



DEPARTMENT OF
COMMUNICATION
SCIENCES AND DISORDERS
Clinic Manual 2019-20

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STRATEGIC PLAN: Executive Summary 6-27-17

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

SECTION 1: Clinic Facilities

PARKING

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

POLICIES REGARDING THE FRONT OFFICE

The main office is open to the public from 8:00 to 4:30 Monday through Friday. Use of office equipment and telephones is limited to business use. Use the phone in the students' workroom on the 2nd floor to correspond with clients or for other clinic business. The phone number is 802-656-4592. **DO NOT GIVE CLIENTS THIS NUMBER.** Please instruct clients to contact the **main office (802-656-3861)** for correspondence. Messages from clients will be left in the student's mailbox. The front office is part of our working clinic. Professionalism is extremely important at all times throughout the entire building.

MAILBOXES

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

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

COPY MACHINE RESTRICTIONS

Copy machines for student use are available in the library, the Davis Center, and in the front office on the first floor of Pomeroy. The office copy machine, in Room 202 on the 1st floor of Pomeroy, is restricted for use by faculty. A faculty member may authorize a student to copy material for their teaching or research in the capacity as a Graduate Teaching Assistant or Research Assistant only. The student clinician is financially responsible for copies they want to make for personal or academic use using the Cat Card-operated copier in the front office or go to the library or the Davis Center. Students may use the copier in the front office or in the Graduate Student Workroom at no charge to make necessary copies for CLINIC USE ONLY.

CLIENT WAITING ROOM

The client waiting room is located in front of the main office. Given this proximity, office conversations can be overheard in the waiting room. Always be aware of this fact and be circumspect in your behavior and conversations in the office, stairway, or hallway. The student clinician should arrange to meet their client in the waiting room prior to each treatment session and accompany their client back down to the lobby after the session ends. Interviews with parents should be conducted in a treatment room. If treatment-related information needs to be exchanged, it should be discussed in the privacy of a treatment room (not in the waiting room, atrium, or hallways).

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

TREATMENT ROOMS

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

A SCHEDULE OF TREATMENT ROOM RESERVATIONS WILL BE ACCESSIBLE ELECTRONICALLY VIA A SHARED GOOGLE DOC LINK. CHECK THERE TO VERIFY WHETHER A ROOM IS BEING USED TO SIGN IT OUT. Do not use a vacant room without first checking the schedule to confirm that the room is available for that hour. Once an appointment slip is received, the student should sign out the treatment room for the entire semester including the graduate student initials and supervisor initials. Do not put client initials on the schedule, as this is a HIPAA violation.

OBSERVATION ROOMS - DO NOT TURN LIGHTS ON IN THESE ROOMS

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

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

1. Maintain quiet. If it is necessary to talk, step away from the window and whisper. This avoids distracting the client/clinician.
2. Before entering an observation room, turn off the lights if they are on. When a student is in the observation room keep the lights off.
3. Do not discuss the ongoing treatment or activities while the family is in the room. This is the role of the clinical supervisor and/or the treating graduate student clinician.
4. Wait in the observation room until the client has left the treatment room at the end of the session. While the client may be aware of observers, it may be disconcerting to run into them when leaving the session.
5. Please dress professionally and refrain from eating/drinking while observing.
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. Ten computers are provided for preparation of reports. This room also serves as a treatment preparation area for students. There is also a graduate student work room on the top floor (room 411). Do not use the shared surface space for storage of books, reference materials, or clinical materials. Lockers are provided for this purpose. It is very important to respect other graduate students who are there to concentrate and complete work. Extended social conversations/phone calls should be held outside of these areas.

All graduate students are expected to clean up after themselves when using the microwave or coffee maker. Do NOT leave dirty dishes in the sink. Do NOT leave 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, projected treatment plans, and progress reports have first priority for use of the computers.
2. Please limit non-clinic work on these computers. This lab was created in order to allow students to work on clinical files and reports without 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. The documents MUST be de-identified (no names, DOB, address, or other identifying info outlined by HIPAA). Documents must be password-protected and securely saved on Zoofiles and/or uploaded to CALIPSO. Remove documents from personal laptops when no longer needed.
4. Do not "hold" a space at a computer. If leaving a computer to do 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 and is in Appendix B.

GUIDELINES FOR PROFESSIONAL E-MAIL CORRESPONDENCE

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

Student Clinician, B.A.

Pronouns (she, her, hers)

M.S. Candidate, Communication Sciences & Disorders

University of Vermont

studentcliniannname@uvm.edu

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

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

faculty at least 48 hours in advance to review your work. Please remember the first draft of a document should be the best effort.

