

GUIDE TO CLINICAL PRACTICUM – Speech-Language Pathology

I. INTRODUCTION

The speech-language pathology and audiology practicum assignments are an essential educational component of the graduate program. This portion of the Student Handbook is designed to acquaint students with clinical policies and procedures. It will serve as a reference throughout the clinical experience.

A. Non-Discriminatory Policy

Individuals must not discriminate in the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for and potential benefit from services such as: race, sex, age, religion, national origin, sexual orientation, or handicapping condition.

B. Confidentiality

Students are required to follow departmental policies and [Health Insurance Portability and Accountability Act \(HIPAA\) of 1996 policies](#) regarding confidentiality. The requirements of HIPAA apply to the storage and/or electronic transmissions of patient related information, and are intended to ensure patient confidentiality for all health care related information.

In general, the rules state that any health care provider or insurance entity that maintains or transmits individually identifiable health information, referred to as “protected information,” about a client/patient is deemed a “covered entity” and is subject to HIPAA. An entity which collects, stores, or transmits data electronically, orally, in writing or through any form of communication, including fax, is covered under the HIPAA privacy rule, as is the information itself.

C. Sensitive Material

Sensitive information will include but will not be limited to the following areas:

Information that could be considered social in nature with an attached social stigma, to include:

- * Family history of mental illness, substance abuse, suicide or suicidal intent.
- * Marital discord or marital problems.

- * Information about the behavior or personality of another family member not provided by that person (e.g., a mother describing her ex-husband as violent or abusive).

This information should be included in a report only if its inclusion is relevant to the diagnosis. For example, if a child is being evaluated for a communication problem, family history of speech problems, hearing problems, learning disabilities, and mental handicapping conditions are important in making the diagnosis of a communication disorder. The source of this information must always be specified (e.g., According to the mother,...). Chatty details and subjective, value-laden interpretations are to be avoided.

Financial information should almost always be excluded from a report unless it is directly relevant to the diagnosis (e.g., financial problems causing the parents to be unable to obtain medical care or a child's reaction to severe financial problems causing a communication disorder).

D. Videotaping/DVDing Clients/patients

At the beginning of each semester each student or team may be required to purchase videotapes/DVDs for each clinical assignment. The diagnostic clinical assignment requires two tapes/DVDs for each diagnostic session. A treatment clinical assignment requires initial measures, therapeutic procedures and/or final measures during the semester. **The tapes/DVDs are not to be removed from the Clinic without consent of the instructor. All tapes/DVDs must be given to the supervisor at the end of the semester or following an evaluation.**

E. Mailing Reports

The Clinical Program Assistant is the **only** person authorized to send/distribute reports generated by the Clinic.

II. PREREQUISITES FOR PRACTICUM ENROLLMENT

A. Speech-Hearing Screening

Each student in the Department must have a speech and hearing proficiency check **prior to enrollment in practicum**. This screening must be completed during the first semester of enrollment as a graduate student if not completed at USF in SPA 4050. Any student admitted to the program who has NOT had this check, will not be enrolled in practicum.

B. Observation Hours and CPR Certification

All students should have documentation of 25 hours of observation experience before being enrolled in practicum. Documentation of the completion of these hours must be submitted to the Clinic Director during Fall orientation prior to the student's first semester in the graduate program. Documentation must be in the form of an observation log or letter, on letter head, from the program confirming the observation hours. Documentation must be an original, not a Xeroxed copy, with the name and ASHA number of the person who certified the hours. In addition, all students must have documentation of training in community CPR (infant, child, and adult) and HIV or must complete training prior to initiation of practicum. Certification in CPR/HIV must be maintained throughout the graduate program.

C. Assignment to Practicum

Students may not register for a practicum unless it has been assigned and approved by the Clinic Director. Practicums are assigned the first semester of admission into the program. If for any reason a practicum cannot be completed in the assigned semester, the Clinic Director will reassign the student. Modification of the clinical assignment is made on an availability basis. The student will be assigned to the first available semester. **These changes may delay graduation.** Changes must be made before the semester assignment begins.

It is the policy of this Department that no student will acquire or be given credit for clinical clock hours completed while working in a paid position with the exception of paid traineeships (i.e., Veteran's Administration Hospitals) or assigned stipend funded positions.

