DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS

Clinic Manual 2020-21**

Approved July 1, 2020

**Any COVID-19 related updates will be shared in an addendum

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STRATEGIC PLAN: Executive Summary

The core values of the Department of Communication Sciences and Disorders (CSD) are caring, collaboration, compassion, connectedness, and family. These values shape our day-to-day actions and interactions as well as our mission and goals. Our mission is advancing communication so everyone is heard. Our goals focus on (1) increasing opportunities and reducing disparities for our students, clients, faculty, staff, and community, (2) creating and disseminating new knowledge through exceptional research and education, and (3) inspiring future leaders to be agents for positive change. These goals impact everything we do, including our undergraduate and graduate curricula, the extra-curricular activities that we offer to students (community service, Speech & Hearing Club, Peer Mentoring, CSD Honors Society, etc.), research, clinical services, and outreach to the community.

SECTION 1: Clinic Facilities

PARKING

All UVM parking areas are overcrowded. The Pomeroy-Allen House lot is reserved for faculty/staff and the University of Vermont Eleanor M. Luse Center clients. Students should plan to park in designated student lots or on residential side streets. Note from University Parking & Transportation: Anyone who is discovered using a client-parking pass will be towed. The fine is more than $80 plus the towing charge. Students who violate these parking restrictions jeopardize client-parking privileges in addition to incurring a steep fine and towed vehicle. The parking lots and regulations are managed by Parking and Transportation, and the clinic does not have the ability to grant individual privileges. Our client use of the parking lot is charged to us and carefully tracked. Students who have a commuter permit are allowed to park in faculty/staff lots after 3PM. After 3:30PM, Gutterson, Jeffords, and Given lots are open for parking.

POLICIES REGARDING THE FRONT OFFICE

The main office is open to the public from 8:00 to 4:30 Monday through Friday. Use of office equipment and telephones is limited to business use. Please use the phone in the students' workroom on the 3rd floor for outgoing correspondence with clients or for other clinic business. The phone number is 802-656-4592. DO NOT GIVE CLIENTS THIS NUMBER. Please instruct clients to contact the main office (**802-656-3861**) for incoming correspondence. Messages from clients will be left in the student's mailbox. The front office is part of our working clinic. Professionalism is extremely important at all times throughout the entire building.

MAILBOXES

Student mailboxes: All graduate students are assigned mailboxes at the beginning of the fall semester. These are located on the first floor in the Front Office. Be sure to CHECK YOUR MAILBOX DAILY, since the supervisors or office personnel may leave important messages there for you. You will have a colored folder in your mailbox for you to store any file or documentation with a client name (to help ensure HIPAA confidentiality).

Clinical Faculty mailboxes: Clinical Faculty mailboxes are located on the first floor in Room 202 across from the Front Office. This room is locked at 4:30 every day. Leave any documents with a client's name in the colored folder in the faculty mailbox.

COPY MACHINE RESTRICTIONS

Copy machines for student academic use are available in the library, the Davis Center, and in the front office on the first floor of Pomeroy. The office copy machine, in Room 202 on the 1st floor of Pomeroy, is restricted for use by faculty. A faculty member may authorize a student to copy material for their teaching or research in the capacity as a Graduate Teaching Assistant or Research Assistant only. The student clinician is financially responsible for copies they want to make for personal or academic use using the Cat Card-operated copier in the front office or go to the library or the Davis Center.

Students may use the copier in the front office or in the Graduate Student Workroom at no charge to make necessary copies for **CLINIC USE ONLY**.

CLIENT WAITING ROOM

The client waiting room is located in front of the main office. Given this proximity, office conversations can be overheard in the waiting room. Always be aware of this fact and be circumspect in your behavior and conversations in the office, stairway, or hallway.

The student clinician should arrange to meet their client in the waiting room prior to each treatment session and accompany their client back down to the lobby after the session ends. Interviews with parents should be conducted in a treatment room. If treatment-related information needs to be exchanged, it should be discussed in the privacy of a treatment room (not in the waiting room, atrium, or hallways).

Do not use the waiting room for studying or work space during the day. This displaces the clients or their family members who have no other place to wait.

TREATMENT ROOMS

Treatment rooms on the second floor are rooms **308, 311, 314, and 317**. Rooms 312 and 313 may also function as diagnostic or treatment rooms, but normally serve as observation rooms. There are also overflow treatment rooms in the audiology wing to be used if all others are full. All treatment rooms are observable via one-way mirrors. **Furniture may be moved as needed to accommodate an adult or child in any room, but the clinician is responsible for returning the furniture to its original location immediately following the session**. There is a list posted in each room of the furniture that belongs in the room. Always keep the lights on in treatment sessions so observers are not visible to the client. The clinician is also responsible for returning all toys to the materials room and wiping down toys, tables, and countertops before and after each session. Bottles of disinfectant and paper towels are kept in each therapy room and in the graduate student workrooms.

A SCHEDULE OF TREATMENT ROOM RESERVATIONS WILL BE ACCESSIBLE ELECTRONICALLY VIA A SHARED GOOGLE DOC LINK. CHECK THERE TO VERIFY WHETHER

A ROOM IS BEING USED TO SIGN IT OUT. Do not use a vacant room without first checking the schedule to confirm that the room is available for that hour. Once an appointment slip is received, the student should sign out the treatment room for the entire semester including the graduate student initials and supervisor initials. Do not put client initials on the schedule, as this is a HIPAA violation.

OBSERVATION ROOMS - DO NOT TURN LIGHTS ON IN THESE ROOMS

The observation rooms are **310, 312, 313, and 315**. If a student turns on the lights in the observation room, or leaves the hallway door open, the "one-way mirror" becomes a window and the client can see into the observation room.

While students are encouraged to observe, parents and Clinical Faculty have priority when space is limited. In addition, no more than two students should observe any one session unless arrangements for more student observers have been made in advance with the Clinical Faculty. A crowd begins to violate the parent's space. Abide by the following rules while observing. Refer to the Observer Expectations Form in Appendix A:

1. Maintain quiet. If it is necessary to talk, step away from the window and whisper. This avoids distracting the client/clinician.
2. Before entering an observation room, turn off the lights if they are on. When a student is in the observation room keep the lights off.
3. Do not discuss the ongoing treatment or activities while the family is in the room. This is the role of the clinical supervisor and/or the treating graduate student clinician.
4. Wait in the observation room until the client has left the treatment room at the end of the session. While the client may be aware of observers, it may be disconcerting to run into them when leaving the session.
5. Please dress professionally and refrain from eating/drinking while observing.

Turn off cell phone completely. This is a clinical opportunity and maintaining a high level of professional behavior is important.

SECURITY

The last person scheduled to use each treatment room is responsible for turning off the sound system and locking the door. Anyone leaving Pomeroy 305, 306, 307 (the Materials Room and Graduate Student Work rooms) after 5:00 P.M. must lock the doors and turn out the lights.

DIRECTIONS FOR USE OF DIGITAL RECORDING SYSTEM

Every room has cameras and a digital recording system. Orientation to the system will occur during the clinic orientation the first week of the semester. You will set up a video recording for every treatment and diagnostic session using the system.

GRADUATE STUDENT WORK ROOMS

The graduate student workrooms (Rooms **306 and 307**) are located on the 2nd floor. Ten computers are provided for preparation of reports. This room also serves as a treatment preparation area for students. There is also a graduate student work room on the top floor

(**room 411**). Do not use the shared surface space for storage of books, reference materials, or clinical materials. Lockers are provided for this purpose. It is very important to respect other graduate students who are there to concentrate and complete work. Extended social conversations/phone calls should be held outside of these areas.

All graduate students are expected to clean up after themselves when using the microwave or coffee maker. Do NOT leave dirty dishes in the sink. Do NOT leave foodon surfaces. Do NOT leave spoiled food in the refrigerator. Put away all therapy materials after use. A standard of cleanliness and responsible food storage is expected. Take home plastic containers. Do whatever it takes to meet this standard. Demonstrate regard and respect for fellow clinicians who use this shared space. If space is not maintained, a sign-up sheet will be provided for grad students to be assigned for clean- up purposes on a rotating basis.

STORAGE LOCKERS

Storage lockers for graduate students are located in the 2nd Floor hallway and in Room 307. Locker keys are issued by the Business Manager and/or Administrative Assistant.

GUIDELINES FOR USE OF STUDENT COMPUTERS

1. The preparation of Tx plans, lesson plans and logs, Dx reports, projected treatment plans, and progress reports have first priority for use of the computers.
2. Please limit non-clinic work on these computers. This lab was created in order to allow students to work on clinical files and reports without removinginformation from the University of Vermont Eleanor M. Luse Center, and thereby protecting the privacy of the clients and families.
3. Additional computers are available for student use in Davis Center, Waterman, and Bailey-Howe library. Please use these for sending personal e-mail messages during times when the computers in the grad lounge are in heavy demand for clinic paperwork. Students may also use a laptop with building-wide Wi-Fi access. If using a laptop for clinic documentation, the student can save the documents electronically and work on them outside of the building. The documents MUST be de-identified (no names, DOB, address, or other identifying info outlined by HIPAA). Documents must be password-protected and securely saved on Zoofiles and/or uploaded to CALIPSO. Remove documents from personal laptops when no longer needed.
4. Do not “hold” a space at a computer. If leaving a computer to do otherthings, clear materials away so others may use it.
5. Always log off when leaving a computer.
6. The student’s willingness to respect and honor these guidelines is appreciatedby every user.

EMAIL ETIQUETTE

With the accessibility of technology, students and faculty have numerous opportunities for quick and efficient communication. It is important to remember, however, that e- mail should follow a protocol that is respectful in tone and presentation and sensitive to faculty time and

availability. Students should make an initial phone call (not an e-mail) to families and clients prior to a Dx and the start of treatment. A Permission to Communicate by E-mail form must be signed prior to e-mail communications. This form is found near the student mail boxes and is in Appendix B.

GUIDELINES FOR PROFESSIONAL E-MAIL CORRESPONDENCE

- Use appropriate salutations (Dear Dr./Professor____, or Good Morning___;versus Hey _)
- Indicate the purpose of the e-mail in the subject line (e.g., question about upcoming test; would like to schedule a meeting).
- E-mails should be short, and the purpose should be clear.
- Be careful of spelling errors and grammatical sentences.
- Use respectful language and avoid slang.
- Do not use a child's name or initials to protect their confidentiality.
- Have a professional signature (sample below):

  Student Clinician, B.A.

  Pronouns (she, her, hers)

  M.S. Candidate, Communication Sciences & Disorders University of Vermont
  studentclinicianname@uvm.edu

Faculty members want to be responsive to questions and needs in a timely fashion. Reasonable expectations for responding must be considered. Here are some thoughts that should guide planning about sending e-mail and receiving responses:

- Faculty members are not always at their desk as they are teaching and engaged in service and research activities. They will respond as soon as they are able.
- Faculty members are not expected to respond to e-mail on weekends or after 5:00 PM during the week, although some may choose to do so. Assume that **faculty typically will NOT respond to e-mail from 5:00 pm on Friday evening until 8:00 am on Monday morning**, unless the student has made special/other arrangements with the faculty member.
- When the student is asking faculty members to review a paper or to give feedback on a clinical document, it is important to give them sufficient time to respond. For example, sending a paper, treatment log, report, etc. for feedback one day before a meeting about the document is not a reasonable expectation, or sufficient time, for the faculty member to provide the needed support. Allow faculty at least 48 hours in advance to review your work. Please remember the first draft of a document should be the best effort.

STUDENT LEARNING ACCOMMODATIONS

In keeping with University policy, any student with a documented disability interested in utilizing accommodations should contact SAS, the Office of Disability Services on campus. SAS

works with students and faculty in an interactive process to explore reasonable and appropriate accommodations, which are communicated to faculty in an accommodation letter. All students are strongly encouraged to meet with their faculty to discuss the accommodations they plan to use in each course. A student's accommodation letter lists those accommodations that will not be implemented until the student meets with their faculty to create a plan. Contact SAS: A170 Living/Learning Center 802-656-7753 or access@uvm.edu www.uvm.edu/access.

THE CENTER FOR HEALTH AND WELL-BEING

(CHWB) offers a wide range of services to support your mind, body, and spirit while you are at UVM. The Student Health Services staff of board certified physicians, physician assistants, nurse practitioners, nurses, and dietitians work with patients and collaborate with other CHWB providers to ensure personalized and timely care to UVM students. Counseling & Psychiatry Services (CAPS) offers short-term individual counseling, urgent needs counseling, group counseling, outreach and education, psychiatry, referrals, and consultation services. At Living Well, they believe that mental and physical health go hand-in-hand. They have a variety of programs that offer you the space to create a wellness practice that will support your goals and positive intentions. For more information, check out the CHWB website at http://www.uvm.edu/health & follow us on Facebook at https://www.facebook.com/UVMLivingWell/.

GRADUATE WRITING CENTER

Students who require support with clinical or academic writing are encouraged to contact the Graduate Writing Center for a free consultation and to access helpful resources. The UVM Graduate Writing Center supports graduate writers at all stages of their programs and across a full range of academic, professional, and public communication genres including research articles, proposals, presentations, and more to help writers further their skill and confidence. www.uvm.edu/wid/writingcenter/GWC/

SECTION 2: Matters of Professional Conduct

The Communication Sciences and Disorders Department and the University of Vermont Eleanor M. Luse Center in the College of Nursing and Health Sciences strive to ensure all current and prospective members of our community receive fair treatment and opportunity, and experience an environment that is inclusive, and free from harassment, bias, discrimination and bullying. Every member of the program– faculty, staff, and students – is responsible for maintaining a safe, respectful, supportive, and collaborative atmosphere. If an incident occurs, please contact the program director and/or your primary advisor. Please refer to the Office of Affirmative Action and Equal Opportunity for links to policies and procedures: https://www.uvm.edu/aaeo

DRESS CODE FOR PRACTICUM & CLINICAL OBSERVATIONS

The purpose of a dress code is to promote a positive image and to provide an environment conducive to learning. It is important to remember that services are provided to individuals of all generations and cultural backgrounds. What is appropriate for one person may be too casual and not professional to another. The student needs to maintain a professional appearance anytime client contact is expected or when conducting clinic business. The student should consider physical appearance AT ALL TIMES while in the building near where clients might see the student. Clients and client families are in the building throughout the day. Policies covering off-campus placement dress codes should be discussed with off-site clinical supervisors as they may be more stringent or more relaxed depending on the type of site.

The following guidelines apply to all students participating in clinical work and students doing observations, as well as students who will be in the main office working. If the student's cultural or religious practices require attire different from what is outlined, please meet with the clinic director to discuss.

BUSINESS CASUAL ATTIRE (e.g., skirts, dresses, slacks, blouses, collared shirts) is to be worn at all time when seeing clients or working in the clinic.

- Tops/T-shirts should not contain pictures, designs or logos. Plain, clean T-shirts may be worn if part of a professional ensemble.
- Clothes should not be revealing or suggestive. Clothes must cover all undergarments and be of a length that covers the chest, stomach area, and lower back AT ALL TIMES (including when leaning over). Think, "shoulder to knees".
- **Self-Check:** Stand up reach hands to the ceiling and bend and touch floor. If you show skin, you should change.
- Skirts should be no shorter than a few inches above knee-level when the student is standing. A suggestion is that skirts should be no shorter than the tips of your fingers when standing.
- Shoes are to be worn at all times while in Pomeroy Hall (including grad rooms).
- Clothing must be clean and neat. Pulling an article of clothing from a backpack or locker minutes before a session that is dirty or disheveled does not give a professional presentation.
- Attention to personal hygiene should ensure that one is clean and without offensive body odor or excessive perfume/fragranced products.

- **Nametags** will be ordered during orientation. Nametags should be worn so they are easily visible to the client. Observers and clinicians (both student and certified) must wear identification when working with clients, families or other professionals (teachers, SLPs) within the clinic.
- Garments and physical appearance should never distract from the treatment process. The following are NOT considered appropriate when acting in a professional capacity:
- Excessive jewelry and make-up should be avoided. All jewelry should be discreet and professional. Body piercings in the face and mouth must be removed prior to therapy sessions.
- Earrings may include up to 3 earrings in each ear, but they must be conservative and not draw undue attention. Large earrings should be avoided if working with clients who may pull on the earrings.
- Blue jeans or sweatpants
- Shirts that expose bare shoulders such as halter tops or tops with spaghetti straps
- Flip-flops, Teva's, sneakers, spike type heels, winter boots, or hiking boots
- Shorts or very short skirts
- Tattoos must be covered as much as possible.
- Leggings are not appropriate unless under a proper length skirt or dress.
- When observing, interviewing at off-site placements, or conducting hearing screenings, the student should follow the dress code of that facility. When unsure of the dress code policy at another site, the student should err on the side of being conservative.

VIOLATIONS OF THE DRESS CODE

The student will be asked to change their clothing. Each violation will result in the student forfeiting the clock hours for that session. Repeated violations could result in clinical probation.

SOCIAL MEDIA

It is highly recommended that graduate students utilize and implement the highest privacy settings on social media sites. In today's world, it is not uncommon for parents of clients and or personnel from off campus settings to look up a potential graduate student on social media. Please make sure this is attended to prior to beginning and throughout the graduate program. Do not "friend" clients on social media platforms and be aware of what public information is available about yourself. If using a phone in a therapy session as a timer, a flashlight, etc., make sure all incoming calls are blocked and notifications are turned off.

CLINICIAN - CLIENT RELATIONSHIP

Being a professional means building a relationship that is supportive and nurturing without promoting dependency. It is challenging to achieve this balance. The student wants to communicate that they are committed to serving and supporting the communication needs identified by individuals and families. It is important to the student's effectiveness that they recognize the boundaries of their relationship with a client/family. Personal friendships or inappropriate personal involvement with a client or family compromises the effectiveness as a clinician. If the student encounters a circumstance where a client is promoting a personal

association, the student should discuss the situation with the clinical faculty who will advise the student in tactful management. On occasion, client families will express an interest in paying the student to work with their child outside of clinic or as a care provider. This compromises the professional boundaries in clinic and is strongly discouraged.

CLIENT CONFIDENTIALITY

All students will complete a HIPAA course as part of mandatory requirements prior to beginning graduate school. The information included in clinical files and/or provided to the student clinician during client contact is of a confidential nature and is protected by law. We are obligated NOT to discuss clients or their problems/accomplishments with persons outside the clinic without prior written consent from the client/parent to talk with that person about the client. THIS IS MOST IMPORTANT.

Discussion of clients with other clinicians can be a meaningful learning experience and is highly encouraged. However, this should be done only within the clinic while maintaining confidentiality regarding the client's personal information. The client dignity and confidentiality are paramount. The clinician cannot call a school or any other place the client has received services from without written consent. No information regarding any client will be released without the client's written consent. If there is any doubt about our having written consent, do NOT give out information.

Violation of a client's right to privacy could lead to a lawsuit or loss of clinical accreditation and can damage the student's and our reputation in the community. Since Vermont is a small state, the client who a student sees here in the clinic may be the same one a friend is seeing at a school placement. They should not be talking about that student unless the parent gives permission. Any documentation containing identifying information (names, DOB, etc.), and electronic files are NOT to be taken out of the building! If the client or family has given permission for correspondence to be done via e-mail and signed the necessary form, do not use client names or initials in e-mail correspondence to maintain confidentiality (use "your child/son/daughter" instead).

ALL GRADUATE STUDENTS ARE REQUIRED TO COMPLETE A BRIEF FRONT OFFICE ORIENTATION BEFORE HANDLING CLIENT FILES. THIS IS COMPLETED AS PART OF THE ORIENTATION FOR FIRST YEAR GRADUATE STUDENTS.

If documents are de-identified (no names, DOB, address, or other identifying info outlined by HIPAA), the student can save them electronically and work on them outside of the building.

CLIENT FILES: PERMANENT VS. WORKING

The student will encounter two types of files. Permanent client files are stored in the large rotating file cabinets in the main office on the first floor. The "permanent files" are the formal medical record for the client. "Working files" are the folders for each client that contain the weekly notes and detailed plans, which are kept in the file cabinet in the Graduate Student Workroom. **This file cabinet must be kept locked at all times**.

