

MANUAL  
OF  
CLINIC POLICIES AND PROCEDURES  
IN SPEECH-LANGUAGE PATHOLOGY

Department of Communication Sciences & Disorders  
Idaho State University  
Pocatello, Idaho  
Meridian, Idaho

NOTE:

Students are responsible for all information regarding departmental policies, procedures, clinical requirements, deadlines, and information on ethical and professional behavior contained in this manual.

This manual supersedes all prior dated clinic manuals.

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## I. General Clinical Practicum Information

### A. Student Clinical Practicum Experiences

- 1 Graduate students in speech-language pathology will be involved in a variety of clinical practicum assignments throughout their graduate program. These assignments will be in a number of clinical settings. Students will be required to complete clinical placements within the ISU Speech-Language and Hearing Clinic-Pocatello and/or the ISU Speech and Language Clinic-Meridian dependent on the program in which they are enrolled. Off-campus placements may include hospitals, outpatient clinics, home health, skilled nursing facilities, public and private schools, adult/child development centers, adult care centers, private practice settings, and other sites established to meet student educational needs. Students will receive experience in a minimum of three different types of settings during their graduate program in order to receive a variety of experiences in varying environments. Students will be assigned to clinical placements that will vary from semester to semester. Students will be expected to be enrolled in clinical practicum each semester when enrolled as a graduate student in order to meet ASHA requirements, ISU hour requirements and university clinic needs. All Speech-Language Pathology students will be enrolled in CSD 6602 and/or 6604 concurrently with academic coursework.
- 2 On-campus students will be required to complete four credits within the university clinic before being placed in an off-campus setting, two of which must be taken concurrently, unless otherwise approved through the faculty petitioning process. Online students must have completed their first year of coursework according to their plan of study, and complete two credits of on-campus clinical experience before beginning an off-campus placement (i.e. this could include simulation, telepractice, and/or in-person provision of clinical services). Assignments will be made each semester to provide the student with a wide range of clinical experiences to meet ASHA requirements, to provide continuity of service to our clients, and to maintain a sufficient pool of clients for clinical education for the clinic. If a student is assigned a client with a disorder for which they have not taken the coursework, the clinical faculty will provide additional guidance and appropriate levels of supervision and co-treatment in addition to the required 25% supervision as indicated. Students may receive a clinical assignment in an area or age group in which they have already met the clock hour guidelines.
  - a. In cases of extenuating circumstances that may warrant a change in the assigned number of clinic credits identified in the program of study (either adding or removing credits), the student is required to meet with their academic advisor and Clinic Director to alter their program of study. The student needs to submit a petition that includes the rationale for the change and the new proposed plan of study to the Petitions Committee for review and approval, modification, or disapproval. In instances of extreme extenuating circumstances, a student may petition to be excused from clinic for a semester. This decision must follow the steps outlined above regarding petitions changing a student's program of study. The delay, postponement, and/or reduction of credits of clinical practicum enrollment for a semester will likely delay externship scheduling and graduation date.
- 3 All students will complete clinical assignments in a variety of disorder areas and age groups prior to their externship placements. These experiences will be completed in the departmental clinics or in facilities approved by the department faculty while enrolled in a clinical practicum. Students must complete approximately 25 clinical clock hours per clinical credit in which they are enrolled. This requires that in off-campus placements, the student is present at the assigned placement a minimum of 8-10 hours for one or two credits assignments, and 10-12 hours for three credits for the 12-week term in the fall and spring. For the summer six week term, students must be at their placement 10-12 hours per week unless otherwise directed by the Clinic Director. Certain off-campus placements may require more hours per week for participation in placements at their facility. All students must complete a placement within a school setting before completing their program.
- 4 Many placements include an interprofessional component requiring understanding of other related disciplines and methods for interprofessional collaboration. Interprofessional activities will also be provided on-campus in the form of case study workshops, or interprofessional evaluation, treatment, and/or consultation instruction and/or participation.

- 5 See the Graduate Manual, p. regarding voluntary withdrawal, medical and extenuating circumstances withdrawal, and leave of absence policies regarding processes related to implementation and return to the program.

**B. Admission to Clinical Practicum Experience:** All graduate students are admitted to the clinical practicum experience when admitted to the graduate program. The clinical assignments made will be contingent upon having met the ASHA prerequisites of class/content preparation and completion of observation requirements. Additionally, all students admitted to the clinical program must agree to a background check and provide evidence of all required immunizations/titers.

**C. Student Health Records:** All graduate students enrolled in clinical practicum must complete the Student Health Record and all listed requirements prior to beginning clinical practicum. All documentation for the requirements must be submitted via email to Donna Parker (donnaparker@isu.edu) for input into CALIPSO prior to the first fall semester of graduate enrollment and must be updated on a yearly basis throughout the graduate program. Health record requirements and form, as well as the process for submission are listed in Appendix A, Student Health Record. As previously stated, all components of the Student Health Record must be completed in order to participate in both on-campus and off-campus clinical practicum. If you are unable to meet health record requirements due to health or personal issues, please contact the Office of Disability Services or the Office of Diversity Equity and Inclusion to complete the exemption approval process. Exemption approval by the university is not guaranteed, and university exemption approval does not ensure exemption approval by off-campus placements that may require completion of their own exemption process or refusal of placement. Inability to meet vaccination requirements could result in not being able to complete all necessary off-campus placement experiences, which may impact your ability to complete the program if all type of required clinical experiences are not completed.

#### **D. Accruing Clinical Clock Hours for ASHA Certification Requirements**

- 1 Graduate students who were enrolled in clinic in their undergraduate program may use up to 50 of those clinical clock hours to meet ASHA certification requirements in the clinical assignments in which letter grades of A, B, or S were earned. Hours accrued in assignments in which letter grades of C, D, F, or U were earned will not be allowed to fulfill ASHA certification requirements. Undergraduate hours must be submitted to the clinic director/coordinator and signed by the ASHA certified SLP that supervised the assessment and/or treatment provided by the student clinician.
- 2 According to the updated ASHA guidelines as of January 2022, students may accrue up to 125 hours of telepractice service delivery and supervised clinical simulation experience that counts towards their total clinical clock hours during completion of their graduate program. No more than 75 hours of clinical simulation experience may be accrued. The 25% supervision requirement does apply to clinical simulation experiences and is conducted through the debriefing process.
- 3 Graduate students will accrue clinical clock hours to meet ASHA certification requirements in clinical assignments that letter grades of A, B, or S were earned. Hours accrued in assignments in which letter grades of C, D, F, or U were earned will not be accepted to fulfill ASHA certification requirements. The practicum assignment in which a letter grade of C, D, F, or U was received must be repeated prior to externship placement.

#### **E. Hour Admission Policy**

- 1 Students who have accrued hours at another university are allowed to transfer hours into Idaho State University's program in accordance with the Hours Acceptance Policy (Appendix B).
- 2 Summary of Policy
  - a. Twenty-five speech-language pathology observation hours will be accepted when earned at another university. Observation hours must follow the guided observation requirements outlined by ASHA - [ASHA Certification Standards](#).
  - b. A maximum of 50 undergraduate client contact hours will be accepted.
  - c. Fifty (50) supervised graduate client contact hours (cannot exceed 50) accrued at another university will be accepted.

- d. An individual holding a Certificate of Clinical Competence for a minimum of 9-months in the appropriate area of practice and have completed the required supervision training continuing education required by ASHA must supervise all hours accepted.
- e. Student must provide the Clinic Director with the appropriate information that includes verification that all transferring hours were obtained under ASHA standards.

**F. Employment as Speech-Language Pathologist while enrolled in the graduate program**

- 1 If employed as a speech-language pathologist under a letter of authorization for the public school or in other settings, guidelines have been established for accruing hours for ASHA certification and ISU graduation requirements in the employment settings.
- 2 Students employed within the speech-language pathology provision agencies must be aware of the Departmental and ASHA guidelines in this area (See Appendix C for these guidelines).

**II. Standards of Professionalism**

**A. Professional Ethics:** A definition of professional ethics includes many factors, some of which involve beliefs and attitudes that can only be judged in a subjective basis. An individual's professionalism, however, is reflected in their behavior in professional situations. The Department of Communication Sciences and Disorders provides a major clinical service for communities in the state of Idaho, as well as other states throughout the United States and some other countries. Therefore, whenever a student is involved in contact with clients/patients, whether it be a professional or casual contact, They will be expected to exhibit the highest degree of professionalism (See Principle of Ethics IV of the American Speech, Language and Hearing Association Code of Ethics, or the ASHA website: <http://www.asha.org/Code-of-Ethics/>), and the CSD Standards of Professional Conduct [see Graduate Manual]).

**B. The following should be considered minimum professional standard for participating in clinical practice:**

- 1 Keeping or Canceling Clinical Appointments
  - a. Student clinicians are to be on time for all clinical appointments and therapy sessions are to meet for the entire scheduled time period.
  - b. If a student clinician is unable to keep an appointment, they must contact the clinic administrative assistant and the assigned clinical faculty member to notify them of the cancellation. The clinic administrative assistant or clinical faculty member will contact the client to notify them of the cancellation.
  - c. When a client must cancel a session, the client will call the clinic office. The clinic administrative assistant will then notify the clinician and assigned clinical faculty member.
  - d. If a client does not notify the clinic office and does not keep a scheduled appointment, the clinician must wait at least 15 minutes before assuming the client is not coming. When that time period has passed, the clinician must notify the clinic administrative assistant or assigned clinical faculty member prior to leaving the clinic waiting area. In addition, the clinician must notify the assigned clinical faculty member of the client not attending the scheduled appointment.
  - e. All canceled sessions because of clinician absence must be made up by the end of the semester. If the client cancels, the clinician is not required to reschedule the session. However, to facilitate student development of clinical and professional skills and to maintain program continuity, sessions should be rescheduled whenever possible.
  - f. The department has a client attendance policy that is designed to protect the educational interest of students. See Appendix E for the department's Client Attendance Policy. The Client Attendance Policy will be enforced by the clinical faculty member, and may be adjusted based upon presence of extenuating circumstances.
- 2 Confidentiality
  - a. Information concerning clients being seen at the ISU clinics and other practicum sites is to be considered CONFIDENTIAL. The department guidelines on the Health Insurance Portability and Accountability Act of 1996, HIPAA/Privacy Rule can be found in Appendix F



- for Policies and Procedures for HIPAA Compliance.
- b. The HIPAA Privacy Rule sets standards to protect health information of clients to guard against the misuse of individually identifiable health information.
  - c. All students will complete the training regarding the university's and department's policies and procedures as associated with Health Insurance Portability and Accountability Act of 1996 yearly while enrolled in a health professions program.
  - d. Protecting the confidentiality of the clients enrolled in the clinical education component of the Department of Communication Sciences and Disorders is the professional obligation of all students and faculty. Access to client information is extended to the students of the department to be used in the educational program. No one else is to receive any information regarding the client that is accessible to students in the educational process. Clients do sign a statement upon initiating treatment within the university clinic that they understand their case could be discussed or recorded for the purposes of instruction within the educational program.
  - e. Information may be released to other professionals or agencies only when there is a release of information form signed by the client/parent/legal guardian. In that case, the information regarding the client can be released to that individual or agency listed on the release of information only after the supervising faculty member has approved the information.
  - f. Professional information regarding clients may be discussed with faculty members and other student clinicians in various educational aspects, such as meetings with faculty and in classroom settings. However, in those situations, disclosure of only necessary information for the specific activity is allowed.
  - g. Standards of Confidentiality
    1. Clients, aspects of their clinical program, or any other information obtained as part of the educational experience must not to be discussed with any persons not directly involved professionally with the client's case within the department. Discussion or stating any confidential information regarding the client is prohibited in all public situations, including department hallways, reception area, and open study areas not designated as HIPAA compliant spaces.
    2. Great care should be taken even when having "general" conversations in offices, the student areas, etc. since there may be persons in the area who are not authorized to receive such information.
    3. When discussing a client case in class, only pertinent information to the case should be shared. Extraneous information that does not lend to the case discussion should not be discussed (e.g. personal information, relationships, etc.).
    4. Viewing recordings of clinic sessions must be completed in secure areas within the department or in other private, secure areas that have been determined appropriate by the Clinic Privacy Officer. In addition, all video recordings must be secured and protected at all times so that unauthorized persons do not inadvertently view the recording. The VALT recording system should be used at all times for recording in the clinic unless another means of video recording is authorized by the supervising clinical faculty.
    5. All video recordings not stored in VALT will be stored in Box in the student's clinic folder. Box is a cloud-based storage database that is HIPAA compliant and accounts are individually assigned to students for clinical use only.
    6. Digital audio recordings must be taken with an independent digital audio recorder and not a phone, computer, or tablet. Digital audio recordings must be saved to the student's clinic Box folder and reviewed in private. The student MUST delete the recordings off of the digital recorder and their computer before leaving the clinic – the file must be maintained in Box ONLY.
  - h. Violations of the principle of confidentiality are considered to be a very serious breach of professional ethics by the Department of Communication Sciences and Disorders, as well as

Idaho State University, and will be dealt with as such. Penalties, up to and including dismissal from the program, are outlined in Appendix F.