III. CLINICAL CONDUCT

A. Professionalism

The Speech, Language, Hearing Center is a recognized service provider in the Tampa Bay area. In addition, it serves as the primary facility for clinical training for graduate students enrolled in Speech-Language Pathology and Audiology practicum activities on campus. Students are required to conduct themselves in a professional manner reflected in demeanor, dress, verbal exchanges, and compliance with all policies and procedures associated with clinical assignments.

B. Dress Code

Students tend to dress casually for classes. However, when on clinic floors (1st and 2nd floors), students must dress appropriately during clinic hours as this is a professional environment and attire during clinical hours should reflect professionalism. Questions regarding dress should be addressed to the clinical supervisor. The following garments are **NOT** considered to be appropriate professional attire for clinic:

1. Dresses, shorts, skirts, and/or culottes more than 1 inch above the knee.
2. Sleeveless shirts, tops or vests without undergarments such as a blouse or shirt with sleeves.
3. Tank tops and garments with spaghetti straps.
4. Any type or color of jeans.
5. Leggings and tops, three-quarter length pants (pedal pushers, clam diggers, etc).
6. Sheer fabrics without appropriate undergarments.
7. Sandals, sneakers and tennis/athletic shoes.
8. Visible piercing except for earrings. The number and type of earrings per ear should not be distracting to the client/patients.

Shirts with collars are required for men, and shirt and tie are required for male audiology students. All students are required to wear professional attire and should follow the directions of their supervisor. Students are required to wear green polo shirts and khaki pants or skirt and non athletic/tennis footwear as the “uniform” for off-campus clinical assignments with the exception of externships.

C. Cell Phones and Beepers

Cell phones and beepers must be turned off when students are in the clinic. Under no circumstances should a student’s cell phone or beeper ring or vibrate when attending to a client/patient.

D. Liability Insurance

NSSLHA offers professional liability coverage to its members. The insurance covers malpractice and injury to client/patients for which the student clinician may be liable. Contact a NSSLHA officer or the sponsor for more information. It is strongly recommended that students obtain liability insurance. Some externship sites require it.

E. Code of Ethics

Students in Speech-Language Pathology and Audiology are regarded as professionals and are expected to adhere to the ASHA Code of Ethics (<http://www.asha.org/about/ethics/>). During their first semester students will be required to sign a statement confirming their knowledge of the Code and their agreement to adhere to the Code.

IV. EVALUATION OF STUDENTS AND PRACTICUM EXPERIENCES

A. Grades

Any grade less than a B- is considered unsuccessful completion of the practicum and demonstration of clinical competence, therefore clock hours will not be awarded. Students who earn a C+ or lower must repeat the practicum. Upon successful completion, some clock hours from the initial experience may be awarded at the discretion of the supervisor in consultation with the Center Director. Failure to complete a practicum successfully may likely result in a delay in further practicum assignments. The student must meet with the Center Director to reschedule all remaining practicums.

B. Incompletes

Incompletes of practicums must be resolved to the satisfaction of the clinical instructor(s) or the student may not be eligible for subsequent practicums.

C. Evaluations

Students receive a midterm and final evaluation. The evaluation will be completed on the SLP Practicum Evaluation Form or Audiology Clinical Competency Worksheet. A detailed explanation of each category is included. Students are also asked to evaluate the supervisors. This evaluation will be completed at the final practicum meeting of each semester and submitted to the administrative assistant (PCD 4021). **Do not** complete the evaluations in the presence of the supervisor.

D. Clinical Assistance Program

The purpose of the Clinical Assistance Program (CAP) is to provide extra clinical supervisory support to those students identified by their supervisors as needing extra assistance. The following procedures will be implemented.

1. Initial identification of an at-risk student should occur and be officially documented by the clinic midterm evaluation week of the designated semester.
2. Criteria for initiating a CAP include the following, but may not be limited to:

A score less than 3.1 (below a grade of B-) in any of the 5 skill areas assessed (INTERACTION AND PERSONAL QUALITIES, ADMINISTRATIVE/WRITING FUNCTIONS, EVALUATION, INTERVENTION, ETHICAL CONDUCT/CLINICAL PROBLEM- SOLVING), as indicated by the appropriate USF-SLHC Session Evaluation Forms and/or Mid-Term Evaluation Form.