STUDENT LEARNING ACCOMMODATIONS

In keeping with University policy, any student with a documented disability interested in utilizing accommodations should contact SAS, the Office of Disability Services on campus. SAS works with students and faculty in an interactive process to explore reasonable and appropriate accommodations, which are communicated to faculty in an accommodation letter. All students are strongly encouraged to meet with their faculty to discuss the accommodations they plan to use in each course. A student's accommodation letter lists those accommodations that will not be implemented until the student meets with their faculty to create a plan. Contact SAS:

A170 Living/Learning Center

802-656-7753

access@uvm.edu

www.uvm.edu/access

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

GRADUATE WRITING CENTER

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

www.uvm.edu/wid/writingcenter/GWC/

SECTION 2: Matters of Professional Conduct

The Communication Sciences and Disorders Department and the University of Vermont Eleanor M. Luse Center in the College of Nursing and Health Sciences strive to ensure all current and prospective members of our community receive fair treatment and

opportunity, and experience an environment that is inclusive, and free from harassment, bias, discrimination and bullying. Every member of the program— faculty, staff, and students – is responsible for maintaining a safe, respectful, supportive, and collaborative atmosphere. If an incident occurs, please contact the program director and/or your primary advisor. Please refer to the Office of Affirmative Action and Equal Opportunity for links to policies and procedures: <https://www.uvm.edu/aaeo>

DRESS CODE FOR PRACTICUM & CLINICAL OBSERVATIONS

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

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

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

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

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

VIOLATIONS OF THE DRESS CODE

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

SOCIAL MEDIA

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

CLINICIAN - CLIENT RELATIONSHIP

Being a professional means building a relationship that is supportive and nurturing without promoting dependency. It is challenging to achieve this balance. The student

wants to communicate that they are committed to serving and supporting the communication needs identified by individuals and families. It is important to the student's effectiveness that they recognize the boundaries of their relationship with a client/family. Personal friendships or inappropriate personal involvement with a client or family compromises the effectiveness as a clinician. If the student encounters a circumstance where a client is promoting a personal association, the student should discuss the situation with the clinical faculty who will advise the student in tactful management. On occasion, client families will express an interest in paying the student to work with their child outside of clinic or as a care provider. This compromises the professional boundaries in clinic and is strongly discouraged.

CLIENT CONFIDENTIALITY

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

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

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

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

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

CLIENT FILES: PERMANENT VS. WORKING

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

PERMANENT CLIENT FILES SECURITY POLICY FOR CURRENT CLIENTS

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

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

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

Management of permanent client files after 4:30 PM

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

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

1. Faculty, staff and clinicians are expected to follow the file checkout procedures whenever removing a client file from the file room. All files should be signed out and the checkout card inserted in place of the file when it is removed.

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

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

POST STROKE COMMUNICATION GROUP (PSCG)

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

DIGITAL VIDEO AND AUDIO RECORDINGS OF CLIENTS

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

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

SECTION 3: Code of Ethics

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

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

SECTION 4: Clinical Requirements

STUDENT RESPONSIBILITY FOR CLOCK HOURS

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

PRACTICUM REQUIREMENTS

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

PRACTICUM CLOCK HOUR REQUIREMENTS

(to meet ASHA certification eligibility and UVM requirements)

- The **25 observation hours** must be in the scope of practice for speech-language pathology with an ASHA-Certified SLP. However, up to 5 hours of audiology observation (completed with an ASHA-certified audiologist) may be applied towards the total 25 required hours.
- A total of **400 supervised hours** is required to graduate and to start the Clinical Fellowship (CF) Experience: 375 direct clinical contact and 25 observation hours.
- Up to 20% (75 hours) of direct contact hours may be obtained through 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 CCCs.

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

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

WHAT COUNTS AS CLOCK HOURS?

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

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?

- time spent writing lesson plans, logs of sessions, progress reports, case summaries, diagnostic reports, or other written documentation of client contact
- time spent preparing for diagnostic or treatment sessions
- time spent scoring tests or transcribing language samples
- time spent in supervisor conferences or clinic classes
- time spent traveling when providing off-site services
- participation in staffing of clients

- time spent working with colleagues to develop therapy plans
- providing therapy in “groups” (students split the total number of hours of the direct contact time with the clients)

