the Ohio University Hearing, Speech and Language Clinic. Payment of fees should be made at the reception window. Visa and MasterCard are accepted and co-payments can also be made at the reception window.

### **F. Parking Passes**

Parking passes are available for clients. These can be valid for either one day or the entire quarter. Student clinicians are responsible for mailing passes out one week prior to the initial therapy session. Passes and parking instructions are available upon request from the administrative assistant. When a client comes for his or her initial therapy session or for a speech or audiology diagnostic, the clinician should always ask to make sure that the client has a parking pass and that he or she is parked in one of the appropriate spaces.

### **G. Release of Information Forms**

Two release forms are available in the Clinic. The client, the client's family, or a legal guardian must sign the forms. Each form is valid for one year. At the beginning of each quarter, the clinician should review client files to make sure all forms are valid and to update them as necessary.

1. The **Release of /Request for Information** form (see Appendix A) must be signed and in the client's folder before any information is released from this Clinic or requested from anyone other than the client or the client's immediate family. The forms must include the person or agency to which the information is to be released or requested from and the complete address to which information will be mailed.

2. The **Consent for Services, Billing and Release of Information** form( appendix A) must be signed and in the client's file before you video tape a Diagnostic or Treatment session. This form gives consent for students to provide services under supervision of appropriately licensed and certified individuals and also authorizes the billing of services. A current consent form must be in the client file before any therapy or diagnostic services can be provided.

## **H. Student Requirements**

Before beginning clinical assignments, students must provide verification of completion of at least 10 observation hours from an accredited communication disorders program. The documentation must be on the college or university's letterhead. Each clinician is also required to receive a Hepatitis B vaccination series. Documentation of at least one injection must be provided before beginning clinical practicum

All student clinicians are also required to provide annual documentation of negative TB tests, physical examinations, CPR training and liability coverage.

## **I. Client Confidentiality**

All information provided by clients to the Hearing, Speech and Language Clinic must be treated as confidential. It is inappropriate to discuss clients or their diagnoses with anyone who is not associated with the Department or Clinic. Any discussion within the clinic should not take place in a public area or within the hearing range of other clients, their families or any other person.

All client files must be kept in W180 and must be checked out by clinicians. Client files must not be left unattended or in a public area.

Any materials using a client's name, including soap notes or a computer file on a disc must be kept in the communication file cabinet in room W176. Any rough drafts of reports can be disposed of in the computer or copy rooms where there are paper shredders for this purpose.

## **Correspondence**

Ohio University Hearing, Speech and Language Clinic stationery must be used for all correspondence with clients and any other professionals involved in client care.

ALL correspondence must be reviewed and signed by a supervisor. Copies of all correspondence must be placed in the client's file and the recipient's name and address must be typed on the envelope before it is placed in the clinic's outgoing mail.

## **L. Clinical Clock Hours**

The following standards were established by ASHA and required by the Ohio Board of Speech-Language Pathology and Audiology and the School of Speech, Language and Hearing Sciences(Appendix A). These standards are subject to change.  
Speech Language Pathology

Total supervised clinical observation and clinical practicum = 400 clinical hours  
 Clinical observation = 25hours  
 Clinical practicum = 375 hours

### Audiology

At least 250 of the 350 supervised clock hours must be in audiology. At least 40 of those 250 hours must be completed in each of the first two categories listed below. At least 80 hours must be completed in categories 3 and 4 with a minimum of 10 hours in each of these categories. At least 20 of those 250 clock hours must be completed in category 5. At least 20 of the 350 clock hours must be in the area of speech-language pathology.

1. Evaluation: Hearing in children
2. Evaluation: Hearing in adults
3. Selection and use: Amplification and assistive devices for children
4. Selection and use: Amplification and assistive devices for adults
5. Treatment: Hearing disorders in children and adults

Up to 20 clock hours in the major professional area may be in related disorders.

ASHA dictates that a student must earn a minimum of **50** hours in three different clinical setting types. Examples of a clinical setting might be: public school, private practice, hospital, community clinic and rehabilitation units. For the three clinical settings to be classified as different settings, the educational program must determine that a student has gained a unique experience in each one. ( Please refer to the ASHA publication: *Membership and Certification Handbook*, page 15.)

For additional information refer to ASHA website. [www.ASHA.org](http://www.ASHA.org)

## **M. Waiting Area**

Clients are able to wait for their student clinicians in the waiting area inside the main entrance to the clinic.

Clinicians should wait for the arrival of clients in the hallway outside the waiting area.

## N. Bathroom

The bathroom for client use is located in room W171. This bathroom is handicapped accessible and has a changing table. Clinicians and staff are expected to use the restrooms located outside the clinic near the Grover Center entrance.

## O. Infection Control

The purpose of infection control is to prevent the spread of infection from clients to clinicians and from clinicians to clients. The most effective methods of infection control are careful hand washing and adherence to “Standard Precautions.”

### 1. Handwashing Procedures

WHEN to wash hands:

All student clinicians must wash their hands

- Before and after client contact
- After touching blood, body fluids, secretions, and contaminated items, whether or not gloves have been worn
- Immediately after gloves are removed

WHAT to use to wash your hands:

- Soaps/detergents
- Antimicrobial solutions

\*\*All rooms are equipped with sinks, soap, and paper towels.

