ORIENTATION TO THE SPEECH AND HEARING CLINIC

Objectives and Scope

The Auburn University Speech and Hearing Clinic is dedicated to the following purposes:

1. Serving as a teaching facility for students who are studying disorders of human communication and who intend to become audiologists and speech-language pathologists;

2. Administering diagnostic and therapeutic services to hearing, speech, and/or language-impaired;

3. Conducting research in the field of communication disorders.
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Dear Client:

Thank you for choosing to receive an evaluation at the Auburn University Speech and Hearing Clinic. Our goal is to provide the highest quality of service available and to make your visit to our clinic as pleasant as possible. In this packet, you will find information related to your appointment such as:

1. **Case History/Intake Forms**: These forms provide important background information to use in planning your evaluation as well as necessary demographic and insurance information for billing purposes. Please complete these forms, including a signature and date, and return them to the clinic PRIOR TO THE DATE OF YOUR APPOINTMENT either in the enclosed envelope or via fax to 334-844-9684. If we do not receive your paperwork prior to your appointment, you may be asked to reschedule or arrive earlier to accommodate the processing of the paperwork and for clinical preparation.

2. **Parking Information**: We have provided a campus map, driving directions, and parking information to help you locate various routes to our building and parking areas. **PLEASE NOTE**: We are located on an ever-changing college campus where there is often construction and events that may congest traffic around our office. Please allow yourself ample time to navigate campus to ensure you arrive to your appointment on time. **If you have not checked in within 30 minutes of the start of your evaluation, you will not be seen and must reschedule.**

3. **Vehicle Registration**: In order to park in the clinic parking spaces, your vehicle license plate must be registered with Campus Parking Services. Please call 334-844-9600 at least 24 hours prior to your appointment to register for parking.

4. **Appointment Reminder Card**: A reminder card with the date and time of your evaluation is also included.

**Disability Evaluations**: If Disability Services scheduled your appointment for you and you cannot attend, you must reschedule with your case worker directly. **We are prohibited from rescheduling these appointments unless instructed to do so by Disability.** Also note, if you want the results from this evaluation, that must be requested through DDS.

**VA Evaluations**: Please fill out the medical record release authorization with the name and contact information of your VA representative and send back with the rest of your paperwork. We cannot release the results of your evaluation to the VA without having this form returned to us. On the day of your appointment, remember to bring any and all records to which you have access relating to previous hearing exams as well as a list of your current medications.

**Insurance**: Please bring insurance cards and identification to your appointment.

We look forward to meeting you and serving your communication needs.

Sincerely,

Nancy Jeanne Haak, Ph.D.
Clinic Director and Department Chair
Parking Suggestions for AU Speech and Hearing Clinic

Clinic Phone Number: 334-844-9600
Golf Cart Phone Number: 334-844-2096

GPS Address to Parking Garage: 425 Heisman Dr. Auburn University, AL 36849
(Do not use Haley Center address for GPS...you will get lost!)

Be sure to call with your license plate number so you can be registered to park on campus!!!

Suggestion 1: The Stadium Parking Deck Walk or Ride.
You may park in one of the 9 “Restricted Clinic Only” spaces on the first floor or you may drive to the top of the parking deck and park anywhere on the fourth floor that has an available space. **You must display your handicapped hang tag if you park in a handicap space.** From this deck you can either walk the one block to Haley Center and the Clinic or you may catch the golf cart (phone number listed above) and ride to the Haley Center

**How to drive to the deck:** Enter campus on W. Samford Ave; approach either from the east, passing the President’s house on your left or from the west, passing the Athletic Complex on your left. Turn onto Duncan Dr. (at the corner of the Telfair Peet Theater and Leach Science Center). Follow Duncan drive into the parking deck. As you enter the deck, there will be 9 Clinic Only spaces (marked by a brown sign on the columns in front) where you may park. If no spaces are available, continue to the left and proceed up the ramp and each floor to the fourth floor. You may park anywhere on the fourth floor.

**How to catch the golf cart:** This wheelchair accessible golf cart makes a continuous loop from the elevator on the first floor of the deck to the Haley Center door. After your appointment, exit the back of the Clinic and go down the ramp to wait curbside for a return trip to your car. You may also contact them at 334-844-2096.

Suggestion 2: The Quad Center Lot.
You may park in either the 8 "Restricted Parking Client with Permit Only" spaces or the 7 Handicapped spaces of the Quad Center lot. **You must display your handicapped hang tag if parked in a handicap space.** This lot is close and level; walk (about 180 paces) to the south entrance of Haley Center. As you enter the Haley Center, the AU Speech and Hearing Clinic is located on the left.

**How to drive here:** From Samford Avenue or Roosevelt Dr turn right onto Mell street and then left onto Quad Center Drive.

Driving Directions to AU Speech & Hearing Clinic

**From 1-85 southbound from Atlanta**
Take Exit 51. Turn right onto Highway 29 (S College Street). To park in the Stadium Deck, go to the 6th traffic light and turn left (W Samford Avenue), then follow Suggestion 1 above. To park at the Quad Center, turn left on W. Samford Avenue and follow Suggestion 2 above.

**From 1-85 northbound (from Montgomery)**
Take Exit 51. Turn left onto Highway 29 (S College Street). To park in the Stadium Deck, go to the 6th traffic light (begin counting lights at the first light just over the bridge) and turn left (W Samford Avenue), then follow Suggestion 1 above.

**From US 280 E (from Birmingham)**
Turn right off 280E onto AL 147 (@ Shell gas station). Stay on AL147, which becomes College Street. Cross the railroad tracks, proceed through light at Glenn Avenue. To park in the Stadium Deck, turn right at the next light onto Magnolia Avenue. Turn left at the next traffic light onto Donahue Drive. Turn left at the 2nd light onto Heisman and follow Suggestion 1 above. To park in the Quad Center, stay on College Street, turn right on W. Samford Avenue and follow Suggestion 2 above.
Client Name: ___________________________  Age: _______  DOB: ___________________________

Address: _______________________________  Phone (Home): __________________________

______________________________  Phone (Cell): __________________________

Email Address: __________________________  Phone (Work): _________________________

☐ Check this box if to give permission to be contacted by email

Primary Concern: ____________________________

Gender (optional): ☐ Male  ☐ Female

Ethnicity (optional): ☐ African American  ☐ Asian/Pacific Islander  ☐ Caucasian  ☐ Hispanic

☐ Native American  ☐ Other (please specify): ____________________________

Languages Spoken: __________________________

Primary Language Spoken in the Home: __________________________

Religion (optional): __________________________

Occupation: __________________________  Place of Employment: __________________________

Primary Care Physician: __________________________  Referred By: __________________________

Education Level Attained: ☐ Elementary  ☐ High School  ☐ College  ☐ Other

Military Service? ☐ Yes  ☐ No  If yes, Branch and Dates of Military Service: __________________________

If Client is a Minor:

Parent Name: ___________________________  Phone: __________________________  Email: __________________________

Address: ________________________________

Parent Name: ___________________________  Phone: __________________________  Email: __________________________

Address: ________________________________

Parent’s Marital Status: ☐ Married  ☐ Single  ☐ Divorced  ☐ Adoptive  ☐ Foster

Emergency Contact:

Name: ___________________________  Phone: __________________________  Relationship: __________________________

How did you learn about our services? __________________________

Name of Person Completing questionnaire: __________________________

Relationship to Client: __________________________

**The Auburn University Speech & Hearing Clinic shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.**
Client Name: _________________________________ DOB: _________________________________

Primary Insurance: 
Subscriber Name: _______________________________. DOB: ___________________. Relationship: _____________. Address: ____________________________________________________________

DOB: _________________________________
Contract #: _________________________________

Secondary Insurance: 
Subscriber Name: _______________________________. DOB: ___________________. Relationship: _____________. Address: ____________________________________________________________

DOB: _________________________________
Contract #: _________________________________

I give permission for the AUSHC to discuss by phone/in person my evaluation, treatment and/or billing status with the following people:

1. Name, Relation and phone number: __________________________________________________________
2. Name, Relation and phone number: __________________________________________________________
3. Name, Relation and phone number: __________________________________________________________
4. Name, Relation and phone number: __________________________________________________________

Assignment and Release

I, the undersigned, certify that I, or my dependent have insurance coverage as indicated above and assign directly to Auburn University Speech & Hearing Clinic all insurance benefits if any, otherwise billable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the release of any information necessary for treatment, payment and healthcare operations.

By signing this form, I allow the AUSHC to contact me at the phone numbers, email addresses or physical addresses listed as needed to carry out treatment, payment and healthcare operations, including but not limited to records, appointment reminders, end of warranty notifications, scheduling, insurance, patient statements, marketing information regarding the AUSHC, etc.

I understand that I have the right to review the Notice of Privacy Practices before signing this consent. The AUSHC reserves the right to revise its Notice of Privacy Practices at any time. A request for a copy of the Notice of Privacy Practices may be sent in writing to the AUSHC, Department of Communication Disorders, 1199 Haley Center, Auburn University, AL 36849.

I hereby give permission to the Auburn University Speech & Hearing Clinic to conduct an evaluation or to provide treatment of the speech, language, voice, and/or hearing abilities of the above named individual.

I release the Auburn University Speech & Hearing Clinic of liability of any nature arising from my/the client’s participation in procedures and activities at the Auburn University Speech & Hearing Clinic.

I may revoke or edit this authorization in writing except to the extent disclosures of PHI have already been made based on my prior consent.

Signature of Patient or Agent of Patient Care __________________________ Date __________________________
AUBURN UNIVERSITY SPEECH AND HEARING CLINIC
PERMISSION TO CONTACT AND DISCUSS

Patient Name:_________________________________ DOB:_________________________

I hereby give consent for the Auburn University Speech and Hearing Clinic (AUSHC) to use and disclose protected health information (PHI) about the person listed above to carry out treatment, payment and healthcare operations (TPO).

I understand I have the right to review the Notice of Privacy Practices before signing this consent. The AUSHC reserves the right to revise its Notice of Privacy Practices at any time. A request for a copy of the Notice of Privacy Practices may be sent in writing to The Auburn University Speech and Hearing Clinic, Department of Communication Disorders, 1199 Haley Center, Auburn University, AL 36849.

By signing this form I allow the AUSHC to call me at the number(s) listed below, and leave a message on the voicemail in reference to any items that assist the AUSHC with carrying out TPO, including but not limited to appointment reminders, repaired hearing aid notification, scheduling issues, insurance items, etc.
1._________________________________Home 2.___________________________Work
3._________________________________Cell 4._____________________________Other

By signing this form I allow the AUSHC to send mail to the address(s) listed below that assist the AUSHC with carrying out TPO, including but not limited to records, appointment reminders, end of warranty notification, scheduling issues, insurance items, patient statements, etc.
1.____________________________________________________________________________
2.____________________________________________________________________________

By signing this form I allow the AUSHC to send email to the address(s) listed below items that assist the AUSHC with carrying out TPO, including but not limited to records, appointment reminders, end of warranty notification, scheduling issues, insurance items, patient statements, etc.
1.______________________________________ 2.___________________________________

I give permission for the AUSHC to discuss my evaluation, treatment, and/or billing status with the following people:
1. Name and Relation:____________________________________________
2. Name and Relation:____________________________________________
3. Name and Relation:____________________________________________
4. Name and Relation:____________________________________________

I may revoke or edit this authorization in writing except to the extent disclosures of PHI have already been made based upon my prior consent.

______________________________________________________________
Signature of Patient or Agent of Patient Care   Date
This is a summary of the Notice of Privacy Practices for The Auburn University Speech and Hearing Clinic (AUSHC). This document describes how we may use and disclose your protected health information (PHI), and how you may access this information. This summary applies to the clinical programs of AUSHC including (but not limited to) audiology and speech-language pathology patients. These policies are effective as of October 7, 2014. Please review this document carefully.

The AUSHC serves as a training site for clinical students in speech-language pathology and audiology. Student training, in the areas of health care, learning under supervision to practice, or improve their skills as health care providers is defined by the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule 45 CFR 164.501, as a covered function of health care operations. Please be advised that incidental contact may occur through dual observation treatment rooms, student observation of therapy sessions, etc.

The Privacy Rule requires that we protect the privacy of health information that identifies patients, or when there is reasonable basis to believe, the information can be used to identify a patient. This Notice describes your rights as a patient and our obligations regarding the use and disclosure of PHI.

**Uses and Disclosures for Treatment, Payment and Health Care Operations**

The Auburn University Speech and Hearing Clinic (AUSHC) may use or disclose your personal health information (PHI) for treatment, payment and health care operations without your consent. To clarify this information please see definitions for some commonly used terms below:

- “PHI” refers to protected health information in your healthcare record that could identify you.
- “Treatment, payment and healthcare operations”
  - Treatment is when AUSHC provides, coordinates or manages your healthcare and/or other services related to your healthcare.
    - Example: We may consult and share PHI with another health care and/or educational provider in connection with your diagnosis and treatment, or if you are referred to another health care provider.
  - Payment is when AUSHC receives reimbursement for your healthcare.
    - Example: We may use or disclose PHI with another party to obtain reimbursement for your care, or to obtain information about eligibility or coverage.
  - Health Care Operations are activities that relate to the performance and operation of AUSHC.
    - Example: We may mail reminders, or leave phone messages asking you to return our call, or to remind you of an appointment.
    - Example: We may provide PHI to student clinicians as a part of their training and educational program.
    - Example: We may disclose PHI if you pose a danger to yourself and/or others.
- “Use” applies to activities that occur within the AUSHC such as sharing, employing, applying, utilizing, examining, and analyzing information that may identify you.
- “Disclosure” refers to activities that occur outside the AUSHC. These are things such as releasing, transferring or providing access to information to other parties about you.
  - We may disclose your PHI to you.
  - We may use or disclose your PHI in order to treat you, obtain payment for services rendered, or operate the AUSHC.
  - Other uses and disclosures may be made without your consent if the law requires us to release PHI.

The Federal Education Rights and Privacy Act (FERPA), state law, and professional ethics also protect the privacy of a student’s PHI.

In order to provide quality and effective care, the AUSHC requires a student to consent to the AUSHC’s use and disclosure of the student’s PHI for those purposes permitted by HIPAA.

**Uses and Disclosures Requiring Authorization**

When the AUSHC is asked to disclose information for purposes other than treatment, payment or health care operations as they relate to our facility, the AUSHC will obtain written authorization from you before releasing PHI. This authorization will also be required prior to releasing your Clinical Record. To clarify please see the definition of authorization below:

- “Authorization” is written permission given by the patient or legal guardian above and beyond the general consent already allowed.

**Patient Rights**

- You may request a restriction regarding uses and disclosures of your PHI however, the AUSHC is not required to agree to your request.
- You may request a restriction of disclosure to a health plan where all services were paid out of pocket (by you) in full.
• You may request that any communication regarding your PHI remain confidential, or that the AUSHC contact you in a specific way (home phone, cell phone, email…).
• You may request to inspect your PHI.
• You may request a copy of your PHI.
• You may ask that your PHI be amended.
• You may ask for a copy of the AUSHC Notice of Privacy Practices in an alternative format (paper, electronic…)
• You may revoke your authorization in writing except to the extent that AUSHC has already acted upon it.
• You have the right to receive a record of accounting of disclosures of your PHI.

Our Responsibilities
• We are required by law to maintain the security and privacy of all PHI.
• We are required to provide all patients with our Notice of Privacy Practices.
• Though the AUSHC reserves the right to change the policies in this notice, we must alert all patients of changes made in writing, or adhere to the terms currently in effect.
• We will notify individuals affected by suspected security breach regarding PHI.

Questions or Concerns
Please address any questions or concerns you may have, or request a copy of the AUSHC Notice of Privacy Policy, by mail to the address below:

Auburn University Speech and Hearing Clinic  
Department of Communication Disorders  
1199 Haley Center  
Auburn University, AL 36849

If you feel your rights have been violated you may file a complaint without fear of retaliation:
a. You may file a complaint by contacting us in writing at AUSHC, Department of Communication Disorders, 1199 Haley Center, Auburn University, AL 36849
b. You can file a complaint in writing with the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue SW, Washington, DC 22201, or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/

Revised 2/2013
APPLICATION FOR INCLUSION UNDER SLIDING FEE SCHEDULE

Patient’s Name ___________________________ File # ___________ Date ______________________

# of Family Members at Home:

Parent Name _____________________________
(Circle one)

Parent Name _____________________________
(Circle one)

Dependents’ Names _____________________________


Family Yearly Gross Income: _________________________

Proof of income must be provided at or before time of appointment.
Acceptable proof of income includes: W-2 forms, 1099 forms, report of Social Security or Disability benefits, or previous years Federal Tax return.

To the best of my knowledge, the above information is accurate.

Signed: ____________________________________________

Responsible Family Member

To be completed by Clinic:

Fee Rate: _____ %
REPORTS and WRITTEN DOCUMENTATION:
1. All records and reports concerning a client are considered confidential and will be entered in the client’s electronic health records in Practice Perfect (e.g., SOAP Notes, Plan of Care; Semester Progress Reports).
2. Client records, test results, and data (e.g. case history forms, test protocols, etc.) cannot be removed from the physical area occupied by the Auburn University Speech and Hearing Clinic.
3. Letters and/or reports may be sent to agencies or individuals upon request and the signing of the Authorization Form and the Permission to Contact and Discuss Form.
4. Student clinicians must prepare reports in the student computer room (HC 1194) or HC 1118, in the clinic. Avoid using these computers for other purposes.
5. Student clinicians are prohibited from removing videotapes and CDs from the AUSHC.
6. Any written/printed documentation (e.g. evaluation report, treatment report, test results, etc.) must be placed in the patient’s chart or holding file.
   a. During the report preparation process, the patient’s chart must be stored in the file cabinet in the locked student clinician room (HC 1166).
   b. Patient charts/documentation, test results, etc. cannot be left in the student rooms, a test room, NSSLHA library, treatment room, observation room, or any other public location.
7. Any discarded written documentation/reports must be shredded. A collection box for shredding is located in the student clinician room (HC 1166).
8. Objective/Procedure Sheets must not contain any identifying information such as patient name. The Objective/Procedure Sheet is placed in the observation room only for the duration of the session and must be removed at the end of the session.
10. When videos are used in a class for demonstration or example, the student clinician should not discuss, outside the classroom, confidential or personal information revealed in the video.
11. Clinicians are advised to restrict conversations about patients, treatment sessions, and evaluations to the clinicians’ room, the supervisor’s office, the treatment room, the observation room, or the evaluation room. Clinicians are strongly advised against discussions about patients in the hallways, the lobby, the front office, or other public places. When discussing a client in the clinicians’ room or in a class, the clinician should not include identifying information, such as a name, billing status, etc. When videotapes are used in a class for demonstration or example, the clinician should not discuss confidential or delicate information revealed in the video outside the classroom.
12. Student clinicians must comply with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule").
   a. The “Privacy Rule” establishes a set of national standards for the protection of certain health information.
   b. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
   c. The “Privacy Rule” protects all "individually identifiable health information" (protected health information) held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.
   d. Individually identifiable health information includes many common identifiers, as indicated in the following table:
HIPPA De-Identification Guidelines

(2)(i) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

<table>
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<tr>
<th>(A) Names</th>
<th>(L) Vehicle identifiers and serial numbers, including license plate numbers</th>
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<tbody>
<tr>
<td>(B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of the ZIP code if, according to the current publicly available data from the Bureau of the Census:</td>
<td>(M) Device identifiers and serial numbers</td>
</tr>
<tr>
<td>(1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people; and</td>
<td>(N) Web Universal Resource Locators (URLs)</td>
</tr>
<tr>
<td>(2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000</td>
<td>(O) Internet Protocol (IP) addresses</td>
</tr>
<tr>
<td>(C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older</td>
<td>(P) Biometric identifiers, including finger and voice prints</td>
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<td>(D) Telephone numbers</td>
<td>(Q) Full-face photographs and any comparable images</td>
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<tr>
<td>(E) Fax numbers</td>
<td>(R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section [Paragraph (c) is presented below in the section “Re-identification”]; and</td>
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<tr>
<td>(F) Email addresses</td>
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<tr>
<td>(G) Social security numbers</td>
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<tr>
<td>(H) Medical record numbers</td>
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<tr>
<td>(I) Health plan beneficiary numbers</td>
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<td>(J) Account numbers</td>
<td></td>
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<tr>
<td>(K) Certificate/license numbers</td>
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(ii) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.
The Auburn University Speech and Hearing Clinic (‘the Clinic’), its faculty, student clinicians, staff, contractors and volunteers (collectively, “Clinic Faculty and Staff”) share in a commitment to legal, ethical and professional conduct in everything we do. As Clinic Faculty and Staff, we support these commitments in our work each day, whether we care for patients, order supplies, keep records, pay bills or make decisions about the future of the organization. The Clinic’s success as a provider of healthcare services depends on us - our personal and professional integrity, our responsibility to act in good faith, and our obligation to do the right things for the right reasons. As Clinic Faculty and Staff, students and volunteers, we are responsible for supporting legal compliance in every aspect of our workplace behavior.