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

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

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

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

ACCRUAL OF PRACTICA HOURS FROM RESEARCH ACTIVITIES

- Request to use research experience for clinic clock hours must be submitted to the Clinic Director in writing.
- Describe the research and the areas of clinic experience that will be acquired. It must also include an estimate of hours to be accrued, the general plan for supervision, the student goals and it must be signed by student and research supervisor. Submit to Clinic Director prior to onset of contact with subjects.
- Research must be directly related to speech/language pathology and be in the areas recognized by ASHA as within the scope of practice of an SLP.
- Collection of clock hours will be dependent on the same criteria as those for clinical practicum. It must be related to clinical skills such as administering a Dx test, “face to face” contact with client/subject, services within the [scope of practice](#) of SLPs, and documented student goals and performance.
- Clinical instruction must be continuous and ongoing and allow for timely feedback to student throughout the research process.
- Observation must be documented using CALIPSO. Observation by the supervisor must be in real time and no less than 25% of each research participant.
- Student and faculty must develop student’s professional/educational goals and document progress or achievement of those goals.
- Formal evaluation of the student in the form of the practicum evaluation needs to be completed, signed dated and submitted for Check-Out each semester.

- Clock hours must be documented by the student consistent with the practicum documentation and signed off by the supervising faculty, who must have current CCCs.
- Clock hours cannot be accrued retroactively.

RECORDING AND REPORTING ASHA CLOCK HOURS

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

<https://www.calipsoclient.com/uvm/account/login>

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

END OF SEMESTER CHECK-OUT INFORMATION

At the end of each semester, the student is required to go through the “Check-Out” process to ensure that the required documentation for both the graduate program and the clinic are completed each semester. It also helps the student keep on track with everything needed by the time the student graduates. The student will be required to sign-up for a time to complete Check-Out with the administrative staff at the end of every semester. This meeting occurs *after* all final evaluations are completed with your clinical supervisor (e.g., grades are finalized, progress reports are filed, and all self- and supervisor-evaluations are complete). All clinical files (main and working) from the University of Vermont Eleanor M. Luse Center are reviewed to ensure accurate documentation practices, including billing, logging of session, completed HIPAA documentation, and organized working files.

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

SECTION 5: Clinical Mandatories and Health Care Precautions

CLINICAL MANDATORIES

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

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

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

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 a clean condition before leaving the room. Gloves should be worn if blood or body fluids are being cleaned up. Gloves and other cleaning and waste disposal supplies are stored near the sinks in the treatment rooms. Oral-mechanism exam supplies are found in the cabinet in the **Materials Room (305)**. You **MUST** disinfect ALL toys 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** for a substance that needs to be cleaned immediately. If it can wait, call **Housekeeping at 656-3385**. Request for assistance from the University Facilities Department should be initiated. The clinical faculty must be informed immediately and a written summary of the event and resolution should be sent to the clinic director.

ORAL-PERIPHERAL EXAMS/HEARING EVALUATIONS

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

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

RESPONSIBILITY FOR KNOWLEDGE

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

If the student has a potentially contagious condition, reschedule the client's appointment rather than expose the individual.

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

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

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

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

ANNUAL FLU UPDATES

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

DRUG TESTING

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

SECTION 6: EVALUATION INSTRUMENTS

SUPERVISORY CONFERENCES

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

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

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

The evaluation form is discussed with the supervisor during a scheduled conference and mid-term goals are identified to promote professional and clinical growth. Student Performance Evaluations on Diagnostic Evaluations will be done within 10 days of the completion of the diagnostic report.

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

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

ACADEMIC HONESTY

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

DISMISSAL

Academic: Students whose academic progress is deemed unsatisfactory at any time may be dismissed from the Graduate College by the Dean upon consultation with the

student's department or program. In addition, students may be dismissed if they receive two grades or more below a B (3.00), or they receive a U (Unsatisfactory) or UP (Unsatisfactory Progress) in Thesis or Dissertation Research, Seminar or Clinical Practicum. Students will be dismissed from the graduate program if they fail the comprehensive examination (Portfolio, due in January of final spring semester) on both the first and second attempt, or if they fail a thesis or dissertation defense on both the first and second attempt.

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

<http://catalogue.uvm.edu/graduate/academicenrollment/enrollmentpolicies/>

REVIEW OF STUDENTS' CLINICAL PERFORMANCE/CLINICAL PROBATION PROCESS

1. A student's clinical performance is evaluated formally in a written evaluation by each clinical faculty/instructor at mid-semester (except for summer semester), and again at the end of the semester for each term the student is involved in clinical practicum. A conference is scheduled between the student and the clinical faculty to discuss the written evaluation. During summer sessions, the student and clinical faculty will develop student clinician goals to help focus feedback throughout the summer practicum; however, mid-term meetings are not required. The student is encouraged to discuss any concerns about clinic policies and/or supervision with the clinical faculty and or the Clinic Director at any time.
2. Midway through the fall and spring semesters, a joint meeting of all faculty is held to review all students' academic and clinical performance.
3. When an on-campus or off-campus clinical faculty/instructor develops concerns about a student's decisions and/or behavior with respect to appropriate conduct at any time during a semester, and/or the student demonstrates insufficient progress in meeting clinical competencies at the mid-term evaluation for either on- campus or off-campus practicum (two or more grades below a B or repeated demonstration of challenges in specific clinical areas), and/or the student repeatedly presents with challenges meeting goals, the student will be considered to be on **Clinical Probation**. Under these circumstances, a Planning Team will be convened.

