



DEPARTMENT OF
COMMUNICATION
SCIENCES AND DISORDERS
Clinic Manual 2018-19

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STRATEGIC PLAN: Executive Summary 6-27-17

The core values of the Department of Communication Sciences and Disorders 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. Use the phone in the students' workroom on the 2nd floor to correspond with clients or for other clinic business. The phone number is 656-4592. **DO NOT GIVE CLIENTS THIS NUMBER.** Please instruct clients to contact the main office (656-3861) for 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.

Clinical Faculty mailboxes: Clinical Faculty mailboxes are located on the first floor in Room 202 across from the Front Office.

COPY MACHINE RESTRICTIONS

Copy machines for student use are available in the library, 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 to use by the faculty. A faculty member may authorize a student to copy material for their teaching or research use 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 and is asked to use the Cat Card-operated copier in the front office or go to the library or the Davis Center to make the needed copies. 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.

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. 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 IN THE FUTURE (BUT ROOMS CURRENTLY STILL NEED TO BE SIGNED OUT MANUALLY) . 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. 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.

The observation rooms are 310, 312, 313, and 315. 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.
6. 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. New for the fall of 2018, there will also be a graduate student workspace on the top floor as well. Ten computers are provided for preparation of reports. This room also serves as a treatment preparation area for students. 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; therefore, 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 food on 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, 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 removing information 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; however, documents must be de-identified (no names, DOB, address, or other identifying info outlined by HIPAA). Documents should 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 other things, 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 appreciated by every user.

E-MAIL 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.

Faculty members want to be responsive to questions and needs. There are strategies the student can use that will facilitate this process:

- •Use appropriate salutations (e.g., 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 their purpose should be clear.
- •Be careful of spelling errors and grammatical sentences.
- •Use respectful language and avoid slang. Faculty members also want to respond to the student's e-mail in a timely fashion. Reasonable expectations for responding, however, must be considered. Here are some thoughts that should guide planning about sending e-mail and receiving responses:
 - It is important to remember that 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, although many of them may choose to do so. A good guideline for the student is that faculty typically will not be responding to e-mail from 5:00 pm on Friday evening until 8:00 am on Monday morning, unless the student has made special arrangements with the faculty member.
 - Faculty members are also not expected to respond to e-mails during the week after 5:00 pm. Again, many of them will, if they are able, but it is important to understand that their availability after 5:00 pm may be limited.
 - 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.

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

THE UNIVERSITY OF VERMONT ELEANOR M. LUSE CENTER PERSONAL APPEARANCE/DRESS CODE FOR PRACTICUM ASSIGNMENTS & CLINICAL OBSERVATIONS

The purpose of a dress code is to promote a positive image and provide an environment conducive to learning. It is important to remember that services are provided to individuals of all generations and cultural backgrounds and 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 anytime while in the building near where clients might see the student, since 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 than what is outlined, please meet with the clinic director to discuss.

Business casual attire (ex: 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. Think, “shoulder to knees”.
- 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.
- Shirts/tops and/or dresses must cover in such a way that cleavage, midriff/stomach/navel, or back is not visible at any time.
- Pants & skirts must be worn so that undergarments, stomach, or back area are not visible at any time (including when leaning over). Self-Check: Stand up reach hands to the ceiling and bend and touch floor. If you show skin, you should change.
- 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 insure that one is clean and without offensive body odor.
- Name tags should be worn so they are easily visible to the client. Observers, assistant clinicians, and clinicians (both student and certified) must wear identification when working with clients, families or other professionals (teachers, SLP’s) within the clinic. Name tags will be in your student mailboxes when you arrive.
- 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, perfumes, 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.
 - Jeans (unless otherwise indicated & discussed with clinical faculty) and sweatpants.
 - Shirts that expose bare shoulders such as halter tops or tops with spaghetti straps.
 - Flip-flops, Teva’s etc., sneakers, spike type heels, winter boots, 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 their 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. 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 their 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.**

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. 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. 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 name or initials in e-mail correspondence to maintain confidentiality.