### 2. Standard Precautions

Standard precautions include:

- Latex Gloves - Wearing gloves when hands are likely to be exposed to blood, body fluids, non-intact skin, mucous membranes (including eyes) and contaminated articles. Gloves are located in room W170 and in each audiology room. Please note that non-latex gloves are available.
- Therapy tables, toys and other materials should be washed after each session using the antibacterial soap, water and paper towels provided in each therapy room. After the last therapy session of the day, the tables need to be cleaned with the spray cleaner located in the copy room (W170). The tables need to be allowed to dry overnight after cleaning.
- Alcohol pad, fresh towelettes, a first aid kit, and blood spill and surface clean up kits are also located in room W170.

## 16. Fire and Evacuation Plan

Policy: In the event of a fire or other emergency, the building will be evacuated. Evacuation plans are located outside of rooms W176, W144, W151f, W161i, and W165. A fire extinguisher is located across from room W146.

Procedure:

1. Person first recognizing the fire will attend to the safety of others in the immediate area and contain the fire by using a fire extinguisher and/or closing the door.
2. A second person will sound the alarm and notify the front office. Office staff will notify Ohio University Security if the fire is at Grover Center.
3. Upon hearing the alarm, staff will report to the nearest treatment area to assist with the evacuation of patients.
4. The building is to be evacuated in accordance with posted evacuation routes. If the fire is blocking an evacuation route, reverse directions.
5. Ohio University Therapy Associates Director, Manager, and/or Clinic Coordinator will meet the staff outside in the parking lot adjacent to the aquatic center to check that everyone known to be in the clinic is accounted for.
6. Staff, patients, and/or students will remain in the parking lot adjacent to the aquatic center until Ohio University Security and/or the Athens Fire Department gives permission to reenter the building.
7. In the event of other disasters requiring evacuation, such as bomb threats, procedures three and four will be followed.

## 17. Copier Use

- The college, not the clinic or the School of Hearing, Speech, and Language Sciences, has mandated that students must pay for copies made for educational and personal purposes.
- It is not the intention of the clinic staff to have the student clinicians pay for the copies of information, reports, correspondence, or home work sheet used for clients. It will be necessary to plan ahead. All paper work and home work sheets must be approved by a supervisor. The approved items can be copied in the clinic office by using the following procedure:
  1. Present the item to supervisor for approval.
  2. Place approved item in the "to be copied" box in the reception office 48 hours before the item is needed. For example, an item is needed on Monday morning, it will need to be place it in the box on Thursday morning.
  3. Pick up copied item out of the "copied" box.
- This will require some preplanning, but homework sheets/parent information sheets should already be part of the soap notes and lesson plans submitted to supervisors each week.
- The clinic provides a wide variety of therapy materials for use with clients. Clinicians should feel free to use any or all of these with clients. Clinicians are

also welcome to copy any of the manuals in the resource room, but any materials that are copied by the clinic must go home with the client.

- Clinicians making copies to develop therapy materials and resources for personal collections must pay for the copies. The resource can be checked out and taken to any copier in the building to make copies with swipe cards.

## **R. Student Concerns**

Occasionally, students have concerns about aspects of clinical work or supervision. If concerns arise, clinicians are advised to follow these suggestions:

### **Complaints and Resolving Problems**

Graduate education is intensive and can be stressful at times, and conflicts with faculty, peers, and others may occasionally happen. We expect you will make efforts to resolve interpersonal conflicts directly with the involved person. Often, an amicable resolution can be found. We strive for our students to receive fair and equitable treatment.

At times, the disposition of your issue or concern may not be satisfactory to you, and you may seek the advice of others. Your advisor, the School Director, the Coordinator of Professional Programs, and the Coordinator of Clinical Services are all available to assist you. In addition, the School has in place a Student Conflict Resolution Committee. The Committee's primary role is to attempt to resolve a student's conflict with a faculty or staff person. Steps to resolving the conflict are specified in the policy, as are the procedures for forming the committee. These can be found in the graduate student handbook. If the conflict cannot be resolved by this means, or through the offices of the School Director, it will be referred to the Dean of the College of Health and Human Services for continued pursuit and resolution.

Outside the School and College, and depending on your concern, you may wish to contact the following:

- ◆ University Ombudsman, 200 Crewson House, Court St. Athens, 593-2627
- ◆ ASHA Council on Academic Accreditation

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

Submit any complaint to the CAA in writing, following guidelines provided at the following URL:  
<http://www.asha.org/academic/accreditation/accredmanual/section8.htm>)

Contacts with all of these individuals and offices can be made in confidence.

The School supports and adheres to all university policies and commitments regarding discrimination, sexual harassment, and affirmative action. These policies can be found in various university publications, including the Graduate Catalog and the Student Handbook.

## **APPENDIX B**

## Student Conflict Resolution Committee

Student Conflict Resolution Committee  
School of Hearing, Speech and Language Sciences  
Revised May 5, 1998

### Overview

The primary role of the Student Conflict Resolution Committee (SCRC) is to attempt to resolve a student's conflict with a faculty or staff member by bringing together the parties involved in the conflict. If a resolution of the conflict can not be reached by the parties themselves with the assistance of the SCRC Chair, the SCRC will then hear both sides of the issue and send a report to the School Director outlining the conflict, the response of any involved faculty/staff person and the SCRC's suggestions for the resolution of the conflict. If the School Director is unable to resolve the conflict to the satisfaction of the student, the Chair will turn over the committee report to the Dean of the College of Health and Human Services for continued pursuit and eventual resolution of the conflict. Otherwise, all records will be kept on file with the school director.

