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.

Mission Statement

Consistent with the mission statements of Auburn University and the College of Liberal Arts, the mission of the Department of Communication Disorders includes the areas of instruction, service, research, and outreach. The Department will provide high quality services to its students through academic and clinical instruction, clients through clinical services and research, professionals through continuing education and research, and the community through civic engagement. The Department will strive to provide premier training programs, with innovative approaches and state-of-the-art technology by engaging in ongoing assessment, professional development, and program evaluation and modification.

VISION STATEMENT:

The Auburn University Department of Communication Disorders will distinguish itself by providing high quality academic instruction, clinical experiences, and research activities for undergraduate, graduate, and doctoral students in the allied health fields of audiology and speech-language pathology. Our graduates will distinguish themselves by providing state of the art, evidence-based clinical services to their communities, by achieving leadership positions in their professional and inter-professional organizations at local, state, regional, and/or national levels, and by sharing their Auburn traditions and standards with clinicians of the future.
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REQUIREMENTS FOR PARTICIPATION IN CLINICAL PRACTICUM

COMPLIANCE FORMS

In order to participate in classes and clinic in the Auburn University Master’s in Speech-language Pathology program, students must sign the Following Forms: Code of Conduct, Quadrant Access After Business Hours, Hold Harmless Agreement, Masters in Speech-language Pathology Minimal Requirements, Clinic Contract and Audio recorder Policy

OBSERVATIONS

It is a requirement for ASHA certification to have a total of 25 observation hours and Auburn University Department of Communication Disorders requires you complete the 25 hours of observation prior to beginning clinical practicum. Proof of 25 observation hours must be submitted on CALIPSO prior to working with patients in the AUSHC. These hours should represent a variety of clinical disorders, clients, and, ages and can be in speech pathology or audiology or a combination of the two disciplines. If a student cannot provide proof of 25 observation hours at the undergraduate level, he/she will be required to observe audiology and speech pathology assessment and/or therapy until 25 hours of observation have been obtained.

TB TEST

Each student must obtain a TB test in order to participate in practicum at the AUSHC. A negative test is valid for one year from the date of the test. A positive test will require a chest X-ray, which is valid for 3 years. This test is obtained at the cost of the student. A copy of the test results should be uploaded onto CALIPSO by the student each year, prior to seeing patients.

BACKGROUND CHECK

Students are required to complete a background check at the beginning of the Master’s in Communication Disorders program and to upload onto CALIPSO. Criminal activity could result in the dismissal of the student from the Master’s program.

LIABILITY INSURANCE

Each student must purchase liability insurance through Auburn University. Currently, the cost is $15 for the two years of the Master’s in Communication Disorders program. Costs are subject to change without notice. A student may choose to purchase additional insurance; however, this optional insurance would not be a replacement for the required coverage through Auburn University.

CALIPSO

Prior to the start of clinical practicum in the fall semester of the first year of the program, each student will register as a Student User in the web-based program called CALIPSO (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations). CALIPSO will automatically send instructions and PIN numbers for student enrollment. There is a one-time cost for participation in CALIPSO. ASHA Clinical Practicum clock hours will be submitted, approved, calculated, and tracked in CALIPSO.
**Patient Confidentiality**
AU CMDS students are bound to uphold ethical and legal obligations and guidelines regarding patient privacy and confidentiality. Students must always maintain professional boundaries within the school and in any assigned clinical experience. Students shall not communicate any information (via Social Media or otherwise) which violate a clinician’s ethical and legal obligations regarding patient privacy and confidentiality.

**HIPAA**
CMDS students are required to attend training and abide by the health information privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA). Violations of the privacy requirements of HIPAA will be subject to disciplinary actions as identified by the level of the violation identified in the Dept. of Communication Disorders HIPAA Disciplinary Action Guideline for Violations of HIPAA (on the following pages) up to and including dismissal from the program.

**Clinical/Classroom Use of Personal Electronic Devices**
The use of any personal electronic devices (including but not limited to, cell phones, tablets, PDA’s and laptop computers) during a clinical or externship experience shall be restricted to use as a health care resource, patient resource and reference usage only. Any other uses of such personal electronic devices during a clinical or preceptorship experience without prior approval from the clinical instructor, faculty or site supervisor, is prohibited.
AUBURN UNIVERSITY SPEECH & HEARING CLINIC POLICIES FOR PATIENT CONFIDENTIALITY

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, working folder 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 1126).
   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.
   c. DE identified treatment data, graphs, Objective/Procedure Sheets, etc. may be kept in the patient's working folder in 1130.

7. Any discarded written documentation/reports must be shredded. A collection box for shredding is located in the student clinician room (HC 1126).

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.

9. 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.

10. Clinicians must 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.

11. 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:
HIPAA De-Identification Guidelines

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

<table>
<thead>
<tr>
<th>A. Names</th>
<th>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:</th>
</tr>
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<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>(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>
</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>
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<tr>
<td>D. Telephone numbers</td>
<td>L. Vehicle identifiers and serial numbers, including license plate numbers</td>
</tr>
<tr>
<td>E. Fax numbers</td>
<td>M. Device identifiers and serial numbers</td>
</tr>
<tr>
<td>F. Email addresses</td>
<td>N. Web Universal Resource Locators (URLs)</td>
</tr>
<tr>
<td>G. Social security numbers</td>
<td>O. Internet Protocol (IP) addresses</td>
</tr>
<tr>
<td>H. Medical record numbers</td>
<td>P. Biometric identifiers, including finger and voice prints</td>
</tr>
<tr>
<td>I. Health plan beneficiary numbers</td>
<td>Q. Full-face photographs and any comparable images</td>
</tr>
<tr>
<td>J. Account 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>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.
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<th>Process</th>
<th>Corrective Action</th>
<th>Notification</th>
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<tr>
<td>I. Inadvertent or accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information</td>
<td>*Incident Report (IR) generated clinical or academic faculty</td>
<td>1(^{st}) offense: Face-to-face meeting with the HCO to review relevant policy</td>
<td>Incident Report (IR) generated by faculty for HCO</td>
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<tr>
<td></td>
<td>HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan</td>
<td>2(^{nd}) offense: Repeat 1(^{st}) offense remediation</td>
<td>HCO tracks across student curriculum</td>
</tr>
<tr>
<td></td>
<td>IR sent to HCO for tracking across student curriculum</td>
<td>3(^{rd}) offense: Repeat 1(^{st}) offense remediation and Clinic grade lowered by one letter grade</td>
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<tr>
<td></td>
<td></td>
<td>4(^{th}) offense: Repeat 1(^{st}) offense remediation and failure of clinic course which may result in delay of graduation.</td>
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<tr>
<td>II. Failure to follow existing policies/procedures/guidelines governing patient/client confidentiality</td>
<td>*Incident Report (IR) generated clinical or academic faculty</td>
<td>1(^{st}) offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; patient encounter grade may be lowered at the discretion of the clinical supervisor</td>
<td>Incident Report (IR) generated by faculty for HCO</td>
</tr>
<tr>
<td></td>
<td>HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan</td>
<td>2(^{nd}) offense: Repeat 1(^{st}) offense remediation and</td>
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<tr>
<td></td>
<td>IR sent to HCO for tracking across student curriculum</td>
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<td>III.</td>
<td>Intentionally accessing a patient/client’s record without a need to know. Examples*: Accessing the record for curiosity or any other reason WITHOUT a legitimate reason to know (i.e., direct care of that patient/client) INCLUDING records of friends; family members; clients of another student; clients you have previously cared for as a student or an employee but are not caring for them now; accessing a client’s PHI for another student; Asking another student to access a client’s PHI; Allowing another student to see or use any information from your client SOAP notes of evaluation reports.</td>
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</table>
|     | *Incident Report (IR) generated clinical or academic faculty  
|     | HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan  
|     | IR sent to HCO for tracking across student curriculum |
|     | Clinic grade lowered by one letter grade  
|     | 3rd offense: Repeat 1st offense remediation and failure of clinic course which may result in delay of graduation.  
|     | 4th offense: Dismissal from the graduate program |
| IV. | Intentionally accessing and using patient information for personal use or gain or to harm another individual Examples*: Accessing PHI for reasons that could |
|     | *Incident Report (IR) generated clinical or academic faculty  
|     | HIPAA Compliance Officer |
|     | Clinic grade lowered by one letter grade  
|     | 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; Clinic grade lowered by one letter grade  
|     | 2nd offense: Repeat 1st offense remediation and failure of clinic course which may result in delay of graduation.  
|     | 3rd offense: Dismissal from graduate program |
|     | HCO  
|     | Clinical Coordinator  
|     | Chair  
|     | Dean |
include obtaining PHI for recruiting clients to another clinic or for marketing for personal gain.

