University Programs in Communication Disorders

Eastern Washington University
Washington State University - Spokane

Clinical Policies and Procedures Handbook

2015 – 2016

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Table of Contents

POLICIES

Clinic Requirements, Populations, & Experiences ...................................................... 3
Health Insurance Portability and Accountability Act - HIPAA .................................. 4
Observation and Clock Hours ...................................................................................... 4
Supervision .................................................................................................................. 5
Clinical Requirements ................................................................................................ 6
  ➢ Health Insurance .................................................................................................. 6
  ➢ CPR ..................................................................................................................... 6
  ➢ First Aid Training ................................................................................................. 6
  ➢ Drug Testing ......................................................................................................... 7
  ➢ Immunizations ...................................................................................................... 7
  ➢ Federal Criminal and Washington State Patrol Background Check ................. 8
  ➢ Acquired Immunodeficiency Syndrome Training ............................................. 8
  ➢ Electronic Student Portfolio ............................................................................. 8
  ➢ Liability Insurance .............................................................................................. 9
Professional Behavior ................................................................................................ 9
Attendance .................................................................................................................. 10
Professional Dress ...................................................................................................... 10
  ➢ University Hearing and Speech Clinic (and related clinic activities) .......... 11
  ➢ Off-Site Practica ................................................................................................. 11
Transportation ............................................................................................................ 12
ASHA Code of Ethics ................................................................................................ 12

PROCEDURES

Procedure for Clinical Absence .................................................................................. 12
Patient Contact ............................................................................................................ 12
Policy for Student Grievances in the Clinical Area ..................................................... 13
Blood Borne/Airborne Pathogens Exposure Policy and Procedure ............................... 13
Maintenance of Therapy Area and Materials ............................................................... 14
Client Charts .............................................................................................................. 14
Materials and Equipment Check Out ......................................................................... 15
Student Clinic Prep Room .......................................................................................... 15
Meeting Clinical Skill Competencies ......................................................................... 15
  ➢ Clinical Levels ................................................................................................. 16
  ➢ Evaluation of Clinical Practicum .................................................................... 16
  ➢ Evaluation Scoring Rubric .............................................................................. 16
Clinical and Professional Assistance Plan .................................................................. 18
Clinical and Professional Assistance Plan Worksheet ................................................. 21
Clinical Progress Note ............................................................................................... 22
The following policies and procedures have been written and adopted under the authority of: The American Speech-Language and Audiology Association; Washington State University Speech and Hearing Sciences; Eastern Washington University Communication Disorders; University Programs in Communication Disorders; and the UPCD Clinic Committee.

POLICIES

CLINIC REQUIREMENTS, POPULATIONS, & EXPERIENCES

Students are eligible to enroll in Clinical Practicum courses (COMD 561, 562, 563 and 697; SHS 575, 566, 568, and 570) contingent upon having met the ASHA prerequisites of class preparation and completion of observation requirements.

Standard IV-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.

Students are required to enroll in a clinical course each semester and must be enrolled in order to obtain clock hours for that experience. No clock hours will be given if the student is not currently enrolled in a clinical course. It may be recommended that students who are not in good academic standing in their respective university not enroll in a clinical course the following semester.

Students will have opportunities for clinical experience with a variety of patients and in a variety of clinical settings. In an effort to obtain the required type and number of clock hours, students are expected to accept all clinical assignments.

The type and number of clinical assignments is contingent on ASHA requirements, student needs, departmental needs, and requirements. Clinic assignments are also dependent on providing continuity of service to our clients. Student clinicians will be assigned to clinical practicum only after they have sufficient coursework to qualify for such experience or receive adequate and appropriate individualized instruction for the specific client/patient diagnosis. Students who fail coursework or do not meet the minimum KASA standards for a course in a specific disorder area will not be assigned a patient with that disorder until they are re-enrolled in the course.

Clinic assignments will be made by the Clinic Director, Clinic Coordinator, and/or the Director of Off-Site Clinical Programs. Students may not contact sites regarding their practicum unless directed by Clinical Faculty. Students will have the opportunity to request locations, sites, or type of sites regarding their clinical placements. However, requests may not be granted secondary to site availability and student and university needs.

A student may request to be excused from a clinical course for a semester due to extenuating circumstances. This decision must be made in consultation with the student’s advisor, Clinic Director or Clinic Manager, Director of Off-Site Clinical Programs, and/or Department Chair. The delay of clinical practicum for a semester may delay graduation.

Students are responsible for adhering to facility rules, policies and procedures, and state and federal regulations to ensure the welfare of clients/patients served at the site. Students are also expected to adhere to ASHA’s Code of Ethics and Scope of Practice.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT – HIPAA & CONFIDENTIALITY

Confidentiality of all patient information is required. As stated in ASHA’s Code of Ethics, Principle I, I: “Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by laws to do so, or unless doing so is necessary to protect the welfare of the person or of the community.” Protecting patient confidentiality is also the law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) came into effect on April 14, 2003 and was amended in February, 2010. Noncompliance can result in monetary, civil, and criminal penalties.

Patient information and documentation must remain on site and be secured. Any patient information and/or documentation must remain in the clinic at all times. This includes patient charts, SOAP notes, lesson plans, data sheets, etc. Patient information and documentation will be secured when not in use.

