



**WASHINGTON STATE**  
UNIVERSITY

Elson S. Floyd College of Medicine  
Department of Speech and Hearing Sciences

***Communication Sciences  
and Disorders***

**EASTERN WASHINGTON UNIVERSITY**



**University Speech and Language Clinic**  
***Eastern Washington University***  
***Washington State University - Spokane***

**Clinic Handbook**  
**2022 - 2023**

Clinic Handbook Prepared by Doreen Nicholas, Aug 2013; Revised August 2014, August 2015, August 2016, Reviewed August 2017, August 2018, August 2019

Practicum/Internship Handbook prepared by Leslie Power, August 2016, Reviewed/Revised by Karen Simpson August 2018, August 2019, August 2020, July 2021, July 2022

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supervise graduate student clinicians in clinical practica in their respective areas of specialty. Clinical educators are ultimately responsible for all services provided to our clients.

While learning and working in our clinic and related satellite sites, students are responsible for knowing and following the policies and procedures in this manual. Students are encouraged to ask questions regarding the content. Effective and efficient communication in the clinic is essential. If you have any questions, please direct them to Doreen, Christiane, Shyla, or Lance.

Welcome to the University Speech and Hearing Clinic.

Doreen Nicholas  
Clinic Director

Christiane Dechert  
Clinic Coordinator

Lance Charneski  
Patient Service Representative

Shyla Rodgers  
Patient Services Representative Supervisor

## POLICIES

### CLINIC REQUIREMENTS, POPULATIONS, & EXPERIENCES

Students are eligible to enroll in Clinical Practicum courses (CMSD 561; SHS 575) contingent upon having met the ASHA prerequisites of class preparation and completion of observation requirements. Students must be simultaneously enrolled or have successfully completed CMSD 560 or SHS 550 prior to enrollment in clinical courses.

***Standard IV-F: Supervised practicum must include experience with client populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client 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 and pass the course* (according to each respective university's grade requirements) 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. *WSU: C- (1.7 or below) is a failing grade*

*EWU: C (2.0 or below) is a failing grade*

Students will have opportunities for clinical experience with a variety of clients 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.

After the first semester of on-campus practicum, possibilities for further training include public schools, outpatient clinics, private practices, hospitals, and skilled nursing facilities. Students will complete at least two semesters in the University Speech and Hearing Clinic and related clinical sites with university educators



during the first year of the graduate program (fall, spring, and summer semesters). Students who rotate to an off-site practicum in Spring semester will return to the clinic for Summer semester. Not all students will rotate to an off-site practicum during their first year of graduate school secondary to availability of placements and in-house clinical needs. Students are supervised by community clinicians at off-site locations. (See information regarding off-site practicum and internship).

The type and number of clinical assignments is contingent on ASHA requirements, student needs and interests, departmental needs, successful completion of prerequisite coursework, and other 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 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 client with that disorder until they are re-enrolled in the course.

Clinic assignments will be made by the Clinic Director and Clinic Coordinator. Students will have the opportunity to request clinical experiences. However, requests may not be granted secondary to availability, student and university needs. (See information regarding off-site practica and internship).

In rare instances, 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 Coordinator, Director of Off-Site Clinical Programs, and Department Chair. The delay of clinical practicum for a semester will delay graduation.

Students are responsible for adhering to University policies and procedures and state and federal regulations at each site. Students are expected to adhere to ASHA's Code of Ethics and Scope of Practice.

#### ILLNESS/INJURY or EMERGENCIES ON SITE

The student is not considered to be an employee during clinical experiences. If the student is injured during a clinical experience, the facility may provide emergency medical care to the student in case of need, but shall not bear the cost of such care or as stated in the EWU and/or WSU facility student memorandum of agreements. In a nonemergency situation, the student may seek medical attention at the healthcare provider of his/her choice. The student is responsible for all costs of medical care received.

#### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT – HIPAA & CONFIDENTIALITY

Confidentiality of all client 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 law to do so, or unless doing so is necessary to protect the welfare of the person or of the community." Protecting client confidentiality is also the law. The Health Insurance

Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act are federal laws that protect client information. Please refer to HIPAA/HITECH Policy and Procedures for specific guidelines. Noncompliance can result in monetary, civil, and criminal penalties, as well as grade deduction and/or course failure.

***General guidelines for client information and security are outlined below:***

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

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

Never discuss client information with anyone except those who are involved in the client'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 client (even without identifying information). Avoid discussion of client information in the lobby, hallways, or outside the clinic area. Discuss specific client related information only in treatment rooms and clinical educator offices, with the door closed.

Please consult with your clinical educator prior to contacting your client via text, email, or phone. If you must leave a phone message for a client, leave only your name, a contact phone number, and the name of the clinic. The client will usually understand why you are calling.

Social Media: No posting of any client information with or without Protected Health Information is allowed.

Tele-Practice: See tele-practice policies and procedures

All students will complete a HIPAA training course and must pass a quiz prior to serving clients.

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

***(See EWU HIPAA Policy 401-06 Protected Health Information)***

**Enforcement**

All officers, agents, employees, and students of Eastern Washington University (Departments of Communication Sciences and Disorders) **must** adhere to this Policy, and all supervisors are responsible for enforcing this Policy. Eastern Washington University (Departments of Communication Sciences and Disorders) will not tolerate violations of this Policy. Violation of this Policy is grounds for disciplinary action. Based on the outcome of a HIPAA violation individuals may be subject to disciplinary action up to and including termination. Students may have a grade deduction, fail the course and/or be dismissed from their program.



## 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 contact.**

### **Observation Hours**

Students must complete 25 hours of observation prior to beginning the graduate program. Observation experiences must be guided and 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 must maintain documentation of time spent in observation. Please turn in your observation hours in the clinic office.

**Completion of all 25 observation hours is a pre-requisite to begin direct client contact.**

### **Clinical Hours**

Standards for clinical hours are based on the ASHA Standards for the Certificate of Clinical Competence. These are minimum requirements. By the time you complete this program, you should have acquired more than the minimum 375 clinical 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 clinical educators may **not** be counted as clock hours. Clinical clock hours shall **not** be accrued for client cancellations and/or no shows.

Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods. Only the time spent in active engagement with the ACE may be counted. ACE may include the use of standardized clients and simulation technologies (e.g., standardized clients, virtual clients, digitized mannequins, immersive reality, task trainers, computer-based interactive). Pre-briefing and debriefing activities may not be counted as clock hours.

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. ***\*See accepted policies and procedures for COVID-19.***

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.

You will receive experience in a variety of areas, known as the KASA “Big Nine.” You must earn a minimum of five clinical hours in each of the following areas:

- Articulation
- Fluency
- Voice and Resonance
- Receptive and Expressive Language (phonology, morphology, syntax, semantics, pragmatics)
- Hearing
- 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 (challenging behavior, ineffective social skills, lack of communication opportunities)
- Communication Modalities (oral, manual, augmentative and alternative communication techniques, assistive technologies)

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. 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.

Students will record their clinical clock hours on Calipso ([calipsoclient.com](http://calipsoclient.com)) and submit them for clinical educator approval. To log in, select **School Login** at the top right of the home page, then select **Eastern Washington University or Washington State University**. Instructions and examples can be found on the Canvas site for CMSD 561/563/SHS 575.

## **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.**

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 (WAC 246-828-075). 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 clinical educator will be available to consult as appropriate and will provide direct observation, guidance, and feedback. *\*See policies and procedures for tele-practice supervision requirements.*

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 Programs will verify each clinical educator's current ASHA Certification. A database of all clinical educators and their ASHA Certification Account Number will be maintained on the Calipso tracking system.

The student clinician's goal and responsibility in the clinical process is to provide quality service to their clients. 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. The ultimate responsibility of intervention lies with the clinical educator. (*ASHA Code of Ethics I.G.*)

#### CLINICAL EDUCATOR MEETINGS/SUPPORT

Once you receive your client assignment, sign up for an initial meeting with your clinical educator (CE). Most CEs will have a schedule posted on their office door. Carefully read the client's file before this initial meeting and be prepared to discuss the client in detail.

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. Issues related to your professional growth and development as an SLP will also be discussed. Students must prepare for all clinical educator conferences, including researching treatment methods and providing treatment plans and materials. Be prepared with solutions to solve clinical issues you are encountering with your clients. It is best to consult first with your clinical educator before consulting another faculty member or clinical educator regarding your treatment plan.

Clinical educators will provide written and/or verbal feedback after observed sessions. This feedback will either be placed in your folder in the prep room or handed to you directly. Be sure to read the feedback form carefully and ask your CE if you have any questions or concerns. Clinical Educators may also model treatment during your session.

Lesson plans and other correspondence for your CE can be placed in their folder in the prep room.



Obtain contact information for your CE, so that you can reach them in case of an emergency.

You will typically receive both a midterm and final evaluation from your CE. You will also have the opportunity to evaluate your CE at the end of the semester. Please provide constructive comments.

### DOCUMENTATION

In order to provide the best treatment for your client, careful records must be maintained. You will be exposed to a variety of approaches and techniques for clinical measurement and documentation. In addition to hands-on practice in developing and applying measurement in therapy, you will gain experience in the appropriate documentation and interpretation of data.

Lesson plan format will be provided in class and by your clinical educator. You will learn how to write reports in your clinic class and during your practicum experiences. All documentation will be entered into Practice Perfect on the clinic computers.

### OBSERVATIONS

In addition to your clinical educator, client's parents, spouses, and significant others may observe your sessions at any time. You are also encouraged to observe the sessions of your peers.

### THE CLIENT'S FAMILY

You will have the opportunity to provide feedback to parents/spouses of clients as appropriate. Parents or spouses may participate directly in the therapy interactions. You may be encouraged to develop home programs, and to train parents/spouses in the implementation of those programs.

### CLIENT CARE – MOBILITY TRANSFERS AND RESTROOM PROCEDURES

The restroom in the clinic area is primarily for client use. Students are expected to use the restrooms in the HSB lobby area.

Clients who require assistance with transferring and/or ambulation must bring a caregiver or family member to their sessions. Students, faculty, and staff are not permitted to assist with mobility and/or transferring of clients. Clinic staff and the clinic director should be notified if a client requests mobility, transfer, or restroom assistance, as the caregiver/family will need to be notified of this policy.

## EMERGENCY PROCEDURES

Client welfare and safety are a priority while clients are present at the University Speech and Hearing Clinic. Familiarize yourself with the evacuation routes in the clinic area. Review the following procedures to ensure client safety in an emergency.

### Medical emergencies:

- Stay with the client
- Call for assistance (open the door and yell for help)
- Offer client assistance as appropriate (CPR, etc.)
- Stay with client until medical assistance arrives
- After situation is resolved, report to clinical educator/clinic director

### Fire alarm:

- Proceed with client to marked exit
- Shut all doors behind you
- Go the appropriate Emergency Assembly Location (EAL). If you are in HSB, the nearest EAL is on the path between HSB and SAC.
- Stay with the client
- Do not return to building until "all clear" has been given by authorities

### Earthquake:

- Stay with the client
- Drop, cover, and hold
  - Get under a desk or study table
  - Cover your head and neck
  - Stay there until the quake stops
- When the quake stops, carefully evacuate the building with your client and proceed to the nearest EAL

## UNIVERSAL PRECAUTIONS

ASHA encourages all providers of clinical services to follow the Centers for Disease Control (CDC) Universal Precautions as modified for speech-language pathologists and audiologists. These precautions should be used with all clients.

### Hand Washing:

- Wash hands immediately if they are potentially contaminated with blood or other body fluids
- Wash hands before and after treating clients
- Wash hands after removing gloves



- Wash hands after cleaning/disinfecting treatment rooms and/or materials
- If hand washing is not feasible, use an alcohol-based hand sanitizer. If there is no hand sanitizer in the treatment room, notify the office staff.

#### Gloves:

- Wear gloves when coming into contact with blood or other body fluids
- Wear gloves when performing invasive procedures on clients. This includes performing an examination of the oral speech mechanism
- Wear gloves to clean/disinfect all equipment
- Change gloves after contact with each client
- If a glove is torn, remove and replace it as promptly as possible
- After removing gloves, wash hands immediately
- Discard gloves immediately after removing

#### Cleaning Supplies:

- Cleaning supplies are located in every treatment room
- Clean as you go during therapy sessions
- Wipe the doorknobs, table, chairs, and light switches at the end of every session

#### Blood Borne Pathogens:

- Student clinicians are required to complete blood borne pathogens and infection control training
- Training will be provided during the first semester. All students must complete the training and pass a quiz before they will be allowed to treat clients.