A. **The Clinic Code of Conduct**. The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles and ethical business standards as we strive to care for our patients and each other with respect, honesty, compassion, teamwork and excellence.

The Code of Conduct applies to everyone at the Clinic from entry-level employees, to volunteers and contractors, to executive staff. I understand that the Code of Conduct supplements specific policies and procedures that may apply to my job. The Code of Conduct discusses the importance of:

- **Care Excellence**: providing quality, compassionate, respectful and clinically appropriate care to patients.
- **Professional Excellence**: maintaining ethical standards of healthcare and business practices.
- **Regulatory Excellence**: complying with federal and state laws, regulations and guidelines that govern the healthcare services that we provide.

To confirm that each of us understands and accepts responsibility for abiding by the Clinic’s Code of Conduct, every Clinic Faculty and Staff member, including volunteers and contractors, are required to read this Code of Conduct, and sign and return the Commitment to Compliance on the last page.

Of course, no single resource can answer every question or cover every concern we may encounter at work. We all should be guided by our own good judgment and professional pride as well. **If I have concerns about the Code of Conduct or any moral, legal or ethical issue, I understand that I can talk with the Clinic Director.**

B. **A Shared Responsibility**. Because we are in the business of providing care to others, it is critical that each of us adheres to appropriate standards of behavior. As individuals and as an organization, we are responsible to many different groups. We must act ethically and responsibly in our relations with:

- Our patients and their families
- Our colleagues and co-workers
Any compromise in our standards could harm our patients, our coworkers and our organization. Like every healthcare organization, we must do business under very strict regulations and oversight. Fraud and abuse are serious issues. Sometimes even an innocent mistake can have significant penalties to our organization and to us. It is therefore imperative that we all know and understand our responsibilities. Clinic Faculty and Staff members participate in education and training about the Code of Conduct and the compliance responsibilities of their jobs. Supervisors and managers must consistently reinforce the Code of Conduct to make sure Clinic Faculty and Staff comply with the state and federal laws.

As we each are responsible for following the Code of Conduct in our daily work, we are also each responsible for enforcing it. This means that we are expected to report any problems we observe. I understand that if I observe or suspect a situation that I believe may be unethical, illegal, unprofessional or wrong, or if I have any clinical, ethical or financial concern, I MUST report it to Clinic Director. I understand that I will not be disciplined for reporting a situation that I suspect to be unethical, illegal, unprofessional or wrong, regardless of whether the Clinic ultimately determines that the situation was handled properly.

Reporting a situation, even if we are uncertain about whether the situation was handled properly, will ultimately help the Clinic. By reporting the situation, we inform Clinic management of areas in which training may be required, either because the situation was not handled properly or because it is unclear how to handle the situation. Training will help the Clinic avoid future problems. Also, if the situation was not handled properly, the Clinic wants to do the right thing and correct the error. The sooner a problem is identified, the easier it is to correct without serious legal consequences. Although we may feel uncomfortable about reporting a situation, it is best for the Clinic.

C. **Care Excellence - Our First Priority.** At the Clinic, our most important job is providing quality care to our patients. This means offering compassionate support to our patients and working towards the best possible outcomes, while following all healthcare rules and regulations. We care for people who are especially vulnerable; they may have a language barrier, legal status issues, financial inabilities, physical restrictions because of illness, injury or disease, or many other vulnerabilities. It is our responsibility to respect, protect and care for them with compassion and skill.

1. **Patients' Rights:** Patients receiving healthcare services have clearly defined rights. To honor these rights, we must:

   (a) Provide the same quality care to everyone, regardless of race, color, age, religion, national origin, gender, sexual orientation or disability.

   (b) Treat all patients with compassion, courtesy, professionalism and respect.

   (c) Protect all aspects of the patient's privacy and confidentiality.

   (d) Obtain written permission from the patient or their legal representative before
releasing personal, financial or medical information to anyone outside the Clinic.

(e) Limit access to medical and other records only to the employees, student clinicians, physicians or other healthcare professionals who need the information to do their job.

(f) Respect the rights of patients to participate in decisions about their care.

(g) Respect the right of patients to access their medical records as requested.

(h) Recognize that patients have the right to consent to or refuse care.

2. **Providing Quality Care:** As employees and as an organization, our primary commitment is to provide the care, services and products necessary to help the patient reach or maintain his or her highest possible level of physical, mental and psychological well-being. To meet this standard of care, we:

(a) Develop interdisciplinary plans of care for patients whenever appropriate.

(b) Constantly assess goals to ensure that the ongoing needs of our patients are being met.

(c) Provide only medically necessary services and products.

(d) Confirm that services and products are within accepted standards of practice for the patient's condition.

(e) Ensure that services and products are reasonable in terms of frequency, amount and duration.

(f) Measure clinical outcomes and patient satisfaction to confirm that quality care goals are met.

(g) Provide accurate and timely clinical and financial documentation and record keeping.

(h) Ensure that only properly licensed and credentialed providers with the appropriate background, experience and expertise provide (and supervise as appropriate) patient care.

3. **Gifts from Patients:** Sometimes grateful patients and their families offer gifts to employees. However, accepting a gift, gratuity or tip could give the impression that we are favoring a patient or giving him or her special care. Or, a patient with dementia might try to give away a precious heirloom without understanding what he or she is doing. Therefore, it is the Clinic's policy that Clinic Faculty and Staff, including volunteers, should refuse all personal monetary gifts, gratuities or tips from patients and return them if they are given. It is acceptable to receive food, gift baskets, flowers, etc. Monetary donations in the form of cash, check, money order, or gift card are acceptable to the organization, but not as an individual gift to any one member of the Clinic's Staff.

4. **Billing Practices:** The Clinic is committed to ethical, honest billing practices, and we expect every Clinic Faculty and Staff member to be vigilant in maintaining these standards at all times. The Clinic will not tolerate any deliberately false or inaccurate billing. Any Clinic Faculty and Staff member who knowingly submits information that he or she knows to be false in connection with
any invoice, billing or financial report, or other claim to any payer - public or private - is subject to dismissal. In addition, legal or criminal action may be taken.

Even an innocent misunderstanding, careless mistake or accidental error can have serious consequences for the Clinic. Therefore, we must always be very careful when we prepare billing documentation, and follow all procedures and instructions from state or federal regulatory agencies, fiscal intermediaries and insurance carriers. For Clinic Faculty and Staff who are not directly involved in billing activities, maintaining regulatory compliance includes providing accurate, timely and complete documentation of the services provided so that claims are based on the correct information.

False or fraudulent claims may include:

(a) Billing for services that were not provided or costs that were not incurred.
(b) Duplicate billing - that is, billing for the same item or service more than once.
(c) Billing for items or services that are not medically necessary.
(d) Changing a code, or selecting an inappropriate code, to increase reimbursement.
(e) Providing false or misleading information to Medicare about a patient's condition or eligibility.
(f) Failing to identify and refund credit balances.
(g) Submitting bills without appropriate supporting documentation.

I understand that if I suspect or observe that false claims are being submitted, I must immediately report the situation to a supervisor.

5. **Referrals and Kickbacks:** Clinic Faculty and Staff often have close associations with other local healthcare providers and referral sources. To demonstrate ethical business practices, we must make sure that all relationships with these professionals are open, honest and legal.

The Clinic accepts patient referrals based solely on clinical needs and our ability to provide the services required by the patient. The Clinic makes referrals based solely on clinical needs. We never solicit, accept or offer kickbacks of any kind.

A kickback is an item or service of value that is received in exchange for a business decision, such as a patient referral. Kickbacks can include any item or service of value, including cash, goods, supplies, gifts, “freebies” or bribes. Accepting kickbacks is against the law, as well as prohibited by the Clinic’s own policies and procedures.

* Clinic Faculty and Staff cannot request, accept, offer, or give any item or service that is intended to influence - or even appears to influence - a healthcare service paid for by any private or commercial healthcare payer, or federal or state healthcare program, including Medicare, Medicaid, Champus and the VA.

6. **Government Investigations:** It is the Clinic’s policy to cooperate fully with all government investigations, surveys and evaluations. These investigations are part of the healthcare environment today, and the procedures for cooperating with these investigations can be complicated.

In complying with Clinic policy, I must not:
(a) Lie or make false or misleading statements to any government investigator, surveyor or evaluator.

(b) Destroy or alter any record or document in anticipation of a request from the government or court.

(c) Attempt to persuade another employee or any person to give false or misleading information to a government investigator, surveyor, or evaluator.

(d) Be uncooperative with any government investigator, surveyor or evaluator.

I realize that by lying or attempting to cover up any actions being investigated, I may make the ultimate outcome worse for the Clinic. Errors may occur, and it is best to acknowledge the facts when asked, even if it is uncomfortable or embarrassing to do so.

D. **Commitment to Compliance**

I have received a copy of the Clinic's Code of Conduct. I understand that I have an obligation to read it, and I agree to abide by its principles. I have had the opportunity to ask any questions about any part of the Code of Conduct I did not understand, and I understand the principles in the Code. I further agree to conduct myself in an ethical, legal and responsible manner at all times.

I also agree to keep this booklet for future reference. I understand that if I have questions or concerns about its content or other Clinic policies, I will ask for clarification from the Clinic Director.

Signature: _______________________________

Printed Name: _______________________________ Date: _______________

*Please sign and return this form to the Clinic Director.*

This Code of Conduct applies exclusively to the Clinic and not to Auburn University as a whole or its subsidiary organizations.
The Speech-Language Pathology program strives to provide students with the knowledge and skills necessary to become competent, qualified, and caring practitioners. In addition to academic and clinical requirements, students are expected to acquire behaviors and attributes, which are essential to function as a clinical speech-language pathologist. These essential standards include communication skills, observation skills, psychomotor skills, cognitive abilities, and behavioral/social skills. Prior to applying to and throughout the program, students should determine if they can meet these standards (with or without accommodations).

COMMUNICATION SKILLS
A student must possess communication skills to:
- Communicate proficiently in both written and oral English
- Communicate professionally and intelligibly with patients, faculty, colleagues, other healthcare professionals, community groups, or professional groups
- Communicate accurately, effectively, and legibly on patient documentation, reports, and scholarly papers
- Demonstrate non-verbal communication, which is appropriate for culture sensitivity and situation

SENSORY/OBSERVATION SKILLS
A student must possess adequate sensory skills of hearing, vision, and touch to:
- Visually perceive and identify anatomical structures
- Develop accurate visual-perceptual assessment of tissue color and vascularization of the oral, pharyngeal and laryngeal structures
- Visually perceive, identify, and/or create text, numbers, tables and graphs, associated with treatment and diagnostic instruments, acoustic and aerodynamic measures, iPad images, written information and tests
- Develop accurate auditory-perceptual assessment of resonance, articulation, and voice
- Accurately observe patient’s activity and behavior during assessment and treatment
- Accurately select and manage, through visual and auditory modalities, materials (cards, books, toys, iPad, computer images, etc.) used for assessment and treatment

PHYSICAL SKILLS
A student must possess physical skills to:
- Sustain stamina to complete the program in speech-language pathology
- Participate in classroom activities and clinical assignments
- Complete required tasks, both in the classroom and in the clinical environment
- Manipulate and manage equipment and materials in a safe and effective manner
- Engage in proper infection control by washing and sterilizing materials for treatment and assessment
- Respond quickly to provide a safe environment for patients in emergency situations
- Access non-public transportation to clinical and academic placements
INTELLECTUAL/COGNITIVE ABILITIES
A student must possess cognitive abilities to:

- Comprehend, acquire, synthesize, integrate and apply a large body of written and verbal information, sufficient to meet curricular and clinical requirements
- Think critically, make sound clinical judgments, in accordance with accepted clinical standards of care, and solve complex problems
- Reflect on and evaluate academic performance and clinical skills in order to identify strengths, weaknesses, and limits of one’s own knowledge and abilities
- Identify and utilize resources in order to successfully change, improve, and increase one’s knowledge and skills

BEHAVIORAL/SOCIAL SKILLS
A student must possess behavioral qualities to:

- Sustain emotional health sufficient to carry out required tasks
- Behave in a professional, reliable, responsible, and respectful manner with patients, faculty, classmates, and other healthcare professionals
- Be sufficiently flexible to successfully function in changing and uncertain academic and clinical situations
- Demonstrate ability to successfully cope with emotionally, physically, or intellectually challenging and stressful situations
- Accept and act positively in response to constructive criticism
- Adhere to the Code of Ethics of the American Speech-Language-Hearing Association

Performance standards, as described above, must be met throughout the speech-language pathology program. If concerns arise, the student will be notified to meet with faculty members to discuss their issues. Specific examples, in which the student’s limitations interfered with the academic and/or clinical performance, will be provided. Resources may be suggested to the student for appropriate intervention. If a student fails to meet these performance and/or disciplinary standards, as determined by the majority of audiology faculty, the student may be denied permission to continue in the audiology program.

I have read and understand the technical standards as described above.

________________________________  ____________________
Applicant/Student
SPEECH-LANGUAGE PATHOLOGY CLINIC SERVICES

I. Eligibility for services
A. Services are available to persons of any age, gender, ethnicity, or religious affiliation. Children under 18 years of age must have the permission of their parent(s), legal guardian(s), or responsible agency to receive services.
B. No individual is denied services due to financial limitations. A sliding fee schedule is used to determine the cost of services when applicable.
C. Referral from agencies or other professionals is not required; however, prior authorization from the primary care physician is required for children covered by Alabama Medicaid.
D. Clients schedule speech-language evaluations with the clinic secretary. Appointments are entered in the Speech-language Pathology Clinic in Practice Perfect.
E. Speech-language therapy services are scheduled by the clinic coordinator. Clients are assigned to students based on clinic needs, student’s KASA needs and availability.
F. The following information can be included for each appointment:
   1. Name of client
   2. Name of parent or guardian, when appropriate
   3. Age of client and date of birth
   4. Address of client/parent/guardian/responsible party
   5. Phone number of client/parent/guardian/responsible party
   6. Referral source
   7. Phone number of referral source
   8. email address
   9. Third party payer, if appropriate (e.g. Medicaid)
   10. Client file number, if available
   11. Type of evaluation
   12. SLP Supervisor assigned to case
   13. SLP graduate student assigned to the case

II. Types of services
A. Diagnostic Speech-language pathology services
   1. Articulation
   2. Dialect
   3. Dysphagia/swallowing
   4. Expressive and receptive language (including cognitive and social)
   5. Fluency
   6. Hearing Screenings
   7. Literacy (Reading)
   8. Neurological disorders
   9. Voice
   10. Voice- stroboscopy
B. Speech-language Pathology treatment services
   1. Aural rehabilitation
   2. Articulation
   3. Alternative-augmentative communication
   4. Dialect
   5. Dysphagia/swallowing
   6. Expressive and receptive language (including cognitive and social)
   7. Fluency
   8. Literacy (reading)
   9. Voice

III. Financial policies
A. The Speech and Hearing Clinic, as a special facility of Auburn University, is a non-profit agency. However, the income generated through the delivery of services and products impacts the revenue available to student assistantships, general operating expenses, and equipment purchases. Therefore, to insure continuous, high quality, professional services to the clients, adequate financial support is considered basic to its operation.

B. Fees for services
   1. The clinic has a standard fee schedule for services rendered. Individuals who qualify for fee reduction on the basis of family size and income are charged according to the variable fee schedule. Arrangements for fee reduction are made through the secretary (refer to Application for Inclusion under Variable Fee Schedule)
   2. The Speech and Hearing Clinic is an approved Alabama Medicaid provider for children.

C. Payment, made to Auburn University, is due when services are rendered. Payment transaction is conducted by the clinic secretary.
Graduate Student Clinic Orientation- Clinical Policies

Clinic Philosophy
Welcome to the Auburn University Speech and Hearing Clinic. Your clinical experiences at the AUSHC will be varied, and you will have received the required number of ASHA hours (in terms of appropriate disorders and sites) by the time you graduate. While all students will receive the required hours, it is not possible to provide every student with the exact same experience. For example, some students may receive aural rehabilitation hours with Cochlear Implant Clients, while others may receive their hours via Hearing Aid Groups. Similarly, some students may receive pediatric dysphagia experience, while others will receive adult dysphagia experience.
Our goal is not to provide you with every type of disorder possible, but rather to teach you the academic and clinical skills that you will need in order to work productively in any setting. While at AUSHC, you will learn the critical thinking skills required to research any disorder with which you are presented.

Clinic Requirements Pertaining to Hours
In order to receive the ASHA required hours, it is important that you personally keep track of your ASHA hours earned on a regular basis; this means weekly, not just at the end of the semester when calculating ASHA hours. If your client consistently “no shows” or cancels treatment sessions, you will not be receiving those hours. It is important you keep the faculty clinic scheduler informed of clients that frequently no show or cancel. A new client will be assigned only if you inform the clinic coordinator of the situation. Please put these correspondences in writing and place in the clinic coordinator's mailbox, or e-mail the clinic coordinator.

Clinic Requirements
The following reminders should assist with a smooth running clinic:
*All students are responsible for complying with all requirements in the Clinical Handbook. If you are uncertain of a requirement, please consult the Clinical Handbook or a Clinical faculty member. All students should own a Clinic Manual.
*Students are responsible for complying with all requirements in the Clinic Syllabus & Contract.
*Students are responsible for checking their mailboxes on a daily basis; you are responsible for responding to all correspondences from Clinical faculty members.
* Please remember, the clinic operates 5 days a week from 7:30 am to 5:00 pm. You are expected to be here Monday through Friday. We cannot accommodate commuting schedules, work schedules or child care schedules. If you require a schedule modification due to medical issues, you must register with the Office of Accessibility. Modifications may delay your graduation.

