



# **SPEECH AND LANGUAGE CLINIC**

**PIEDMONT UNIVERSITY**

**COLLEGE OF NURSING AND HEALTH SCIENCES  
SCHOOL OF REHABILITATIVE SCIENCES  
DEPARTMENT OF COMMUNICATION SCIENCES AND DISORDERS**

## **SPEECH AND LANGUAGE CLINIC HANDBOOK**

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## **CLINICAL PRACTICUM**

Clinical practicum encompasses a wide variety of academic and clinical tasks that take place outside the classroom over the course of your senior year and/or graduate career. Augmenting your coursework, practicum will prepare you to be an independent, thoughtful, analytic, and confident clinician. This practicum is based on instruction in compliance with ASHA's clinical curriculum standards.

Elements of this course include your clinical work with clients in the clinic and at our off-site clinical rotations, clinic lab meetings, training sessions, guest lectures, research experiences, and presentations and discussion at colloquium, among various other tasks. Each semester we will focus on clinical skills while incorporating more independence in interdisciplinary communication, critical thinking, and analytical approaches to treatment planning.

Students will complete five semesters of clinical practicum. Course number and enrollment sequence will vary based on whether you are on the BS/MS path or the 2-year MS path (see course descriptions and learning outcomes below).

During the practicum experience, each student will be expected to provide services to individuals with communication disorders in the Piedmont University Speech-Language Pathology Clinic and various off-campus centers under the supervision of clinical and academic faculty who are ASHA-certified speech-language pathologists. The amount of supervision will be appropriate to the student's level of knowledge, experience, and competence. Supervision provided will be sufficient to ensure the welfare of the client/patient.

Supervised practicum must include experience with client/patient populations across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. Academic advisors will assist students in tracking their experiences across the spectrum noted above.

We strive to maintain the highest standards of clinical practice and professionalism in our clinic and depend on you to help us maintain that integrity. Please utilize this handbook as a resource during your CMSD 4000 or CMSD 5101 practicum and supplement to the many training labs and clinical education opportunities provided across this time.

### **Course Descriptions**

#### **4000 Undergraduate Clinical Practicum**

This clinical practicum experience is designed for undergraduate students who are accepted into the BS/MS Integrated Program. Students will learn how to plan and conduct assessment and intervention sessions for clients with communication disorders. One-hour meetings will be included to review practicum experiences with other student clinicians to foster collaboration. Essential functions for clinical performance will be included, in addition to standards for ethical practice. Students are eligible to collect 50 clinic hours toward certification and licensure. Prior to participating in CMSD 4000, students will be required to have completed 25 observation hours.

### 5101 Course Description

The graduate clinical practicum experience is designed to train students how to plan and conduct assessment and intervention sessions for clients with communication and swallowing disorders. Students will complete supervised direct clinical experience or simulated experiences in the assessment and treatment of speech, language, and swallowing disorders across the lifespan. Prior to participating in CMSD 5101, students will be required to have completed 25 observation hours and complete all orientation activities. In addition to completing direct clinical experiences, students are required to attend clinic colloquium.

### 5101 Advanced Clinical Practicum/Externship Description

During the final two clinical practicum enrollments, students will participate in clinical tasks that take place outside Piedmont University Speech and Language Clinic. During this time, students are expected to further develop skills to become independent, thoughtful, analytic, and confident clinicians. During this practicum experience, each student will be expected to provide services to individuals with communication and swallowing disorders in a clinical, educational, or medical setting under the supervision of ASHA-certified speech-language pathologists. The amount of supervision will be no less than 25% of direct client contact, appropriate to the student's level of knowledge, experience, and competence, and be sufficient to ensure the welfare of the client/patient. Supervised practicum will include experience with client/patient populations across the lifespan, from culturally/linguistically diverse backgrounds, and various types and severities of communication and/or related disorders, differences, and disabilities.

### Clinical Practicum Student Learning Outcomes

Learning outcomes are outlined on the "Clinical Performance Evaluation" in *Calipso*. Each outcome aligns with the standards and competencies required by CAA and CFCC to qualify for accreditation and certification in Speech-Language Pathology. Students must earn a score of at least "3" in the section averages of the intervention, evaluation, professional practice, and additional clinical skills outcomes by the end of the semester in their first clinical enrollment, and a "4" in the remaining practicum enrollments. These score minimums reflect competence in each of the learning outcomes.