3. The clinician will be notified in writing, via the Clinical Assistance Form (CAF) by the primary CAP supervisor.

- a. The clinician and supervisor(s) are required to sign and date the CAF.
 - b. The date indicated on the CAF becomes the official **start date** for any CAP.
 - c. A copy of the CAF will be forwarded to the Clinic Director and the Practicum Coordinator. The Clinic Director will attend the Clinical Intervention Plan (CIP) Conference to establish the criteria for successful completion. The CAP Supervisor(s) and/or the student may also ask the Practicum Coordinator to attend the meeting.
4. An individualized Clinical Intervention Plan (CIP) Conference will be scheduled to establish the CAP criteria. The criteria for a CAP must include the following, but may not be limited to:
- a. Specific skill areas targeted for intervention, e.g., Dx or Tx.
 - b. Documented specific competencies to be developed within each skill area.
 - c. Cooperative development of specifically targeted competencies.
 - d. Documentation of whether or not the criteria for each competency was met, utilizing the CAP coding system (see CAP legend) by the CAP Supervisor.
5. Criteria for Completion of a CAP. Completed criteria must reflect a + (met criterion) each competency goal and competency rating of greater than or equal to 3.1 (B-) in each of the applicable areas. Any student failing to meet this criterion may:
- a. Receive a grade of "C" or lower in the designated practicum.
 - b. Be required to repeat the designated practicum.
 - c. Be counseled by the CAP Supervisor, Center Director, and/or the appropriate Academic Program Director, regarding future options. The Practicum Coordinator may also be consulted.

V. DOCUMENTATION OF CLINICAL EXPERIENCES

A. Clock Hour Sheets

Students will be required to record their clock hours weekly on ReqsManager, a software package designed to track all student clock hours. In addition, clock hour forms are located on top of the book case in the student workroom. At the end of each semester, students are responsible for totaling the number of client/patient contact hours completed during the semester and recording them on **two original ASHA Clock Hour Forms**. Be sure to use the copies provided in the student workroom because these are labeled as official USF clinic hours forms. **Report clock hours in decimals rounding to the nearest quarter hour** (i.e., ≥ 53 minutes = 1 hour, < 53 minutes but > 38 minutes = .75). There can be no white-outs or mark-throughs on these sheets. Be sure the supervisor **prints and signs** his/her name, and provides an ASHA number so that there are two originals. One original should be submitted to the clinical program assistant so that it can be posted in the student's permanent file and one should be placed in a secure place for the student's personal use.

B. State Licensure Requirements

Due to the current difference in documentation required by state licensure boards and ASHA, the Department continues to document both clock hours and competencies demonstrated in clinical experiences. Clock hours include direct client/patient contact and will also include related experiences which may not be direct client/patient contact. Students are responsible for identifying the specific licensure requirements of the state or states in which they seek employment after completion of program requirements.

VI. CLINICAL SUPERVISION

The minimum percent of direct supervision required by ASHA is 25% per client/patient. Supervisors and students are jointly responsible for compliance with this requirement. Students **MAY NOT** engage in therapy or diagnostics if their supervisor is not present unless the supervisor has arranged in advance for a substitute. In the event of an emergency, see the Clinic Director for assistance.

Supervisors use a variety of observation summaries/checklists to provide feedback on clinical sessions. Please check with individual supervisors to review comments and suggestions.

VII. PROCEDURAL SAFEGUARDS

A. Accidents

If anyone has an accident or becomes seriously ill in the clinic, notify the supervisor or another faculty member, immediately. Call campus emergency (911) for assistance. In the event of minor injuries, a first aid kit is located outside the Program Assistant's office on the shelf. Even if the injury is minor, notify the supervisor and the clinic program assistant to document the accident.

B. Seizure Procedure

1. Keep calm and have someone notify the supervisor. A seizure cannot be stopped once it has started. Do not restrain the client/patient or try to revive him/her.
2. Clear the area around the client/patient of hard, sharp or hot objects which could injure him/her.
3. Do not force anything between his/her teeth. If the client/patient's mouth is open, place a soft object (i.e., handkerchief) between his/her teeth.
4. Turn the client/patient's head to the side and make sure the breathing is not obstructed. Loosen tight clothing.
5. Carefully observe the client/patient's actions during the seizure for a full medical report later. When the seizure is over, let the client/patient rest if he/she wishes.

C. AIDS

Because our clinic has a non-discriminatory policy, students may be assigned a client/patient with AIDS. Unless the client/patient discloses this information during the interview or on the case history form, the clinic faculty may not know the client/patient has AIDS. Please read the information from ASHA (**available as a separate document**) to be an informed and knowledgeable professional.