Clinic Course Work Requirements
All graduate students in Speech-language Pathology will be required to attend a weekly clinic class. Students will be expected to attend the course during every semester prior to the intern semester. While this clinic course is designed to be informative and does not consist of examination, your clinic grade will be partially dependent on attendance and participation in the course.
Minimum ASHA Hour Requirements

In order to be eligible to begin your externship in the spring you must have accumulated a minimum of 200 clock hours.

Semester clock hour requirements follow:

Fall Semester (1): Obtain 30 hours (3-4 hrs. per week)
Spring Semester (1): Obtain 80 hours (7 - 8 hrs. per week)
Total hours after Spring Semester: 110 hours
*if you had an off-campus assignment: 130 hours
Summer Semester: Obtain 40 hours (6-8 hrs. per week)
Total hours after Summer Semester: 150 hours
*if you had an off-campus assignment: 175-190 hours
Fall Semester (2): Obtain 35-100 hours depending on off-campus status
Total hours after Fall Semester: 200 hours
Spring Semester (2): 400 hours

Note:
*Students not meeting the minimum requirement of 30 hours by the end of Fall Semester (1) will not be eligible for an off-campus placement Spring Semester (1).

*Students not meeting the 200-hour requirement for Fall Semester (2) will not be eligible to begin their internship Spring Semester (2).

Off-Campus Requirements:
*Starting and ending dates for off-campus assignments differ from the on-campus clinic calendar.
*If you are assigned to an off-campus site during the Fall or Spring Semesters, you are required to obtain a minimum of 100 clinic clock hours.
*If you are assigned an off-campus site during the Summer Semester, you are required to obtain a minimum of 80 clinic clock hours.
SPEECH-LANGUAGE PATHOLOGY CLINIC POLICIES

PROFESSIONAL CONDUCT
1. This is a professional training program. Behavior and dress appropriate to a professional setting will be maintained. Clinicians will wear a lab coat and name tag when serving patients, unless otherwise directed by a supervisor.
2. Patient records are CONFIDENTIAL. Information contained therein should not be discussed outside the clinic or in front of patients or other individuals in the clinic who are not directly involved with the patient. All personal, as well as professional conversations, should be held in the confines of an office or other appropriate room (refer to Patient Confidentiality Policy).
3. Please respect the instructor’s materials, books, etc., and do not use or remove them without permission. Knock before entering a test room, treatment room, or an office. Do not interrupt if the instructor is obviously in conference with a patient, fellow faculty member, or student.
4. Clinicians are responsible for maintaining the treatment/diagnostic rooms, observation rooms, equipment, test materials, and supplies.
5. Each student clinician must obtain professional liability insurance, TB test, immunizations records, CPR, and a background check in order to participate in clinical practicum. Additional drug screens or background checks may be required by off-campus sites. Records will be uploaded onto the students’ file in CALIPSO.
6. Do not interrupt a secretary if she is discussing business with a staff member, faculty member, or patient.

DEPARTMENTAL COMMUNICATION
1. Clinic telephones are for clinic business only. Cell phones should be turned off during evaluations, treatment, classes, and conferences. If a student must make a long distance call to contact a patient, obtain permission and instructions from the clinic secretary or clinical faculty regarding how to place a call.
2. When submitting documentation to a faculty member, patient charts, reports, test results, and related information should be placed in the faculty member’s folder in the file cabinet in the locked student clinician room (HC 1166). Do not leave materials on the instructor’s desk, chair, or mailbox.
3. E-mail can be used to communicate with the faculty member.
4. Departmental copy machine is available for clinic use ONLY (not classwork).

CLINIC ASSIGNMENTS
1. Clinicians should check the Speech-Language Pathology Schedule posted in Practice Perfect daily for clinic assignments and pertinent information.
2. At the end of each semester, the student is required to submit a schedule form for the next semester, indicating class times and assistantship schedule. These schedules are used to determine clinic assignments for the following semester.
3. Students should notify the clinic coordinator of any changes in their schedule or the clients’ schedule.

SUPERVISION OF STUDENTS
1. Students can expect supervision that meets or exceeds ASHA Standards of 25% to 100% for every treatment and diagnostic session. The amount of supervision may vary depending on third party payer regulations.
2. Supervisors will adjust supervision to match students’ level of clinical training. First year students and advanced students assigned complicated cases will receive more supervisory input.
3. Depending on third party payer regulations, supervisors may be required to provide 100% supervision in the treatment or observation room. Supervisors will adjust amount of supervision by increasing or decreasing supervisory input (suggestions) based on students’ level of academic and/or clinical training.
Clinical Guidelines

1. Clinicians who have preregistered for CMDS 7500 clinical practicum the following semester must submit a Schedule Form completed in full, to the clinic coordinator prior to departure from campus. Because management schedules are arranged by the clinic coordinator during the semester break for the upcoming semester, it may not be possible to schedule cases for those clinicians who turn in class schedules late.

   Students should notify the clinic coordinator of any changes in their schedule or the clients’ schedule.

2. Address cards should be completed and submitted to the clinic coordinator or scheduling assistant at the beginning of each semester.

3. Upon enrolling in graduate school, students must complete a background check and pay for Professional Liability Insurance (obtained through the University). Students are also required to upload current immunizations, T.B. Skin titer and CPR on CALIPSO.

4. Lockers in the Clinicians’ Room are available for use of students enrolled in clinic. However, department owned therapy materials are not to be kept in these lockers, but should be returned to the materials room after each use. Lockers are assigned to students by the clinic coordinator or scheduling assistant.

5. Clinic equipment and materials are available for student use as follows:

   A. All tests must be signed out by students. Tests and test forms are all contained in Room 1130. All test materials taken from the clinic for overnight use must be checked out after 4:45 p.m. Monday through Friday, and returned before 7:30 the following morning.

   B. Each student is required to formally check out all equipment, materials, and/or books if borrowing from a supervisor’s office. Each student is responsible for repair or replacement of damaged or lost equipment, materials and for books.

   C. Students are expected to supply their own tape recorders. In some instances, tape recorders and other equipment may be obtained from clinical supervisors.

   D. Toys, games, etc. are maintained in the Materials Room.

6. Keep in mind that the front office is a place of work for the secretary. Do not interrupt the secretary if she is discussing business with a fellow staff member or client.

8. Consult the secretary or your supervisor for assistance in identifying clients in the waiting room.

9. You may give your client your cell phone number in case they wish to cancel their session or are going to be late for their session.
10. Each of the supervisors has a mailbox in the faculty conference room (Room 1128). Communication not related to PHI may be placed in the supervisor’s mailbox. Do not leave documents on the supervisor’s desk or chair; they may get lost. Clinical supervisors are not responsible for lost papers that were left on the supervisor’s desk or chair.

11. Knock before entering an office and do not interrupt if the supervisor is obviously in conference – whether with a client, fellow faculty member or another student.

12. Clinicians should check the Practice Perfect Schedule Board for cancellations.

13. Various clinic forms are located in a file cabinet in Room 1130. When supplies are low, report it to the front office so additional copies may be made. Do not use the last form!

14. For answers to any questions not covered in the manual, see the clinic coordinator or Department Chair.

15. Clinicians receiving a practicum grade of “C” or lower will not have their practicum hours signed, and therefore will not receive clock hour credit for ASHA for that case or cases.

16. All clinic changes (client time change, room change, etc.) must be put in writing and placed in the blue folder labeled, “Clinic Changes.” Located in 1166. Changes may also be e-mailed to the Clinic Coordinator as long as identifying information is not included in the e-mail. Failure to comply will be reflected in the student’s clinic grade.

17. Per HIPAA, please use a university phone to contact clients.

18. Do not post pictures of clients on Facebook.
STUDENT SCHEDULE

CHECK ONE: GRADUATE STUDENT _____ UNDERGRADUATE STUDENT _____

NAME: _______________________________________________________________

LOCAL ADDRESS: _________________________ LOCAL PHONE: _______________

HOME ADDRESS: _________________________ HOME PHONE: _______________

E-MAIL: _____________________________ CELL PHONE: _______________

SEMESTER YOU WILL GRADUATE: ___________ YEAR: ___________

PLAN TO INTERN: ___________ INTERN SITE: ____________ ADULT OR CHILD

Write class numbers (CMDS 4510) in the blocks when you are in class. DO NOT CROSS OUT BLOCKS FOR WORK OR COMMUTING. All X not identified as class are disregarded.

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CHECK THE ACADEMIC COURSES YOU HAVE COMPLETED:

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<tr>
<th>Undergraduate coursework</th>
<th>Graduate coursework</th>
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<tr>
<td>___  CMDS 3000 Intro to Sp &amp; Audio</td>
<td>___ CMDS 7500 Clin Problems in SLP</td>
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<td>___  3400 The Speech &amp; Hearing Mech</td>
<td>___ 7510 Artic Disorders</td>
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<td>___  3410 Phonetics</td>
<td>___ 7520 Clin. Stratagies in Child &amp; Adol Lang Disorders</td>
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<td>___  3550 Speech &amp; Hearing Science</td>
<td>___ 7530 Fluency Disorders</td>
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<td>___ 7540 Voice Disorders</td>
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<td>___  4520 Language Acquisition</td>
<td>___ 7550 Lang &amp; Speech Disorder in Adults (Aphasia)</td>
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<td>___  4530 Fluency Disorders</td>
<td>___ 7560 Cleft Palate</td>
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<td>___  4540 Voice Disorders</td>
<td>___ 7570 Eval of Research in SLP &amp; Audio</td>
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<td>___ 7800 Neuro Bases of Comm. Disorders</td>
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<td>___  4580 Clinic Procedures in Speech Path</td>
<td>___ 7810 Motor Speech Disorders</td>
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<td>___  4600 Intro to Audiology</td>
<td>___ 7820 Medical Aspects</td>
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<td>___  4620 Hearing Rehab</td>
<td>___ 7840 Augmentative Comm.</td>
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<td>___  4650 Intro to Clin Procedures in Audio</td>
<td>___ 7860 Experimental Phonetics</td>
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<td>___  4910 Clinical Practicum in Sp-Lang Path</td>
<td>___ 7900 Independent Study</td>
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Off-Campus Protocol

Introduction
Every graduate student will be assigned to at least one part-time off-campus site and one full-time internship site.

One site will be primarily adult and the other primarily child.

If you are planning on doing an adult internship site, your part-time off-campus placement will be a child site.

If you are planning on doing a child internship site, your part-time off-campus placement will be an adult site.

Selection for part-time off-campus sites
Student selection is made by all of the clinical faculty members. Clinical faculty will provide information pertaining to the students they have supervised. Academic faculty may also offer input as to whether or not GTAs may be placed at an off-campus site.

To be eligible for off-campus placement during the spring 1 semester, you must have completed a minimum of 30 hours at the Auburn University Speech and Hearing Clinic. Supervisors cannot reliably make judgments about students' ability to handle an off-campus placement with fewer than 30 hours.

Once the names of eligible students are submitted to the clinic coordinator by clinical faculty members, the clinic coordinator will assign the student to an off-campus site based on their intern choice. If students do not know if they are going to do an adult or child internship, they will not be assigned to a part-time placement until after they have made a decision.

Most off-campus placements are three times per week (M/W/F). You will need to provide your own transportation. Students may have up to a 1 hour commute for part-time off-campus placements.

In rare circumstances, student may be placed at two off-campus sites if one of the sites is with an Auburn University clinical faculty member at a part-time site (contracts with schools, etc.).

The last semester of clinic priority for off-campus placement is given to students that have not been off campus or who have not been supervised by a non-university supervisor.

*Please note: The scheduling GTA is not responsible for selecting students for off-campus placements. The clinic coordinator places students based on recommendations from other clinical and academic faculty members.
Evaluation Procedures

If you have been assigned a diagnostic slot, please keep in mind, the client is your responsibility. It is your responsibility to determine when clients are scheduled and the presenting concern. Your diagnostic responsibilities include:

I. Scheduled evaluations
   A. Evaluations may be scheduled as late as 5:00 p.m. the night before your scheduled evaluation slot.
   B. An evaluation may be scheduled on the day of your scheduled evaluation slot if a similar client (for which you have already prepared) has canceled. Any new client will be scheduled by 9:00 a.m. the day of the evaluation.

II. Verifying evaluations
   A. Consult Practice Perfect on a regular basis to determine if you have an evaluation scheduled for the week. Be sure to consult Practice Perfect at 5:00 pm the evening before your scheduled diagnostic slot.
   B. Client information can be obtained from the client’s electronic file on Practice Perfect. Information will include client’s name, age and contact information. A brief description of the problem may also be included. However, it is your responsibility to contact the client to determine concerns and to remind them of the evaluation time. There will be no paper notification of clients scheduled. This information is available in Practice Perfect.
   C. Meet with your supervisor to discuss the evaluation protocol. If your client is scheduled after your regular supervisor meeting time, be sure to consult with your supervisor to outline diagnostic procedures.

III. Confirm appointments
   A. Contact your client to confirm the appointment.
   B. Notify the clinic coordinator, case supervisor and department secretary immediately if the client has canceled.
   C. When you contact your client, obtain any additional information you may need to prepare for the client.
   D. If you are unable to reach the client after several attempts, leave a message for the client to contact the clinic (provide the clinic phone number).
   E. E-mail your assigned audiologist to let them know if they are needed. If your client has Medicaid, he/she must have a hearing screening; either with the portable audiometer or audiologist. Before scheduling a hearing screening with an audiologist, consult your SLP supervisor to determine if you may screen using a portable audiometer. Most children under three years of age require an audiologist to assist with the screening. Use the portable audiometer for older clients. If your client has Medicaid, he/she must have a hearing screening. Before scheduling a hearing screening, consult your supervisor to see if you may screen the client using a portable audiometer. Clients seen upon referral from the Disability Determination Service (DDS) do not require a hearing screening.

IV. Follow-up Procedures
   A. Complete the Evaluation Routing Form (yellow) and place in the folder labeled “Evaluations to Schedule” in the GTA office, Room 1119. The folder and the forms are on the shelf behind the door. Please complete this form immediately after the evaluation.
B. The Evaluation Routing Form (ERF) should be completed even if the client cancels and or no shows. “Evaluations to Schedule.” Make sure the front office does not need that information for rescheduling purposes before making the decision not to complete the form. ERF are placed in the SLP File Cabinet in 1166 in the folder labeled Completed Evaluation Routing Forms.

C. All requested information must be completed on the ERF. Incomplete forms will be returned for you to complete. Failure to provide all necessary information will be reflected in your grade.

D. The Evaluation Checklist must be competed even if the client cancels and or no shows.

V. Clinic Grades

A. You are responsible for complying with all diagnostic requirements. Failure to comply with documentation requirements will be reflected in your grade. Not completing Evaluation Routing Forms completely and/or failure to complete the checklist in the scheduling folder may result in a rating of (0) or (1) on the grading form, depending on the circumstances.

B. Only university excused absences will be accepted for missing a scheduled evaluation. Documentation to obtain an excused absence is expected.

PROCEDURE FOR HEARING SCREENING DURING SLP EVALUATIONS

- Hearing screening tests are included in speech-language evaluations, except:
  - Patients referred from Disability Determination Services
  - Typically, patients seen for voice or fluency evaluations will not receive hearing screening
- Prior to the evaluation, the clinician should discuss the need for a hearing screening with the supervising SLP faculty
- Depending upon the age and cooperation of a pediatric patient, the student clinician will conduct a hearing screening test using a portable audiometer
  - A faculty member must sign out a portable audiometer
  - Likewise, the student clinician should request a faculty member to return the audiometer and to document its return
  - Prior to testing, the clinician should conduct a listening check of the equipment to ensure proper function
  - The clinician should record the results on a hearing screening form or an audiogram
  - The supervising SLP faculty will determine the amount of audiology practicum time
- If the child is too young or unable to cooperate for testing with a portable, the patient should be tested by the audiologist
  - Prior to the appointment, the clinician should email the audiologist to confirm the appointment, age of patient, and supervising SLP faculty
  - The audiologist will administer appropriate test procedures and the clinician(s) will participate, as requested or directed
  - The audiologist will determine the amount of audiology practicum time
  - The audiologist will complete the appropriate charge form if more than a hearing screening was conducted
  - The audiologist will complete the documentation using the Audiometric Testing/Screening for Speech Evaluation template in Practice Perfect
  - The audiologist will ensure that test data (audiogram, tympanogram, otoacoustic emissions) will be scanned into the patient’s electronic records
DIAGNOSTIC WORKSHEET

Client Name: _____________________________ Age: ________________________
DOB: __________________ Evaluation Date: ______________________
Parent Name: _____________________________ Disorder/Complaint: ___________________
Phone: ____________________________ Billing Source: _______________________

1. Call your client before you meet with your supervisor to verify their appointment. If you are unable to contact them, please notify your supervisor at your pre-evaluation meeting. If you are able to contact your client, verify receipt of the case history packet and parking pass. Please advise them to arrive on campus at least 15 minutes before their appointment time. Attempt to call the client the night before the evaluation if possible.

2. If your client has Medicaid, check to make sure their Medicaid referral (EPSDT) is current.

3. If your client is scheduled for a Disability Evaluation be sure the family brings a picture identification or a social security card in order to confirm identification. If the client requests therapy, please notify the family that we will need a Medicaid or physician referral.

4. Review case history information uploaded onto the client’s electronic file on Practice Perfect. Please note important information & relate to your supervisor.

5. Notify your assigned Audiologist via e-mail to let them know if the client does or does not request a hearing screening. **If your client is Medicaid, a hearing screening must be completed.** Inform the audiologist of the client’s age and concerns (e.g., history of ear infections; articulation disorder). Remember, if the client cancels or reschedules, notify the Audiology Supervisor immediately.

6. After reviewing the case history, select diagnostic tools and/or procedures appropriate for the client to the best of your ability using the protocols from your Clinical Template Manual. You will be expected to present this information to your supervisor.

7. Meet with your clinical supervisor at least 48 hours prior to the scheduled diagnostic, or during your scheduled Diagnostic Meeting time.

8. At the end of the evaluation, complete the billing form and provide this to the front office as you walk the client to the waiting room.

9. Complete the yellow Evaluation Routing Form (ERF) and place in the file cabinet in 1166 in file labeled “Evaluation Routing Forms” immediately after your evaluation. Complete this form even if your client cancels or was a “no show.”

10. Turn in SCORED TEST PROTOCOLS, CASE HISTORY, etc. to the front office to be scanned into the patients file on Practice Perfect. The first draft of the report is due within 2 working days of the evaluation. Reports for Friday evaluations are due on Tuesday. Corrections are due within 24 hours of being returned.

11. Upon completion of the report, please check with your supervisor to finalize all paperwork.

12. If the referral was made from the Pediatric Clinic, Dr. Tole or East Alabama ENT, please fax a copy of the report to the office. All other reports should be mailed to the referral source.

Clinician: _____________________________ Supervisor: _____________________________
Date: ________________________________
This form is to be turned in to the clinic coordinator’s box in the file labeled **Speech Evals**. Turn in the form immediately after each evaluation. Obtain all information directly from the client or parent and do not rely upon previous records.