<table>
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<th>(HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan</th>
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<td>- IR sent to HCO for tracking across student curriculum AND Failure of clinical/Failure of course OR Dismissal from the CMDS Graduate program</td>
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<td>relevant policy; establish performance improvement plan; HIPAA training recertification; Failure of clinic course which may result in delay of graduation.</td>
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<td>2nd offense: Dismissal from graduate program</td>
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<th>V. E-mailing OR posting client PHI on any form of electronic device OR social media Examples*: Sending any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting via email or text; Posting any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting on any form of social media including but not limited to Facebook, LinkedIn, Twitter, Snapchat, etc.; Emailing SOAP notes or posting client PHI to any other site than Practice Perfect</th>
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<td>- *Incident Report (IR) generated AND Failure of clinical/Failure of course OR Removal from the CMDS Graduate program</td>
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<tr>
<td>1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; failure of clinic course which may result in delay of graduation.</td>
</tr>
<tr>
<td>2nd offense: Dismissal from graduate program</td>
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*Examples are not all inclusive
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
- Nonaffiliated colleagues and customers
- Healthcare payers, including federal and state governments
- Regulators, surveyors and monitors
- Physicians
- Vendors and suppliers
- The community we serve

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.
“Social media” includes but is not limited to any online or electronic platform used for interactive, open or semi-open communication of any information by and between one end-user and other end-users (e.g., blogs, Instagram, Facebook, Twitter, Snapchat, YouTube, LinkedIn, Pinterest, email or text, etc.). Auburn University Department of Communication Disorders (CMDS) students are responsible and accountable for any and all content (in any format) posted, transmitted, or communicated on, by or through any social media account associated with that CMDS student. There is the potential for misinterpretation of the relationship or the potential of sharing protected information via these social media sites. Relationships such as faculty-student, student-patient, supervisor-student, and staff-student merit close consideration of the implications and the nature of the social interaction as a student in the Communication Disorders program. Students are reminded that they should have no expectation of privacy on social networking sites. Students must also be aware that posting certain information is illegal and may violate federal law protecting personal health information (HIPAA). Violation may expose you to criminal and civil liability.

CMDS students are expected at all times to behave in a manner consistent with the standards set forth in the ASHA Code of Ethics. In addition, CMDS students who make communications which are disparaging or critical of Auburn University, Auburn University CMDS students, faculty and staff, or any AU Speech and Hearing Clinic employee, or which are patently offensive to any reasonable person, shall be disciplined in accordance with applicable CMDS and Auburn University guidelines, e.g., http://www.cla.auburn.edu/perspectives/cla-office-of-communications-marketing-resources/social-media-guidelines/.

Professional communication requires that all student communication be in accordance with the AU CMDS guidelines, State of Alabama law, and Health Insurance Portability and Accountability (HIPAA) federal law. AU CMDS students are bound to uphold ethical and legal obligations and guidelines regarding patient privacy and confidentiality. Students must always maintain professional boundaries within the Dept. and in any assigned clinical experience. Students shall not communicate any information (via social media or otherwise) which violates the ASHA Code of Ethics, State of Alabama law regarding patient privacy and federal HIPAA law.

The following is a list of examples of online behaviors that are considered violations of the social media guideline as they reflect unprofessional behavior and may constitute disciplinary action and/or dismissal from the program:

1. It is a HIPAA violation if you mention a patient with enough information that the person might be identified, even if you avoid personal health information (PHI). This includes posting of images. The consequences for violations are severe.

2. Posting on social media the names, negative comments, or criticisms of faculty, staff or any other clinical or university personnel. Making negative comments or criticisms about the facility
or what is occurring in the Communication Disorders Department, the Auburn University Speech & Hearing Clinic, or any other clinical site (off campus or fieldwork) at any time.

3. Display of language or photographs that imply disrespect for any individual or group because of, but not limited to, age, race, gender, ethnicity or sexual orientation. Posting of potentially inflammatory or unflattering material on another individual’s website, e.g. on the “wall” of that individual’s Facebook site.

4. Writing defamatory or degrading remarks that target any faculty, staff or student members of the Auburn University community. Remarks may be a violation of the code of ethics and professional behaviors guideline and may result in disciplinary action.

5. Asking your faculty, clinical instructors, clinical supervisors (on or off campus), or any university or clinical site employee to “friend” you on any social media while a student in the Auburn University Communication Disorders Department. This request puts Auburn University employees and yourself in an awkward situation with personal information about each other.

6. It would be inappropriate to ask or accept social media requests from clients or client caregivers or family members as long as the client is receiving services at the AUSHC or while you enrolled in the CMDS program.

Individuals should make every effort to present themselves in a mature, responsible, and professional manner while using social media. Discourse should always be civil and respectful.

The following is a list of professional relationship behaviors that are considered either violation of the ASHA Code of Ethics or potentially introduce the possible of violating State of Alabama or federal HIPAA law for protection of PHI.

1. It would be inappropriate to babysit or provide care for a client under your care.

2. Dating a client would violate the ASHA Code of Ethics. It would not be permissible to date a client or a caregiver/family member of a client of the AUSHC, off-site placement, or externship placement as long as you are enrolled in the program.

3. It is not appropriate to allow family or friends who are not currently students in the CMDS program to observe client care or documentation practices in the AUSHC or off-campus sites. For example, if a student clinician accesses the clinic computer lab to complete documentation after business hours, it would not be appropriate to have a friend or family member accompany them and potentially violate patient privacy.