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, and/or department Chair. The purpose is to identify the problems and develop a **remediation plan** with specific goals and a timeline. The remediation plan will

include reviewing the circumstances of concern, identification of the challenges, and development of behavioral goals and action plans to support the student's professional and clinical growth in the area(s) of concern. Target dates for accomplishing the goals will be established and regular meetings of the Planning Team will be outlined to review progress and revisit goals and target dates. A written Action Plan will be completed at the close of each Planning Team meeting and a copy distributed to all parties.

4. 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.

5. 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.

6. If the student is in the final semester of the graduate program and ends the semester with an unsatisfactory grade (B- or below) in practicum, (s)he may find it necessary to extend his/her graduate program to meet all the clinical requirements.

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

Due to the needs of our clients and our professional responsibility to our clients, assignments may extend into scheduled University vacations. Please refer to the University of Vermont Eleanor M. Luse Center clinic schedule for specific dates required during the semester. The clinic schedule does not always follow off-campus practicum site schedules. A copy of the clinic schedule will be 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: Clinical placements typically start around May 22 and end around August 9 (the complete UVM-scheduled summer semester). The specific start and end times will be ultimately up to the supervisor and may vary from student to student. Graduate students should be available to meet with supervisors for on-campus client preparation the Wednesday through Friday during the week before clinic starts. Students who are placed in Vermont will likely have some days at the on-campus clinic and the remaining days at their off-campus site. NOTE: The on-campus clinic is not open on Fridays in the summer semester.

CANCELLATIONS

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

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

EMERGENCY CANCELLATION PROCEDURE

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

FACULTY-RUN SESSIONS

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

SECTION 8: DIAGNOSTIC EVALUATION PROCEDURES

CHECKLIST FOR DIAGNOSTIC EVALUATION PLANNING

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

2. Initial Meeting: It is the student's responsibility to a) initiate contact with a team member if there is one, b) set agreed upon meeting times with the colleague to initiate planning, c) make an appointment to meet with your clinical faculty, and d) reserve a clinic room for the diagnostic evaluation and set up the video recording system. Meetings with the appointed clinical faculty should be set **at least 7 days prior** to the

date of the evaluation. Schedule this meeting immediately. It may be necessary to contact the client's physician, school SLP, or other professionals involved in their management. However, this should not be initiated until the student has completed the initial planning meeting with the assigned clinical faculty and received consent from the client and/or family member for contact with any outside agency per HIPAA regulations.

3. Dx Planning: Before arriving at the Dx planning conference with the clinical faculty, the student should be thoroughly familiar with the information in the case history/client file and fill out a Diagnostic Planning Sheet. A draft of the Planning Sheet should ideally be file transferred to the clinical supervisor prior to this meeting. The student should then come to the conference prepared to discuss the client's concerns, possible problem(s) and formal and informal evaluation procedures which might be appropriate. Looking up the most recent evidence that corresponds to the potential communication disorder/client history is also a good idea prior to the evaluation plan meeting.

4. Initial Phone Contact: No later than two days prior to the diagnostic, the clinician should call the client/family to confirm the appointment date & time (**do not e-mail**). Notify the Clinic Director immediately if a problem in confirmation arises. This is a time to begin to establish rapport with the client. Introductory phone calls should be limited to introductions, directions, reminder of visit/to bring a snack, and to check-in regarding preferred activities. This is NOT a time to do any in depth interview, unless the student has planned and coordinated it with the clinical faculty, who must be present.

5. Prior to Evaluation:

- **Room**: Remember to reserve a room for the Dx evaluation and another room for the interview (including an audiology booth if conducting a screening) if the interview needs to occur in a space separate from the Dx. Plan testing room arrangements to match client's age, height (small versus tall table), ability to attend, etc.
- **Schedule a recording** using the online video system (add extra time at the beginning and end). Be aware of camera location and seat the client and yourself for optimum recording. Always have an audio recording of the session too as backup.
- **Test Prep**: Be thoroughly familiar with each test to be administered and follow the protocol of each test exactly as designed by its author(s), unless the student and clinical faculty have planned adaptations. Practice the scoring and be familiar with the interpretation of each test. Competent administration of a diagnostic procedure is critical. If the student is unfamiliar with a test planned to be administered, the student is expected to practice administration of the complete test prior to the actual diagnostic. Many assessment tool manuals recommend that the student practice administration of the tool at least 3 times before administering it to a client.