These files must be maintained as long as the client is an active participant in the program.

PERMANENT CLIENT FILES SECURITY POLICY FOR CURRENT CLIENTS

Every client has the legal right to expect any information contained in his/her file will be safeguarded from unauthorized and unnecessary access. Only persons who have a legitimate reason to access such information should be able to do so and the information they are able to access should be only what they require.

Do not remove or separate the contents of the files. Files are organized into four sections. The content of each section is clearly stated on the green cover sheet for each section of the chart. These records contain all the documentation to support the services provided and the billing. They are legal documents and should be protected accordingly. NOTE: The student is responsible for keeping the client's files in the proper order. Photocopying of any part of client files is not allowed.

The following security policy is intended to ensure the legal rights of our clients as described above.

Management of permanent client files after 4:30 PM

1. At the end of the day (4:30 PM), all client files should be returned to the file room in the file cabinets. The file room must be kept locked between the hours of 4:30 PM and 8:00 AM when office staff is not present to safeguard the files.
2. Any client files that are being used by clinicians after 4:30 PM must be properly re-filed in the file room by the student before leaving the building for the evening.
3. Any client files that are being used by faculty/staff after 4:30 PM should be placed in a locked file cabinet overnight in the faculty/staff member's office.
4. The filing cabinets should always be kept closed after hours. If the student needs to retrieve a file, close the file system after getting the file.

Management of permanent client files between 8:00AM and 4:30PM

1. Faculty, staff and clinicians are expected to follow the file checkout procedures whenever removing a client file from the file room. All files should be signed out and the checkout card inserted in place of the file when it is removed.
2. This procedure enables the staff to determine the whereabouts of every file at all times and to retrieve it when needed.
3. If the student passes a file to another person involved with the case (e.g., clinical faculty, team member), the student must change the name on the checkout card to reflect the name of the person to whom the file has been given. The person whose name appears on the checkout card is the one held responsible for the file.
4. Files must not be removed from Pomeroy Hall. The only exception to this is if the clinician and clinical faculty are conducting an off-site diagnostic evaluation, treatment session, consultation, or attending a team meeting off-site where the file is needed during off-site service delivery. The University of Vermont Eleanor

5. M. Luse Center client files must not be left in any off-site location, and must not be left unattended in any on - or off-site location. Contents can be shared only with those for whom the client/family has given written permission for the release of information. Contents of client files may NOT be photocopied by students.
6. During the day at the University of Vermont Eleanor M. Luse Center, files being used in the public areas of the clinic MUST NOT be left unattended. Public areas include the main office, copy room, Business Manager's Office, computer lab, and shared offices (i.e., any space that is not a faculty member's office). When leaving a public space while in possession of a client file, the student should take the file with him/her or place it in a locked drawer, locked file cabinet, or locker.
7. In order to comply with the Federal Law pertaining to the Health Insurance Portability and Accountability Act (HIPAA), faculty/staff are asked to remove from public view any client files that may be on the surface of their desks or any other visible location and place them in drawers or file cabinets when not in use. This would prevent any outside visitor in the office access to private and confidential information. When away from the office, all client files must be stored in a locked filing cabinet and the door to the office must be locked.
8. Faculty and students are expected to recycle all drafts of reports in special confidential, "to be shredded" recycling bins. One is located in the Graduate Student Workroom and the other in the faculty mailroom. All electronic records and reports should be de-identified or deleted at the end of every semester or following the termination of therapy. All electronic files should be deleted from recorders (iPhones/iPads, smart pens, etc.) as soon as the reports are completed. Digital recordings will be permanently deleted from the video system every six months. Any copy of a report being preserved, as a model/example must have all identifying information deleted or blackened to render the report anonymous and protect the privacy of the client and his/her identity.

CLIENT WORKING FILES

1. Client working files for each client for the current semester must be stored in the file cabinet in the **Graduate Student Workroom**.
2. A new folder is created for each semester. Folders from previous semesters are maintained as long as the client is receiving services. **This cabinet is to be secured with the padlock at all times.**
3. After a clinical faculty approves a lesson plan or SOAP, these are kept in the client's working file. These files may not be taken from the clinic. All lesson plans and treatment results (SOAPs) must be in reverse chronological sequence (most recent on top).
4. The calendar in the working files must be completed after each session.
5. Test protocols can be kept in the working file but must be transferred to the main file when the final copy of the diagnostic report has been approved and the protocols are recorded in pen.
6. The information in the working folder supports the services provided and the billing and must be accurate and complete.

POST STROKE COMMUNICATION GROUP (PSCG)

Working files for clients are kept in the bottom drawer of the file cabinet in the grad room. Group notes and plans are kept in a folder labeled by the Semester and Year (e.g., Fall 2018). No individual working files are created for PSCG.

DIGITAL VIDEO AND AUDIO RECORDINGS OF CLIENTS

Digital video recordings of clients are viewable from computers in the designated grad work spaces. These are considered protected health information (PHI) and used by students strictly for clinical, research or academic activities (e.g., peer review, case presentations) within Pomeroy Hall. Audio recordings may be removed from the clinic if they do not contain identifying information. However, once analysis is complete, the information should be deleted from the electronic device or given to the clinical faculty.

It is the responsibility of the clinical faculty to save any therapy and diagnostic sessions needed for teaching or research at the end of each semester. The digital system will automatically delete all recordings at the end of a 6-month time period.

SECTION 3: Code of Ethics

The ASHA Code of Ethics is the foundation for ethical practice for speech-language pathology. The code sets the minimal expectations for professional practice in our field. Breaching the Code of Ethics is considered a serious violation and can result in a speech- language pathologist being sanctioned or having their license suspended or revoked. It is important to understand the code of ethics and refer to it when you have any questions about practice.

http://www.asha.org/Code-of-Ethics/

SECTION 4: Clinical Requirements

STUDENT RESPONSIBILITY FOR CLOCK HOURS

It is the student's responsibility as a graduate student to use CALIPSO, our web-based tracking system, to track clock hours and ASHA knowledge and skills certification requirements via the Cumulative Evaluation Form. The student must record their hours accurately, get required clinical faculty approval of hours, and monitor progress towards the graduation requirements. It is the student's responsibility to initiate and maintain ongoing communication with the off-campus coordinator and the Clinic Director in working towards meeting these requirements.

PRACTICUM REQUIREMENTS

- All 25 guided observation hours must be accumulated prior to the first day of classesto ensure that the graduate clinician has a basic understanding of communication disorders and to provide some exposure to clinical interaction prior to being responsible for clinical interventions at the University of Vermont Eleanor M. Luse Center. It is highly recommended that the student observe a variety of clinical interactions in several different disorder areas.
- Enrollment in, or completion of, CSD 320 (Clinical Preparation and Management)
- Participation in the clinic study class/seminar each semester

PRACTICUM CLOCK HOUR REQUIREMENTS
(to meet ASHA certification eligibility and UVM requirements)

- The **25 guided observation hours** must be in the scope of practice for speech-language pathology with an ASHA-Certified SLP. However, up to 5 hours of audiology observation (completed with an ASHA-certified audiologist) may be applied towards the total 25 required hours.
- A total of **400 supervised hours** is required to graduate and to start the Clinical Fellowship (CF) Experience: 375 direct clinical contact and 25 observation hours.
- Up to 20% (75 hours) of direct contact hours may be obtained through Clinical Simulation (CS) methods. Only the time spent in active engagement with the CS may be counted. may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Debriefing activities may not be included in clock hour accumulation.
- If the student has undergraduate direct contact clock hours earned through an ASHA-accredited training program, up to 50 of these may be counted toward the required 400. These must be obtained while enrolled in an accredited undergraduate speech-language pathology program and supervised by a SLP with CCCs.

NOTE: While ASHA no longer requires a minimum number of hours in any one particular area, UVM continues to require at least **10 hours in each of the 8 key areas** (see below 1-8) and 60 total hours of diagnostic evaluation. In addition, CSD recommends that the student accrues a minimum of 5 clinical hours in each of the speech areas (see list below under #1) to ensure a balanced clinical experience within the diversity of disorder types and across the lifespan. It is the shared responsibility of the student and the university to ensure that this occurs. All students must also demonstrate experiences with a range of disorders, severity levels, age, and ethnicity/race.

1. Evaluation: Speech disorders in adults (Voice, Artic, Dysarthria, Dysphagia, Fluency)
2. Evaluation: Speech disorders in children
3. Treatment: Speech disorders in adults
4. Treatment: Speech disorders in children
5. Evaluation: Language disorders in adults
6. Evaluation: Language disorders in children
7. Treatment: Language disorders in adults
8. Treatment: Language disorder in children
9. Audiology: Audiology /screening and/or aural habilitation/rehabilitation assessment and/or management of speech or language problems associated with hearing impairment.
10. Hours in audiology management such as auditory/verbal check of amplification systems, teaching wear and care of hearing aids and listening training can also be counted.
11. All audiology hours must be in the scope of practice for SLP.

WHAT COUNTS AS CLOCK HOURS?

- Direct contact with a client and/or his family during assessment or intervention
- If two students are assigned to a diagnostic evaluation, both cannot get hours for the same activity. Each student must be actively engaged and performing distinct activities.

See below for further information:

According to the revised 2016 and continuing with the ASHA 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology:

"Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. It is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV."

https://www.asha.org/certification/2020-slp-certification-standards/

****Please refer to COVID-19: ASHA Guide to Graduate Programs due to COVID-19 for allowances to the above standards and details listed below as documented by the CFCC:**

https://www.asha.org/Certification/COVID-19-Guidance-From-CFCC/

The University of Vermont clinical educators, clinical faculty, Clinic Director and Chair of the department reviewed typical assessment components of a speech-language diagnostic that may require more than one student clinician involvement for the best possible assessment. The following are the list of standardized tests that may fit into these criteria:

- Tests designed to measure articulation and phonology for moderate-to-severe cases
- Any test administration which is unusually difficult due to a client's behavior and necessitates more than one person (at the discretion of the supervisor)
- Tests designed with a strong observation component of young children such as parts of the *PLS-5*, *CELF-5*, communication and behavior scales, *Rosetti Infant- Toddler Language Scale*
- Any person whose behavior is such that typical test administration is difficult and necessitates more than one person at the discretion of the supervisor

OTHER CLOCK HOUR INFORMATION

- Periodic assessments or diagnostic probes during treatment are considered treatment hours.
- If a client presents with communication disorders in two or more disorder categories, accumulated clock hours should be distributed among these categories according to the amount of treatment time spent on each.
- Treatment and diagnostics in the area of tongue thrust and myofunctional treatment count as "Dysphagia" hours.

- Voice hours include resonance disorders and aspects of dysarthria.
- IEP meetings with family present may count for 3 hours per client per semester when the student is actively contributing.
- Discharge meetings (medical settings) count for a maximum of 1 hour/client.
- "Rounds" count for maximum of 1 hour/patient/semester when the student is actively contributing.

WHAT DOES NOT COUNT TOWARD CLOCK HOURS?

- time spent writing lesson plans, logs of sessions, progress reports, case summaries, diagnostic reports, or other written documentation of client contact
- time spent preparing for diagnostic or treatment sessions
- time spent scoring tests or transcribing language samples
- time spent in supervisor conferences or clinic classes
- time spent traveling when providing off-site services
- participation in staffing of clients
- time spent working with colleagues to develop therapy plans
- providing therapy in "groups" (students split the total number of hours of the direct contact time with the clients) https://www.asha.org/certification/2020-slp-certification-standards

WORKING AS AN SLP-A AND ACCURAL OF CLOCK HOURS DURING THE GRADUATE PROGRAM (including substituting for an SLP)

Occasionally, students are offered positions as SLP-Assistants (SLP-As) or to intermittently cover for a speech-language pathologist while attending graduate school. Due to the possible conflicts in attempting to fulfill the role of an SLP-A while also being in an externship, you may **not** accrue clock hours while also working as an SLP-A or paraprofessional. To maintain standards consistent with the ASHA Code of Ethics, the following guidelines must be followed:

- School and the student must clearly inform the families that the student is a paraprofessional and not working as a speech-language pathologist.
- Students may not accrue clock hours when working as an SLP-A or being paid to substitute for an SLP.
- A student working as an SLP-A or paraprofessional may not complete diagnostic evaluations or update treatment plans, as this is the role of a speech-language pathologist.

ACCRUAL OF PRACTICA HOURS FROM RESEARCH ACTIVITIES

- Request to use research experience for clinic clock hours must be submitted to the Clinic Director in writing.
- Describe the research and the areas of clinic experience that will be acquired. It must also include an estimate of hours to be accrued, the general plan for supervision, the student goals and it must be signed by student and research supervisor. Submit to Clinic Director prior to onset of contact with subjects.

- Research must be directly related to speech/language pathology and be in the areas recognized by ASHA as within the scope of practice of an SLP.
- Collection of clock hours will be dependent on the same criteria as those for clinical practicum. It must be related to clinical skills such as administering a Dx test, "face to face" contact with client/subject, services within the scope of practice of SLPs, and documented student goals and performance.
- Clinical instruction must be continuous and ongoing and allow for timely feedback to student throughout the research process.
- Observation must be documented using CALIPSO. Observation by the supervisor must be in real time and no less than 25% of each research participant.
- Student and faculty must develop student's professional/educational goalsand document progress or achievement of those goals.
- Formal evaluation of the student in the form of the practicum evaluation needs to be completed, signed dated and submitted for Check-Out each semester.
- Clock hours must be documented by the student consistent with the practicum documentation and signed off by the supervising faculty, who must havecurrent CCCs.
- Clock hours cannot be accrued retroactively.

RECORDING AND REPORTING ASHA CLOCK HOURS

Clinical clock hours are tracked using "CALIPSO," a commercial software program which is also used to evaluate student clinical performance evaluations and to store de- identified clinical documentation. This program stores this information securely while allowing the graduate student and the faculty access to important information. The student will learn to use this software during the student orientation. The student is charged a fee each year for the use of CALIPSO. The student is responsible for entering clock hours and having the clinical supervisor review and sign these hours. The student can use CALIPSO to monitor progress in acquiring clock hours and competence in specific areas required for graduation.
https://www.calipsoclient.com/uvm/account/login

Time must be reflected in minutes and hours. Students should submit hours regularly (e.g., every two weeks) as the semester progresses. Make sure that hours are correctly entered into the proper columns (adult vs. child) and by disorder category (e.g., fluency). The student's final paperwork for graduation will not be forwarded by the graduate director in CSD to the Registrar's office unless all requirements are completed, including clock hours. The Registrar will not stamp your transcript as eligible for Vermont State Dept. of Ed. License (Agency of Education educational endorsement) until all ASHA clock hour requirements are successfully completed.

END OF SEMESTER CHECK-OUT INFORMATION

At the end of each semester, the student is required to go through the "Check-Out" process to ensure that the required documentation for both the graduate program and the clinic are completed each semester. It also helps the student keep on track with everything needed by the time the student graduates. The student will be required to sign-up for a time to complete Check-Out with the administrative staff at the end of every semester. This meeting occurs *after* all final

evaluations are completed with your clinical supervisor (e.g., grades are finalized, progress reports are filed, and all self- and supervisor-evaluations are complete). All clinical files (main and working) from the University of Vermont Eleanor M. Luse Center are reviewed to ensure accurate documentation practices, including billing, logging of session, completed HIPAA documentation, and organized working files.

Please review the information regarding Check-Out in Appendix B The student will be responsible for having what is needed at the end of each semester. Note that some specific items change depending on the semester.

SECTION 5: Clinical Mandatories and Health Care Precautions

CLINICAL MANDATORIES

As a CNHS graduate student, you must complete the CNHS Mandatories prior to matriculating into the CSD program. The CNHS Mandatories protect your health and safety for your future profession. Information about the completion of clinic mandatories will be emailed to incoming students after they have registered for their internet account and can also be found on the CNHS website.

Clinical site requirements differ, and it is the student's responsibility to ensure that immunizations are up-to-date and the student is in compliance with all other pre-clinical requirements (e.g., current CPR certification, HIPAA/OSHA training). It is strongly encouraged to begin getting these mandatories completed as soon as you receive the packet. Follow the directions in the packet and meet all deadlines during the course of the program. Background checks and drugs screens are on a case-by-case basis depending on the requirements of the clinical site.

POLICY STATEMENT ON PREVENTION OF TRANSMISSION OF HEPATITIS B VIRUS, HUMAN IMMUNODEFICIENCY VIRUS, AND OTHER BLOODBORNE PATHOGENS (August 30, 1993)

**COVID-19 related information will be shared as a separate addendum

Please follow the health care precautions that are outlined below when providing diagnostic and treatment services through the University of Vermont Eleanor M. Luse Center.

CARE SETTINGS: Transmission of Hepatitis B and HIV to health care workers in the occupational setting has occurred only through blood and other body fluids containing visible blood, according to the Center for Disease Control (CDC). Relative to the potential for exposure to HBV or HIV, the CDC would classify our occupation and occupational setting as involving Category III tasks only. Please note that Category III is the least "at-risk" classification in existence and is defined as:

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform or assist in emergency medical care or first aid or to be potentially exposed in some other way.

Tasks involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are Category III tasks The CDC guidelines state that Category III tasks/contact do not require the use of any protective equipment.

In contrast, Category II occupations are those that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks that do involve exposure to blood. Fire fighters and policemen are classified as category II personnel. Category I occupations are obviously medical in nature where job tasks involve an inherent mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them. Physicians, nurses, lab technicians, virus research lab personnel, etc., fall in Category I.

It should be stressed that the potential for contracting Hepatitis B is quite small and even more remote for contracting HIV in our clinical setting. Even so, a Hepatitis B Virus immunization series is available through area physicians.

While recognizing that the need for the use of protective measures would be minimal while engaged in speech/language/hearing diagnostics and treatment, the following guidelines will control for even the most unlikely circumstances.

PRECAUTIONARY PROCEDURES CLINICIANS MUST FOLLOW AFTER EACH DIAGNOSTIC OR TREATMENT SESSION

A bottle of cleaning/disinfecting solution at approved concentration and paper towels or cleaning wipes are available in the treatment rooms for quick and easy clean up following sessions. The clinician conducting the session is responsible for restoring the table surface, chairs, etc., to a clean condition before leaving the room. Gloves should be worn if blood or body fluids are being cleaned up. Gloves and other cleaning and waste disposal supplies are stored near the sinks in the treatment rooms. Oral-mechanism exam supplies are found in the cabinet in the **Materials Room (305)**. You MUST disinfect ALL toys used by children during your treatment session.

The clinician is responsible for doing this prior to returning the toys to the closet. Environmental surfaces such as walls, floors and other surfaces are not associated with transmission of infections to patients or health-care workers. Therefore, extraordinary attempts to disinfect or sterilize these surfaces are not necessary. However, cleaning and removal of soil should be done routinely. See update regarding COVID-19 for wiping down environmental surfaces.

RESPONSE TO SPILLS and BODILY FLUIDS

If the event that any surface (tables, rugs, chairs, doors) is contaminated with toxic materials or bodily fluids (e.g., urine, mucous, vomit) immediate clean-up must be done. Call **"SOS" at 656-2560** for a substance that needs to be cleaned immediately. If it can wait, call **Housekeeping at 656-3385**. Request for assistance from the University Facilities Department should be initiated. The clinical faculty must be informed immediately and a written summary of the event and resolution should be sent to the clinic director.

ORAL-PERIPHERAL EXAMS/HEARING EVALUATIONS

For hygiene considerations independent of HBV and HIV status, gloves should be worn routinely while performing an oral-peripheral exam. Discard gloves in a waste can upon completion of the

exam. Protective eyewear may be worn if the behavioral history of the client reflects spitting or aggressive injurious acts. This is warranted irrespective of the client's HBV and HIV status. If there is indication of bleeding in the ear, gloves are to be worn for ear canal examination and probe placement for impedance testing. Protective eyewear, if desired, must be supplied by the individual.