**Patient Confidentiality**
AU CMDS students are bound to uphold ethical and legal obligations and guidelines regarding patient privacy and confidentiality. Students must always maintain
professional boundaries within the school and in any assigned clinical experience. Students shall not communicate any information (via Social Media or otherwise) which violate a clinician’s ethical and legal obligations regarding patient privacy and confidentiality.

**HIPAA**
CMDS students are required to attend training and abide by the health information privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA). Violations of the privacy requirements of HIPAA will be subject to disciplinary actions as identified by the level of the violation identified in the Dept. of Communication Disorders HIPAA Disciplinary Action Guideline for Violations of HIPAA (on the following pages) up to and including dismissal from the program.

**Clinical/Classroom Use of Personal Electronic Devices**
The use of any personal electronic devices (including but not limited to, cell phones, tablets, PDA’s and laptop computers) during a clinical or externship experience shall be restricted to use as a health care resource, patient resource and reference usage only. Any other uses of such personal electronic devices during a clinical or preceptorship experience without prior approval from the clinical instructor, faculty or site supervisor, is prohibited.
The purpose of this policy is to set forth standards for the use, removal and transport of protected health information (PHI) and personal information (PI) in all forms, written, spoken, electronically recorded, or printed, within the Auburn University Speech and Hearing Clinic (AUSHC).

**RESPONSIBILITY OF CONFIDENTIALITY**
I understand and agree to maintain and safeguard the confidentiality of privileged information of the Auburn University Speech and Hearing Clinic. I realize it is the responsibility of the individual at the AUSHC to provide a secure setting for PHI and PI, and that the Department of Communication Disorders, in conjunction with the AUSHC, will be responsible for maintaining ongoing training to ensure the individual is informed. Further, I understand that any unauthorized use or disclosure of information residing in the AUSHC may result in disciplinary action consistent with the policies and procedures of federal, state, and local agencies.

**PORTABLE DEVICE POLICY**
PHI should never be stored on, or accessed from, an individual’s personal device such as a cell phone, laptop or thumb drive. All AUSHC related reports should be completed on the clinic computers provided and within the electronic health records system. Any student found to be in breach of this policy may face disciplinary action.

My signature below indicates that I have read and understood the information in this policy.

________________________________________________________________________
________________________________________________________________________

Student Name          Student Signature

________________________________________________________________________

Date                    Witness
Audio Recorder Policy updated 8/9/19

1. Only AUSHC audio recorders may be used for recording clients.
   a. Cell phones are not to be used for recording.
   b. Personal recording equipment is not to be used for recording.
2. Audio recorders must be checked in and out from the front office staff.
   a. Students are responsible for signing the devices in and out (name, number of recorder, date/time checked in and out).
3. Audio recorders that are not checked back in by 5:00pm must be secured overnight in the locked filing cabinet in the clinician’s room. The student is responsible for returning the audio recorder to the front office staff at 7:30am the next morning.
4. Recorders may not be passed from student to student
5. Students should delete recordings after they are no longer needed. Remaining recordings will be deleted at the end of the semester unless specified by the student.
6. Audio recorders must remain in the AUSHC
7. Do not upload audio or video files to an external source

This policy is in place to ensure the clinic is following HIPAA rules/regulations. Any student found to be in breach of this policy will incur a 10-point deduction from his/her total clinic grade and will face disciplinary action with the HIPAA committee in accordance with the CMDS HIPAA Disciplinary Action Guidelines. Failure to return the recorder based on the specifications listed above will result in restricted access to audio recording equipment.
AUBURN UNIVERSITY SPEECH AND HEARING CLINIC
STUDENT POLICIES FOR PATIENT CONFIDENTIALITY
Paperwork should be restricted to clinic computers. Any printed documentation must be immediately placed in the client’s folder and scanned into the electronic medical records system used, and must not be left in a public location. **All documentation should be shredded (if not filed). There is a secure box for all materials to be shredded in the clinicians’ room.**

**SOAP NOTES:**
 SOAP notes **must be** typed directly into the electronic medical records system at the AUSHC on clinic computers.

**OBJECTIVE/PROCEDURE SHEETS:**
All identifying information **must be removed from this document. Do not use** patient’s name, initials or other identifying information. The Objective/Procedure sheet is placed in the observation room only **for the duration of the session; it must be removed at the end of the session and placed in the patient’s working file.**

**TREATMENT PLANS:**
Use the client’s full name and personal information. **Clinicians must type all reports at the AUSHC on clinic computers.** Portable devices are not permitted (thumb drives, etc.).

**CLIENT FILES:**
Clinicians **may not** have a working file or permanent file (from the front office) for a client outside the clinic. All working files and permanent files must be in your possession or in a secure, locked area within the AUSHC. Most patient information can be accessed through Practice Perfect. Client names or initials may not be written on or anywhere in the file.

**EVALUATION REPORTS:**
Clinicians must type final reports at the AUSHC on clinic computers. Clinicians are **prohibited** from removing original case history forms, test forms, audiograms, tympanograms, etc., from the AUSHC. Most patient information can be accessed through Practice Perfect. Clinicians are **prohibited** from removing DVDs from the AUSHC. Clinicians are permitted to remove from the AUSHC audio tapes, pertaining to transcription. Any discarded evaluation reports must be shredded. **All reports of any type should be entered in to the EMR system for review and to be finalized by the supervisor.**

**DISCUSSIONS:**
Clinicians are advised to restrict conversations with patients, agent of patient care, or 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, with patients or with the agent of patient care 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 DVDs 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.

**E-MAIL:**
If e-mailing any correspondence to the supervisor, no identifying information may be included. This must be emailed from an AUSHC computer. In house email communication containing any PHI should be sent using FileMover.

**FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN A REDUCTION OF THE STUDENT’S CLINIC GRADE.**

The above policies have been explained to me and I agree to abide by these policies.

____________________________________
Student Signature

___________________________________
Printed Student Name
CMDS 1100 QUADRANT ACCESS AFTER BUSINESS HOURS

Access to the 1100 quadrant will be granted via swipe access through the glass doors that lead out to the accessible ramp. Graduate students will be allowed after-hours access to a limited number of rooms in our department. While this is important for allowing students to complete reports for clients or responsibilities related to graduate assistantships, the privacy and security of our patient records must remain our top priority. Any time you are in the Communication Disorders area you are expected to maintain all stated rules and guidelines to maintain HIPAA privacy and security, as well as to be a positive representative for our department, college, university and professions.

Authorization to access the 1100 quadrant does not in any way insure your safety while on campus after business hours and should not be taken as such.

Specific policies and procedures will be in place to help make sure that allotted rooms are accessible to all students. It is expected that you adhere to these at all times. **Violations of policy and procedure will result in access termination and/or grade consequences.**

Access will be given via combination lock box that will hold the key to each door. Combinations will be delivered to students by Haley McAbee for computer lab use. Lock box codes are not to be shared with anyone and will be changed regularly. Once doors are opened keys should be returned to lock boxes so that others can access them and to prevent loss. All doors in the quadrant should remain closed and locked at all times to help maintain your safety and the safety of others, as well as to continue to provide privacy and security of patient information. **Key loss will result in a charge to the student to replace door key or to have door re-keyed.**

Any student found to be in violation of these policies will be terminated from after-hours access rolls and further consequences may apply.