*\*See specific cleaning and prevention policies and procedures during the COVID-19 pandemic.*

### CLINICAL REQUIREMENTS

The following requirements are the *minimum* level requirements for clinical practicum experiences at the University Speech and Hearing 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 Castle Branch.

#### 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 additional 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. The student is responsible for the cost of any requirements.

CPR:	Certification of successful completion of Healthcare Provider CPR
First Aid (Site specific):	Certification of successful completion of First Aid – <i>may be required at some sites</i>

## Drug Testing

Many clinical sites require drug testing before students can begin a practicum. Proof of drug testing is the responsibility of the student. The student is responsible for the cost of any requirements.

## 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.

Clinical facilities may differ in their requirements for immunizations prior to the start of a practicum or internship. Students are responsible for reviewing any additional specific requirements for their specific clinical experiences and meeting those requirements.

**NOTE: DOCUMENTATION** means written documentation from a health care provider/facility with the date of vaccination, screening or titer.

Measles:	Documentation of two doses of live virus vaccine administered on or after the first birthday, with the second dose administered at least 1 month after the first dose or laboratory evidence of past measles (rubella) infection.
Mumps:	Documentation of two doses of live virus vaccine administered on or after the first birthday, with the second dose administered at least 1 month after the first dose or laboratory evidence of past mumps infection or documentation of past mumps infection.



Rubella:	Documentation of one dose of live virus vaccine administered on or after the first birthday or laboratory evidence of past rubella infection.
Varicella:	History of chickenpox or laboratory evidence confirming past infection or two doses of live virus vaccine administered on or after the first birthday with the second dose administered at least 1 month after the first dose. Documentation may be parent or healthcare provider note of chicken pox history.
Tetanus, Diphtheria, Pertussis (Tdap):	Documentation of one dose of TDAP vaccine. A booster may be required every 10 years
Hepatitis B:	Required due to risk for occupational exposure to blood, blood-contaminated body fluids, other body fluids, or contaminated sharps. Documentation of three doses of Hepatitis B vaccine (HBV) administered over six months or laboratory evidence of adequate immunity or signed declination required.
Tuberculosis:	Documentation of screening via one-step testing using Mantoux method or via Quantiferon Gold laboratory blood test or negative chest xray. Some facilities require a two-step testing, using Mantoux method. If your clinical facility requires two-step testing, complete the second test and keep proof to show to the supervisor at the facility.
COVID-19:	Documentation of COVID-19 vaccine.

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 Clinic Coordinator. The student is responsible for the cost of all immunizations. 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/](http://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. 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/BB Pathogens shall be completed by the student prior to initiating clinical practicum. The instruction is meant to benefit students as individuals and also as professional healthcare providers.

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 purchase and set up an account with CastleBranch, a web-based application that manages the required clinical certifications and records. Additionally, 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. A one-time license fee is required to be paid by each student directly to both CastleBranch and Calipso.

#### CastleBranch

The following will be tracked through CastleBranch:

- Health Insurance
- Immunizations
- Federal criminal background check
- Liability insurance
- Drug testing (if required by off-campus site)
- Clinic Handbook Compliance
- Completion of training in:
  - CPR
  - First Aid (may be required at practicum sites)
  - AIDS/Bloodborne/airborne pathogens and infection control
  - HIPAA/Privacy

#### Calipso

The following will be tracked through Calipso:

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



### **Liability Insurance**

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

EWU Students: Liability insurance paid via course fees

WSU Students: Students sign up and pay separately for liability insurance

Students may be required to obtain additional coverage at clinical practicum sites. Students are responsible for providing the Clinic Director or the Clinic Coordinator with written proof of such insurance, or participating in a blanket student liability policy, and uploading the documents to Castle Branch.

### **PROFESSIONAL BEHAVIOR**

Professional behavior is a key component to the success of each student. Developing competencies in professional behavior is integral to your educational process. Professional behavior clinical competencies include:

- Commitment to learning
- Attendance to meetings and scheduled treatment sessions
- Timeliness
- Preparation
- Critical thinking
- Incorporating constructive feedback
- Interpersonal & Communication skills
- Time Management
- Problem solving skills
- Responsibility
- Stress management

Students will receive formal and informal feedback from clinical educators throughout clinical experiences. Students who demonstrate behaviors inconsistent with professional behavior expectations may be placed on a clinical improvement plan. (See Clinical Improvement Plan)

**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 clients, 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 Coordinator. If the clinical educator is also the clinic director or coordinator, it is appropriate to consult with the respective department chair.**

### **STUDENT CONTACT INFORMATION**

It is the responsibility of the students to provide the Clinic Director or the Clinic Coordinator with a current address, phone number and email address throughout the practicum and internships. The Director may contact the student at the current (home or cell) phone number to discuss the internship, advise the student

of a change in a practicum internship or for other reasons. Phone numbers, addresses and email addresses are needed throughout the year to communicate information regarding practicum and internships.

The student must provide this information in writing, by email or by phone. If the student is traveling during the breaks, the student may provide the phone number and address of a family member or friend who would be able to contact him/her.

### REGISTRATION & TUITION

The student will register for clinical experiences following the guidelines provided by EWU and WSU. It is the student's responsibility to acquire the information and register in a timely manner. Registration is required to maintain a full time student status for the purposes of financial aid and liability insurance. Delayed registration requires a signature from the Department Chair, but places the student's experiences at risk due to lack of coverage under the liability insurance policy. Until registered and liability coverage documented, the student will not be able to participate in practicum or internship.

Fees and tuition must be paid according to EWU and WSU guidelines.

### CLINICAL EDUCATION DATES

All students are expected to attend and complete the clinical experiences according to the UPCD schedule.