The student may sign out a test overnight for this purpose, with approval from the Clinic Director. It is essential that the student sign out all tests and materials that are removed from the Materials Room and be sure that they are re-filed and replaced correctly. If the student notices that response forms are running low, complete the Reorder Request form and submit it to the Business Assistant's mailbox. DO NOT USE THE LAST AVAILABLE FORM FOR ANY TEST.

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

6. On the day of the evaluation:

Arrive well in advance to --

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

EXIT INTERVIEW WITH CLIENT/FAMILY

- **Wrap-Up Meeting:** The student should meet with the clinical faculty following the client/parent interview and evaluation in order to discuss the student's

- diagnostic impressions, observations and recommendations before wrapping up with the client and/or family member(s). Diagnostic findings and recommendations will be discussed with the client/parent following the student-faculty conference.
- **TEC:** The clinician or parent/guardian fills out a Treatment Enrollment Card (TEC) while the client is still present if treatment or a re-evaluation is recommended at the University of Vermont Eleanor M. Luse Center at any time in the future. Make sure it is completed in full before the client leaves (**DO NOT LEAVE THE CLIENT'S PREFERRED DAYS/TIMES BLANK**). Turn this card in to the Receptionist/Scheduling Coordinator's mailbox immediately after the diagnostic. The clients "preferred" times will be considered during scheduling, but cannot always be met.
 - **REQUEST FOR REPORT DISTRIBUTION FORM:** Form must have a current signature from client or parent. The student should obtain names, addresses, zip codes of all other service providers or schools who are to receive a copy of the report. Include full addresses on the last page of the report (Notation Cc :-----). It is the student's responsibility to verify all addresses and make sure they are current and accurate.
 - **BILLING FORM:** 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.
 - **REPORT:** Let the family know they will receive the final report in just over two weeks.

DIAGNOSTIC REPORTS PROTOCOL

- 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.
- The first draft of the diagnostic evaluation report must be submitted to the clinical supervisor via file transfer **within 5 calendar days of the evaluation**. Notify your clinical faculty of its submission by email. Clinical faculty will return reviewed reports **within 4 working days**.
- The student is allowed **48 hours (2 calendar days including weekends)** to revise a report and resubmit it to the clinical faculty. Clinical evaluations will reflect the student's ability to meet specified timelines. The final report must be turned in within **two weeks after the diagnostic**.
- All reports must be password-protected and de-identified. The password will be shared during orientation.

- 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 first draft should be the student's best effort (you would be willing to sign it and turn it over the family). If it is not carefully edited, the clinical faculty will send it back.** Reading the report out loud from the perspective of a parent can help catch errors and any jargon that needs to be defined.
- All test forms and non-standardized assessment notes must be IN PEN and put in the working file and available to the clinical faculty for review. The supervisor 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.
- When reidentifying the final report to print, carefully reread the entire document to check for errors and to ensure all XXs have been properly updated (initials at bottom of page, parent names, SLP names, etc.) to avoid having to reprint any pages. Also double check for formatting and spacing errors that may have arisen when re-identified (tables should be on one page, note that references to tables "below" or "on the following page" are still correct).
- When the final version of the diagnostic report has been approved, print the finalized/signed draft on plain paper (NOT letterhead). Sign and put the document in the clinical supervisor's mailbox.

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.

- Once signed, put it in the FILE DRAWER FOR ALL FINISHED REPORTS in the main office.
- File all standardized test forms (IN PEN), questionnaires, and transcription (if any) in the client's MAIN FILE (Section 4)

IN THE EVALUATION REPORT

1. **Always refer to the clinic as:** "The University of Vermont Eleanor M. Luse Center"
2. **PAGE 1:** Include client's identifying information (phone number, address, age, etc.) on the final (printed version) only. Other drafts must be de-identified when

shared electronically. Be sure all the headings match the example report in the Clinic Handbook Appendices.

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

COMPUTER FILE INSTRUCTIONS

If the student works from Master Templates for reports: Create a master template with only report headings, and COPY the MASTER template when you set up your report format. DO NOT copy and paste a previous client’s report. Using a previous report as your template runs the risk of inadvertently creating the following errors:

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

SECTION 9: Treatment Procedures

PRE-TREATMENT PROCEDURES

There will be a yellow “Appointment” or “ADD” Slip placed in the student’s mailbox for every treatment client assigned to the student. On the Appointment Slip, the student will find the days/times the client is scheduled, the clinical faculty's name and the start date. As soon as the Appointment Slip is received, the student should begin to plan by

requesting a meeting with the appointed clinical faculty. The first appointment has already been arranged with the client by phone in advance by the lead scheduler in the main office.