A copy of this document shall be posted on the NSSHLA bulletin board, or in a mass e-mailing at the start of each school year. A copy may also be requested from the School office.

### Procedures for committee formation

- ◆ The SCRC will be standing committee in the School of Hearing, Speech and Language Sciences. The School Director shall appoint a faculty member as Chair of the SCRC with the recommendation that the SCRC Chair be a tenured faculty member. Two additional faculty members shall also be appointed as SCRC members at the beginning of each academic year with one member of the committee selected from the clinical faculty.
- ◆ Three student members of the SCRC shall be elected from the HSLA student body at the beginning of Fall Quarter. One undergraduate member shall be elected annually for a one-year term at one of the first NSSHLA chapter meetings. Two graduate students will serve on the committee. There will be a two-year term for these appointments with the stipulation that a first year graduate student and an advanced graduate student will be on the committee. A first-year graduate student will be elected by his or her peers at one of the first organization meetings of new graduate students. If a graduate student is unable or unwilling to serve on the committee for the second year, the second-year graduate students will elect a replacement SCRC member. The results of SCRC elections will be announced by NSSHLA and will be posted in HSLA classrooms to inform all students.
- ◆ Four of the six members shall constitute a quorum with a majority vote of the members present required to pass a motion.

### Procedures for a student conflict

- ◆ Initial Procedures
- ◆ A student may bring a conflict before the committee by verbally contacting any member of the SCRC. The SCRC member contacted shall inform the SCRC Chair of the conflict. However,

if the student conflict is with the SCRC chair, the committee member shall inform the School Director who will appoint a new SCRC chair for the purposes of resolving that specific student conflict with the stipulation that three faculty or staff members shall be on the committee.

- ◆ The SCRC Chair shall then meet with the student in confidence to discuss the conflict.
- ◆ After hearing the conflict, the SCRC Chair shall decide if the student should attempt to resolve the conflict by meeting with the individual involved, or in cases where this is deemed inappropriate (e.g. sexual harassment), the SCRC Chair will contact the appropriate university personnel regarding the issue and inform the School Director of this action.
- ◆ If the conflict involves a dispute of a course grade, the student will be advised to follow the OU “Grade Appeals” policy in the student handbook.
- ◆ If the conflict involves on-campus employment, the student will be advised to follow the procedures in the Student Employment Policy (20.110) of the Ohio University Policy and Procedures Manual.
- ◆ Secondary Procedures
- ◆ If the student is unable to resolve the conflict after meeting with the involved faculty/staff member, or if the student is unwilling to meet with the faculty/staff member, the SCRC Chair will meet with the faculty member to hear his or her side of the story.
- ◆ The SCRC Chair will then invite the student to submit a written document to the SCRC stating the nature of the conflict. This document will be shared with the faculty or staff member involved. Unless written document is submitted by the student no further action may be taken by the committee to resolve the conflict.
- ◆ Once the written document is submitted by a student, if the conflict is with a faculty member who is on the committee, the SCRC chair will ask the director to appoint a new committee member for the purposes of resolving that specific student conflict.
- ◆ The student will also be invited to address the full committee with the conflict. If the student chooses to address the committee, the chair will convene a full SCRC meeting so that the student can explain the conflict. After the student’s presentation, the student will leave the meeting and the faculty/staff member will be given an opportunity to address the committee regarding the conflict.
- ◆ Following the presentation of both sides of the issue the SCRC will discuss the conflict and if possible, propose a suggested method to resolve the issue.
- ◆ The SCRC Chair will then draft a report outlining the student’s conflict and the response of the faculty or staff person. The report will also include the suggestions made by the SCRC for resolving the conflict.
- ◆ The report will be reviewed by the committee and changes will be made as deemed appropriate by the SCRC Chair based on committee input. The final report must be read and approved in writing by all SCRC committee members.
- ◆ The report will then be forwarded to the School Director for his or her action to achieve resolution of the conflict (If the conflict involves the School Director, the SCRC Chair will submit the report to the Dean, College of Health and Human Services).
- ◆ If the conflict is not resolved to the student’s satisfaction following the School Director’s efforts, the SCRC will turn over the report to the Dean, College of Health and Human Services for continued pursuit and eventual resolution of the conflict.

- ◆ Students may also contact the Council of Academic Accreditation in Audiology and Speech-Language Pathology (CAA) to file a complaint. The CAA is the accreditation body for training programs in Audiology and Speech-Language Pathology.

ASHA Council on Academic Accreditation  
10801 Rockville Pike, Rockville, MD 20852 (301) 897-5700

## **S. Mailboxes**

Student mailboxes are located in room W178. Mailboxes are used for correspondence between clinicians and supervisors/professors as well as for important announcements. These mailboxes should be checked frequently, and students should respond to correspondence in a timely fashion when a response is necessary.