### ATTENDANCE

Professional behavior involves making and keeping commitments. Student clinicians should be prepared and on time for every treatment session. Students are also required to attend and be prompt for all scheduled meetings with Clinical Educators. Absences for any reason must be reported to both the clinical educator and the Clinic Coordinator. Discuss the preferred method of reporting absences with your clinical educator, as every CE is different. Failure to attend a clinical assignment without notifying the Clinic Coordinator and clinical educator may result in a failing grade. This includes missing clinic in order to keep up with academic requirements.

### 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 an early morning session (9:00 a.m.), please call your client as soon as possible to let them know of the cancellation. You should block your phone number from Caller I.D. by pressing \*67 before dialing. 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 clinical educator 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 client care and complete your clinical assignment. The session will be rescheduled with the client 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.

### PROFESSIONAL DRESS

Student clinicians are representatives of EWU/WSU 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 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 Speech and Language Clinic (and related satellite 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. A cardigan or a EWU/WSU quarter zip sweatshirt are allowed over a polo shirt. Other sweat shirts or "hoodies" are not allowed. 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.

- Clothing must cover shoulders, back, chest, midriff, buttocks, and undergarments at all times, regardless of body movement or position (e.g., when bending over or raising hands above your head)
- Exposed chest or upper torso should not be visible from any angle
- Undergarments should not be visible (e.g. extending beyond outerwear or visible through clothing)
- No shorts
- Clothing should be neither too tight nor excessively baggy

- Jeans, leggings, yoga pants, T-shirts, and sweatshirts are not acceptable.
- Dirty, wrinkled, and/or torn clothing is not acceptable.

Shoes should allow comfortable movement and be adequate to respond in an emergency (e.g., fire drill, code).

- Foot coverings (socks, nylons) and close-toed shoes may be required at off-site locations.
- Tennis shoes are allowed, as long as they are presentable in terms of cleanliness and condition.

Hairstyles, facial hair, and makeup should be conservative and neat in appearance.

- Long hair should be tied back
- Color should be naturally-occurring, age appropriate hair colors with no distracting dye or cut patterns

Teeth and breath must exhibit evidence of excellent oral hygiene.

Accessories or clothing which may be injurious to clients (anything sharp or loosely attached) is not allowed. Any visible distractions need to be removed or covered (e.g., jewelry, tattoos).

- Body piercings should not be visible
- Facial and oral jewelry is not permitted
- Ear gauges are not permitted
- Dangling earrings or hoops larger than one inch are not permitted
- Tattoos must be concealed by appropriate clothing

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.

Excessive fragrance and odors must be avoided (perfumes, colognes, cigar and cigarette smoke, body odors). Heavy perfume or scented lotions are not allowed in the clinic area, as many people are allergic or sensitive to perfumes.

Hands and fingernails must be clean and without stains.

- Nail polish should be in neutral shades with no distracting glitter or color
- Nail polish should not be chipped
- Nails should be short (1/4 inch or less) for safety and hygiene purposes

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

Satellite/Off-site locations may have different/additional guidelines for appropriate dress.

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 Clinical educator, the clinic coordinator, and/or the clinic director.



On days that you are not working in the clinic, please be aware that clients and their families may still see you as you move through the clinic area. Use your best judgment regarding attire, so that our clients receive the best possible impression of our clinic.

#### **Name Tags:**

You will be provided with a nametag for use in the clinic. Clinicians must always wear their nametag when working with clients (*See WAC 246-828-075*). This will assist the client and his/her family to readily identify you as a graduate student clinician, as well as to learn your name. If you lose your nametag, you may request a replacement through the clinic office.

#### **TRANSPORTATION**

Students are responsible for transportation to the University Speech and Language 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 or the Clinic Coordinator 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>

#### **CLIENT CONTACT**

Clinical Educator approval must be obtained prior to contacting a client or his/her family member or significant other. Students should use a university phone to contact clients. The student must discuss the nature of the planned interaction with the clinical educator prior to making contact. Clients 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 client contact.

Refer to HIPAA guidelines regarding policies for contacting a client via a phone call, email or leaving a voice message.

#### **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, before and after 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 clinical educator, faculty member, or university authority. If the exposure occurs at a clinical site, the student should immediately notify his/her clinical educator 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).

*\*See the policies and procedures related to the COVID-19 pandemic*

## **CLINIC OFFICE**

The main office of the University Speech and Language Clinic is located in HSB 120 and can be reached at 509-828-1323. The clinic office is open from 8:15 AM to 5:30 PM, Monday-Friday. The office is **closed** from **12:00-1:00** for lunch.

All client charts are located in the office and may be checked out as necessary (see below).

Clients will check in at the front desk and be seated in the lobby until their graduate student clinician collects them. *\*COVID-19 protocols may alter this process.*

The copier in the office is for faculty and staff use only. Students are not to use this copier without the express permission of a faculty or staff member.

## **CLIENT CHARTS**

Client charts must **ALWAYS** remain in the clinic area. This includes the prep room, treatment rooms, and educators' 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. Please write legibly.
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 place client charts in lockers. You may keep the charts for an extended period of time (overnight), as long as they are stored in the prep room in the appropriate file drawer. **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.

Any documents with the client's name or identifying information should be either clipped to the chart for addition or placed in the secure shred bin in the prep room.

### THERAPY MATERIALS, ASSESSMENTS & PROTOCOLS

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

Please return test items and materials as soon as possible following their use and within **24 hours**. Because *therapy materials are shared among all students*, a quick return will allow others access to our inventory items.

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 only. Copyright laws should be honored at all times. Please request protocols at least 24 hours in advance.

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 **not** check out tests overnight, but may review them in the clinic.

Your clinical educator may provide you with an audio recorder for some of your sessions. Recordings of your client must remain in the clinic area at all times. You may **NOT** use your personal recording devices for client recording.

The following items may be helpful for you to have during your sessions:

- Small flashlight and batteries
- Small whiteboard
- Stopwatch
- Clipboard
- Markers, crayons, pencils, pens
- Scissors, ruler, tape, glue, stapler
- Index cards
- Stickers
- Colored construction paper



## STUDENT WORK SPACE

HSB Room 121 is the primary graduate student clinical work area. Students enrolled in CMSD 561/563 and/or SHS 575 have priority use of this space. Students will be issued a lockable locker for personal belongings, but must provide their own lock. Keep your personal belongings stored and the room tidy.