Client’s Name: _____________________________ Date of Birth: _____________________________

Parent’s Name: ____________________________ CA: ___________________________________

Address: _________________________________ Phone:
Work  Home
_________________________________________ ______________________________________

Cell

E-Mail: ___________________________________ File # _________________________________

Payment type:________________________________ Medicaid Expiration date if applicable:

1. Need Treatment:  _____Yes  _____No

2. Diagnosis:   _____Artic  _____Fluency  _____AR
_____Lang.  _____Voice  _____Motor Speech
_____Social  _____Swallowing  _____Aphasia/TBI
_____Cognitive  _____AAC  _____Literacy

3. Briefly describe problem: _____________________________________________________________

___________________________________________________________________________________

4. Number of sessions per week: _________________________________________________________

5. Length of session(s): ________________________________________________________________

6. Days available: _____________________________________________________________________

7. Times available: ____________________________________________________________________

8. Preferred days and times: _____________________________________________________________

9. Days and times **not** available: _____________________________________________________

For Scheduler’s Use:  Day/Time: _______________________________________________________
Clinician: _____________________________________________________________
Supervisor: _______________________________________________________________
Room: _________________________________________________________________

Supervisor’s initials: ____________
Supervisor’s clinician request/Comments: _______________________________________________
I. Treatment procedures at Auburn University Speech and Hearing Clinic.
   
   A. Clinic Coordinator assigns student to case and notifies student via mailbox and/or email.
   
   B. Clinic assignments are made based on student hour and KASA needs and clinic needs.
   
   C. Student reviews client information in Practice Perfect.
   
   D. Student calls client to confirm schedule.
   
   E. Notify Clinic Coordinator via e-mail if the client wishes to change times.
   
   F. Student makes appointment to meet with supervisor to outline therapy and determine requirements for programming, reporting, conferencing, etc. Typically, two meetings are scheduled with the supervisor at the beginning of the semester to outline a treatment plan (prior to the first session).
   
   G. When new clients are scheduled after clinic has started, the student should schedule an appointment with the case supervisor at least one day in advance of the first session.
   
   H. During the supervisor meeting the student should be prepared to discuss: (See supervisor meeting page for more detail).
      
      1. Case History:
         
         a. Pertinent birth history and acquisition of developmental milestones
         
         b. Pertinent medical history
         
         c. Educational and/or vocational history
         
         d. Evaluation results and or treatment history
         
      2. Outline treatment objectives and procedures.
      
      3. Provide a rationale for objectives and procedures based on norms, past progress, etc.
      
      4. Specific plan, including materials for the first day of therapy.
II. **Treatment Procedures**

A. The schedule of sessions is on the Practice Perfect screen in the Clinician’s room (1166).

B. Each student is responsible for checking the schedule daily for cancellations. When a new client is assigned during the semester, the clinician will be notified via his/her mailbox in the clinicians’ room or via e-mail. A copy of the notice and/or e-mail will be provided to the clinical supervisor assigned to the case. Students are required to contact the supervisor within 24 hours of the assignment in order to schedule the client.

C. For each case assignment, the clinician should determine that the clients’ information in Practice Perfect contains all necessary forms (application, authorization, EPSDT, etc.).

D. The student is responsible for contacting the client to confirm the treatment time. The case supervisor and clinic coordinator should be notified of any changes requested by the client. Requests to change time or day should be made via e-mail. Verbal requests or request not made using the proper channels will not be honored.

E. Sessions can be scheduled for 30, 45 or 60 minutes. Consider a client a “no show” if they are 10 minutes late for a 30 minute session, 5 minutes late for a 45 minute session, or 30 minutes late for a 60 minute session. If needed, check with the case supervisor before giving up the wait.

F. The clinic secretary and supervisor should be notified of client cancellations.

G. Following each session the student must return materials and equipment.

H. SOAP notes must be completed within 24 after every treatment session. Supervisor edits must be corrected within 24 hours.

I. If a student cannot be present for a treatment session due to a medical emergency, physician’s excused illness, contagious disease, or death in the immediate family, it is the student’s responsibility to notify immediately the case supervisor or the clinic coordinator. The case supervisor or clinic coordinator will determine if the client should be canceled or if a substitute therapist will see the client. If the client is to be canceled, it is the student’s responsibility to cancel the client. Please inform the clinic secretary if you are unable to contact your client so further attempts at contacting the client may be made. When the absence is due to illness, the student must present a written medical excuse to the clinical supervisor or clinic coordinator.

J. Unexcused failure to attend a session will result in a reduction of the student’s final grade by one full letter grade. A second unexcused absence will result in a course grade of “F.”

K. Unexcused absence from a mandatory clinic meeting results in reduction of final grade by one full letter grade. A second unexcused absence will result in a course grade of “F.”

L. Missed treatment sessions should be rescheduled with the approval of the case supervisor. The clinic coordinator must be notified of the time change in writing. The clinic coordinator will assign a room upon notification of the change.

M. The clinic coordinator should be notified as soon as possible if your client consistently cancels
or no shows consistently, or if the client is dismissed from treatment.

N. Throughout the semester, the clinic coordinator should be notified of any changes in a clinician’s schedule. Changes should be put in writing (e-mail); verbal notification will not be honored.

O. At the end of the semester clinicians should submit an updated version of courses completed and a course schedule form for the upcoming semester. These forms should be given to the Clinic Coordinator.

P. Give ample time on your schedule for clinical assignments. When enrolled in CMDS 7500, work should be scheduled around your clinic assignments.

Q. The clinic operates five days per week from 7:30 until 5:00 pm. Be prepared to be in class or clinic every day of the week. Days you are not scheduled for therapy should be devoted to supervisor meetings and paperwork.

R. Off-campus assignments are 3-days per week (Monday, Wednesday and Friday). Some sites have shorter Friday, if this is the case, you may be assigned to a case or evaluation in the clinic on Friday. You may also be assigned to cases on Tuesday or Thursday between classes – even if you are assigned off-campus for a semester.

S. Off-campus sites accept students on a Monday, Wednesday, Friday schedule. If you are unable to attend an off-campus placement on these days, your graduation will be delayed. All students must complete at least one off-campus site.

T. Please remember, all changes and requests must be made to the Clinic Coordinator. Requests or changes given to the GTA will not be honored.

The GTA **DOES NOT** have authority to make changes – all changes must go through the Clinic Coordinator. Any requests made directly to the GTA will result in a reduction of your letter grade.
All students must have two meetings with their supervisor prior to seeing their client. It is expected that you read the clients’ information on Practice Perfect and complete the meeting form prior to meeting with your supervisor. Meetings will be assigned to you during the first week of class.

**First Meeting**

I. Present client to supervisor
   A. Disorder
   B. Evaluation history
   C. Treatment history
   D. Current level of functioning

II. Research Disorder
   A. Characteristics of disorder
   B. Research possible treatment approaches

III. Discuss treatment approaches you intend to use
   A. Rationale (research based)
   B. Possible procedures

IV. Discuss possibility of evaluation
   A. Type of evaluations needed
   B. Possible evaluation tools
   C. Possible evaluation procedures

V. Problem-solve additional clinical issues with supervisor

VI. Addition topics assigned
    by supervisor

**Second Meeting**

I. Research disorder - continued
   (Text book, internet, assigned readings from supervisor)
   A. Characteristics of disorder
   B. Research possible treatment approaches

II. Refine treatment goals and procedures

III. Treatment procedures and rationale
   A. Targets
   B. Materials
   C. Cuing Hierarchy
   D. Reinforcements
E. Detailed Plan and Objective Procedure Sheet for First Day

IV. Additional topics as assigned by supervisor

Second Week of Clinic - Meet with supervisor and problem-solve (what worked and what did not; modify)
Clinical Documentation

Plan of Care
The Plan of Care (POC) is due approximately two weeks after the client is seen for the first treatment. The POC outlines client background information and the plan for treatment including Long Term Goals, Short Term Goals, NOMS and reinforcement.

Semester Progress Report
The Semester Progress Report is a summary of progress made over the semester. Semester Progress Reports includes:

- a. Changes in background History
- b. Assessment information – if applicable
- c. Long Term Goals
- d. Progress including baseline and final data
- e. Narrative summary of progress
- f. NOMS
- g. Behavior modification; treatment format and frequency
- h. Recommendations

Objective/Procedures
2. The Objectives/Procedure Form is the daily plan for treatment sessions. The Objectives/Procedures Form includes behavioral (measurable) goals to be targeted for the day and detailed procedures.
3. The objective must be a measurable goal. You must indicate how you plan to measure progress. For example, progress can be measured in terms of:
   - a. A specific number (The client will spontaneously produce 10 signs to request and label)
   - b. A specific time (The client will spontaneously attend to an activity for 5 minutes)
   - c. A specific percentage (The client will produce /k/ final imitatively in words with 90% accuracy)
4. The procedures must include a detailed plan for the session including:
   - a. Materials to be used in therapy
   - b. Detailed instructions on material implementation
   - c. Cueing hierarchy
   - d. Reinforcement

Progress Notes/SOAP
5. Progress or SOAP notes are completed after every treatment session. Progress notes include detailed information on progress achieved for the treatment session.
6. Progress/SOAP notes include:
   - a. Subjective information – reported or observed information pertaining to the client’s behavior
   - b. Objective information – Goals and data (progress made)
   - c. Assessment – An analysis of treatment outcomes based on comparison with previous session, and a discussion of what worked and did not
work in terms of cues and stimuli.

d. Plan – A detailed plan for the next treatment session. The plan is based on previous progress made and the assessment of progress made. Information in the plan for the next treatment session should include: change in goals; materials and targets; cues. Reinforcement, home program and date of next session are also included.
INFECTION CONTROL/WORK PRACTICE CONTROL IN SPEECH-LANGUAGE PATHOLOGY CLINIC

In the delivery of any health related service, it is the health professional's responsibility to ensure the safety of all patients served. It is imperative that speech-language pathologists provide patients with diagnostic and treatment environments that are designed to minimize or eliminate the potential transmission of disease. Speech-language Pathologists must be diligent in their efforts for controlling the spread of infectious disease within the context of the entire clinical setting.

Since the practice of speech-language pathology involves and requires a notable degree of patient contact, patients and clinicians are exposed to an environment in which they may come into direct or indirect contact with multiple contaminated objects (e.g.: strobes; laryngeal mirrors; un-sanitized tables), chairs, tables, toys and materials, etc.)

Contact transmission remains the most common means of cross-contamination and possible disease transmission. Contact transmission may occur when a clinician or the patient touches another individual or object. Sharing hats with multiple clients, and failure to sanitize table, chairs and materials are practices that may encourage inadvertent cross-infection via contact transmission. In the event transmission occurs, microbes naturally seek entry into the body by traditional routes including natural orifices (nose, eyes, and ears) or via the epithelial layer of the skin.

The incidence of infectious diseases, such as cytomegalovirus (CMV), hepatitis B (HBV), herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS), are noteworthy. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scopes of practice for audiology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

ASHA’s Committee on Quality Assurance has adapted CDC’s Universal Precautions to meet the needs of speech-language pathologists and audiologists in educational settings. The committee recommended that infection control procedures be implemented to: (1) prevent transmission of chronic infectious disease; (2) protect the health of clients receiving speech-language pathology and audiology services, professional providing speech-language pathology and audiology, other health workers, family members and so on; and, (3) ensure all persons’ rights to privacy.
Infection Control Basics

Transmission of disease can occur through body fluids and/or air. The three major pathways for disease transmission are: (1) patient to clinician, (2) clinician to patient, and (3) patient to patient (McMillan and Willette, 1988). Pathways for transmission of microorganisms include: (1) direct contact between individuals, (2) indirect contacts through instruments, environmental surfaces, and (3) airborne contamination, such as sneezing or coughing (Ballachanda et al., 1996).

The Centers for Disease Control (CDC) have developed general infection control procedures to minimize the risk of patient acquisition of infection from transmission of an infectious agent from health-care workers to patients and from contact with contaminated devices, objects or surfaces. These procedures also protect workers from the risk of becoming infected.

Standard Precautions

Standard precautions were previously known as “universal precautions.” The CDC recommend certain practices to prevent transmission of blood-borne pathogens. These precautions are methods of averting disease by preventing transfer of body fluids. Body fluids that may be contaminated include blood and blood products, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, mucous (ear drainage), and saliva.

Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment. Infection control programs can include routine preventive measures (handwashing, protective barriers, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization).

Routine Preventive Measures

Handwashing

Hand hygiene is the most effective way to prevent infection and is often considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.

1. Wash hands before and after each patient use the sink in 1182 (NSSLHA Library).
2. Wash hands immediately if there is potential contamination with blood or body fluids containing visible blood.
3. Wash hands after performing procedures, such as stroboscopy, oral examination, and certain dysphagia treatments.
4. Wash hands after removing gloves

5. Handwashing technique:
   a. Use medical grade antiseptic or germicidal liquid soap
   b. Wash hands thoroughly for about 30 seconds (wash for 60 seconds if potential contamination)
   c. Use vigorous movements, using the fingers
   d. Wash hands, forearms, wrists, and under “fingernails
   e. Rinse with warm water
   f. Dry hands with paper towel
   g. Use same paper towel to turn the water off

6. If soap and water are not available, waterless “no rinse” hand disinfectant can be used

**Protective barriers**

Personal protective equipment includes gloves, face masks, gowns, protective glasses, and other equipment used to provide a barrier of safety between the health care worker and the patient.

1. Gloves should be worn when there is potential contact with HIV positive client, when the patient's skin is non-intact, when the clinician has an open wound/non-intact skin, or when handling an item, such as materials contaminated with blood or body fluids. Gloves should also be worn when performing oral examinations, stroboscopy, during invasive procedures of the oral cavity such as dysphagia assessment or treatment or when in contact with blood or bodily fluids with visible blood (ASHA Committee on Quality Assurance, 1990).
   a. Wash hands before putting on gloves
   b. Wash hands after removing gloves
   c. Unless contaminated with blood and/or body fluids, dispose of gloves in trash
   d. Gloves contaminated with blood, ear drainage, or cerumen should be placed in a small plastic bag or wrapped in paper, separate from other trash
   e. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol
   f. Change gloves after contact with each client
   g. Do not wash gloves for reuse
   h. Do not touch your face or any part of your body when wearing gloves
   i. Do not touch your pencil, furniture or other un-sanitized objects when wearing gloves.
j. Clinicians may use gloves, regardless of client condition, if desired. Gloves are located on shelves in each treatment room.

2. Eye protection consists of (a) eyeglasses worn for visual correction, and (b) safety type eyeglasses. Diseases can be transmitted through the eyes. Eye protection should be used when treating high risk patients, when there is a risk of splash or splatter of potentially infectious material such as saliva, blood or other bodily fluids, or when the clinician or patient is at risk of airborne contamination (Golper, 1998).

3. Masks can protect both the clinician and the patient from airborne micro-organisms that might enter the body through the mouth or nose, such as tuberculosis
   a. Surgical masks are single use
   b. Dispose of mask after use
   c. Mask must fit snugly over mouth and nose

**Immunizations**

1. Screening for tuberculosis is required on an annual basis
2. Vaccination for mumps, measles, and rubella is required for admission to Auburn University
3. The best protection against hepatitis B is active immunization. Vaccines for different types of hepatitis are strongly recommended and are available at health care facilities. Hepatitis B immunization is required by most off-campus sites.
4. Vaccinations for other diseases, such as influenza and pneumonia, are available from local medical facilities.

**Human Bites**

When human bites that break skin occur, routine medical care (including assessment of tetanus vaccination status) should be implemented as soon as possible. Such bites frequently result in infection with organisms other than HIV and HBV. Victims of bites should be evaluated for exposure to blood or other infectious body fluids.

The victim should notify the departmental safety officer as soon as possible after the incident has occurred. The safety officer will document the incident in writing, and a copy of the report will be given to the offender or legal guardian and the victim. The safety officer will advise both parties to seek appropriate medical care.

**Anti-microbial Processes**

**Cleaning**

Cleaning involves the removal of gross contamination, but not necessarily elimination of germs. One cleans to remove visible debris
without killing germs. Cleaning is a critical precursor to disinfection and sterilization. A mild detergent is used for cleaning. Gloves should be worn when cleaning.

**Disinfection**

Disinfection is a process by which chemical agents are used to reduce pathogenic organisms on instruments and surfaces. Disinfection means one kills certain germs, but not all germs. Disinfectants are chemical products which eliminate germicidal activity on inanimate objects. Disinfectants which kill tuberculosis kill almost every germ. Therefore, tuberculocidal hospital-grade disinfectants are recommended for health care settings. Alcohol is a disinfectant, but it ruins rubber, silicone and acrylic. Bleach is a low to mid-level disinfectant. Disinfecting can be done with sprays, wipes or soaks.

Non-critical instruments that do not come in contact with body fluids, blood, cerumen contaminated with blood (fresh or dried), and environmental surfaces can be disinfected. Non-critical equipment, including surfaces, chairs and tables, should be cleaned and disinfected.

1. Remove any visible debris with soap or detergent and water
2. Disinfect surfaces using a disposable germicidal pre-moistened cloth (Sani-Cloth) or spray
3. Potential contaminated areas, including tables, countertops, chair arm rests, and reception counters, should be disinfected.
4. Toys should be non-porous and regularly disinfected.

**Sterilization**

Sterilization is the process by which all forms of microbial life are destroyed, including bacterial spores. Critical items that come in contact with bodily fluid(s), specifically blood, mucus, or cerumen containing blood, should be pre-cleaned then sterilized. SLP students may be assisting with otoscopy during evaluations and/or screenings and should therefore be familiar with sterilization procedures for both audiology and SLP equipment. Various methods of sterilization include: (1) steam autoclave, (2) dry heat oven, (3) chemical vapor sterilizer, (4) ethylene oxide sterilizer, and (5) chemical sterilant or cold sterilization. Gloves must be worn while sterilizing.

Pre-cleansing is essential in protecting those handling the instruments in addition to achieving complete sterilization. Pre-cleansing is accomplished by: (1) scrubbing or ultrasonic cleaning with a mild detergent, (2) rinsing with hot water, and (3) drying prior to immersing in chemical sterilant.

Glutaraldehyde (2% concentration or higher) and Sporox (7.5% hydrogen peroxide) are approved cold sterilants. Glutaraldehyde (such as Wavicide and Cidex) require sterilization for ten hours. Glutaraldehyde is a
toxic chemical; the fumes are potentially hazardous. This product should be used in a covered tray with adequate room ventilation. Contact with skin must be avoided. Sporox, on the other hand, is significantly less hazardous to use and disposal is easier. Sterilization with Sporox requires only six hours; however, it can ruin chrome, rubber, and formica.

STANDARD PRACTICES FOR ALL SPEECH-LANGUAGE TREATMENT

1. A clinician with exudative lesions or weeping dermatitis should not have direct patient contact. The clinician should notify the clinical supervisor immediately if such conditions are present.
2. All contaminated toys should be washed with warm soap and water after use. Use the sink in 1182 (NSLHA Library).
3. Dry and put away toys and material. Materials left to air dry must be put away by the end of the day.
4. All toys, tokens, tape recorders or other equipment should be wiped with or disinfected with disinfectant spray located on shelves in treatment rooms.
5. Disinfectant surface to be used (tables, chairs) prior to and following each patients contact using the following procedure:
   a. Spray the surface with cleanser located in spray containers on shelves in tx rooms.
   b. Immediately wipe surface with strong rubbing action using paper towels.
   c. Lightly mist surface and leave it moist.
   d. Notify infection control officer if cleanser or paper towels need to be re-supplied.