## **T. Lockers**

Room W178 contains many lockers available for graduate students to store their belongings and therapy items. Students may claim a locker on a first-come/first served basis. A lock is suggested, but is not provided by Ohio University. NEVER store food or perishable items in these lockers. Lockers containing trash or old papers will be emptied. The clinic is not responsible for items left in lockers. Please remember to clean out your locker upon graduation.

## **U. Videotaping and Viewing Guidelines**

Observation of live sessions and videotaped therapy sessions is important for all student clinicians, supervisors and parents. Observation of live sessions should occur in the respective observation rooms located between therapy rooms. An exception to this involves observation of sessions in the SI room; these sessions may be observed in Room W166. Headphones are kept on the shelf in Room W166 and should be cleaned and returned to the shelf when the observation is completed. Please remember to maintain client confidentiality in the observation rooms. If you are observing in the Viewing Room, (Room W166) there are 6 monitors available to watch sessions live or taped. Monitor #1 is not to be used for viewing. Next to Monitor #1, there is a system controller to adjust camera angles. Please note that room numbers have different channels and you will need to find the assigned channel to observe a desired session. (See Key for Room/Channel Assignments)

Taping of sessions will be required for practicum classes and also for analysis of therapy sessions. At the beginning of each quarter, all graduate students will be given 1 videotape and 1 cassette tape for use during quarter. These tapes must not leave the clinic to protect confidentiality. Please keep your tapes in the Viewing Room (W166) on the shelf labeled for tape storage. At the end of each quarter, students will be required to erase their tapes.

The equipment does not allow independent viewing/taping capabilities. This means that if someone is taping a session on the adjacent VCR, you cannot change the channel and watch a different session. Please go to a different monitor and respect the signage indicating: "TAPING: DO NOT DISTURB". When you are finished taping, you need to remove the sign from the equipment and collect your tape. DO

NOT allow your VCR to remain taping indefinitely. Supervisors are not Taping Overseers and cannot mind your VCR's. This is your responsibility.

In-Service for specific audio and dubbing procedures will be completed as a practicum class requirement.

## V. EXTERNSHIPS

The externship portion of the graduate program typically takes place during Spring and Summer quarter of the 2<sup>nd</sup> year of the master's program. Students opting to do a thesis normally complete only 1 externship, however arrangements can be made for further experience. Usually students select a public school setting for the Spring experience to fulfill public school accreditation requirements and a medical setting for the summer experience. Other opportunities for off-campus experiences can occur in the form of "mini- externships" frequently set up over intersession and university breaks.

Due to the high volume of students wishing these types of experiences, it is very important that students begin thinking about possible sites early in the graduate program. Externship Coordinator Marianna Malawista PhD. and Eileen Schultz, can assist the student in many ways and encourage questions relating to selection of potential sites. Ultimately the student will be responsible for contacting possible externship sites and obtaining the necessary information the coordinators need. This information must be turned in to the Coordinators by **September 30** during the student's 5<sup>th</sup> quarter of study. Specific dates and forms will be available and further information will be covered in practicum class. See Externship Tracking Form in Appendix.

## V. Speech Language Pathology Clinic Expectations

Each clinician will be considered a professional in training and be given the respect as such. With this comes the expectation of professional behavior in the clinic. Items such as professional ethics, attire and confidentiality are covered in introductory practicum. Specific expectations of the Speech-Language Clinic are as follows:

### A. Diagnostic Procedures

Students are scheduled for diagnostics based on student availability and client's needs.

Supervisors are scheduled for diagnostics based on their schedule and area of expertise.

#### i. Supervisor Assignment

Each student clinician will be assigned a clinical supervisor for the diagnostic procedure. The supervisor will assist in the planning and development of the diagnostic session. The supervisor will observe at least 50% of the diagnostic.

## ii. Clinician Responsibilities

It is the responsibility of the clinician or clinicians assigned to the diagnostic to review the clients file, schedule an appointment with the assigned supervisor, and submit a plan for the diagnostic to the supervisor at least 48 hours prior to the session. All paper work, completed test protocols, and reports must be submitted to the supervisor for approval according to the individual supervisors' guidelines.

## iii. Diagnostic Materials

Ohio University Hearing, Speech and Language Clinic maintains a wide variety of formal tests and assessment materials designed to be used as part of speech/language evaluations. These materials are located in room W176 in the back corridor of the clinic. All test booklets, manuals, and necessary parts are filed alphabetically along the west and east walls of room W176. Test protocols can be found in the metal horizontal file cabinets; also arranged alphabetically. Please **DO NOT** use the last remaining test protocol for a given test. If you notice that the supply is low, let the administrative assistant know in writing and new forms will be ordered. The procedure for checking out diagnostic tests is as follows:

- All diagnostic materials checked for use in off-campus sites and clinic diagnostic appointments must be logged into the sign-out spreadsheet on the computer labeled for this purpose within room W176.
- This Excel program requires the student to enter the date checked out, the date returned, name of student and any other information; such as missing parts.
- It is expected that all diagnostic materials be returned to room W176 and logged in as *returned* within two days.

**\*\*Students who do not follow the above-described procedure inconvenience others, and are at risk for losing their privileges for these types of materials. Diagnostic materials not returned by the end of the quarter will result in grades or credit being withheld.**

Toys for ages 0-3 years are stored in rooms W143 and toys for ages 3 and up are stored in W150. Electronic devices such as tape players and augmentative communication devices are stored in W166. Please return the materials to the areas you originally found them.