GUIDELINES FOR RESERVING A CLINIC ROOM

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

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

TREATMENT PREPARATION

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

INITIAL MEETING: Bring the files to the initial clinical faculty conference and be prepared to discuss the client's needs, target areas to assess baseline, treatment goals, and intervention procedures. Be prepared to take an active role in the conference, and a planned agenda is recommended.

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

WEEKLY MEETINGS: Weekly meetings will be set up throughout the semester, either in groups or 1:1 with the clinical supervisor depending on the clinic assignment. Active participation at these weekly conferences is part of your practicum responsibilities and a standard part of the clinical faculty's responsibilities. Meetings are an opportunity for the student to request more in-depth information or resources. It is important that the student is an active participant and takes the responsibility of adding to the agenda and being prepared for the meeting. Plan to use this time effectively and bring

troubleshooting questions/ideas. Anticipate upcoming matters, so the time is used constructively. The clinical faculty/instructor may be unavailable at other times during the week due to other departmental duties.

GENERAL TREATMENT PROCEDURES

1. If the date/time of client's therapy is changed from that stated on the original slip the student received, the student should complete an Appointment Change slip with changes, give to receptionist, and inform clinical faculty.
2. The treatment room must be prepared in advance of the appointed time. Seating should be appropriate, lights must be on, treatment materials must be in place, audio/visual equipment must be set to record, observation sound system must be turned on, and the room should be free of clutter and personal belongings.
3. In most instances, the clinical faculty will introduce the student to the client at the first visit.
4. Treatment sessions must start and end on time. Remember, **1/2 hour sessions conclude in 25 minutes** and **1 hour sessions end at 50 minutes**. This ensures a smooth transition from one client to another and allows time for conferences with the parent or client. It is essential that the student begin sessions promptly to project a professional image. Arrive at the clinic at a reasonable time before your scheduled session to adequately prepare your materials and room. Any clinician who begins a session late (when the client was on time) will receive a warning from their clinical faculty. Any session that begins late after the warning may not be counted toward the required 400 contact hours.
5. At the end of every treatment session, the student clinician should walk the family/client downstairs to the lobby or the door. This ensures that the client is safely out of the building. It also provides an opportunity for the clinician to interact with the client/family.
6. Treatment sessions typically adhere to the lesson plan; however, the clinician is responsible for adjusting a procedure that is not effective. Describe any modifications in the log of the session.
7. Following a session, the treatment table should be wiped down, the treatment room should be left in order and all materials returned to their designated locations.
8. **ANY TOYS OR MATERIALS USED BY A CHILD MUST BE WASHED AND DISINFECTED BEFORE RETURNING THEM TO THE MATERIALS LIBRARY.** Sinks are available in some treatment rooms and the student workroom. Restore sinks to clean condition after use. The philosophy applied to camp sites applies to treatment rooms. Clean up after yourself so that it is not apparent to the next clinician using the room that anyone has been there. If everyone follows this guideline, you will never be faced with cleaning a room at the last minute because someone failed to clean up after him/herself.
9. **PROJECTED TREATMENT PLANS (PTPs)** are submitted one week or earlier after the third visit/session with the client. This plan will detail the student's long-term goals and semester objectives. It will form the basis for the end of semester

PROGRESS 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. AFTER EVERY FAMILY CONTACT:

The student should go to the main and working files and record 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 main file (in main office) THE SAME DAY AS THE VISIT.
- e. 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 them.

PROGRESS REPORTS

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

TREATMENT DOCUMENTATION REQUIREMENTS

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

1. Margins (1 inch)
2. Complete, accurate identifying information at the top of page 1 (name, birth date, etc.)
3. Always refer to the clinic as: "The University of Vermont Eleanor M. Luse Center"
4. Template followed - section headings, spacing, formatting, etc.
5. Words are divided at syllable boundaries
6. Any tables should not be divided between pages and should be labeled well
7. No lines/words deleted inadvertently in process of typing
8. All phonetic symbols provided along with the orthographic translation to help the family understand the reference
9. No spelling errors or typographical errors
10. Bottom of pages carry 2 or more lines if a new paragraph has begun
11. Bottom of page does not carry a heading by itself
12. Final page does not carry only names and signatures
13. All names, addresses, phone numbers are current and accurate. Check this carefully. Do not count on previous reports. Ask parents if the information is the same.