### 3 Relationships with Other Professional Agencies and Persons

- a. Clinical faculty are ethically, legally, and professionally responsible for all clients they supervise. Therefore, even when client permission is granted for the exchange of information, students are not to exchange information about clients, either by phone, email, letter, or verbally with other individuals or agencies without the expressed permission of the clinic faculty. In addition, this applies to information given to the client or client's family members regarding assessment results, goals, or progress. If the student believes that additional information is needed or that information should be sent out, they should contact the assigned clinical faculty member to discuss the possible release of the information. The student is not to make referrals without conferring first with the assigned clinical faculty.
- b. Any written information sent to or requested from other agencies or individuals must be previewed by the clinic instructor and verbal communication must be discussed with the clinic instructor prior to contact to ensure that proper information is exchanged. Again, this information may not be exchanged unless written permission has been received from the client/parent/legal representative.
- c. A copy of any written information sent to other agencies and/or professionals must be filed in the client's file in Point N Click (PNC) EMR system used and maintained by the ISU Clinics administrators.
- d. Procedure for obtaining information from other agencies or professionals:
  1. A signed release must be submitted to the clinic administrative assistant accompanied by a note specifying from whom the information is to be requested. The note should include the address and fax number of the agency / professional.
  2. The student must then follow up with the clinic administrative assistant to see that the information has been requested.
  3. Once information is received, it should first be reviewed by the assigned clinical faculty and then provided for student review.
- e. At no time should students share information with the client, client's family, other agency, or any other individual or entity via email or other electronic method. The university email is not secure and should not be used for sharing clinic related information. If information must be disseminated electronically, the assigned clinical faculty should be notified and this can be accomplished through the EMR system or through a secure email assigned to specific clinical faculty.

### 4 Student Dress and Demeanor

- a. The Department of Communication Sciences and Disorders faculty is committed to instilling professional attitude and demeanor in all students. This will facilitate the individual growth and development of professional clinical attitudes. In addition, it also ensures homogeneity of quality services to the clients that are served by the Department of Communication Sciences and Disorders.
- b. Any behavior or dress that brings attention to itself and thereby detracts from the professional clinical mission is inappropriate. All students are to dress and act in a professional manner when in the ISU Speech-Language and Hearing Centers. In general, shorts, tank tops, tight clothing, worn clothing, flip flops, t-shirts, facial piercings (other than nasal piercings of 2mm size or smaller), excessive jewelry, sagging pants, skirts more than one inch above the knee, and/or revealing clothing are unacceptable at all times in the clinical setting.
- c. Students participating in on-campus clinic (including telepractice) must wear approved gray scrub tops with the embroidered clinic insignia when actively participating in clinic. Pants should be scrub pants that are either matching gray to the scrub tops or black. Scrub tops are to be purchased through Old Towne Embroidery using the instruction given during clinic orientation. Scrub pants can be purchased from any scrub retailer (e.g. Amazon or other scrub company), but must be well-fitting and be considered medical scrubs. Off-campus

practicum settings will determine appropriate dress code depending on the specific setting and students are expected to follow those guidelines.

- d. All clothing worn in the clinic setting is to be clean and well pressed. If the student has any questions regarding specific behaviors or dress as it pertains to the clinical setting, they are asked to discuss it with the assigned clinical faculty, Clinic Director, or their off-site clinical supervisor.
  - e. Students are not allowed to bring food and/or beverages into the clinic room during client sessions unless it is directly related to the clinical activity/treatment plan. Students may bring a plain bottle or cup of water into session, but must also have a cup of water available for their client unless otherwise not appropriate (e.g. client being on restricted diet).
  - f. Students are also required to wear their name badges provided by the department at all times when providing clinical services both on and off-campus.
- 5 Student Clinic Performance Standards
- a. All students are to maintain appropriate levels of clinical performance commensurate with their level of training.
  - b. Students deemed by the academic and clinical faculty not to have made satisfactory progress in the acquisition of clinical skills may be required to enroll in further credits of CSD 6602 (on-campus) or 6604 (off-campus) in addition to the credits required for graduation.
  - c. If persistent and/or severe clinical deficiencies are noted, a student may be removed from clinical assignments and/or be required to complete additional academic or clinical work. If a student is removed from a clinical assignment due to poor performance, the student will receive a failing grade and must redo those clinical credits in order to demonstrate competence and meet graduation requirements.
  - d. The department has established a policy of clinical probation to be followed when a student demonstrates unsatisfactory performance in clinical practicum that warrants special attention. This policy is contained in Appendix G. All students should be familiar with the contents of the Clinical Probation Policy. A student may be placed on Clinic Probation at any point in the semester, upon receiving a failing grade, or it is determined that their performance warrants Clinic Probation.

### **C. Ethical Practices and Clinical Dishonesty**

- 1 It is the belief of the faculty of the Department of Communication Sciences and Disorders that acts of clinical dishonesty and unprofessional behavior are predictors of future unethical behavior.
- 2 Further, it is the belief of the faculty that the student who exhibits behaviors of clinical dishonesty or unprofessional behavior is losing the full benefit of the clinical experience, as well as beginning a pattern of unethical professional behavior.
- 3 Acts of clinical dishonesty and breaches of the ASHA Code of Ethics detected may be dealt with to the maximum extent allowed by University Policy. These acts include, but are not limited to: lying or misrepresenting information to clinic instructors, parents, or clients; plagiarism of reports; and/or deliberate or continued abuse of clinic policies and procedures. Copies of the University Guidelines on Academic Dishonesty are available through the Idaho State University website. Students are also held to the CSD Standards of Professional Conduct policy and procedure associated with breach of these standards (see Graduate Manual).

### **D. Policy for Research Activities Within ISU Speech and Language Clinics**

If research is to be conducted by a tenure track faculty, clinical faculty, or student clinician under the supervision of a faculty member, the Clinic Director must receive a copy of all IRB applications, approvals or exemptions, as well as procedures for obtaining client consent and copies of all documentation that will be provided to the client and/or their legal guardian prior to initiating any research activities within the university clinics. Any changes to IRB approval including updates, as well as changes to methods for obtaining client and/or legal guardian consent must be provided to the Clinic Director prior to implementation of changes.

### III. Clinic Scheduling Procedures

#### A. Procedure:

- 1 In general, all clinical assignments will be scheduled between 8:00 a.m. and 6:00 p.m. Monday through Friday. Students will be available for clinic assignments between those hours unless in required courses.
- 2 Scheduling of clinical assignments will attempt to accommodate work and personal schedules that are unable to be adjusted if at all possible. If this is not possible, it will then be the student's responsibility to rearrange their personal schedule to accommodate the clinical scheduling.

#### B. The Clinic Director/Coordinator assigns clinical assignments to each student clinician based upon previous experience, completion of selected academic prerequisites, ASHA requirements for certification, specific career or professional interests of the student, and specific clinical needs of the university clinic.

- 1 Scheduling of the clinical assignment will be made based on information available on client, clinician, and clinic instructor schedules.
- 2 Upon being assigned a client, the clinician should:
  - a. Review information in the client's record within Box, access will be provided by the assigned clinical faculty;
  - b. Schedule an appointment with the assigned clinical faculty to review client information and the established schedule (days and time) prior to initiating any contact with the client /family member/legal guardian;
  - c. Contact the client (or family member/legal guardian of the client) to confirm scheduled therapy sessions, if directed to do so by clinical faculty.
- 3 If not already done, a therapy room must be reserved for all clinical assignments in the department clinics – discuss room reservation with clinical faculty prior to scheduling.
- 4 Whenever another clinic room must be used other than the assigned room or if a clinician wants to leave the building with their client, permission must first be obtained from the assigned clinical faculty. Students are not allowed to transport clients or take them off campus grounds for any reason.
- 5 All changes in client scheduling must be done with the advice and consent of the assigned clinical faculty member. The assigned clinical faculty member must be notified immediately of any schedule changes so that these can be updated in the EMR schedule and VALT recording system.

#### C. Idaho State University liability insurance does not cover clients transported in private vehicles. Therefore, transportation of clients in private / personal vehicles is not allowed under any circumstances.

#### D. Off-campus placements are assigned by the Clinic Director/Coordinator to meet student educational needs (on-campus students only).

- 1 Placement in off-campus sites is depend on the clinical progress demonstrated in prior on-campus placements.
- 2 If a grade of C+ or lower is earned for an on-campus clinical assignment, a student will not be placed in an off-campus placement the following semester.
- 3 A student who demonstrates marginal performance as evaluated by the supervising clinical faculty will have their performance reviewed by the supervising clinical faculty member(s), and documentation reviewed by the Clinic Director, and the student's advisor to determine the appropriateness of an off-campus placement.
- 4 Ultimately, it is the decision of clinical faculty and the Clinic Director if a student should progress to or continue off-campus placement, or return to on-campus clinical practicum.
- 5 If off-campus placement is denied, the student will be required to complete additional on-campus clinical practicum assignments, which may impact the date of program completion.

#### **IV. Malpractice Insurance**

- A. Each student enrolled in clinical practicum or externship will receive malpractice insurance from the university, which is funded by student fees. This malpractice insurance does not cover any activities not assigned or overseen by the university.**
- B. The term of the insurance is August 1 through July 31 in the year purchased.**
- C. The malpractice insurance fee will be assessed automatically when a student enrolls in graduate CSD courses.**

#### **V. Daily Clinic Procedures**

##### **A. Service Delivery Models**

On-campus clinic assignments may be completed via face-to-face delivery or telepractice, depending upon the appropriate method determined by the clinical faculty.

##### **B. Communications**

- 1 Communications between faculty and students that includes Protected Health Information (PHI) or any individually identifiable health information may be exchanged in the student mailboxes in Meridian, which are located in secure areas.
- 2 Information that may be placed in the student mailboxes includes:
  - a. Meetings with faculty
  - b. Room changes
  - c. General scheduling information
  - d. Communication of educational nature from faculty or other students
  - e. Clinical reports that do or do not contain Protected Health Information (PHI)
- 3 Mailboxes and ISU email must be checked regularly by students for messages since that will be the primary contact means by faculty and department staff.
- 4 Because U.S. mail is at times delivered to student boxes, Federal Law protects the boxes and its contents. Other students, faculty and staff may not remove or read materials placed in a student's mailbox.

##### **C. Meeting Assigned Clients**

- 1 Student clinicians are to be at the clinical site (waiting area or logged into telepractice session) a **minimum** of five minutes before each clinical session. All clinicians are to be prompt and prepared when meeting their clients.
- 2 Clinical sessions are not to be terminated early without good reason. If a session is terminated early, the clinical faculty member or Clinic Director/Coordinator must be notified immediately.
- 3 If the client is late, the clinician is required to wait at least 15 minutes before assuming that the client is a no show for the session. If the client is scheduled for a diagnostic evaluation, the clinician(s) must wait at least 30 minutes.
  - a. When the length of time has passed, notify the clinic administrative assistant and clinical faculty or Clinic Director/Coordinator before leaving.
  - b. Phone the client at that time to determine the reason for the absence and to reschedule the appointment if possible. Only use phones designated for client contact.

##### **D. General Forms**

- 1 All forms referred to in the Clinic Manual and for use in clinical assignments will be available on the online CSD 6602L SLP Graduate Lab Moodle site.
- 2 All students are required to use the appropriate forms.

##### **F. Client Daily SOAP Note & Daily Summary of Hours**

- 1 Students are required to track client contact hours through the use of the Daily Summary of Hours form *in addition to* tracking client attendance on the provided attendance form.
- 2 The student must write a SOAP note for each session that the client is seen. SOAP notes are to be

submitted via BOX in the folder created by the assigned clinical faculty member for each specific client. SOAP notes must be initiated and submitted in Box for initial review within 24 hours of the completed session. Once feedback has been received and corrections satisfactorily completed within 48 hours, the instructor will approve the note to be saved in final form in Box. All corrections and preparation for final form should be done using Microsoft Word Online – documents should never be downloaded or opened in Microsoft Word on a personal or lab computer. All comments and track changes must be removed before saving in final form as all notes and reports will be placed in the client's permanent medical record.