### Clinical Enrollment Flowchart

CMSD 4000/CMSD 5101 for Students on the BS/MS path

Semester	Enrollment	Location	Supervision
Senior Year/First MS Year Fall	Clinical Practicum I CMSD 4000	On-site	Piedmont University Faculty
Senior Year/First MS Year Spring	Graduate Clinical Practicum II CMSD 5001	On-site	Piedmont University Faculty

Summer	Graduate Clinical Practicum III CMSD 5001	On-site/Off-site with special permission	Piedmont University Faculty/Non-faculty SLP Preceptor
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CMSD 5101 for Graduate Students on the 2-year MS path

Semester	Enrollment	Location	Supervision
First Year – Fall	Graduate Clinical Practicum I	On-site	Piedmont University Faculty
First Year – Spring	Graduate Clinical Practicum II	On-site	Piedmont University Faculty
Summer	Graduate Clinical Practicum III	On-site/Off-site with special permission	Piedmont University Faculty/Non-faculty SLP Preceptor

CMSD 5101 – Advanced Clinical Practicum/Externship for Graduate Students on either path

Semester	Enrollment	Location	Supervision
Second Year – Fall	Externship I	Off-site	Non-faculty SLP Preceptor
Second Year - Spring	Externship II	Off-site	Non-faculty SLP Preceptor

**CLOCK HOUR REQUIREMENTS**

For certification in Speech-Language Pathology, students must complete a **minimum of 400 clock hours** of supervised clinical experience before graduation from the Masters program. The program must be accredited or be an approved candidate for accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA). A total of **25 hours of clinical observation** and **375 hours in direct client/patient contact** is required.

Of the required 375 hours, a minimum of 250 hours must be on-site and in-person. At the graduate level, as many as 125 hours may be earned through telepractice and 75 hours may be earned through clinical simulation. Up to 50 hours may be earned at the undergraduate level. Students are expected to earn approximately 50 clock hours during each enrollment of clinical practicum and a minimum of 100 clock hours during each externship enrollment. Students are also expected to have earned 3 clock hours of treatment OR assessment in each of the ASHA Big Nine areas (indicated below) with either pediatric OR adult clients.

<b>Minimum of 3 hours in each of the following nine areas:</b>
Speech sound production
Fluency and fluency disorders
Voice and resonance
Receptive and expressive language
Hearing
Swallowing/feeding

Cognitive aspects
Social aspects
Augmentative and alternative communication

### Clinical Simulation

Graduate students have the opportunity to earn up to **75 hours of direct clinical contact through the use of CS** (clinical simulation). These experiences enable students to obtain a sufficient variety of supervised clinical experiences in different work settings, with different populations, regardless of geographic location. The use of CS is optional; it is another tool available to students to develop clinical knowledge and skills. Clinic supervisors may assign and supervise CS cases to students who may not have had sufficient contact time or experience in a particular delivery area.

### Telepractice

Effective January 1, 2023, as many as **125 hours of the graduate clinical practicum may be completed via telepractice**. These clinical experiences will be supervised by a licensed and certified speech-language pathologist who is comfortable, familiar, and skilled in providing and supervising services through telepractice. Select cases are at the discretion of the graduate program, will be appropriate for the student’s skill level, and will meet the requirements of all relevant regulatory agencies.

### Observation

Prior to this course, it is required that students complete **all 25 clock hours of guided observation** of evaluation and treatment sessions held with individuals with a variety of communication disorders. Students entering their first clinical semester without 25 observation hours need to contact the clinic director to determine a plan that will allow this requirement to be met and not interfere with the clinic schedule. Students should have gained, in previous coursework, knowledge of the nature of speech, language, hearing, swallowing and communication disorders and differences, including the etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.

## **GRADING**

Clinical knowledge and skills are monitored by faculty via email, electronic and hard-copy documentation, conversations with students, and direct observation of performance with clients. Assessment of skill outcomes is completed formally at midterm and final conferences. Clinical hours and competencies throughout the program will be tracked by the web-based application CALIPSO. Piedmont University maintains this account each year so that this data is available to students after graduation when they apply for state licensure.

### **Grading Scale:**

Grading rubric (total evaluation score) based on clinical enrollment:

Grade	First Clinical Enrollment (Undergrad)	First Clinical Enrollment (Graduate)	Second Clinical Enrollment	Third Clinical Enrollment	First Advanced Clinical Enrollment	Second Advanced Clinical Enrollment

<b>A</b>	3.5+	3.5+	4.25+	4.5+	4.25+	4.5+
<b>B</b>	3.0-3.49	3.0-3.49	4.0-4.24	4.0-4.49	4.0-4.24	4.0-4.49
<b>F</b>	2.99 or below	2.99 or below	3.99 or below	3.99 or below	3.99 or below	3.99 or below

Students must earn a score of at least “3” in the section averages of the intervention, evaluation, professional practice, and additional clinical skills outcomes by the end of the semester in their first clinical enrollment, and a “4” in the remaining practicum enrollments.