My signature below indicates that I have read, understood and agree to adhere to the policies and procedures indicated above.

__________________________________  ____________________
Student Name and Date  Signature
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
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
Clinic Contact

I have read the CMDS 7500 syllabus and I understand that I am responsible for all of its contents; specifically (but not exclusively): Failure to comply with all clinic policies and procedures will be reflected in my clinic grade. I am aware of all my clinical duties:

I. **Compliance:** I am aware that I must have current Professional Liability Insurance and up to date immunizations, and CPR in order to see a client. Clients will be cancelled or rescheduled to another clinician until I demonstrate proof of Professional Liability Insurance, T.B. skin titer, and other immunizations, and CPR. I am aware that I cannot count any hours with a client if my Compliance Record are not current. It is my responsibility to upload Compliance records on CALIPSO.

II. **Clinical Absences:**
A. I am aware that one un-excused absence from a treatment session or 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.”
B. I am aware that it is my responsibility to find a substitute therapist for missed treatment and evaluation sessions.
C. I understand that **A FINAL KASA MEETING WILL BE SCHEDULED DURING THE END OF CLINIC. FAILURE TO ATTEND WILL BE REFLECTED IN THE FINAL CLINIC GRADE**
D. Excessive absences may result in reassignment of clients and loss of clinic hours

III. **Clinic Operation:**
A. I understand clinic begins on the first day of classes and ends the last day of finals. I understand I should be available Monday thru Friday from the first day of classes until the last day of finals.
B. I am aware that every attempt should be made to reschedule missed therapy sessions, with supervisor and clinic coordinator approval.

IV. **ASHA Hours:**
A. I am aware that failure to log my ASHA hours on Calipso will result in a forfeiture of clock hours.
B. I am aware that I Must log my ASHA hours onto Calipso by the designated day.

V. **Documentation:** 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 be reflected in my letter grade.

VI. **Professionalism:**
A. I am aware of the AUSHC Professional Dress Code.
B. I understand any clinic changes (client time, room, etc.) must be cleared by the clinic coordinator.
C. 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. 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 – Accent Modification
      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 – Accent Modification
   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 billing specialist or clinic secretary.
Graduate Student Clinic Orientation - Clinical Philosophy & Hours

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.
* Expect to be assigned to clients (treatment and/or evaluations) beginning the first day of classes until the end of finals week.

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).
• *Students must obtain a minimum of 350 hours at the graduate level regardless of the number of hours obtained at the undergraduate level.

Off-Campus Requirements

• Starting and ending date for off-campus assignments may differ from the on-campus clinic calendar.
• You are expected to be at your off-campus site full-time (all day) three days per week.
• If your sites accept students for two days per week, you will be placed at an additional site or on-campus for the third day.
• Students placed at off-campus site for Fall and Spring semesters are required to obtain a minimum of 100 clinic clock hours at the site.
• Students placed at off-campus site for Summer semesters are required to obtain a minimum of 80 clinic clock hours at the site.
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 1126). 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. You must use client initials for email correspondences to your supervisor or clinic coordinator pertaining to clients.
5. 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.
4. The clinic operates from the first day of classes until the last day of finals. Students can be assigned cases beginning the first day of classes and ending the last day of finals. Students must be available Monday thru Friday from the first day of classes until the last day of finals. Always plan to arrive on campus the first day of classes and do not plan to leave prior to the last day of finals.
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. Students should update their contact information in CALIPSO 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. Cubbies 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 cubbies, but should be returned to the materials room after each use. Cubbies 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 by 7:15 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 may only use University/Department approved audio recording devices. Students may not use their own recorders.

   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 1166). 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 “D” 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 requests for clinic changes (client time change, room change, etc.) should be e-mailed to the Clinic Coordinator, but do not include identifying information in the e-mail. Do not submit request for changes to the scheduling assistant. 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 any information pertaining to clients (name, age, initial, disorder or diagnosis, PHI, etc.) or pictures of clients or the clinic on Facebook, Instagram, Snapchat, or any other social media sites.

**SUPERVISION OF STUDENTS POLICY**

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.
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 to completing an adult internship site, your part-time off-campus placement will be a child site.

If you are planning to complete 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 25 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 25 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 participate in 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 65 mile (1 hour to 1.25 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 indicating the day and time of the evaluation. Also leave the clinic phone number.
   E. Schedule a hearing evaluation with your assigned audiologist via e-mail as soon as possible if the client requires a hearing screening. If your client has Medicaid, he/she must have a hearing screening. Before scheduling a hearing screening, consult your supervisor to determine 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 after every evaluation. Evaluation Routing Forms (ERF) are located in the file cabinet in the student room (1126) in a folder labeled “Evaluation Routing Forms”. Complete the ERF **immediately** after the evaluation.
   B. The Evaluation Routing Form (ERF) should be completed even if the client cancels and or no shows. Completed ERF must be placed in the SLP File Cabinet in 1126 in the folder labeled
“Completed Evaluation Routing Forms” Make sure the front office does not need that information for rescheduling purposes.

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.

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 for skills such as: “Completes Administrative and Reporting Functions”, “Professionalism”, and “Prepared and Organized”.

   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 for patients referred from Disability Determination Services.
- 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.
  - 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**

**Evaluation Date & Time:** ________________________________  **Age:** ________________________

**Student Name:** __________________________________________

**Disorder/Complaint:** ____________________________  **Billing Source:** _______________________

1. **Call your client before you meet with your supervisor** to verify their appointment. If client does not answer, leave a message for the client to contact the clinic. Make a notation in the Practice Perfect log specifying reason for message. If you are unable to contact the client due to a non-working phone number, notify the clinic coordinator and 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. 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 all pertinent information 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. Children under 3 and individuals with developmental/cognitive delays should be screened by an audiologist.

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

7. Verify billing codes on physician referral forms. Present billing codes to supervisor. Verify (with client) information on the billing form is accurate. Deliver the billing form to front office as you walk the client to the waiting room.

8. Complete the yellow Evaluation Routing Form (ERF) and place in the file cabinet in 1126 in file labeled “Completed Evaluation Routing Forms” immediately after the evaluation. Complete this form even if your client cancels or was a “no show.”

9. 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.

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

11. Diagnostic reports will be faxed to referring physicians. It is your responsibility to verify fax numbers. Also verify fax numbers and addresses for other report recipients. Type cover letters and envelopes for reports mailed.

**Clinician:** ________________________________  **Supervisor:** ________________________________  **Date:** ________________________________
EVALUATION ROUTING FORM

This form must be returned to the file in the clinician’s room labeled “Completed – Evaluation Routing Forms”. 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:_________

Disability Determination Patients: Client has been informed a physician referral is necessary therapy for services to be covered by insurance (e.g., Medicaid, Medicare) _____ No _____ Yes.