No part of the patient chart or patient information may be copied or photographed for any purpose. Students may not scan, fax, or electronically transmit any patient information.

All documentation, lesson plans, and report writing must be completed in the clinic on the computers provided in the clinic prep and treatment rooms.

Students should avoid discussing client information with anyone except those who are involved in the patient’s care. Students should be conscious of HIPAA guidelines of “need to know” when discussing therapy principles, materials, goals, etc. with other student clinicians or observers. Be aware of your surroundings when making any reference to a patient (even without identifying information).

HIPAA violations will result in failing the course or grade deductions.

OBSERVATION AND CLOCK HOURS

Standard IV-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.

Observation Hours

It is recommended that students complete 25 hours of observation prior to beginning the graduate program. However, completion of all 25 observation hours is not a prerequisite to begin direct client/patient contact. Observation experiences must be under the direction of an ASHA certified speech-language pathologist and/or audiologist and within the scope of practice of speech-language pathology.

Students who have not accrued 25 observation hours will obtain the observation hours through the “Master Clinician” website and/or organized observations. Students will be required to pay a fee to Master Clinician to obtain observation hours. Students will be required to have 25 hours of observation by the end of their first semester in graduate school.

Students must maintain documentation of time spent in observation.
Clock Hours

Clock hours can be obtained only for the time during which the student clinician is providing DIRECT CONTACT with the client or client’s family in assessment, management, and/or counseling. Ancillary activities such as writing lesson plans, scoring tests, transcribing language samples, preparing treatment activities, and meetings with practicum supervisors may not be counted as clock hours. Clinical clock hours shall not be accrued for client/patient cancellations and/or no shows.

Generally, only one student should be involved in the assessment or treatment of a client and will receive clock hour credit for the time he/she provides services. If more than one student is involved in the treatment of a client, each student receives clock hour credit for only the time he/she actually provides services.

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines 1 clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour.

Students must maintain documentation of time spent in supervised practicum. Academic honesty is expected. Cheating and fabrication are prohibited.

Clinical practicum is designed to provide clinical experiences. Clock hours are not guaranteed. Students will accrue clinical clock hours for clinical assignments in which a grade of 1.8 or above or a “Pass” is earned. Clock hours may not be accrued in a practicum assignment in which a grade of “not pass” or 1.7 or below is earned. A student will be placed on a Clinical Assistance Plan if he/she is demonstrating at-risk clinical and/or professional skills. See Clinical Assistance Plan policy for more details.

SUPERVISION

Standard IV-E: Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate area of practice. The amount of supervision must be appropriate to the student’s level of knowledge, experience, and competence. Supervision must be sufficient to ensure the welfare of the client/patient.

Supervision must be adjusted to the experience and ability of the student. Direct supervision must be in real time and must be no less than 25% of the student’s total contact with each client for treatment. Washington State regulations require 50% supervision for diagnostics/assessments. Supervision must take place periodically throughout the practicum. Supervision will be increased if the student’s level of knowledge, experience, and competence warrants additional support. A supervisor will be available to consult as appropriate and will provide direct observation, guidance, and feedback.

Students are supervised by speech-language pathologists or audiologists who hold the Certificate of Clinical Competence (CCC) from ASHA and who are licensed by the state of Washington or hold a valid ESA certificate. Clinical practicum clock hours must be supervised by individuals who hold a current CCC in the area in which the observation and practicum hours are being obtained. The Clinic Director, Clinic Coordinator, and/or the Director of Off-Site Clinical Programs will verify each supervisor’s current ASHA Certification. A database of all supervisors and their ASHA Certification Account Number will be maintained on the Calipso tracking system.
Students who are enrolled in off-site practicum and internship courses will be supported by clinical faculty from the university. Faculty will make regular visits to each clinical site to provide support for both the student and the site supervisor, and will communicate with site supervisors and students on a regular basis, via email, phone, and site visits. Site supervisors will be informed of the ASHA supervision requirements. See off-site Policies & Procedures handbook.

The student clinician's goal and responsibility in the clinical process is to provide quality service to their patients. Planning effective and appropriate assessments and treatment utilizing appropriate materials is required. Documentation, analysis and interpretation of collected data, and modification of treatment in a timely manner and as needed for the best possible outcome are required. The student clinician is an active participant in the supervision process. This includes preparation for treatment sessions, critical reflection, self-evaluation of clinical behavior, and an on-going collaboration with the clinical educator.

Students will meet with clinical educators on a regular basis (typically at least weekly) throughout each semester. Clinical Educators will schedule the weekly conferences. Students may request additional meetings. Weekly conferences will include treatment planning, documentation review, feedback from previous sessions, and suggestions for future sessions. Students must prepare for all supervisory conferences, including researching treatment methods and providing treatment plans and materials. Be prepared with solutions to solve clinical issues you are encountering with your patients. It is best to consult first with your clinical educator before consulting another faculty member or clinical educator regarding your treatment plan.

**CLINICAL REQUIREMENTS**

The following requirements are the minimum level requirements for clinical practicum experiences at the University Hearing and Speech Clinic. If other clinical facilities in which practicum experiences are completed have additional criteria or requirements, the student is responsible for completing the additional requirements and providing proof to the facility, Clinic Director, and/or Director of Off-Site Clinical Programs. The student is responsible for the cost of all requirements and criteria. If the student does not provide the required information, the clinical facility has the right to suspend the student's clinical experience. Students will be responsible to upload their documentation of the following requirements to Certified Background Check.