RESPONSIBILITY FOR KNOWLEDGE

It is the student's responsibility to be accurately informed and knowledgeable about the reasons for the preventive measures used by the student. The routine tasks of the speech-language pathologist or audiologist are typically safe and do not fall in the "potential risk" categories, as has been indicated above. The student does not want the client to incorrectly interpret the work practices or protective measures as evidence that the student believes he/she is infected with HBV or HIV. Recognize the routine use of appropriate protective measures as prudent steps that protect the health of both the client and the clinician, independent of their HBV/HIV status.

If the student has a potentially contagious condition, reschedule the client's appointment or offer tele-practice as allowable by ASHA rather than expose the individual.

The student is encouraged to schedule make-up sessions on Fridays preferably in the same week as the absence, if possible. Do not deprive the client of continuity of treatment by missing a week without a make-up session. If the student is provided with medical information on a client that reflects a diagnosis of HBV or HIV, the Clinical faculty and diagnostic team should not only take the precautions described above, but also recognize the client's increased susceptibility to contracting infections, such as colds, and the medical complications created for that client. The student is responsible for avoiding exposing the client to colds, viruses, and other contagious conditions that are commonly passed around in the work and school environments.

Centers for Disease Control. Update: universal precautions for prevention of transmission of human immunodeficiency virus, hepatitis B virus, and other blood borne pathogens in health- care settings, Morbidity and Mortality Weekly Report 1988; 37:377-382; 387-388.

Department of Labor, Department of Health and Human Services. Joint advisory notice: protection against occupational exposure to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Washington, DC: US Department of Labor, US Department of Health and Human Services, 19 October 1987. Center for Disease Control: Recommendations for prevention of HIV transmission in health-care settings. Morbidity and Mortality Weekly Report Supplement, 36 (2S): 1S-16S 21 August, 1987. Further information may be obtained by calling the CDC AIDS Hotline #:1-800-458-5231 or Vermont AIDS Hotline #: 1-800-2437.

ANNUAL FLU UPDATES

Information about Flu Virus and Vaccines will be provided by the University and Department as these issues arise. It is important to stay current on these issues and recommendations as they occur each semester.

DRUG TESTING

Drug testing is not required for work in our in-house clinic, but a 5 or 7 panel drug screen is often required as a pre-internship requirement for many hospitals. UVM faculty have the right to request students submit to a drug test if there is suspected drug use in clinic. Even though marijuana is legal in Vermont, if a student tests positive, their application(s) to hospital internship site(s) will be pulled. Students are representing the entire cohort as well as the University, and a single infraction could hurt future placements as well. If a student chooses to ignore warnings, he/she will be responsible for the consequences when it comes to possible disruptions of placements (including extending their time in the graduate program to meet the clinical hour requirements). If a student is absolutely opposed to a drug test, they will be counselled that schools and private practices typically do not have the same drug testing policies as hospitals.

SECTION 6: EVALUATION INSTRUMENTS

SUPERVISORY CONFERENCES

Clinical faculty and the graduate clinician will typically hold weekly conferences unless other arrangements are mutually agreed upon by both parties. They will include review of the student's clinical performance for areas of strengths and challenges, discussion of proposed plans, assignment and review of upcoming responsibilities, or to address professional goals established by the clinicians. These conferences may be individual or in groups when conducive for optimal learning. The student clinician is regularly observed when conducting treatment and diagnostic sessions. The clinical faculty will provide written feedback on a regular basis and will discuss the treatment and the student's observations in the weekly conference. The written notes, feedback and evaluation forms are maintained by the clinical faculty to provide a record of the clinician's growth during the practicum experience.

CLINICAL PRACTICUM MID-TERM AND END-OF-SEMESTER GRADING POLICY

At mid-term and at the end of each semester in clinical practicum, the clinical faculty/instructors and the student clinician complete a Clinical Evaluation Form (See CALIPSO site). The only exception is during the summer semester, during which a mid- term evaluation is not conducted. The student will also be asked to complete a "self- evaluation" to bring to the evaluation. This process is a time for the student to engage in self-reflection on their learning process and the goals they have for future learning. Supervisors will ask for additional self-reflections and personal goal setting throughout the semester. In addition, it is an opportunity for the clinical faculty to help the student identify areas of growth and areas where continued focus on learning is expected.

The evaluation form is discussed with the supervisor during a scheduled conference and mid-term goals are identified to promote professional and clinical growth.

Student Performance Evaluations on Diagnostic Evaluations will be done within 10 days of the completion of the diagnostic report.

Clinic grades are based on performance during the semester and are typically computed by averaging all evaluations for the student both on- campus and off-campus if applicable. Clinic

grades also include attendance at either on- or off-campus placements, communication with faculty, families and peers, and completing all aspects of practicum, including required paperwork. The student's clinic grade is also impacted by professional behaviors, as listed on the Eligibility Requirements and Essential Functions document (Council of Academic Programs in Communication Sciences and Disorders, 2007) located in the CSD Graduate Manual and assessed on the CALIPSO evaluation form.

1. If a student receives a combination of three scores below 3.0 OR any one score at or below 1.0 from items marked with an asterisk (in the Evaluation, Intervention, Foundational Skills or Writing sections on the CALIPSO evaluation), OR two or more "Not Met" scores on the Professionalism section, this will automatically result in a failing grade for that practicum experience.
2. If a failing grade occurs, a committee consisting of the Clinic Director, the Chair and the Grad Program Coordinator will meet to decide if the failing grade will get averaged in with the other clinic grades for that semester or will stand on its own as the sole clinic grade for that semester. They will also determine which portion of the student's clock hours accrued, **if any**, will be counted from that practicum.
3. Students who fail to meet Essential Functions could automatically receive a non- passing grade. Students who engage in conduct that does not uphold the ASHA Code of Ethics and/or university academic integrity and federal privacy policies could be automatically dismissed from the program. Please refer to the graduate college policy listed below:

ACADEMIC HONESTY

The principal objective of the policy on academic honesty is to promote an intellectual climate and support the academic integrity of the University of Vermont. Each student is responsible for knowing and observing the Code of Student Rights and Responsibilities at http://www.uvm.edu/~uvmppg/ppg/student/studentcode.pdf and the Code of Academic Integrity at http://www.uvm.edu/policies/student/acadintegrity.pdf.

DISMISSAL

Academic: Students whose academic progress is deemed unsatisfactory at any time may be dismissed from the Graduate College by the Dean upon consultation with the student's department or program. In addition, students may be dismissed if they receive two grades or more below a B (3.00), or they receive a U (Unsatisfactory) or UP (Unsatisfactory Progress) in Thesis or Dissertation Research, Seminar or Clinical Practicum. Students will be dismissed from the graduate program if they fail the comprehensive examination (Portfolio, due in January of final spring semester) on both the first and second attempt, or if they fail a thesis or dissertation defense on both the first and second attempt.

Professional: Students whose professional integrity is deemed unsatisfactory at any time may be dismissed from the Graduate College by the Dean upon consultation with the student's department or program. Breaches of professional integrity include, but are not limited to, violations described in the Misconduct in Research and Other Scholarly Activities policy, violation of the Code of Academic Integrity, and actions that violate the standards of professional practice

in the discipline of study or in duties associated with an assistantship. From: http://catalogue.uvm.edu/graduate/academicenrollment/enrollmentpolicies/

REVIEW OF STUDENTS' CLINICAL PERFORMANCE/CLINICAL PROBATION PROCESS

1. A student's clinical performance is evaluated formally in a written evaluation by each clinical faculty/instructor at mid-semester (except for summer semester), and again at the end of the semester for each term the student is involved in clinical practicum. A conference is scheduled between the student and the clinical faculty to discuss the written evaluation. During summer sessions, the student and clinical faculty will develop student clinician goals to help focus feedback throughout the summer practicum; however, mid-term meetings are not required. The student is encouraged to discuss any concerns about clinic policies and/or supervision with the clinical faculty and or the Clinic Director at any time.
2. Midway through the fall and spring semesters, a joint meeting of all faculty is held to review all students' academic and clinical performance.
3. When an on-campus or off-campus clinical faculty/instructor develops concerns about a student's decisions and/or behavior with respect to appropriate conduct at any time during a semester, and/or the student demonstrates insufficient progress in meeting clinical competencies at the mid-term evaluation for either on- campus or off- campus practicum (two or more grades below a B or repeated demonstration of challenges in specific clinical areas), and/or the student repeatedly presents with challenges meeting goals, the student will be considered to be on **Clinical Probation**. Under these circumstances, a Planning Team will be convened.
4. This Team will include the student (and advocate if desired) and 1-3 of the following faculty: the clinical educator (or off-campus coordinator), Clinic Director, academic advisor, and/or department Chair. The purpose is to identify the problems and develop a **remediation plan** with specific goals and a timeline. The remediation plan will include reviewing the circumstances of concern, identification of the challenges, and development of behavioral goals and action plans to support the student's professional and clinical growth in the area(s) of concern. Target dates for accomplishing the goals will be established and regular meetings of the Planning Team will be outlined to review progress and revisit goals and target dates. A written Action Plan will be completed at the close of each Planning Team meeting and a copy distributed to all parties.
5. The student who does not demonstrate improved skills in the specified time period **may be removed from the practicum placements and clock hours accrued may not be counted**. This decision will be made jointly by the clinical educator/faculty and the off-campus coordinator (when relevant) along with the Academic advisor and Clinic Director. On occasion, an off-campus clinical educator may insist that a student's placement be discontinued without an opportunity for a remediation plan.
6. The student who completes a semester with an unsatisfactory rating for progress in meeting clinical competencies (has not met goals in a previously-developed remediation plan or has a **mean semester clinical grade of B- or below**) is not eligible for an off-

campus placement in the subsequent semester. Instead, the student would remain in an on-campus practicum. The process is designed to provide the student with intensive clinical instruction to support progress towards clinical performance goals. This policy is designed to assist the student in developing professional competency and to protect clients and affiliations with off-campus practicum sites.

7. If the student is in the final semester of the graduate program and ends the semester with an unsatisfactory grade (B- or below) in practicum, (s)he may find it necessary to extend his/her graduate program to meet all the clinical requirements.
8. At the end of each semester, the student clinician must complete a Clinical Teaching Evaluation for each clinical faculty/educator with whom they have worked. This feedback is used to improve the clinical practicum experience and to help clinical faculty/educators continue to develop supervisory skills.

SECTION 7: CLINICAL PRACTICUM PROCEDURES

HOW CLINICIAN/CLIENT ASSIGNMENTS ARE MADE

In order to ensure clinical competency upon completion of the Master's program, care is taken to provide each clinician with exposure to as wide a variety of communication disorders as possible while advancing the clinician's completion of ASHA requirements and meeting the needs of the clients/families. The needs of the client and how they can best be met are primary considerations in determining a clinician-client assignment, while we continue to monitor the clinician's progress toward ASHA requirements.

Schedules of clients, clinicians, and clinical faculty are additional variables that affect the assignments that are made.

Prior to being assigned clients at the University of Vermont Eleanor M. Luse Center, the student must be enrolled in, or have completed, CSD 320: Clinical Preparation and Management. Simultaneously with beginning the practicum, the clinician should be enrolled in or have completed coursework in speech sound disorders and language disorders. The student is assigned clients falling within these categories, unless the student has undergraduate coursework allowing other client assignments. The student will be provided with direct instruction (observation) based on their level of competence, but at least 25% observation by clinical faculty for each client seen. In the first semester supervision is often as high as 100% depending on the complexity of client, student’s skill and readiness for independence and the faculty member’s judgment of the overall needs of the student/client. All students will be enrolled in CSD 321-326 each semester in which they accrue clock hours.

SCHEDULING, CANCELLATIONS, AND MAKE-UP SESSIONS

Scheduling for diagnostics and treatment is coordinated by the Clinic Director with the assistance of the Clinic Receptionist. No practicum credit will be given for unauthorized diagnostics or treatment done through private arrangements made by the student with clinical faculty or vice-versa whether on-site at UVM or off-site. All inquiries for a diagnostic should be referred to the office at 656-3861.

Practicum assignments will occur every semester during the academic program. Off-campus practicum assignments will begin in the summer semester between the first and second year. Assignments for both off-campus or on-campus assignments are subject to change in any given year. In the spring semester of the second year, students will predominantly be off-campus except for those who have to fulfill a specific hour requirement or competency.

Due to the needs of our clients and our professional responsibility to our clients, assignments may extend into scheduled University vacations. Please refer to the University of Vermont Eleanor M. Luse Center clinic schedule for specific dates required during the semester. The clinic schedule does not always follow off-campus practicum site schedules. A copy of the clinic schedule will be included in the appendix which will be provided to all students prior to the fall semester. The schedule is also located on the Graduate lab bulletin boards and on the Graduate mailroom bulletin board. **It is important that the student consult with the assigned clinical faculty and the Clinic Director before making vacation/travel plans, especially airline reservations.**

IMPORTANT DATES FOR CLINIC PREPARATION

Fall Semester: First year clinic prep orientation for CSD 320 will always be held the Tuesday, Wednesday and Thursday of the week before clinic and classes start.

First and second year graduate students should be available to meet with supervisors for on-campus client preparation the Wednesday through Friday before clinic and classes start.

Clinic and off-campus placements usually start and end the same weeks as classes. In certain situations, an off-campus placement can begin and extend a little after these dates. If extending, hours and grade for the extension if applicable will go on the following semester.

Spring Semester: First and second year graduate students should be available to meet with supervisors for on-campus client preparation the Wednesday through Friday before clinic and classes start.

Clinic and off-campus placements usually start and end the same weeks as classes. In certain situations, an off campus placement can begin and extend a little around these dates. If extending the practicum, hours and grade if applicable will go on the following semester.

In the spring semester, UVM's Spring Break usually occurs at a different time than the off campus public school's February and April breaks. It is highly recommended that graduate students continue at the off-campus placement for continuity of service and clinical clock hour accumulation. This is ultimately at the discretion of the off-campus supervisor. It is mandatory to let the off campus Clinic Director know of any absences from placement for vacation or illness.

Summer Semester: Clinical placements typically start around mid-May and end around August 9 (the complete UVM-scheduled summer semester). The specific start and end times will be ultimately up to the supervisor and may vary from student to student.

Graduate students should be available to meet with supervisors for on-campus client preparation the Wednesday through Friday during the week before clinic starts.

Students who are placed in Vermont will likely have some days at the on-campus clinic and the remaining days at their off-campus site. NOTE: The on-campus clinic is typically not open on Fridays in the summer semester.

CANCELLATIONS

For on-campus clients, all diagnostics and treatment appointments must be kept as scheduled. No internal changes can be made without the knowledge and consent of your clinical faculty. Billing for appointments is verified using the Appointment Slips (found in the front office), so any cancellations, additions and changes in scheduled appointments must be communicated to clinic receptionist using an Appointment Slip. This includes changes to diagnostic team members or day and time of evaluation.

Appointment cancellations disrupt continuity of treatment, are looked upon with disfavor, and may be made only with the expressed consent of your clinical faculty and/or the Clinic Director. Serious documented illness, injury or death in the immediate family constitute legitimate grounds for cancellation and must be discussed with your clinical faculty in advance of the cancellation. Every effort must be made to arrange a make-up session within the same week if a cancellation occurs.

EMERGENCY CANCELLATION PROCEDURE

If a last-minute cancellation is necessary, and the appointment is scheduled prior to 10:00 AM, call or e-mail the clinical faculty assigned to this case by 7 AM so that alternative arrangements can be made. At times, the clinical faculty may choose to conduct the session instead of cancelling it. Then, inform the Clinic Receptionist assoon as the office opens at 8:00 A.M. If an appointment to be cancelled is after 10 AM, call the Clinic Receptionist promptly at 8:00 AM. The Clinic Receptionist will contact the client/family to let them know the appointment is cancelled. Coordinate with your clinical faculty and the client to schedule a make-up session in the same week of the cancellation. An Appointment Slip must be completed and submitted to the Clinic Receptionist (by the student clinician) providing all the relevant information about the rescheduled appointment.

FACULTY-RUN SESSIONS

In the event that a student has to miss a session for a preapproved reason and the clinical faculty runs the session on the student's behalf, the student is still responsible for writing the plan and SOAP for that session. The student will NOT earn any clinical hours for that time.

SECTION 8: DIAGNOSTIC EVALUATION PROCEDURES

CHECKLIST FOR DIAGNOSTIC EVALUATION PLANNING

1. "ADD Slip": There will be an Appointment Slip (yellow "ADD" slip) in the student clinician's mailbox assigning the student: a) a client, b) a clinical faculty supervisor, and c) date and time of appointment. If the student is on a diagnostic team, the student will be assigned to a diagnostic "block". The student is required to keep this block open all semester, even if there is no diagnostic evaluation each week. Since diagnostics are usually held on Friday mornings, this means **always keep Fridays open for a possible Dx.** If the student needs to be away from the

clinic, it is imperative to notify the Clinic Director and the scheduling specialist far in advance so it can be marked on the Dx schedule.

Initial Meeting: It is the student's responsibility to a) initiate contact with a team member if there is one, b) set agreed upon meeting times with the colleague to initiate planning, c) make an appointment to meet with your clinical faculty, and d) reserve a clinic room for the diagnostic evaluation and set up the video recording system. Meetings with the appointed clinical faculty should be set **at least 7 days prior** to the date of the evaluation. Schedule this meeting immediately. It may be necessary to contact the client's physician, school SLP, or other professionals involved in their management. However, this should not be initiated until the student has completed the initial planning meeting with the assigned clinical faculty and received consent from the client and/or family member for contact with any outside agency per HIPAA regulations.

1. Dx Planning: Before arriving at the Dx planning conference with the clinical faculty, the student should be thoroughly familiar with the information in the case history/client file and fill out a Diagnostic Planning Sheet. A draft of the Planning Sheet should ideally be file transferred to the clinical supervisor prior to this meeting. The student should then come to the conference prepared to discuss the client's concerns, possible problem(s) and formal and informal evaluation procedures which might be appropriate. Looking up the most recent evidence that corresponds to the potential communication disorder/client history is also a good idea prior to the evaluation plan meeting.
2. Initial Phone Contact: No later than two days prior to the diagnostic, the clinician should call the client/family to confirm the appointment date & time (**do not e-mail**). Notify the Clinic Director immediately if a problem in confirmation arises. This is a time to begin to establish rapport with the client. Introductory phone calls should be limited to introductions, directions, reminder of visit/to bring a snack, and to check-in regarding preferred activities. This is NOT a time to do any in depth interview, unless the student has planned and coordinated it with the clinical faculty, who must be present.
3. Prior to Evaluation:

- **Room**: Remember to reserve a room for the Dx evaluation and another room for the interview (including an audiology booth if conducting a screening) ifthe interview needs to occur in a space separate from the Dx. Plan testing room arrangements to match client's age, height (small versus tall table), ability to attend, etc.
- **Schedule a recording** using the online video system (add extra time at the beginning and end). Be aware of camera location and seat the client and yourself for optimum recording. Always have an audio recording of the session too as backup.
- **Test Prep:** Be thoroughly familiar with each test to be administered and follow the protocol of each test exactly as designed by its author(s), unless the student and clinical faculty have planned adaptations. Practice the scoring and be familiar with the interpretation of each test. Competent administration of a diagnostic procedure is critical. If the student is unfamiliar with a test planned to be administered, the student is

expected to practice administration of the complete test prior to the actual diagnostic. Many assessment tool manuals recommend that the student practice administration of the tool at least 3 times before administering it to a client. The student may sign out a test overnight for this purpose, with approval from the Clinic Director. It is essential that the student sign out all tests and materials that are removed from the Materials Room and be sure that they are re-filed and replaced correctly. If the student notices that response forms are running low, complete the Reorder Request form and submit it to the Business Assistant's mailbox. DO NOT USE THE LAST AVAILABLE FORM FOR ANY TEST.

- **Hearing Screening**: A hearing screening must be performed for all clients referred for a speech-language evaluation unless the client has undergone an Audiological Evaluation or screening in the past year. Whenever possible, conduct this screening in the Audiology booth. It is the student's responsibility to notify the audiologist as early as possible before the diagnostic to make sure the booths are available.