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 **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.**

CLIENT FILES: PERMANENT VS. WORKING FILES

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. These folders must be maintained as long as the client is an active participant in the program. Client working folders for each client are kept in the file cabinet in the Graduate Student Workroom. **This file cabinet must be kept locked at all times.**

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 and re-filed 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 during the day between the hours of 8:00AM and 4:30 PM

1. Faculty, staff and clinicians are expected to follow the file check out 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 retrieve any that is needed
3. If the student passes a file to another person involved with the case (i.e., 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 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.
5. 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.
6. 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
7. 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 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 FOLDERS (Located In Graduate Student Workroom)

1. After a clinical faculty approves a lesson plan or log, these are kept in the client's working folder.
2. Client working folders for each client for the current semester must be stored in the file cabinet in the Graduate Student Workroom. A new folder is created for each semester. Folders from previous semesters should be maintained as long as the client is receiving services. **This cabinet is to be secured with the padlock at all times.**
3. These files may not be taken from the clinic. All lesson plans and treatment results (logs) must be in their chronological sequence. The calendar in the working files must be completed after each session. Test protocols can be kept in the working file but must be transferred to the permanent file when the final copy of the diagnostic report has been approved and the protocols are recorded in pen.
4. 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 folders 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 files are created for working folders 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 and used by students strictly for clinical, research or academic activities (i.e., 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 six-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 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

- Enrollment in or completion of CSD 320 (Clinical Preparation and Management);
- Participation in the clinic study class each semester;
- All 25 observation hours must be accumulated prior to the first day of classes. The purpose of the above requirement is to ensure that the graduate clinician has a basic understanding of communication disorders and to provide some exposure to clinical interaction prior to being given responsibility 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.

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

- The 25 observation hours must be in the scope of practice for speech-language pathology and be completed with an ASHA-Certified SLP.

However, up to five 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 required to graduate and to start the Clinical Fellowship (CF) Experience; 375 direct clinical contact & 25 observation hours. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE 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 CCC's.

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 insure 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:

(Effective Date: September 1, 2014, Revised March 1, 2016), According to the revised 2016 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”.

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

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.
- “Dysphagia” hours should be counted under “Speech”. 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? (Source: Clinical Certification Board of ASHA)

- 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

WORKING AS A SLP-A (including substituting for a SLP) and ACCURAL OF CLOCK HOURS DURING THE GRADUATE PROGRAM:

Occasionally, students are offered positions as SLP-Assistants 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 practica (e.g., must be related to clinical skills such as administering a Dx test, “face to face” contact with client/subject, services within scope of practice of SLP, 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 goals and document progress or achievement of those goals.
- Formal evaluation of the student in the form of practica 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 practica documentation and signed off by the supervising faculty, who must have current CCC’s.
- 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 used to track student clock hours, evaluate student clinical performance evaluations and 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. 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 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. This process is set up 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 complete Check-out with the administrative staff at the end of every semester. All clinical files from the University of Vermont Eleanor M. Luse Center are reviewed to insure accurate documentation practices, including billing, logging of session, completed HIPAA documentation and organized working files.

Please review the information regarding checkout in Appendix and on the CNHS website. 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. 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 at 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 (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. The CNHS Mandatories protect your health and safety for your future profession.

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

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 and paper towels or cleaning wipes are available in the treatment rooms for quick and easy clean up following sessions. The bottles contain a concentration of bleach: water of 1:10. The clinician conducting the session is responsible for restoring the table surface, chairs, etc. to their 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 mouthed 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.

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 or something that needs to be cleaned, but 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 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.

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 EVALUATION FOR 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 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 ten 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.

If a graduate student receives a combination of three scores **below 3.0 OR any one score below 1.0** from items listed under the Professionalism section and/or from any of the items marked with an asterisk in the Evaluation, Intervention, Foundational Skills or Writing sections on the CALIPSO Clinical Evaluation Form, this will **automatically** result in a failing grade for that practicum experience. 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.

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:

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 (i.e., graduate portfolio) 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, and again at the end of the semester for each fall and spring 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 clinician goals to 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 the 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 (two or more grades below a B or repeated demonstration of challenges in specific clinical areas) in meeting clinical competencies at the mid-term evaluation for either on- campus or off-campus practicum 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. This team will include the student (and advocate if desired) and 1-3 of the following faculty: the clinical instructor (or off-campus coordinator), Clinic Director, academic advisor, 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.