## **F. Checking out Clinic Files and Electronic Client Records**

- 1 Archived paper clinic files for clients that have been in attendance prior to the EMR system implementation or any material contained in the electronic or archived files are **never** to be taken from the building or left unattended at any time to protect the client's right to confidentiality. Information is not to be removed from the files or the EMR.
- 2 The clinic offices are not open to students unless the clinical faculty member is present. If a student needs to review a hardcopy file containing information that was obtained prior to implementation of the EMR system, the clinic administrative assistant or a faculty member will check out all files to students.
- 3 All contents of client records contain confidential individually identifiable health information, as well as other confidential information; therefore, the following are imposed to protect the confidentiality of the clients served:
  - a. Electronic files/records are **never** to be left unattended at any time to protect the confidentiality rights of the client. This includes leaving Box or VALT open on an unattended computer.
  - b. Documentation containing PHI should only be housed in Box or the EMR system.
  - c. Documentation containing PHI should never be sent via email or other means of electronic communication (e.g. text, messenger, etc.).
  - d. Procedures specific to hard copy records containing PHI:
    - i. Under no circumstances are hard copy clinic files/records to leave the building.
    - ii. Files/documents must be in use by the student when checked out and may not be left on student desks or in other areas.
    - iii. All client files will be returned to the clinic office by 4:30 each day.
    - iv. Overnight file checkout is not permitted.
    - v. Files must be returned to the clinic office whenever the file is not being used.
- 4 Files are to be read in designated areas, graduate student office/lounge, or any unused therapy rooms. As stated above, clinic files or any materials contained in the clinic files are never to be taken from the building or left unattended because of confidentiality rights of the clients.

## **G. Lesson Plans**

- 1 Speech and Language Clinics
  - a. Therapy lesson plans are required for all clinical sessions so that clinical faculty will have the plan to refer to when observing sessions. (The template for lesson plans is available on Moodle). The student clinician should discuss with their assigned clinical faculty the specific requirement for lesson plans for each clinical assignment.
  - b. Lesson plans are to be submitted no later than 24 hours prior to the scheduled session and are to be submitted in Box. If the session is scheduled for a Monday, the instructor may require submission prior to the weekend.
  - c. The lesson plan is to be provided to the assigned clinical faculty or placed by the window in the observation area immediately prior to the beginning of the session based upon the direction of the clinical faculty member. The student may make a duplicate copy for use in therapy. The clinic instructor may write comments and return the plan to the student's mailbox or provide feedback with Box. The student is responsible for collecting all hard copy lesson plans following the session. Under no circumstances should the lesson plan be left in the observation area after the clinic session.

d. Lesson plans should not contain any PHI to protect the confidentiality of the client.

#### **H. Observations**

- 1 During the semester, clinical faculty, visitors, students, and family members will observe student clinician sessions. The department has adopted a policy regarding observations for ISU students, professionals, and client family members. These guidelines are contained in Appendix H.
- 2 Parents, spouses, and other family members are welcome to observe their child or family member. If there is a request for additional observers, the client / family member should contact the assigned clinical faculty.
- 3 Children are not allowed in the observation areas without prior clearance from clinical faculty.
- 4 Explain and demonstrate the procedures for use of the amplification system in the observation rooms or the VALT system in Meridian to the client's parent or family member if they are unfamiliar with the equipment.
- 5 Each clinical assignment will receive a minimum of 25% observation from the assigned clinic faculty, which is in accordance with ASHA regulations for an accredited training program.

#### **I. Deadlines**

- 1 It is each student's responsibility to meet all deadlines set at the beginning of the semester by the assigned clinical faculty and/or Clinic Director/Coordinator.
- 2 Failure to meet the set date for therapy reports may result in one letter grade drop for that assignment. Due dates are outlined in the CSD 6602/6602L Course Requirements/Clinical Syllabus, but should also be discussed for clarification during clinical faculty supervisory meetings dependent on factors such as modified scheduling, extended assessment, etc.

#### **J. Infectious Disease Policy**

- 1 As our knowledge of infectious diseases has increased and as new diseases have emerged, the professions of Speech-Language Pathology and Audiology have become more concerned with the potential for transmitting diseases in the clinical Speech-Language Pathology and Audiology environments. Therefore, the ISU Department of Communication Sciences and Disorders developed the Infectious Disease Policy, which is to be implemented by all clinicians in all clinical settings (See Appendix I).
- 2 It is imperative that all clinicians are familiar with the policy, and it is implemented in all clinical situations.
- 3 Students are required to complete the Bloodborne Pathogens Training Module in the CSD 6602L SLP Graduate Lab Moodle site. Completion of this training is audited to ensure compliance under direction by the Clinic Director.

#### **K. Client Safety**

- 1 After clinical sessions, the client, if not of legal age or is unable to independently care for themselves, is to be released only to their legal guardian or someone whom the legal guardian has notified the clinical faculty member or clinician will be picking up the client. It is imperative that the client is not released to any other person. If there are any questions about the person who has arrived to pick up the client, the clinical faculty member or Clinic Director/Coordinator must be contacted immediately before releasing the client to that person.
- 2 When in the waiting room or any clinical room, please note and remove any items that may be potentially harmful to the clients or siblings of clients served at the Department of Communication Sciences and Disorders, ISU Speech Language and Hearing Clinics. Please always be alert to this as potentially dangerous items may be left at any time by clients or visitors.

#### **L. Clinical Faculty/Student Meetings**

- 1 Weekly individual or group meetings are to be scheduled at the discretion of each clinic faculty to review client progress and the clinical program developed.
- 2 It is the student's responsibility to meet with their assigned clinical faculty members when necessary to discuss additional information.
- 3 Clinic faculty may also request additional meetings to discuss clinical performance.

- 4 Student clinicians will also complete self-reflections regarding clinical performance during sessions for discussion during supervisory meetings.

## **M. Weather Cancellations**

- 1 Pocatello and Meridian
  - a. When Idaho State University is closed because of weather conditions or any other reason, the ISU Speech Language and Hearing Clinic will also be closed on the campus where weather conditions have been deemed unsafe for travel. All regularly scheduled therapy sessions and diagnostic evaluations will be cancelled.
  - b. When the School District is closed because of dangerous road conditions, the ISU Speech Language and Hearing Clinic will also be closed for regularly scheduled therapy sessions. This will occur only for dangerous road conditions, and not because of closures for sub-zero temperatures.
- 2 Client Notification Procedures
  - a. The administrative assistant for the clinics will contact clients if an unexpected closure occurs to notify them of the cancellation.
- 3 Diagnostic Evaluations/Treatment Sessions
  - a. The clinic office will notify individuals who have appointments of the closure of the ISU Speech Language and Hearing Clinics when the university is still in session. However, student clinicians must check with the ISU Speech Language and Hearing Clinic since all appointments will not routinely be canceled depending on the time of day and conditions at the time of the appointment.
  - b. The student clinician should call or email the assigned clinical faculty if they have a session scheduled on the day of an ISU Speech Language and Hearing Clinic closure to ascertain if the appointment has been canceled or will be kept as closures can be temporary based upon changes in weather.

## **VI. Therapy Reports**

### **A. General Report Information**

- 1 Each student clinician is expected to develop the ability to write professional reports as part of the clinical practicum experience. Considerable emphasis is placed upon this aspect of clinical training in order to learn technical and clinical aspects of report writing and to demonstrate professional understanding of assigned clinical cases. The student clinician will need to rely on information and skills obtained during the academic training. Assistance will also be provided by the assigned clinic faculty in acquiring the necessary skills for writing reports specific to the assigned disorder area and clinical setting. The reports and SOAP documentation written by the student clinician will be the professional records of the evaluation and treatment for that semester and will be entered in the client's permanent record. The reports are sent to other agencies and professionals when requested.
- 2 In learning report writing, it is expected that the reports will go through a revision process directed by the assigned clinical faculty.
  - a. Revisions are due to be submitted in Box within 48 hours after the return of the previous draft. This is imperative so that family members or other agencies receive final information in a timely manner. More than one draft revision may be required to ensure appropriate documentation performance.
  - b. All previous drafts and data need to remain in Box for each report revision, or track changes used depending upon the preference of the clinical faculty member.

### **B. Reports**

- 1 For each assigned client, the clinician will write reports. Templates for the various types of reports can be found on the SLP Graduate Lab Moodle site. Templates for Semester Treatment Plans, Progress Reports, and other documentation templates can be found on the CSD 6602L SLP Graduate Lab Site. Documentation containing PHI should always be initiated, saved and transmitted via Box in accordance with HIPAA guidelines. Once the report is in final form, it will be



saved in Box to later be uploaded by staff into the EMR system.

- 2 Following is a description of some of the formats available. The assigned clinical faculty may require use of a different format in special circumstances.
  - a. Semester Treatment Plan/Initial Evaluation: This report includes background information on the client's history, previous evaluation and therapy results, complete results of the clinician's assessment at the beginning of the current semester, and the goals and objectives established for the client's therapy program.
  - b. Progress Report/Discharge Report: This report includes a brief summary of the client's background information, results of the progress on established goals and objectives, information on the therapy program employed, conclusions, and recommendations.
  - c. SOAP Notes: SOAP notes must be turned into Box for each session within 24 hours of the session. SOAP notes should be submitted via the student's assigned Box folder created by their assigned clinical faculty for each client.
  - d. Diagnostic Report: This report includes background information regarding the client's history, the clinician's assessment and recommendations for therapy (if needed) and recommendations for potential objectives that would benefit the client's communication.

## **VII. Evaluation of Clinical Practicum Performance**

**A. Clinical performance will be evaluated by the assigned clinical faculty member(s) at mid-term and at the end of the semester.** The purpose of these evaluations is to review the student clinician's clinical work and to identify clinical strengths as well as clinical skills needing additional refinement and development. Student clinicians should be familiar with the semester practicum evaluation (SPE) form available within the CALIPSO online record system and on the SLP Graduate Lab Moodle site. These are the skills and procedures which clinical faculty will use to evaluate clinical performance.

### **B. Evaluation Procedure**

- 1 Feedback on sessions observed by clinic instructors will be given verbally, written on various forms or sent via Box or e-mail.
- 2 Clinic faculty will gather information on clinical skills from observations, reports written, and other clinical materials developed. This information will be used to complete a semester practicum evaluation at midterm and at the end of the semester for each client.
- 3 The student's response to feedback and evaluation is a part of the evaluation process. Students are expected to conduct themselves professionally when provided with constructive feedback according to the CSD Standards of Professional Conduct. Failure to appropriately, professionally respond to a clinical faculty may result in an addendum to or a change of the final grade.
- 4 Should the student clinician receive a grade of B- at midterm, a midterm matrix will be completed which will identify objectives for the student to address in during the remainder of the semester to improve skill in areas where they are demonstrating difficulty. Information regarding completion of this document can be found in Appendix G.
- 5 Should the student clinician receive a grade of C+ or less for their final grade, or they are removed from their clinical assignment due to unacceptable performance, the student will be placed on probation for the upcoming semester and must repeat that clinical credit whether on- or off-campus. Please see the probation procedure in Appendix G.

### **C. General End of Semester Information**

- 1 Scheduling for Upcoming Semesters and Participation in Specialty Summer Clinics as Appropriate
  - a. At the end of each semester, a Case Disposition / Pre-scheduling form is to be completed for each client enrolled in individual and / or group therapy.
  - b. All areas should be completed fully and all signatures obtained prior to turning in the form to the assigned clinical faculty member. (See SLP Graduate Lab Moodle site for Case Disposition/Pre-scheduling form).
  - c. This form should be filled out even in the case of dismissals/discharges.

## **VIII. Clinical faculty Evaluations**

- A. At the end of each semester, an evaluation of clinical practicum experience is to be completed for each clinical faculty member. These evaluations are sent by the department administrative assistant via SurveyMonkey. Please ensure that you are completing the evaluation for the appropriate faculty member if you have more than one faculty member assigned to you in the same semester.**
  - a. The scheduling of the completion of the clinical faculty evaluations will be coordinated by the Clinic Director.

## **IX. General Clinic Procedures**

### **A. Procedure to Establish Services**

- 1 Intake Forms: All confirmed clients will be mailed or sent via DocuSign by the clinic administrative assistant an intake form and other required documentation for completion prior to their initial session. Clients should be instructed to return their intake forms with their paperwork by mail or via DocuSign before or on their first scheduled therapy day. The intake packets should be completed once per year, except for the Consent for Participation which is to be completed every semester.
- 2 Consent for Participation: At the time of admission, the client / legal guardian should sign the Consent for Participation on paper or via DocuSign if it has not already been completed. This must be completed every semester during the course of treatment. Please ensure that this form has been signed by asking the clinic administrative assistant or the assigned clinical faculty member.