On the day of the evaluation:
Arrive well in advance
to --

a) prepare the room (appropriate size and number of chairs and tables)
b) wipe down clinic tables
c) gather all needed materials, including flashlight, tongue depressors, latex gloves, and tissues (materials are stored in the metal cabinet in Room 305)
d) ensure that you are wearing your name tag
e) BRING A TREATMENT ENROLLMENT CARD
f) If requested by the clinical faculty, have copies of response sheets so your supervisor can co-record test results for reliability. Please use a photocopy of the test protocol if a diagnostic partner will also be scoring as a backup for reliability purposes. Do not use a second true protocol.
g) If you have been approved to conduct an audiology screening, place a sticky note on the audiology booth doors the morning of the Dx as a reminder to the audiology faculty and staff that the booth will be used at a specific time. It is also the student's responsibility to make sure that the screening equipment is set up before the diagnostic evaluation. DO NOT TURN OFF THE MAIN AUDIOMETER IF IT IS ON WHEN YOU ARRIVE IN THE SUITE.

EXIT INTERVIEW WITH CLIENT/FAMILY

- **Wrap-Up Meeting**: The student should meet with the clinical faculty following the client/parent interview and evaluation in order to discuss the student's diagnostic impressions, observations and recommendations before wrapping up with the client and/or family member(s). Diagnostic findings and recommendations will be discussed with the client/parent following the student- faculty conference.

- **TEC**: The clinician or parent/guardian fills out a Treatment Enrollment Card (TEC) while the client is still present if treatment or a re-evaluation is recommended at the University

of Vermont Eleanor M. Luse Center at any time in the future. Make sure it is completed in full before the client leaves (DO NOT LEAVE THE CLIENT'S PREFERED DAYS/TIMES BLANK). Turn this card in to the Receptionist/Scheduling Coordinator's mailbox immediately after the diagnostic. The clients "preferred" times will be considered during scheduling, but cannot always be met.

- **REQUEST FOR REPORT DISTRIBUTION FORM**: Form must have a current signature from client or parent. The student should obtain names, addresses, zip codes of all other service providers or schools who are to receive a copy of the report. Include full addresses on the last page of the report (Notation Cc).
- It is the student's responsibility to verify all addresses and make sure they are current and accurate.
- **BILLING FORM**: Payment for services is managed prior to the visit between the front office staff and the client/family. Clinical Educators will enter ICD-10 code following the visit.
- **REPORT**: Let the family know they will receive the final report in just over two weeks. IN THE EVALUATION REPORT

1. **Always refer to the clinic as:** "The University of Vermont Eleanor M. Luse Center"
2. **PAGE 1**: Include client's identifying information (phone number, address, age, etc.) on the final (printed version) only. Other drafts must be de-identified when shared electronically. Be sure all the headings match the example report in the Clinic Handbook Appendices.
3. **SUMMARY**: The student should be sure to answer the referral questions clearly.
4. **RECOMMENDATIONS**: Be careful to include specific referral information. What options were given for obtaining Tx? When? What schedule of Tx? Did the team consider would be most beneficial for the client? Clearly state type of Tx recommended, frequency, duration, and prognosis. Be specific and include a detailed list of suggestions for implementation by the school and/or family.
5. **FINAL STATEMENT IN EVERY REPORT**: "If you have any concerns or questions about this report, please contact the University of Vermont Eleanor M. Luse Center at 656-3861".
6. **PAGE NUMBERS**: In the bottom left footer of the report (XX: Page Z of Y) OR no page numbers on the bottom of page 1 (to avoid letterhead text)
7. **PRINT**: PLAIN PAPER and leave UNSTAPLED (so the front office can easily make copies on letterhead)
8. **ALL REPORT CCS:** Must have full names, proper titles, and complete mailing addresses of the client and address and any other contacts requested by the family on the Report Distribution Form (including the parent's names and mailing address if the client is under 18)

COMPUTER FILE INSTRUCTIONS

If the student works from Master Templates for reports: Create a master template with only report headings, and COPY the MASTER template when you set up your report format. DO NOT

copy and paste a previous client's report. Using a previous report as your template runs the risk of inadvertently creating the following errors:

- The report is sent to the wrong person because the "Cc:" notation on a previous report was not deleted. This results in a violation of the client's confidentiality, and the report is delayed in reaching the individuals for whom it was intended.
- The report contains the name of the previous client, bringing into question part or all of the content.
- The date of testing and/or date of birth are those of the previous client, bringing into question the accuracy of the test data and results/interpretation.
- The above errors bring into question the professional image and reputation of the clinical faculty, clinicians, and the University of Vermont Eleanor M. Luse Center.

SECTION 9: Treatment Procedures

PRE-TREATMENT PROCEDURES

There will be a yellow "Appointment" or "ADD" Slip placed in the student's mailbox for every treatment client assigned to the student. On the Appointment Slip, the student will find the days/times the client is scheduled, the clinical faculty's name and the start date. As soon as the Appointment Slip is received, the student should begin to plan by requesting a meeting with the appointed clinical faculty. The first appointment has already been arranged with the client by phone in advance by the lead scheduler in the main office.

GUIDELINES FOR RESERVING A CLINIC ROOM

The clinician must take responsibility for reserving a treatment room for the clients assigned**.** **Sign up for rooms using the Google Doc link you will receive at the beginning of the semester.** Room choice is on a first come, first served basis. Note: If the student does not reserve a room for the session, the student may be scrambling for a space at the last minute and experience difficulty in accessing the equipment needed. Please schedule in advance using the room reservation calendars and set up a recurring video recording as appropriate. When reserving a room for a Tx client, reserve it for the entire semester.

Room 308 is given priority to voice clients. Please reserve this room if it is available for any voice clients (Dx or Tx). **Room 314** is given priority for use with stuttering/fluency Dx and Tx. Clinical faculty should approve any uses outside the area of stuttering in advance to be sure that the time frame does not conflict with other projects already scheduled for this room.

TREATMENT PREPARATION

FILE REVIEW: The student should be thoroughly familiar with ALL information in the client's master file and the working file from the past semester (if this is a returning client). Prior to meeting with the clinical faculty, sign out the client's main and working files from the Front Office and Grad Room by following the proper procedures. Under no circumstances may a folder (main file or working file) or its contents be taken off the premises of Pomeroy Hall.

INITIAL MEETING: Bring the files to the initial clinical faculty conference and be prepared to discuss the client's needs, target areas to assess baseline, treatment goals, and intervention

procedures. Be prepared to take an active role in the conference, and a planned agenda is recommended.

FAMILY CONTACT: After you have met with the supervisor the first time, call the client and re-confirm the appointment schedule and start date.

WEEKLY MEETINGS: Weekly meetings will be set up throughout the semester, either in groups or 1:1 with the clinical supervisor depending on the clinic assignment. Active participation at these weekly conferences is part of your practicum responsibilities and a standard part of the clinical faculty's responsibilities. Meetings are an opportunity for the student to request more in-depth information or resources. It is important that the student is an active participant and takes the responsibility of adding to the agenda and being prepared for the meeting. Plan to use this time effectively and bring troubleshooting questions/ideas. Anticipate upcoming matters, so the time is used constructively. The clinical faculty/instructor may be unavailable at other times during the week due to other departmental duties.

GENERAL TREATMENT PROCEDURES

1. If the date/time of client's therapy is changed from that stated on the original slip the student received, the student should complete an Appointment Change slip with changes, give to receptionist, and inform clinical faculty.
2. The treatment room must be prepared in advance of the appointed time. Seating should be appropriate, lights must be on, treatment materials must be in place, audio/visual equipment must be set to record, observation sound system must be turned on, and the room should be free of clutter and personal belongings.
3. In most instances, the clinical faculty will introduce the student to the client at the first visit.
4. Treatment sessions must start and end on time. Remember, **1/2 hour sessions conclude in 25 minutes** and **1 hour sessions end at 50 minutes**. This ensures a smooth transition from one client to another and allows post treatment time for conferences with the parent or client. It is essential that the student begin sessions promptly to project a professional image. Arrive at the clinic at a reasonable time before your scheduled session to adequately prepare your materials and room. Any clinician who begins a session late (when the client was on time) will receive a warning from their clinical faculty. Any session that begins late after the warning may not be counted toward the required 400 contact hours.
5. At the end of every treatment session, the student clinician should walk the family/client downstairs to the lobby or the door. This ensures that the client is safely out of the building. It also provides an opportunity for the clinician to interact with the client/family.
6. Treatment sessions typically adhere to the lesson plan; however, the clinician is responsible for adjusting a procedure that is not effective. Describe any modifications in the log of the session.
7. Following a session, the treatment table should be wiped down, the treatment room should be left in order and all materials returned to their designated locations.

8. ANY TOYS OR MATERIALS USED BY A CHILD MUST BE WASHED AND DISINFECTED BEFORE RETURNING THEM TO THE MATERIALS LIBRARY. Sinks are available in some treatment rooms and the student workroom. Restore sinks to clean condition after use. The philosophy applied to camp sites applies to treatment rooms. Clean up after yourself so that it is not apparent to the next clinician using the room that anyone has been there. If everyone follows this guideline, you will never be faced with cleaning a room at the last minute because someone failed to clean up after him/herself.
9. PROJECTED TREATMENT PLANS (PTPs) are submitted one week or earlier after the third visit/session with the client. This plan will detail the student's long-term goals and semester objectives. It will form the basis for the end of semester progress monitoring.
10. PROGRESS REPORT. All short-term objectives must be written in measurable terms. Treatment logs will still be required to document the results of each session.
11. Upon discharge of client, the Business Assistant and Clinic Receptionist must be informed immediately. Fill out a Discharge slip and a final PROGRESS REPORT must be written. Adapt the content of the progress report to the needs of the situation. Consult with your clinical faculty about this. In many cases you may find detailed descriptions of treatment procedures to be unnecessary for the purposes of the report. Consult with your clinical faculty regarding the purposes met by your client's progress report (Who will receive the report? What information will best meet their expressed needs?). This change in policy allows for variability on a case-by-case basis, so the reports may be tailored to the needs of those receiving them.

PROGRESS REPORTS

Consider creating a master template with only report headings. This MASTER template can then be used to create different reports. Do NOT use previous reports as a template.

TREATMENT DOCUMENTATION REQUIREMENTS

Items to check when proofreading treatment plans, progress reports, and diagnostic reports:

1. Margins (1 inch)
2. Complete, accurate identifying information at the top of page 1 (name, birth date, etc.)
3. Always refer to the clinic as: "The University of Vermont Eleanor M. Luse Center"
4. Template followed - section headings, spacing, formatting, etc.
5. Words are divided at syllable boundaries
6. Any tables should not be divided between pages and should be labeled well
7. No lines/words deleted inadvertently in process of typing
8. All phonetic symbols provided along with the orthographic translation to help the family understand the reference
9. No spelling errors or typographical errors

10. Bottom of pages carry 2 or more lines if a new paragraph has begun
11. Bottom of page does not carry a heading by itself
12. Final page does not carry only names and signatures
13. All names, addresses, phone numbers are current and accurate. Check this carefully. Do not count on previous reports. Ask parents if the information is the same.

LESSON PLANS AND LOGS (SOAP NOTES)

Lesson plans and logs (SOAP notes) are kept in the client's working files in the file cabinet in the grad workroom. A template for plans/SOAPs can be found in the Appendix D. A treatment log of results (SOAP note) is written following each session (even if the session is canceled).

The treatment plans are written and submitted on CALIPSO. Send an e-mail to notify faculty that the plan has been submitted. The student and clinical faculty will create a schedule of due dates for paperwork. The clinical faculty will review any submitted plan or SOAP and submit the changes to CALIPSO within **1 calendar day** (NOT including weekends or evenings). If the clinical faculty suggests changes, the student is responsible for making the adjustments before the scheduled treatment time in order to implement the changes during the session.

If a client is absent, the student may use the existing plan for a make-up session in the same week. It is important to log the missed session in the main file reflecting the absence to account for the regularly scheduled session date. Weekly lesson plans include the following:

1. session activities
2. the objectives and rationales for treatment for the week
3. procedures to be used to attain the objectives
4. the methods for measuring and charting the results of objectives

The Tx plans will serve as helpful guides when writing the Progress Report at the end of the semester. They must be filed chronologically with most recent on top, and the file must be kept current and organized. These weekly records document the services which are billed and should remain in the files the entire time the client is receiving services.

A template for a Tx plan and SOAP note can be found in Appendix D. The format the student uses may vary somewhat, depending on the student's preferences and those of your clinical faculty, but the content in each section will remain the same. Accountability for objectively documenting treatment results cannot be overemphasized. The clinician cannot successfully appeal denied insurance claims without objective data representing treatment results.

The student should leave space on the SOAP to discuss in writing the results of the executed lesson plan (in the O section). Write the results and discussion as soon as possible on the day of the session, when the data-keeping and recall are most reliable. Some suggestions for analyzing the student's session outcomes:

1. Analyze evidence of progress from week-to-week.

2. Be sure to include concrete ideas for enhancing procedures where appropriate based on the treatment results.
3. Be aware that the clinical faculty looks carefully at the results of the session from the previous week when evaluating the student's lesson plan for the upcoming week.
4. Develop the lesson plan for a session based on the performance in the most recent session held.

The client's performance can be affected positively or negatively by how we, as clinicians, manage a session. Careful analysis is necessary to identify such factors and to adjust plans accordingly.

SESSION ANALYSIS/SELF-EVALUATION

At the bottom of each treatment plan, the student clinicians should set 2-3 personal goals per session to evaluate their own clinical management skills in addition to the client's performance. After the session, student clinicians document how and if they met those weekly goals on the SOAP note. The student may also actively self-reflect about the session by using the questions listed below to better analyze the treatment sessions. Other aspects that are important may be included to improve performance. The student may provide specific examples of his/her own, or the client's, behavior that illustrates the comments. Be sure to include concrete suggestions for improving future sessions, as well as describing the effective behaviors within the session. Explain the rationale for your comments and suggestions.

SESSION ORGANIZATION

1. Did the student incorporate clinical faculty suggestions and information from the analysis of previous sessions in the plans?
2. Were the session objectives appropriate based on client needs, previous progress, and diagnostic information?
3. Were the activities goal-directed? Appropriately sequenced? Age and ability appropriate? Appropriate in number?
4. Did the student plan effective reinforcement and feedback?
5. Was the student familiar enough with diagnostic and other materials to handle them efficiently?
6. Were discussions, consultations, and conferences organized effectively?

SESSION EXECUTION

Did the student conduct the session to facilitate optimum performance and progress by:

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

b. Providing clear and appropriate instructions and feedback, including multi- sensory models, effective reinforcement, and minimal extraneous interaction?

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

d. Modifying the student's own behavior in response to client performance?

CLIENT AND CLINICIAN EVALUATION

a. What aspects of this session were productive? Why?
b. What aspects of this session were not productive, why not, and what specific suggestions does the student have for improvement?
c. What suggestions does the student have for more effective management of this client?

SECTION 10: Attendance

INFORMATION ON ATTENDANCE AND ATTENDANCE REPORT

The rules for documenting therapy visits are based on federal and state regulations. Errors in reporting, even if they are mistakes, may constitute fraud, so it is very important to document accurately.

Client "Billing Sheets" for treatment MUST be filled out for each client by the student. If the client's insurance or a school district is billed on or before the last day of treatment or the last day of the month, place the completed sheet in the Billing Specialist's mailbox. This record must be accurate as the client will be billed based on the information the student supplies. The billing specialist will let the student know if individual billing sheets need to be filled out in advance (typically clients who pay privately), or if the billing for that particular client is done at the end of the month.

It is the student's professional responsibility to manage this paperwork on time. Inconsistent or late submission of monthly billing sheets will be reflected in the students Semester Evaluation.

Treatment sessions are scheduled in one-hour blocks (ending at the 50-minute mark to provide time for documentation immediately after the session). This also allows time for the room to be ready for the next clinician. Although some clients may need to work in shorter time periods (45 minutes) the billing is based on a "visit" and is the same fee regardless of the amount of time the client is seen. The post-session consulting the student does with the client/parent (walking down the stairs, giving the homework, discussion with parent, etc.) averages out to an hour of direct clinic contact time, not 50 minutes.

For diagnostic evaluations, the sessions are scheduled in 3-hour blocks to allow for planning and follow-up. The amount of time spent with the client is documented on the billing sheet. There is a single fee for diagnostic evaluations.

If (1) an inordinate amount of time was spent conferring as a team about the findings prior to talking with the client/family, or (2) the team encountered technical difficulties that extended the length of the Dx evaluation beyond reasonable expectations, then the clinical faculty may elect to change the amount of time billed for the evaluation accordingly. There is a required modifier (-22 extended evaluation -52 a shortened session) to be linked with the CPT code on the billing sheet.

However, this should only be an exception to the rule and used infrequently. The modifier -59 should be linked to the CPT code if two distinct and separate procedures are assessed.

The student should see the clinical faculty, Administrative Assistant or Clinic Director if there are any questions about billing procedures for diagnostic or treatment sessions.

The student will keep an Attendance Record on each client. This Record is located inside the front of the client's Working File (grad lab locked file cabinet). The student should keep it up-to-date and it should match the dates in the main file log as well as the client's billing sheets.

RELIGIOUS HOLIDAYS

Students have the right to practice the religion of their choice. Each semester, students should submit in writing to their instructors by the end of the second full week classes their documented religious holiday schedule for the semester. Faculty will permit students who miss work for the purpose of religious observance to make up this work.

PARENT/FAMILY OBSERVATION/PARTICIPATION IN THERAPY SESSIONS

Parents/family are invaluable sources of information regarding the family member's reactions to activities and skills demonstrated or not demonstrated in the session and at home. They know their family member better than anyone. Consider the parent/family the best resource for interpreting their family member's behavior. Planning for family participation in treatment activities is crucial to achieving the outcomes desired by the student and the family. Parents/families are encouraged to observe their family member's treatment sessions and participate in them – when appropriate. During the observation, the clinical faculty will discuss with the family the goals of the activities and their family member's performance. The caregiver will also be offered guidance regarding home applications of the activities they are observing.

SECTION 11: Parent/Family Member Client Conferences

CONFERENCE INFORMATION

Formal conferences are held at various times during the semester as the need arises, and the need varies from one client to the next. A conference may be held to share semester objectives with the parent or family member, to obtain additional information, or to address family needs during the semester. Every clinician will hold a parent/client/ family member conference or wrap-up at the end of the semester to share the semester's goals, treatment progress and recommendations. The clinician must always be organized, well-prepared, and create a comfortable atmosphere for the parent/client/ family member. The parent/client/ family member should be encouraged to ask questions and offer feedback. No conference is ever held without prior knowledge and approval of the clinical faculty. A clinician should not offer recommendations to a parent/client/ family member which have not been discussed with the clinical faculty in advance.

While neutral comments may be made to parents/family members outside the treatment room, please remember that treatment-related information must be conveyed in the privacy of a treatment room.

A planning checklist pertaining to the parent/client conference at the end of the semester and the "Conference Report" form appears below:

CHECKLIST FOR FINAL CONFERENCE WRAP-UP WITH CLIENT/FAMILY

This list will assist the clinician in organizing and preparing for final client conferences:

1. Prepare setting in advance (enough chairs that are an appropriate size).
2. Introduce all in attendance.
3. Orient parent/client/ family member to the purpose of the conference.
4. Briefly explain the therapy objectives for the semester.
5. Describe the client's progress clearly in NON-TECHNICAL terms.
6. Use graphs, charts of progress to illustrate and clarify results.
7. Discuss recommendations in advance with your clinical faculty.
8. Make appropriate and clear recommendations and integrate client/parent input.
9. Provide opportunities for the client/parent/family member to ask questions.
10. Handle questions responsibly and appropriately.
11. Be prepared with a completed Treatment Enrollment Card (TEC) if continued treatment at the University of Vermont Eleanor M. Luse Center is recommended, either in the upcoming semester or any future semester.
12. Obtain preferred days/times for treatment in the upcoming semester if applicable and MARK on the TREATMENT ENROLLMENT CARD.
13. Any new relevant information shared by the client/parent/family member needs to be documented in the session log and/or in a progress report.
14. Log the conference details on the LOG SHEET inside the front of the client's main file.