1. Need Treatment: _____Yes _____No

2. Diagnosis:
   (Check all that apply)
   _____ Lang. _____ Artic _____ Aural Rehab
   _____ Cognitive. _____ Fluency _____ Motor Speech
   _____ Social _____ Voice _____ Aphasia/TBI
   _____ AAC _____ Swallowing _____ 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 (1126).

B. Each student is responsible for checking the schedule daily for cancellations. When a new client is assigned during the semester, the clinician and case supervisor will be notified via email. 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. Edits from the supervisor 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 immediately and personally notify the case supervisor or the clinic coordinator. Notify supervisor or case supervisor via email if you are unable to come to the clinic. The case supervisor or clinic coordinator will determine if the client should be canceled or if a substitute therapist will see the client. Students must have a substitute therapist available to see the client if the student can attend the session. If the client is to be canceled, it is the student’s responsibility to cancel the client (unless otherwise notified). Please inform the clinic secretary or case supervisor 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 have additional grade consequences.

K. Unexcused absence from a mandatory clinic meeting results in reduction of final grade by one full letter grade. A second unexcused absence will have additional grade consequences.

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.
CMDS 7500 Clinical Practicum--Protocol for First Week Meetings

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

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 Terms 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:

- Changes in background History
- Assessment information – if applicable
- Long Term Goals
- Progress including baseline and final data
- Narrative summary of progress
- NOMS – if applicable
- Behavior modification; treatment format and frequency
- Recommendations

Objective/Procedures
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.

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 specific number (The client will spontaneously produce 10 signs to request and label)
- A specific time (The client will spontaneously attend to an activity for 5 minutes)
- A specific percentage (The client will produce /k/ final imitatively in words with 90% accuracy)

The procedures must include a detailed plan for the session including:

- Materials to be used in therapy
- Detailed instructions on material implementation
- Cueing hierarchy
- Reinforcement
**Progress Notes/SOAP**
Progress or SOAP notes are completed after every treatment session. Progress notes include detailed information on progress achieved for the treatment session. Progress/SOAP notes include:

- **Subjective information:** Reported or observed information pertaining to the client’s behavior
- **Objective information:** Goals and data (progress made)
- **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. The assessment should include:
  - Criteria met/not met
  - Progress increased or decreased from previous session
  - Quality of production
  - Client awareness of errors/ability to self-correct
  - Cues – Which cues assisted in production
  - Materials
- **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
  - 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.

Human bites that do not break the skin may still need to be evaluated by a medical professional.

All students injured during CMDS sponsored activities (clinic/class) should notify their immediate supervisor and complete the CMDS injury incident form as soon as possible after the incident has occurred. The completed CMDS injury form should be given to the clinic coordinator. The clinic coordinator will review the form and ensure it is scanned into the student’s file. A copy of the form can be given to student upon request.
**Injuries**
All students injured during CMDS sponsored activities (clinic/class) should notify their immediate supervisor and complete the CMDS injury incident form as soon as possible after the incident has occurred. The completed CMDS injury form should be given to the clinic coordinator. The clinic coordinator will review the form and ensure it is scanned into the student's file. A copy of the form can be given to student upon request.

**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 (NSSLHA 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 among 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 (NSSLHA 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.
CLINICAL INSTRUCTORS: Fall 2019
Kimble Eastman        Lindsey Piazza
Kara Schall          Laura Willis
Elizabeth Zylla-Jones Ana Williams
*See individual supervisors’ schedules


GTA: Kylie Sandlin

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
5) CLEARED BACKGROUND CHECK

Attendance Requirements:
Students are expected to attend all class meetings, mandatory clinic meetings with clinic faculty, 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 their supervisor of any absence from any treatment or evaluation session in advance.

DO NOT MAKE PLAN TO LEAVE CAMPUS PRIOR TO 5:00PM FRIDAY DECEMBER 13, 2019.
YOU MUST ATTEND THE FINAL KASA MEETING AS SCHEDULED ON FRIDAY DECEMBER 13, 2019

ASHA HOURS MUST BE UPLOADED ON CALIPSO NO LATER THAN MONDAY, DEC. 2, 2019.
HOURS OBTAINED AFTER JULY 26 SHOULD BE UPLOADED IMMEDIATELY AFTER EACH SESSION.

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. It is your responsibility to find a substitute for missed treatment session. You must notify your supervisor of your absence and provide supervisor with the name of your substitute.

**Course Requirements/ Clinic Responsibilities:**

(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) You must be in the clinic and have your materials and the treatment room prepared a minimum of 15 minutes prior to each treatment and/or evaluation session. If a session is in progress prior to your session, you must store your materials in the observation room or outside the treatment room (depending on the cases involved). If you have back to back sessions, you may need to arrive more than 15 minutes prior to your session in order to be prepared for all sessions.

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

C) You must have current Professional Liability Insurance, cleared a background check, current immunization (including a current T.B. skin titer), CPR, HIPAA and Bloodborne Pathogen. Record must be uploaded into Calipso. Non-compliance will be reflected in your grade. Clients will be cancelled or scheduled to another clinician until documentation is uploaded onto Calipso.

D) Student must record hours on Calipso on a regular basis. All on-campus clinical faculty require hours be uploaded by Friday 5:00 pm or you will forfeit the hours. Failure to log in hours by requested time will be reflected in your grade. Be sure to log hours if you participate in screenings or research for which you wish to obtain hours. Accurate record-keeping of all client contact hour is essential.

E) Billing forms must be turned in to the front office immediately after every session. All patients must be accompanied to the front window for checkout. Verify clients' name and date of birth. Write billing codes in the clients’ working file or in case of evaluations, present supervisors with ALL billing codes. Include CPT Codes (Procedure Codes) and ICD-10 Codes (Diagnosis Codes). Billing forms may **never** be left in the observation room for supervisors to sign. Unless otherwise notified, failure to escort patients to the front office and/or failure to turn in billing forms will be reflected in your clinic grade.

F) 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 a 60 minute session. Always check with your supervisor before giving up the wait!

G) Students are responsible for escorting their clients’ to the treatment room on time.

H) It is your responsibility to find a substitute therapist if you cannot be present for a treatment session. You must notify your supervisor of your absence and provide supervisor with the name of your substitute. Failure to provide a substitute will be considered a no show.
I) To obtain an excused absence for a medical emergency, notify the front office and the case supervisor, and your case substitute as early as possible before the client's appointment. In the event the case must be canceled, please inform the front office to contact the client to cancel the appointment.

J) When an absence is due to illness, the student must present a written medical excuse covering each day of treatment sessions or evaluations missed.

K) Substitutes are responsible for the session when given reasonable notice, otherwise failure to provide an excused absence will result in a reduction of a letter grade.

L) 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 additional grade consequences. Missed treatment sessions should be rescheduled.

M) Important days to remember: Sept. 9: last day to drop a course with no grade penalty; Nov. 1. Last day to withdraw from a course with no grade penalty “W” assigned.

N) 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.

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

**External Placement:**
Graduate students 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 to complete an adult internship, your part-time off-campus placement will be a child site.
If you are planning to complete a child internship, your part-time off-campus placement will be an adult site.
Most off-campus placements are three times per week. You will need to provide your own transportation. Students may have up to a 65 mile commute (1 hour to 1.25 hour) for part-time off-campus placements.
External placements, may require additional background checks, drug screens, immunizations, health screens, etc. Fees for additional requirements are the responsibility of the student.