### **B. Setting of Clinical Fees**

- 1 Fee Determination Form: Clients should complete the fee reduction form with the assistance of the clinical administrative assistant or billing officer prior to their initial session.
- 2 Financial Assistance / Fee Reduction Form: If the client or legal guardian indicate that there is any type of financial hardship influencing their ability to pay for services; they should discuss these concerns with the clinic billing officer (Cindy Rock, 208-373-1743) and complete the forms with her assistance prior to the first appointment. Fees will be determined based upon a set schedule related to income and expenses.
- 3 Should a client have questions or concerns regarding the clinic fees or fee reduction process, they should be immediately directed to the Clinic Billing Officer, Cindy Rock (208-373-1743). Student clinicians should not discuss client finances with the client or family.
- 4 Fees are established according to the Fee Schedule for Clinical Services.
- 5 Fees may be adjusted according to the Fee Adjustment Scale.

### **C. Client / Legal Guardian letter given at the initial session should they return for treatment**

- 1 In the initial session, each client / parent will be provided with a copy of the Client / Legal Guardian Letter. The Client / Legal Guardian Letter will be provided to each clinician at the beginning of each semester to disseminate to their clients.
- 2 These letters should be picked up or printed off prior to the first session with each client and given to the client / legal guardian at the first appointment.

## **X. Hearing Screening Program**

### **A. The purpose of the program is to identify hearing loss and middle ear pathology in clients enrolled in speech and language therapy.**

### **B. Procedure**

- 1 Each clinician is required to screen their client(s) within the first two weeks of scheduled therapy unless there is already known hearing loss.
- 2 Each client will be screened for:
  - a. Hearing sensitivity (pure-tones)
  - b. Middle ear function (tympanometry), if indicated by clinical faculty
- 3 Information obtained from the hearing screening will be recorded on the Hearing Screening Form

(provided in the Materials Room). Should the client fail the screening, the form should be given to the clinical faculty member or clinic GTA when the process is complete. If the client requires further assessment (i.e. failed the screening), the client should be referred for further assessment to an outside audiologist if they prefer or the ISU Audiology Clinic. If the client passed the screening, this form should be turned in to be uploaded into the client's file in the EMR.

- 4 All clients will be screened with the following exceptions:
  - a. Those clients with known hearing loss (e.g. a client using hearing aids) will not be screened for hearing sensitivity (pure-tones). However, those clients will be screened for middle ear function.
  - b. Those clients with known middle ear pathology (e.g. under current medical treatment for otitis media) will not be screened for tympanometry. However, such a client will be screened for pure tones and tympanometry within two weeks following the completion of the course of medication.
  - c. Clients with pressure equalization tubes will be screened with audiometry and tympanometry to monitor function of tubes, as well as for hearing sensitivity.
- 5 A client that fails either part of the initial screening will be given appropriate recommendations for follow-up and screened again two weeks later.
- 6 If the client fails the second screening, that information is relayed to the hearing conservation program coordinator (Audiology graduate student) or clinical faculty (Meridian) who will determine appropriate referrals and management within sessions if indicated.

## **XI. Diagnostics Teams in Speech Language Pathology**

**A. Students may be assigned to diagnostic teams during various semesters while enrolled in clinical practicum**

**B. The teams will be comprised of various numbers of students depending on client and student educational needs**

**C. The following describes the diagnostic team responsibilities**

- 1 The teams may conduct weekly or biweekly assessment sessions with a variety of clients.
- 2 A meeting with the clinical instructor will be held prior to the assessment session for planning and attending to other issues associated with the assessment process.
- 3 Multiple, specific responsibilities will be assigned to individual team members by the clinical faculty.
- 4 The assigned responsibilities will be rotated among team members during the semester.
- 5 Prior to the diagnostic session, the diagnostic team must meet as a team with the assigned clinical faculty to review the file, background information, and plan diagnostic procedures.

**D. Team Responsibilities**

- 1 The team is responsible for the following aspects
  - a. Planning the assessment process and procedures for each client
  - b. Preparation for all assessment activities
  - c. Conducting the client evaluation
  - d. Clinical documentation
  - e. Client / care giver counseling
  - f. Any necessary client / care giver follow-up
  - g. Completion of and return of the Case Disposition form to the diagnostic coordinator for future treatment if indicated

## **XII. Reporting Clinical Hours**

**A. Clinical clock hours are reported in the online CALIPSO system. The student clinician submits their hours in CALIPSO at the end of the semester that they have compiled on the Daily Summary of Hours form, or when deemed appropriate by the assigned clinical faculty. Once submitted, the hours are approved within CALIPSO by the supervising clinician (both on and off-campus).**

- B. Guidelines for counting clinical clock hours:**
- a. **Count direct treatment and assessment hours – this means client contact time in the therapy setting**
  - b. **Documentation time, meetings (interprofessional planning, discussing cases with clinical faculty, etc.), or observation time CANNOT be counted**
  - c. **Meetings that include the client/parent/spouse/guardian (e.g. discharge planning meetings, IEPs, etc.) can be counted, but only the time in which the student directly participated**
- C. Each student is responsible for submitting and verifying their hours at the appropriate times.**
- D. Procedure for entering and submitting clinical clock hours within the CALIPSO system.**
- 1 The student and clinical faculty instructions for submitting and approving clinical clock hours within CALIPSO can be found on the SLP Graduate Lab Moodle site and on the home page of the user's CALIPSO account.
  - 2 Clinical faculty should regularly check the student's Daily Summary of Hours form throughout the semester to ensure that they are accurately recording clinical clock hours.
- E. Screening Hours Forms**
- 1 Students who complete hearing screenings and/or speech/language screenings on-campus or in the community must have the supervising clinician complete a form indicating the type of hours accrued (area screened and age group), the number of hours accrued, and the level of competence demonstrated by the clinician. For screening purposes, a five point system is used to determine competency. A student must receive a 4 or higher to count these hours as approved clinical clock hours.
  - 2 Only screening hours forms with signatures of clinicians with their ASHA CCCs can be entered for the purposes of obtaining ASHA hours. Not all audiologists are ASHA certified, so it is the student's responsibility to ensure that if an audiologist is supervising them that they have their ASHA CCCs. The student clinician should keep a copy of all screening forms to be turned in at the end of their program.
  - 3 Once all required screening hours have been obtained, the student will complete the cumulative hours form (found on the SLP Graduate Lab Moodle site), attach this to all completed screening forms, submit their hours on CALIPSO under the screening designation for approval by the Clinic Director/Coordinator, and then submit the packet of signed forms to the Clinic Director/Coordinator for review and approval within CALIPSO. Once the forms have been reviewed and hours approved, the screening forms will be returned to the student for their records.
- F. Due dates for submitting the hours will be announced by the Clinic Director. It is the student's responsibility to meet these due dates.**

### **XIII. Materials / Equipment / Tests Check Out**

#### **Pocatello**

- A. The Materials Room will be open for students to check out and return materials and equipment Monday through Friday from 7:30 am to 5:30 pm.**
- B. Students will not have independent, direct access to the materials and equipment area.**
- C. Students will review and select the materials needed then check out with the graduate teaching assistants and/or work-study that will be in the Materials Room daily 7:30 am to 5:30 pm.**
- D. Procedure for checking out materials is as follows:**
- 1 Select materials, testing materials, and/or equipment from the materials listing provided to each

clinician and complete the check-out process with the graduate teaching assistant and/or work-study.

- 2 **All materials must be returned and checked in by the monitor** on duty in the Materials Room by **5:30 pm daily** unless checked out overnight (for overnight checkout, see following section).

#### **E. Reserve System**

- 1 Materials/tests/equipment may be reserved by clinicians for diagnostic or therapy sessions in advance to assure that the materials will be available when needed.
- 2 Use the following procedure to reserve materials and/or equipment:
  - a. Complete a yellow reserve slip with the following information.
    - i. Student name
    - ii. Date and time for which material and/or equipment will be reserved.
  - b. The monitor will place the yellow slip on the material/equipment/test where it is easily seen.

#### **Meridian**

**F. The Materials Room will be open for students to check out and return materials and equipment Monday through Friday from 7:00am to 5:00pm.**

**G. Students will have independent, direct access to the materials and equipment area via door code provided by the Clinic Director.**

**H. Student clinicians have 24/7 access to the ISU Speech and Language Clinic area, student lounge (HIPAA compliant), charting room, and Materials Room by using their BengalCard to enter the building through the clinic waiting area.**

**I. Students will review and select the materials needed then check out using the checkout binder located in the Materials Room.**

#### **J. Procedure for checking out materials is as follows:**

- 1 Select materials, testing materials, and/or equipment and complete the necessary items listed in the check-out binder.
- 2 **All materials must be returned and checked in in the check-out binder by 5:00pm daily** unless checked out overnight (for overnight checkout, see following section).

#### **K. Reserve System**

- 1 Materials/tests/equipment may be reserved by clinicians for diagnostic or therapy sessions in advance to assure that the materials will be available when needed.
- 2 Reserve materials in on the provided sheet located in the Materials Room. Please be sure to check this sheet prior to checking out materials to ensure that you are not taking materials that are needed during that specific time.

#### **Both Campuses Materials Procedures**

##### **L. Overnight Checkout**

- 1 Materials/equipment may be checked out overnight and must be checked out from the Materials Room for overnight use between 4:00 and 5:00pm.
- 2 All overnight materials must be returned to the Materials Room by 8:30am the following day.
- 3 Any materials and/or equipment checked out prior to 4:00 must be returned between 4:00 and 5:00pm for overnight checkout.
- 4 During the first month of the semester, evaluation materials may not be removed from the clinic for overnight use unless given specific permission by their assigned clinical faculty.

##### **M. Use of tests and test forms outside of clinic (class or off-campus placements)**

- 1 Clinic materials are not available for use at practicum sites during the day unless approved by the Clinic Director/Coordinator.
- 2 No more than two of the published test forms per test may be used off site. Additional forms need

to be purchased by the site.

- 3 Class projects -Test forms needed for a class project or learning experience should be photocopied. Copyright law allows this type of copying for educational purposes only, **NOT** for use with clients.
- 4 Notify the Materials Room monitor or Clinic GTA if forms are low. **DO NOT** take the last form without notifying the Materials Room monitor or Clinic GTA.

#### **N. Check In/Return System**

- 1 Everyone is expected to return all materials as soon as they are done using them. NOTE: Whoever checks out the materials is responsible for assuring that they are returned.
  - a. All students who have not returned materials at the end of the day will receive a note from the Clinic GTA the following morning. Repeat offenses of not returning materials can result in being addressed by the CSD Conduct of Professional Standards policy.
  - b. The list of materials that have not been returned by the end of the day of notice will be provided to the Clinic Director/coordinator for follow-up.
- 2 If the equipment is faulty, not functioning properly, or it is noted that there is any other type of problem with materials and/or equipment, please place a note on it explaining the problem when returning the item to the Materials Room monitor or Clinic GTA.

**O. If an audiometer is needed outside the clinic, contact the Audiology Clinic Coordinator to check out the audiometer for the time necessary if located in Pocatello. Audiometers are available for checkout in the Materials Room in Meridian and should be checked out using the above materials checkout system.**

#### **XIV. Materials / Equipment / Tests Check Out – Meridian**

##### **A. Materials-located in the Clinic Materials Room.**

- 1 Materials may be checked out for use in the clinic Monday through Friday from 8:00 am to 5:00 pm.
- 2 Materials may be checked out for overnight use after 5:00 pm and returned by 8:00 am the following day (or 8:00 am Monday if checked out Friday). **Must be approved by the clinic director/ ISU clinic instructor.**
- 3 **Clinic materials are not available for use at practicum sites during the day unless approved by the clinic director/ ISU clinic instructor.**
- 4 Fill out the Materials / Equipment Checkout Book located in the Materials Room with date out, student name, and name of materials.
- 5 Return the materials to the appropriate place and log the “date in.” This is important in order to track missing materials.
- 6 Notify the clinic director, GTA, or work study student(s) in writing if forms are low. Do not take the last form without notifying one of the above monitors.
- 7 Tests cannot be checked out overnight for the first month of clinic to ensure that all tests are available for scheduled assessments at the beginning of the semester.

##### **E. Reserve System-Tests**

- 1 Test may be reserved by completing the information on the Reserve Sheet located in Materials Checkout book.
- 2 Check the Reserve Sheet **BEFORE** checking out a test. All clinicians must respect the reserve system.

##### **F. Reserve System-Materials / Equipment**

- 1 The video camera, audiometer, and tympanometer may be reserved by taping a note on the equipment.
- 2 Materials may be reserved by taping a note on them.
- 3 All clinicians must respect the reserve system.

**G. Everyone is expected to return all materials as soon as s/he is done using them.** Whoever checks out the material is responsible for seeing that they are returned and properly checked in.