**Health Insurance**

All students who are participating in clinical practicum outside of the Spokane area are advised to obtain their own health insurance in addition to any health insurance provided by their university. Clinical facilities may require proof of health insurance.

**CPR**

Graduate students are required to complete the Healthcare Providers CPR training (infant, child, adult and AED) prior to any clinical experiences. Acceptable courses for "in-house clinical experiences" include: American Heart Association Healthcare Provider course OR American Red Cross Professional Rescuer course. Proof of CPR certification is each student's responsibility.

**First Aid training**

First Aid training may be required at off-site locations.
Drug Testing

Many clinical sites require drug testing before students can begin a practicum. Proof of drug testing is the responsibility of the student.

Immunizations

Prior to the beginning of the clinical education, the student will be required to show proof of the following immunizations. The student will keep additional copies readily available to present to each clinical facility upon request.

1) **Measles, Mumps, & Rubella (MMR):** One of the following is required:
   - 2 vaccinations OR
   - A positive antibody titer for ALL 3 components (lab report required).

2) **Varicella (Chickenpox):** One of the following is required:
   - 1 vaccinations OR
   - A positive antibody titer (lab report required).
   - If any titer is negative or equivocal new alerts will be created for you to repeat the series.

3) **Tuberculosis (TB):** One of the following is required:
   - 2-Step TB skin test (two skin tests administered 1-3 weeks apart)
   - quantIFERON Gold blood test (lab report required)
   - If positive results provide a clear chest x-ray (lab report required)
   
   Renewal date will be set for 1 year. It is the student's responsibility to keep tuberculosis testing current during his/her time in the Program.

4) **Hepatitis B:** One of the following is required:
   - 3 vaccines OR
   - A positive antibody titer (lab report required).

5) **Tetanus-Diptheria-Pertusis (Tdap):** One of the following is required:
   - Submit documentation of a Tdap vaccine administered within the past 10 years. Renewal date will be set for 10 years from the administered date of vaccine.
   - Tetanus/Diptheria (Td) in the past 2 years (may be required at practicum sites)

6) **Annual Influenza vaccine** (may be required at practicum sites): Submit documentation of flu shot administered during the current flu season OR a declination wavier signed by a healthcare provider.

7) **Polio:** One of the following is required:
   - Completed primary series (At least 3 vaccines) for polio
   - Positive antibody titer for all four components of polio (lab report required)

If the clinical facility has additional criteria or requirements, the student is responsible for obtaining the test/immunization and submitting proof to the Clinic Director or Director of Off-site Clinical Programs. If the student does not provide the required information, the clinical facility has the right to suspend the student's clinical experience until such information is provided.
Refer to the Centers for Disease Control and Prevention website for further information on immunizations: www.cdc.gov/vaccines/.

Federal Criminal & Washington State Patrol Background Check

Students are required to complete a criminal background check before beginning any clinical experiences or practicum. Students will be provided the information and paperwork necessary to complete this process during the first week of fall semester. Delays in applying for clearance will result in a delay of your clinical experience. Findings on the criminal background check may prevent students from progressing through the program or completing a practicum experience. Students are required to notify the Clinic Director or Director of Off-Site Clinical Programs if any instances occur during the course of the program that may result in a change to their background check. Clinical practicum sites may require frequent federal background checks.

As a student who is considering a career in a health services field, you should familiarize yourself with the licensing and other legal requirements that may be required for you to obtain gainful employment following successful completion of your degree.

Acquired Immunodeficiency Syndrome Training

Basic training in HIV/AIDS shall be completed by the department prior to initiating clinical practicum. The instruction is meant to benefit students as individuals and also as professional healthcare providers. In addition, each student will complete four hours of HIV/AIDS training as required by Washington State Law for licensure. The student is responsible for submitting proof of satisfactory completion of the training to the Clinic Director. Students may be required to complete additional training at other clinical facilities.

Electronic Student Portfolios

All incoming students will be required to set up an account with Certified Background Check, a web-based application that manages the required clinical certifications and records.

The following will be tracked through Certified Background Check:

- Health Insurance: Submit a copy of your current health insurance card OR proof of coverage.
- Immunizations (See above for specific info)
- Confidentiality Statement: Download, print, and complete the Confidentiality Statement and then re-upload to Certified Background
- Handbook Acknowledgement: Download, print, and complete the Confidentiality Statement and then re-upload to Certified Background
- Federal criminal background check: Submit proof of clearance
- Liability insurance: (See below for specific info)
- Drug testing (if required by off-campus site)
- Completion of training in:
  - CPR: One of the following is required:
    - American Heart Association Healthcare Provider course.
    - American Red Cross Professional Rescuer course is acceptable

Copy must be front & back of the card and it must be signed. Renewal date will be based on expiration date listed on card.
First Aid: May be required at practicum sites
AIDS/Bloodborne/Airborne pathogens and infection control: Training will be completed in class
HIPAA/Privacy: Training will be completed in class

All incoming students will be required to set up an account with Calipso, a web-based application that manages key aspects of academic and clinical education.