ORAL PERIPHERAL

1. If visual inspection of oral mechanism reveals a sore of any type, consult with clinical supervisor before proceeding with oral peripheral examination.
2. Gloves should always be worn during an oral peripheral procedure.
3. Discard gloves after use with each client. Never re-use a pair of gloves.
4. Always use individually-wrapped sterile tongue depressors for the examination.
Discard tongue depressors, gloves, and any other disposable items used during the evaluation in a separate zip-lock plastic bag located on shelves in therapy rooms. Discard zip-loc bag containing disposed items in trash.

Oral-Motor Feeding:

1. Specialty feeding equipment (e.g., NUK Brushes, marron spoons, ARK Grabbers, nosey cups), should not be shared amounts patients. Each
patient is given their own utensils. Families may take the utensils home for practice or clinicians may keep the utensils in their cubbies.

2. Plates, knives and other “sharable” feeding materials must be washed before and after each use. Use warm soapy water in 1182 (INSLHA Library).

3. Dry and put away material. Materials left to air dry must be put away by the end of the day.

ENDOSCOPE CLEANING PROCEDURE

5. Clean any visible mucus from the endoscope before immersing in the Cydex.

6. The scope must soak for a minimum of 12 minutes. Avoid soaking the endoscope for much longer than the 12 minutes required for high level disinfection.

7. After 12 minutes remove the scope, gently tapping off any excess Cydex from the tip and rinse the submerged portion of the endoscope well with water. Wipe the endoscope dry with a clean gauze.

8. The disinfected endoscope should be stored in the clean endocaddy that is next to the endocaddy with the Cydex. Never store the flexible endoscope in the case that it was shipped in.

9. Replace the black rubber lid on top of the Cydex filled endocaddy to reduce Cydex surface vapors from escaping into the room.

10. Mark the date the Cydex was changed with your initials and the expiration date the log that has been placed on the wall above the sink.

11. Tell Angie to order more if you open the last large bottle of Cydex.

CYDEX CHANGING PROCEDURE

The Cydex in the endocaddy is only effective for 14 days after it is poured into the endocaddy. The large bottle of Cydex is effective for 75 days after opening the bottle. The Cydex from the endocaddy must be changed every 14 days to assure proper high level disinfection of the endoscope per manufacturer’s instructions. Expired Cydex may be poured down the sink while running copious amounts of water after dispensing the Cydex. Leave the water running for a few minutes after you have finished pouring the Cydex down the sink.

There are two pairs of endocaddies on the wall. The smaller endocaddy pair is for the rigid scope, the much larger pair is for the flexible endoscope. Fill lines are marked on each endocaddy designated for the Cydex. Only fill the endocaddy designated for the Cydex so that we can maintain the other endocaddy for storage of the clean scope.
CMDS 7500: CLINICAL PROBLEMS IN SPEECH

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CLINICAL INSTRUCTORS: Fall 2017
Kimble Eastman        Kathy McAtee
Kara Schall           Lindsey Piazza
Elizabeth Zylla-Jones Laura Willis
*See individual supervisors’ schedules

Text: AUSHC Clinic Manual Fall 2017 Edition
GTA: Morgan Davidson

Course Description: This course will provide the graduate student with clinical experience in evaluation and treatment of individuals with speech-language disorders.

Objectives:
See attached addendum for KASA Objectives

PREREQUISITES:
1) ASHA LOG OF 25 HOURS OF OBSERVATION
2) CMDS 4589-4910 SERIES OR ITS EQUIVALENT
3) LIABILITY INSURANCE
4) CURRENT TB TEST

Attendance Requirements:
Students are expected to attend all mandatory clinic meetings with clinic staff, weekly meetings with their supervisors and all scheduled evaluation and treatment sessions with their clients. Only University excused absences will be accepted and the student must inform the secretary, client and supervisor of any absence from any treatment or evaluation session in advance.

This course will hold several weekly (class) meetings. You will be notified of class times, but please be sure to reserve the class time and do not schedule other meetings at that time. We will meet most weeks. When meetings are scheduled, you must attend or it will be considered an unexcused absence and it will be reflected in your grade (resulting in a reduction of one letter grade or a failure for the course).

ATTENDANCE IS EXPECTED AT ALL MANDATORY MEETINGS. THE INFORMATION PROVIDED AT MEETING WILL NOT BE REPEATED. FAILURE TO ATTEND THE MEETING AND/OR FAILURE TO COMPLY WITH END OF THE SEMESTER REQUIREMENTS WILL BE REFLECTED IN YOUR GRADE.

YOU MUST ARRANGE TO MEET WITH YOUR SUPERVISOR FOR A FINAL ASHA HOURS & KASA MEETING. ASHA HOURS MUST BE UPLOADED ON CALIPSO NO LATER THAN DECEMBER 4, 2017.

FAILURE TO UPLOAD YOUR ASHA HOURS ON CALIPSO AND FAILURE TO TURN IN CLINIC RELATED PAPERWORK BY THE DESIGNATED DATE WILL RESULT IN AN INCOMPLETE FOR THE SEMESTER, AND WILL ALSO BE REFLECTED IN YOUR GRADE. ONLY UNIVERSITY EXCUSED ABSENCES WILL BE ACCEPTED.
An unexcused absence from treatment sessions, or evaluations results in the lowering of the student's course grade one letter; a second unexcused absence (from a treatment or evaluation) results in the assignment of a course grade of "F." Missed treatment sessions should be made up with supervisor approval. A medical excuse is due by the next working day.

**Course Requirements:**
(1) Professional handling of all clients assigned to the student for diagnosis and/or management is expected. Students are responsible for all policies and procedures written in the clinic manual. **Changes must be cleared by clinic coordinator; failure to comply will be reflected in your grade.**

A) Any assigned readings must be completed prior to meeting with the clinical instructor.

B) You must have current Professional Liability Insurance, cleared a background check, current immunization (including a current T.B. skin titer), CPR, HIPAA and Bloodborne Pathogene. Record must be uploaded into Calipso. Clients will be cancelled or rescheduled to another clinician until documentation is uploaded onto Calipso.

C) Student must record hours in the Hours Record Form and on Calipso on a regular basis. Be sure to log hours if you participate in screenings or research for which you wish to obtain hours.

D) Billing forms must be completed accurately and turned in immediately after every session. The supervisor or student may turn in the forms to the front office. Blank billing forms may **never** be left in the observation room for supervisors to sign. Forms must be neat and legible. Absolutely no scratching out of date or any other information. Billing forms must be completed in blue ink. Forms must include: Patient name, DOB, Date, CPT Code, and ICD-10 codes. Circle supervisor name and license number. Inaccurate or sloppy billing forms will be returned to you for you to correct and will be reflected in your clinic grade. Your total clinic grade will be reduced by one letter grade for the second offense. You will lose ASHA hours for that time.

E) Consider the client a "no show" if s/he is 10 minutes late for a 30 minute session, 15 minutes late for a 45 minute session or 30 minutes late for a 60 minute session. **Always check with your supervisor before giving up the wait!**

F) To obtain an excused absence (such as for a medical emergency), notify the secretary and the case supervisor as early as possible before the client's appointment. After gaining approval from the supervisor, it is your responsibility to contact the client; if no answer, please inform the secretary so that further telephone attempts may be made. When an absence is due to illness, the student must present a written medical excuse covering each day of treatment sessions or evaluations missed.

G) An unexcused absence from a treatment session /evaluation results in the lowering of the student's course grade one letter; A second unexcused absence results in the assignment of a course grade "F." Missed treatment sessions should be rescheduled.

H) Important days to remember: Sept. 6: last day to drop a course with no grade penalty; Oct. 5: Mid-semester; Nov. 4: last day to drop a course with no grade penalty (grade of W).
J.) Fulfilling all requirements set by an individual instructor (e.g., paperwork, conferences, clinical duties, clean up duties, etc.) is expected. Late submission of all required paperwork (reports; objectives/procedures; SOAP, etc.) will be reflected in your final grade. Late reports will result in a rating of “0” - unacceptable or “1” - needs improvement depending on the circumstances (number of late submissions). Grammar and spelling errors will also be reflected in your final grade as follows: 0 (unsatisfactory) = 6+ errors; 1 (needs improvement) = 3 – 5 errors; 2 (meets expectation) = 1-2 errors; 3 (exceeds expectation) = no errors.

K) Accurate record-keeping of all client contact hours for ASHA Clock Hour Forms is essential.

L) Failure to comply with assigned clean-up duties will be reflected in your clinic grade.

**Method of Evaluation:**
Clinical grades will reflect competence, initiative, preparedness, etc. Grades of "A" are earned with superior performance, whereas grades of "B" reflect above average or good performance and a "C" reflects more average levels of clinical skills. The majority of students are in the good to average range unless their performance clearly is exemplary.

Numerical grades are assigned by supervisors for each treatment case and each evaluation case assigned to a graduate clinician. These scores will then be weighed according to the number of clock hours obtained in each case. For example: Graduate clinician, Ms. Murphy had three clients and 3 evaluations:

- She worked with client A for 10 clock hours and made an 88.
- She worked with client B for 15 clock hours and made a 90.
- She worked with client C for 20 clock hours and made an 82.
- She did a voice evaluation in 2 clock hours and made a 95.
- She did a fluency eval. in 1.5 clock hours and made a 93.
- She did an aphasia eval. in 1.5 clock hours and made a 91.

The 88 = 20% of her final grade as 10 clock hours comprised 1/5 of the total number of clock hours. The 90 = 30% of the final grade. The 82 = 40%; the 95 = 4%; the 93 = 3% and the 91 = 3% of her final grade. When these are averaged in this fashion her final grade will be: 86.73.

Her final grade using a 10-point system will be a B.

Please review the clinic grade form carefully, as you will be graded on both technical and professional attributes. For example, clinic grades are based on (but not limited to): goal development and modifications; client rapport and behavior management skills; clinical reports (promptness, and technical writing skills); accurately recording ASHA hours and billing; and attendance for supervisory meetings.

Final grades will be adjusted to reflect the clinician's performance such as unexcused absences, paperwork.

**A 10-point scale is used in grade determinations.**
Based on a 10 point scale: 90 to 100 = A; 80 to 89 = B; 70 to 79 = C; 60 to 69 = D; 50 to 59 = F
NOTE*
Clinicians receiving a practicum grade of "C" or lower will not have their practicum hours signed for that case and will not receive clock hour credit for ASHA for those cases. Students receiving a clinic grade of C or lower cannot enroll in clinic the following semester; rather, they will enroll in an independent study course.

Clinician Rights:
(1) Each student can expect case supervision which meets or exceeds standards set by ASHA.
(2) Each student can expect, at a minimum, two supervisory conferences per case. One of these will be mid-quarter and the other at semester's end.
(3) Written and/or scaled feedback of the student's performance (not just information about the client) will be provided at each of these conferences. Verbal explanations may accompany this written feedback of personal clinical skills.

Student Evaluation of Course and Professor:
At the end of the semester, students will be provided with an evaluation instrument expected by Auburn University and augmented with anonymous comment sheet to collect further input from students.

Academic Honesty:
Honesty is expected in this class at all times; violations will be reported to the Academic Honesty Committee according to the procedures outlined in the Tiger Cub.

Students With Disabilities:
Students with disabilities who may need accommodations in this course should first work through the Program for Students with Disabilities. The eligible student should arrange a meeting with the clinic coordinator and the student’s immediate supervisor during the first week of class; come during office hours or visit/email for an appointment. Bring the Accommodation Memo and Instructor Verification Form to this meeting so that your needs for this particular class may be discussed.
If the students do not have an Accommodation Memo but need special accommodations, make an appointment with The Program for Students with Disabilities, 1244 Haley Center, 844-2096 (V/TT).

Disruptive Behavior:
Maintenance of a constructive learning environment is essential in this course. Behaviors cited as disruptive will not be tolerated and will be dealt with according to university policy (see www.auburn.edu/administration/governance/senate/behavior_policy_may03.html).

Emergencies:
Situations signaled by the university fire alarm, weather siren, or other warning systems may occur during this class period. Instructions issued by the teacher or other university personnel should be followed and may include to “shelter,” to “evacuate,” or to “barricade” in the room (see www.auburn.edu/administration/rms/emergency.html).
When sheltering, clinic students are to walk themselves and their clients (and their families) calmly to the nearest Severe Weather Shelter Area (green and white mall-mounted signs) which is the hallway across from room 1159. Students should assemble there, sitting in the hallway, so that all
classmates can be accounted for. Your clinical instructor will join the class after making sure other clients on the caseload have been safely evacuated.

When evacuating, clinic students are to walk themselves and their clients (and their families) calmly down the hall: exit the doors leading toward the Pharmacy building. For handicap access, exit out the class doors by the coffee shop (across from the bookstore) and assemble near the Pharmacy building.

During class time, exit out the glass exit doors heading for the Haley concourse. Cross the concourse and assemble in the grassy knoll leading to Cater Hall. Students should gather in the grassy knoll so that all classmates can be accounted for. Your clinical instructor will join the class after making sure other clients on the caseload have been safely evacuated.

When barricading in the room, turn out lights, draw blinds, turn off computers and cell phones, barricade the door, stay away from windows, and crouch behind furniture and walls. Your clinical instructor will join the class after making sure other clients on the caseload have been safely evacuated.

All clinicians should have their clients contact numbers with them during an evacuation, should the clients’ therapy or diagnostic session need to be cancelled.

Changes:
Changes may be made in the above as needed during the semester. Students will be notified as early as possible if a change is to be made.

Outline:
See Clinic Calendar for a listing of Clinic Events for the Fall Semester 2017. Additional meetings will be on an individual student-supervisor basis with the exception of any additional mandatory clinic meetings not already noted on the schedule of events. Following is the title and the url for the new student policies web page. Please get the word out that this is the name and the link faculty should be using on syllabi and that we should be using in our publications, web sites, etc.:
The name: Student Policy eHandbook
The url: www.auburn.edu/studentpolicies
Standard V: Skills Outcomes

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the lifespan.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, developmental and linguistic and cultural correlates

Standard IV-D

The applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental and linguistic and cultural correlates of the disorder

Standard IV-E

The applicant must have demonstrated knowledge of ethical conduct

Standard IV-F

The applicant must have demonstrated knowledge of the processes used in research and integration of research principles into evidence-based practice

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues (i.e., knowledge of professional issues that affect speech-language pathology, including trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures)

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.
Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

2. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
   b. Collaborate with other professionals in case management.
   c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
   d. Adhere to the ASHA Code of Ethics and behave professionally.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-langue pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in the program accredited in speech-langue pathology by the Council on Academic Accreditation in Audiology and Speech-language Pathology.
Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student’s knowledge, skills, and experience, must not be less than 25% of the student’s total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and form culturally/linguistically diverse backgrounds. Practicum must include experience with the client/patient populations with various types and severities of communication and/or related disorders, differences and disabilities.

Assessment Mechanism

1. Treatment/Diagnostic Documentation
2. Faculty (academic, clinical, off-campus) evaluations and student self-evaluations
3. KASA Tracking Forms
4. Class presentations
CLINIC CONTRACT

I. I have read the CMDS 7500 syllabus and I understand that I am responsible for all of its contents; specifically (but not exclusively):
   A. I am aware of all my clinical duties and clinical rights.
   B. I am aware that I must have current Professional Liability Insurance and a current T.B. skin titer in order to see a client. Clients will be cancelled or rescheduled to another clinician until I demonstrate proof of Professional Liability Insurance and current T.B. skin titer. I am aware that I cannot count any hours with a client if my Professional Liability Insurance or T.B. skin titer is not current at the time.
   C. I am aware that one un-excused absence from a treatment session or an evaluation will result in a reduction of my total course grade by one letter. Further, I understand that two un-excused absences from a treatment or an evaluation session will result in a course grade of “F.”
   D. I am aware that an un-excused absence from a mandatory clinic meeting will result in a reduction of my total course grade by one letter. I understand that two un-excused absences from a mandatory meeting will result in a course grade of “F.”
      An un-excused absence from a treatment/eval. Session and a mandatory meeting will result in a course grade of “F.”
      I understand that A FINAL MANDATORY MEETING WILL BE SCHEDULED DURING THE LAST WEEK OF CLINIC. FAILURE TO ATTEND WILL BE REFLECTED IN THE FINAL CLINIC GRADE.
   E. I am aware that every attempt should be made to reschedule missed therapy sessions, with supervisor and clinic coordinator approval.
   F. I am aware that excessive absences may result in reassignment of clients and loss of clinical hours.
   G. I am aware that failure to log my ASHA hours on Calipso will result in a forfeiture of clock hours.
   H. I am aware that I must log my hours onto Calipso by the designated day.
   I. I am aware that all speech documentation (reports, signed ASHA hours, etc.) is due on the designated day. Failure to comply will result in an incomplete and will ultimately affect my letter grade.
   J. I am aware of the AUSHC Professional Dress Code and understand noncompliance with such will be reflected in my grade.
   K. I understand any clinical changes (client time, room, etc.) must be cleared by the clinic coordinator; failure to comply will be reflected in my clinic grade.

II. I am aware that I will be assigned to clinic clean up duty on a rotating basis, and that failure to comply with clean up responsibilities will be reflected in my grade.

Signature of student Date
I. Supervisor Meetings:
   A. Prior to your initial supervisor meeting you should (in accordance with your clinical competence level):
      1. Review the client’s file on Practice Perfect.
      2. Be prepared to present the client’s clinical and health history to the supervisor.
      3. Be prepared to discuss Long Term Goals and Short Term Goals; including possible treatment procedures (targets, materials, cues, reinforcement).
      4. Be prepared to discuss your treatment objectives for the first day of treatment.
   B. You must attend all scheduled supervisor meetings with your clinical instructor, unless otherwise instructed.
   C. Please contact your supervisor if you are unable to attend a scheduled meeting and arrange another meeting time that is convenient for you both.
   D. You are expected to meet with your supervisor on a weekly basis until mid-semester at which time plans for continued meetings will be discussed.
   E. Please keep in mind your supervisor has other clinical and department responsibilities (faculty meetings, screenings,) and may occasionally need to reschedule a meeting.
   F. Failure to attend a scheduled supervisor meeting will be reflected in your grade.

II. Paperwork Responsibilities:
   *Please be sure to check with YOUR supervisor about paperwork responsibilities for each of your clients. Responsibilities vary from client to client.

   Unless otherwise specified please follow these guidelines:
   A. You will be responsible for the following clinic reports (check the clinic calendar for due dates)
      1. Plan of Care
      2. Semester Progress Report

   B. Progress Notes
      1. Progress/ SOAP notes and Objective Procedure Sheets should be completed each time you meet with your client.