**XV. The Clinical Resume is to be initiated during the CSD 6648 Professional Issues course at the beginning of the summer semester of the student's first year of graduate school.**

**A. Items to be shared with all off-campus clinical faculty at the beginning of off-campus placements:**

- 1 Clinical Resume
- 2 Copy of current HIPAA training certificate
- 3 Background check approval letter

**B. The clinical resume will be submitted to and approved by the instructor of the Professional Issues class that is taken prior to completing off-campus clinical practicum.**

**XVI. It is the student's responsibility to be aware of and to meet all clinical responsibilities outlined in this manual. Failure to adhere to the clinical requirements contained in these guidelines may result in a letter grade drop, loss of clinical privileges and/or dismissal from the clinical program. This document is a living document and can change at any time should it be necessary. Students will be notified of changes if they occur and an updated Clinic Manual posted in the CSD 6602L SLP Graduate Lab Moodle site.**

**XVII. On-Campus Clinical Faculty Responsibilities**

**A. Follow the ASHA Code of Ethics and the ASHA Clinical Supervision Statement**

- 1 <http://www.asha.org/Code-of-Ethics/#sec1.5>
- 2 <http://www.asha.org/slp/supervision/>
- 3 Have completed required supervision training continuing education as required by ASHA

**B. Provide appropriate supervision of clinical sessions**

- 1 Clinical faculty will provide direct supervision of clinical sessions a minimum of 25% of the time according to ASHA guidelines for in-person sessions. 100% line-of-site supervision will be provided for telepractice sessions as required by ASHA, with 25% direct supervision of those sessions. In certain instances, this may be completed through review of a recorded session, but this should be rare.

**C. Provide feedback on performance**

- 1 Feedback regarding individual treatment sessions can be provided in written or verbal form. Written feedback will be placed in Box. Written feedback will ultimately be uploaded to CALIPSO to the student's record upon completion of the semester.
- 2 Clinical faculty may require a video analysis of performance to review with the clinical faculty to facilitate improved self-evaluation skills.
- 3 Feedback will be provided on written documentation to facilitate improved documentation skills and documentation that is appropriate to place within the client record.
- 4 Clinical faculty will complete midterm and final evaluations of clinical performance in the CALIPSO online system. They may require that a self-evaluation be completed for discussion at the final grade meeting.
- 5 Midterm and final grade meetings will be held with the student clinician and clinical faculty and evaluations will be signed off on by both parties.
- 6 If a grade of B- or lower is assigned at midterm, the clinical faculty will complete a Midterm Review Matrix outlining strengths and areas for improvement to provide specific feedback regarding performance and areas that require remediation for successful completion of the practicum. If a failing grade (C+ or lower) is assigned at midterm or final, the Clinic Probation Procedures will be followed (see Appendix G).

**D. Review and approve submitted clinical clock hours**

- 1 Clinical faculty will approve submitted clinical clock hours when all clinical work has been completed for that assigned practicum and the student has passed the placement (B- or better).

- 2 It is the student's responsibility to record their daily clock hours on the Daily Summary of Hours form and have that available at every clinical meeting for review by the clinical faculty to ensure that hours are being recorded accurately. It is also the student's responsibility to ensure that hours have been submitted within CALIPSO for approval. A student will not receive credit for hours that were not submitted or approved.
- 3 Observation hours accrued prior to the beginning of the graduate program will be submitted in the CSD 6602L SLP Graduate Lab Moodle site in the designated area at the beginning of the student's program. Once the students have received their CALIPSO accounts, the observation hours will be entered into CALIPSO for approval by the Clinic Director/Coordinator. Observation hour documentation will be reviewed for accuracy of totals to ensure minimum of 25 hours, evidence of guided observation completion as required by ASHA, and appropriate verification of signature and ASHA number of clinician observed. This will be completed during the first semester of the program and tracked on a Google Sheet for later approval within the CALIPSO system.

**E. Respond appropriately to student feedback provided on clinical faculty evaluations to improve, modify and adapt clinical instruction methods**

**F. Concerns regarding clinical supervision**

- 1 Should the student have concerns or questions regarding the method of supervision they are receiving, the student is encouraged to first go to their assigned clinical faculty member and discuss their concerns professionally and candidly.
- 2 If the student believes the issue has not been resolved or they are not comfortable discussing their concerns with their clinical faculty or off-campus supervisor, the student should speak with the Clinic Director (Carmen House, [slpclinicdirector@isu.edu](mailto:slpclinicdirector@isu.edu), x1721, room 819-F).
- 3 Should the student not be comfortable sharing their concerns with the Clinic Director (should that person be the clinical faculty member in question), the student should speak with the Program Director (Shauna Smith, [slpprogramdir@isu.edu](mailto:slpprogramdir@isu.edu), x1720, room 819-E in Meridian), and if concerns are in regards to the Program Director, the next person to speak with would be the Department Chair, Alycia Cummings (Alycia Cummings, [alyciacummings@isu.edu](mailto:alyciacummings@isu.edu)).



**Department of Communication Sciences & Disorders**

**Idaho State University**

**Health Requirements**

All graduate students in the programs of Speech-Language Pathology and Audiology will provide the following information at the beginning of the first semester of enrollment in graduate school. Immunization records/Dr. notes will be submitted electronically, scanning will be necessary.

**Health Record Requirements**

1. Completion of the following immunizations is required for clinical placement. Health Records will be emailed to the department administrative assistant in charge of managing student health records in the first semester of clinical practicum. These records will be reviewed by the administrative assistant to ensure that all records are complete, and then dates of completion will be entered into the CALIPSO online record system. Students are expected to keep a copy of all original documents and be prepared to provide those if they are requested for review by an off-campus placement.

Requirements are as follows:

- a. TB skin (PPD) test (within last 12 months)
  - b. Verification of Two MMR (mumps, measles, rubella) vaccinations or verification of positive Rubella and Roseola titres.
  - c. Verification of Varicella vaccine (chicken pox) or positive Varicella titre results
  - d. Verification of Hepatitis vaccination series (3 vaccinations) or verification of positive Hepatitis titre.
  - e. Proof of health insurance (copy of current insurance card).
  - f. CPR certification for Health Care Providers (certification is good for two years)
  - g. Proof of Tetanus/Diphtheria vaccination (every 10 years).
  - h. Proof of COVID vaccination status (this is not required, but strongly recommended for the protection of our clients and clinicians and may be required at some off-campus facilities)
2. Purchase of malpractice insurance with enrollment in clinical practicum courses.

**Other Off Campus Requirements may include:**

1. Submit to drug screen if requested by off-campus facility.
2. Wear name tags from the University at all times when in the off-campus facility.

3. Present summary of education and clinical experience (outlined on resume completed in summer CSD 6648 Professional Issues Course and updated each semester) to the off-campus facility prior to placement.
4. Students will not represent themselves as employees, agents or representatives of the off-campus facility.
5. Be aware of all requirements and information contained in the affiliation agreement for the off-campus clinical placement. This information is available in each affiliation agreement and is available upon request from Donna Parker (donnaparker@isu.edu). The general affiliation agreement must be read along with the Information Regarding Affiliation Agreements and Clinical Rotations guidelines found on the SLP Graduate Lab Moodle site, then the student will sign a statement indicating the reading and awareness of all requirements and compliance with the health requirements of that facility.

**Hours Acceptance Policy**  
**Department of Communication Sciences & Disorders, and**  
**Idaho State University**

In general, the following are requirements for all graduate students. However, the final criteria for acceptance of hours will be dependent upon the judgment of the Idaho State University (ISU) Department of Communication Sciences & Disorders (ISU-CSD).

A maximum of 75 hours accrued at the undergraduate level will be accepted by the ISU-CSD to be counted toward meeting ASHA requirements for certification. Of the 75 hours, 25 will be speech-language pathology observation hours with the remaining being direct contact hours.

A maximum of 50 direct clinical hours accrued at the graduate level at another university will be accepted by ISU-CSD to be counted toward meeting ASHA requirements for certification.

All hours accepted by ISU-CSD must be in compliance with current ASHA standards for clinical practicum experience. In order for hours to be considered for acceptance, ISU must receive a copy of the hours from the institution in which the hours were accrued. The copy must include the clinical faculty's signature and certification area. The student must contact the former university to obtain the hours. The certification status of the clinical faculty at the time of the clinical experience will be verified by the clinic director/coordinator. These hours (observation and clinical clock hours) obtained prior to admission to the ISU-CSD program will be entered into CALIPSO by the student for approval by the clinic director/coordinator. The clinic director/coordinator will verify the hours submitted by reviewing the signed hours forms, approve the hours within CALIPSO and return the verified documentation to the student for their records.

A minimum of 275 clinical hours at the graduate level must be completed under the supervision and/or direction of the ISU-CSD faculty.

Each student must obtain experience within each ASHA clinical hour requirement area under the supervision and/or direction of ISU-CSD regardless of previous experience prior to admission to the ISU-CSD program.

**Clinical Placement in Work Setting Policy**  
**Department of Communication Sciences & Disorders**  
**Idaho State University**

The following policies regarding clinic placements for students were adopted by the faculty of the Department of Communication Sciences and Disorders, on November 19, 1991 (Revised August 1998, October 2012, April 2013).

1. Students in the Department of Communication Sciences and Disorders can be paid by their employers for the time that they are providing therapy and diagnostic services when acquiring clinical clock hours, as long as the ASHA requirement for supervision time is met (25% of all direct client time must be supervised.). The role of the student as a graduate student in clinical practicum is different from the role of the student as a paid employee. Specifically, when operating as a graduate student, opportunities should be available for both assessment and planning the treatment of clients, which are not typically granted to SLP-As.
2. Students in the Department of Communication Sciences and Disorders cannot earn clinical clock hours while working with clients that are on their caseload in regular, paid working day. The individuals that are served while the student accrues clinical clock hours must be clients of the supervising speech-language pathologist, or clients who are not typically seen by the student as a paid employee.
3. Students in the Department of Communication Sciences and Disorders will be limited to 50 hours or one semester of CSD 6604 clinical placement within their work setting. Students may seek a second semester in their work agency/district as long as the practicum clinical faculty is in a different location/setting (e.g., if the student's work setting is an elementary school, the practicum placement could take place at the secondary or preschool level within the same district.) The student will need a variety of settings in order to gain practicum hours with a variety of disorder areas across the age range.
4. Students on externship may present a proposal to the faculty for exceptions to this policy.

ASHA Code of Ethics: <http://www.asha.org/Code-of-Ethics/>

**Department of Communication Sciences & Disorders  
Idaho State University  
Client Attendance Policy**

It is the primary mission of the Idaho State University Speech-Language and Hearing Clinic to educate students to become professional speech language pathologists and audiologists. In order to preserve the clinic's primary obligation to promote and protect the interest of the student clinician as well as those of the client and the client's family, the department has adopted guidelines on attendance. All clients must follow the guideline as listed below to protect both the student clinician's professional development and to facilitate client progress.

Continuation of services for a client and possible dismissal from services will be reviewed by the clinical instructor and/or the clinic director/coordinator if one or more of the following occurs:

1. A client cancels or misses more than three consecutive sessions, barring extenuating circumstances.
2. A client cancels or misses more than one third of the sessions scheduled during a four week period.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see your instructor.*

**Idaho State University Speech, Language and Hearing Clinic – Pocatello  
And Speech and Language Clinic – Meridian  
Policies and Procedures for HIPAA (Privacy Rule) Compliance**

**Policy**

The Department of Communication Science & Disorders conducts undergraduate and graduate level educational programs in the areas of speech and language pathology and audiology. In line with departmental philosophy and clinical health professions training mission, faculty and students are active in clinical practice through the Speech, Language and Hearing Clinic in Pocatello and the Speech and Language Clinic in Meridian. The clinic will be in compliance with the relevant components of the Health Information Portability and Accountability Act implemented in April 2003. Faculty, staff and students involved in clinical practice will be required to attend annual training sessions related to the procedures and policies concerning the processing of Personal Health Information (PHI) through the clinic. The designated Clinic Director will keep the clinic staff abreast of changes in the privacy rule as it relates to clinic function and report any issues to the ISU Privacy Officer in line with University policy. The formal HIPAA policy will be posted in the main reception area of the clinic for patient review and copies will be given to patients if they request them.

**Procedures**

- A. Patient Intake/Records/Billing:
1. As of April 14, 2003, all new patients in the clinic will be given all appropriate clinic forms regarding the use of PHI and be asked to acknowledge receipt of such information. A record of this information transaction will be kept in the patient's electronic medical record (EMR) within the EMR system. Notation of individuals who do not sign appropriate forms will be recorded in the patient file as well.
  2. All patient records will be kept within the EMR system. This system is deemed to be HIPAA compliant and is only accessible by clinical instructors, clinic administrative assistants, the DHS billing officer, and students who are participating in on-campus clinical practicum. Patient records prior to use of the EMR are kept in locked files in the clinic office or archive room when not in use during clinic hours or discussion groups. It is the responsibility of students and faculty to return files to the Clinic Administrative Assistant in the clinic for proper filing and security. The students receive training on appropriate use of the EMR system and sign an agreement to use the laptops dedicated to EMR use appropriately and according to HIPAA guidelines.
  3. All patient notes and reports containing PHI will be uploaded into the EMR system and approved by clinical instructors. Any documentation being reviewed for correction by clinical instructors and students that contains PHI must be saved to the university Box account in a folder created by the assigned clinical instructor and labeled with [H] designating it as containing PHI. Once the student is no longer participating in on-campus clinical practicum, access to the folder containing client related materials will be removed by the supervising instructor. Students sign an agreement as to the appropriate usage of the Box account in accordance with HIPAA guidelines.
  4. PHI being received from outside the clinic will be immediately reviewed and scanned into the EMR system by the clinic administrative assistant.
- B. Patient Complaints and Resolution:
1. Patients who wish to register a complaint in regard to the handling of their PHI through the clinic will be given the opportunity to do so in writing.
  2. The initial complaint will be filed with the Clinic Director who will forward the complaint to the ISU Privacy Officer for review and resolution.