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 instructor/faculty and the off- campus coordinator (when relevant) along with the Academic advisor and Clinic Director. On occasion, an off-campus supervisor may insist that a student's placement be discontinued without an opportunity for a remediation plan.

4. 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.

If the student is in the last 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.

At the end of each semester the student clinician must complete a Clinical Teaching Evaluation for each clinical faculty/instructor with whom they have worked. This feedback is used to improve the clinical practicum experience and to help clinical faculty 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.

On-campus practicum assignments will occur every semester during the academic program. 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. 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. 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 emailed 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 the week before the off campus public school's April break. 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:

For those graduate students remaining in Vermont for the summer, clinic will typically begin around the first of June and will continue until the end of July.

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

The off-campus placements begin and end sometime in the window of UVM's summer course schedule. The specific start and end times will be ultimately up to the supervisor and may vary from student to student.

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, 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 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 as soon as the office opens at 8:00 A.M. If an appointment to be canceled 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.

SECTION 8: Diagnostic Evaluation Procedures

PROTOCOL AND PROCEDURES

1. There will be an Appointment Slip in the student clinician's mailbox assigning the student: a) a client, b) a clinical faculty, 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 Fridays, this means, keep Friday's 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.
2. 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, d) reserve a clinic room for the diagnostic evaluation and set 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.**
3. Students should call parents for introductions instead of e-mail. Introductory phone call should be limited to introductions, directions, reminder of visit, and check-in regarding preferred activities. This initial call is not the time to get into an in-depth discussion as the clinical faculty needs to be present for that.
4. 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. 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.
5. On the day of the evaluation, arrive well in advance to: a) prepare the room - including 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. These materials are stored in the metal cabinet in Room 305, and d) ensure you are wearing your name tag.
 6. In preparing for the evaluation, the student should 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.**
 7. If requested by the clinical faculty, have copies of response sheets so your clinical faculty 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.
 8. 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. Once the student gets approval, 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.**
 9. 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).

10. Diagnostic findings and recommendations will be discussed with the client/parent by the graduate students and/or clinical faculty following the clinical faculty conference. If treatment at the University of Vermont Eleanor M. Luse Center is recommended, be prepared with a green Treatment Enrollment Card (TEC) and record the client's preferred days and times for treatment. DO NOT LEAVE THIS BLANK. The clinician fills out this card while the client is still present, consulting about possible days/times for treatment. The clients "preferred" times will be considered during scheduling, but cannot always be met. This green index-sized card can be found in the main office.
11. The first draft of the diagnostic evaluation report must be submitted to the clinical supervisor via file transfer followed by an e-mail notifying your clinical faculty of its submission within 5 calendar days of the evaluation. All reports must be password protected and de-identified. The password will be shared during orientation. All test forms and non-standardized assessment notes must be in pen and put in the working clinical file and available to the clinical faculty for review. The clinical faculty will review test response forms for accuracy and completeness and will initialize the test protocol that they have done so. When the report is completed, the protocols, language and speech samples, must be put into Section 4 of the main medical record file. Clinical faculty will return reviewed reports within 4 working days. It is important to be vigilant about proofreading so that reports do not include wrong names or wrong information in the text of the report, or out-of-date addresses. The Cc at the end of the report must include the client's name and address and any other contacts requested by the family on the Report Distribution Form. **The first draft should be the student's best effort (you would be willing to sign it and turn it over the family).**
12. The student is allowed 48 hours (2 calendar days; not business days) to revise a report and resubmit it to the clinical faculty. Clinical evaluations will reflect the student's ability to meet specified timelines.
13. The department provides computers in the grad student workroom that can be used as word processors to facilitate report writing. An orientation to use of the computers will be scheduled early in the fall semester.
14. When the final version of the diagnostic report has been signed by all parties, print the finalized/signed draft on plain paper (NOT letterhead) and put it in the FILE DRAWER FOR ALL FINISHED REPORTS in the main office. Do not staple (paperclip instead). The final report must be turned in within two weeks after the diagnostic.
15. Note: Signatures must be obtained in an efficient manner. All parties' signatures should be obtained within 24 hours of the final report's approval by the clinical faculty. If the clinical faculty is unavailable (out of town) when a report is ready for signature, contact the Clinic Director to expedite the process.