The following will be tracked through Calipso:

- Clinical competencies
- Clinical evaluations
- Clock hours
- Client age ranges
- Client ethnicity
- Client primary language
- Severity of client communication disorder

A one-time license fee is required to be paid by each student directly to both Certified Background Check and Calipso.

Liability Insurance

In order to participate in clinical education and laboratory experiences involving patient contact, each student must be covered by professional liability insurance.

**EWU Students:** Students participate in the EWU blanket student liability policy and policy premiums are paid for with clinical practicum course fees. Upload a copy of EWU’s current liability insurance coverage.

**WSU Students:** Students sign up and pay separately for student liability insurance through WSU Student Services. Download, print, complete, scan, and upload the Student Professional Liability Insurance form.

Students may be required to obtain additional coverage at clinical practicum sites. Students are responsible for providing the Clinic Director or the Director of Off-Site Clinical Experiences with written proof of such insurance, or participating in a blanket student liability policy, and uploading the documents to Certified Background Check.

**PROFESSIONAL BEHAVIOR**

Professional behavior is vital to the success of each student. The process of becoming an effective speech-language pathologist involves attaining competency, not only in knowledge and skills, but in professional behavior as well. Professional behaviors essential for success in both the classroom and the clinical arena include:

- Commitment to learning
- Attendance
- Timeliness
- Preparation
- Interpersonal skills
- Communication skills
- Effective use of time and resources
- Use of constructive feedback
• Problem solving skills
• Professionalism
• Responsibility
• Critical thinking
• Stress management

To facilitate development of competency in professional behaviors, academic and clinical faculty provide formal and informal feedback to all students. Professional behavior will be assessed throughout the graduate program.

Students are encouraged to recognize the importance of self-assessment in their development as students and professional speech-language pathologists. Students are encouraged to seek feedback from fellow students, clinical educators, and faculty.

If a student demonstrates behaviors inconsistent with professional behavior expectations, the following will occur:

1. The student will be provided feedback regarding perceived inappropriate behavior(s) and relevant expectations of the clinical educator and/or faculty and placed on a Clinical Assistance Plan, and a grade deduction will occur.
2. If a change to more appropriate behavior(s) does not occur, the student will be subject to the appropriate consequences as determined by the faculty, ranging from remediation to dismissal from the program.

ATTENDANCE

Students are required to attend and be prompt for all scheduled meetings with Clinical Educators, clinic class, and therapy sessions. Unexcused absences will be reflected in clinic grades by a reduction of one-half of a grade.

BEHAVIOR

ASHA’S Code of Ethics, Principal IV requires clinicians to maintain a “harmonious inter-professional and intra-professional” atmosphere. Students should refrain from making negative comments or gossiping about other students, staff, and faculty to patients, other students, staff, and faculty. Concerns and issues should be first directed to the involved party or Clinical Educator. If resolution is not obtained, consult the Clinic Director or Clinic Manager. If the supervisor is also the clinic director or manager, it is appropriate to consult with the respective department chair.

PROFESSIONAL DRESS

Student clinicians are representatives of EWU/WSU, UPCD, and the profession of Speech-Language Pathology. As such, you are expected to dress professionally. Students are also expected to dress appropriately to promote safety for themselves and their patients/clients. Appropriate dress is required anytime you are in the physical environment of the clinic (i.e. reception area, waiting area, clinic prep room, faculty offices, observation rooms, etc.). Each occurrence of a dress code violation will result in a grade deduction of one-half of a grade.
University Hearing and Speech Clinic (and related clinic activities):

All student clinicians and observers must dress professionally. When treating clients, solid colored pants and a polo shirt are required. Shirts must be of adequate length in order to cover all skin when you sit or move. No stomach area, lower back, or chest area should be showing at any time. Pants must be conservative – no hip-huggers or low rise pants are allowed. Attire should allow comfortable movement in the therapy session and in case of an emergency. Be aware of how you may appear when bending, reaching, and leaning during a session. Keep in mind that you may be observed through the observation window or videotaped at any time.

Shoes should allow comfortable movement and be adequate to respond in an emergency (e.g., fire drill, code). Closed toe shoes are required. Foot coverings (socks, nylons) may be required at off-site locations. Tennis shoes are not allowed. Exemptions to the dress code policy may be approved by the Clinical Educator and/or Clinic Director.

Accessories or clothing which may be injurious to patients (anything sharp or loosely attached) is not allowed. Any visible distractions need to be removed or covered (e.g., jewelry, tattoos). Tongue and nose rings or other jewelry that is distracting must be removed before your therapy session. Keep in mind that some clients may be attracted to jewelry, earrings, hair accessories, buttons, or other items that dangle, reflect light, or are bright in color. They may grab and/or pull at such items.

Dirty, wrinkled, and/or torn clothing is not acceptable.

Jeans, T-shirts, and sweatshirts are not acceptable.

Attire that may decrease the ability to safely and effectively carry out therapy or present a risk of injury is not acceptable.

Appropriate personal grooming is required. Hair should be clean and away from your face.

Fingernails should be short (1/4 inch or less) for safety and hygiene purposes.

Heavy perfume or scented lotions are not allowed, as many people are allergic or sensitive to perfumes.