C. Staff/Faculty/Student Training:

1. Annual training on clinic and general procedures for the processing of PHI will be conducted by completing an online module in Moodle every year.
2. Annual training on clinic and general procedures associated with PHI will be conducted for all undergraduate students prior to their clinical observations. This training is provided via a narrated PowerPoint lecture created by the Clinic Director in addition to reviewing a HIPAA training module in Moodle.
3. The Clinic Director will work in conjunction with the ISU Privacy Officer to stay abreast of any changes in the Federal Privacy Rule.
4. Students will complete trainings for telepractice, Zoom, and Box if they participate in university clinic using these tools to ensure HIPAA compliance and best practices with use of these modalities. Training/instructional information is located in the CSD 6602L Clinic Lab Moodle site for on-campus students and the E-Manual in Moodle for the online students.

D. Penalties for Violations of HIPAA Guidelines:

1. The type of penalty will be determined by the Clinic Director, Department Chair, and/or relevant faculty dependent upon the severity of the violation, in consultation with the ISU Privacy Officer. Severity of the violation will be determined by the ISU Privacy Officer. Any violation will be reported to the Clinic Director by the student clinician or clinical faculty member who witnessed or caused the violation. The violation will be reviewed by the Clinic Director and shared with the ISU Privacy Officer. Penalties could include any of the following based upon severity of the violation:
  - a. Reinstruction of HIPAA policies and guidelines through verbal review with a clinical instructor or the Clinic Director, or assigned review of the annual HIPAA training.
  - b. Meeting with the relevant clinical instructor, Clinic Director, and the student to discuss the violation and provide feedback and instruction as to how to avoid future violations. Documentation of the type of violation, meeting notes, and steps for remediation (e.g. review of the HIPAA annual training) will be placed in the student file.
  - c. If the violation warrants further consideration, a sub-committee meeting will be held. Typically, the Clinic Director, faculty advisor, department chairperson, and one additional faculty member appointed by the department chair will meet to discuss the case and to ascertain what consequences are necessitated. The student will be able to respond to questions and share his/her perspective during this meeting.
  - d. If the sub-committee of faculty, upon review of the case details and facts, deems the ethical violation to be serious enough to warrant dismissal from the program, the entire program faculty will meet to ascertain the decision to dismiss. The departmental faculty will meet in a closed session to determine the consequences of the violation. If repeated offenses occur, this will also be taken into consideration in determination of consequences.
  - e. If the student is dismissed, the typical university procedures for appealing a dismissal will be in effect. Refer to "Appeal of Grade or Dismissal" at <http://www.isu.edu/graduate>. Instances of HIPAA violations, notes of official meetings addressing these instances, and the ultimate decision regarding consequences for the violation(s) will be documented in the student's academic file and a copy provided to the student.



**Department of Communication Sciences & Disorders**  
**Idaho State University**  
**Clinic Intervention Procedures**

**I. Purpose**

The purpose of this document is to establish a procedure to be followed when a student demonstrates unsatisfactory performance in clinical practicum as denoted by receiving a failing grade in practicum ("C" or below for a graduate student). A clinical deficiency note can be assigned at any time during the clinical process wherein the student demonstrates unprofessional or inappropriate behavior.

After a failing grade has posted, a probationary procedure is needed to ensure that the student

- has adequate documentation and understanding of his or her clinical deficits,
- has a plan to remediate those deficits in order to demonstrate clinical competency and continued dedication to clinical growth, to the welfare of his/her clients, and to the field of speech language pathology and/or audiology
- receives an objective evaluation of his/her progress in remediating the deficiencies through a committee structure.

If a student voluntarily chooses to withdraw from clinic prior to the posting of grades, the deficiency note and failing performance will remain on file and trigger the clinical probation policy at any such time the clinician returns to clinical practicum.

**II. Procedures****A. Underlying Principles and General Procedures**

1. Clinic Probation is assigned for a full semester. Unless specifically denoted by the clinical faculty, clinical probation neither begins nor is terminated mid-semester. A student may be placed on Probation only one time during his/her tenure in the Speech Language Pathology Master's Program. A student who earns a failing grade any time after his/her probationary semester will be responsible for remediating problems without the support of the probationary process.
2. Implementation of this procedure mandates that in addition to a grade, clinical faculty provide every student enrolled in clinical practicum a written summary of clinical performance for both midterm and final grading periods for each clinical assignment. The Clinical Practicum Evaluation Form (found in CALIPSO) is the standard format and must clearly delineate strengths and areas of concern with regard to specific clinical abilities of the student.
3. When a student receives a failing grade at midterm or demonstrates unsatisfactory performance at any time during the semester,
  - a. S/he is counseled by the ISU clinical instructor regarding his/her specific clinical deficiencies and the impending implementation of the clinic probation procedure during the next semester, should the failing grade be maintained at the end of the semester.
  - b. S/he receives and signs a deficiency note; a departmental form that documents the student's deficiency and the possible impending probation status. This will be placed in the student's permanent file and will be copied to the student's academic advisor, the clinic director/coordinator, and the department chair.
  - c. For grades of B- (at risk) or below, the clinical faculty will complete a midterm matrix which outlines areas of strength and weakness in key clinical competence areas. This will be reviewed in a meeting with the clinical faculty and recommendations for remediating areas of weakness will be discussed.

- d. The ISU clinical faculty and clinic director/coordinator reserve the right to remove the student from a clinical assignment, in the event that the student's lack of progress at any point in the semester adversely affects the welfare of the client being served. If this occurs, a failing grade ("C" or lower) is assigned as the final grade for that clinical assignment.
4. When a student receives a deficiency note during a semester, but earns a passing grade at the end of the semester, documentation of the remediation and passing grade will be noted on a progress note to be filed in the student's permanent file and copied to the student's Academic Advisor(s), the Clinic Director/Coordinator, and the Department Chair
5. At the beginning of each semester, the Clinic Director/Coordinator will inform the appropriate clinical faculty of any students who received a deficiency note at any time during the previous semester, even if the deficiency was remediated and a progress note issued.
6. In instances where the failing grade at midterm or final has occurred with an off-campus supervisor and placement, the Clinic Director will communicate with the off-campus supervisor to determine the best process moving forward in regards to student participation in the placement. Students will identify goals at midterm and communicate these with both the Clinic Director and their off-campus supervisor. If the failing grade is given at final, then the Clinic Probation procedure will be followed with the Clinic Director, student and their academic advisor. The student will then be placed in a similar setting with a different supervisor to remediate the failed placement. The Clinic Director can override any off-campus grade based upon reported student performance in relation to clinical skills and professionalism if it is deemed warranted; however, this is only in the most rare of occurrences with well-documented circumstances to warrant the change.

## **B. Specific Clinic Probation Procedures:**

### **STEP 1: Placement on Clinic Probation**

1. Severe or persistent clinical deficiencies result in the student earning a failing final grade for that clinical assignment. Prior to the assignment of the failing grade, the nature of the deficiency has been documented in writing by the clinical faculty through one or more of the following channels:
  - a. Clinical faculty feedback for assignments (e.g. Reports, log notes, staffing, video evaluations, etc.) and sessions, in addition to the performance summary and deficiency note (see Appendix J) at midterm grading.
  - b. In the case of deficiencies occurring between midterm and final grading periods, clinical faculty feedback for assignments and sessions and a deficiency note.
2. When the final failing grade is assigned to the student, the student is provided a second deficiency note by the ISU Clinical Faculty(s), indicating that he/she has been placed on clinic probation for the following semester. Likewise, a copy of this deficiency note is forwarded to the student's Academic Advisor(s) and permanent file, the Clinic Director/Coordinator and the Department Chair. The student's ISU Clinical Faculty(s) for the probationary semester will be notified of the student's probationary status as soon as clinical assignments are made. Clinical clock hours for the semester in which a failing grade was received cannot be submitted for approval or counted towards total clinical clock hours accrued during the graduate program.

### **STEP 2: Plan of Action**

1. The student is responsible for developing and implementing a plan for remediating his/her clinical deficiencies with input from her clinical faculty and advisor as indicated. During final clinical faculty conferences, the ISU Clinical faculty placing the student on probation will review the process of clinical probation and the mechanisms for developing a plan of

- action (e.g. review of clinical faculty feedback, midterm and final evaluations, etc.). The student is responsible for reading and adhering to the contents of the clinical probation policy.
2. The student must submit his/her plan of action for the upcoming semester:
    - a. Fall/Spring: on or before the last day of exams for the current semester
    - b. Summer: within one week after the last day of clinic of the current semester
  3. The student's plan must include:
    - a. Performance objectives based on clinical faculty feedback and written evaluative summaries. These objectives are to be written in behavioral terms, including the action to be taken, how performance will be evaluated, and the criteria for achieving the objective.
    - b. A timeline for meeting the established criteria for each objective, as well as the final, overall review. Meeting established criteria for an objective presumes maintenance of performance following the specified time.
    - c. The frequency and type of evaluative feedback the student wants the ISU clinical faculty(s) to provide in order to meet the specified objectives.
  4. The ISU clinical faculty that assigned the failing grade will augment and/or submit comments for student revision and meet with the student:
    - i. Fall/Spring: within the first three days of classes during the probationary semester
    - ii. Summer: two days before the start of summer clinic
  5. The plan will be revised by the student and returned to the ISU clinical faculty(s) within one day of this meeting, and within one day of subsequent meetings needed for finalization of the plan.
  6. A Clinical Progress Review Committee, usually consisting of the student, his/her Academic Advisor(s), ISU Clinical Faculty(s) assigning probation, ISU Clinical Faculty(s) for the probationary semester, and the ISU Speech and Hearing Center Clinic Director/Coordinator, as well as any other relevant individuals will meet to review, revise as appropriate, and approve the plan:
    - a. Fall/Spring: before the end of the second full week of classes
    - b. Summer: before the end of the first week of clinic. It is specified that the Clinical Progress Review Committee will consist of those members identified above who are on contract during the summer session. This does not preclude participation from a member who is not on contract, but available to participate. At the discretion of the Department Chair, he/she may serve as an alternate and full member, on the committee. It is also specified that the student will be responsible for meeting any probationary objectives included in the student's plan that pertain to the initiation of clinical services (e.g. initial assessment), regardless of whether the Clinical Progress Review Committee has met prior to the commencement of these processes.
  7. A copy of the final, approved plan will be filed in the student's permanent file.
  8. During the probationary semester, the student will be assigned to a clinical experience that will provide him/her the opportunity to remediate the identified deficiencies. For example, a student exhibiting deficiencies related to child phonologic and language delays will be assigned to a child with a similar scope of needs.

### **STEP 3: Review of Progress**

1. Satisfactory progress is defined as demonstrating competency on designated objectives within the specified timeframe, demonstrating continued competency on objectives designated as "met", and exhibiting satisfactory performance in all processes involved in providing clinical services to the client(s).

2. The burden of proof of sufficient and satisfactory progress in remediating the clinical deficiencies rests with the student and may reasonably include written self-evaluations, audio-and/or video recordings of clinical sessions, clinic reports and lesson plans, and other information at the discretion of the Clinical Progress Review Committee.
3. At midterm, or earlier if needed, the student's ISU Clinical faculty(s) will convene a meeting with the student's Academic Advisor to review the student's clinical performance, midterm evaluation, and progress on probationary objectives. The purpose of this meeting is to determine whether the student is making satisfactory progress. If the student's performance is still not satisfactory and/or not meeting the objectives outlined in the probationary objectives, the clinical faculty(s) and the advisor will convene a meeting with the Clinical Progress Review Committee to determine the action(s) to be taken, including the possibility of removing the student from the clinical assignment, resulting in a failing grade. The welfare of the client is granted the utmost priority.
4. At the end of the semester, the Clinical Progress Review Committee will meet to review the data and information to determine whether the probationary objectives have successfully been met.
5. Within three days of this meeting, the student will be notified of the Committee's decision in a written memo from his/her ISU clinical faculty(s). A copy of this memo is to be filed in the student's permanent file.
6. If the student does not successfully meet the probationary objectives, he/she will receive a failing grade ("C" or lower) in clinical practicum and a deficiency note indicating that he/she did not meet the objectives established for his/her probationary semester. This note will be copied to his/her Academic Advisor and permanent file, the Clinic Director/Coordinator, and the Department Chair. The student will not be placed on clinical probation for any additional semester(s), but will be responsible for remediation of clinical difficulties without the formal support of the probation process. A student is placed on clinical probation for a maximum of one time during his/her tenure in the SPA graduate program. As indicated in the Graduate Manual, receiving two failing grades, either in academic or clinical courses, results in dismissal from the program.
7. If the student successfully meets the probationary objectives, he/she will receive a passing grade ("B-" or better) in clinical practicum and a progress note documenting this success. A copy of the progress note will be forwarded to the student's Academic Advisor(s) and permanent file, the Clinic Director/Coordinator and the Department Chair.