LESSON PLANS AND LOGS (SOAP NOTES)

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

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

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

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

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

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

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

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

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

SESSION ANALYSIS/SELF-EVALUATION

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

SESSION ORGANIZATION

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

SESSION EXECUTION

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

- a. Structuring the teaching environment and pacing the session for maximum correct responses?
- b. Providing clear and appropriate instructions and feedback, including multi-sensory models, effective reinforcement, and minimal extraneous interaction?
- c. Managing client behavior, including attention, motivation, and self-monitoring skills?
- d. Modifying the student's own behavior in response to client performance?

CLIENT AND CLINICIAN EVALUATION

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

SECTION 10: Attendance

INFORMATION ON ATTENDANCE AND ATTENDANCE REPORT

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

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

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

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

For diagnostic evaluations (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 Working File (grad lab locked file cabinet). The student should keep it up-to-date and it should match the dates in the main file log as well as the client's billing sheets.

RELIGIOUS HOLIDAYS

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

PARENT/FAMILY OBSERVATION/PARTICIPATION IN THERAPY SESSIONS

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

SECTION 11: Parent/Family Member Client Conferences

CONFERENCE INFORMATION

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

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

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

CHECKLIST FOR FINAL CONFERENCE WRAP-UP WITH CLIENT/FAMILY

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

1. Prepare setting in advance (enough chairs that are an appropriate size).
2. Introduce all in attendance.
3. Orient parent/client/family member to the purpose of the conference.
4. Briefly explain the therapy objectives for the semester.
5. Describe the client's progress clearly in NON-TECHNICAL terms.
6. Use graphs, charts of progress to illustrate and clarify results.
7. Discuss recommendations in advance with your clinical faculty.

8. Make appropriate and clear recommendations and integrate client/parent input.
9. Provide opportunities for the client/parent/family member to ask questions.
10. Handle questions responsibly and appropriately.
11. Be prepared with a completed Treatment Enrollment Card (TEC) if continued treatment at the University of Vermont Eleanor M. Luse Center is recommended, either in the upcoming semester or any future semester.
12. Obtain preferred days/times for treatment in the upcoming semester if applicable and MARK on the TREATMENT ENROLLMENT CARD.
13. Any new relevant information shared by the client/parent/family member needs to be documented in the session log and/or in a progress report.
14. Log the conference details on the LOG SHEET inside the front of the client's main file.

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

SECTION 12: Off-Campus Practicum Assignments

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

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

The student may be required to travel to off-campus sites using his/her own vehicle or public transportation. Having a vehicle is strongly recommended as many placements are located away from the bus line. In addition, during summer or some spring semesters, specific practicum affiliations will require the student to travel to sites out of the area or state. For summer placements, this may also require making arrangements for housing. These affiliations are often at specialty centers and medical settings that are not available in VT. The Externship Coordinator will also work with the student to find externships in remote sites they identify.

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

WHAT STUDENTS SHOULD KNOW ABOUT OFF-CAMPUS PLACEMENTS

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

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 communicates with the Externship Coordinator in-person or via e-mail to discuss the available practicum sites. The student is given an opportunity to indicate interest in particular sites and any mitigating factors that may influence decisions about placement experiences. The student will be assigned to a variety of different off-campus settings in order to meet ASHA certification requirements.

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

- **Availability** of both the student and the off-campus 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.
- **Site Determination:** We recommend a student to a facility to indicate that the student has the academic and clinical background to perform effectively in that setting. However, it is up to the clinical 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.
- **Attendance:** We strongly encourage the student to follow the calendar at the practicum site. In some cases, this may mean attending the practicum during parts of the winter break, UVM Spring Break and other university holidays. The student should discuss and resolve any possible scheduling conflicts with 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. Frequent absences are unprofessional and may affect the ability to place a student at that site in the future. The off-campus supervisor will

notify the coordinator when and if a student has more than 2 absences during the placement.

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

CLINICAL ACCOMMODATIONS

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

POSSIBLE QUESTIONS TO ASK OFF-CAMPUS SUPERVISORS AT THE FIRST MEETING

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

PRACTICUM ASSIGNMENT EXTENSION POLICY

A practicum extension provides the student with an opportunity to accrue more experience and clinical hours in a setting to which he/she has been assigned for the semester. The student is NOT obligated to extend their placements, but has this option if he/she is offered the opportunity by the off-site clinical 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 Externship Coordinator will e-mail the student (with a Cc to the Program Assistant) to confirm that the student may extend the assignment.
4. Documentation of clock hours is the same as during the regular semester.
5. The student's grade from the semester will be carried over to the extension period, so an additional evaluation is not required.
6. Clock hours that are accrued after semester Check-Out will be counted in the following semester (e.g., if extending a fall assignment until Dec 20th, the hours accrued after fall semester Check-Out will be counted at the end of spring semester).
7. No additional evaluations of your off-campus 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 from community members or other professionals. These can be wonderful opportunities, but must be presented to the externship coordinator for review. This approval must be in the form of an e-mail or a written note.