**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 3.8.
- She worked with client B for 15 clock hours and made a 4.0.
- She worked with client C for 20 clock hours and made an 3.2.
She did a voice evaluation in 2 clock hours and made a 4.5.
She did a fluency eval. in 1.5 clock hours and made a 4.3.
She did an aphasia eval. in 1.5 clock hours and made a 4.1.

Grades are on a 5 point system.
The 3.8 = 20% of her final grade as 10 clock hours comprised 1/5 of the total number of clock hours. The 4.0 = 30% of the final grade. The 3.2 = 40% ; the 4.5 = 4%; the 4.3 = 3% and the 4.1 = 3% of her final grade. When these are averaged in this fashion her final grade will be: 86.73. Her final grade using a 5-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 5-point scale is used in grade determinations.
Based on a 5 point scale: 4.0 to 5.0 = A; 3.0 to 3.99 = B; 2.0 to 2.99 = C; 1.00 to 1.99 = D; below 1.00 = F

Final grades may be reduced based on unexcused absences and failure to be prepared for treatment sessions, as indicated on the Treatment Checklist (2 sessions with errors results in a reduction of one letter grade and 3 sessions with errors results in a reduction of two letter grades for that supervisor).

NOTE*
Clinicians receiving a practicum grade of "D" 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 will enroll in clinic, and will be placed on an At-Risk program. Students receiving a “C” or lower will not be eligible for off-campus placement.

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 need accommodations in this course should first work through the Office of Accessibility. 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 Office of Accessibility, 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 https://sites.auburn.edu/admin/.../PolicyonClassroomBehavior.pdf

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: http://www.auburn.edu/administration/campus-safety/emergency/policies.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 have been safely evacuated.
When evacuating, clinic students are to walk themselves and their clients (and their families) calmly down the hall. Back of Clinic: 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 or second bus stop depending on location of emergency. Front of Clinic: Exit doors by Student Center and procedure to the area near Keller Dorm or second bus stop depending on location of the emergency.
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 case load have been safely evacuated.

Outline And Changes:
See Clinic Calendar for a important Clinic Events. Additional meetings will be on an individual student-supervisor basis. 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. Students will be notified of any additional mandatory clinic meetings.
Following is the title and the url for the new student policies web page Student Policy eHandbook url: www.auburn.edu/studentpolicies
Standards: CFCC

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-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 the 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: Suprervised 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.

Standards CAA
3.1.1B Professional Practice Competencies
Students will demonstrate the following attributes and abilities:
Accountability; Integrity; Effective Communication; Clinical Reasoning; Evidence-Based Practice; Concerns for Individuals Served; Cultural Competence; Professional Duty; Collaborative Practice

3.1.3B Identification and Prevention of Speech, Language and Swallowing Disorders and Differences

3.1.4B Evaluation of Speech, Language and Swallowing Disorders and Differences

3.1.5B Intervention to Minimize the Effects of Changes in the Speech, Language, Swallowing Mechanisms
3.1.6B General Knowledge and Skills Applicable to Professional Practice
Students will demonstrate knowledge and skills in working with individuals with communication and swallowing disorders across the lifespan and by demonstration of:
Ethical conduct, integration and application of knowledge of the interdependence of speech, language and hearing, engagement in contemporary professional issues, professionalism, interaction skills and personal qualities.

Assessment Mechanism
1. Treatment/Diagnostic Documentation
2. Faculty (academic, clinical, off-campus) evaluations and student self-evaluations
3. KASA Tracking Forms
4. Class presentations
CMDS 7500: CLINICAL RESPONSIBILITIES

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

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, textbooks, 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. Students must obtain an average grade of at least a B (3.0) for all 9 KASA Disorders. If a student is supervised by more than one SLP, the grade from each supervisor is weighted, based on the hours assigned, 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 and skills from the Performance Evaluation form uploaded on CALIPSO. **At-risk for inadequate clinical performance** is defined as performing at 2.99 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 Performance Evaluation form.
- **Weekly progress meetings.** The student meets with the instructor on a weekly basis to discuss the student’s clinical performance.
- **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.
- **Other:** Other remediation plans as specified by the instructor, such as extra readings, observing other cases, reflections, etc.
**Clinical Instructor:**

- **Student evaluation.** The clinical instructor evaluates the student’s clinical performance, using the Auburn University Performance Evaluation Form and/or an additional tool, such as reflections.
- **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 to discuss student’s progress.
- **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.

**Clinic Coordinator:**

- **Student Notification.** The Clinic Coordinator and clinical instructor notifies the student clinician in writing or verbally when the student’s overall mid-semester grade for clinical practicum is 2.99 or lower in CMDS 7500.
- **Clinical Improvement Goals:** The Clinic Coordinator will develop clinical improvement goals based on input from the instructors and the student. The clinical instructors will approve the goals.
- The clinical instructors, clinic coordinator and student will sign the goals.
- **Record of Notification.** The clinic coordinator files a copy of the goals in the student’s clinical and administrative file. The clinic coordinator will notify the Chair and the student’s academic advisor.

**RESPONSIBILITIES AND ACTIONS AT END-OF-SEMESTER:**

At the end of the semester, if a student earns a final grade of C (2.99) in any of the first four semesters (fall, spring, summer, or 2nd year, fall), the student is identified as **at-risk for inadequate clinical performance.** The student clinician will enroll in CMDS 7500 the following semester and will participate in the **student at-risk** protocol.

**CMDS 7500:** If a student clinician earns a final grade of C during one of the first three semesters of CMDS 7500 (fall, spring or summer), 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. May be assigned fewer hours depending on the situation. The student will receive KASA hours in the area in which difficulty has been reported.
   A. If the student earns a grade of A or B in CMDS 7500, the student will proceed with the next appropriate clinical placement
   B. If the student earns a grade of C the student will repeat CMDS 7500 and will continue to be placed on a Student-at-Risk Program. The student will also enroll in Directed Clinical Study the following semester, which will delay graduation
C. Placement on a Student-at-Risk Program may result in a delay in graduation. Students must obtain an average grade of B (3.0) for all 9 KASA disorders.

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, or if the student receives a grade of D or lower in any CMDS 7500 course, 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. May be assigned fewer hours depending on the situation. The student will be assigned KASA hours in the area in which difficulty has been reported.
4. 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.

*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.
*If a student receives two letter grades of a C for clinical practicum, the student cannot be placed at an off-campus site and no ASHA hours will be earned for that semester in which the student received a second C in clinical practicum.
*Graduation will be delayed if a student receives two C in CMDS 7500 or if the student receives a grade of D or lower in CMDS 7500.
*If a student clinician earns a grade of D or F 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 counseled from the program.