### III. **Online Program Procedures for On-campus Clinic Experiences**

1. If the student receives a failing grade (C+ or below) for one of their clinical credits during their eight (8) week clinical experience in Pocatello (first summer of the program), the student must attend on-campus clinic in Pocatello or Meridian in the Fall or Spring for eight (8) weeks, or return the following summer to Pocatello for the eight week online clinical program to complete the required remediation. Remediation must be complete before the student is placed in off-campus clinical placements.
2. If the student receives a failing grade (C+ or below) during the two (2) week Meridian Intensive Adult Program (MIAP) in Meridian (second summer of the program), the student must return to Meridian the next summer to remediate the failing grade during MIAP. The student cannot be placed within an adult/medical practicum placement off-campus until remediation of MIAP is complete.

## **ISU Department of Communication Sciences & Disorders Clinic Observation Policy for ISU Students**

It is the primary mission of the ISU Speech and Hearing Clinic, operating as part of the department of Communication Sciences and Disorders, to train students to become professional Speech Language Pathologists and/or Audiologists. With appropriate parent/client and instructor permission, students and professionals may be granted permission to observe the clinical process for a given client(s). Permission to observe in the clinic is granted for educational purposes, for family members, and for providing collaborative professional services for a given client. In order to preserve the clinic's primary obligation to promote and protect the interests of the student, the client, and the client's family, it is necessary to have guidelines for observers. All observers must follow these guidelines in order to protect student clinician and client confidentiality.

**1. Prior to completing any observations within the university clinic you must complete the HIPAA video training and Observation Training narrated PowerPoint lecture provided by the clinic director/coordinator or class instructor, and sign the log indicating that you have completed these trainings.**

**2. Respect the confidentiality of the client and student clinician.**

Everything you see and hear in our clinic is confidential. Do not discuss your observations with individuals outside the clinic. You may discuss your observations for educational purposes in written observation assignments, and with other CSD students and instructors within the clinic or classroom. However, do not refer to clients by name or provide personal information irrelevant to discussion of the case. Any discussions regarding clients should be conducted privately and not for general listening. You are not allowed to record (audio or visual) any portion of an observed session.

**3. Introduce yourself to other observers.**

Introduce yourself and your observational role to the instructor, family, and other observers. The observation areas are small, so please provide for optimal viewing by family members and the instructor. Limit the number of observers to four (4) at any one time.

**4. Speak quietly.**

Clients and clinicians can sometimes hear through the observation glass. Short purposeful communications are fine, but do not distract other observers or the session.

**5. Use the headphones.**

The clinic provides a great opportunity for students and families to learn through observation. Please respect equal opportunity for all observers to hear the session they are watching. Wear the headphones whenever there is more than one session being observed simultaneously. In the case of having more than three observers for one session, the speaker may be used at a low volume as long as another session with observers is not occurring in the other treatment room of the shared observation space.

**6. Limit Comments.**

Observers need to carefully consider the appropriateness of any comments they are making. Do not comment, especially, about the client or session in the presence of family members. Family members may ask you questions and consider you an authority. Please refer them to the student clinician or instructor regarding any questions. Be aware of the impact of any statements you may make.

**7. Promote a professional image.**

All students are representative of the Department and/or ISU. Promote an image of respect, consideration, and professionalism. Promote an image of respect, consideration, professionalism in your actions and dress. Please dress appropriately for all observations.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see your instructor.*

## ISU Department of Communication Sciences & Disorders Clinic Observation Policy for Client Family Members

It is the primary mission of the ISU Speech and Hearing Clinic, operating as part of the department of Communication Sciences and Disorders, to train students to become professional Speech Language Pathologists and/or Audiologists. With appropriate family member/client and instructor permission, students and professionals may be granted permission to observe the clinical process for a given client(s). Permission to observe in the clinic is granted for family members, for educational purposes, and for providing collaborative professional services for a given client. In order to preserve the clinic's primary obligation to promote and protect the interests of the student, the client, and the client's family, it is necessary to have guidelines for observers. All observers must follow these guidelines in order to protect student clinician and client confidentiality.

### **1. Please respect the confidentiality of all clients and student clinicians.**

Everything you see and hear in our clinic is confidential. You are encouraged to observe your family members in session. Permission to observe any other client in the clinic must be obtained from the client/client's parents. The instructor for that client needs to be informed of that permission. Do not discuss your observations of other clients with individuals outside the clinic.

### **2. Please speak quietly.**

Clients and clinicians can sometimes hear through the observation glass, or others in the observation room watching other sessions. Short purposeful communications are fine, but avoid distracting other observers or the session.

### **3. Please use the headphones.**

The clinic provides a great opportunity for students and families to learn through observation. Please respect equal opportunity for all observers to hear the session they are watching. Wear the headphones whenever there is more than one session being observed simultaneously. In the case of having more than three observers for one session, the speaker may be used at a low volume as long as another session with observers is not occurring in the other treatment room of the shared observation space. Student observers in the observation computer room in Meridian may watch two per computer, but you must always provide a computer to a client family member/care provider if all computers are full.

### **4. Other observers.**

There may be ISU students, faculty and/or other professionals observing your family member's session. These observers have been provided with similar observation guidelines. Family members, along with the instructor have priority for session observation. If you have any concerns or questions with or about an observation situation, please address this with your family member's instructor.

### **5. Role of Student and Professional Observers**

Students observe sessions for learning purposes. They are not allowed to serve as consultants or give professional advice regarding a client's treatment or a clinician's services. Please refrain from asking questions that would place a student in this position. Address all questions and/or concerns regarding the client and client services to your clinician and/or supervising clinical faculty.

**Outside professionals** may observe sessions for learning and/or collaboration purposes. Permission of the client/family will be obtained prior to these observations. A professional observing for learning purposes, not associated with the client, will not serve as a consultant or give professional advice regarding a client's treatment or a clinician's services. A professional involved with the client's services and collaborating with the client, clinician, instructor, and family member(s) will be more involved in consultation. This observer is asked to support the learning efforts of the student clinician and has been requested to address any concerns/questions about the services in our clinic with the instructor.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see the clinical instructor.*

## ISU Department of Communication Sciences & Disorders Clinic Observation Policy for Professionals

It is the primary mission of the ISU Speech and Hearing Clinic, operating as part of the department of Communication Sciences and Disorders, to train students to become professional Speech Language Pathologists and/or Audiologists. With appropriate parent/client and instructor permission, students and professionals may be granted permission to observe the clinical process for a given client(s). Permission to observe in the clinic is granted for educational purposes, for family members, and for providing collaborative professional services for a given client. In order to preserve the clinic's primary obligation to promote and protect the interests of the student, the client, and the client's family, it is necessary to have guidelines for observers. All observers must follow these guidelines in order to protect student clinician and client confidentiality. Please note the distinctions in the roles/policy for professionals observing as collaborative clinicians, consulting for a specific client for whom they are also providing services, and for professionals observing strictly for educational purposes.

The educational observer will not serve a consultative role, but is invited and encouraged to share ideas and expertise with the clinical instructor. Please refrain from providing your opinion on client services to the client/family, student clinician, and other observers. The supervising clinical faculty member is ultimately responsible for the student's learning and for the client's services. Please respect the learning process of the student clinician and avoid commenting on the practices of the clinician. Address any questions and/or concerns with the instructor.

### **1. Please respect the confidentiality of the client and student clinician.**

Everything you see and hear is confidential.

Collaborative: Restrict discussions of your observations to those directly involved in services with this client, and to information for which you have been given permission by the family to share.

Educational: Do not discuss your observations with anyone other than the clinical faculty assigned to the client. If you have any questions or concerns, please address these privately with the instructor.

### **2. Please introduce yourself to other observers.**

Introduce yourself and your observational role to the family and other observers. The observation areas are small, so please provide for optimal viewing by family members and the instructor. Limit the number of observers to four (4) at any one time in mirrored observation rooms.

### **3. Please speak quietly.**

Clients and clinicians can sometimes hear through the observation glass. Others observing in the computer observation room in Meridian may also hear discussions about other clients.

### **4. Please use the headphones.**

The clinic provides a great opportunity for students, families, and professionals to learn through observation. Please respect equal opportunity for all observers to hear the session they are watching. Wear the headphones whenever there is more than one session being observed simultaneously. In the case of having more than three observers for one session, the speaker may be used at a low volume as long as another session with observers is not occurring in the other treatment room of the shared observation space.

### **5. Please limit comments.**

Observers need to carefully consider the appropriateness of any comments they are making. All observers should refrain from commenting to the client/family regarding the student's approach to services. In the family's presence, it is important to support the clinician's programming. Any comments/questions/concerns should be directed only to the clinical instructor in the absence of the client/family and student clinician.

*Thank you for your cooperation with this policy. If you have any questions or concerns, please see the clinical instructor.*

## Infectious Disease Policy

Idaho State University Department of Communication Sciences & Disorders  
Updated August 2016

As our knowledge of infectious diseases has increased and as “new” diseases have emerged, the professions of Speech Language Pathology and Audiology have become more concerned with the potential of transition of diseases in the clinical speech language pathology/audiology environment. Speech language pathology and audiology personnel may be exposed to a wide variety of micro-organisms through blood, saliva, and cerumen of clients they see in the clinic. The possibility also exists of speech language pathology/audiology personnel transmitting diseases to their clients. Infections may be transmitted in the speech language pathology/audiology environment by blood, saliva through direct contact, droplets or aerosols, and by cerumen. There is also the potential for transmission of infection through indirect contact.

Because of the number of people (clinic clients, faculty, staff, and students) involved in providing or receiving clinical services, it is critical that all faculty and students practice effective infection control procedures. In order to minimize the possibility of disease transmission, the following procedures will be practiced in the ISU Speech and Hearing Clinic.

### I. General Guidelines

The following, A through H, is a synopsis of the recommended infection control practices for the Speech and Hearing Clinic. The specific procedures, sections II, III and IV, were developed to meet these general guidelines.

- A. Medical History – While completing the client intake interview, the interviewer (student or faculty) should ask specific questions about the presence of oral or ear canal lesions and infectious diseases. Consultation should be sought when there is a question of an active infection. If a client has an active infection any contemplated procedure should be deferred until clearance has been obtained from the client’s physician.
- B. Soft Tissue Evaluation – During the oral peripheral examination and the otological examination, soft tissues of the oral cavity and the ear canal should be carefully examined for the presence of soft tissue lesions. The presence of these lesions should be reported to the supervising clinician immediately.
- C. Protection from Body Fluids – Procedures which protect speech pathology and audiology personnel and the environment from bodily fluids (blood, saliva, cerumen, vomit, etc.) should be practiced. Recommendations to meet this demand are as follows:
  - a) Wearing examination gloves during oral examination
  - b) Covering of surfaces which are difficult or impossible to disinfect
  - c) Practice procedures that minimize coming in contact with bodily fluids
- D. Hand Washing – Hands should be washed immediately before and after clinic sessions. Hands must always be washed prior to putting on examination gloves, inserting anything into the ears, prior to food preparation or eating. The hands are not sterile, thus must be washed before the beginning of any procedure where contact with bodily fluids is a possibility. The hands should also be washed immediately following such a procedure. The technique to use when washing hands is:



- First, prepare paper towel for hand drying
  - Use soap and hot running water
  - Rub hands together vigorously
  - Wash back of hands, between fingers, wrists and under fingernails
  - Rinse well
  - Dry with paper towel
  - Turn off water with paper towel
- E. Surfaces – Countertops, tables, chairs, etc., that may become contaminated with bodily fluids should be wiped to remove any organic material. Then these surfaces should be disinfected with a surface disinfectant.
- F. Instruments – Any item or instrument inserted into the mouth or ear should always be considered potentially infective. These items should be handled with care during use to prevent unintentional injury. Following the procedure, disposable items should be thrown away immediately and reusable instruments should be prepared for and receive sterilization.
- G. Sterilization of Instruments – Reusable instruments which have been inserted into the mouth or the ear will be sterilized prior to reuse.
- H. Clients, Students, Staff or Faculty with Transmissible Diseases – Individuals with transmissible diseases will consult with the clinical director/coordinator prior to continuing to provide or receive services through the clinic. It is strongly recommended that the campus medical director be informed of the existing transmissible disease. A case by case evaluation will be conducted in consultation with the diagnosing physician, with respect for the person's right to privacy and with consideration for the protection of his/her welfare as well as the welfare of others.
- Early identification, isolation, and exclusion of those with potentially infectious illnesses will protect both the sick (by getting them medical attention) and others (by minimizing exposure) However, not all sick need strict isolation and not all need to be sent home. Observation of the client upon arrival will help minimize exposure. The signs to watch for are as follows:
- a) Severe coughing or trouble breathing
  - b) Sore throat or trouble swallowing
  - c) Unusual rashes or spots
  - d) Infected skin patches
  - e) Headache/stiff neck
  - f) Conjunctivitis (Pink eye)
  - g) Loss of appetite
  - h) Fever over 101° F (over 100.5° F in infants)
  - i) Any medical symptoms that are not typical for that individual
- If a client displays one or more of these symptoms, bring them to the attention of the clinical faculty or Clinical Director/Coordinator.
- I. All adults and children with open sores will keep them covered with a clean bandage. If a bandage is likely to become wet (as in dishwashing) single use latex gloves will be worn.
- J. All injuries taking place in the ISU Speech and Language Clinics will be logged or recorded by the clinical faculty and provided to the Clinic Director.