      2. Please place data sheets and the supervisor’s Observation Form in your client’s working folder.
EVALUATION OF CLINICAL PERFORMANCE

Evaluation of student’s clinical performance, for both diagnostics and treatment will be completed on Calispo. See Calispo for complete evaluation Form. [https://www.calipsoclient.com/auburn/account/login](https://www.calipsoclient.com/auburn/account/login)

The rating scale for clinical performance is below.

Each item is scored on a scale of 1-5:
1 = **Unacceptable performance** (specific direction from supervisor does not alter unsatisfactory performance)

2 = Needs improvement in performance/**Maximum Support** (maximum amount of direction from supervisor to perform effectively; clinical skill beginning to emerge)

3 = Moderately acceptable performance/**Moderate Support** (inconsistently demonstrates clinical behavior/skill)

4 = Meets performance expectations/**Minimal Support** (demonstrates minor technical problems which do not hinder therapeutic process)

5 = Exceeds performance expectations/**Independent** (adequately and effectively implements clinical skill/behavior)

N/A = Not applicable or not observed

Grades are assigned based on the following scale:
4:00 to 5:00 = A
3.00 to 3.99 = B
2.50 to 2.99 = C
2.00 to 2.49 = d
1.00 to 1.99 = F

Students must receive an average rating of 3.00 in order to pass clinic and advance to the next level.
Mid-semester Self-Evaluation Form

Date:_____________________

Client initials:__________
Clinician:__________________________________________________

Based on a 10-minute video of a session, complete each of the following items using the rubric below:
4= Needs modification 3=Area of strength 2=Needs improvement
1=Satisfactory  N/A=Not applicable

_______ Goals/procedures are modified as necessary during the session
_______ Appropriate type of reinforcement
_______ Client behavior managed consistently in a firm, yet nonthreatening manner
_______ Target behaviors modeled accurately
_______ Target-specific feedback provided consistently
_______ Feedback provided in an appropriate manner (non-punitive)
_______ Therapy techniques appropriate for client’s age/developmental level and disorder
_______ Clear pre-instruction given for each target behavior
_______ Cues are provided in a consistent manner
_______ Communication style adapted to needs of the client (vocabulary, language level, age)
_______ Appropriate interpersonal skills; establishing rapport, motivating client
_______ Poised, confident demeanor
_______ Appropriate pace and amount of target productions
_______ Creative and appropriate therapy materials
_______ Appropriate proxemics (seating arrangement)
_______ Clinician’s non-verbal behaviors were appropriate

What are two things that you feel could be modified for the next session?

Based on this sample, what do you view one of your clinical strengths to be?

Based on this sample, what is an area of weakness that you would like to focus on?

Grading Summary Form - Minimum Performance Requirements:

Undergraduate and First Semester Graduate
Level 1 The student will identify and gather specific information in client files, text books, administrative manuals and treatment materials as instructed by the supervisor.

Second Semester Graduate
Level 2 The student will identify and gather information as specified in clinical competency I (CC I). The student will prepare an analysis of treatment and/or diagnostic options relevant to the client’s needs for presentation to the supervisor and implement accordingly.

Third Semester Graduate
Level 3 Students who have not met expectations for CC I & CC II with a minimum of 75% accuracy or above will not be assigned to an off-campus clinical placement and/or diagnostics. The student will analyze, implement, and modify with assistance information and treatment options. (May be considered off-campus and/or diagnostics assignments).

Fourth Semester Graduate
Level 4 The student will perform on-going analysis and assessment of all elements of therapy in light of client progress and recommend timely and appropriate modifications to the supervisor. Students must pass level 4 with a minimum of 75% accuracy in order to participate in an externship.

Fifth Semester Graduate (field experience)
Level 5 The student will independently implement all modifications to therapy approved by the supervisor according to established professional standards of practice. Supervision will be provided according to ASHA supervisory requirements (25% for Tx/50% for Dx). Students must pass this level with a minimum of 75% accuracy in order to pass the externship.

Note: Students may perform functions at any level with the assistance of the clinical supervisor, but are expected to do so independently at the level described for each semester in clinic.

Ability to perform at levels that exceed or do not meet minimum requirements will be reflected in the student’s grade.

Students must pass Levels 1-3 with a minimum of 75% accuracy in order to advance levels. Students must pass Level 4 with 75% accuracy in order to be eligible for an externship. Students must pass Level 5 with 75% accuracy in order to satisfactorily pass the externship.
Protocol for Identification and Remediation of Speech-Language Pathology Students At-Risk for Inadequate Clinical Performance

According to the SLP curriculum, each student must successfully complete four semesters of CMDS 7500 Clinical Practicum. Successful completion requires an average final grade of A or B (100-80) in the course. If a student is supervised by more than one SLP, the grade from each supervisor is weighted, based on the hours of supervision, then all weighted grades are averaged to determine the final grade for the course for that semester.

An SLP student at-risk for inadequate clinical performance protocol has been established to identify students with marginal clinical skills and to prevent inadequately prepared student clinicians from matriculating through the program. Ideally, clinical faculty should identify students whom they suspect may be at-risk for clinical performance, before they actually qualify for the at-risk protocol. Deficient clinical skills should be identified early in the semester and efforts should be made to remediate these skills as soon as possible. One goal of establishing a student at-risk policy is to guide the student toward clinical independence and autonomy.

Prior to or at the mid-semester meeting, the clinical faculty member presents concerns regarding the student clinician’s performance in clinical practicum. The faculty member identifies standards from the Knowledge and Skills Acquisition (KASA) Summary or Grading form, which the student may not meet. **At-risk for inadequate clinical performance** is defined as performing at 79 or below for CMDS 7500 and CMDS 7920 Courses. The instructor notifies the student clinician in writing, indicating that the student has been identified as “at risk for inadequate” clinical performance.

RESPONSIBILITIES AND ACTIONS AT MID-SEMESTER:

**Student Clinician:**
- **Self-evaluation.** The student may be asked to complete a self-evaluation form regarding clinical performance.
- **Clinical Improvement Plan.** The student clinician works with the clinical instructor to develop a clinical improvement plan, which would include specific objectives to improve clinical skills and behaviors as identified on the KASA or Grading form.
- **Weekly progress meetings.** The student meets with the instructor on a weekly basis to discuss the student’s progress toward achieving the specific objective(s).
- **Clinic Coordinator meetings:** The student meets with the clinic coordinator on a regular basis to discuss the student’s progress toward achieving the specific objective(s).
- **Video Analysis:** Treatment and/or evaluation sessions will be videotaped and analyzed in order to verify objectives have been met. The clinical instructor, clinic coordinator and student will jointly observe and analyze sessions to measure progress on goals.

**Clinical Instructor:**
- **Student evaluation.** The clinical instructor evaluates the student’s clinical performance, using the Auburn University Clinical Evaluation and Grading Form and/or an additional tool, such as the (W-PACC) Wisconsin Procedure for Appraisal of Clinical Competence (Shriberg, et al. 1975).
- **Clinical Improvement Plan.** The clinical instructor assists the student in developing a Clinical Improvement Plan.
• **Weekly Meetings.** The primary clinical instructor participates in weekly meetings with the student.

• **Additional Clinical Instructor:** The clinic coordinator or another additional clinical instructor reviews the Clinical Improvement Plan; may observe the pre-evaluation or pre-treatment meetings, the clinical sessions, and the post-evaluation or post-treatment meetings; and provide other assistance, as requested.

**Department Chair:**

• **Student Notification.** The Chair notifies the student clinician in writing when the student’s overall mid-semester grade for clinical practicum is 79 or lower in CMDS 7500 or 75 or lower for CMDS 7920. If the final grade for clinical practicum is a D or lower, the student cannot be placed at an off-campus site and no ASHA hours will be earned for that semester. Chair notifies student if the overall final grade in 7920 is below a 79.

• **Record of Notification.** The Chair files a copy of the notification in the student’s clinical and administrative file. The Chair sends a copy to the student’s academic advisor.

At the end of the semester, if a student earns a final grade of C (79-70) in any of the first four semesters (fall, spring, summer, or 2nd year, fall), or a final grade of 79 or lower for the fifth semester (CMDS 7920), the student is identified as **at-risk for inadequate clinical performance**. The student clinician will enroll in CMDS 7500 or 7920 the following semester and will participate in the **student at-risk protocol**.

**CMDS 7500:** If a student clinician earns a final grade of C in two sequential semesters of CMDS 7500 in fall, spring or summer, or 2nd year fall, the student:

1. will continue in the **at-risk for inadequate clinical performance** the following semester
2. will enroll in CMDS 7500 the following semester
3. will enroll in a Directed Clinical Study the following semester
   A. If the student earns a grade of A or B in both the Directed Clinical Study and CMDS 7500, the student will proceed with the next appropriate clinical placement.
   B. If the student earns a grade of C in the Directed Clinical Study, the student will repeat the Directed Clinical Study the following semester, which will delay graduation
   C. If the student earns a final grade of A or B in the Directed Clinical Study but a grade of C in CMDS 7500 (three successive semesters), the student will be counseled regarding his/her appropriateness and preparedness for the profession of speech-language pathology.
DIRECTED CLINICAL STUDY:
- An SLP faculty member will be appointed by the clinic coordinator or department chair as the faculty on record for the Directed Study.
- A committee (of two or three clinical and academic faculty) is appointed by the clinic coordinator or department chair to oversee/supervise the directed clinical study.
- This committee meets to identify specific areas of concern based on the final assessment from the preceding semester and to plan the clinical experience.
- The committee will meet with the student regarding performance expectations; the nature of performance evaluation; and the roles and responsibilities of the student clinician and the instructors. A written summary is provided for all involved parties. A signed copy is placed in the student’s file.

If a student clinician earns a grade of C or lower in any of the first four semesters of CMDS 7500, the student will repeat the course, which will add another semester to the program, and delay graduation.

If a student clinician earns a grade of D or F in any two semesters of CMDS 7500, the student is deemed inappropriate and unprepared to practice as a speech-language pathologist and will be removed from the program.

CMDS 7920 -Internship: If a student clinician earns a final grade of 79 or lower, the student:
1. will be placed in the at-risk for inadequate clinical performance the following semester
2. will re-enroll in CMDS 7920 the following semester

Repeat 7920 - DIRECTED CLINICAL STUDY FOR 7920:
- The SLP clinical coordinator/internship coordinator will be on record for the Directed Study –repeat of 7920.
- A committee (of two or three clinical and academic faculty) may be appointed by the clinic coordinator or department chair to oversee/supervise the directed clinical study. In many cases the clinic coordinator will have responsibility for overseeing the Directed Study.
- The committee or clinic coordinator identifies specific areas of concern based on the final assessment from the preceding semester and to plan the clinical experience.
- The committee or clinic coordinator will contact the internship supervisor to develop goals and outcome measures. The goals will be reviewed with the student.
- The internship coordinator will meet with the site preceptor regarding performance expectations; the nature of performance evaluation; and the roles and responsibilities of the student clinician and the instructors. A written summary is provided for all involved parties. A signed copy is placed in the student’s file.
• The internship coordinator will hold regular conferences with the student and the internship preceptor to monitor the student’s progress. Communication will be face-to-face, skype, e-mail, or telephone conversations.

If a student clinician earns a grade of 79 or lower for the fifth semester (7920) the student will repeat the course, which will add another semester to the program, and delay graduation.

If a student clinician earns a grade of 79 or lower in any subsequent CMDS 7920 course, the student is deemed inappropriate and unprepared to practice as a speech-language pathologist and will be removed from the program.

Revised July 29, 2016
INDEMNITY AND HOLD HARMLESS AGREEMENT

I, _________________________________, the undersigned know and understand the scope, nature, and extent of the risk involved in participating in class assignments and clinical activities beginning ___________(date). The undersigned exempts and releases Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or action whatsoever arising out of any damage, loss, or injury to the undersigned.

The undersigned also agrees to indemnify, and save and hold harmless, Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or actions or proceedings of every kind and character which may be presented or initiated by any persons, organizations, or third parties which arise directly from the participation of the undersigned in the above activities. In other words, I will not sue Auburn University for any reason relating to my participation in these activities.

____________________________________  ____________________________
Signature                                            Date

____________________________________  ____________________________
Signature, Witness                                    Date
STUDENT EVALUATION OF TEACHING AND SUPERVISION

At the end of each semester, students are encouraged to complete evaluations for courses and clinical supervision. Responses are anonymous and cannot be identified to an individual.

Evaluation of courses is completed through the AU eValuate program, which is a web-based software application that allows students to anonymously evaluate courses and instructors online. Students will receive email notification when the eValuate program is available. Students are asked to evaluate the instructor for each course, by responding to the following questions:

1. The instructor explained course material clearly
2. The instructor encouraged me to think critically
3. The grading techniques were clear and fair
4. The instructor created a conducive atmosphere for learning
5. The instructor enhanced my interest in the subject
6. The instructor was available and approachable outside of class
7. The instructor provided timely feedback on graded material

Evaluation of clinical supervision is completed using the Evaluation of Clinical Instructor (CI) by CMDS Student form. Students are asked to complete this evaluation form for each audiology faculty, who supervised them during the semester. The students use a rating scale in response to nine questions. Also, they can provide additional comments. Forms are provided for the students, who complete their evaluation without the presence of the instructor. Students return the form to the departmental secretary, who prepares a summary of the responses for each faculty member.
CMDS 7920 - INTERNSHIP INFORMATION SHEET

1. Students should identify the site of choice two semesters prior to the semester in which they plan to enroll in Internship. This can be accomplished by talking with faculty, other students, visiting prospective sites, and discussing possible locations with the Internship coordinator. Sites must have an ASHA certified professional who will agree to abide by ASHA supervision guidelines, e.g., 25% supervision for treatment and diagnostics. Students should check with the site supervisor to make sure clock hours will be available in the categories needed.

2. Students should typically begin the application process by NO LATER THAN the first week two semesters prior to the semester in which they plan to enroll in CMDS 7920 (typically, this will be the first week during the summer semester.)

3. Some sites require the agency attorney to review Affiliation Agreements and some sites have their own Affiliation Agreement for persons wishing to complete an internship at that site. This requires additional time.

4. If your first choice does not accept the AUSHC Standard agreement, you must select a back up site that accepts an AUSHC Agreement or a site for which AUSHC already has an agreement.

5. You must procure another site if an agreement with your desired site is not accepted by all levels on June 14. The Clinic Coordinator will work with you to place you at a local site if agreements are not signed by both parties by August 1.

6. If a second student requests your backup choice as a site, you will have 48 hours to decide if you want to the backup site. You may not “keep” a site as backup if another student needs the site.

7. Sites may stipulate their own dates by which students must confirm placement.

8. The Official “Internship Application Form” should be completed NO LATER THAN the first week of the semester prior to the internship (typically this will be fall semester).

9. When the site is selected, students complete Part I of the Internship Application Form and return it to the clinic coordinator.

10. The clinic coordinator will contact the prospective site and discuss placement of the student with the supervisor. If the site is appropriate and the supervisor is willing, an affiliation agreement will be sent to the site, or the site will send their
agreement.

11. The student will be notified when the agreement is returned with the site representative’s signature. The student can report for the Internship at the appropriate time.

Students can schedule the Internship to begin the first of the week when classes begin and the end the last day of classes. Internship can begin early or late, but must be adjusted to contain the same number of days as the academic semester. Students are responsible for determining the schedule with their immediate site supervisor. Auburn University does not have a set start and end date since some sites (schools require students follow their break schedule). It is the student’s responsibility to review the University Calendar to make sure the intern dates agreed upon with the site fit with the University Calendar. The student must complete the 15 weeks by the last day of classes. Start and break days are discussed between the student and site.

12. Students will coordinate schedules and assignments with the supervisor at the Internship site, and will report start and end dates to the Clinic Coordinator.

13. Students are to contact the Clinic Coordinator IMMEDIATELY if there is a problem at the site. Changes can ordinarily be made in the first two weeks of an assignment, but may be difficult after that time.

14. The Clinic Coordinator will contact the Intern site supervisor during the second week of the semester and during midterm week to discuss progress.

15. A mid-semester and final evaluation should be completed on Calipso. The mid-semester and final evaluation is to be completed by the supervisor, and discussed with the student. Students must complete a Final Self-Evaluation. The student’s grade cannot be assigned until the final evaluation has been completed on Calipso.

16. Students will be asked to write a letter evaluating the experience at the site. This also must be returned to the Clinic Coordinator before a grade can be assigned.

17. The student must log internship hours onto Calipso. The internship preceptor or the clinic coordinator will approve the hours. Final hours must be approved by the clinic coordinator prior to graduation and before certification and licensure forms can be signed.
CMDS 7920- INTERNSHIP IN SPEECH PATHOLOGY  
Spring 2018  

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Text: ASHA, Certification and Membership Information @ http://www.asha.org/certification/Clinical-Fellowship/  

AUSHC Clinic Manual 2017  

Course Description:  
This course will provide the graduate student with clinical experience in evaluation and treatment of individuals with speech-language disorders at an off-campus filed experience setting. All clinical experiences take place off-campus. Student are not on campus while enrolled in CMDS 7920.  

Objectives:  
See attached addendum for KASA Objectives  

PREREQUISITES:  
1) Completed CMDS 7500  
2) Passed CMDS Comprehensive Examination  
3) Passed all CMDS Course Work  
4) Liability Insurance  
5) CURRENT T.B. TEST  
6) Background check  
7) Other requirements expected at Internship facility  

I. Curriculum Objectives:  
CMDS 7920 Internship in Speech Pathology was developed to provide the graduate clinician in speech pathology with extensive of forty (40) with a minimum of thirty (30) hours per week at the off-campus setting.  

II. Clinical; Activities:  
A. It is expected the students enrolled in filed experience will engage in clinical activities related to both diagnostics and treatment with adults and/or children.  
Clinical Activities may include:  
- Evaluations: Speech disorders in adults and/or children  
- Evaluations: Language disorders in adults and/or children  
- Screening: Hearing disorders in adults and/or children  
- Treatment: Speech disorders in adults and/or children  
- Treatment: Language disorders in adults and/or children  
- Treatment: Hearing disorders (Aural Rehabilitation) in adults and/or children
B. Evaluations refer to those hours in screening, assessment and diagnosis of language and speech disorders that are conducted prior to the initiation of treatment.

C. Screening hours for adults and/or children with hearing disorders could be included in the students practicum experience, however, the Speech-language pathology students is not expected to engage in full audiological evaluations.

D. Treatment refers to clinical management progress in monitoring, and counseling.

E. Speech disorders refer to: articulation, fluency, voice, and dysphasia.

III. Site Supervisor observation requirements:

A. The site supervisor will hold a Certificate of Clinical Competence in Speech Language Pathology.

B. Diagnostics: In accordance with the American Speech Language & Hearing Association (ASHA), the site supervisor is responsible for supervising 25% of all evaluations (including screenings).

C. Treatment: In accordance with the American Speech Language & Hearing Association (ASHA), the site supervisor is responsible for supervising 25% of all treatment sessions.

IV. Grading:

A. Grades are based on the assigned grade given by the internship supervisor and students compliance with e-mail responses and completion of final paperwork in a timely manner

B. Grades for Internship are “S” Satisfactory or “U” Unsatisfactory

C. Students will need to repeat CMDS 7500 if they receive an unsatisfactory grade

V. Important days to remember:

February 1: last day to drop a course with no grade penalty; March 2: Mid-semester; March 31 = last day to drop a course with no grade penalty (grade of W).
Standard V: Skills Outcomes

Standard V-A: The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Standard V-B: The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

4. Evaluation
   a. Conduct screening and prevention procedures (including prevention activities).
   b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
   c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
   d. Adapt evaluation procedures to meet client/patient needs.
   e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
   f. Complete administrative and reporting functions necessary to support evaluation.
   g. Refer clients/patients for appropriate services.