Satellite/Off-site locations may have different/additional guidelines for appropriate dress; however, you are still required to adhere to at least this dress code policy.

Strict adherence to this policy is required and considered an important part of developing your professional manner. Any exceptions to the dress code policy require prior approval by your supervisor.

Off-site practica dress code:

Graduate student clinicians are expected to abide by the dress code of each clinical facility in which they are placed for their clinical practicum. Clinical attire should be appropriate for the setting as well as the activity in which the student is involved.

Name Tags:
Clinicians and observers must always wear their Clinic name tag when working in the Clinic or in off-campus experiences.
TRANSPORTATION

Students are responsible for transportation to the University Hearing and Speech Clinic on the WSU/EWU Riverpoint campus and to other clinical sites as necessary for their clinical education. If a student experiences difficulty arriving at and departing from clinical sites on a timely basis, the result may be an academic warning, probation, or dismissal. Please notify the Clinic Director and/or the Director of Off-site Clinical Experiences regarding any transportation issues. Accommodations for clinical site selection will be considered when possible and appropriate.

ASHA CODE OF ETHICS

All students are required to abide by the ASHA Code Of Ethics.

http://www.asha.org/policy/ET2010-00309.htm

PROCEDURES

PROCEDURE FOR CLINIC ABSENCE

If you are ill, FIRST call the clinic office (828-1323) at the earliest possible time, and then call your clinical educator. If you have a 9:00 or 10:00 a.m. session, please call your patient as soon as possible to let them know of the cancellation. Also please contact the clinic office so they know that the client has been informed. Please do not email the clinic or clinical educator, as email may not be checked frequently. Upon your return, fill out an “Illness/Absence Request Form” and turn it in to the Clinic Coordinator. The forms are kept in the Clinic Prep Room (HSB 121) hanging files.

In rare instances, a planned absence from clinic may be approved. An “Illness/Absence Request Form,” including dates affected and reason for absence, should be filled out and submitted to the Clinic Coordinator. A meeting to discuss the absence must be arranged, at which a determination will be made as to whether or not the request will be approved.

When a client must cancel a session, the client will call the clinic office. The clinic office staff will then notify the clinician, clinical educator, and clinic director via Canvas.

If a client does not notify the clinic office and does not attend a clinical session, the clinician must wait 20 minutes prior to assuming the client is not coming. When that time period has passed, the clinician must notify the clinic office staff prior to leaving the clinic waiting area. In addition, the clinician must notify their supervisor of the no show.

Sessions may be rescheduled with approval or direction from your clinical educator. The Clinic Director and/or Clinic Coordinator may require the sessions to be rescheduled in order to provide optimum patient care and complete your clinical assignment. The session will be rescheduled with the clinic for a time when your clinical educator can observe. Once confirmed, please notify the clinic office staff of the schedule addition or change by turning in a “Therapy Session Change Form.” These forms are kept in the Clinic Prep Room (HSB 121) hanging files.

PATIENT CONTACT

Clinical Educator approval must be obtained prior to contacting a patient or his/her family member or significant other. Students should use a university phone to contact patients. The student must discuss the nature of the planned
interaction with the clinical educator prior to making contact. Patients must not be seen at any location outside of the clinic without a clinical educator present. Personal phones and email addresses should not be used for patient contact.

**POLICY FOR STUDENT GRIEVANCES IN THE CLINICAL ARENA**

In some cases, a student may disagree with a faculty member or clinical educator to the extent that the situation warrants communication and action to reach an optimal resolution. The following policies and procedures have been established to guide students and clinical faculty members:

1. Students are encouraged to meet with the specific clinical faculty member or Clinical Educator who is directly involved in the situation. Both parties will discuss the concern and attempt to come to an agreement on the appropriate way to handle the situation. The student and/or clinical faculty member/Clinical Educator may invite the Clinic Director, Clinic Coordinator, and/or the Director of Off-Site Clinical Programs to this meeting.

2. If the issues are not able to be resolved at this level, the student should meet with the Clinic Director, Clinic Coordinator, and/or the Director of Off-Site Clinical Programs to share the concerns. The Clinic Director, Clinic Coordinator, and/or the Director of Off-Site Clinical Programs and the student can then discuss the situation and attempt to come to an agreement on the appropriate way to resolve the situation.

3. In situations that are not resolved satisfactorily following the meeting with the Clinic Director, Clinic Coordinator, and/or the Director of Off-Site Clinical Programs, a student may meet with the respective Department Chairs.

**BLOOD BORNE / AIR BORNE PATHOGENS EXPOSURE POLICY AND PROCEDURE**

Blood and body-fluid precautions (universal precautions) shall be used in all situations where there is a reasonable anticipated risk of exposure. The blood and body fluids of others will be considered potentially infectious and barriers will be used by clinicians to prevent exposure.

Gloves will be worn on both hands any time exposure to the following is planned or anticipated: saliva, mucous membranes, non-intact skin, urine, blood, and other body fluids.

Hand washing is indicated: after contact with any body fluid, between client contacts, after contact with non-intact skin of another, after contact with a contaminated item or surface, before putting on and after removal of gloves, and before and after contact with mucous membranes.

Students shall wear protective barriers when they have non-intact skin.

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in therapy rooms. Water may be allowed as approved by your Clinical Educator.