D. Infection Control Procedures

Complete infection control training will be provided during orientation. This section is intended to acquaint students with the general precautions needed in treatment.

Clinicians should make sure to update medical history at the beginning of each semester on each client/patient. This should include the medications being taken and a check that client/patients under 18 have immunization records documented if the client/patient is receiving ongoing therapy.

Clinicians should wash their hands thoroughly before and after each client/patient, after removing gloves, after going to the restroom, after smoking, after applying cosmetics and after cleaning. Clinicians must ALWAYS wear gloves when exposed to bodily fluids and disinfecting work areas. CLINICIANS WILL NOT EAT, DRINK, OR HANDLE CONTACT LENSES OR COSMETICS IN TREATMENT AREAS. This of course does not include sessions where feeding is part of treatment.

Surfaces such as table tops, mirrors, chairs, etc should be cleaned and disinfected. Disinfectant materials are stored in each room. Clinicians must wear gloves when using disinfectant. This is a two step process. First the surface is wiped

with a paper towel. Then surface is sprayed with Cavicide and wiped (or wipe with Sani-Cloth). Lastly spray surface again with Cavicide and leave it wet (or wipe again with Sani-Cloth and leave wet). These products may be harmful if they come in contact with skin or eyes. **DO NOT EXPOSE CLIENT/PATIENTS TO THESE PRODUCTS.**

Waste contaminated with cerumen, drainage, saliva, etc. must be carefully disposed of in appropriate trash bins. Toys should be sprayed with disinfectant or placed in a dishwasher hot water cycle of greater than 155 degrees. Nuk brushes must be sprayed with disinfectant and let dry for 7-10 minutes. They then should be rinsed and placed in an individual plastic ziploc bag or tupperware container.

E. Procedures for Evacuation of the Building

In the event of fire or emergency, warning indicators (strobe lights, siren, and voiced instructions) will engage. Faculty and staff should secure the clinical areas and building by giving directions to students and client/patients, making sure that all interior doors are closed, and assuring that everyone evacuates the building. Evacuation of the third and fourth floors will be completed using the stair well. Clinicians should remain with their client/patient and assist them throughout the evacuation. Walk calmly and in an orderly fashion. Those on the first floor should use the main entrance to leave the building and should proceed to an area a safe distance from the building. Clinicians, client/patients, and individuals in the waiting area on the second floor should exit using the stairs to the playground. When the stair well is cleared, clinicians on the second floor should take client/patients who are not ambulatory (wheelchairs, walkers, etc) to the second floor landing in the stair well. The stair well has a two hour fire wall. Remain with the client/patient until the fire/rescue team arrives. Notify the team that we have individuals who need to be evacuated. Do not use the elevator.

VIII. FACILITIES

A. Mailboxes

Student mailboxes are located in PCD 2031. Each graduate student will be assigned a mailbox at the beginning of each academic year. **PLEASE EMPTY ALL MAILBOXES THE LAST WEEK OF EACH ACADEMIC YEAR.** The mailboxes will be re-alphabetized during the semester break prior to the new academic year. If a student is not assigned a mailbox, please notify the clinical program assistant immediately.

B. The Student Workroom

The student workroom is located in PCD 2031. It is open to all students for planning, study and work purposes. The following items are housed in the student workroom:

1. Lockers. Lockers for therapy materials and personal belongings may be rented from NSSLHA. See NSSLHA Advisor for procedure.
2. Resource Library. Materials such as texts, journals, etc. are to be found on shelves in the Student Workroom.
3. Toys & Materials. Toys and materials are organized on the shelves in the Student Workroom. These materials are available for use in therapy sessions. All materials used must be returned promptly following the session. **No materials are to be left in the therapy rooms or observation rooms.**
4. Computers. Computers are provided for student use in completing assignments related to clinical and coursework assignments. **They are not for personal use.**
2. Printer. The printer in the student room is for student use. Students use ONLY their USF ID card to pay for printing. Do not attempt to use credit or other debit cards.

C. Center Playground Policy

The Center playground located to the south of the PCD building is for the exclusive use of client/patients and clinicians for therapy purposes. Client/patients must be accompanied by a clinician at all times. Clinicians should not take a client/patient to the playground without a supervisor's consent. No parents and siblings are to use the playground unless accompanied by a clinician and/or supervisor. Their presence should be for clinical treatment purposes only.