### Performance Rating Scale

**1.0 Very Early Emerging:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of the need to change. Supervisor/clinical educator must model behavior and implement the skill required for client to receive optimal care. Supervisor/clinical educator provides numerous instructions and frequent modeling. Critical thinking/problem solving is very early emerging. Student primarily observes and states limited facts. (skill is present <25% of the time).

**2.0 Early Emerging:** Skill is emerging, but is inconsistent or inadequate. Student is beginning to show awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is early emerging. Student primarily observes and states a few facts. (skill is present 26-38% of the time).

**2.5 Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor/clinical educator input. Supervisor/clinical educator frequently provides instructions and support for all aspects of case management and services. Critical thinking/problem solving is emerging. Student primarily observes and states several facts. (skill is present 39-50% of the time).

**3.0 Developing with Ongoing Monitoring/Feedback:** Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides on-going monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 51-63% of the time).

**3.5 Developing with Intermittent Monitoring/Feedback:** Skill is present and needs further development. Student is aware of need to modify behavior, but does not do this independently. Supervisor/clinical educator provides intermittent monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill. Critical thinking/problem solving is developing. The student is identifying and analyzing problems and is beginning to reach conclusions. (skill is present 64-75% of the time).

**4.0 Beginning to Refine:** Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session some of the time, and beginning to self-evaluate. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 76-83% of the time)



**4.5 Refining:** Skill is developed/ implemented most of the time and needs continued refinement or consistency. Student is aware and is modifying behavior in-session, and is self-evaluating. Problem solving is refining. The student analyzes problems and more consistently reaches appropriate solutions. Supervisor/clinical educator acts as a collaborator to plan and suggests possible alternatives. (skill is present 84-90% of the time)

**5.0 Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is consistently problem solving. The student analyzes problems and consistently reaches appropriate solutions. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor/clinical educator serves as consultant in areas where student has less experience. Supervisor/clinical educator provides guidance on ideas initiated by student (skill is present >90% of the time).

#### Remediation and Success Plans

In order to successfully practice in the field of speech-language pathology, students must demonstrate superior educational/medical knowledge and critical thinking skills, as well as the ability to comprehend and synthesize large quantities of new knowledge quickly and accurately. If a student is having clinical difficulties, it is the student's responsibility to notify the clinical supervisor of any problems and initiate procedures to obtain additional assistance. Because the clinical faculty is charged with determining which students can apply academic knowledge into clinical practice, the assessment of each student includes assessment of overall clinical grades, ability to learn and apply clinical knowledge, and the ability to professionally exhibit essential functions for clinical success.

Any student who receives an unsatisfactory score (based on clinic enrollment) in the average rating in treatment, evaluation, or professional practice at end of semester will be in need of remediation. A grade below a "B" in any practicum experience will indicate a need for remediation. A success plan will be developed, and the practicum must be repeated. Clinical hours obtained during that semester may not be counted toward hours required for ASHA certification. Students who have a success plan in place may not be eligible to participate in the subsequent practicum until the goals of the plan have been met.

The student will be notified in writing of the need for a plan. The student will meet with the clinical supervisor and director of clinical education to develop an action plan to ensure course competencies and clinical expectations will be met. Goals addressing deficit areas and a time frame during which improvements are expected will be established.

Formative and summative procedures will be utilized to determine achievement of competencies. Students and participating faculty will sign copies indicating they have participated in the success plan. Signed plans will be distributed to students and participating faculty and maintained in students' e-files within the administrative office. If significant improvements in performance are not demonstrated within the specified period of time and/or have not been met within two semesters (including summer), additional practicum requirements may be instituted or dismissal from the clinical program may be recommended.

## **STUDENT EXPECTATIONS**

### Initial Requirements

Prior to the end of the orientation period, students participating in clinical practicum must access/complete the following:

- TB screening (two PPD skin tests or blood draw)
  - Proof of vaccinations and immunities\* (MMR, Hepatitis B, Varicella, TDAP, COVID)
  - Background check
  - Drug screening
  - BLS CPR certification card
  - Personal health insurance
  - Student liability insurance
- \*Students declining any vaccination for medical or religious reasons must see the clinic director to sign an acknowledgement of potential outcomes form.

Students should upload copies of their TB test, vaccinations, CPR card, personal health insurance, and liability insurance into *Calipso*.

### Background Check and Drug Screening

Students must complete a one-time background check and drug screening panel prior to the end of the orientation period. Instructions will be provided on how to complete these tasks through “Advantage Students” site.

### CPR Certification

Basic Life Support (BLS) CPR certification is offered through the College of Nursing and Health Sciences each fall at no cost to the student. Students will be assigned modules to complete prior their first day of orientation. They will then participate in a scheduled two-hour hands-on training during orientation. Students may elect to complete training on their own but will be responsible for any fees related to that training. CPR certification is valid for two years and must remain current throughout clinical practicum enrollment.