A system is in place for systematically keeping track of selected toys, games, articulation workbooks and other therapy materials. Please check out these types of materials via the same computer used for checking out DX tests. A similar EXCEL program will allow you to record your name and date when checking out therapy materials for off-campus use. Recall that toys, games are due back the following day.

#### **iv. Room Assignment**

All Diagnostic sessions are typically completed in rooms W151f and W151d. Clinicians will receive room assignments in their communication file prior to the diagnostic session.

#### **v. Scheduling**

The clinic and front office staff handle most of the scheduling of the clients. Intake information is obtained when the client calls to schedule the appointment. The person scheduling the appointment should inform the client that it is necessary to obtain a physician's order (script) prior to the diagnostic. Clinicians are responsible for calling clients one week prior to the diagnostic session to remind clients of their appointments and that they need a physician's order for the testing.

A Case History form, a parking permit and a campus map should be sent to the client prior to diagnostic. Clients are asked to return the Case History form prior to the Diagnostic session if time permits; otherwise, they are asked to bring the form with them on the day of the session. Clients are asked to fill out Release of Information and Authorization forms on the day of their Diagnostic session.

Upon arrival to the clinic, the client is asked to confirm intake information and provide insurance information. The client is also asked if they have a parking permit and if they are parked in the designated area.

#### **vi. Punctuality**

Speech language pathology students conducting diagnostics are expected to arrive at least 30 minutes prior to the session in order to set up the rooms and equipment. An exception to this is if the clinician has a class prior to the session ending less than 30 minutes before the session. In this case, clinicians are still expected to have reviewed the file prior to seeing clients.

### **B. Treatment Procedures**

#### **i. Clinic assignments**

Clinicians are required to submit class schedules to the Clinic Coordinator prior to the beginning of the quarter (before leaving campus for break). The clinic staff will assign clients and off-campus sites with consideration of these class schedules. Clinicians will be given a schedule containing the client names, supervisor names, room numbers, appointment times, and clinic sites to which they have been assigned. Clinicians are expected to do the following after receiving clinical assignments:

- Review Client's file, including all recent therapy documents. Note status of release forms.

- Meet with Clinical Supervisors as soon as possible to discuss clients and diagnostic information and to review previous treatment (if applicable).
- Contact clients after meeting with supervisors, make appropriate introductions and confirm dates and times of appointments. Make certain that clients know directions and parking procedures.
- Verify that all of the release forms are still valid on the day of the first appointment and update them as necessary. At this time, provide the client with a parking permit if needed.

## **ii. Scheduling of clients**

The administrative assistant handles most of the scheduling of the clients. However, clinicians are responsible for calling clients one week prior to the initial therapy session to remind clients of their appointments.

At the end of the quarter, it is the clinician's responsibility to provide the client with an enrollment form for the following quarter if applicable. The enrollment form includes the client's schedule of when they are available for therapy sessions.

## **iii. Therapy Rooms**

Clinicians are to use the therapy rooms that have been assigned on the master schedule. Room changes are not to take place without supervisor approval.

All therapy rooms are to be left clean and orderly for the next student. If furniture has been removed, please replace it. Tables must be cleaned with antibacterial soap and water after each session. After the last session of the day, tables should be sprayed with the cleaning solution kept in the copy room. This cleaner is only to be used after the last session of the day due to its required overnight drying period. Replace all safety caps in electrical outlets.

## **iv. Punctuality**

When conducting speech language therapy, clinic sessions are 50 minutes long. Therapy should begin promptly at 10 after the hour and end promptly on the hour in order for the next clinician to have time to prepare the room for his/her session.

## **v. Observation Rooms**

Students and family members can observe treatment sessions in the observation areas located between therapy rooms. Students observing sessions should refrain from open discussion of the session as family members are likely to be present (CONFIDENTIALITY).

**vi. Clinic Materials**

Most treatment materials are kept in the Materials Room in W176. Toys, games, books, and other treatment materials are located here. Additional materials for ages 0-3 years are located in room 143 and materials for ages 3 and up are located in room 150. Any of the materials in this room may be used for treatment sessions. Please clean and return these items to their respective locations following use. Additional equipment such as tape recorders, audiotapes, VCR's, televisions (for watching sessions), videotapes and augmentative communication devices can be found in W166.

Standard precautions, gloves, first aid kits, tongue depressors, alcohol prep pads and dysphagia materials are kept in the copier room.

Students are reminded to clean all materials and return them to their location in the materials room after each session.

**vii. Attendance Policy**

Therapy begins on the hour. If a client is late, the clinician is to allow 15 minutes before calling (25 past the hour). If there is no answer, leave a message reminding the client of the clinic appointment and ask that, in the future, he/she call the clinic if there is a conflict with the scheduled time. If the client does not have a phone, a letter should be sent reminding the client of the scheduled time (see Appendix-Reminder Letter #1). If a client has missed two consecutive sessions without calling, the clinician should consult with his/her supervisor to determine if a letter should be mailed. The letter (see appendix: Follow-up letter #2) provides the client with an opportunity to contact the clinic to reschedule their therapy time, discontinue for the quarter or reschedule for the next quarter. If no response is received one week after mailing the letter, a chart note is made indicating that client has been dropped for the quarter.