Computers are available for clinical use 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 clinical educator. The computers are not accessible for any flash drives/memory sticks. You may store word documents related to your clients in the (O) drive. The printer may not be used for printing of any documents other than those needed for clinic. Printers and copiers for personal/academic use are available in the library and computer labs on campus.

Students may also utilize computers in the treatment rooms when they are not in use.

HSB Room 121 is a confidential space, thus only clinicians, faculty and staff are allowed access. Please do not allow friends, family, clients, etc. to enter this room, as this will be considered a HIPAA violation.

See the policies and procedures related to the COVID-19 pandemic

**NO FOOD OR DRINK** is allowed in the clinic prep area (water in a closed container is permitted).

## TREATMENT ROOMS

Reserve a treatment room for your session by writing YOUR name, in pencil, on the schedule posted on the treatment room door. Do NOT put the client's name or initials on the schedule. Be aware that some rooms are intended for children (129 A-E), while others are for adults (127 A-F). Erase your name if your schedule changes.

Each treatment room is equipped with a one-way mirror. Your session may be video recorded for educational purposes. Each room contains a white board, a cabinet for materials storage, tissues, gloves, tongue blades, cups, and cleaning supplies.

You may store items in the cabinet on the day of your session. Please remove the items when your session is over. Items are not to be stored long-term in the treatment rooms.

Please inform the office staff if there are any missing or damaged items in the treatment rooms.

You are responsible for keeping the treatment rooms clean. Please wipe down the tables, chairs, doorknobs, light switches, and any other surfaces after each session. Please clean the whiteboard after use. Clean toys and materials as appropriate.

Wash your hands before and after every session and follow appropriate infection control procedures.

**NO FOOD OR DRINK** (Other than water) is allowed in treatment rooms. Please be mindful to place water for you or client where it will not damage computers or materials if spilled.

## GRADING RUBRIC for CLINIC, PRACTICUM, and INTERNSHIP

### 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 (*reserved for practicum and internship only*)

(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 and Internship

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). *\*reserved for practicum and internship only*

***Policies and Procedures are subject to change during the year and students will be notified in writing of such changes.***



# UNIVERSITY PROGRAMS IN COMMUNICATION DISORDERS

## UNIVERSITY SPEECH AND HEARING CLINIC

Eastern Washington University • Washington State University-Spokane

### CLINICAL AND PROFESSIONAL INTERVENTION PLAN

For Clinicians Who Demonstrate At-Risk Clinical and Professional Performance

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

**OVERVIEW:** Clinical educators will formally 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) (Students must earn a 3.0 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 educator, lab instructor, or client.*
  - *HIPAA Violations*
  - *Violation(s) of the Department Student Handbook and/or the University Speech and Hearing Clinic Policies and Procedures Manual.*

A student will be placed on a “Clinical and Professional Intervention 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 (CMSD 561, 562, 563/SHS 575) or an “Fail” (CMSD 697 or SHS, 566, 568, 570). Students may be eligible to repeat CMSD 697 or SHS 570. A Clinical and Professional Intervention Plan worksheet will be completed by the student, the Clinic Coordinator, Clinic Director, or the Director of Off-Site Clinical Programs and the clinical educator(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 clinic practicum assignment (at the end of the semester) and successfully complete their Clinical and Professional Intervention 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 Intervention Plan and does not receive at least a 3.0 (B) for their overall course grade, a second Clinical and Professional Intervention 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 Intervention 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 Intervention Plan at any point during their graduate clinic work.

In order to enroll in CMSD 562, SHS 566/568, students must have at least a 3.0 (B) cumulative average in clinical courses (SHS 575/ CMSD 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 clinical educators to be placed in an off-site practicum.

#### PROCESS:

1. **By mid-semester of the student's practicum term:** If a clinical educator is concerned about a student's clinical and/or professional performance, that clinical educator 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 clinical educator(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 clinical educator(s) to review specific concerns.
    - b. The clinical educator(s) will provide a formal **evaluation** using the University Speech and Hearing 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 clinical educator(s). The student and clinical educator(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 clinical educator(s) and clinician will develop and sign a Clinical and Professional Intervention 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 clinical educator(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 Intervention Plan.
- If a student receives a **final grade of 2.7 (B-) or lower after being placed on a Clinical and Professional Intervention Plan during the semester,** he/she will be placed on a second Clinical and Professional Intervention 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, clinical educator(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 clinical educators, 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 CMSD 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 CMSD 563 experience. Additional activities may be designed and incorporated, depending upon individual needs.
- i.
    - a) 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 CMSD 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/CMSD 561) will result in a **dismissal** from clinical training and dismissal from the program.
  - iii. After successful completion of SHS 600 or CMSD 563 and the Clinical and Professional Intervention Plan, the student must complete the original practicum course (e.g. SHS 575 or CMSD 561) with a grade of 3.0 (B) or better.
  - iv. If there are two or more client/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. Students are required to enroll in a clinical course each semester and *must be enrolled* and *pass the course* (according to each respective university's grade requirements) 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.

WSU: C- (1.7 or below) is a failing grade

EWU: C (2.0 or below) is a failing grade



**Eastern Washington University/Washington State University  
University Speech and Hearing Clinic  
Clinical and Professional Intervention Plan Worksheet**

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Coordinator: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

The purpose of the Clinical and Professional Intervention 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:

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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 Intervention 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 Intervention Plan, the student will be dismissed from the graduate program, regardless of academic performance (Refer to CMSD or SHS 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 Sciences and Disorders/Speech and Hearing Sciences Student Handbook, and the University Speech and Hearing Clinic Handbook.