All oral-motor or dysphagia activities shall be performed in such a manner as to minimize splashing, spraying, splattering, or generation of droplets of potentially infectious substances.

An accidental puncture injury, mucous membrane, or non-intact skin exposure to blood/body fluids should be considered potentially infectious, regardless of the source. In the event of an accidental exposure to blood/body fluid, the site should immediately and thoroughly be washed with soap and water, or the eye/mucous membrane with water.
or saline. The incident should be reported to a supervisor, faculty member, or university authority. If the exposure occurs at a clinical site, the student should immediately notify his/her clinical supervisor and seek medical attention at that site. The student shall also notify the Clinic Director, Clinic Coordinator, or the Director of Off-Site Clinical Programs to report the incident.

A student who has experienced an exposure should immediately assess the level of risk for transmission of blood borne pathogens. If exposure is considered high risk for transmission of HIV or Hepatitis B, the student should IMMEDIATELY (WITHIN TWO (2) HOURS) BE EVALUATED AT A HOSPITAL EMERGENCY ROOM.

If the student is uncertain whether an exposure warrants an Emergency Room visit, the student should:

a. Call the Post Exposure Prophylaxis (PEP) hotline at 1-888-448-4911
b. Call an Emergency Room for advice
c. Call the Student Health Center (during office hours).

MAINTENANCE OF THERAPY AREA AND MATERIALS

Student clinicians should return all therapy materials back exactly where you found them and in an orderly fashion. Materials and supplies should be returned in a timely manner.

CLIENT CHARTS

Client charts must ALWAYS remain in the clinic area. This includes the prep room, treatment rooms, and supervisors’ offices. You may NOT photograph, copy, or remove client charts from the clinic area. ALL information in client charts is CONFIDENTIAL. Follow HIPAA guidelines at all times.

To check out a chart from the clinic office:

1. Remove a red chart check-out card from the top shelf of the client charts.
2. Write the date, the client’s name, and your name on the white form in the check-out card.
3. Remove the client chart and put the check-out card in its place.

When you are finished with the client chart, place it back on the shelf and remove the red check-out card.

If you need to add documents to a client’s chart, paperclip them to the front of the chart and place the chart in the chart in-box. DO NOT staple the documents. Office staff will add documents to charts as needed. Do not remove any documents from a client’s chart.

If you need to leave the clinic area, place the client chart in the appropriate drawer in the prep room. DO NOT take the chart with you when you leave the clinic area. DO NOT leave client charts unattended in the prep room or treatment rooms.

Please do not leave any loose papers in client charts, even when placing them in the drawer in the prep room. Occasionally, the clinic office staff will need to remove a chart from the drawer, and your loose papers may be lost. Keep them in your personal folder or your mailbox instead.
MATERIALS AND EQUIPMENT CHECK OUT

Inventory items will be available for student use through a regulated check-out system. Material Room Check-out times will be posted on the door. Students will check materials out and in on the computer in the materials work room. Students will notify clinic personnel if any materials are damaged or missing in order to restock items for future use.

Test protocol sheets may be obtained from your Clinical Educator. These are to be used only for test administration and inclusion in a client file. If you wish to practice administering a test, copies of protocols are available on Canvas and may be utilized for educational purposes. Copyright laws should be honored at all times.

Please return test items and materials as soon as possible following their use and within no more than 24 hours. Therapy materials are shared among all students and thus should not remain in your possession for long periods of time.

Items will be provided for students on a first come, first served basis. Using materials is a privilege which may be revoked for any student if inventory is handled in a neglectful manner or returned late. A replacement charge may be assessed for unusual damage or loss, or for overdue materials.

Practicum and Internship students may check out tests overnight, however, materials and toys are to remain in the clinic (e.g., articulation cards, workbooks). Only 1 copy of each select test may be checked out to practicum/internship students at any given time.

STUDENT CLINIC PREP ROOM

HSB Room 121 is the primary graduate student clinical work area. Students enrolled in COMD 561/563 and/or SHS 575 have priority use of this space. Students will be issued a lockable locker for personal belongings. Students may also utilize computers in treatment rooms when not in use.

Computers are available for clinical use only, to prepare lesson plans and documentation on the Electronic Medical Record. A printer is available to print lesson plans and any reports/documentation requested by your supervisor. The computers are not accessible for any flash drives/memory sticks. The printer may not be used for printing of any documents other than those needed for clinic. HSB Room 121 is a confidential space, thus only clinicians, faculty and staff are allowed access. Please do not allow friends, family, patients, etc. to enter this room, as this will be considered a HIPAA violation.

MEETING CLINICAL SKILL COMPETENCIES

The American Speech-Language Hearing Association requires graduate students in speech-language pathology to meet clinical skills and competencies for certification. The skills and competencies will be met through successful completion of clinical practica and clinical labs that are part of coursework. Skills and competencies will be assessed during the following activities: Screening/Prevention, evaluation, intervention, and in interaction and personal qualities.

Skills and competencies will be rated on the following scale:

1 = Not evident
2 = Emerging
3 = Present
4 = Adequate
5 = consistent

(Please refer to Calipso grading form and scale for details)

Skills and competencies must be met in the following nine KASA areas:

- Articulation
- Fluency
- Voice and resonance, including respiration and phonation
- Receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- Hearing, including the impact on speech and language
- Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- Social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- Communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

Clinical Levels

Student clinicians will be evaluated based on where they are in their clinical program. Expectations for clinical performance will increase as the student progresses through the graduate program. Student clinicians will be expected to increase independence, work more efficiently, and apply their knowledge as they progress through the clinical levels (see below).