### Liability Insurance

Students must have continuous liability insurance coverage throughout their on-campus and off-campus clinical enrollments. Students can purchase speech pathology student coverage from *Proliability* through AMBA by going online to <https://www.proliability.com/professional-liability-insurance/students-individuals.html>

### Initial Competencies

Undergraduate and graduate student clinicians are expected to be able to do the following without training:

- Utilize basic computer and website skills
- Open documents in email
- Send documents in appropriate format
- Use Microsoft word to create and edit reports and treatment plans
- Contact IT and/or Student Support Services
- Use Piedmont University email for ALL clinic-related communications

### Online clinic modules

Completion of a series of modules will be required during orientation and for review each semester. These modules will include education on topics such as HIPAA, infection control, universal health precautions, and policies/procedures/laws at the federal, state, and local levels. Modules will be assigned as appropriate.

### English Proficiency Requirements

This program follows the guidelines of our university. Given the scope of practice in communication disorders, oral English proficiency is considered an essential tool. Piedmont University's graduate catalog states that international students whose first language is not English are required to pass an English proficiency test before they may be admitted to candidacy for a graduate degree.

Additionally, if a student whose native language is not English is accepted into Piedmont University's Speech-Language Pathology graduate program, and if there is evidence that this student is having exceptional difficulty with one or more of the tasks required in clinical service delivery (e.g., speech perception, speech/language modeling, comprehending speech or language produced by individuals with communication disorders, writing clinical reports, counseling families, etc.), the student will be required to address these deficits through a remediation plan (e.g., therapy for accent reduction, perceptual training). Training and/or therapy will be provided by one of the clinical or academic faculty members outside the clinic to protect the student's privacy.

### Time Commitment

Advanced clinical practicum is a major time commitment. Students are expected to act not only as graduate students, but as responsible employees of the clinic. Prior to begin of each clinical semester, students must ensure they have arranged to make this practicum a priority and be available Monday-Thursday 8:00am – 5pm and Fridays 8:00-2:00. When students anticipate competing time commitments, a conference with the clinical director must be made immediately in order to discuss options.

### Practicum Attendance

In addition to maintaining a client caseload, students are required to **attend all professional seminars, colloquia, clinical labs, presentations, training workshops, modules, and other professional and clinical development activities**. Failure to do so will result in an infraction notice and a lowering of the CMSD 4000/5101 final grade by one letter.

### Session Attendance

Student clinicians enrolled in CMSD 4000/5101 have an obligation to provide clients with regular and consistent therapy sessions. Consistent attendance is also required to enable students to gain appropriate skills across disorders. If students anticipate that other obligations will cause excessive absence during a semester, they should consider not registering for clinic that semester. Students are welcome to make an appointment with the chair or clinic director to discuss any concerns about this.

Only extreme illness will be considered an excusable absence and a reason for canceling an appointment with clients, and/or failing to attend assigned clinical placements. If any sessions conflict with religious holidays, the absence will be excused provided the student notifies the supervisor and makes alternate arrangements in advance.

If the student will not be able to attend a scheduled client session, the assigned supervisor must be contacted as early as possible. The student and supervisor will then need to agree on a plan for session coverage or cancellation. Students are not to cancel any client sessions without first discussing it with their supervisor. Students will, however, be required to offer make-up sessions for any treatment/diagnostic sessions missed.

Excused absences may not exceed two sessions before an infraction is incurred. Unexcused **tardiness and absences** in excess of one time per clinical assignment will be considered excessive and will result in

an infraction. Please note, the attendance policy applies to clinic and all clinic-related activities and guest lectures.

### SLP Clinic Dress Code

Professional and clean attire is mandatory in all Piedmont University Speech-Language Pathology Clinic areas and off-site placements. Clinicians will be asked to go home and change or remove/cover items if they do not meet these requirements. Clinicians represent the clinic and may only enter clinical areas if they meet these requirements.

Our dress code includes the following:

- Hair must be clean and away from the clinician’s eyes and face.
- Shirts should be:
  - one of the approved clinic shirts
  - of appropriate size/fit
  - clean and odor/scent-free
  - shirts must not have holes or signs of wear
- Pants must:
  - fall below the knee when standing,
  - not be form-fitting or tight
  - not contain denim fabric
  - be clean and odor/scent-free
  - pants must not have holes or signs of wear
- Shoes should be comfortable and easy to walk in. The following footwear is not permitted:
  - athletic shoes,
  - flip-flops or sandals with thin straps,
  - heels higher than two inches,
  - shoes must not have holes or signs of wear
- Piercings of the ears, nose, or lips must:
  - not be distracting or draw attention to the wearer’s body,
  - not present a health or safety risk,
  - be deemed appropriate for the setting.
- Tattoos must be covered if:
  - they portray vulgar, rude, or violent language or imagery,
  - they portray any religious, political, or social beliefs that may be offensive to others,
  - they are distracting or draw attention to the wearer’s body,
  - the clinical supervisor deems them inappropriate for the setting.