IX. BUDDY – MENTOR PROGRAM

All students in SPA 4050 (Prepracticum) are assigned a graduate student as Mentor. The Mentor/Buddy assignments are made in the second week of clinic. Graduate students are assigned Buddies by the instructor of the SPA 4050 class. Undergraduate students participate in observation of their mentor on a weekly basis. The undergraduate students are eager to support graduate clinicians in any way. They cannot be involved in the actual treatment or evaluation unless the mentor's supervisor has approved their participation. They will ask questions and review files related to the assignment. Please accept this extra responsibility graciously and conscientiously. It is important that our undergraduate students feel a part of the Department.

I. ASHA/USF CLINICAL REQUIREMENTS FOR SLP

Up to 50 clock hours at the undergraduate level **may be** applied toward the minimum of 400 clock hours required by ASHA. A minimum of 375 clock hours in the major area must be in direct client/patient contact and 25 hours in clinical observation. The number of hours accepted by the Department will be determined by the Center Director. Depending upon the number of hours and the type of experience, one Externship may be waived. See the Center Director for an appointment to review undergraduate hours. For students who have no previous clinical clock hours, the following practica will be required:

A. Practicum Assignments in Speech-Language Pathology

	<u>Credit Hours</u>	<u>Minimum Clock Hours toward Minimum of 375</u>
Diagnostics I	2	16
Voice/Fluency/Neurogenics	5	65
Language/Phonology	5	65
Aural Rehabilitation	3	20
Externship I	4	75
Externship II	4	75

Students may elect a Specialty Practicum as part of a Thesis Alternative to pursue an area of interest such as aphasia, accent reduction, augmentative communication, etc. Students must be engaged in 4 hours of clinical activity per credit hour each week.

One Externship may be a V.A. or other traineeship. If the traineeship spans two semesters, the student will enroll for 2 credit hours each term and attend Externship meetings during one term.

Be aware of opportunities to earn clinical clock hours through screenings, extra clinical assignments, and/or specialty practicum. Periodically, opportunities for screenings are posted in the student room. **It is the student's responsibility, with departmental assistance, to compile a minimum of 375 clock hours during his/her academic career.**

B. Client Assignments

Assignments for each practicum will include the following:

<u>Practicum</u>	<u>Assignment</u>	<u>Clock Hours/ Week</u>	<u>Add'l. Hours Prep Time</u>
Diagnostics I	screening	2-3	2
Voice/Fluency/ Neurogenics	2 Indiv. adult or child (Voice or Fluency)	3-4	6
	1 group	3-4	6
	3 Diagnostic Evals	2 per eval	3 per eval
Language/Phonology	1 preschool	4-5	8
	1 school age	2-3	4
	3 Diagnostic Evals	2 per eval	3 per eval
Aural Rehabilitation	1 adult or child	2	4
	1 Diagnostic Eval	2 per eval	3 per eval
Externships	variety of disorders and ages	no less than 16 hrs/week	
Specialty (optional)	varied	1-8	1-8

In addition to the above clock hours and estimated preparation time per week, students are required to attend one practicum meeting per practicum each week. Additional blocks of time may be required. Before finalizing semester schedule, check with individual practicum supervisor.

C. Practicum Meetings

Mandatory practicum meetings are held weekly for each practicum. Meetings consist of discussions about clients, sharing therapy ideas, getting help for problems encountered in therapy, literature reviews, and announcements pertinent to clinic operations. A client presentation also may be required during the term. Externship practicum meetings are variable.

II. CLIENT FILES

All clients seen in the clinic must have a permanent file in PCD 2000C. Consult the clinical program assistant and the supervisor regarding procedures for establishing a new file. Use of client files must comply with HIPAA guidelines.

A. Sign-Out Procedures

Sign out the client's permanent folder by filling in the required information on the sign-out sheet located in PCD 2000C. Ask the clinical program assistant or supervisor for details of this procedure. **CLIENT FOLDERS MAY BE REVIEWED IN THE DEPARTMENT, OR STUDENT WORKROOM (PCD 2031). ALL FOLDERS MUST BE RETURNED BY THE END OF EACH DAY. NO PARTS OF THE FILE MAY BE COPIED OR REMOVED. When returning the file, place in the plastic bin located on the floor of Room 200C. No identifying information may be copied by the student taking notes from the file. Any violation of these procedures is a breach of ethics and may result in a change in student status.**

B. Active: In Therapy

Permanent folders are located in the Clinic Office (PCD 2000C) and are classified under ACTIVE in the file drawer for Speech-Language Pathology. Active folders are filed alphabetically.