Semester I: On-campus clinical practicum
Semester II: On-campus clinical practicum/Off-campus clinical practicum
Semester III: On-campus clinical practicum/Off-campus clinical practicum
Semester IV: Off-campus clinical practicum
Semester V: Internship

Evaluation of Clinical Practicum

Refer to Calipso Evaluation Form

Evaluation Scoring Rubric

1 Not evident: skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
2 **Emerging**: Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).

3 **Present**: Skill is present and needs further development, refinement, or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is present 51-75% of the time).

4 **Adequate**: Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).

5 **Consistent**: Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).
UNIVERSITY PROGRAMS IN COMMUNICATION DISORDERS

UNIVERSITY HEARING AND SPEECH CLINIC

Eastern Washington University • Washington State University-Spokane

CLINICAL AND PROFESSIONAL ASSISTANCE PLAN

For Clinicians Who Demonstrate At-Risk Clinical and Professional Performance

STATEMENT OF PURPOSE: To provide a structured and individualized experience, with intensive supervisory/faculty input, for student clinicians who are experiencing difficulty acquiring and/or demonstrating satisfactory clinical and/or professional skills.

OVERVIEW: Supervisors will evaluate all graduate students at mid-semester and at the end of the semester to determine if the student is demonstrating at-risk clinical and/or professional skills which may include but are not limited to:

- Grade of 2.7 (B-) or below in a clinical course
- Unsatisfactory skill development (KASA) (EWU requires that students earn a 3.3 for each individual clinic assignment in order to be signed off as acquiring the KASA skills related to that specific assignment.)
- Violations of ethical and/or professional standards, including but not limited to:
  - Excessive or unexcused absences or tardiness in the classroom, laboratory, clinic, or clinical site.
  - Unprofessional, unethical, and/or dishonest behavior (e.g., lying, stealing, cheating, fabricating or falsifying required paperwork, drug or alcohol abuse, lack of concern for client care, unprofessional personal appearance) and/or any violations of the ASHA Code of Ethics.
  - Unprofessional conduct toward a peer, instructor, clinical supervisor, lab instructor, or client.
  - HIPAA Violations
  - Violation(s) of the Department Student Handbook and/or the University Hearing and Speech Clinic Policies and Procedures Manual.

A student will be placed on a “Clinical and Professional Assistance Plan” if he/she is demonstrating at-risk clinical and/or professional skills at mid-term or receives a 2.7 (B-) or below (or unsatisfactory) for their final grade of their clinical practicum (COMD 561, 562, 563) or an “F” (COMD 697 or SHS 575, 566, 568, 570). Students may be eligible to repeat COMD 697 or SHS 570. A Clinical and Professional Assistance Plan worksheet will be completed by the student, the Clinic Coordinator, Clinic Director, or the Director of Off-Site Clinical Programs and the supervisor(s) or faculty involved in the clinical experience.

Should the graduate student receive a 3.0 (B) or above for their overall course grade, or a satisfactory grade for their clinical practicum assignment (at the end of the semester) and successfully complete their Clinical and Professional Assistance Plan, the Clinical and Professional Progress Note will be completed, signed, and placed in the student’s file. If a student does not successfully complete the Clinical and Professional Assistance Plan and does not receive at least a 3.0 (B) for their overall course grade, a second Clinical and Professional Assistance Plan will be implemented for the next semester. The Department Chair will be notified of the concerns regarding the student’s clinical and professional performance. Students who do not successfully complete their Clinical and Professional Assistance Plan over the course of two semesters and receive at least a 3.0 for their overall course grade will be dismissed from the program regardless of academic performance (refer to department policy).
NOTE: Graduate students may be placed on the Clinical and Professional Assistance Plan at any point during their graduate clinic work.

In order to go off-site, students must have at least a 3.0 (B) cumulative average in clinical courses (SHS 575/COMD 561) and have received at least a 3.0 (B) in the clinical course immediately preceding the off-site clinical placement. Students must also be recommended by faculty and supervisors to be placed in an off-site practicum.

**PROCESS:**

1. **By mid-semester of the student’s practicum term:** If a supervisor is concerned about a student’s clinical and/or professional performance, that supervisor will formally identify the student clinician as being “at risk” by notifying the Clinical Coordinator or Clinic Director. “At risk” is defined as performing at the 2.7 (B-) level or lower, or demonstrating behavior which raises any professional or ethical concerns in any aspect of the clinical or academic experience.

2. The clinic coordinator or director and the supervisor(s) with concerns will contact the student and arrange to meet with the student within one week.