### ID Badges

During initial clinic orientation, an official clinic ID badge will be ordered for each student. This badge must be worn at all times in clinical treatment and diagnostic areas of the clinic and at off-site clinical placements.

### **PROFESSIONAL CONDUCT**

The Piedmont University Speech-Language Pathology Clinic maintains high professional standards at ALL times. Student clinicians are expected to conduct themselves with professionalism and dignity at all times while in the clinic and surrounding areas.

### Piedmont University Speech-Language Pathology Clinic Non-Discrimination Policy:

Student clinicians are bound by Piedmont University's non-discrimination policy when interacting with clients, students, faculty, staff, and community.

### Non-Discrimination Statement:

It is the policy of Piedmont University not to discriminate in its educational programs, activities, or employment on the basis of sex, gender identity, sexual orientation, physical or mental disability, pregnancy, race, age, religion, color, national or ethnic origin, veteran status, genetic information, or any other category protected by applicable federal, state, or local law.

### Student Dismissal

Students will be notified in writing by the program director if substandard clinical or professional performance, despite development of a success plan, results in dismissal. If dismissal occurs, students will have the right to appeal. Grounds for dismissal from the Program include—but are not limited to—the following:

- Failure to comply with Program requirements for attendance, ethical conduct, academic honesty, patient safety, academic standards, or technical standards
- A single grade of "C+" or lower on any clinical course, earned after the development of a success plan
- Academic misconduct
- Excessive academic or professional warnings regardless of individual course grades or cumulative Program GPA
- Student is deemed unsafe to provide patient care as determined by clinical supervisor/faculty
- Termination of an external rotation by the supervisor or Program faculty as the result of poor or inadequate clinical or professional performance on the part of the student
- Failing to do remedial work as outlined in the success plan within the prescribed time period or if quality of remedial work is unsatisfactory as determined by the clinical educator or director
- Abuse of controlled substances (e.g., prescription pain medications) and alcohol; use of illegal substances (e.g., marijuana, cocaine). Rotations may require random testing for these and other substances. Student compliance is required.

## **ON-CAMPUS CLINICAL PROCEDURES**

### Materials

Tests, protocols, and clinic materials will be housed in the materials room. Students can browse these items anytime during clinic hours. All items should be checked out by office staff, student workers, or clinical supervisors at least 30 minutes before the scheduled session. Items should be checked back in after the session. Students will inspect and clean all materials as they are returned. Tests and materials are not to be removed from the clinic. Do not write on/in any testing materials. Students will be responsible for replacing missing or damaged tests or materials.

### Client Assignments

Students will receive client assignments within two weeks of the beginning of the semester. As soon as the assignment is received, students should schedule an appointment to meet individually with their assigned supervisor(s) to discuss a plan for the first session. Prior to that meeting, students will complete a chart review on their clients and develop a preliminary plan. Students should complete the

*Chart Review Form* and *Session Plan* form and bring it to the supervisor meeting. Students should call their clients 24-48 hours prior to their first session to confirm the appointment and ask additional questions needed to prepare for the first session.

### First Session Procedures

During the first client session, students will review the following with their clients:

- Contact information, medications, allergies, and alerts for any changes
- Privacy Practices acknowledgement
- Semester schedule
- Release of information forms

### Group Meetings

Students will attend a weekly group clinic lab meeting to discuss a variety of clinical topics and procedures. These meetings are required as part of your clinic enrollment.

### Individual Meetings

Students will also meet individually with their assigned supervisors on a regular basis to discuss client plans, progress, and potential plan modifications. A clinic performance evaluation meeting will also be scheduled at midterm and at the end of the semester to discuss progress and needs with clinical skill development. Additional meetings may be scheduled throughout the semester as needed given advanced notice.

## **DIAGNOSTIC PROCEDURES**

### Diagnostic Session Scheduling

Comprehensive client evaluations are typically scheduled for two-hour sessions on Fridays. These diagnostic sessions will be completed by a team of two graduate clinicians. Teams will rotate Friday sessions throughout the semester. The clinical faculty and staff are responsible for scheduling diagnostic sessions, assigning student teams, and notifying teams of upcoming scheduled sessions.

### Diagnostic Session Planning:

Once a diagnostic team is notified of the scheduled session, that team is responsible for completing a chart review, developing a preliminary plan, and scheduling a planning meeting with the assigned diagnostic supervisor. The team must submit the chart review form and diagnostic plan form to the supervisor 48 hours prior to meeting with the supervisor.