- If a client calls to cancel a scheduled appointment, a note of this cancellation will be placed in the clinician's communication file and or mailbox .
- If a clinician needs to cancel a session because of illness or emergency, he or she must:
  - a. Notify the client
  - b. Notify the Grover Clinic Office at (740)593-1404

\*If the clinician cancels a session for any reason, he/she should discuss options of a substitute or offer a make-up session for the client with his/her supervisor.

#### **vii. Documentation**

**\*NO DOCUMENTATION IS TO LEAVE THE CLINIC. Client files must always be returned to the file room. Clinicians SHOULD NEVER store them anywhere else in the clinic. Supervisor/clinician communication files located in room W176 are provided for the purpose of storing "in progress" client information as well as correspondence between student clinicians and supervisors. Do NOT take any work "in progress" with any identifying information about the client out of the clinic. Documentation may be different for off-campus sites. The site supervisor will instruct the clinician on the documentation for each individual site. Site paperwork should not leave the site unless the supervisor has granted permission. In the case that paperwork must leave the site (i.e. Vinton and Meigs Regional Clinics) paperwork must be placed in the communication drawer in the clinic the next day.**

#### **a. Lesson plans**

Clinicians may be asked to write lesson plans when first starting clinical practicum or when first learning to treat a disorder. Requirements and deadlines for lesson plans are determined by supervisors. Refer to appendices for examples.

#### **b. SOAP notes**

All clinicians are required to write progress notes for each therapy session. Progress notes are to be turned in to the supervisor for approval in a folder in the supervisor/clinician communication files. Due dates are determined by clinical supervisors, however it is best to complete progress notes within 24 hours of the therapy session. When a progress note form is full, and all notes have been approved, it must be immediately placed in the client's file. Refer to appendices for examples.

#### **c. Treatment Plans**

Clinicians are required to write treatment plans for all clients. These plans should be typewritten and implemented after the 2<sup>nd</sup> or 3<sup>rd</sup> treatment session depending on the supervisor. As soon as the plan is approved and signed by both the supervisor and the client or client's parent/guardian, it must be placed in the client's file. Refer to appendices for examples.

#### **d. Quarterly Reports**

Quarterly reports are to be written for each client at the end of the quarter. These reports should be typewritten and include information about progress during the quarter. After the report is approved by the supervisor, a copy should be mailed to all appropriate

persons/agencies indicated on the release form with the correct cover sheet. (See appendix B) The student is also responsible for logging all copies of documents sent on the Correspondence Summary Sheet (appendix B) located in section 2 of the client's file. The original should be filed immediately. Refer to appendices for examples.

#### ix. End-of-quarter Requirements

At the end of each quarter, clinicians are expected to meet with clinical supervisors to discuss clinician progress and to audit client files. If client files are found to be missing information, it is the clinician's responsibility to obtain the appropriate information.

#### x. File Organization

The client folder system provides for a separation of information into 6 different sections. All information in each section should be filed in chronological order, with the most recent information on top. A black pen must be used when filling in information on any of the forms and no white-out is to be used on any mistakes. Papers or reports with mistakes should be re-printed when possible. Otherwise, mistakes should be marked through with a single line and initialed by the clinician.

- **SECTION 1-Client Billing Record**: this section is to be used by the administrative assistant and supervisors. This section contains the initial encounter form (Peach), a copy of the insurance card and a current audit sheet.
- **SECTION 2- Summary Case Record**: this section tracks the release of client information. Anything regarding the release of information must go here. This section contains: the correspondence summary sheet, all correspondence, all requests for information, all releases of information, all incidence reports and the HIPAA signature form. Please note that client information **MUST** be filled out completely on the yellow sheet. Releases **MUST** be current (no older than one year) and signed by both family and clinician.
- **SECTION 3-Client Diagnostic Data Record**: this section should contain any and all information regarding the diagnostics or evaluation of the client. Information generated in the O.U. Clinic and other agencies is all filed here and noted on the cover sheet. This section contains all diagnostic reports and test protocols, all IEP's, all IFSP's. Please note that ICD-9 codes are to be written on the cover sheet/diagnostic log by the supervisor of the evaluation. The client's name and file # must be completed along with the proper date. All diagnostic materials and reports must be filed in chronological order; most current being on the top.
- **SECTION 4-Treatment Plan Record**: this section should contain all treatment plans filed in chronological order with the most recent on top. The cover sheet should reflect each entry. Please note that client

information and file # MUST be filed out on the treatment plan and cover sheet. Quarter/Supervisor/Clinician information MUST be filed out on the cover sheet. All treatment plans must be filed chronologically with the most recent being on top.

- **SECTION 5- Audiology**: all audiological information goes here in chronological order with the most recent information on the top. All hearing screening forms should be in this section.
- **SECTION 6-SOAP Notes and Quarterly Reports** :this section should contain all SOAP notes and quarterly reports in chronological order with the most recent information on top. A Summary Sheet of Treatment must be on top. Items are filed with SOAP notes for a given quarter followed by the quarterly report, etc. There MUST be a SOAP note for each date of service billed. There must be a diagnostic notation in the SOAP notes. The client's initials and file # must be on each page. All entries MUST be signed by a student clinician and a supervisor. All information is filed with the most recent set being on top. Quarter/Clinician/ Supervisor/Session/Disposition information MUST be filled out completely each quarter on the Summary Sheet of Treatment.