Place the COMPLETED TREATMENT ENROLLMENT CARD in the Clinic Receptionist's mailbox if the client is to be scheduled for treatment in current semester, next semester, or any future semester, OR if a re-evaluation is recommended (state month/year of re-evaluation on card).

SECTION 12: Off-Campus Practicum Assignments

The Department of Communication Sciences and Disorders maintains off-campus practicum affiliations in a wide variety of settings:

- Public schools, Childhood Integrative Services (birth-3), Early Essential Education programs, Elementary, middle, and high schools
- Special needs and private schools
- Hospitals, rehabilitation centers and skilled nursing facilities
- Private practices

The student may be required to travel to off-campus sites using his/her own vehicle or public transportation. Having a vehicle is strongly recommended as many placements are located away from the bus line. In addition, during summer or some spring semesters, specific practicum affiliations will require the student to travel to sites out of the area or state. For summer placements, this may also require making arrangements for housing. These affiliations are often

at specialty centers and medical settings that are not available in VT. The Externship Coordinator will also work with the student to find externships in remote sites they identify.

Practicum placements are critical to our strong graduate program and are a cooperative agreement between the speech-language pathologists and the university. The speech- language pathologists offer these opportunities as part of their commitment to our profession. They are not paid for taking students and often this requires time above their typical workload. Accepting a practicum assignment includes a commitment to a high level of professionalism to the supervisor, the site, and the individuals served on that site.

WHAT STUDENTS SHOULD KNOW ABOUT OFF-CAMPUS PLACEMENTS

1. Understand that there are many factors that go into matches between students and off-campus clinical educators/sites.
2. Understand that we make a contractual agreement with each site, and students cannot adjust the dates or make changes unless the following reasons are true: there are extenuating circumstances, the Off-Campus clinical educator is 100% in agreement and the graduate student has received approval from the Clinical Externship Coordinator.
3. Understand that these off-campus clinical educators and sites are volunteering their time to provide you with diverse experiences. It is not just the immediate supervisor. All other staff must arrange their schedules as well to accommodate a student. Students should understand that their placement is fluid. Sometimes external factors may alter the student's planned experience (vacations, maternity leaves, unexpected leaves, reduced staffing due to emergencies, etc.) that may impact their "expected" clinical. Remember that Off-Campus clinical educators volunteer their time, but it is also their permanent place of employment.
4. Understand that students are not just "earning hours," but trying to maximize learning experiences prior to graduation.
5. Understand that students are responsible for taking care of any mandatories required by the site (background check, drug screen, etc.) prior to the placement, in order to start on the contractually agreed upon date.
6. Understand that a site/clinical educator may have a different way of providing feedback. Sometimes a student may be matched with a personality that does not suit them perfectly. Practice self-advocacy as outlined on the following page to ensure that learning styles and communication styles are being met. Do this early in the semester. Also remember, this is a taste of the real world and an opportunity to learn how to interact with different personalities.
7. Understand a site expects professionalism at all times which includes taking initiative for learning, showing up, inquisitiveness, ability to accept feedback, etc.

8. Strongly consider in the future becoming an off-campus educator to give back to the profession and pay it forward.

All assignments to off-campus sites are made through the department and **under no circumstances should the student initiate contact with an off-site clinical educator** without prior authorization from the Externship Coordinator. Each semester, the student communicates with the Externship Coordinator in-person or via e-mail to discuss the available practicum sites. The student is given an opportunity to indicate interest in particular sites and any mitigating factors that may influence decisions about placement experiences. The student will be assigned to a variety of different off-campus settings in order to meet ASHA certification requirements.

Please refer to clock hour Experience Record and Cumulative Evaluation on CALIPSO to track hour requirements and competencies. The student is expected to accept placements, as these are made to ensure that various ASHA competency and clock hour requirements are met prior to graduation. Decisions as to who is recommended to a facility are based on:

- **Availability** of both the student and the off-campus clinical educator
- **The student's clinical skills** and the department's knowledge of the clinical expectations and demands of practicum site
- **Coursework completed**: Some practicum sites specify that certain courses must be completed or should be in process before a student will be considered for an assignment. For this reason, we plan the curriculum in such a sequence that necessary coursework can be completed as early in your graduate program as possible.
- **Previous clinical assignments**: We attempt to offer each student a well-rounded practicum experience. Occasionally, there are a number of students who are interested in a particular practicum setting, (e.g., hospital or early education center, etc.). Priority will be given to those students who have not yet had an affiliation in that type of setting and have met the facility's prerequisite requirements.
- **Travel capabilities as a student**: The student is expected to arrange transportation to and from off-campus assignments. As you are aware, Vermont is a fairly rural state and there are a number of externship opportunities outside the Burlington area. In some instances, car-pooling can be arranged, though this is rare due to students' and programs' varying schedules. For those students who do not have access to a car, there are some local externships accessible by public transportation.
- **Site Determination**: We recommend a student to a facility to indicate that the student has the academic and clinical background to perform effectively in that setting. However, it is up to the clinical educator at the off-campus setting to make the final decision regarding accepting a student. The student is often expected to interview with the clinical educator, and should

furnish the clinical educator with a current resume listing courses completed to date and other clinical experiences.

- **Attendance**: We strongly encourage the student to follow the calendar at the practicum site. In some cases, this may mean attending the practicum during parts of the winter break, UVM Spring Break and other university holidays. The student should discuss and resolve any possible scheduling conflicts with theoff- campus coordinator and the clinical educator prior to the beginning of the semester.

The off-campus Externship Coordinator needs to be notified of ANY absences, planned or otherwise. Frequent absences are unprofessional and may affect the ability to place a student at that site in the future. The off-campus clinical educator will notify the coordinator when and if a student has more than 2 absences during the placement.

If you have a conflict with a clinical educator at an off-campus site, please review the **Procedure for Resolving Potential Issues Between Grad Student, Program, and Off- Campus Site in Appendix G**. Contact your externship coordinator to notify him/her of the issue and to develop an action plan.

CLINICAL ACCOMMODATIONS

The program in which the student is enrolled will work collaboratively with the student to identify and arrange appropriate clinical experiences, with or without reasonable accommodation, as necessary. If reasonable accommodations are required in the clinical setting for both on-campus and off-campus clinical assignments, the faculty responsible for the clinical course will work with the student and Student Accessibility Services to communicate those needs to the clinical site. The availability of a specific site or clinical experience is at the discretion of the clinical site.

POSSIBLE QUESTIONS TO ASK OFF-CAMPUS CLINICAL EDUCATORS AT THE FIRST MEETING

- What are your expectations for the graduate student clinician at this placement?
- Are there any after-school requirements or expectations to work in the evenings?
- Do I need to do client related work outside of my placement?
- What is the "training period" length/expectation before I am expected to be on my own for the majority of sessions?
- How many clients/students/patients am I expected to manage?
- What is the average amount of hours I can expect to accumulate each week?
- What is the dress code for this placement?

PRACTICUM ASSIGNMENT EXTENSION POLICY

A practicum extension provides the student with an opportunity to accrue more experience and clinical hours in a setting to which he/she has been assigned for the semester. The student is NOT obligated to extend their placements, but has

this option if he/she is offered the opportunity by the off-site clinical educator. In order to be considered as part of the formal clinical practicum and have clock hours count towards the **400 hours** the following processes must be followed:

1. E-mail Externship Coordinator to request the extension.
2. The Externship Coordinator will determine if you are approved to continue the assignment beyond the semester:

a. This determination is based on the student's academic and clinical standing.
b. If an extension to the assignment is not PRE-APPROVED, the hours accrued will not be counted towards the 400 required in the graduate program.
c. Work experiences, volunteer experiences, etc. may not be retroactively identified as a formal off-campus clinical placement in order to accrue more clinical hours.

3. The Externship Coordinator will e-mail the student (with a Cc to the Program Assistant) to confirm that the student may extend the assignment.
4. Documentation of clock hours is the same as during the regular semester.
5. The student's grade from the semester will be carried over to the extension period, so an additional evaluation is not required.
6. Clock hours that are accrued after semester Check-Out will be counted in the following semester (e.g., if extending a fall assignment until Dec 20th, the hours accrued after fall semester Check-Out will be counted at the end of spring semester).
7. No additional evaluations of your off-campus clinical educator are required.
8. The extension of the assignment should not interfere with the start of the student's next assigned practicum. For instance, if the summer assignment starts on June 1st, the student may not extend the spring assignment if it will interfere with starting or participating in the summer practicum experience.

INDEPENDENT PRACTICUM OPPORTUNITIES POLICY

Occasionally, a student will become aware of externship opportunities from community members or other professionals. These can be wonderful opportunities, but must be presented to the externship coordinator for review. This approval must be in the form of an e-mail or a written note.

AT NO TIME should the student contact a preferred site and attempt to set up an off- campus practicum assignment without prior approval of the externship coordinator. The Externship Coordinator maintains professional relationships with many of the off- campus clinical educators and is aware of who is able and available to supervise a student. Additionally, the Coordinator may have already planned to assign another student to that practicum site. If a student initiates an externship without prior approval of the Externship Coordinator, the hours accrued will not be counted towards the 400 required for graduation and for ASHA.

SECTION 13: Audiology Block

Prior to their audiology practicum (Audiology or "AUD" Block), as an introduction to the audiology clinic, the student will be required to obtain 5 observation hours in audiology. If these have not been obtained prior to enrollment in the graduate program you may accrue these by observing at the University of Vermont Eleanor M. Luse Center.

Observation hours must be obtained within the scope of practice of speech-language pathology. Components that fall within the scope of practice include: hearing screening procedures including otoscopic visualization and tympanometry, hearing aid orientation, visual and listening checks of amplification, counseling and rehabilitative services for individuals with hearing loss and their families.

The Audiology Block assignment provide students with a more intensive experience, which is designed to further understanding of the diagnosis and management of hearing-impaired individuals. We recognize that, as speech-language pathologists,the student will not independently diagnose hearing loss or recommend hearing aids.

However, the student will provide screenings for children and possibly adults and may need to interpret audiograms, audiological reports and testing procedures for parents, medical, and other special education personnel. This practicum provides the student with the opportunity to communicate with adult clients who have questions and concerns about their hearing and helps to develop skills in professional dialogue with clients. Additionally, planning treatment programs for individuals with hearing loss cannot be accomplished successfully without thorough understanding of the nature and extent of the hearing impairment. The block also familiarizes students with hearing aids, since speech-language pathologists will perform listening checks on hearing aids priorto performing speech or language treatment with individuals who have hearing loss.

Troubleshooting instruments is also a function performed by speech pathologists in many employment settings.

Students are qualified to participate in Audiology Block after completing CSD 271: Introduction to Audiology and CSD 272: Hearing Rehabilitation (or concurrent enrollment), or their equivalents. Additional prerequisites are described below:

Audiology Observations (5 hours within the SLP scope of practice)

Audiology Block Orientation: A mandatory training will be scheduled prior to startof audiology block. For detailed information on the student's responsibilities in the Audiology Block, please contact the clinic director, the audiologist faculty, or review the Audiology Block Overview section in CSD 321/322 Blackboard.

SECTION 14: Materials

IN-HOUSE CHECK-OUT AND FILING PROCEDURES FOR TESTS AND MATERIALS

Assessment tools and resource materials each have their own section of shelves in the Materials Room. They are also shelved according to a color category and in numerical order within that

category. Items that are not shelved can be found in the filing cabinets. An orientation will be provided regarding the sign out procedure for assessment and treatment materials.

When there are only three copies of a particular test protocol form left, fill out the Test Reorder Form and give it to the Business Assistant or the Business Manager. This is important to ensure that we do not run out of test protocols when needed.

AAC Equipment and Materials are shelved either in the Materials Room or in the AAC cabinet in the adjacent room.

Equipment: Most of the equipment and supplies the student will need are available for use at the UVM Eleanor M. Luse Center. Equipment is located in the Materials Library, such as flashlights, tongue depressors/gloves, etc. The student must provide his/her own audio recording device.

Due to the number of students in the program, there may be times when the material or instrument needed is in use. If the student has favorite treatment materials he/she wishes to use, please bring them with you when you begin the program, or acquire them as part of your own professional collection of materials.

APPENDIX A: Clinical Educator Evaluation Form

CLINICAL EDUCATOR/FACULTY EVALUATION FORM

Department of Communication Sciences and Disorders College of Nursing and Health Sciences

University of Vermont

Clinical Educator/Faculty's name: _____

This evaluation is for a placement during: ***fall / spring / summer*****_____**

(circle one) year (YYYY)

Site: _____

Please complete a separate form for each clinical educator/faculty with whom you have worked (in diagnostics, treatment cases, and off-campus sites). Your feedback is very important. Specific feedback can assist the clinical educator/faculty in meeting the needs of graduate clinicians and will help to ensure an efficient supervisory process. Please appreciate that this process is taken seriously. Clinical educators/faculty will benefit from knowing what they have done that has been helpful for graduate student clinicians and/or what they can change to make a positive difference in their supervisory skills.

In the space below (use back of page if needed), provide your written narrative feedback on the supervision you have received then respond to the items on page 2. Your anonymity is protected by the following procedures: The graduate clinician brings the form(s) to checkout and places it in the submitted box. In an effort to preserve the graduate students' anonymity further, each student's written feedback will be typed on a separate summary sheet by the Department Administrative Assistant, and the typed summary of all students' comments is given to the supervisor along with a frequency distribution and average for each item on page 2 of the evaluation form. The clinical educator/faculty are NOT given the individual hand written pages of comments or evaluation forms. Since some clinical faculty supervise a limited number of graduate students, the feedback is consolidated into a summary to insure student anonymity.

Your written comments:

a) **The most helpful thing(s) my clinical educator/faculty did this semester….**

b) **Some suggestions for my clinical educator/faculty to increase my learning would be…**

c) **Please describe anything else you would like to share about your clinical educator/faculty this semester.**

Clinical Educator/Faculty Evaluation Form Department of Communication Sciences and Disorders College of Nursing and Health Sciences University of Vermont

Carefully note the scale below and respond to each item. If an item does not apply, circle N/A.

4	3	2	1	N/A
Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**	**Does not Apply**

1. Observation has been conducted regularly (at least 25% of tx and 50% of dx) 4 3 2 1 N/A (Knowledge and Skills I)
2. Provided feedback that is descriptive and objective (Knowledge and Skills VI). 4 3 2 1 N/A
3. Technique demonstration was provided if needed or requested. 4 3 2 1 N/A (Knowledge and Skills IV, V)
4. Demonstrated empathy and concern for others as evidenced by behaviors 4 3 2 1 N/A such as active listening, asking questions and facilitating open and honest communication (Knowledge and Skills II, VIII, XI).
5. Verbal and Written feedback was provided in a timely manner (within 4 days of student submittal) 4 3 2 1 N/A *(This item does not apply when paperwork was submitted late.)*(Knowledge and Skills VI, VII, IX)
6. Conferences were held regularly at the scheduled time, or sufficient notice given 4 3 2 1 N/A if a time change was necessary. (Knowledge and Skills VI).
7. A clear description of expectations and responsibilities was outlined 4 3 2 1 N/A (Knowledge and Skills I)
8. Additional assistance was provided when needed or requested 4 3 2 1 N/A (Knowledge and Skills IV, V)
9. I was offered additional references as sources of information when 4 3 2 1 N/A needed or requested (Knowledge and Skills IV, V).
10. Critical thinking and problem solving were encouraged and facilitated 4 3 2 1 N/A (Knowledge and Skills III, VI)
11. My clinical educator/faculty maintained a supportive relationship that encouraged 4 3 2 1 N/A increased independence as the semester progressed (Knowledge and Skills II)
12. I was encouraged to self-analyze my clinical work and was given some 4 3 2 1 N/A guidance in doing this (Knowledge and Skills III, VII)
13. My clinical educator/faculty offered assistance in my learning requirements for clinical 4 3 2 1 N/A documentation, billing and the client protection of privacy and confidentiality (Knowledge and Skills IX, X)
14. My clinical educator/faculty communicated in a manner that provided support and 4 3 2 1 N/A encouragement (Knowledge and Skills II, XI)
15. My clinical educator/faculty discussed problems or changes needed to improve my clinical skills. 4 3 2 1 N/A (Knowledge and Skills V)
16. My clinical educator/faculty modeled professional and personal behaviors that demonstrated and facilitated 4 3 2 1 N/A learning in how to work effectively within a team (Knowledge and Skills I, X, XI)

Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision (ASHA, 2008)

APPENDIX A: Student Observer Expectations

◆Student Observer Expectations◆

- Please DO:
  - Email: Contact your supervisor from your UVM email as soon as you sign up whether the session be via tele-practice or face to face
    - 24 -hour notice required
    - Identify yourself (name, year, basic background) to the supervisor
    - Be polite -- observing is a privilege not a right!
    - If you come last minute or there are too many observers (more than 2), the supervisor can refuse the observation
  - Find the Room: Look on the online Google schedules for the room number. You will observe from the attached room or will be invited to the meeting via a Zoom link for a tele-practice session.
  - Dress appropriately: Think business casual. No jeans, flip-flops, shorts/skirts with hems above tips of fingers, or leggings without a longtunic.
  - Come 5 minutes early: Quietly let yourself in if the observation room is open, or wait in the atrium outside the treatment hallway if the door is locked
  - If tele-practice, join the meeting with mic and video off
  - Stay hidden and unobtrusive:
    - Leave the lights off
    - Stay in the room during and after session
    - Adjust the speakers to an appropriate level

  - Bring a copy of your **HIPAA Compliance training form** and show it to the supervisor
    - You cannot observe without this form!
  - Wait: Stay in the observation room and wait for supervisor to come back to sign your hour form after the client leaves. Please fill out as much of the form as possible to save time.
- Please DO NOT:
  - Chat or text (it is distracting and your focus should be on the session)
  - Talk to the parents (unless you are introducing yourself)
  - Ask questions of the supervisor during the session (ask afterwards)
  - NEVER walk into a session which is underway

- General:
  - In the event of a cancellation, the supervisor will try to let observers know as soon as possible
  - Please plan to stay a few minutes after the session for the clinical educator to sign off on form and ensure a guided observation was completed. If tele-practice, please unmute and turn on video to join debrief after the client/family has left the session.
  - Otherwise, silent observation is important to allow the supervisor to focus on the session / family / student

THANK YOU!

Updated 7/8/2020

Expectations for UVM CSD Clinical Practicum
•2020-21•

- **Clinic Manual**: It is expected that you read the 2020-2021 Clinic Manual. Due dates, dress code, paperwork expectations/templates, and all necessary clinic information is there. Please check that resource first if you have any questions.
- **Attendance**: We will be following the clinic schedule for all sessions. It is expected that you make every effort to attend each therapy and diagnostic session (except for severe illness or injury). Please make travel plans accordingly around the schedule and notify your supervisor as soon as possible of any unavoidable scheduling conflicts. If you do need to miss a session, it is expected that you will offer a make-up session to the client (please see specifics in the Clinic Manual).
- **Cancellations**: If a client cancels a session, fill out a "Cancel" slip and give it to staff in the front office. Note the cancellation in main and working files, and turn in a SOAP that indicates why the session was cancelled at the top. Cross off that session on the observation sign- up board (outside main office), and let the supervisor know if there were students signed up to observe.
- **Billing**: Check with the front office to ensure billing sheets are ready for the semester (help fill them out if not). Some sessions are paid by the school district, so you will have one sheet per month (circle all Tx session dates and put in billing specialist's mailbox at the end of the month). If paid out-of-pocket or by insurance, there will be a billing sheet for each session. Families get a discount down from $95 to $76 (20% off) if they pay the day of the session.
- **Recordings**: It is expected that you both video record (using the video server) and audio record (personal recording device) each session. You can set up a recurring recording which needs to be deleted at the end of the semester. **Please do not use the Zoom recording feature as that affects HIPAA safety.
- **Room Sign-Out**: Make sure your treatment room is signed out. Fluency sessions typically occur in **room 314** so be aware of possible scheduling conflicts and communicate with the other student clinician to make alternate arrangements if double-booked. Please be courteous and clean the room for the next clients.
- The following are due dates for your paperwork this semester (always de-identified until printed):

Plans and SOAP notes:_____Plan-- **M T W Th F** SOAP-- **M T W Th F**

I suggest that you write your SOAP and the plan for the next session as soon as possible after a session while the information is "fresh."