Once the plan has been approved by the supervisor, the team is responsible for acquiring all materials and thoroughly learning and preparing the assessment tools and tasks. Students should call the client 24-48 hours prior to the session to confirm the appointment and ask any questions needed to prepare for the first session.

### Diagnostic Session:

On the day of the diagnostic session, the team should arrive at least 30 minutes prior to the session to set up the room accordingly. The team should ensure the supervisor has a copy of the updated plan as well as copies of the test protocols.

When the client arrives, the supervisor will make introductions and the team will then initiate the diagnostic session. The team should plan on completing all interviews and testing tasks within an 1hr

and 40 minutes. Once all interview questions and testing tasks have been completed, the team will meet with the supervisor for a brief meeting to discuss preliminary results and recommendations. This information will be shared with the client/caregiver prior to the end of the session.

Immediately after the session, the team will meet with the supervisor to ask questions and receive feedback. The team will enter its first draft of the diagnostic report with goals into *Fusion* within 48 hours of the diagnostic session. The supervisor will review and send feedback to the team within 48 hours. This process will continue until the report has been finalized. Once the report has been finalized, the team is responsible for printing the report, addressing the envelope, and providing the final report with envelope to the supervisor for mailing. If additional report copies have been requested for submission to other professionals, fax cover sheets should also be submitted to the supervisor with the final report. The goal is to have the finalized report sent to the client/caregiver within no more than two weeks.

#### Clinical Diagnostic Sessions:

At times, it will be more appropriate to enroll a client directly into clinic without first completing a two-hour comprehensive diagnostic session. In that case, the evaluation will be completed by the assigned individual clinician over the first and possibly second clinic sessions. The clinician should follow the guidelines for **diagnostic planning, first session procedure, and diagnostic reports**. All other plans and procedures will be individualized to the client's needs.

At other times, a client may be enrolled directly into clinic if a comprehensive communication evaluation/IEP completed within the last year has been submitted to the clinic. In that case, it will likely be more appropriate to collect baseline data and probe skills related to identified target areas. Guidance on this process will be provided by your supervisor.

### DOCUMENTATION

#### Initial Evaluation Report

Following each diagnostic or clinical diagnostic session, the student will complete an initial evaluation report in *Fusion* within 48 hours of completing the diagnostic. The clinical supervisor will review the report and provide written feedback regarding revisions within the document. Revisions will continue and the report will remain unsigned until the student's supervisor has approved the final draft.

#### Goals

Following each diagnostic or clinical diagnostic session, the student will enter long-term and short-term client goals into *Fusion*. The clinical supervisor will review the goals and provide written feedback within the document. Revisions will continue and until the student's supervisor has approved the goals.

#### Plan of Care

A Plan of Care will serve as the basis for your treatment for the semester. It is automatically generated in *Fusion* from the initial evaluation after goals have been entered. The Plan of Care may periodically need to be modified to reflect the client's progress and needs.

#### Session Plans

Student clinicians are responsible for developing a session plan including goals, methods, materials, activities, and potential modifications/advancements for the upcoming clinical session. Session plans should be developed in accordance with the semester plan of care and in response to the observations

made and reported in your session outcome notes. Session plans must be submitted to your supervisor’s Goggle file no later than 48 hours prior to the scheduled clinic session. Supervisors will review the session plan and provide feedback prior to your session. Training on the development of session plans is provided during orientation. Sample plans and templates are available in *Canvas*.

Daily Notes

Student clinicians are responsible for developing a daily note following each diagnostic and treatment session. Daily notes are written in SOAP note format. SOAP stands for: Subjective, Objective, Assessment, and Plan. The idea of a SOAP note is to be brief, informative, focus on what readers need to know (e.g., doctors, nurses, teachers, OT, PT, social worker, another SLP, caregivers, etc.), and include information an insurance company would need to justify continued involvement with the patient. Daily note drafts must be entered into *Fusion* within 48 hours after the scheduled clinic session. Training on the development of your daily notes is provided during orientation. Sample session outcome notes are available in *Fusion*.

Progress Reports

At the beginning and end of each semester, the student clinician will complete a progress report in *Fusion* within 48 hours prior to the second to last scheduled session of the semester. It must be finalized and signed by your supervisor prior to the last session. Once the report has been finalized, the clinician is responsible for printing the report and reviewing it with the client/family during the last session of the semester. Training on the development of progress reports is provided during orientation. Sample reports are available in *Canvas*.

Clock Hours

Students are responsible for tracking their clinical hours earned throughout their clinical experiences. During the semester, students should document clock hours in *Calipso* daily. Hours will be reviewed and approved by your clinical supervisor during your weekly meetings. During midterm and final meetings, progress toward accumulation of hours will be reviewed.