C. Waiting For Therapy

To obtain information on clients who have previously been evaluated and recommended for speech-language or aural rehabilitation therapy, locate the file cabinet drawer labeled WAITING FOR THERAPY. Folders are filed alphabetically.

D. Diagnostics (Speech-Language)

When a client is scheduled for an evaluation, the folder is filed in PCD 2000C and is placed in the top file drawer behind the name of the Clinical Supervisor in charge of the evaluation.

E. Inactive Files

In order to obtain an inactive client file, a file number must be obtained. The client names are listed in alphabetical order in card files located in PCD 2000D. Upon locating a client's name, his/her file number is listed in the upper right corner of the card. The file number is then used to locate the desired client folder. The file numbers are indexed by semester #-year-and order in which the case history form was received + S for Speech file(i.e., 2-90-14S- Semester II, 1990, 14th file).

F. File Organization

Client folders are organized into six sections on colored backings (located in the student workroom). All material must be filed in the appropriate order. All reports and other material are filed in chronological order from oldest (on bottom) to most current (on top) on each backing. The organizational sections and colors of the backings are, in order from top to bottom:

1. **Yellow Backing** – Final Therapy Reports
All protocols are located directly under the appropriate report including any from initial measures. Most recent reports should be stacked on previous reports.
2. **Pink Backing** – Diagnostic II Reports completed at USF-CDC
Summary letter to parents/client and all protocols are located directly under the report.
3. **Red Backing** – Audiological Reports
All audiograms and tympanogram data are included. This includes audiograms and reports from other agencies. Reports should be filed chronologically, with the most recent report on top.
4. **Green Backing** – Hearing Aid Information
All hearing aid notes and other information pertaining to hearing aids.
5. **Orange Backing** – Correspondence/Background Information
Includes parent inquiries; letters to parents other than evaluation summary letter; and all other information from other agencies including medical update information.
6. **Blue Backing** – Case History and Release Forms

III. THERAPY PROCEDURES

A. Scheduling

After receiving client assignments for a given practicum, student clinicians should follow the supervisor's directions for contacting the client(s). Individual clients are typically scheduled for 60 minute sessions twice weekly. Clinicians should reserve the last 5-10 minutes of each session for conferencing and/or restoring order in the treatment room. It is also necessary for clinicians and clients to leave promptly after each session so that the next session may begin as scheduled.

When scheduling clients, give your name, the supervisor's name, and the clinical program assistant's name and phone number (974-9844). **Clients should be instructed to contact the clinical program assistant if they are unable to attend a**

session. When the clinic office is notified of the cancellation, a notice will be placed on the bulletin board located in the student workroom. It is recommended that clients write necessary phone numbers and names on the back of their parking pass so that they always know where to locate the desired information in the event they need to contact the Clinic.

B. Absences

To insure that clients receive a full therapy session, they must arrive on time. If clients find it necessary to miss a session, they should notify the clinician and the clinic in advance. Make-up sessions may be arranged if scheduling permits. **If the client misses three sessions, he/she is subject to dismissal.** If **clinicians** must cancel a session, it is mandatory that the session be rescheduled unless the client is unable to attend a make-up session. **Always clear make-up sessions with the supervisor in advance.**

C. Therapy Room Sign Up

After scheduling has been confirmed, the supervisor will work with the clinical program assistant to reserve a therapy room for sessions. Clients are typically scheduled for one-hour sessions. If rooms must be changed, remember to change the room assignment in the master schedule with the clinical program assistant. If for initial measures or other reasons a room is needed for one or two days, please use a tiny post-it on the appropriate time/room with your name and date(s) on which you wish to reserve the space.

Each therapy room has furniture assigned to it. **Please make sure that the assigned furniture remains in the appropriate room. Equipment/furniture is not to be left in the hallways at any time due to fire safety regulations.**

D. Therapy Room Preparation

Before each therapy session, check the therapy room for the following:

1. Be certain that both client and clinician are in camera range.
2. Be sure that all materials have been gathered and organized for the session. Temporarily store materials for therapy in the cabinet.
3. **NEVER LEAVE THE CLIENT UNATTENDED** in the treatment room.
4. Do not leave any valuables unattended in the therapy room or in the student workroom.
5. Be sure to complete infection control procedures.
- B. Do not tape any materials to the walls or doors.