Projected Treatment Plan: A high quality first draft is due **one week after Tx session 3 or earlier if you have gathered the information you need** for each client. Include PTP goals (without rationales) in each SOAP note after session 3.

Progress Reports: The first draft is due as soon as possible after final treatment session to streamline editing. The finalized report must be done before you have your final evaluation with your supervisor (24 hours before the formal "Check-Out" with the front office).

Semester 20xx Latest Due Date for Final Draft: (enter date)**.**

Diagnostic Reports: First draft is due **5 days after Dx date** (shared by file transfer and de-identified). Please put your initials next to each section you write on the first draft in order to be graded separately from your partner.

Revisions for all documents are due within **48 hours** after they are returned to you (including weekend time). If for some reason due dates cannot be held, please communicate that with me. I can be flexible if I know about a conflict ahead of time.

**NOTE: Do NOT expect supervisors to respond to you after standard work hours or on weekends.

We will turn around documents as quickly as possible during working hours.

Attention to Detail: All paperwork must be looked over and carefully edited before submitting it for review (spelling and formatting errors, names/dates are correct, etc.). Address **ALL** comments and suggested edits by your supervisors. I suggest that you "sleep on it" and then reread your draft out loud as if you are the parent to catch jargon and to clarify ambiguity.

- **Timeliness**: Treatment sessions end at the 50-minute mark, not on the hour. Please be aware of time, because we need a few minutes to debrief and to clean out the room prior to the next session.
- **Logging Sessions**: It is mandatory that you log the session in the main chart and working file immediately **every** time you see the client. This is for insurance reimbursement purposes. You must write the date, time, and general focus (example: 06/06/17: 1 hour Tx session 9- 10 AM). Please keep documentation in the working file in case another clinician needs to access the information. A file check will occur during your midterm evaluation to ensure HIPAA/NOPP/permission to email forms are up-to-date and all logs/billing sheets are accounted for across the main and working files.
- **Dx Test Forms**: All standardized tests and transcripts from a Dx will be kept in the main file (section 4) once the supervisor checks the scoring and initials them. You and your Dx team partner need to double and triple check all standardized test scores-- accuracy is part of your clinical grade.

General Tips:

- Always refer to our clinic as "the University of Vermont Eleanor M. Luse Center" in written documents

APPENDIX A: Student Expectations for on-campus Clinical Practicum continued

- Only turn in a draft of a document if you would be willing to sign it and turn it over to the family as is (or have it be read out loud in court). Make sure all "XXs" to de-identify documents have been edited back in carefully with the correct information.
- Do NOT use Google docs when writing reports even without identifying information (HIPAA violation and bad practice)

- Password-protect every document and post to CALIPSO when ready (or file transfer for Dx files)
- Email me once any documents are posted on CALIPSO (make sure it is set to "public" instead of "private" so I can see it -- **I will not know it is available unless you notify me by email**)
- Be professional when communicating with families and supervisor:
    - Parents need to sign the permission to communicate by email form if not already in file (section 1)
    - Always communicate using your UVM email (not a personal email account)
    - Use formal greetings on the phone and email in all correspondence ("Good morning" rather than "Hey", Dr. Kazenski, etc.)
    - Refer to the child as "your son/daughter*" to avoid using initials (you can note "*Child's name excluded to protect privacy" at bottom of emails)
    - Have a professional "signature" following the email, such as:
        - Full name, B.A./B.S.
        - M.S. Candidate in Communication Sciences and Disorders
        - University of Vermont Eleanor M. Luse Center
        - Your UVM email address
    - Print out email threads with families (or outside resources) and log in section 3 of the main file

- **Team Supervisory Meetings**: We will meet as a team every week as an opportunity to give you streamlined feedback and guidance, to troubleshoot with your classmates and to give you an opportunity to extend what you have learned from your client to clients with other profiles. Please come prepared with questions each meeting, and I encourage you to "speak up" to offer helpful suggestions and to think outside the box (no "wrong" answers).

Feel free to ask me questions along the way if you cannot find the information here or in the Clinic Manual or Graduate Handbook- looking forward to working with you!!

_____ _____

Graduate Student Clinician (date) Clinical Educator Signature (date)

APPENDIX B: Appointment Slip

Today's Date:_____

MEMO

To:_____Client:_____DOB:_____

From:_____ (circle one) TX DX

Effective Date:_____Disorder:_____

Off-Site Location:_____

(circle one) ADD CANCEL CHANGE DISCHARGE

Old Schedule	New Schedule
Monday_____	Monday _____
Tuesday_____	Tuesday_____
Wednesday_____	Wednesday_____
Thursday_____	Thursday_____
Friday_____	Friday_____

Comments:_____

APPENDIX B: Treatment Enrollment Card

TREATMENT ENROLLMENT CARD

Name: _____ DOB: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ Disorder Type: _____

_____ Email: _____

Home Ph.#:_____ Office/Cell: _____

To be scheduled in Fall _____ Spring_____ Summer_____

Preferred days/times: _____

Method of Payment: _____

TO BE COMPLETED WHEN SCHEDULED

Clinician: _____ Appt. day(s)/time(s): _____

Supervisor: _____ Start date: _____

APPENDIX B: Client Contact Sheet

Update this within 8 hours of every clinic visit, or phone contact, or e-mail contact with your client.

CLIENT CONTACT SHEET

Client: _____

Note: All sessions, correspondence, treatment dates, phone calls and/or notes to folder

MUST** be logged in and initialed with an **INK PEN. Do not use pencil.

MUST INK PEN. Do not use pencil.

Date MM/DD/YY	Comments	Supervisor/ Clinician (*please initial*)

APPENDIX B: Client Attendance Record

CLIENT ATTENDANCE RECORD

Client:_____**Clinician:**_____**Semester/Year:**_____

Sessions Scheduled for: (state day(s) and time):_____

Mon	Tues	Wed	Thurs	Fri

Mon	Tues	Wed	Thurs	Fri

Mon	Tues	Wed	Thurs	Fri

Mon	Tues	Wed	Thurs	Fri

Note: When a client is absent from a regularly scheduled session:

1. **Submit a treatment log for the date of the session that was missed**
2. **Write on the log that the client was absent and note the reason**
3. **State the date you have arranged for a "make-up" session.**

You are responsible for offering the client the opportunity to have a "make-up" session in an effort to preserve the continuity of treatment and progress.

An attendance Record is maintained for each client. At the end of the semester, the Attendance Record is filed in the client's master folder. Session attended, absences, and make-up sessions are to be included in the above attendance Record. Use the following notations:

P=present A=absent M=make-up

APPENDIX B: Graduate Student check out procedure

★ End-of-Semester Check-Out ★

Prior to the meeting with your clinical educator:

- Ensure progress report is finalized, signed and filed (by front office)
- On CALIPSO:
  - Submit all clock hours
  - Complete self-evaluation
  - Complete clinical educator evaluation
    (for off-campus and on-campus clinical educators including PSCG and Aud Block)
- Check to make sure your video recording on CORS has stopped. Setting chosen when you initially set up video

What to bring to the meeting with the clinical educator:

- Working File
- Main File
- Audio recorder (to erase everything off the device)
- Any borrowed materials to clinical educator or back to Materials Room

Working Files Checklist:

- Make sure the calendar on the inside left cover has been completely filled out. These dates have to match the dates on the:
  - SOAP notes
  - main file log
  - main file billing sheets
- Put clean, finalized SOAPs in reverse chronological order (most recent on top) and highlight the date of the session
- Log any cancellations or sessions due to holidays, make-up days, etc. and include a SOAP note for each
- Remove and securely shred any extraneous notes that are not relevant to the next clinician

Main Files Checklist:

- Make sure all documentation is in pen (including test protocols)
- Verify the following are present and complete in the correct sections:
  - **Section 1**: client contact, report distribution, and signed NOPP/HIPAA consentforms
  - **Section 2**: billing sheets, insurance card/information
  - **Section 3**: email communication with the family/outside sources
  - **Section 4**: intake form, case history form, evaluation report, projected treatment plan, progress report and any standardized test protocols, questionnaires or transcripts

Check-Out with Front Office Staff:

- Fill out the clinical teaching evaluation of all of your clinical educators for the semester on CALIPSO (including on/off-campus, PSCG and Aud Block supervisors)
- Front office staff will check on CALIPSO to make sure these are done.
- Bring all files for the front office staff (main and working)

Diagnostics: One person on the team needs to "Check-Out" the file if you have not done so already with the supervisor.

Portfolio: Complete all essays, de-identify reports, etc. as soon as possible after the semester ends by date given by Graduate Program Advisor

By S. Cote (updated 7-08/2020)

APPENDIX C: Student Consent form for recordings

UNIVERSITY OF VERMONT

DEPARTMENT OF COMMUNICATION SCIENCES AND THE ELEANOR M. LUSE CENTER FOR COMMUNICATION:

SPEECH, LANGUAGE, AND HEARING

Digital Video Recordings, Audio Recording and Photographic Recording Student Consent Form

I,_____, understand that, in the course of my clinical training experience as a student in the Department of Communication Sciences at the University of Vermont, diagnostic and treatment procedures will be digital and/or audio recorded for supervisory and educational purposes.

I give my consent for such recordings, or segments thereof, to be provided to referring professionals and/or clients /family members, and to be included in course instruction and professional presentations by faculty of the Department of Communication Sciences.

Furthermore, I give my consent for photographs to be used in public information materials and professional presentations.

_____

Signature

_____

Printed Name

_____

Date

APPENDIX C: HIPAA oversight compliance form

HIPAA COMPLIANCE PROCEDURES OVERSIGHT

On_____it became apparent that an oversight had

(Date)

occurred regarding proper HIPAA compliance procedures for the

following client:_____. This oversight was

(Name of client)

discovered by_____.

(Name of employee or clinician)

NATURE OF THE OVERSIGHT

The following form(s) were noted to be missing:

_____ Receipt of notice of privacy practices (NOPP)

_____ Consent to use or Disclose Protected Health Information For Treatment, Payment, Health Care Operations and Other Limited Purposes.

The following violation occurred (description):

_____

_____

_____

CURRENT STATUS

Action taken:

_____

_____

_____

Missing signed forms (if any) received and filed on: _____

(Date)

NOTE: PLACE ORIGINAL IN CLIENT FILE, A PHOTOCOPY MUST BE GIVEN TO BUSINESS MANAGER

APPENDIX C: HIPAA form

UNIVERSITY OF VERMONT ("UVM")

Authorization to Use or Disclose Protected Health Information

For Treatment, Payment, Health Care Operations and Other Limited Purposes

I understand that as part of my healthcare, The University of Vermont ("UVM"), and more specifically its health care services and clinic where I obtained medical care, at the Eleanor M. Luse Center for Communication, creates, receives and maintains personally identifiable health records about me that describe my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment (this information is referred to as "**protected health information" or "PHI").**

I also understand that a federal law known as **HIPAA** (the Health Insurance Portability and Accountability Act of 1996) protects the privacy and confidentiality of my PHI. I understand that UVM is permitted under HIPAA to use and disclose my PHI without my consent or authorization, for certain specific purposes like treatment, payment and health care operations as well for certain other limited purposes specified in HIPAA. I further understand that there is a state law (12

V.S.A. § 1612: Patient's Privilege) which requires that UVM obtain my written agreement to a partial and limited waiver of my rights. This waiver will allow UVM to make disclosures of my PHI, without my specific authorization on each occasion, for the specific and limited purposes (described below) of treatment, payment health care operations and other limited purposes specified by HIPAA.

- **Treatment** means the provision, coordination, or management of health care and related services by one or more health care providers.

- **Payment** means the activities undertaken by a health care provider or health plan to obtain or provide reimbursement for the provision of health care.

- **Health care operations** means conducting quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; underwriting, premium rating, and other activities related to health insurance contracts; medical reviews; legal services; auditing functions; and business management and general administrative activities of UVM. One element of our Health Care Operation is the training of students, which involves student observation of services and the video and audio taping of services. These teaching activities will take place during your visits to optimize your service delivery and the training received by the clinician(s).

- **Other limited purposes** indicate all of the other purposes for which UVM would be allowed or may be required under HIPAA to use or disclose my PHI without my specific authorizations, and it includes purposes such as public health investigations and health and safety emergencies.

I also understand that the ways in which UVM is permitted to use and disclose PHI about me under HIPAA are more specifically described in the Notice of Privacy Practices ("NPP") provided to me at or about the time I first received care here. An additional copy of that NPP will be provided to me at any time upon my request.

Name of patient_____ Date of Birth _____

(Please Print)

_____

Signature of Person Authorizing Consent Relationship to patient

Date_____

July 2015

APPENDIX C: Permission to communicate via email

PERMISSION FOR THE ELEANOR M. LUSE CENTER TO CORRESPOND BY EMAIL

Client Name:_____ DOB: _____

I_____ give my permission for the Eleanor M. Luse Center to communicate with me by email for the following items:

_____ Appointment Dates and Times

_____ Insurance Information

_____ Treatment Information

_____ Other: (Explain)

Email Address: _____

I understand that email transmissions are never 100% secure. The risks include, but are not limited to, sending information to an incorrect email address; unauthorized access to the email account that has either sent or received the email; unauthorized forwarding, printing, copying or otherwise sharing by individuals who receive the email; and interception of email while in transit. The same risks apply whether you are the sender or the recipient of the email containing PHI.

I understand these risks and still wish to have the Eleanor M. Luse Center communicate with me via email.

_____ _____

Signature (Client/Parent/Guardian) Date

Reviewed 07-25-15

APPENDIX C: Request for Report Distribution

UVM ELEANOR M. LUSE CENTER FOR COMMUNICATION

SPEECH, LANGUAGE, AND HEARING

Request for Report Distribution

If you would like us to send copies of reports to agencies or professional persons, please list below, including: full names and complete mailing addresses. Thank you.

Name:_____ Name_____

Organization:_____ Organization:_____

Address:_____ Address:_____

_____ _____

Phone:_____ Phone:_____

Name:_____ Name:_____

Organization:_____ Organization:_____

Address:_____ Address:_____

_____ _____

Phone:_____ Phone:_____

Client Name:_____ DOB:_____

Requested by:_____ Date:_____

Relationship to client (if applicable):_____

Signature of Client (or parent/guardian): _____

Speech-Language Path./Student Clinician-Signature:_____Date:_

_____

Revised July 26, 2012

UNIVERSITY OF VERMONT ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

_____ _____

Patient Printed Name Date of Birth

I have received a copy of The University of Vermont's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by the University of Vermont and of my rights with respect to my health information.

I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information.

_____ _____

Patient/Legal Representative Signature Date

If someone other than the patient is signing on behalf of the patient:

_____ _____

Legal Representative Printed Name Relationship

******** DO NOT WRITE BELOW THIS LINE ********

TO BE COMPLETED BY DESIGNATED CLINIC STAFF PERSON IF FORM IS NOT SIGNED

1. Was the patient provided with a copy of the Notice of Privacy Practices? ✐ YES ✐ NO
2. Briefly describe the efforts made to obtain the patient's acknowledgement of receipt of the Notice of Privacy Practices and check all that apply:

   ✐ Patient/Legal Representative refused to sign.

   ✐ There was an emergency situation that prevented the patient's/legal representative's ability to acknowledge receipt.

   ✐ Other (describe):_

   _____

   _____

   _____

   _____

APPENDIX D: Diagnostic Planning Template

Diagnostic Plan		
Client Initials: Age: Gender: M / F	Concern(s) (Referral Questions):	
Grad Student Clinician Goal:		
Grad Student Clinician Goal:		
INPUTS	**PROCESS**	**OUTCOME**
(Available Background Info.) More information needed about:	(Protocol you have planned in order to answer the referral questions and concerns) **<u>Brief</u>** Initial Phone Call: ■ Do NOT email ■ Meet with your supervisor first ■ You cannot speak to anyone else (SLP) without permission from the family ■ Confirm appointment day/time ■ Request child's game preferences ■ If collecting audio/video sample from home, have them use UVM file transfer for big files (be aware of HIPAA) Diagnostic Protocol:	(Verify or rule out the following diagnostic hypotheses): H1 H2 H3 Other desired outcomes:

*Add interview questions here below the table if requested by supervisor.

(If two students are assigned to a diagnostic evaluation, you cannot both get hours for the same activity. Both students must be actively engaged and performing distinct activities (e.g., parent interview and collecting a language sample or collecting data to check reliability of scoring).

APPENDIX D: Diagnostic Evaluation Report Template

[press return 7 times to leave room for letterhead]

Speech-Language Evaluation
June XX, 201X

Client:	XX XXX	**C.A.:** 4 years, 0 months
Date of Birth:	May 12, 2011	
Address:	XX Road, Town, VT 05XXX	
Phone:	(802) XXX-XXXX	
Parents:	X & X Client	
Referral Source:	Dr. X X	
Graduate Clinician:	Student Clinician, B.A./B.S.	
Clinical Supervisor:	Supervisor, Ph.D., CCC-SLP	
Diagnosis and Code:	Diagnosis (XXX.XX)	

Referral Questions:
1.
2.

Background:
Includes pertinent family, educational and medical history, gestational age, birth weight and developmental milestones and pregnancy information. Information from previous reports, interview with family, teachers, other professionals and case history forms.

Organization of this section will be based on nature of the referral and statement of problem. Level of detail is determined by age of client, complexity of diagnosis, etc.

Section should be organized to create a clear picture of the problem and provide details which are directly related to the presenting problem. Write "University of Vermont Eleanor M. Luse Center" when referring to the clinic.

Non-standardized Assessment Findings:

Observations:
Description of client, testing environment and general progress of evaluation. It is important to describe, but not label (i.e., Joey required significant cuing and direction to sit in his chair. Participation in testing was inconsistent so all standardized tests were not completed vs. Joey was hyper and uncooperative with testing). Perhaps some of these observations may lead us to say that results from certain portions of testing are not reliable due to behaviors during testing

Narrative description includes all general aspects of communication-unless referral is for testing in a very specific area (e.g. fluency, feeding, speech motor). Descriptions of some of the child's responses during the evaluation can help families/clients to understand the reported information.

APPENDIX D: Diagnostic Evaluation Report Template Continued

Family Interview: if applicable

Standardized Assessment Findings:
Results of standardized assessments including tabled scores and narrative summaries of performance.

Tables/Charts/Graphs: Tables should be labeled well enough to stand alone. Tables should include raw scores, standardized scores, confidence intervals (if applicable) and percentiles.

Level of detail will depend on how the test scores support the summary. For example, if the *CELF* was administered and subtests indicated significant variation in performance across subtests, it will be important to report the individual subtests and outline the child's strengths and challenges. Narrative should accompany tables but not be redundant.

Table 1. *XXX* Results

XXX	**XXX**			**XXX**		
	Raw Score	**Standard Score**	**Percentile Rank**	**Raw Score**	**Standard Score**	**Percentile Rank**
Mother	24	39	16	22	36	5
Father	35	59	34	24	39	16

Note: Percentile ranks between 16 and 84 indicate normal range, with 50th percentile representing the mean.

Summary and Interpretation:
Presence of a "disability" or a "diagnosis" and any school eligibility documentation should be stated. XX presents with a diagnosis of "severe/mild/moderate" XX disorder based on the results of today's assessment. Be specific about: type of communication disorder, severity, etiology (if possible), maintaining factors, and functional impact. Referral question must be specifically addressed.