## VI. Audiology Clinic Expectations

Each clinician will be considered a professional in training and be given the respect as such. With this comes the expectation of professional behavior in the clinic. Items such as professional ethics, attire and confidentiality are covered in introductory practicum. Specific expectations of the Audiology Clinic are as follows:

### A. Attendance

- A very basic aspect of professional behavior is showing up on time to appointments. When a clinician is assigned a clinic time he or she is expected to show up even if clients are not scheduled. The clinic supervisor may excuse the clinician from attending or release you early in these cases. This is completely at the supervisor's discretion.
- Clinicians are expected to show up at least 30 minute prior to the first client to set up the rooms, calibrate and read the files. An exception to this is if he or she has a class prior to your clinic time that ends less than 30 minute before the first client. The clinician is still expected to have reviewed the file prior to seeing the client.
- Attendance is required at both the clinic and the practicum. Unexcused absences in the clinic or the practicum will cause a ½ letter grade deduction. Excused absences are at the discretion of the clinic supervisor and in extenuating circumstances may be made after the missed clinic or practicum session.
- Patterns of tardiness to clinic and practicum will result in a reduction in the clinician's grade. If tardiness becomes an issue, he or she will be given a warning; subsequent episodes may result in a ½ letter grade deduction.

- A restricted number of personal absences (days off) may be granted at the discretion of your supervisor. An absence will more likely be granted when it is requested well before the time needed, if the clinician is performing well in the clinic, and if there are not clients already scheduled at that time.

## **B. Reports**

- The primary clinician for an individual client will typically be responsible for the report. The initial report from the appointment to the supervisor should be completed within 3 working days.
- Corrected reports must be turned in to the supervisor within 2 working days.
- Reports may not be needed in certain cases. In those cases a short progress note will be needed. Examples of this type of appointment include hearing aid repairs, earmold impressions, earmold pick-ups and others as instructed by the supervisor.
- Reports should be as short as possible. Long reports are typically not read and are usually a result of a person's inability to write in a concise, organized manner. It should be relatively unusual to have a report more than one page. Reports should usually focus only on the important aspects of the case.
- Files should **NEVER** leave the clinic. When not being worked on they should be in the report mailbox area.
- The reports should be written using the following headings:

### **Background**

This should include the reason for the appointment, important information making a person at-risk for hearing loss, information about a person developmental status and information about any known hearing loss and hearing aids.

### **Results**

This should include any data collected during the interview, anything unusual about the findings on the audiogram and information about concerns about the reliability of the data on the audiogram.

### **Impressions**

This is the important part of the report. This should include the hearing diagnosis, the ramifications of the hearing loss on communication, a description of the communication prognosis with and without intervention and the plan of action in the case.

### **Recommendations**

This is a list of the recommendations written in a short and concise manner.

### **C. Organization of Files**

It is the responsibility of the student completing and mailing out the report to organize the client's file. It is the student's responsibility to hole-punch these papers and place them in the folder with the most recent information on top. (Please see Appendix "C" for the proper order to arrange a chart and all of its components.)

### **D. Evaluation guidelines**

Guidelines for the minimum requirements for the tests given individual clients in appendix "C". Clinicians must complete the required tests on clients. Tests should only be omitted in cases when permission is granted by a supervisor. Clinicians are expected to keep data from these tests using ASHA or clinic guidelines.

### **E. Room use**

Many different people use the audiology rooms for both clients and for practice. It is the responsibility of each person to clean up after using the room. Those who use them should clean the tips and speculum used in practice or labs. Supplies used in clinic should be cleaned by the student clinician that is in clinic in the afternoon. If the last of supplies or forms are used, it is the clinician's responsibility to replace them or inform their supervisor of the problem.

### **F. Equipment use and maintenance**

The student clinician is responsible for maintaining equipment so the next person can use it. This includes doing biologic checks to the system, turning off equipment at the end of the day or after it is used, returning cords to their proper place and informing the supervisor if there is an equipment problem. **It is the responsibility of the student to become competent on the equipment and to learn its use.** Students are welcome to practice with the equipment anytime it is not being used for clients.

### **G. Clinician Responsibilities (when more than one student is present at the same time)**

There will often be more than one student clinician in the clinic at the same time. If there are two second-year students then clients will typically be rotated. The same student will typically see clients who were seen by a student in the past. This may change this rotation in some cases. If there are a first and second-year student present at the same time, the second-year student will usually be in charge of the case. The second year student is expected to discuss the case with the first-year student and to involve the first-year student if possible (depending on their degree of experience). Overall, second-year students should consider themselves mentors of

first- year students and help them with learning things such as equipment use and test protocols. Reports typically will be the responsibility of the second-year student (this may change as the first- year student acquires more experience.)

### **H. Minimum competencies (for involvement in client testing)**

Students may be required to show, through informal testing, that they can use the test equipment. A student is expected to know how to use test equipment prior to testing a client with it. Informal labs on the use of individual pieces of equipment will be given to students as needed (this is one of the reasons clinicians are responsible for showing up to assigned clinic time even when there are not clients scheduled.) Typically the clinical supervisor is there to help you become proficient on the use of equipment, not to teach clinicians the basic function. This is also true about performing individual tests.