E. Client Sign-In

Clients should be instructed to sign in with the Clinical Program Assistant when they arrive for each session. The program assistant gives each client the billing form to

be filled out during the initial therapy visit. The client will receive a semester parking permit during their initial visit. Clients are to park in the parking places designated as "CSD/PSY Clients" on the north side of the PCD building (Lot 9C), the south side (Lot 9A), the west side (Lot 10). Clients should NOT park in a Reserved (indicated with a stenciled number) or Handicapped space unless the client has the appropriate permit.

F. Baseline Measures

The first week of clinic is reserved for initial testing and completion of baseline measures for each client. Initial reports/outlines are then written for each client and submitted to the supervisor for approval. Any variations in the schedule will be announced by the immediate supervisor. **Report writing and necessary revisions are time consuming; therefore, be prepared to set aside sufficient time to complete, make required changes and receive approval for each report.**

G. Observation

Supervisors and fellow students will observe therapy sessions. Parents or visitors must obtain permission to observe sessions from the supervisor. Only persons directly related to the intervention process may observe. **Children are not allowed in the observation areas.** Encourage parents to make arrangements for siblings who are not old enough to wait independently in the waiting room while they observe. Every student is invited to observe therapy sessions as often as possible. However, **always** check with the supervisor first. The supervisor may not want observers for particular sessions or there may already be several observers scheduled. Parents/supervisors take priority for seating.

H. Materials and Equipment

Throughout the semester, the use of video equipment may be required or desirable. Video recording is generally achieved using the VHS recorders set up in the therapy room, the DVD recorders in the supervisors' observation area, or with free-standing cameras which may be reserved. Cameras must be reserved prior to their use. Be sure to reserve equipment well in advance, because there may be demands for cameras. A clipboard located in PCD 2030 is used to sign out cameras. Write the number of the camera, the time it will be used, and your name.

Equipment such as audio recorders, Language Masters, mirrors, and other smaller items are housed in individual treatment rooms, as well as PCD 2030. All diagnostic tests and treatment materials are also kept in this room. A clipboard with sign-out sheets for daily use of this equipment is located on a shelf in PCD 2030. Reserve all tests on the calendar located in PCD 2030.

If a student wishes to check tests or programs out overnight:

1. Check the calendar in PCD 2030 to be sure that the test has not been reserved (If we only have one copy of the test it cannot be taken out when reserved. If we have multiple copies, it may be checked out.)

2. Locate a blue slip kept in the front of the file box on the shelf and fill it out.
3. Obtain a supervisor's or the clinical program assistant's signature.
4. File the slip in the box **alphabetically under the name of the test.**
5. **Check out the entire test/program. Do not remove manuals or portions of the material.** Keep the entire set together. If only the manual is needed, copies of manuals are available for check-out and are located in the bottom file cabinet drawer.
6. **Tests may be checked out from 4:00 – 5:00 p.m. Monday through Thursday and at noon on Friday.**
7. Tests and materials must be **returned by 9:00 a.m.** the following morning.
8. **When returning the test/kit/program be sure to have a supervisor or the clinical program assistant verify the return by his/her initials on the blue slip.**
9. Be certain items are replaced properly.

Protocols are located in the file cabinet in PCD 2030. If a protocol is removed and 5 or less remain, write the name of the test on the form taped to the cabinet. The graduate assistant will check the form weekly and replace any protocols needed.

Materials that may be used for treatment activities such as books, games, record players, records, cards, etc. are also located in PCD 2030 and the student workroom. These materials may not be removed from the clinic. **They are to be used exclusively for treatment/diagnostics, not to entertain waiting children.** Parents should be encouraged to bring toys from home for siblings. Safe toys are provided in the Waiting Room.

A comprehensive inventory list is in a notebook in PCD 2030.

I. Treatment Plans

A copy of the treatment plan to be used in each practicum will be distributed during the first practicum meeting of the term. Students are responsible for making copies for each of the clients' treatment sessions. Treatment plans are made in duplicate with the original placed in the **working file** located in the supervisor's office or supervisor workroom in PCD 2008D and a copy kept by the student clinician.