Summarize the impressions of the client and the evaluation process. Do not restate everything you wrote in the assessment results section. The purpose is to analyze all the information and to summarize it in a succinct and clear manner.

Conclusions must be supported by the information/ data reported in the evaluation section. Do not restate scores -- be concise.

Recommendations:
Decisions about eligibility for services, specific service frequency and the programs that will be used for treatment are determined by the school team.

However, specific information about intervention related to specific disorders should be included (e.g., "…treatment for apraxia of speech should include frequent, short speech therapy sessions with a focus on having child produce a high volume of the target sound …").

APPENDIX D: Diagnostic Evaluation Report Template Continued

Referrals for additional testing (e.g., medical referrals, specialists, further evaluations, treatment). Do not refer to specific specialists/clinics, but to the needed services. Need to answer the question, "What happens next?"

The following recommendations were discussed with XX's mother at the conclusion of today's evaluation:

1.
2.
3. etc.

Prognosis:
Prognosis for improvement. XX's prognosis is excellent based on the family commitment displayed during today's evaluation, his speech history, his age, and pattern of development.

It was a pleasure to work with XX and his family today. If there are any questions or concerns regarding this report or the information contained within it, please contact the University of Vermont Eleanor M. Luse Center at (802) 656-3861.

_____	_____
Student Name, B.A./B.S. Graduate Clinician	XX XXX, Ph.D., CCC-SLP Speech-Language Pathologist Clinical Assistant/Associate Professor

Reference(s):
If applicable. Follow APA.

Cc:
WW & MM Client
XX Road
Town, VT 05XXX

[check against Request for Report Distribution Form and include the family's address]

Extra Notes about Dx Reports:

- Last page must have more than just signatures
- Turn in the BEST POSSIBLE first draft!
- Carefully proofread as if you are the client
  (no jargon or minor errors)
- First draft due 5 days after assessment
- Final signed draft due 2 weeks after assessment

APPENDIX D: Progress Report Template

[press return 7 times to leave room for letterhead]

Progress Report

June XX, 201X

Client: Johnny Client

Date of Birth: February 31, 2011 **C.A.**: X years, X months

Address: 77 Client Lane, Burlington, VT 05401

Phone: 802-555-5555 (cell), 802-777-7777 (home)

Parents: YY & KK Client

Referral Source: if applicable

School: if applicable

Graduate Clinician(s): XXX, B.A. (or B.S.)

Clinical Faculty: XXX, M.S. (or Ph.D.), CCC-SLP

Diagnosis and Code: Diagnosis (XXX.XX)

Background:

Briefly report relevant information.

Goals and Objectives:

Client was seen for six treatment sessions this semester, during which the following goals were addressed: *[list Long Term Goals and Short Term Objectives]*

Long Term Goal #1:

Short Term Objective 1.1:

Short Term Objective 1.2:

[typically, no rationales in progress report]

Long Term Goal #2:

Short Term Objective 1.1:

Short Term Objective 1.2:

[etc. depending on number of goals]

Course of Treatment:

This section describes what procedures/activities were used in therapy program, effective reinforcement, general progress, etc.

Present Status:

Must include treatment outcome measures and compare pre- and post-therapy data. Label charts, graphs and tables.

How is the client is functioning now? What changes occurred over the semester?

Table 1. Results of XX Reassessment *(with CIs, %iles, standard scores, etc. as appropriate)*

Summary:

Interpretation and narrative summary of the data. You should not introduce any new information here, but highlight key points/results in a condensed manner (short paragraph).

APPENDIX D: Progress Report Template Continued

Recommendations:

Based on X's progress this semester, the following recommendations are made:

1.

2.

3. etc.

Includes plan for follow-up if needed.

Prognosis:

Based on X's progress this semester, his prognosis for continued improvement with direct therapy is XXX (very good, excellent, poor, fair, etc.).

It has been a pleasure to work with X and his family over the summer. If there are any questions regarding this report please call the University of Vermont Eleanor M. Luse Center at (802) 656-3861.

_____	_____
Clinician Extraordinaire, B.A./B.S.	Clinical Faculty, M.S./Ph.D., CCC-SLP
Graduate Clinician	Speech-Language Pathologist
	Clinical Assistant/Associate Professor/Educator

References:

If applicable (follow APA formatting below). Generally, we only cite specific normative data directly underneath a table or a manualized program (e.g., Lidcombe Program) here at the end of the report.

Calfee, R. C., & Valencia, R. R. (1991). *APA guide to preparing manuscripts for journal publication*. Washington, DC: American Psychological Association.

Cc: XX & YY Client

77 Client Lane

Burlington, VT 05401

[check against Request for Report Distribution Form and include the family's address]

Extra Notes about Reports:

- Last page must have more than just signatures
- Turn in the BEST POSSIBLE first draft!
- Carefully proofread as if you are the client (no jargon or minor errors)
- Final signed draft due before your final evaluation meeting with your supervisor

APPENDIX D: Projected Treatment Plan Template

[press return 7 times to leave space for letterhead]

Projected Treatment Plan

Spring 201X

Client: Johnny Client
Date of Birth: February 31, 2011 **C.A.:** X years, X months
Address: 77 Client Lane, Burlington, VT 05401
Phone: 802-555-5555 (cell), 802-777-7777 (home)
Parents: Jamie & Kim Client
Referral Source: if applicable
School: if applicable
Graduate Clinician: XXX, B.A. (or B.S.)
Clinical Faculty: XXX, M.S. (or Ph.D.), CCC-SLP
Diagnosis and Code: Diagnosis (XXX.XX)

Background:
A *brief* summary of pertinent background information.

Testing Results:
If applicable. This section is to be included if during the semester objective testing was administered. Include the test name (written in full prior to using the abbreviation) and results.

Goals/Objectives:
The following Long-Term Goals and Short-Term Objectives have been established for XX's course of treatment this semester.

Long-Term Goal #1: This is a relative endpoint but not a lifetime goal. A long term goal may be a calendar year from the date it is written or in the case of a voice or fluency client, it may be for the extent of the semester.

Rationale: (as appropriate) This section reflects your knowledge and justification for the goal. Note that some supervisors prefer one big rationale after all of the Short-Term Objectives (STOs) to cover the Long-Term Goal (LTG) and all STOs for that LTG. Ask your supervisor for his/her preference. See LTG #2 below as a model.

Short-Term Objective #1a: Short-Term Objectives are written with dates that are throughout the semester. They should be measurable and include criteria of how the goal is measured and met.

Rationale:
Procedures: What the client will be doing. What the clinician's cueing will look like. How feedback will be given. What will be the activities that the child/client will be doing to achieve the goal. Note that some supervisors prefer one bigger set of procedures after all of the Short-Term Objectives (STOs) and the rationale for all goals. Ask your supervisor for his/her preference. See LTG #2 below as a model.

Short-Term Objective #1b:

Rationale:

Procedures:

Long-Term Goal #2: *If your supervisor prefers one long rationale and procedure.*

Short-Term Objective #2a: You need at least two STOs for each LTG.

APPENDIX D: Projected Treatment Plan Template Continued

Short-Term Objective #2b:

Rationale:

Procedures:

Long-Term Goal #3: *If applicable and if your supervisor prefers a rationale/procedure for each sub-goal.*

Rationale:

Short-Term Objective #3a:

Rationale:

Procedure:

Short-Term Objective #3b:

Rationale:

Procedure:

Family Education and Home Program:
Write a short summary paragraph about carryover of home practice.

Make sure the signatures are not dangling alone on the last page.

_____	_____
XX XXX, B.S.	Mary Fitzpatrick, M.S. or Ph.D., CCC-SLP
Graduate Clinician	Speech-Language Pathologist
	Clinical Assistant or Associate Professor

Reference(s):

If applicable (follow APA formatting below). Generally, we only cite specific normative data directly underneath a table or a manualized program (e.g., Lidcombe Program) here at the end of the report.

Calfee, R. C., & Valencia, R. R. (1991). *APA guide to preparing manuscripts for journal publication*. Washington, DC: American Psychological Association.

[Note: We do not have a Cc list on projected treatment plans because it does not get mailed to the family.]

APPENDIX D: Weekly Therapy Plan Template

WEEKLY THERAPY PLAN-LOG **Plan Established:** XX/XX/XXXX

Graduate Clinician Name: Student X, B.A. **Clinical Faculty:** XXX, M.S. or Ph.D., CCC-SLP

Client : YY **Date:** June 30, 201X **Session #:** 2

Long Term Goal #1: *(goals are included in plans/SOAPs after session 3 once the PTP is finalized)*

Short Term Objective 1.1:

Rationale: *unless supervisor requests that these can be left out of plan/SOAPs*

Short Term Objective 1.2:

Rationale:

Long Term Goal #2: *(there may be more than two LTGs and STOs)*

Short Term Objective 2.1:

Rationale:

Short Term Objective 2.2:

Rationale:

Procedures / Session Activities:

This is where your weekly plan goes with rationales, procedures, materials, etc.

1. Activity Title: Write the target followed by the activity that you are using to work on that target. For example -- Vocalic /r/ at the word level using Jenga blocks instead of "Jenga". 5 minutes.
   a. *Rationale*
   b. *Materials*

2. Activity Title:
   a. *Rationale*
   b. *Materials*
   Etc.

WEEK #2: June XX, 201X SOAP

S: Subjective comments about client's participation and engagement (Brief! 1-2 sentences)

O: Results/Data (objective information including any tables with performance data, parent interview responses, clinical observations, etc.)

A: Assessment (provide interpretation of data in short narrative paragraph to summarize in general terms what the client's performance indicated in terms of progress and what changes/next steps are beneficial)

P: Plan (for home carryover and/or if you will introduce a new technique next session)

APPENDIX D: Weekly Therapy Plan Template Continued

Personal Goals:

1. If requested by supervisor (set goal in the Tx plan and comment on your own progress here in the SOAP)
2.
3.

EXTRA NOTES FOR SOAPs:

- The activities section includes how you organize the session to help the client engage and learn, as well as how you provide feedback, reinforcement and encouragement.
- Think of "activities" as the games or interactions that you create for the client, and the "procedures" as the methods you will use to cue the client, and give feedback and reinforcement.
- Your weekly plans/SOAPs should include important information that will be in the progress note. Document behaviors specifically related to the STOs and the LTGs.
- Define data-collection methods carefully so that it reflects the gains the client is making. Data should include level of cuing and accuracy of response (error, distortion, accurate).
- Turn in your SOAP for the previous session and the plan for the upcoming session at the same time. Speak to your supervisor about a consistent day each week for these documents to be due on CALIPSO.
- Some supervisors request 2-3 personal goals at the bottom of each plan with comments about whether those goals were achieved at the end of the SOAP. This is meant to help the supervisor know what you might need extra support with during the session and for you to set regular goals prior to mid-term and final evaluations.
- Remember that sessions end on the 50-minute mark to leave time to walk the family out and prep the room for the following session. Plan accordingly to leave 5 minutes of wrap-up time at the end of the session to finish in a timely way.

Statement regarding meeting Vermont Special Education regulations for Dx reports:

Depending on the area that you are assessing (artic, expressive/receptive language, fluency, voice, etc.):

"According to Vermont special education regulations, the results of this assessment meet disability determination criteria in the area of *(insert the title and number from the regs).* It will be necessary for the school evaluation and planning team to reconvene to determine presence of adverse effect and/or need for specialized instruction that cannot be provided within the regular education environment."

Caution: Disability determination cannot always be determined. For instance, we can determine speech and language impairment according to the regulations but cannot determine a specific learning disability in the area of receptive or expressive language because the performance needs to be compared to IQ scores, which may not be available.

Sample of Fluency Section in Non-fluency Dx

X's parents raised additional concerns regarding X's fluency. They reported that he/she frequently "gets hung up" when trying to say complicated stories at home. X's fluency was informally observed during spontaneous conversation with the clinician today, and the parents also provided a 10 -minute video sample of X's during natural conversation at home. These samples were used to calculate the child's percent syllables stuttered which was 0.4% out of 547 syllables spoken. Normal disfluencies were observed including easy, unhurried whole word repetitions without any observable tension ("I-I"), phrase repetitions ("and he went, and he went") and filler words ("uh," "um"). These disfluencies are considered typical for children at this stage of emerging speech/language development.

Because the disfluencies were observed only infrequently in X's speech (<1% syllables stuttered) and occurred only during complicated speech/language production (i.e., after being asked a complex question regarding why the batteries in their toy do not work anymore), the disfluencies are not considered stuttering at this time and do not require formal treatment. At this time, X's articulation/voice/other concerns are impacting his/her ability to communicate more significantly than his/her disfluency.

While the child receives treatment for articulation/voice/other, X's parents are encouraged to informally monitor X's fluency and report any changes in severity to the Eleanor M. Luse Center, particularly if X begins to show negative reactions to his/her speech. It is recommended that X's parents use the following fluency-enhancing strategies at home to support X's communication: use more comments than questions, get down to the child's eye level and make eye contact when he/she speaks to indicate they are listening, prevent his/her siblings from interrupting or talking for him/her, and patiently wait for the child to express themselves.

APPENDIX D: Hearing Screen sample write up

NORMAL HEARING SCREENING:

Mr. Bob's hearing was screened as part of this diagnostic evaluation. Otoscopic visualization of both ear canals revealed the presence of minimal cerumen. Both tympanic membranes were viewed and healthy in appearance. Tympanometry was conducted and results suggested normal middle ear function bilaterally. Mr. Bob's hearing sensitivity was then screened using the standard hand-raising method in response to the presentation of pure-tones. Mr. Bob detected all pure tones presented at the screening level of 15 dB HL in both ears. The above results suggest normal peripheral hearing in both ears.

ABNORMAL HEARING SCREENING:

Joey's hearing was screened as part of this diagnostic evaluation. Otoscopic visualization of both ear canals revealed tympanic membranes that appeared retracted bilaterally. Tympanometry was conducted with results indicating significant negative pressure in the middle ear spaces, suggesting Eustachian tube dysfunction. Joey's hearing sensitivity was then screened using Conditioned Play Audiometry (peg-in-the-board) in response to the presentation of pure-tones. Joey did not detect the pure tones presented at the screening level of 15 dB HL at 500 and 1000 Hz in both ears but did perceive them at the remaining frequencies screened. These findings indicate that Joey did not pass the hearing screening and he should be seen by an audiologist for further hearing testing.

APPENDIX E: PSCG soap and plan sample write up

Post-Stroke Communication Group

WEEKLY THERAPY PLAN **Date Plan Established: _____**

Client Initials: PSCG Dates covered: _____ Session #'s _____

For Individual Clients (from projected treatment plan) or multiple session goals for the group:

Group:

Long Term Objective #1: _____

Short Term Goal

1. _____
   Rationale:_____

   Procedures:

2. _____
   Rationale:_____

3. _____

   Rationale:_____

Long Term Objective #2: _____

Short Term Goal

1. _____
   Rationale:_____

2. _____
   Rationale:_____

Procedures / Session Activities:

WEEK #1: Date: Continue on with same format for each corresponding week written under the previous week on same document.

Attendance:

S:

O: Session/group goals:

A: Overall:

P:

APPENDIX E: PSCG soap and plan sample write up continued

Individual Goals:

Member	Goal	Date	Date	Date	Date
Client 1					
Client 2					
Client 3		.			
Client 4					
			.		
Client 5					

S: Final Week of group for the semester

O: Session/group goals:

O: Individual Goals: See Table from (date)

A (session):

<u>Overall semester assessment:</u>

Group-

Individual members-

<u>Suggested plans for next semester:</u>

Group-

Individual members-

Client 1:

Client 2:

Client 3:

Client 4:

Signature: _____ Date:_____

APPENDIX E: PSCG Clinician Orientation

Post-Stroke Communication Group Clinician Orientation

The Post-Stroke Communication Group was started in 2000 through grant funding focused on group therapy processes. The group is based upon the "Life Participation Approach to Aphasia" (LPAA Project Group: Roberta Chapey, Judith F. Duchan, Roberta J. Elman, Linda J. Garcia, Aura Kagan, Jon Lyon, and Nina Simmons Mackie, ASHA, 2009*)* meaning that it is directed by the needs and desires of the participants and is focused on a re-engagement in life. Camaraderie and communication are the overriding goals of this group. Group members are actively involved in setting the agenda for the group meetings.

People are referred to the group from a variety of community sources including friend- friend, physicians, speech pathologists or self-referred from information gained on the CSD website. All interested parties who call the center about the group complete an Intake Form with front office staff. NOT ALL REFERRALS WILL BE SEEN FOR A FULL SPEECH-LANGUAGE EVALUATION. Determination of the need for a full evaluation prior to starting group is made by the Clinic Director or Clinical Educators and is based on recency of speech language therapy, documentation of current status on case history form, notes from outside providers.

At the beginning of each semester:

1. Clinical Educator will provide electronic and/or paper copy of current participants. Member information is maintained in a Microsoft Excel spreadsheet which can be used to develop "Welcome Letters" using Mail Merge.
2. The first PSCG meeting is typically held one week later than the first week of general clinic.
3. "Welcome Letters" are sent to current and old participants (2wks prior).
4. Follow-up phone calls to confirm participants (1-2 wks prior).
5. Sign out the conference room or the classroom for the appropriate time for the entire semester.
6. Review client files in preparation for initial supervisory meeting (1 wk prior) and first group meeting. For new members who have not been seen at this center for evaluation, initial background chart review and write-up per Aphasia Class format. Any relevant documentation from recent community providers that is not already part of the clients file will be called for.
7. One working file should be established for the group for the current semester. All working files for the Stroke Group are kept in its own section in the filing cabinet (i.e., NOT in alpha order).

Weekly:

1. Prepare treatment plans, procedures and roles and submit to supervisor at the agreed upon time.
2. Complete treatment logs with data, observations, impressions, and meeting minutes for each client no later than agreed upon due date.
    - Minutes briefly reflect the activities of the session including attendees, roles, activities, client comments, concerns, actions to be taken, etc.
    - Minutes are written for the clients and are to be printed and read/discussed at the following week's group meeting. Copies should go in the PSCG working folder.
3. Document attendance in each client's file, reflecting the date and session duration.

Prior to each session:

1. Plan to arrive at least 30 minutes prior to each session to prepare the room. Have water, coffee, napkins, cups, etc. ready to accompany refreshments.
2. Bring in a box of stroke group supplies including the following:
    - Name tags
    - White boards with dry erase markers
    - Paper and pens
3. Have client folders and minutes ready to start the weekly discussion.

Documentation and Data Collection:

1. Weekly SOAP note including group and individual goals, progress and plans (see attached).
2. Plan for group activities for next week, including individual goals if they have been identified.
3. Final progress reports on group and/or select members.
4. Summary letters sent to client members.

APPENDIX F: Writing Resources

Using Sources Wisely and Fairly

First, decide whether it is most appropriate to quote, paraphrase, or summarize the source.

A. Quotation: Copying the exact word, phrase, sentence, or paragraph from the source.

1. Conventions:

- MUST BE PUT WITHIN QUOTATION MARKS.
- Must include page number as well as author and year.

2. When do you quote a word?

- If it is a word coined by the author (e.g., Lewis Carroll's "brillig")
- If it is a word used in a special way by this author/these authors, i.e., not in the sense that it would be defined in a dictionary.

3. Examples:

Although a state of "squch" (Milne, 1994, p. 304) can be very uncomfortable for typically-developing children, many children with autism crave such deep pressure.

Milne (1994) states, through his character Winnie the Pooh, that "a sort of squch is much too much" (p. 304). Many people with autism would disagree.

Due to their sensory need for deep pressure, many people with autism would disagree with Winnie the Pooh that "a sort of squch is much too much" (Milne, 1994, p. 304).

"And a sort of squch Is much too much for his neck and his mouth and his ears and such". (Milne, 1994, p. 304)

NOTE: In the text, we use the author's last name and publication date (and page #, if a quote) only. We do not give the name of the article, the university with which the author is affiliated (unless it's important for some reason), the journal the article is published in (if it is an article), etc. The other information goes on the reference list at the end of the paper.