FINAL VERSIONS OF REPORTS must be:

- UNSTAPLED
- ALL REPORT CC's MUST HAVE FULL NAMES, PROPER TITLES, AND COMPLETE MAILING ADDRESSES (including the parent's names and mailing address if the client is under 18).
- BE SURE TO FILE ALL TEST FORMS(IN PEN) IN THE CLIENT'S PERMANENT FILE (Place in Section 4 of client file)

CHECKLIST FOR DIAGNOSTIC EVALUATIONS v PLANNING:

1. At least 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. Tell them how long they should expect to be here, remind them to bring a snack if indicated and briefly answer any of their logistical questions. 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.
2. Plan testing room arrangements to match client's age, height (small versus tall table), ability to attend, etc. 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.
3. Remember to reserve a room for the Dx evaluation and another room for the interview (including an audiology booth if conducting a screening) if the interview needs to occur in a space separate from the Dx.
4. The student should bring a TREATMENT ENROLLMENT CARD to the Dx. Evaluation.

DURING EXIT INTERVIEW WITH CLIENT/FAMILY:

1. Review the REQUEST FOR REPORT DISTRIBUTION FORM with client. 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.
2. TREATMENT ENROLLMENT CARD: The student completes the treatment enrollment card IN FULL before the client leaves, if treatment or a re-evaluation is recommended at the University of Vermont Eleanor M. Luse Center at any time in the future. Turn this card in to the Receptionist/Scheduling Coordinator's mailbox immediately after the diagnostic.
3. BILLING FORM: The clinical faculty fills out the billing form and GUIDES THE CLIENT TO THE BUSINESS ASSISTANT'S OFFICE to discuss payment arrangements. If the Business Assistant is absent, the clinical faculty should see the Business Manager.

IN THE EVALUATION REPORT

1. On 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.
2. In the Summary section: The student should be sure to answer the referral questions clearly.
3. In the RECOMMENDATIONS section of the report, 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.
4. In the RECOMMENDATIONS section, be specific about recommendations. Include a detailed list of suggestions for implementation by the school and/or family.
5. Include a 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".

NOTE: Computer File Instructions: If the student works from Master Templates for reports: Create a master template with only report headings, etc. 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.
- YOUR FIRST DRAFT MUST BE YOUR BEST WORK. IF IT IS NOT CAREFULLY EDITED, THE CLINICAL FACULTY WILL SEND IT BACK.

SECTION 9: Treatment Procedures

PRE-TREATMENT PROCEDURES

There will be an "Appointment 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 appointment has been arranged with the client by phone in advance. The clinician must take responsibility for reserving a treatment room for the clients assigned. 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.

GUIDELINES FOR RESERVING A CLINIC ROOM

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 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.

When reserving a room for a Tx client, reserve it for the entire semester.

AFTER YOU RESERVE A ROOM FOR A CLIENT

1. When the student receives an Appointment slip:
 - a. Contact your clinical faculty immediately to schedule an appointment to discuss treatment plans. The student should do this at least one week prior to the first appointment.
 - b. Call the client and re-confirm the appointment schedule and start date.
2. Prior to meeting with the clinical faculty, 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). These meetings may be with the student individually or in small groups depending on the clinic assignment. These 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. It is the student's weekly opportunity to have access to the clinical faculty as a resource person. Bring questions to those meetings. 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.
3. Sign out the client's folder from the Front Office by following the proper procedures.
4. Under no circumstances may a folder (main file or working file) or its contents be taken off the premises of Pomeroy Hall.

5. Bring the folder to the clinical faculty conference and be prepared to discuss the client's problems, target areas to assess baseline, treatment goals, and intervention procedures. Be prepared to ask and answer questions, taking an active role in the conference. A planned agenda is recommended. Weekly meetings will be set up throughout the semester. These weekly meetings may be done in groups or 1:1 with the clinical supervisor.