AT NO TIME should the student contact a preferred site and attempt to set up an off-campus practicum assignment without prior approval of the externship coordinator. The Externship Coordinator maintains professional relationships with many of the off-campus clinical 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 13: Audiology Block

Prior to their audiology practicum (Audiology or "AUD" Block), as an introduction to the audiology clinic, the student will be required to obtain 5 observation hours in audiology. If these have not been obtained prior to enrollment in the graduate program you may accrue these by observing at the University of Vermont Eleanor M. Luse Center. Observation hours must be obtained within the scope of practice of speech-language pathology. Components that fall within the scope of practice include: hearing screening procedures including otoscopic visualization and tympanometry, hearing aid orientation, visual and listening checks of amplification, counseling and rehabilitative services for individuals with hearing loss and their families.

The Audiology Block assignment provide students with a more intensive experience, which is designed to further understanding of the diagnosis and management of hearing-impaired individuals. We recognize that, as speech-language pathologists, the student will not independently diagnose hearing loss or recommend hearing aids. However, the student will provide screenings for children and possibly adults and may need to interpret audiograms, audiological reports and testing procedures for parents, medical, and other special education personnel. This practicum provides the student with the opportunity to communicate with adult clients who have questions and concerns about their hearing and helps to develop skills in professional dialogue with clients. Additionally, planning treatment programs for individuals with hearing loss cannot be accomplished successfully without thorough understanding of the nature and extent of the hearing impairment. The block also familiarizes students with hearing aids, since speech-language pathologists will perform listening checks on hearing aids 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 14: Materials

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

Assessment tools and resource materials each have their own section of shelves in the Materials Room. They are also shelved according to a color category and in numerical order within that category. Items that are not shelved can be found in the filing cabinets. An orientation will be provided regarding the sign out procedure for assessment and treatment materials.

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

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

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

APPENDIX A: Student Self & Faculty Evaluation Forms

[CALIPSO Performance Rating Scale \(PDF\)](#)

[CALIPSO Scoring Key \(PDF\)](#)

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

[Supervisor Evaluation Form \(PDF\)](#)

[Expectations of Observers \(PDF\)](#)

[Student Needs Worksheet Clock Hours \(DOC\)](#)

[Externship Site Evaluation Form \(DOC\)](#)

[Supervisory Needs Assessment \(DOC\)](#)

APPENDIX B: Clinic Office Forms

[Appointment Slip \(Add, Change, Cancel\) \(PDF\)](#)

[Client Contact Sheet \(PDF\)](#)

[Client Attendance Record \(PDF\)](#)

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

[Treatment Enrollment Card \(TEC\) \(PDF\)](#)

[Check-Out Front Office \(PDF\)](#)

[Check-Out Info for Students \(PDF\)](#)

APPENDIX C: HIPAA and Permission Forms

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

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

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

[Permission to Correspond by Email \(PDF\)](#)

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

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

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

[Permission to Communicate \(with external professional, school, etc.\) \(PDF\)](#)

APPENDIX D: Documentation Templates

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

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

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

[Projected Treatment Plan \(PTP\) Template \(DOC\)](#)

[Weekly Therapy Plan/SOAP Templates \(DOC\)](#)

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

[Fluency Sample \(DOC\)](#)

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

[Oral-Mechanism Exam \(DOC\)](#)

APPENDIX E: Post-Stroke Communication Group

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

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

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

APPENDIX F: Clinical Writing Support

[Citing Resources Using APA \(PDF\)](#)

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

[Professional Writing \(Pannbacker et al., 2001\) \(PDF\)](#)

[Rubric for Diagnostic Assignment \(PDF\)](#)

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

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

[Graduate Writing Center](#)

APPENDIX G: Off-Campus Placements

[Expectations for Practicum \(sample\) \(PDF\)](#)

[Procedure for Resolving Potential Issues Between Grad Student, Program, and Off-Campus Site \(DOC\)](#)

[Supervisory Needs Rating Scale \(student\) \(DOC\)](#)

[Supervisory Expectations Rating Scale \(supervisor\) \(DOC\)](#)

[Personal Style Inventory \(PDF\)](#)