B. Paraphrase: Expressing an author's ideas in your own words.
ANY PHRASES, SENTENCES, OR DISTINCTIVE USES OF WORDS THAT ARE COPIED FROM THE AUTHOR MUST BE QUOTED.

Examples:

Original:

Alice's Adventures in Wonderland (1865) (commonly shortened to "**Alice in Wonderland**") is a novel written by English author Charles Lutwidge Dodgson under the pseudonym Lewis Carroll [1]. It tells the story of a girl named Alice who falls down a rabbit hole into a fantasy world populated by peculiar and anthropomorphic creatures. The tale is filled with allusions to Dodgson's friends. The tale plays with logic in ways that have given the story lasting popularity with adults as well as children [2]. It is considered to be one of the most characteristic examples of the "literary nonsense" genre [2][3], and its narrative course and structure have been enormously influential[3], especially in the fantasy genre (http://en.wikipedia.org/wiki/Alice_in_wonderland, n.d.).

Note: The numbers in [ ] indicate sources, which are listed on the Wikipedia page.

Paraphrase:

According to Wikipedia (http://en.wikipedia.org/wiki/Alice_in_wonderland, n.d.), Charles Lutwidge Dodson wrote *Alice's Adventures in Wonderland* (often called "Alice in Wonderland") in 1865, using his pseudonym, Lewis Carroll. In this tale, a little girl named Alice travels via a rabbit hole to a fantastic world. Many of the strange people and creatures in this world are believed to relate or refer in various ways to friends of Dodgson. This story remains popular to this day because of Dodgson's playful manner of poking fun at everyday logic. Both its story line and its structure have had a great influence on fantasy literature.

Note: "n.d." means "no date". It is used for material from the web that is undated.

C. Summary: A short overview of an author's words. Summary of the paragraph above:
Alice's Adventures in Wonderland is a famous fantasy story written by Lewis Carroll (a.k.a. Charles Lutwidge Dodson) in 1865. Carroll wove logical twists and references to his friends throughout this influential children's tale (http://en.wikipedia.org/wiki/Alice_in_wonderland, n.d.).

For further information, see http://owl.english.purdue.edu/owl/resource/563/1/.

II. Make sure that you are giving full credit to **all** authors.

A. List **all** authors unless:

1. there are more than five of them. In that case, list the first five followed by "et al.". Example:

Velleman, Andrianopoulos, Zaretsky, Mervis, Morris, et al. (2004) reported that….

2. There are more than two authors and it is after the first mention of the article. Example:

1st mention:

Children with autism often have speech difficulties (Velleman, Andrianopoulos, & Zaretsky, 2004).

2nd mention:

Symptoms of apraxia were identified in five of the children, according to Velleman et al. (2004).

NOTE: We put a period after "al" because it is short for "alia" (all).

B. Do **not** change the order of the authors' names. They are in that order for a reason.

III. Some common reference formats (APA style)

A. Book:
Akmajian, A., Demers, R. A., Farmer, A. K., & Harnish, R. M. (1995). *Linguistics: An introduction to language and communication* (4th ed.). Cambridge, MA: MIT Press.

B. Chapter in a book:
Vihman, M. M. (2004). Later phonological development. In J. E. Bernthal & N. W. Bankson (Eds.), *Articulation and phonological disorders* (pp. 105-138). Boston: Allyn and Bacon.

C. Journal article:
Saffran, J. R., Newport, E. L., & Aslin, R. N. (1996). Word segmentation: The role of distributional cues. *Journal of Memory and Language, 35*, 606-621.

NOTE: The name and the volume # of the journal are both italicized. The page #s are not.

D. Web source:
World Health Organization. (2001). International Classification of Functioning, Disability, and Health Checklist. Retrieved 8/21/09, from http://www.who.int/classifications/icf/training/icfchecklist.pdf

OR

Rehabilitation Act, HR 8070. (1973). Retrieved 8-28-09, from http://www.nationalrehab.org/website/history/act.html

E. Presentation:
Hayden, D., Hall, T., & Charlifue-Smith. (2004). *Teaching speech to young, non-verbal autistic children: Denver, PROMPT comparisons.* Paper presented at the American Speech-Language- Hearing Association Convention, Philadelphia, PA.

F. Lecture (class): Use "presentation" format:
Velleman, S. (2010). *Language, culture, and thought.* Lecture presented to Communication Disorders 210, University of Massachusetts, Amherst, MA.

Link to UVM Graduate Writing Center Website:

https://www.uvm.edu/gradwriting

APPENDIX G: Off Campus Placements

Procedure for Resolving Potential Issues Between Grad Student, Program, and Off-Campus Site

In order to fulfill requirements for experiences and clock hours required by ASHA, programs have to rely on the **volunteerism** of off-campus supervisors to take students at their sites. This means, we should all be striving hard to maintain a good relationship with sites and supervisors at all times.

Nationwide, it is becoming increasingly difficult to find enough off-campus experiences for students. This is especially true in medical settings. This puts a lot of pressure on the University faculty to find enough sites for all students.

What students should know:

1. Understand that there are many factors that go into matches between students and off-campus supervisors/sites. Please refer to clinic manual for further information.
2. Understand that we make a contractual agreement with each site, and students cannot adjust the dates or make changes unless the following reasons are true: there are extenuating circumstances, the Off-Campus supervisor is 100% in agreement and the graduate student has received approval from the Clinical Externship Coordinator (Professor Cote and/or Dr. Kazenski)
3. Understand that these off-campus supervisors and sites are volunteering their time to provide you with diverse experiences. It is not just the immediate supervisor. All other staff must arrange their schedules as well to accommodate a student. Students should understand that their placement is fluid. Sometimes external factors may alter the student's planned experience (vacations, maternity leaves, unexpected leaves, reduced staffing due to emergencies, etc.) that may impact their "expected" clinical. Remember that Off-Campus supervisors volunteer their time, but it is also their permanent place of employment.
4. Understand that students are not just "earning hours," but trying to maximize learning experiences prior to graduation.
5. Understand that students are responsible for taking care of any mandatories required by the site (background check, drug screen, etc.) prior to the placement, in order to start on the contractually agreed upon date.
6. Understand that a site/supervisor may have a different way of providing feedback. Sometimes a student may be matched with a personality that does not suit them perfectly. Practice self-advocacy as outlined on the following page to ensure that learning styles and communication styles are being met. Do this early in the semester. Also remember, this is a taste of the real world and an opportunity to learn how to interact with different personalities.
7. Understand a site expects professionalism at all times which includes taking initiative for learning, showing up, inquisitiveness, ability to accept feedback, etc.
8. Strongly consider in the future becoming an Off-Campus supervisor to give back to the profession and pay it forward.

If there is an issue with an Off-Campus supervisor/site:

1. Contact University of Vermont externship coordinator to share details

2. Request a time to meet with your Off-Campus Supervisor. This meeting must be scheduled within **one week** of contact with University Externship Coordinator. In that meeting, be prepared to discuss the issue as well as possible ways to remediate the issue. The purpose of this meeting is to have an open dialogue in a non-confrontational manner. The UVM Externship Coordinator must be part of this meeting as well either in person, Skype or by phone. **It is the graduate student's responsibility to set up this meeting**. The UVM Externship Coordinator will take notes for this meeting and will disseminate notes within a week after the meeting. If a formal plan results from this meeting, that plan will be shared with all parties as well.

*****NOTE: Clinical accommodations are handled through the SAS office prior to the start date of any placement and are the students' responsibility to initiate*****

Student must communicate with the UVM Externship Coordinator and Off-Campus supervisor **weekly** from that point forward via e-mail, phone, or in-person updates regarding status.

3. If the issue is not remediated with the Off-Campus Supervisor, the graduate student will request a meeting with Off-Campus Supervisor's supervisor (rehab manager, department head, etc.) **within 2 weeks** of the initial contact with UVM Externship Coordinator. If it is unclear who serves in that supervisory role at your site, consult HR to get their name and the protocol for arranging a meeting with them. The purpose of that meeting will be to share what has been attempted so far and to ask for guidance/suggestions as to how to make the experience beneficial for all parties. The UVM Externship Coordinator must be part of this meeting either in person, Skype or via phone. **It is the graduate student's responsibility to set up this meeting**. The UVM Externship Coordinator will take notes for this meeting and will disseminate notes within a week after the meeting. If a formal plan results from this meeting (e.g. there is a change in supervisor), that plan will be shared with all parties as well. Student must communicate with UVM Externship Coordinator, rehab manager and Off-Campus Supervisor **weekly** from that point forward via e-mail, phone, or in-person updates on status.
4. If the issue still persists, per contract, any party may decide to terminate the placement. The UVM Externship Coordinator will not be finding another placement for the student for that same semester. The UVM Externship Coordinator will contact the site to sign off on clinical hours accrued to that point and the student may receive an "incomplete" for their grade until a meeting is held with the Department Chair, Externship Coordinator, Clinic Director, and Graduate Program Director.

The purpose of this plan is to ensure a positive experience for all parties involved. As such, we expect graduate students to be ambassadors of our program and demonstrate skills of self-advocacy and professionalism. Graduate Students are to be the individuals responsible for taking the steps above. Off-campus placements are extremely important for graduating well rounded students who are ready for the work force.

APPENDIX G: Supervisory Needs Assessment

Supervisory Needs Assessment

1. My supervisor allowing me to observe him/her providing services to clients/students/patients is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

2. My supervisor giving me specific suggestions on how to improve my service delivery is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

3. My supervisor giving me resources and providing guidance for evidenced-based practice and treatment rationales that can be used to better service my client is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

4. My supervisor making me feel comfortable talking to him/her in times of difficulty is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

5. My supervisor giving me the needed encouragement to stay focused is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

6. My supervisor allowing me to be creative in selecting therapy activities and materials is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

7. My supervisor treating me like a future professional colleague is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

8. My supervisor allowing me to exercise my independent judgement regarding assessment and intervention is important to me
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

9. My supervisor giving me constructive criticism with suggestions for improvement in clinical techniques is important to me.
   Strongly Disagree Dis-agree Neutral Agree Strongly Agree

10. My supervisor giving me specific feedback following a session about my level of clinical competence is important to me.
    Strongly Disagree Dis-agree Neutral Agree Strongly Agree

11. My supervisor challenging me to utilize critical thinking skills is important to me.
    Strongly Disagree Dis-agree Neutral Agree Strongly Agree

12. My supervisor having high expectations is important to me.
    Strongly Disagree Dis-agree Neutral Agree Strongly Agree

13. My supervisor giving me definite reasoning for the things he/she tells me to do is important to me
    Strongly Disagree Dis-agree Neutral Agree Strongly Agree

Off-campus Site Evaluation

Date:	**Graduate Student:**
Site:	**Off-campus Clinical Educator:**

Semester/Year:

Clinical Population at Site:
Experiences at Site: -
Hours Obtained:
Overall Strengths of Experiences at Site:
Overall Challenges of Experiences at Site:
Materials/Tests introduced and used at Site:

Did you provide an in-service to other professionals at this site as a means of training, educating and supporting family members and other communication partners of individuals with communication delays and disorders in techniques and/or strategies to enhance their communication skills? ☐ yes ☐ no

Did you interact with SLPA's or other paraprofessionals at this site? ☐ yes ☐ no

Did you interact with professionals and students such as non-English speakers and with ESL teachers to collaborate in the identification of speech and language differences versus disorders as well as demonstrates responsiveness to cultural and linguistic diversity? ☐ yes ☐ no

Were you able to educate, consult and collaborate with other professionals to…

- determine the implications of communication delays and disorders for learning? ☐ yes ☐ no
- develop modifications and/or accommodations to support the learning of these individuals? ☐ yes ☐ no
- design and implement, or supervise the implementation of, developmentally-appropriate educational plans for individuals with communication delays and disorders to maximize communication in functional settings; including directly teaching, or supervising the teaching of speech language and literacy skills essential for learning and communication? ☐ yes ☐ no

APPENDIX G: Student Needs Assessment

Student Needs Worksheet

Student Name: **Semester:**

Clinical Experience to Date (or attach resume):

Student personal goals for this practicum:

Approximate Number of Clock Hours needed:
(refer to CALIPSO under Clock Hours Tab; Experience Record-look for yellow)

Knowledge and Skills Experiences needed:
(refer to CALIPSO under Cumulative Evaluation Tab-look for Orange)

Level of Supervision requested (ultimately determined by off-campus supervisor)

First Half of Practicum:	25-50%	50-75%	75-100%
Second Half of Practicum:	25-50%	50-75%	75-100%

Additional Information Student would like to communicate:

APPENDIX H: UVM Eleanor M. Luse Center Calendar

Fall 2020 Clinic Calendar

**** all information subject to change due to any COVID-19 related issues.**

Clinic may be in person or remote with changes that could occur at any time.

Mon – Fri: July 27-July 31	Summer Semester Checkout: This will be done remotely with Emira and supervisors. Student clinicians submit practicum supervisor evaluations via CALIPSO. Nicholas to check CALIPSO to make sure they are completed. Students give any new contact information to Nicholas.
Tues – Thurs: Aug 25 -Aug 27 9:00-2:00	First Year Clinic Orientation –Pomeroy Building (Rm. 304) **subject to change due to COVID-19. Please refer to CSD 320 syllabus for specific topics covered each day.
Fri, Aug 28	CPR Certification for First Year Students, Rowell, Rm 111 1:00 – 4:00pm
Mon – Fri: Aug 31-Sept 4	Students meet with on-campus clinical educators to prepare for fall semester. 2cnd year students meet with off campus clinical educators
Fri: Sept 4	Audiology Block Orientation for second year assigned students
Mon: Sept 7	Labor Day – Dept. & Clinic Closed
Tues: Sept 8	Fall clinic begins. Fall semester off-campus placements begin after Labor day unless otherwise arranged with supervisor.
Mon Oct 12-16	Mid-term evaluations for clinical practicum completed both on and off campus
Thurs-Sat: Nov 19-21	ASHA: Clinical Educators must inform students if they will be away. ** subject to changes due to COVID-19
Mon-Tues: Nov 23-24	**Last days of in person classes and clinic. Classes and clinic will be completed remotely for remainder of fall semester.**
Wed – Fri: Nov 25-27	Thanksgiving Break - Clinic closed. No classes – no Aud/SLP clients or students
Mon, Nov 30	Last day for regularly scheduled Fall Speech/Lang tx
Tues: Dec 1	Last day for Audiology block.
Tues-Wed: Dec 1-2	Make up clinic days
Fri: Dec 4	Last day of academic classes
Mon, Dec 7	All TX Progress Reports due by 4PM. These will be submitted electronically. Progress reports must be fully completed before Check out meeting with clinical educators.
Thurs – Thurs: Dec 3-10	Fall Semester Check-Out: This will be done remotely with Emira and clinical educators. Clinical educators schedule and complete student practicum evaluations remotely with students. Student Clinicians must complete all clinical paperwork (progress reports, working files). Student clinicians submit on and off campus practicum supervisor evaluations via CALIPSO. Nicholas to check CALIPSO to make sure they are completed. Students submit any new contact information to Nicholas.
Fri: Dec 11	Last day of Final Exams

Spring 2021 Clinic Calendar

**** all information subject to change due to any COVID-19 related issues.**

Clinic may be in person or remote with changes that could occur at any time.

Wed – Fri: Jan 13-15	First year graduate students meet with on-campus clinical educators to prepare for spring semester. Second year graduate students contact off campus clinical educators to begin placements after MLK day.
Fri: Jan 15	Audiology Block Orientation for first and second year assigned students
Mon: Jan 18	Martin Luther King Holiday – Dept. & Clinic Closed
Tues: Jan 19	Spring clinic and classes begin. Spring semester off-campus placements begin day after MLK day unless otherwise arranged with supervisor.
Mon, Feb 15	President's Day – Dept. & Clinic Closed
Mon – Fri: March 1- 5	Mid-term evaluations for clinical practicum completed both on and off campus
Tues: March 2	Town Meeting Day (no classes). No clinic for students.
Mon – Fri: March 8– March 12	Spring Recess-Second year students should exhibit professionalism and remain at off campus placement if supervisor requests.
Mon, May 3	Last day for regularly scheduled Spring Speech/Lang tx
Wed: May 5	Last day for Audiology block.
Tues-Wed: May 4-5	Make up clinic days
Fri: May 7	Last day of academic courses
Mon, May 10	All TX Progress Reports due by 4PM. Progress reports must be fully completed before Check out meeting with clinical educators.
Thurs – Thurs: **May 6 – May13**	Spring Semester Check-Out: Clin Ed's schedule and complete student practicum evaluations with students. Student Clinicians must complete all clinical paperwork (progress reports, working files). Student clinicians submit on and off campus practicum supervisor evaluations via CALIPSO. Nicholas to check CALIPSO to make sure they are completed. Students submit any new summer contact information to Nicholas. Graduating students bring post-graduation contact information and keys to Nicholas.
Fri: May 14	Last day of final exams

Summer 2021

June 1	Second year PPD, Insurance Renewal and HIPAA mandatory requirements deadline submitted to CastleBranch and Evolve.
Months of June and July-exact dates TBD	Summer on-campus clinic for applicable students

APPENDIX H: Off campus timeline

Fall 2020 Timeline for Off-campus (O-C) Practicum Assignments
**Schedule subject to change pending any COVID-19 related needs

August 31 to September 7, 2020: Off-campus (O-C) Clinical Educators & CSD Graduate Students meet;

- Graduate students should bring to meeting: 1) a brief resume summarizing past relevant coursework & coursework that will run concurrently with practicum if required; student need summary; supervisory needs assessment.
- Schedules to be determined by the externship coordinator, students & O-C clinical educators based on the students' class schedules.
    - Please remember: Schedules will be based on what is most beneficial for the facility's students/clients/patients/residents, convenient & "do-able" for both the graduate student & O-C clinical instructor. Consistency is important for those that are being followed for speech/language therapy.
    - A full range of experiences should/could be attempted, whenever possible (i.e.: IEP's, home visits, pull-out, in-class teaching, in-class observations, rehab. team meetings, evaluations, therapy, cross-discipline therapy). Students can be expected to complete reports or any paperwork that is usual for that site.
- Students & clinical instructors *may* arrange for observation time to begin before the semester begins in September so that students can "hit the ground running".
- ******TO BE RETURNED to Externship Coordinator:***
    - ***"Clinical instructor & Practicum Site Information"* form with signed acceptance**
    - **A copy of the Clinical Educators's Current ASHA card and copy of license. If you have previously supervised within the time frame of your current ASHA card and state license, you do not have to send it again. Documents can be scanned right into CALIPSO as well.**

Week of Monday September 7th, 2020 OR time mutually agreed on between Clinical Instructor, graduate student and externship coordinator

- CSD students begin O-C practicum experience

Monday, August 31, 2020

- UVM classes begin.

Monday, September 7, 2020: ***Labor Day, UVM holiday***

Week of October 12, 2020

- Clinical instructors & graduate students complete ***MID-TERM EVALUATIONS*** on CALIPSO. Final submission to CALIPSO by October 16th.

Monday-Tuesday, November 23-24, 2020

- Last day of in-person classes. Classes switching to remote format. Students will not return to campus following Thanksgiving break.

Wednesday-Friday, November 25-27, 2020

- Thanksgiving Recess

Wednesday, December 2, 2020

- UVM *Clinic and externships* end.
- ***ALL end-of-semester evaluations are due on CALIPSO by Friday, December 4, 2020***
- Students may continue in their O-C experiences remotely to accrue additional clinical hours. No additional performance evaluation is needed. If after the check-out date, these extension hours will be included in the spring hours.

December 3-10, 2020

- Clinical Check-out: Students are expected to have all clinical hours submitted for approval on CALIPSO & O-C evaluations submitted.
- Clinical clock hours: Clinical instructors must sign off on the graduate student's hours submitted via CALIPSO.
- The submission of grades is tied to federal regulations regarding semester length and financial aid and therefore is carefully monitored by the university, the graduate college and financial aid. It is imperative that mid- term grades are submitted by October 16, 2020 and final grades are submitted by Friday December 4th for the fall 2020 semester.