Documentation Flowchart

	Before each Dx and Tx session	After each Dx session	After each Tx session	At the beginning and end of the semester	Location
<b>Session Plan</b>	x				Supervisor’s Google Drive
<b>Initial Evaluation Report</b>		x			Fusion
<b>Plan of Care and Goals</b>		x			Fusion
<b>Daily Notes</b>		x	x		Fusion
<b>Progress Report</b>				x	Fusion
<b>Clock Hours</b>		x	x		Calipso

**NOTE:** Documentation requirements differ for off-campus placements and externships. These requirements are outlined during orientation for students assigned to off-campus clinical rotations.



### Billing and Coding

While clients will not be billed for speech therapy services, students will enter the appropriate billing and procedure codes into each daily note. The materials fee for each clinic session is \$10 and is to be paid to the clinic office each session. The materials fee for each diagnostic is \$100 and should also be paid at the time of the evaluation. The diagnostic materials fee is only charged one time regardless of the number of sessions needed to complete evaluations and/or progress updates.

#### ICD Codes:

ICD codes are diagnosis codes used for each diagnostic and therapy client. For each client, there is at least one primary (underlying etiology) ICD code and at least one secondary (manifestation) ICD code.

#### CPT Codes:

CPT codes are procedural codes used for each diagnostic and therapy session. They indicate the procedure or service provided by the clinician in the corresponding session. More than one code may be used each session. CPT codes used should be specifically designated for an SLP; codes used by other disciplines cannot be used. Most of our CPT codes are “untimed,” meaning the code is reported one time per session regardless of the time spent providing that service. Other codes must be documented in 15-minute intervals as established by Medicare.

All ICD and CPT codes should be accurate and used consistently for each client. Refer to the clinic’s procedure and coding manual in *Canvas* or on the ASHA website at

[https://www.asha.org/practice/reimbursement/medicare/SLP\\_coding\\_rules/](https://www.asha.org/practice/reimbursement/medicare/SLP_coding_rules/).

Further instruction on CPT codes will occur between supervisor and clinician during clinical training and labs.

### Externship Procedures

Refer to the externship/advanced clinic handbook for information and guidelines for students and preceptors.

## **SUPERVISION AND FEEDBACK**

### Supervisor-Student Communication

SLP faculty provide instruction throughout the process of planning, evaluation, intervention, and documentation process. Students will meet individually with their supervisors at least one time per week for clinical education and support specific to their assigned clients. Students will also attend a weekly group clinic meeting for additional general instruction and support. Direct supervision of client-contact is conducted in accordance with ASHA guidelines. As much as 100% supervision, which may include direct modeling, will be provided during the initial clinic sessions each semester. Direct supervision time will be gradually reduced to no less than 25% as students demonstrate greater independence. The amount of supervision provided each session will be adjusted according to student needs and sufficient to ensure the welfare of the client as determined by the supervisor.

### Feedback

Supervisors provide feedback and guidance in a number of ways, including: individually and in group sessions, verbally and/or in writing before, during, and after the session as appropriate. Feedback and guidance are adjusted to fit the needs of the situation. This feedback is an expected and essential part

of the supervisory and clinical development process. Critique and guidance are designed to develop clinical skill and perspective, not to be punitive. Students are expected to respond to feedback by integrating recommendations into future session planning and execution. Student response to feedback is tracked and utilized to inform midterm and final grades, which are discussed in supervisory conferences.

#### Assessment and Conference

The development of clinical skill is monitored regularly and discussed with the student throughout the semester. Clinical skills are formally assessed at midterm and end of semester. Records of this assessment are kept in *Calipso*. See section on grading and refer to the evaluation form in *Calipso* for more information on this process and the clinical performance rating scale.

#### Self-Reflection and Assessment

Clinicians are required to complete a written self-reflection and assessment of at least two clinical sessions through video review each semester. Self-reflection forms are available in *Canvas*. These reviews will enable students to analyze their own performance as a clinician as well as the performance of their client. In addition, students should complete a summative assessment of their clinical skills in *Calipso* at midterm and end of semester. The summative assessment will enable students to analyze their clinical strengths, growth, and areas of needed improvement.

### **RISK MANAGEMENT AND PRIVACY PROTECTION**

#### Health Insurance Portability and Accountability Act:

HIPAA is a federal mandate governing the privacy and security of all health care information. All CMSD students will be required to review and comply with all aspects of patient health care information. Students will be required to sign a confidentiality statement outlining requirements for this program as well as complete HIPAA training prior to clinical observation or practicum.