Clinician \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Coordinator/Director \_\_\_\_\_ Date: \_\_\_\_\_

**Washington State University/Eastern Washington University  
University Speech and Hearing Clinic  
Clinical Progress Note**

Clinician: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Coordinator: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

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: \_\_\_\_\_

## Clinic and Clinical Educators Contact Information

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**EWU/WSU Speech and Language Clinic  
COVID Planning  
Fall 2022**

**\*Please see most recently updated COVID policies on Canvas**

# UNIVERSITY SPEECH AND LANGUAGE CLINIC

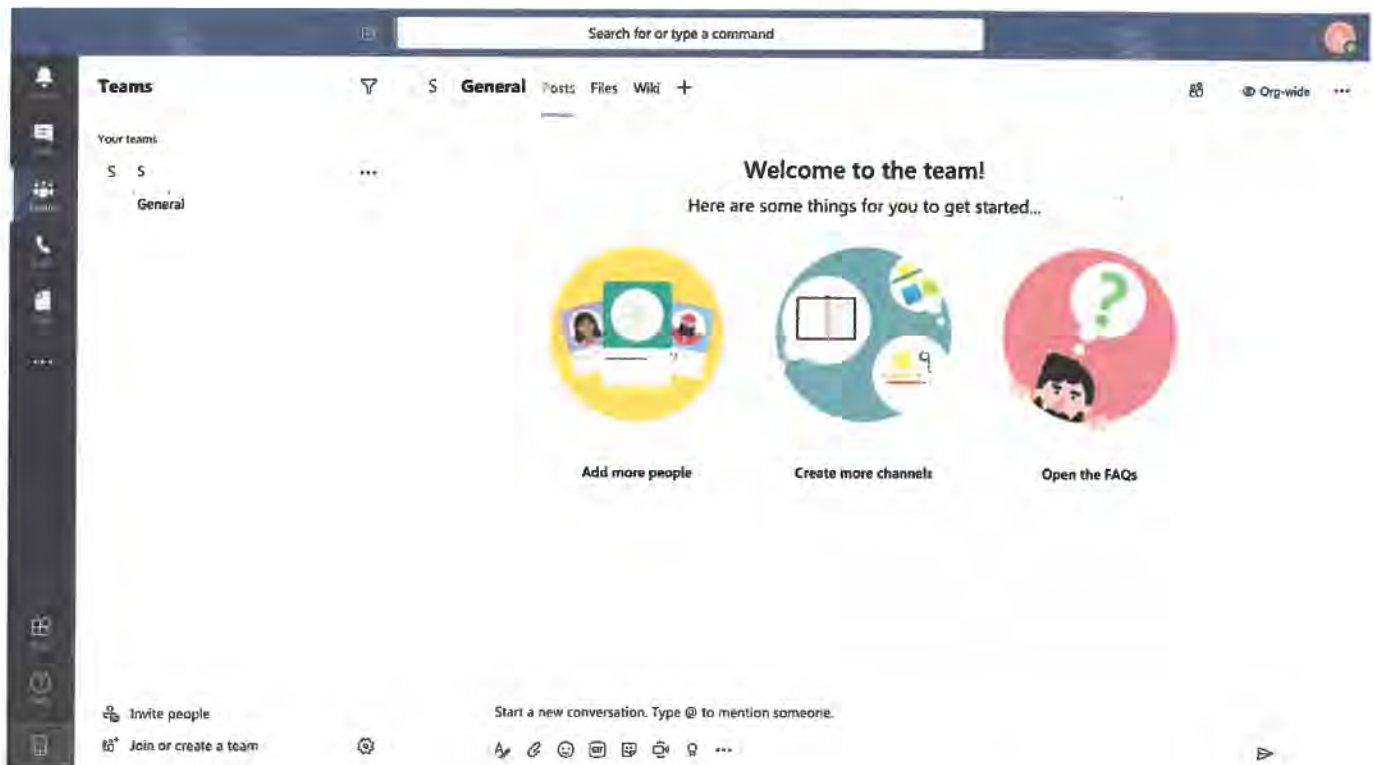
## Microsoft Teams Policy and Procedures for Tele-Practice and Communication

SEPTEMBER 2022

Built on the secure and **compliant Microsoft 365** cloud, **Teams** enables **HIPAA compliance** and also complies with standards like Health Information Trust Alliance (HITRUST), Service Organization Controls (SOC) 1 and 2, General Data Protection Regulation (GDPR), and more.

- *Create a team*

**Step 1:** Open the Microsoft Teams app and click on the “Join or create a team” option at the bottom of the Teams sidebar on the left.



**Step 2:** On the new screen that appears, click on the “Create team” button.

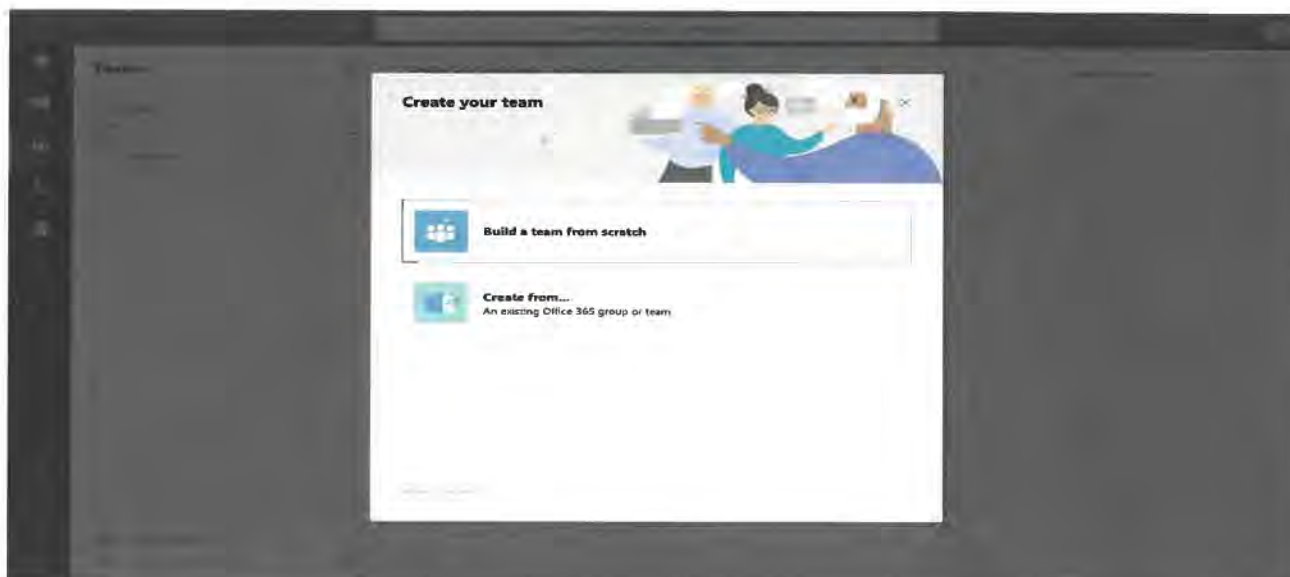


**Step 3:** On the following screen, you can choose:

- Build a team from scratch
- Create from an existing Office 365 group or team

If your team was using Office 365 before signing up for Teams, you may have existing groups that can be added using the “*Create from...*” option.