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 and give to receptionist and inform clinical faculty.
2. In most instances, the clinical faculty will introduce the student to the client at the first visit.
3. 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.
4. Treatment sessions must start and end on time. Remember, 1/2 hour sessions conclude in 25 minutes and 1 hour sessions in 50 minutes. This ensures a smooth transition from one client to another and allows 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. 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.
5. Treatment sessions should 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.
6. 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.
7. 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.

8. A weekly conference (group or 1:1) will be scheduled with the clinical faculty as a means of maintaining an on-going dialogue regarding the client's progress and graduate clinician's progress. Active participation at these weekly conferences is part of your practicum responsibilities and a standard part of the clinical faculty's responsibilities. (See clinical faculty CONFERENCE below).
9. The student may need up to 3 visits/sessions with the client before submitting a PROJECTED TREATMENT PLAN. This plan will detail the student's long-term goals and semester objectives. It will form the basis for the end of semester 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.
10. The student should go to the main file and the working file and recording in writing (use ink pen) on the Client Contact Sheet every contact made with the client, immediately after the contact takes place. Suggestions that will assist the student in doing this:
 - a. If you are going to phone a client, check out the file (and get a blank Client Contact Sheet if the current sheet is almost filled) in preparation for the call.
 - b. Upon ending a Treatment Session or Diagnostic Evaluation, go directly to the file and record the date and nature of the session on the Client Contact sheet BEFORE you begin doing other things or leave the building.
 - c. Any email contact with family that is relevant to treatment should be logged on the contact sheet and a printed copy of the email put in Section Three of the client file.
 - d. Record each treatment session, client cancellation, conference, all phone conversations, etc. on the CLIENT CONTACT SHEET inside the front of the client's primary medical record (in main office) THE SAME DAY AS THE VISIT. Note: All sessions, correspondence, treatment dates (including the year), phone calls and/or notes to folder MUST be logged in and initialed with an INK PEN. Do not use pencil.
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 the reports.

PROGRESS REPORTS

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

Requirements for Reports

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

1. Margins (1 inch)
2. All identifying information is complete, accurate and at the top of page 1 (name, birth date, etc.)
3. Format followed - section headings, spacing, etc.
4. Words are divided at syllable boundaries
5. Any tables should not be divided between pages and should be labeled well
6. No lines/words deleted inadvertently in process of typing
7. All phonetic symbols provided along with the orthographic translation to help the family understand the reference;
8. No spelling errors or typographical errors;
9. Bottom of pages carry 2 or more lines if a new paragraph has begun;
10. Bottom of page does not carry a heading by itself;
11. Final page does not carry only names and signatures

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

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 lesson plans/logs can be found in the Appendix D. A treatment log of results (SOAP note) is written following each session.

The lesson plans are written and submitted to CALIPSO and the clinical faculty who is supervising is sent an e-mail to notify them 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 the log(s) and plan and submit the changes to CALIPSO within 24 hours (1 calendar day; not business days). 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. pertinent identifying information

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 plans will serve as helpful guides when writing the progress report at the end of the semester. They must be filed from 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 sample lesson plans 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 log to discuss in writing the results of the executed lesson plan. 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 follow for analyzing the student's session. Considering these elements will aid in learning to better analyze the treatment sessions and the 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 adjust plans accordingly.

SESSION ANALYSIS/SELF-EVALUATION

In the weekly treatment plan, the student clinicians should set personal goals per session to evaluate their own clinical management skills in addition to the client's performance. After the session, on the SOAP note, student clinicians should document how and if they met those weekly goals. The student may also actively self-reflect about the session by using the questions listed below. This is not exhaustive in scope, but will constitute a beginning from which the student may learn to better analyze the treatment sessions. Include other aspects that are important. The student may provide specific examples of his/her own or the client's behavior which illustrate 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

1. 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?
2. 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" MUST be filled out for each client. If the client's insurance is billed 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 student's Semester Evaluation.

Treatment sessions are scheduled in one-hour blocks. 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. We make an effort to end hour sessions in 50 minutes, in order to provide time for documentation immediately after the session. This also allows time for the room to be ready for the next clinician. 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 (note: supervisors fill out billing sheets for diagnostics), 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 Work Folder (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.