RESPONSIBILITIES AND ACTIONS FOR AT-RISK PROGRAM:
If as Student is placed on an At-Risk program, a specific plan for improvement will be developed with input from the student, clinical faculty and clinic coordinator. Responsibilities are as follows:
**Student Clinician:**
The student will be required to complete the following remediation procedures implemented at Mid-semester: Clinical Improvement Plan, Weekly progress meetings, Clinic Coordinator meetings, Self-evaluations reflections, etc. The student may also be requested to complete video analysis, additional observations and any other remediation programs outlined by the clinical instructor or clinic coordinator.

**Clinical Instructor:**
- **Student evaluation.** The clinical instructor evaluates the student’s clinical performance, using the Auburn University Performance Evaluation Form and/or an additional tool, such as reflections.
- **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.

**Clinic Coordinator:**
- **Student Notification.** The Clinic Coordinator notifies the student in writing that the student will be placed on an At-Risk-Program.
- **Clinical Improvement Goals:** The Clinic Coordinator will develop clinical improvement goals based on input from the instructors and the student. The clinical instructors will approve the goals. The clinical instructors, clinic coordinator and student will sign the goals.
- **Student Meetings:** The clinic coordinator will schedule weekly meetings to discuss the student’s progress on the remediation plan.
- **Record of Notification.** The clinic coordinator files a copy of the written notification and goals in the student’s clinical and administrative file. The clinic coordinator will notify the Chair and the student’s academic advisor.

**Department Chair:**
- **Clinical Improvement Plan:** The Department Chair will sign the clinical Improvement Plan
- **Student Meetings:** The student may be required to meet with the Department Chair as needed.
- **Student Notification.** The Chair notifies the student clinician in writing when the student’s clinical performance will result in a delay in graduation. Such instances include: the student’s overall final grade for clinical practicum is a D or lower, or the student receives a C in clinical practicum for two semesters.
- **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.
DIRECTED CLINICAL STUDY:

- A student will enroll in Directed study if the student’s overall final grade for clinical practicum is a D or lower, or the student receives a C in clinical practicum for two semesters.
- 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 and/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.

CMDS 7920 -Internship:

Prior to or at the mid-semester meeting, if the internship preceptor presents concerns regarding the student clinician’s performance in the clinical internship, the student will be placed on an At-Risk Program. The intern preceptor identifies standards and skills from the Performance Evaluation form uploaded on CALIPSO. At-risk for inadequate clinical performance is defined as performing at an average grade of 2.99 or below for 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 Performance Evaluation form.
- **Clinic/intern Coordinator meetings:** The student meets with the clinic coordinator on a regular basis (via telephone conference, skype or email) to discuss the student’s progress toward achieving the specific objective(s).

Clinic Coordinator:

- **Student Notification.** The clinic/intern coordinator notifies the student in writing that the student will be placed on an At-Risk-Program.
- **Clinical Improvement Goals:** The clinic/intern coordinator will develop clinical improvement goals based on input from the preceptor and the student. The preceptors will approve the goals. The preceptors, clinic coordinator and student will sign the goals.
• **Student Meetings:** The clinic/intern coordinator will schedule weekly meetings (via email, phone or skype) to discuss the student’s progress on the remediation plan.

• **Record of Notification.** The clinic/intern coordinator files a copy of the written notification and goals in the student’s clinical and administrative file. The clinic coordinator will notify the Chair and the student’s academic advisor.

  *If a student clinician earns a final grade of “U” *Unsatisfactory*, 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
  3. Will enroll in Directed Study

**Repeat 7920 - DIRECTED CLINICAL STUDY FOR 7920:**

• The SLP clinic/intern coordinator will serve as instructor on record for the Directed Study –repeat of 7920.

• A committee (of two or three clinical and academic faculty) is appointed by the clinic/intern coordinator and/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 preceptor (face to face or via email, phone or skype) to develop goals and outcome measures. The goals will be reviewed with the student.

• The clinic/intern 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 clinic/intern 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 “U” *Unsatisfactory* 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 “U” Unsatisfactory in any subsequent CMDS 7920 course, the student is deemed inappropriate and unprepared to practice as a speech-language pathologist and will be counseled from the program.
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 CMD$ 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.) 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). 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.

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

4. 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.

5. 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.

6. 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.

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

8. 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.

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

10. 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. The student’s grade cannot be assigned until the final evaluation has been completed on Calipso.

11. 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.

12. 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.
Internship Grading Rubric: Procedures:

75% Internship  25% Procedures

Before your Internship: 8.00 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 if an agreement with your desired site is not accepted by all levels by August 11. We must already have an agreement with the site or they must be willing to accept Auburn University’s Agreement.
   f. CC will work with you to assign you to a site for which we already have an agreement

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 – First Full week of January
   c. End date: Friday Last week in April
   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: 8.5 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
   d. 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: 8.50 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 Monday April 27: ___________________
    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.
If you receive a cumulative grade (internship grade, and rubric responsibilities) of 79 or below
The internship is:  S= Satisfactory  U = Unsatisfactory

Procedure point:____________________________

Internship points: ________________________

Grade: ________________________________
CMDS 7920- INTERNSHIP IN SPEECH PATHOLOGY
Elissa Zylla-Jones
1177 Haley Center
zyllael@auburn.edu
(334) 844-9600

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

AUSHC Clinic Manual 2019

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 field 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 graduate clinicians in speech pathology with extensive of forty (40) per week at the off-campus setting.

II. Clinical; Activities:
A. It is expected the students enrolled in field 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; January 29; April 3 = 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.
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 32-hours per week at the off-campus setting (32-hours due to illness, approved interview days, etc.). 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 two years of experience

D. Site supervisors must have two CEUs in the area of supervision.
E. Treatment: In accordance with the American Speech Language & Hearing Association (ASHA), the site supervisor is responsible for supervising 25% of all treatment sessions.

F. 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>Description</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of hours</td>
<td>______</td>
</tr>
<tr>
<td>Number of hours completed at graduate level</td>
<td>______</td>
</tr>
<tr>
<td>Number of observation hours Speech-Language</td>
<td>______</td>
</tr>
<tr>
<td>Hearing Evaluation/screening of hearing disorders</td>
<td>______</td>
</tr>
<tr>
<td>Habilitation/rehabilitation of hearing disorders</td>
<td>______</td>
</tr>
<tr>
<td>Evaluation: Speech disorders in children</td>
<td>______</td>
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<tr>
<td>Evaluation: Speech disorders in adults</td>
<td>______</td>
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<tr>
<td>Evaluation: Language disorders in children</td>
<td>______</td>
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<tr>
<td>Evaluation: Language disorders in adults</td>
<td>______</td>
</tr>
<tr>
<td>Treatment: Speech disorders in children</td>
<td>______</td>
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<tr>
<td>Treatment: Speech disorders in adults</td>
<td>______</td>
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<tr>
<td>Treatment: Language disorders in children</td>
<td>______</td>
</tr>
<tr>
<td>Treatment: Language disorders in adults</td>
<td>______</td>
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<tr>
<td>Sites: 1.</td>
<td>______</td>
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<tr>
<td>2.</td>
<td>______</td>
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<tr>
<td>3.</td>
<td>______</td>
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</tbody>
</table>

Total number of hours: ________ (400)
Number of hours completed at graduate level: ________ (300)
Number of observation hours Speech-Language: ________ (25)

Hearing Evaluation/screening of hearing disorders: ________ (10)
Habilitation/rehabilitation of hearing disorders: ________ (10)
Evaluation: Speech disorders in children: ________ (20)
Evaluation: Speech disorders in adults: ________ (20)
Evaluation: Language disorders in children: ________ (20)
Evaluation: Language disorders in adults: ________ (20)
Treatment: Speech disorders in children: ________ (20)
Treatment: Speech disorders in adults: ________ (20)
Treatment: Language disorders in children: ________ (20)
Treatment: Language disorders in adults: ________ (20)

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 the day classes end for the term. 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](http://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](http://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 SEECH-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. 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. 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. On-campus student clinicians may omit this form (if agreed upon by the case supervisor) and submit practicum hours directly to her/his Clinical Clock Hour Experience Record in Calipso. The SLP clinical instructors will approve the clinical practicum hours electronically.