## **7. Student Clinician Responsibilities**

Developing good professional behaviors is one of the key elements to being a successful audiologist or speech-language pathologist. Through practicum assignments, opportunities are available to develop clinical skills at the Ohio University Hearing, Speech, Language, and Physical Therapy Clinic and the outside contract sites. In addition to learning about the clients and evaluation/therapy procedures, clinicians will learn to manage themselves as professionals. The following is a list of behaviors to give clinicians a basis for developing professional skills.

Keep up to date with the institutional requirements of your setting.

- Learn the paper work requirements for your setting including release forms, census logs, billing sheets, insurance forms, scheduling sheets, etc. When you fill out these forms, make sure you fill them out completely. If something is not applicable, write n/a in the blank. Even if you are not responsible for forms now, you will be in the future.
- Familiarize yourself with the goals and missions for your institutional setting (e.g., who is seen for services, what outside services does the setting provide, etc.).
- Familiarize yourself with the rules and procedures of your setting (e.g., getting access to materials and forms, checking out and using equipment, etc.).
- Read through the latest policy and procedure manuals for you institution. In the Ohio University Hearing, Speech and Language Therapy Clinic, this is the Clinic Handbook, which is revised regularly. Each of the contract sites and the externship placements will have different policies and procedures. You will need to be familiar with them.
- Keep up with changes in institutional routines, procedures, schedules. In the Ohio University Hearing, Speech and Language Therapy Clinics, this means looking for new postings in the student lounge and checking your mailbox daily.

Develop the good habit of being punctual:

- Keep a calendar of all your appointments, meetings, and important deadlines. This calendar should be with you at all times. Information in your calendar should include time and date, names and phone numbers of contact people, items you should bring (who, what, where, when, and why).
- A timely response to memos is crucial to good professional communication. Therefore, read memos immediately, transfer all important information to your calendar, and respond to anyone as needed.
- Be on time to all therapy sessions, meetings, and appointments.
- Communicate with staff, colleagues, and clients concerning all changes in scheduling. Absences from clinic must be cleared with your supervisor to be considered excused.
- All deadlines must be met. If you are not able to meet a given deadline, then you should contact the individuals affected (e.g. let your supervisor know) and negotiate a new deadline.

Develop good professional communication skills:

- Check your mailboxes and communication file folder at least once a day. Even if you are not in the building you need to figure out a way to check your box (e.g. Have a co-worker collect your mail for you or stop in the building on an evening when you might gain access, such as when evening classes are held).
- Any correspondence you send out (i.e. including memos, reports, letters, home assignments, etc.) should be appropriately identified with the date, your name and title, the client's name, the client's clinic number, who the information is going to, etc.

Be prepared and follow through:

- Prepare for all meetings. If you are attending a meeting about your clients with your supervisor, read through the chart and plan ahead the points you want to make and the questions you want to ask.
- When scheduling a meeting with the clinic staff, please indicate the nature and need for the meeting. In this way, not only will you be prepared for the meeting, but your supervisor will also be able to be prepared.
- Learn to say "no" appropriately and politely. Don't agree to do something if you don't have the time to do it. If you do agree to something, be sure to follow through with it.
- Anticipate problems before they arise and when they do come up, start to problems solve possible solutions. Be prepared to discuss solutions with your supervisor.

Confidentiality:

- Remember that you have access to personal identification about clients. It is your responsibility to do your best to maintain confidentiality. You must abide by institutional regulations that pertain to confidentiality (e.g., not giving clients' names out for research without releases, not taking client folders off the premises).

Supervisors may issue a warning when a clinician does not follow the guide for professional behavior. A sample of the reminder memo clinicians may receive when professional protocol is not followed in the Ohio University Hearing, Speech and Language Clinic and the off-campus sites is in the appendices. If the student continues to exhibit unprofessional behavior, a meeting with the clinic coordinator will be scheduled (See appendix for the outline of clinic probation). At the end of every quarter, supervisors use the Clinical Competency Checklist to evaluate students' performance in Clinic.

## **VIII. Clinical Supervisor Responsibilities**

Clinical Supervisors in the Hearing Speech and Language Clinic are also supervisors for some off-campus sites. For these responsibilities, the supervisor receives credit toward a full-time workload. Clinical supervision is typically 25% of a supervisor's responsibilities in one quarter.

### **A. Supervisor Responsibilities**

- Supervision and grading of students assigned to them.
- A minimum of 25% direct observation of all treatment and 50% of all diagnostic sessions conducted under their supervision.
- Clinical management of clients assigned to them for either evaluation or treatment.
- Approval of all therapy progress notes, evaluation reports, reassessment plans or any other correspondence prior to their distribution and/or entry into a client's file.
- Maintenance of ASHA certification in Speech-Language Pathology or Audiology.

### **B. Supervisor Procedures**

All supervisors fulfill their responsibilities in a variety of ways. Clinicians should meet with their clinical supervisors once they have been assigned in order to discuss plans for the clinical experience.

### **C. Evaluation of Supervision**

At the end of every quarter, students are asked to evaluate their supervisor using the departmental evaluation form.

## **IX. Clinic Coordinator Responsibilities**

The clinical coordinator is responsible for the coordination and clinical education of all students, supervisors, and clinical sites that are part of the Ohio University Hearing, Speech, and Language Clinic.