PARENT/FAMILY OBSERVATION/PARTICIPATION IN THERAPY SESSIONS

Parents/family 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 parent/family the goals of the activities and their family

member's performance. The parent/family will also be offered guidance regarding home applications of the activities they are observing. 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.

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/family member/client conference 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/family member/client. The parent/family member/client 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/family member/client 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 WITH CLIENT/FAMILY MEMBER/PARENTS/GUARDIAN

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/family member/client 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 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 Conference on the LOG SHEET inside the front of the client's permanent folder.

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: Audiology Block

Prior to their audiology practicum (Audiology Block), as an introduction to the audiology clinic, the student will be required to obtain five 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 prior to 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 start of 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 13: Off-Campus Practicum Assignments

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. Frequent absences are highly discouraged and may affect the ability to place a student at that site in the future. The graduate student must inform the off-Campus coordinator of any absences. The off-campus supervisor will notify the coordinator when and if a student has more than 2 absences during the placement.

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.

All assignments to off-campus sites are made through the department and **under no circumstances** should the student initiate contact with an off-site supervisor

without prior authorization from the Externship Coordinator. Each semester, the student meets with the Externship Coordinator and discusses 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 supervisor
- 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
- 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 instructor at the off-campus setting to make the final decision regarding accepting a student. The student is often expected to interview with the clinical instructor, and should furnish the clinical instructor with a current resume listing courses completed to date and other clinical experiences.
- Finally, 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 the off-campus coordinator and the supervisor prior to the beginning of

the semester. The off-campus externship coordinator needs to be notified of ANY absences, planned or otherwise.

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 supervisors at the first meeting:

- What are your expectations for the graduate student clinician at this placement?
- Are there any after-school requirements
- 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 instructor. 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 PREAPPROVED 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 off-campus 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 Check-Out will be counted at the end of spring semester).
7. No additional evaluations of your supervisor 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 through communication with 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 instructors 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 14: Materials^[CSL1]

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 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 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: Student Self & Faculty Evaluation Forms

[Clinical Teaching Evaluation-completed on CALIPSO \(PDF\)](#)

[Clinician Self-Evaluation Individual Therapy Session-completed on CALIPSO \(PDF\)](#)

APPENDIX B: HIPAA & Permission Forms

[Consent to Use or Disclose Protected Health Information \(PDF\)](#)

[Digital and Audio Recording and Photographic Student Consent Form HIPPA \(PDF\)](#)

[Compliance Procedures Oversight \(PDF\)](#)

[HIPAA Policy and Procedure Compliance \(PDF\)](#)

[Request for Report Distribution \(PDF\)](#)

[UVM Notice of Privacy Practices \(PDF\)](#)

[UVM Receipt of Notice of Privacy Practices \(PDF\)](#)

APPENDIX C: Post-Stroke Communication Group

[Post Stroke Communication Group Weekly Therapy Plan Template \(PDF\)](#)

[Post Stroke Communication Group Speech and Language Initial Evaluation \(PDF\)](#)

[Post Stroke Communication Group Clinician Orientation \(PDF\)](#)

APPENDIX D: Documentation Templates

[Diagnostic Planning Template \(PDF\)](#)

[Diagnostic Report Checklist \(PDF\)](#)

[Diagnostic Report Template \(PDF\)](#)

[Disability Determination \(PDF\)](#)

[Fluency Sample: Nonfluency \(PDF\)](#)

[Hearing Screening \(PDF\)](#)

[Progress Report \(PDF\)](#)

[Projected Treatment Plan Template \(PDF\)](#)

[Weekly Therapy Plan Log Templates \(PDF\)](#)

APPENDIX E: Clinical Writing Support

[Using Sources Wisely and Fairly \(Velleman, 2014\) \(PDF\)](#)

[Professional Writing \(Lamar University\) \(PDF\)](#)

[Research Guide for CSD: Dana Library](#)

[UVM Code of Academic Integrity \(PDF\)](#)

[Citing Resources Using ADA](#)