#### Confidentiality

Students enrolled in the College's professional programs must hold in confidence all client/patient related information. On admission to the SLP program, the student will sign a Confidentiality Statement to be placed in the permanent record (See Appendix A). Failure to protect any client's right to confidential treatment may result in a failing course grade, dismissal from the SLP program, and civil liability for a breach of confidentiality. All MS-SLP students should be familiar with the following statements:

1. Students must not transmit or place online individually identifiable patient/client information.
2. Do not share or post information or photos gained through the patient/client relationship.
3. Students may not photograph, video, or otherwise use their camera when in the clinical setting.
4. Phones are for emergency use only and must be kept out of the clinical environment.
5. Do not upload images of yourself or others students/faculty in a clinical environment unless approved by faculty.
6. Students must observe ethically prescribed professional patient/clinician boundaries. Accepting a client's "friend" request can damage the therapeutic relationship.
7. Students should understand that patients/clients, colleagues, institutions, and employers may view postings.
8. Students should take advantage of privacy settings and seek to separate personal and professional information online.

9. **Promptly report a breach of confidentiality or privacy.** Students should bring content that could harm a patient’s privacy, rights, or welfare to the attention of the CMSD Director or CMSD faculty for review.
10. Remember that standards of professionalism are the same online as in any other circumstances.
11. Do not make disparaging remarks about patients/clients, co-workers, faculty, clinical instructors, or any other person, even if they are not identified. Be careful with the tone of your remarks.
12. Failure to maintain professionalism and confidentiality may result in course failure or expulsion from the program.

Client Welfare

All student clinicians enrolled in clinic will receive training on procedures for ensuring the welfare of the clients within the clinic. Clinicians and clinical supervisors are bound by the American Speech Language and Hearing Association (ASHA) Code of Ethics and agree to the following:

- Honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.
- Honor their responsibility to achieve and maintain the highest level of professional competence and performance.
- Act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.
- Uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

**Mandated Reporting**

Students providing clinical services are considered to be mandated reporters of suspected abuse or neglect in the state of Georgia.

**For suspected abuse or neglect of a child in Georgia:**

Report to DFCS "immediately" (within 24 hours or sooner) when maltreatment has been suspected or it is believed it will occur. If the child is in imminent danger (threat of immediate harm that could cause serious injury or death), call 911.

There are three options for reporting suspected abuse and neglect to DFCS.

**Option #1:** Make a report by phone by calling 1-855-422-4453.

**Option #2:** Email or fax the Georgia Mandated Reporter form to 229-317-9663 or [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov).

**Option #3:** Submit the Georgia Mandated Reporter form online at <https://cps.dhs.ga.gov/Main/Default.aspx>.

Use one of the following codes to report online:

Facility/Reporter Type	Code
Hospital/ Clinic	CPS23577
Medical Facility Staff	CPS30630
School Personnel	CPS47694
Other Mandated Reporter	CPS35170

Refer to this website for additional information:

<https://dph.georgia.gov/health-topics/injury-prevention-program/cdc-core/child-abuse-and-neglect>

### **For suspected abuse or neglect of an At-Risk Adult in Georgia:**

**Mandated reporters must report suspected abuse to both Adult Protective Services and to law enforcement** (O.C.G.A. 30-5-4(b)(1)(A)).

Call local law enforcement if abuse, neglect or exploitation is suspected **(911)**.

Contact the **Division of Aging Services' Adult Protective Services:**

- Central Intake in Metropolitan Atlanta 404-657-5250 or outside of Atlanta at 1-866-552-4464 OR report online at: <https://hssgaprod.wellsky.com/assessments/?WebIntake=97267103-7A5E-4B72-B44F-DD4264B727D8>
- For suspected abuse or neglect in a long-term care facility or residence, call (404) 657-5728 or (404) 657-5276 or the toll-free number 800-878-6442 OR report online at: <https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation>

Refer to this website for additional information:

<https://aging.georgia.gov/report-elder-abuse/abuse-neglect-and-exploitation-risk-adults-georgia>

### Infection Control and Universal Precautions

Clinicians are to approach infection control by treating all bodily fluids as if they ARE known to be infections. Whenever conducting client contact that may include contact with bodily fluids, all students and faculty are expected to follow standard universal precautions. Each student clinician must successfully complete universal precautions training during orientation. For more information on universal precautions, please visit:

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

### Endoscope Management

Any staff or student using endoscopes will be trained in appropriate cleaning, use, and disposal procedures prior to their use. In addition, these procedures will be posted in the voice and swallowing lab for reference.

### Biohazardous Waste

Biohazardous waste kits are available in the clinic materials room. Small biohazardous materials, such as used bandages or gauze can be disposed of in available sharps containers which are in the waiting room restroom and the clinic multipurpose room. Clinicians are to notify the clinic office manager to request pickup/disposal of the items.