Otherwise, go with “*Build a team from scratch.*”

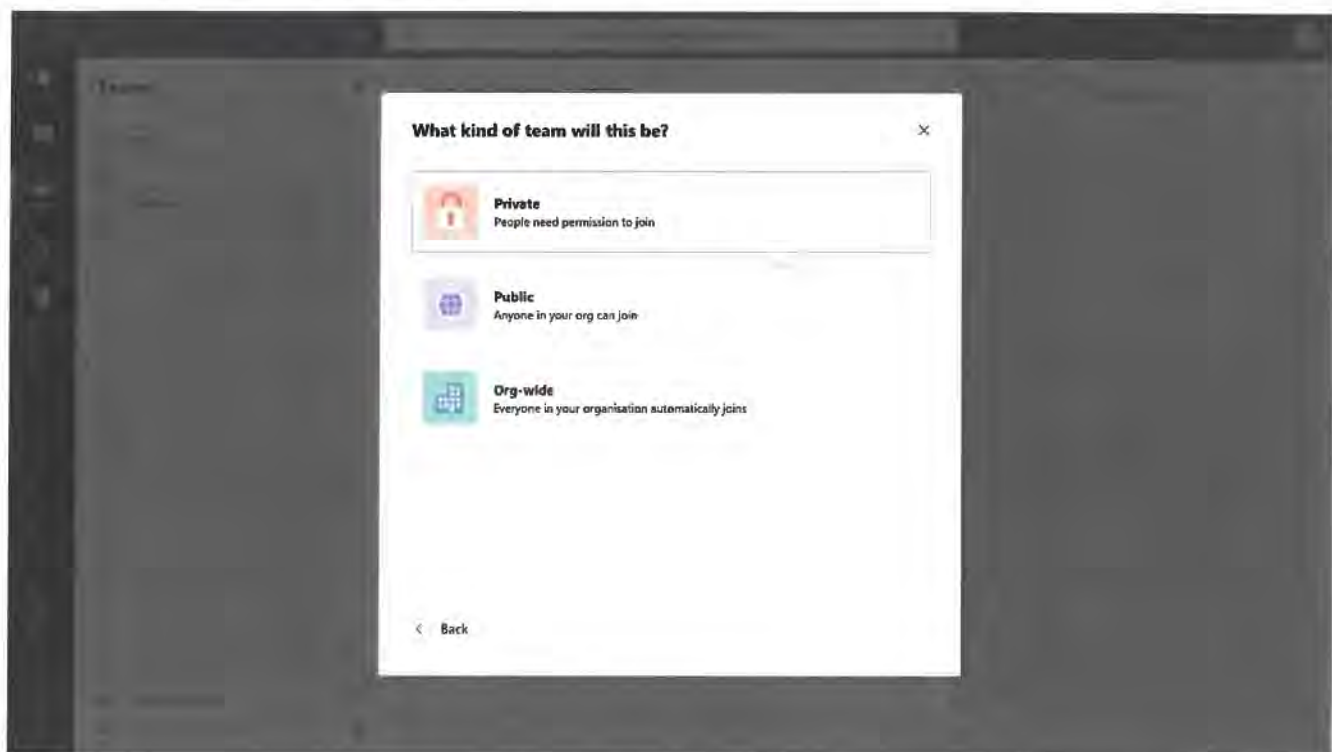




**Step 4:** Next, define who's part of the Team.

Make your choice based on how you want to organize your platform:

- **Private:** If the team should only have a few specific members, select Private.
- **Public:** Best for teams with changing members.
- **Org-Wide:** If you want to host your entire organization as one “team” on the platform and use channels to divide departments, Org-wide is the ideal option.



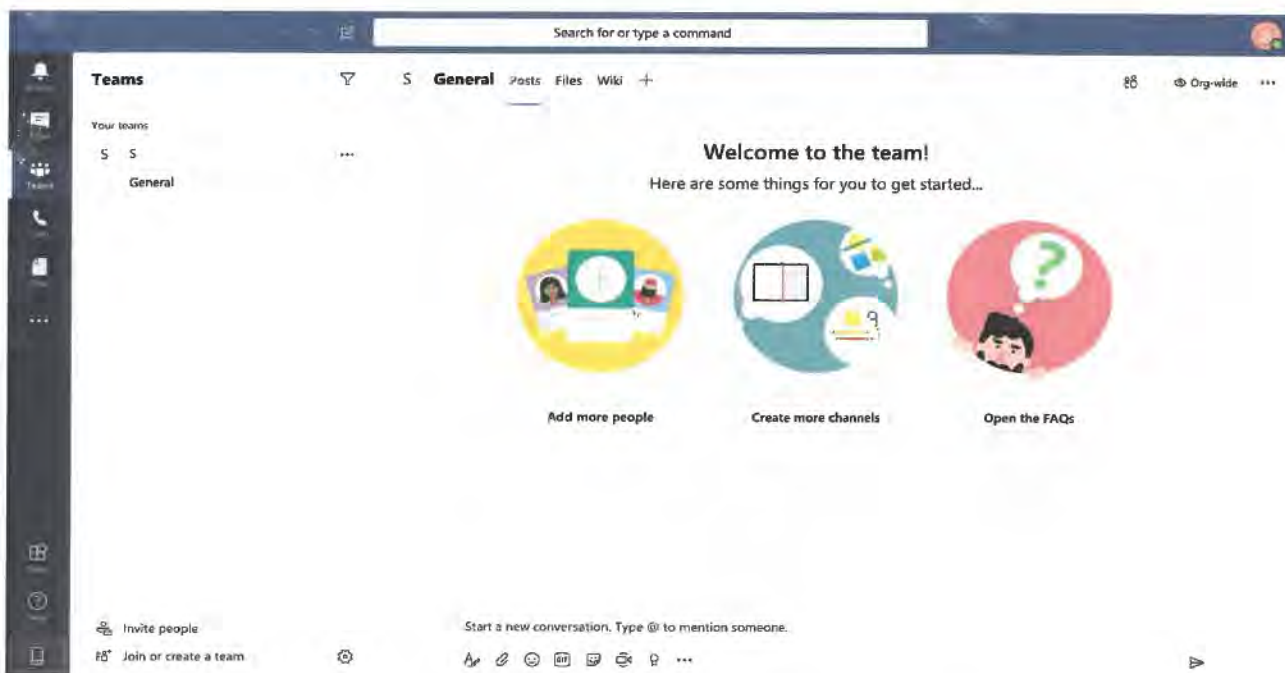
**Step 5:** Once you've chosen the type of team you want to create, you need to give it a name.