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.
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.
CRITERIA FOR COMPLIMENTARY (@ NO CHARGE) OUTREACH SERVICES
SCREENING HEARING TESTS
SCREENING SPEECH, LANGUAGE, VOICE TESTS

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________________________________
EMERGENCY POLICIES

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, screen lock in on-campus computer labs and more. Sign up for AU Alert at 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.

**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.

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

**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 warning.

**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: Rainstorms that frequently have high winds, cloud-to-ground lightning, heavy rain, and tornados.

**IN THE EVENT OF SEVERE WEATHER**
- 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. Shelter locations are clearly marked with white and green signs, and are identified on building diagrams in building-specific emergency plans. **Shelter areas are located in the 1100 quadrant, near 1139 and 1147.**
- 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 floodwater 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.
IN THE EVENT OF ACTIVE SHOOTER or OTHER SECURE-IN-PLACE EVENT

Secure you immediate area:
- Lock/barricade doors. Ideally, you should choose a room with no door window and a push button lock. These include most faculty offices in the 1100 quadrant, the 1118 student computer lab, audiology test suites 1183 and 1184, and the VNG lab. If you cannot lock the door, bar it with furniture. Try to avoid room with observation windows.
- Turn off lights, radios, and computer monitors blinds
- Block windows
- Keep yourself and other occupants calm, quiet, 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

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.
- 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)
MASTERS OF SPEECH-LANGUAGE PATHOLOGY PROGRAM
STANDARDS COMMITTEE

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, SHAA 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
DRESS CODE

The AUSHC maintains high professional standards at all times. Failure to comply with any of the rules of professionalism may result in a significant lowering of your practicum grade. Please follow these guidelines:

During university enrollment and training programs, individuals transition from a student to a professional. Part of this transition involves learning how to dress for different roles you will fill during the training program, which may include, but not limited to, coursework in AU classrooms, and clinical experiences at the Auburn University Speech & Hearing Clinic, off-campus practicum sites, schools, hospitals, workshops, and professional meetings. The manner of dress, whether intended or not, can reflect the individual's level of competence, trustworthiness, dependability, and other desirable professional attributes. Your dress and attire may influence the respect from others. In addition, although one may contend that you are a student, you are a representative of the AUSHC, the CMDS department, and Auburn University to members of the general public, the University community, and other professionals.

All students, who have been admitted to any CMDS program, are expected to follow the guidelines of professional attire whenever they are in a clinical setting AND in the 1100 Haley Center quadrant (meeting with faculty, working on reports, classes in clinic space, etc.). Due to physical space constraints, it is NOT possible to designate a room or area where very casual clothing would be permitted. Guidelines for appropriate professional attire include:

Clothing Guidelines

- Dresses and skirts should be no more than two inches above the knee when standing.
- When working with clients, you should also consider the length of the dress when sitting or bending.
- Slacks and pants should be mid-calf length or longer.
- Denim of uniform color without rips, tears, or whiskering is permitted in the CMDS departmental and clinic areas; check with your supervisor about wearing denim when seeing clients.
- Leggings may be worn under appropriate length dresses/skirts, but may not be worn as pants.
- Sweaters, dress tees, polo shirts, button-up shirts, and blouses should fit so that modesty is maintained.
- Tops should cover the chest and midriff even when bending to work with clients.
- Tops with spaghetti straps or a halter neck may be worn with an appropriate jacket or sweater.
- Dress shoes, dress boots, loafers, oxfords, Toms, or dress sandals should be worn in the clinic areas.
- Navy scrubs.
- Due to the cool temperatures in the 1100 quadrant, sweatshirts and fleeces in good condition are permitted over appropriate attire.

The following items are considered unacceptable in the clinic area:

- Shorts of any kind.
- Skirts or dresses shorter than 2 inches above the knee when standing.
- Loungewear, including but not limited to athletic wear, sweatpants, yoga pants, pajamas, and work out shirts.
- Tank tops, halter tops, cut-out tops, or strapless tops (unless covered by a jacket or cardigan).
- Tops that do not cover the chest or midriff.
- Pants that reveal undergarments or body parts typically covered by undergarments.
- Worn, frayed, stained, or wrinkled clothing.
- Athletic sandals, hiking boots, flip-flops, or other beach footwear.
- Severely worn footwear.

Other Guidelines

- Student ID badges should be with you at all times in order to access some clinic spaces.
- Name badges should be worn at the chest pocket level when working with clients.
**Personal Hygiene**

- **Hair**
  - Women: neat and clean, styled off the face and out of the eyes. When working with patients (e.g. physical assessment), hair may need to be secured.
  - Men: neat and clean, styled off the face and out of the eyes. If close contact with patients occurs (e.g. physical assessment procedures), hair longer than shoulder length should be secured. Beards and mustaches should be clean and well groomed.
- Due to colleague and patient allergies and sensitivities, strong cologne, perfume, or aftershave is not recommended in the clinic setting.
- Nails should be well groomed, manicured and of short to medium length to facilitate patient care activities.
- Jewelry and accessories should be non-distracting.

**Enforcement Standards:**
Modifications to the dress code may be made at the discretion of the faculty, depending upon the needs and activities for a particular clinic case.

Students inappropriately dressed or groomed may be dismissed from the 1100 quadrant.

Students may forfeit clinic hours earned if dress code is violated when seeing clients.

Repeated actions judged to be violations will be considered improper professional behavior and may result in disciplinary action.
DEPARTMENT OF COMMUNICATION DISORDERS SPEECH & HEARING CLINIC
NON-DISCRIMINATION POLICY

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.

**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.

**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 veteran's status.

**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 relating to a student's race, color, sex, religion, national origin, age, disability, or veteran's status when:

- Submission to such conduct may be explicitly or implicitly a term or condition of a student's academic success or employment; or
- 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
- 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

There may be times when you disagree with a faculty member or clinical supervisor to the extent that action must be taken to reach a resolution. The following procedures have been established to help guide students and faculty members in such instances:

Auburn’s most up-to-date policies can be found at: https://www.auburn.edu/administration/governance/senate/powerpoints_&_presentations/latestsagpolicywithap7apr2006.htm

Reporting Grievances to the CAA

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
PROFESSIONAL ISSUES

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.abespa.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):