5. Intervention
   a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
   b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
   c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
   d. Measure and evaluate clients'/patients' performance and progress.
   e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
   f. Complete administrative and reporting functions necessary to support intervention.
   g. Identify and refer clients/patients for services as appropriate.

6. Interaction and Personal Qualities
   a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
   b. Collaborate with other professionals in case management.
   c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
   d. Adhere to the ASHA Code of Ethics and behave professionally.

Standard V-C: The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Standard V-D: At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Standard V-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Standard V-F: Supervised practicum must include experience with client/patient populations across the life span 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.
**Internship Grading Rubric: Procedures**

75% Internship  
25% Procedures

**Before your Internship: 12.5 points**  
Total Points:___________

1. **Contact Site:**________
   a. E-mail CSLP Clinic Coordinator name of all sites you plan to contact – before you contact the site
   b. Do not contact the site until you have obtained approval
   c. Can site meet all supervision requirements
   d. Inform Clinic Coordinator if she needs to contact the site (for Affiliation Agreements)

2. **Complete Internship Application:** Turn in by *June 1 :________
   a. Top portion: Affiliation Agreement Information
   b. Bottom – supervisor contact information & ASHA and State License Number
   c. Obtain permission from Clinic Coordinator if your application will be later than June 1*
   d. Note: Agreements must be cleared by: Department, College, Legal, and Provost Office. Not all agreements are acceptable.
   e. You must procure another site (for which AUSHC has an agreement of for a site that will accept an AUSHC Agreement)if an agreement with your desired site is not accepted by all levels by June 14
   f. The internship coordinator will work with you to place you at a local site if an agreement is not accepted by all levels by August 1

3. **Obtain ASHA and State License Numbers for All Supervisors:**________
   a. Verify ASHA and State License Information

4. **Discuss Schedule:** Report to CC by Nov. 1:__________
   a. 15 weeks
   b. Start – January 3 or January 10
   c. End date: Friday April 27
   d. Spring Break available or mandated
   e. Remember- You are on the Intern Site Holiday and Work Schedule – Not Auburn’s

5. **Complete Immunization and other compliance documentation:** Due December 1:__________
   a. Background check, immunizations, CPR
   b. Upload ALL documentation to Calipso
   c. Send to your site
   d. E-mail CC when All documentation has been sent and uploaded

**During Your Internship: 10 points**  
Total Points:___________

6. **Complete all additional requirements**
   a. Medical, immunizations,
   b. Orientation
   c. E-mail Clinic Coordinator name, e-mail, ASHA number and State License Number of additional supervisors
      i. Verify ASHA & license information

7. **Add Supervisors to Calipso:**__________
8. Respond to ALL e-mails and correspondences within 48 working hours: ____________
   a. Beginning
   b. Mid-semester
   c. End of Semester
   d. Other

9. Notify CC of absences: ____________

End of Internship: 2.5 points  Total Points: ____________
*If Materials are turned in late you will receive an incomplete for your internship and ASHA Documentation will not be signed until all paperwork is completed and turned in.

10. Turn in ALL final paperwork: Due May 1: ________________
    a. Approved ASHA Hours – on CALIPSO
    b. Supervisor’s grade – on CALIPSO
    c. Self-evaluation –on CALIPSO
    d. ASHA Appendix B
    e. Site Inventory
    f. Letter
    g. Survey

Your Internship grade is based on 25% compliance with policies and procedures and 75% internship grade.
If you receive a 79 or below from your site supervisor, you will need to re-do your internship – regardless of compliance with procedures and policies.
The internship is:
S = Satisfactory   U = Unsatisfactory

Procedure point:_______________________

Internship points: ______________________

Grade: ________________________________
I. Curriculum Objectives:

CMDS 7920 Internship in Speech Pathology was developed to provide the graduate clinician in speech pathology with extensive of forty (40) with a minimum of thirty (30) hours per week at the off-campus setting. The internship is a 15 week program beginning in January and ending in April.

II. Clinical Activities:

A. It is expected the students enrolled in the internship experience will engage in clinical activities related to both diagnostics and treatment with adults and/or children.

Clinical Activities may include:
- Evaluations: Speech disorders in adults and/or children
- Evaluations: Language disorders in adults and/or children
- Screening: Hearing disorders in adults and/or children
- Treatment: Speech disorders in adults and/or children
- Treatment: Language disorders in adults and/or children
- Treatment: Hearing disorders (Aural Rehabilitation) in adults and/or children

B. Evaluations refer to those hours in screening, assessment and diagnosis of language and speech disorders that are conducted prior to the initiation of treatment.

C. Screening hours for adults and/or children with hearing disorders could be included in the students practicum experience, however, the Speech-language pathology students is not expected to engage in full audiological evaluations.

D. Treatment refers to clinical management progress in monitoring, and counseling.

E. Speech disorders refer to: articulation, fluency, voice, and dysphasia.

F. Language disorders should include: receptive language, expressive language, cognitive, and social (pragmatics).

G. Students are required to obtain hours in 9 different disorder areas: Articulation, Augmentative Communication, Fluency, Cognitive, Dysphagia (Swallowing), Language, Hearing (Hearing Screening and Aural Rehabilitation), Social (Pragmatics), and Voice.

It may not be possible for students to receive experience with all 9 disorders during the internship, but we will work with you to determine the hours and disorders the student needs.

III. Site Supervisor observation requirements:

A. The site supervisor will hold a Certificate of Clinical Competence in Speech Language Pathology.

B. The site supervisor will hold a valid license in the state where he/she practices (if applicable) in Speech Language Pathology.

C. The site supervisor must have three years of experience

D. Treatment: In accordance with the American Speech Language & Hearing Association (ASHA), the site supervisor is responsible for supervising 25% of all treatment sessions.

E. Diagnostics: In accordance with the American Speech Language & Hearing Association (ASHA), the site supervisor is responsible for supervising 25% of all evaluations (including screenings).
Part I. To be completed by student and returned to the Internship Coordinator

Date ___________________________ Semester of Intern Experience ___________________________

Student _____________________________________________________________

Last               First               Middle

Mailing Address_______________________________________________________

____________________________________________________________________

Phone Number:______________________________

Participating Internship Agency or Organization:

Initial or Business Contact Information (Human resources, Student services, etc.)

Name of Site: _________________________________________________________

Contact Person: ___________________________ Title ___________________________

Address_______________________________________________________________

____________________________________________________________________

E-mail_______________________________________________________________

Telephone__________________________ Fax_______________________________

Intern Experience Supervisor__________________________________________

Full Name (as appears on Certificate Clinical Competence)

____________________________________________________________________

Title               ASHA Account#       State License#

Address_______________________________________________________________

____________________________________________________________________

E-mail_______________________________________________________________

Telephone__________________________ Fax_______________________________
SUMMARY OF ASHA HOURS EARNED: (minimum hours in parenthesis)

<table>
<thead>
<tr>
<th>Category</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of hours</td>
<td>_______ (400)</td>
</tr>
<tr>
<td>Number of hours completed at graduate level</td>
<td>_______ (300)</td>
</tr>
<tr>
<td>Number of observation hours Speech-Language</td>
<td>_______ (25)</td>
</tr>
<tr>
<td>Hearing Evaluation/screening of hearing disorders</td>
<td>_______ (10)</td>
</tr>
<tr>
<td>Habilitation/rehabilitation of hearing disorders</td>
<td>_______ (10)</td>
</tr>
<tr>
<td>Evaluation: Speech disorders in children</td>
<td>_______ (20)</td>
</tr>
<tr>
<td>Evaluation: Speech disorders in adults</td>
<td>_______ (20)</td>
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<tr>
<td>Evaluation: Language disorders in children</td>
<td>_______ (20)</td>
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<td>Evaluation: Language disorders in adults</td>
<td>_______ (20)</td>
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<td>Treatment: Speech disorders in children</td>
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<td>Treatment: Speech disorders in adults</td>
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<td>Treatment: Language disorders in children</td>
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<td>Treatment: Language disorders in adults</td>
<td>_______ (20)</td>
</tr>
</tbody>
</table>

Sites: 1. _________________________________ (50)  
2. _________________________________ (50)  
3. _________________________________ (50)
Internship Application Form and Checklist

Part II. The following will be completed by the Internship Coordinator before approving the site.

A. Has the agency informed the clinic by letter or phone of its willingness to provide field experience? __________

B. Has the student been approved for CMDS 7920 credit? __________

C. Has the student determined that the site can provide the clinical experience the student needs? __________

D. Has the department determined that the site is an acceptable placement for the student? __________

E. Have any outside contracts been approved by Auburn University? __________

F. Has outside contract been signed by both parties? __________

G. Has the department notified the sponsoring agency that the field experience has been approved? __________

H. Has the sponsoring agency submitted a signed Field Experience Agreement? __________

Approved _____________________________________________________________

Clinic Coordinator, Auburn University
Part III. The following will be completed by the Internship Coordinator after the student’s completion of the intern experience.

A. Has the Department received the student’s written evaluation of the internship? _______

B. Has the department received the student’s self-evaluation? _______

C. Has the department received the site inventory? _______

D. Has the department received the supervisor’s Intern Experience Evaluation Form and student competence? _______

E. Has the department received the supervisors Evaluation of the student & ASHA Appendix? _______

F. Has a grade been assigned to the student? _______

G. Has the department received the approved practicum hours from the Intern Experience Supervisor? _______

H. Has the department received the Survey? _______
Interns Final Information & Instructions

Following is a summary of all the paperwork I need from you by Tuesday, May 2:

Required from Site Supervisor
1. Evaluation form – Completed on Calipso
2. ASHA Appendix IV-B

Required from Student
1. ASHA hours- logged onto Calipso and approved by site supervisor
2. Site inventory
3. Self-eval
4. Letter describing experience (strengths/weaknesses of supervisor and site, exposure to what disorders, etc.)
5. Survey (in a separate envelop)

Reminders:
*You may e-mail me your hours prior to obtaining signatures. I will check them. Many of you finish early, so send your hours as soon as you finish.
*Be sure include supervisors’ ASHA certification number and State License Number

*Be sure to write All supervisors’ full name. If the full name does not fit on ASHA Summary, put initial (e.g., M. Smith-Johnson). Be sure full name is on the evaluation form e.g., Maryanne Smith-Johnson

*Include supervision Calendar with Supervisor Evaluation (grade)
  • Remember, your Intern Grade is: Satisfactory (or Unsatisfactory)

I will start to make sure packets are complete on Tuesday, May 2. I will send you an e-mail once you are complete

Let me know if you have any questions.

Good luck with the job searches.

I enjoyed working with you all, and wish you the best of luck.

Thanks

Elissa
Intern Final Information & Instructions, continued

ASHA And State Licensure Requirements:

ASHA Hours:
Be aware, AUSHC MUST have an original of your Final ASHA Hours. Faxed or copies of the original document are not acceptable. If you are extending your intern for any reason, you can send all other information (grades) needed in time for graduation. A note will be placed in your file indicating we do not have an original of your hours. You will not be eligible for your CCC’s until we have an original. The Department Chair will not sign off on any ASHA paperwork until we have all of your paperwork, including an original of ASHA hours.

Be sure to include your supervisors’ full name, not just initials. Also include the supervisors’ ASHA and state license number on your ASHA hours Summary Form.

**We must have information pertaining to your employment status in order to sign state licensure or ASHA Certification Forms: Employer name, Setting (medical, School), child or adult, state

Praxis:
PLEASE remember to send AUSHC a copy of your Praxis score if we have not already done so.

ASHA and State Requirements:

ASHA
Everyone should download ASHA Certification and Membership Information. You can obtain the information on-line on the ASHA Website under Certification.

Go to www.ASHA.org
Click on Certification
There are several options including Clinical Fellow Information

State Licensure
You will need to contact the state in which you are working to determine each individual’s requirements for licensure. You typically do not need to be licensed while completing your CFY, but you do need to register with the state board.

To obtain information about ASHA certification and a state license, click on the ASHA web site:

Go to www.ASHA.org
Click on Certification
*On the bottom right side of the Certification Page is the State Licensure Link
*Click on State Licensure Information
*Click on the state in which you will be seeking licensure
*Contact information is available.

Let me know if you have questions.

E. Zylla-Jones
DOCUMENTATION OF PRACTICUM HOURS
IN ACCORDANCE WITH ASHA SPEECH-LANGUAGE PATHOLOGY STANDARDS

Applicants for ASHA certification must complete a minimum of 400 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes described in Standard V. Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience.

Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so they can demonstrate skills across the scope of practice in speech-language pathology.

Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. Supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Speech-language Pathology, and State Licensure when applicable.

The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard V. Beginning summer semester 2016, documentation of clinical clock hour experience records will be entered and maintained in Calipso (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations), a web-based application. Clock hours can be tracked, submitted, approved, and calculated within Calipso. In the interim, the following procedures will be followed:

DOCUMENTATION
1. Each student is responsible for recording and maintain their diagnostic and evaluation hours. Hours should be recorded on a daily basis on the Practicum Hours Record Form. This form is used to verify ASHA hours earned by clinicians.

2. The Practicum Hours Record Form is the record maintained by each SLP clinician, documenting practicum experiences earned each day through the semester. These hours are transferred to Calipso to be approved by the clinical instructor. When the Calipso procedure becomes standardized, we anticipate that the Practicum Hours Record Form will be discontinued, and the student clinician will submit practicum hours to her/his Clinical Clock Hour Experience Record in Calipso. The SLP clinical instructors will approve the clinical practicum hours electronically.
   A. Practicum time logged on to Calipso must correspond with entries on the Practicum Hours Record Form.
   B. Hours logged onto Calipso & the Practicum Hours Record Form will be reviewed by the student’s assigned supervisor on a regular basis.
   C. Each clinician should retain a copy of the Practicum Hours Record Form.

3. At the end of each semester, a final record of hours obtained will generated by Calipso. The clinical practicum hours for each semester will be approved electronically, and signatures of supervisors will be entered electronically. This will become part of the students’ academic record. The final semester hours logged onto Calipso will be printed and placed in the student’s permanent file.
POLICY REGARDING STUDENT PRACTICUM HOURS
FOR OFF-CAMPUS ACTIVITIES

1. When students participate in off-campus screening activities and are supervised by non-Auburn University personnel, students may only receive ASHA practicum time for actual screening/assessment activities. The actual practicum time will be determined by the supervisor.

2. When students participate in screening activities at HeadStart programs and are supervised by Auburn University faculty, that faculty member will make the decision regarding the total amount of ASHA practicum time. For example, if the student travels with the faculty member, who conducts pre-staffing or post-staffing discussions during the travel time, the faculty member may "award" more practicum time, in addition to the actual time spent testing the children.
Billing Receipts

Speech Pathology billing forms are used as a means to monitor patient evaluation/treatment, billing and reimbursement.

Super Bill Billing Procedures
1. Billing and Coding Specialist completes top portion of superbill (Patient Name, DOB, and insurance/billing status)
2. Student collects superbill from folders located in the front office – Forms are in order of when client is seen
3. Student verifies identifying information and notifies secretary of any discrepancies
   a. New Clients: Student verifies client information: Name, DOB and billing status
   b. On-going (treatment clients): student verifies DOB is consistent with their records
4. CPT & ICD-10 Codes: At the end of the appointment/session, Supervisor marks or writes ICD-10 and CPT Codes
5. At the end of the appointment/session, Supervisor signs and dates form with degree and CCC status
6. Client check out
   a. Student escorts patient to the front window for check-out
   b. Student presents superbill to the Billing and Coding Specialist
   c. Unless otherwise notified, all clients (even Medicaid) must check out with the front office
7. Billing and Coding Specialist completes the payment information (charges, fee adjustment, sales tax, total charges, paid) and initializes entries
8. When you walk the client to the front window, please give the billing form to the clinic secretary. This must be done after every session. If she is unavailable, put the form on her desk.

Do not leave Billing Forms with patient information in the observation room

Shred all unused billing forms containing PHI
HEARING AND SPEECH SCREENINGS
MINIMAL REQUIREMENTS FOR STUDENT CLINICIANS

FOR AUDIOLOGY STUDENTS TO CONDUCT SPEECH/LANGUAGE SCREENING:

1. Conduct parental interview
2. Score articulation screening test
3. Calculate mean length of utterance
4. Be familiar with expected developmental milestones

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE

FOR SPEECH PATHOLOGY STUDENTS TO CONDUCT AUDIOMETRIC SCREENING:

1. Completion of CMDS 4650 or equivalent (introduction to audiology clinic course to include pure tone air conduction testing, tympanometry, and otoscopy)

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE
COMMUNITY FREE SCREENINGS

The Auburn University Speech and Hearing Clinic conducts free screenings for the public approximately once a semester. The only restriction for these screenings is that young children must be accompanied by a parent or a guardian.

Audiometric Screening Procedures:

1. Otoscopy should be conducted prior to the screening.
2. Audiometric screening follows these guidelines: Adults
   - Screen at 20dB HL at 500, 1000, 2000, and 4000Hz
   - Screen at 3000Hz when appropriate
   - Conduct tympanometry when appropriate

Children
   - Screen at 15dB HL at 500, 1000, 2000 and 4000Hz
   - Conduct tympanometry

3. Depending on the result of the testing, additional procedures, such as tympanometry, threshold testing or otoacoustic emissions, may be conducted.
4. Each client seen for hearing screening should have a screening card, on which the clinician will write the outcome of the screening. This card should be returned to the NSSLHA/SAA volunteers after the client leaves.
5. If a client fails a screening, he/she should be re-instructed, the earphones should be re-positioned, and he/she should be re-screened.
6. Following the screening, the client should be counseled regarding its outcome by the clinician and/or the audiologist. If an evaluation is recommended, the clinician should accompany the client to the reception window to schedule an appointment.
7. At the conclusion of the screening program, the clinician should be sure that eartips and specula are cleaned, equipment is turned off, toys are put away, etc.
8. The clinician should record the amount of time spent on Calipso.
9. Clinicians must remember that clinic guidelines regarding privacy and confidentiality apply during a free screening. One should avoid discussing a client's problems or concerns in the waiting room, hallway, or other public place.
1. A party requesting service qualifies as not-for-profit agency, organization, company, etc.

2. Screening tests provided for identification purposes only (i.e. identify possible hearing problem or communication disorder); not for diagnostic purposes

3. Testing or results of testing are not required or mandatory by the requesting party; local, state, or federal government; or other agency

4. Screening services provided in combination with services from other health care providers, vendors, companies, etc.

5. Screening services are available to the public

EXCEPTION TO GUIDELINES:

1. CMDS/Speech & Hearing Clinic has established partnership with other Auburn University Departments/groups in providing services to requesting party
1. Students may participate in off-campus screening services with the following provisions
   A. Off-campus supervisors (non-AU faculty) must hold the ASHA Certificate of Clinical Competence and state licensure (unless exempt from licensure)
   B. Off-campus supervisors must be on-site 100% of the time
   C. Off-campus supervisors must provide 50% direct supervision of each student clinician per patient

2. An off-campus supervisor (who is supervising/training AUSHC student clinicians) may borrow a portable audiometer to be used during the screening activity. The supervisor will sign an equipment use agreement, specifying the checkout date and time, location of equipment use, and return time and date (refer to attached form). The individual/organization is responsible for repair or replacement of the equipment due to damage or loss (cost determined by the AUSHC).