Choose an appropriate team name, like “Doreen and Jeff and Suzie” or “Christiane’s supervisees”, and then click the “Create” button at the bottom right.



**Step 6:** Your new team will now appear on the left sidebar of your Teams app (“Doreen’s team” in the image below).

To add members to the team, click on the three dots next to the team name and select “Add member.”



**Step 7:** Type in the names of the members you want to add.

In case these are “guests” such as external users from outside your organization, you can give them guest access through their email address instead.

### Add members to Marketing

Start typing a name, distribution list or security group to add to your team. You can also add people outside your organisation as guests by typing their email addresses.

Start typing a name or group

Close

- ## How To Set Up Video Conferencing in Microsoft Teams

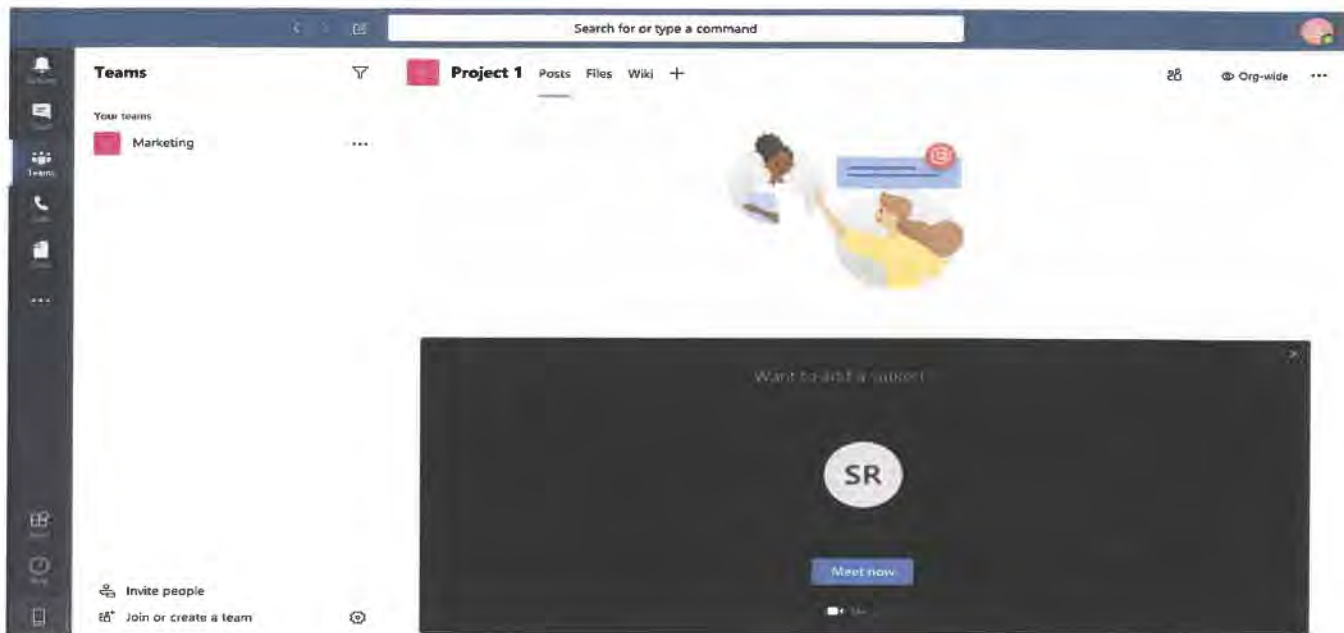
**Step 1:** Open the Microsoft Teams app, and go to the team/channel you want to hold a video conference with.

Click on the small camera icon under the compose box





**Step 2:** If you want, you can add a subject to the video call. Then click the “Meet now” button to start.



**Step 3:** In the video call screen that appears, you can use the toolbar to turn your camera and microphone on/off, as well as share your screen with everyone who joins the call.



# How To Schedule Meetings in Advance

For important meetings that need everyone's presence, it's best to schedule them in advance. This way, people can clear their schedules for the meeting and sync it with their calendars.

Here's how you can schedule meetings in Microsoft Teams:

**Step 1:** Select "Schedule a Meeting" (calendar icon) below the compose box.

**Step 2:** Go to "Calendar" on the left pane and click on "New meeting," which is located at the top right.

**Step 3:** Once you've selected a time range in the calendar, a form will open to help you out.

**Step 4:** Add a title for the meeting, invite participants and add other details. The Scheduling Assistant can help you check everyone's availability.

**Step 5:** Hit "Save" to complete the process. An invite will automatically be sent to each participant's Outlook inbox!

## Second Option:

**Step 1:** Go to "calendar" icon on left hand side bar.

**Step 2:** Click on "new meeting" in upper righthand corner.

**Step 3:** The schedule box will show up/

1. Add title of meeting
2. Add Attendees (email). You can add your client email here.
3. Add "date" and "time" (start and stop time).
4. Click "Save"
5. Your students and your client will receive an email invite.
6. Your client will click on  
["Join Microsoft Teams Meeting"](#) in the email.
7. Then they click on ["Join as a Guest"](#) (unless they have Microsoft Teams downloaded).
8. They will type in their name and then click ["Join Meeting"](#).
9. You will admit them to the meeting.



## Graduate Student Acknowledgment Form

I have read and understood the information in the University Speech and Hearing Clinic Handbook. I have been given the opportunity to ask questions about the information provided. I understand that I am responsible and accountable for the contents of the manual, and will abide by the policies and procedures contained therein.

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Printed Name

---

Signature

---

Date