Supervisors sign in and out on the treatment plan and log each time a student is observed. The first session will not state a percentage or cumulative time. Each subsequent plan must have the cumulative times and percentages. Percentage of supervision is determined by dividing the cumulative supervised time by cumulative treatment time.

Each supervisor will have specific instructions as to where the lesson plans should be placed for easy access for the supervisor. For instructions, see the supervisor.

J. Report Writing

1. An **Initial Report/Outline** that includes goals, rationales, and baseline filed in the **working folder** located in the supervisor's office.
2. A **Final Report** is written at the end of each semester. It summarizes the work with each client as well as final measures taken. The supervisor will provide an outline for the report. Clinicians submit a rough draft of the report (**all rough drafts are to be double-spaced**) on which the supervisor writes comments for revisions. After a final review by the supervisor, the report will be single spaced, signed by supervisor and clinician and filed in the client's permanent file located in the clinic office. If the report is to be sent to the parent/client, it should be paper-clipped to the top of the file and given to the clinic secretary (**do not staple or punch holes in the report**). Each practicum varies slightly in treatment plans, report requirements, etc. in an attempt to prepare each student to be flexible and to adapt to various settings.

K. Permanent File Update

At the end of each practicum, each client's permanent file is to be updated. Inside the front cover, indicate Semester/Year, Sessions Attended, Recommendation, Clinician (your name) and Supervisor's name. If parents/client are contacted by phone concerning problems such as scheduling, early dismissal, etc., enter date (including year), explanation, clinician's initials, and supervisor's initials under "Comments" inside the back cover. On the front cover of the file, **in pencil**, indicate status of the client (Active, Inactive, Waiting Tx) including the term and year.

VI. DIAGNOSTIC PROCEDURES

Rooms PCD 2002 and PCD 2006 are reserved for evaluations. Students are responsible for setting up video equipment before each evaluation. Permanent files are located in PCD 2000C in the top drawer of the file cabinet behind the divider labeled with the supervisor's name. Students are responsible for checking out files properly.

Students work in teams of two or three. They are responsible for confirming appointments several days prior to the evaluation and the night before the evaluation. A formal report is written for each evaluation as well as a letter to the parent/client summarizing test results. Reports should be completed promptly and signed. The clinical program assistant is the **only** person authorized to send/distribute reports generated by the Center. **No reports** are to be sent/distributed without approval of the supervisor. Other procedures are explained by the practicum supervisor.

VII. EXTERNSHIP PROCEDURES

During the first three weeks of the term prior to the intended externship, attend the **required** orientation meeting to obtain a student packet for externships from the Externship Coordinator. Check the bulletin board in the student workroom or announcements on the Department's Blackboard for notices of the date and time of the

meeting. **In order to be eligible for an externship, the student must attend the meeting, must be in good academic standing, and must have successfully completed all in-house practica.** If there is a class conflict schedule an appointment with the Coordinator. Within the first three days after the meeting, students are to submit their permanent folders to the clinical program assistant to update clinical hour sheets. Updated hour sheets are then placed in student mailboxes to be attached to the application. Complete the application included in the packet by listing all courses and practica completed, the term taken, grade achieved, or term course will be taken. Choose two to four possible sites. Check the ring binders in the Student Room (PCD 2031) for information about sites used in the past. The sites with current Memoranda of Agreement are listed in the packet. Other sites may be considered, but must have a Memorandum of Agreement completed before the site can be approved for externship (see Externship Coordinator for more information concerning procedures to establish a Memorandum of Agreement). **Students must not contact externship sites unless directed to do so by the Externship Coordinator.**

When the application is completed and approved by the Externship Coordinator the application will be returned with a memo stating that it has been approved, and to arrange an interview with the site(s). Make the appropriate number of copies of the application and schedule an appointment with each approved site. Be prompt and present a professional appearance. Be sure to give the interviewer the application.

When both student and Externship Supervisor are in agreement, the Externship Placement Approval form is then signed by the student, the Center Director, the Director of the Speech-Language Pathology Academic Program, the Externship Coordinator, and the Externship Supervisor. The original is placed in the student's permanent file, one copy is given to the student, and the other copy is kept by the Externship Coordinatorer Director. Students are required to be at the externship site a minimum of 16 hours a week for 12 weeks or the equivalent.

VIII. TRAINEESHIPS

The Tampa Bay community offers several traineeships in speech-language pathology and audiology to graduate students at USF. An application for the traineeship may be obtained from the Externship Coordinator who will explain the procedures.