3. AUSHC faculty members may provide screening services at off-campus locations at the rate of $120/hour per faculty member, including travel time from the AUSHC until the individual returns to the AUSHC.
   A. Student clinicians may participate in the screening services, with supervision by AUSHC faculty member
   B. AUSHC equipment may be used for testing purposes
   C. Additional charge of $30/participant will be incurred when tympanometry and otoacoustic emissions testing are conducted

4. AUSHC faculty members may provide screening services at local, off-campus locations, such as day care centers, at a fee of $10 per screening ($15 for hearing and speech screening) per child when the screening is provided on an individual basis (e.g., parent is responsible for fee, rather than contract with the facility)
   A. Student clinicians may participate in the screening services
   B. AUSHC equipment may be used for testing purposes

_____________________________          ____________________________          __________________
Off-campus supervisor  Signature  Date

_____________________________          ____________________________          __________________
AUSHC representative  Signature  Date
EQUIPMENT USE AGREEMENT

Equipment_______________________________________ Serial #___________________

Function verified by_______________________________ Date_____________________

Check-out Date and Time___________________________________________________

Equipment location_________________________________________________________

Expected Return Date and Time_____________________________________________

I, _______________________________, agree to repair or replace the equipment (at cost determined
by the AUSHC) in the event of damage/malfunction from mistreatment, or loss.

Signature___________________________________________________________________

Phone number__________________________ Email______________________________

TO BE COMPLETED BY AUSHC:

Date and Time returned_________________ Received by________________________

Function verified by_____________________ Date________________________________
The emergency notification systems on campus are in place to notify faculty, staff, and students of imminent and urgent situations that may affect the campus.

The following notification systems are in place:

**AU ALERT**

AU ALERT is an emergency notification system that notifies faculty, staff, and students of critical information and situations affecting campus through the use of text messages, voice messages to multiple phone numbers, email, and more. Sign up for AU ALERT at [www.auburn.edu/aualert](http://www.auburn.edu/aualert). This system makes immediate notifications across campus without delay.

**TONE ALERT RADIOS**

Tone alert radios have been placed in all regularly occupied buildings on campus. The radios broadcast a warning tone and then specific information such as severe weather warnings or other emergencies on campus.

**OUTDOOR WARNING SIRENS**

Outdoor warning sirens are in place around campus to alert people of severe weather. Once the sirens are activated, members of the campus community should seek shelter and tune to radios or television for updates and instructions. These sirens could also be used in the event of other emergencies. However, activation will still require seeking shelter from the outdoors.

**NOAA WEATHER RADIOS**

NOAA weather radios are located in some buildings on campus. The NOAA weather alert radios receive information directly from the National Weather Service. This information includes current weather and also any issued watches or warnings.

**BUILDING FIRE ALARMS**

Fire alarms are in place to notify building occupants of possible fire dangers in the building. If you hear the fire alarm, evacuate the building immediately.

**FUTURE SYSTEMS**

Other communications systems such as public address systems and building intercoms are being evaluated and could be in place very soon.

Last Updated: Sept. 29, 2010
Auburn University has installed a weather monitoring radar system that can track approaching storms across the state of Alabama and beyond.

Auburn University maintains contact with local and state emergency management agencies as well as the National Weather Service.

Upon receipt of a severe weather watch or warning, tone alert radios in buildings on campus will be activated. The nature of the emergency will be given along with instructions on how to remain safe.

Upon receipt of a tornado warning, the outdoor warning sirens will be activated.

The Lee County Emergency Management Agency tests the outdoor tornado sirens every fourth Wednesday at noon.

**DEFINITIONS**

**WATCH:** Conditions are favorable for the development of severe weather in the Auburn area. Everyone should closely monitor the situation in case it gets worse.

**WARNING:** Severe weather has actually been observed, and there is an imminent threat to the Auburn area. Listen closely to instructions provided by weather radios/emergency officials.

**THUNDERSTORMS**

- Frequently have high winds, cloud-to-ground lightning, heavy rain, and tornados.

**LIGHTNING**

- Stay away from telephones, electrical appliances, and plumbing.
- If you can hear thunder, you are close enough to the storm to be struck.
- Go to a safe shelter immediately.

**IN THE EVENT OF SEVERE WEATHER**

**Designated Campus Severe Weather Shelters**

- If you hear the weather siren or radio alerts, take shelter immediately in designated shelter locations.
- Sirens mean that there is a TORNADO WARNING, and you should seek shelter immediately.
- If shelter is not available, move to the center and lowest point of your building.
- Stay away from windows and doors to prevent injury from glass or other flying objects.
- Cover your head with any heavy/bulky object to protect yourself.
- Do not go outdoors to see the storm. Trained storm spotters will be monitoring the situation.
- If you are in a vehicle, seek shelter in a building, ditch, or other safe place. Automobiles are very dangerous during high winds.
- If flood water rises, do not attempt to wade or travel through the stream. Even small amounts of water can be very dangerous.
• Report any injury/damage to the 911 dispatcher. Provide them as much information as possible to respond to the emergency.
• Once the storm has cleared, notify Public Safety & Security/Emergency Management at (334) 844-8888 of any damages or injuries.
WHAT TO DO IN THE EVENT OF A CAMPUS EMERGENCY

Emergencies can occur at any time, often without warning. This site can help you deal with many emergency situations appropriately. Your judgment often determines whether an incident is an emergency. If in doubt, err on the side of safety.

AU utilizes the City of Auburn Police and Fire departments. Ambulance service is contracted with East Alabama Medical Center EMS. All can be reached by calling 911.

- If you have an EMERGENCY requiring police, fire, or ambulance, call 911 without delay.
- When you call 911 for emergency services, stay on the line and give the following information:
  - Your name, telephone number and exact location.
  - The location of the emergency.
  - The nature and extent of the emergency (i.e., Are there injuries and how many?)
- Be informed and prepared in advance. Do not wait until an emergency strikes to know what to do.
- Be aware of your surroundings, and report any suspicious activities.
- Know where the fire alarm activation pull stations are located in your building and how to evacuate your building if the alarm is set off.
- Emergency call boxes have been installed in different locations around campus. The call boxes call 911 when activated. Call boxes are equipped with a blue light for identification.

Questions or suggestions regarding the procedures and response on campus should be directed to the AU Emergency Management Director, or the AU Public Safety Director.
Secure immediate area:
- Lock and barricade doors
- Turn off lights
- Close blinds
- Block windows
- Turn off radios and computer monitors
- Keep occupants calm, quiet, and out of sight
- Keep yourself out of sight and take adequate cover/protection i.e. concrete walls, thick desks, filing cabinets (cover may protect you from bullets)
- Silence cell phones
- Place signs in exterior windows to identify the location of injured persons

Un-Securing an area:
- Consider risks before un-securing rooms
- Remember, the shooter will not stop until they are engaged by an outside force
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- Consider the safety of masses –vs- the safety of a few
- If doubt exists for the safety of the individuals inside the room, the area should remain secured

Contacting Authorities:
- Use Emergency 911
- 501-3100 Auburn Police

(non-emergency line)

Be aware that the 911 system will likely be overwhelmed. Program the Auburn Police administrative line (501-3100) into cell phone for emergency use.

What to Report:
- Your specific location- building name and office/room number
- Number of people at your specific location
- Injuries- number injured, types of injuries
- Assailant(s)- location, number of suspects, race/gender, clothing description, physical features, type of weapons(long gun or hand gun), backpack, shooters identity if known, separate explosions from gunfire, etc

Police Response:
- Objective is to immediately engage assailant(s)
- Evacuate victims
- Facilitate follow up medical care, interviews, counseling
- Investigation
EXCUSED ABSENCE FROM CLASS/CLINIC

Due to the intensity and sequence of courses and clinic placements in the SLP program, consistent attendance in classes and clinic is imperative. Students must submit written documentation (email or letter) to academic and/or clinical faculty requesting absence from classes and/or clinic in order to attend a professional event (e.g., ASHA convention, SHAAP convention, etc.). Students can request permission to attend up to two professional activities per academic year (fall through summer semesters). Faculty will determine if the absence will disrupt the class sequence or clinic coverage, and will grant or deny absence.

If the student wishes to attend more than two professional events in an academic year, the student must submit a written request to the SLP Standards Committee at least two weeks in advance of the anticipated absence. The Committee will review each request on an individual basis. Students may be required to find a substitute clinician for their cases.

EXCUSED ABSENCE FOR INTERVIEWS

Students may request from the SLP Standards Committee to be absent for documented interviews for internships. Acceptable documentation for the interview includes a letter from the prospective site or an email from a representative of the prospective site. The student should submit the “Request for Absence to Interview” form (available on SLP website) at least two weeks in advance of the scheduled interview. Students may be required to find a substitute clinician for their cases.

LEAVE OF ABSENCE

If a student requires a leave of absence from the program for an extended period of time due to a documented health issue, the student must notify the Standards Committee in writing. If absence is due to a documented health issue, the Standards Committee will consider re-instatement into the program at an appropriate time, in light of the sequence of coursework and clinic assignments. If the request for an extended leave of absence is not due to a documented health issue, the Standards Committee will consider the merits of the student’s request on an individual basis. If absence is due to a health issue, students must register with the Office of accessibility before any accommodations can be made. Students may be required to find a substitute clinician for their cases.

PERSONAL CARE AND PROFESSIONAL ATTIRE STANDARDS

The following standards for professional attire apply to students enrolled in the Masters of Speech-Language Pathology program. Standards of attired are intended to be self-regulated. Students inappropriately dressed may be asked to wear a lab coat, provided by the Department, or may be dismissed from the clinic assignment. Questionable or disputed cases of dress or grooming will be presented to the Standards Committee.
1. Adequate precautions should be taken to maintain good personal hygiene, including regular bathing, use of deodorants and regular dental hygiene.

2. Hair maintenance
   A. Women: neat and clean, styled off the face and out of the eyes.
   B. Men: neat and clean, styled off the face and out of the eyes. Beards and mustaches should be clean and well groomed.

3. Other personal care considerations
   A. Cologne, perfume or aftershave is not recommended in the patient care setting due to patient allergies and sensitivities.
   B. Nails should be well groomed
   C. Jewelry and accessories should be non-distracting

4. Appropriate attire
   A. Women: clean, business casual styled clothing and shoes
   B. Men: clean, business casual styled clothing and shoes
   C. Scrub may be worn instead of business casual clothing
   C. Items specifically not permitted under any condition:
      1. hats or caps
      2. leggings are only to be worn under a skirt or a dress
      3. shorts, cargo pants, culottes, skorts, mini-skirts
      4. sweatpants, sweatshirts, T-shirts with lettering, midriff tops
      5. athletic shoes, clogs, “flip-flops”, “Birkenstock”, or beach shoes
      6. jewelry in pierced noses, lips, tongue or other exposed body parts, other than ears
      7. visible tattoos
Auburn University is committed to providing a working and academic environment free from discrimination and harassment and to fostering a nurturing and vibrant community founded upon the fundamental dignity and worth of all its members.

In accordance with applicable federal law, Auburn University complies with all regulations regarding unlawful discrimination against or harassment of its students. Any form of discrimination or harassment related to a student’s race, color, sex, religion, national origin, age, sexual orientation, or disability (protected classes) is a violation of University policy. This policy is intended to cover any prohibited harassment of or discrimination against a student by other students, employees, or University agents. This policy also covers harassment of students by non-employees on University property or while engaged in University sponsored activities, as well as discrimination against students by University contractors.

REPORTING AND RESOLUTION PROCEDURES
Students who believe they have been discriminated against on the basis of their race, color, sex, religion, national origin, age, sexual orientation, or disability should report incidents to the Office of Affirmative Action/Equal Employment Opportunity (AA/EEO). In addition to the Office of Vice President for Student Affairs, all faculty, staff, and administrators should assist students in directing their harassment and/or discrimination complaints to the Office of AA/EEO.

The Office of AA/EEO will investigate the incident and will consult with witnesses and other appropriate University officials as necessary. Complaints will be handled on a “need to know” basis with a view toward protecting the complaining party from possible reprisal and protecting the accused from irresponsible or mistaken complaints.

DEFINITIONS
- Discrimination is defined as conduct directed at a specific individual or a group of identifiable individuals that subjects the individual or group to treatment that adversely affects their employment or education because of their race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation.
- Harassment as a form of discrimination is defined as verbal or physical conduct that is directed at an individual or group because of race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation when such conduct is sufficiently severe, pervasive or persistent so as to have the purpose or effect of interfering with an individual's or group's academic or work performance; or of creating a hostile academic or work environment. The term "harassment" includes but is not limited to: slurs, jokes, or other graphic or physical conduct relating to a student's race, color, sex, religion, national origin, age, disability, or veterans status.
- Verbal conduct is defined as oral, written, or symbolic expressions that: personally describe or is personally directed at a specific individual or group of identifiable individuals; and is not necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea.
SEXUAL HARASSMENT
Harassment also includes any coercive sexual behavior used to control or influence a student. It may be manifested by verbal and/or physical actions, gestures, unnecessary touching, leering at a person's body, attempts to embarrass, request for sexual favors, and physical assault.
Sexual harassment in academic settings, and in the employment arena where students are involved, is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, or physical conduct of a sexual nature when:

1. Submission to such conduct may be explicitly or implicitly a term or condition of a student's academic success or employment; or
2. Submission to or rejection of such conduct may be used as the basis for employment or academic decisions affecting the student and the student's total educational and/or work experience; or
3. Such conduct has the purpose or effect of substantially interfering with a student's employment or academic performance or creates an intimidating, hostile or offensive work or educational environment.

Students who feel that they have been sexually harassed should report their complaint to the Division of Student Affairs. This office, in consultation with the Affirmative Action Office, will investigate the incident, consult with other appropriate University officials if necessary, and will resolve the complaint if possible.
Grievance Procedures

General complaints and/or suggestions regarding the daily operation of the department or curricular issues may be submitted to a suggestion/complaint box located in the Student Clinicians' Room. A more formal process exists for more substantive individual or group grievances. This formal procedure is outlined below:

Students in the Department of Communication Disorders are encouraged to resolve any grievance issues first with their academic/clinical instructor. If the issue cannot be resolved with the instructor, students should then communicate the complaint to the Department Chair. The Department Chair will make every attempt to resolve the issue in a fair and equitable manner between the faculty member and the student. If the concern cannot be resolved within the department, the student is advised to pursue the University's Academic Grievance Procedure as detailed in the Tiger Cub Student Handbook. This publication contains a well-defined Academic Grievance Policy designed to address student grievances, which result from actions of the faculty or administration. The grievance policy emphasizes that “The resolution should be achieved at the lowest level” referring to a progression from instructor through department chair, academic dean, University Student Academic Grievance Committee and possibly higher levels of university administration.

If the student complaint concerns a student with a disability, the Office of Accessibility (1228 Haley Center; 844-2906) may become involved in the process. If the student complaint concerns discrimination issues, the Office of EEO-Affirmative Action (005 Quad Center; 844-4794) may become involved.

The Department of Communication Disorders is accredited by the Council on Academic Accreditation (CAA) of the American Speech-Language Hearing Association (ASHA). Students who have questions or complaints regarding the department’s adherence to accreditation standards are encouraged to contact the Council at:

Council on Academic Accreditation
American Speech-Language Hearing Association
2200 Research Boulevard
Rockville, MD 20850-3289

Phone: (301) 296-5700; Fax (301) 296-5777

More details regarding the complaint procedure against a CAA accredited program may be found at:

www.asha.org/about/credentialing/accreditation/accredmanual/section8.htm#complaint
I. Certification

1. ASHA’s Certificate of Clinical Competence (CCC):
   a) The American Speech-Language-Hearing Association (ASHA) issues Certificates of Clinical Competence to individuals who present evidence of their ability to provide independent clinical services to persons who have disorders of communication. Individuals who meet the standards specified by the Association's Council For Clinical Certification may be awarded a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP). Individuals who meet the standards in both professional areas may be awarded both certificates.
   b) Individuals must meet specific requirements in academic preparation and clinical practicum and complete a Clinical Fellowship (CF).
   c) Applicants who apply for certification must successfully complete the Praxis Examination in speech language pathology.
   d) Members and individuals who hold the CCC subscribe to a Code of Ethics incorporating the highest standards of integrity and ethical principles.
   e) See the following pages for specific standards for the Certificate of Clinical Competence (CCC).

2. Please locate additional information at ASHA’s website www.asha.org.

II. State Licensure

1. State licensure is required for most states. Alabama law requires that persons providing speech-language pathology and audiology services, have a state license, except for those employed by the public schools.
2. Alabama licensure qualifications include the following:
   - Be of good moral character
   - Make application to the Board
   - Pay to the Board appropriate application fee
   - Possess evidence of at least a master’s degree or equivalent
   - Evidence of successful completion of supervised clinical practicum approved by the Board
   - Evidence of successful completion of postgraduate professional experience approved by the Board
3. Clinical fellows employed in settings requiring state licensure must register their CF with the Board of Examiners for the respective state.
4. Locate additional information for Alabama at their website www.ablespa.org or call at (334) 269-1434 or 1-800-219-8315. Other state licensure requirements are located online as well.

III. Teacher Certification

1. In Alabama, or CCC and State License qualify you for employment in a Public School.
2. Certification of teachers is required by most states. Contact individual states to identify necessary requirements.
IV. Professional Organizations

1. The National Student Speech-Language and Hearing Association (NSSLHA) is a pre-professional membership association for students interested in the study of communication sciences and disorders. Auburn University has a local chapter of NSSLHA with meetings opening to all interested persons. Applications and additional information may be obtained from the NSSLHA Faculty Advisor in the Department of Communication Disorders or by visiting www.nsslha.org.

2. The American Speech Language Hearing Association (ASHA) is the professional, scientific, and credentialing association for members and affiliates who are audiologists, speech-language pathologists, and speech, language, and hearing scientists. Further information may be located at www.asha.org or by calling the ASHA Action Center at 1-800-638-8255.

- ASHA’s mission is the following: “Empowering and supporting speech-language pathologists, audiologists, and speech, language, and hearing scientists by:
  a) Advocating on behalf of persons with communication and related disorders
  b) Advancing communication science
  c) Promoting effective human communication”

ASHA requires that individuals who provide or supervise clinical services in speech language pathology and audiology have the appropriate CCC. Providers of services who have yet to obtain the CCC must be in the process of finalizing certification under appropriate supervision. Individuals providing services who do not meet these requirements are in violation of the Code of Ethics.

3. The Speech and Hearing Association (SHAA) is Alabama’s state organization. Applications for membership may be obtained by visiting http://www.alabamashaa.org or calling (256) 325-8885. Benefits and requirements for membership are also located on the website.
CODE OF ETHICS

Students should be familiar with rules, regulations, and code of ethics established by state licensure laws and professional organizations.

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA):

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

ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY (ABESPA):