3. **During the remainder of the semester,** the student will participate in the following activities:
   a. The student will meet with the concerned supervisor(s) to review specific concerns.
   b. The supervisor(s) will provide a formal **evaluation** using the University Hearing and Speech Clinic Clinician Grading Form. The student may be asked to complete a self-evaluation. Performance ratings, written commentary, and a **midterm grade** will be provided by the supervisor(s). The student and supervisor(s) will sign the evaluation, which will be filed in the student’s clinical and academic files.
   c. **Within a timely manner,** and based on the formal midterm evaluation, the supervisor(s) and clinician will develop and sign a Clinical and Professional Assistance Plan. This plan must include quantitative objectives. Qualitative objectives may be determined as well. A copy of this plan will be filed in the student’s clinical and academic files.
   d. The supervisor(s) and student will continue to meet weekly throughout the remainder of the quarter. During these meetings, they will discuss the student’s progress toward achieving the objectives stated in the Clinical and Professional Assistance Plan.

- **If a student receives a final grade of 2.7 (B-) or lower after being placed on a Clinical and Professional Assistance Plan during the semester,** he/she will be placed on a second Clinical and Professional Assistance Plan for the following semester, and be asked to complete a number of clinical activities, as appropriate, designed to address areas of clinical weakness. Performance will be reviewed by a committee comprised of the clinic coordinator/director, supervisor(s), academic advisor, and/or chair as appropriate.

   A. This committee will meet to plan the student’s clinical experience, specific to areas of concern identified on the previous semester’s final evaluation. The expectations for performance and performance evaluation, along with roles and responsibilities for the student and the supervisors, will be determined and documented during the first weeks of the semester, on a collaborative basis.
B. The student who has earned a final grade for clinical practice of 2.7 (B-) or below the preceding semester will enroll for SHS 600 or COMD 563 during the designated semester. This course will be a conventionally graded course, and must be completed with a grade of 3.0 (B) or better in order to continue with clinical training (treatment or diagnostic). The final grade for this practicum course will not be used to replace a previous clinic grade.

C. The following are examples of clinical activities that may be included in the student’s SHS 600 or COMD 563 experience. Additional activities may be designed and incorporated, depending upon individual needs.

   i. Working as a principal clinician.
   b) Working as a peer clinician.
   c) Completing clinical observations and written summaries.
   d) Writing treatment plans which include rationales for the objectives and detailed expectations.
   e) Reviewing evidence based practice and completing related assignments.
   f) Conducting video evaluations and self evaluations of treatment and diagnostic sessions.

   ii. Students may enroll in SHS 600 or COMD 563, for the purpose of completing a Clinical and Professional Assistance Plan, only one time. Any additional unsatisfactory clinical work while enrolled in the regular clinic practicum course (SHS 575/COMD 561) will result in a dismissal from clinical training and dismissal from the program.

   iii. After successful completion of SHS 600 or COMD 563 and the Clinical and Professional Assistance Plan, the student must complete the original practicum course (e.g. SHS 575 or COMD 561) with a grade of 3.0 (B) or better.

   iv. If there are two or more client/patient/guardian requests for a student clinician to be removed from the assigned clinical case on grounds of clinical incompetence, and there is evidence that the student is having difficulty with these clinical assignments, the student will be removed from clinical training and will be dismissed from the program.

4. If a student earns a 1.7 (C-) or lower for the clinic course, the clock hours accrued in conjunction with that course will not be counted toward the ASHA certification clock hour requirement.
The purpose of the Clinical and Professional Assistance Plan is to inform you that your clinical supervisor(s) have identified one or more concerns regarding your clinical performance. This note serves as a document to indicate that a deficiency exists and to convey the importance of correcting this deficiency prior to placement in an off-site practicum.

The concerns regarding your clinical performance are outlined below:


Performance Objectives (completed by the student, the academic advisor, and the Clinical Coordinator and/or Director):

1.

2.

3.

If the concerns are not corrected and/or a final grade of 2.7 (B-) or below is earned, you will be placed on a second Clinical and Professional Assistance Plan (or a continuation of the first plan) for the following semester. If concerns are not satisfactorily completed during the following semester on the second Clinical and Professional Assistance Plan, the student will be dismissed from the graduate program, regardless of academic performance (Refer to COMD or SIIS Student Handbook). If the deficiency is corrected, a Progress Note will be completed by the Clinic Coordinator/Clinic Director and your supervisor(s) indicating satisfactory performance in the areas of concern.

(initials) I have reviewed and agree to abide by the EWU Student Conduct Code or the WSU Student Conduct Code, the Department of Communication Disorders/Speech and Hearing Sciences Student Handbook, and the University Hearing and Speech Clinic Policies and Procedures.

Clinician: ___________________________ Date: ________________

Clinical Coordinator/Director: _________________ Date: ________________

C: Academic Advisor  Department Chair  Student
Clinic Director  Clinic File

Revised 10/2010

21
The purpose of this Progress Note is to inform you that your clinical supervisor(s) has (have) evaluated your current clinic performance as satisfactory.

____ Congratulations! You have made substantive progress on the clinical deficiencies noted by the deficiency note dated ________________.

____ Congratulations! You have satisfactorily met the objectives established for your probationary semester, ________________.

Congratulations on improving your clinical performance. If you have any questions, please schedule an appointment with your clinical supervisor(s), Clinic Coordinator, and/or Clinic Director.

Clinician __________________________________________ Date: ________________

Supervisor __________________________________________ Date: ________________

Supervisor __________________________________________ Date: ________________

Supervisor __________________________________________ Date: ________________

Clinical Coordinator/Director __________________________ Date: ________________

C: Academic Advisor  Department Chair  Student