## II. Needle Stick/Bloodborne Pathogen Exposure Policy

Purpose: This policy is to provide guidelines for injuries received during a classroom activity, service learning activity clinical rotation, including contaminated needle stick or sharp injury; mucous membrane/non-intact skin exposure to blood or blood containing body fluids.

- i. Student should present to Pocatello Family Medicine, (ISU's Preferred Provider) if the exposure incident occurs on or near the Pocatello Campus. No appointment necessary. If the exposure/incident occurs after hours, or not on or near the Pocatello Campus, student should seek treatment at the Clinic/Hospital of their choice. **Note: Be sure to notify provider/clinic/hospital, regardless of location, that this is an occupational injury.**
- ii. Refer to the CDC Guidelines and Recommendations for Occupational Exposure found at: <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html> **NOTE: These recommendations supersede all other recommendations**
- iii. Requirements:
  1. Dispose of the needle/sharp in a hard sided container to prevent further injury.
  2. Wash the site vigorously with soap and water. For mucous membrane exposure, flush with copious amounts of water.
  3. Notify Clinical faculty/Preceptor on site immediately
  4. Seek Medical Care **immediately** (refer to (i) above)
  5. Follow the site/facility policy for injury/incident reporting.
  6. **DO NOT GIVE YOUR PERSONAL INSURANCE FOR BILLING:** Please give them the following: STATE INSURANCE FUND P.O. Box 83720, Boise, ID 83720. If you have out of pocket expenses such as Rx or other, please submit receipts to Risk Management and let them know when you contact them.
  7. Contact the Communication Sciences and Disorders (CSD) Program by phone- On-Campus Student Contacts and Off-Campus Student Contacts listed in Moodle. **YOU MUST SPEAK TO SOMEONE**
  8. Contact ISU Risk Management at (208)282-5741 ASAP (within 24 hours if possible) **Note: DURING BUSINESS HOURS**
  9. Complete Needle Stick/Blood borne Pathogens Form in the CSD 6602L SLP Graduate Lab Moodle site or the OSLP eManual.
  10. Follow the site/facility policy for follow-up and treatment of needle stick and/or blood borne exposure.
  11. Student's on-campus clinical faculty to complete Clinical faculty's Accident Investigation and Report Form found in the main CSD office of all campuses. White Copy to Risk Management (Campus Stop 8410 in Pocatello), Yellow Copy to Student File

Effective July 1, 2013, Idaho Code §§ 72-102 and 72-205 were modified to change the existing statutes to require a university or college to purchase workers' compensation coverage for students that fall under the definition of "a work experience student who does not receive wages while participating in the school's work experience program."

Please refer to [Idaho State University Workers Compensation Policy](#) for further information

### III. Oral Peripheral Examination

- A. Hands should be thoroughly washed with soap and water immediately following client contact. This is especially true if the hands are to be used to manipulate oral devices.
- B. During the oral peripheral examination, or in any situation where the hands may come into contact with bodily fluids, an examination glove should be placed on the hand to be used during the examination. The glove should not be removed until the procedure is completed. The glove should be removed by pulling downward from the wrist so that the removed glove is inside out. Used gloves should never be washed nor reused in subsequent examination, even of the same client.
- C. Tongue depressor and gauze pads should be left in their original wrapper until just prior to use. For tongue depressors, one end of the wrapping should be removed to expose the end of the tongue depressor, leaving the rest of the wrapper intact. The tongue depressor is then removed from the wrapper for use. If the tongue depressor is put down in the course of the examination, a new, unused tongue depressor should be used for the rest of the examination. Gauze pads should be carefully removed from their wrapping in such a way that the wrapper is left spread open on the examination tray. At the end of the procedure, the tongue depressor should be reinserted into its wrapper and the gauze pad should be laid on top of its wrapper.
- D. During the oral peripheral/visual examination of the face and oral cavity, the clinician should wear a surgical mask to prevent risk of transmission of possible disease through breathing closely in the face of the client, unintentional coughing of the client or clinician, etc.
- E. Soft tissue lesions of any type will be reported to the supervising clinician immediately. The clinician is not to assume that a given lesion can be ignored. When in doubt, ask for consultation.
- F. At the end of the examination or therapy, all disposable items should be placed in the appropriate receptacle. If pens, pencils, or other such items have been exposed to bodily fluids, they should be disposed of in the same manner. These items will be disposed of per University policy. Non-disposable items, such as laryngeal mirrors, will be washed and sterilized following termination of the procedure. Following sterilization, these items will be returned to the Speech and Hearing Clinic.
- G. Non-disposable items and reusable items should be washed and sterilized, or wiped with sterilizing wipes following the termination of the procedure. This would include such items as flashlights, ear probes, laryngeal mirrors, nasal olives, trays, etc.
- H. Countertops, tables, and chairs should be wiped and disinfected with a surface disinfectant following all procedures.

### II. Otological and Audiological Evaluations

- A. Oscopes are to be disinfected after each examination by cleansing the removable specula with an alcohol swab one at a time or collectively with an appropriate bath.
- B. Earphones used in connection with audiometric testing, either with the portable or diagnostic units, including the ABR and impedance systems, are to be cleansed prior to each clinic session a particular audiometer is to be used. Cleansing will take the form of wiping the medial surface of the circumaural cushion of each earphone thoroughly with an alcohol swab. Disposable ear

cuffs are to be placed on the head phones for single use and then disposed of following each hearing evaluation.

- C. Ear probe tip cuffs used in tympanometry are to be placed in a disinfectant bath after each use. Accumulated probe tip cuffs are cleansed, rinsed, dried and returned for clinic use on at least a weekly basis, or more frequently during periods of heavy use.
- D. Earlights used with procedures for taking ear mold impressions are to be cleansed with an alcohol swab before each use.
- E. In general, it is advisable to thoroughly wash the hands before and after clinic, especially when the clinic involves handling probe tips or earmold impressions which have been in the ear canal of the client. However, the use of examination gloves for these or related procedures is considered unwarranted.

### III. **Group and Individual Therapy**

- A. Since snacks are served as part of each day's activities in the Communication Preschool, care must be taken in the preparation and serving of snacks, as well as the disposal of utensils used by the clients. Prior to the preparation of the snacks, all involved (clinicians and clients) should thoroughly wash their hands. The clinician who is involved with the direct serving of the snack should wear latex gloves while handling all food items. During serving of snacks, care should be taken to make sure that each child eats and handles only their snack item. Only disposable cups, bowls and eating utensils should be use. These items will be disposed of by the user following use. If special feeding utensils are being used that are not disposable, these items will be washed and sterilized following each use. All tabletops should be wiped clean of the matter at the end of each snack group and sprayed with disinfectant.
- B. If there is any preparation of edible items conducted as part of an activity in the Communication Preschool, each client and clinician should have contact only with the food items that they will be eating or taking home. This will mean that each client and clinician will be measuring and mixing only their food item. This will necessitate separate mixing bowls, spoons, etc., for each individual. This is absolutely necessary for any item which is to be mixed by hand. If the clients will be only adding some portion of a food item (e.g. frosting a cookie), care should be taken that each client has contact with only their own item. If any item becomes contaminated by other clients or clinicians, that item should be disposed of immediately.
- C. If an accident occurs which results in broken skin, gloves should be worn for handling blood stained clothing. If the situation makes the wearing of gloves impractical or impossible, a plastic bag, thick pad of paper towels or cloth may be used by the caregiver as a substitute barrier. In this case, thorough washing of all skin surfaces which may have been blood spattered should be accomplished as soon as practical. Clean up blood spills with soap and water, then disinfect the area with a surface disinfectant. Clothing, towels, wash cloths, etc. contaminated by blood should be placed in a separate bag for appropriate washing in hot water and detergent.
- D. All surfaces and toys used in food preparation should be washed on a daily basis with a surface disinfectant. Clinicians should wash tables, chairs, and mirrors in the clinic rooms after each client. Prepared disinfectant solutions will be stored in spray bottles and/or disinfectant wipes in the materials preparation area, individual clinic rooms, and in the preschool/group clinic room.
- E. Maintenance of necessary supplies for control of ongoing infection is required. This will include accessible running water for all clients, clinicians, and staff; liquid soap; disposable paper towels; plastic lined and covered garbage containers; disposable latex gloves, first-aid kit (with disposable airways); and surface disinfectant.

ALL QUESTIONS CONCERNING THIS POLICY AND ITS SPECIFIC PROCEDURES SHOULD BE REFERRED TO THE CLINIC DIRECTOR. WHEN IN DOUBT, ASK!

Idaho State University  
Communication Sciences & Disorders

**Clinical Deficiency Note**

Clinician \_\_\_\_\_ Date \_\_\_\_\_

Clinical faculty \_\_\_\_\_

Academic Advisor \_\_\_\_\_

The purpose of this Deficiency Note is to inform you that your clinical instructor(s) has identified one or more severe or persistent deficiencies in your clinical performance. This note serves as a document indicating that a deficiency exists and conveying the importance of correcting this deficiency.

**If given during the course of a semester,**

This note is to inform you that you have demonstrated: (check all that apply)

- \_\_\_\_\_ Unsatisfactory clinical performance in the clinical situation  
 \_\_\_\_\_ Unsatisfactory clinical performance denoted by a failing grade at midterm  
 \_\_\_\_\_ Unprofessional behaviors related to clinical/ educational experiences

It is expected that once identified, the student will make progress in areas noted as deficient on the midterm matrix. If the appropriate progress is not noted, this will result in a failing grade for the clinical practicum at the end of the semester.

**If given at the end of the semester,**

This note is to inform you that you have demonstrated:

- \_\_\_\_\_ Unsatisfactory clinical performance denoted by failing grade at end of the semester grading period  
 \_\_\_\_\_ Unsatisfactory clinical performance in the clinical situation (list reasons below)  
 \_\_\_\_\_ Unprofessional behaviors related to clinical/educational experiences (list reasons below)

This indicates that the student is in need of remediation in the form of additional training, repeat clinical experiences, and/or specific clinical experiences determined by Clinic Director/Coordinator

Based upon your clinical skills at this time, you will be placed on clinical probation for the \_\_\_\_\_ semester. If the deficiency is corrected, a progress memo will be completed by your clinical instructor/coordinator indicating satisfactory performance in the area of concern, and your probationary status will be revoked. If the deficiency is not corrected, you will earn an unsatisfactory grade (C+ or lower/U) and you will not be permitted to log ASHA hours for that semester. If at any time it is deemed necessary by faculty, you may be removed from clinical practicum.

Objectives to be met during the probationary will be created by the student to be reviewed and revised by the clinical instructor that assigned the failing grade. See the Clinic Manual for detailed instructions regarding clinic probation and responsibilities of the faculty and student.

End of probationary period: semester: \_\_\_\_\_ year: \_\_\_\_\_

If you have any further questions, schedule a meeting with the clinical instructor, clinic coordinator, and/or clinic director.

Clinician \_\_\_\_\_ Date \_\_\_\_\_

Clinical Instructor \_\_\_\_\_ Date \_\_\_\_\_

\* Instructors-please attach supporting documentation to this note.

CC: Academic Advisor                      Program Director  
       Student Permanent File              Clinic Director/Clinic Coordinator