

SPEECH-LANGUAGE PATHOLOGY
STUDENT CLINIC MANUAL

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

**DEPARTMENT OF COMMUNICATION
SCIENCES AND DISORDERS**

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I. GENERAL INFORMATION

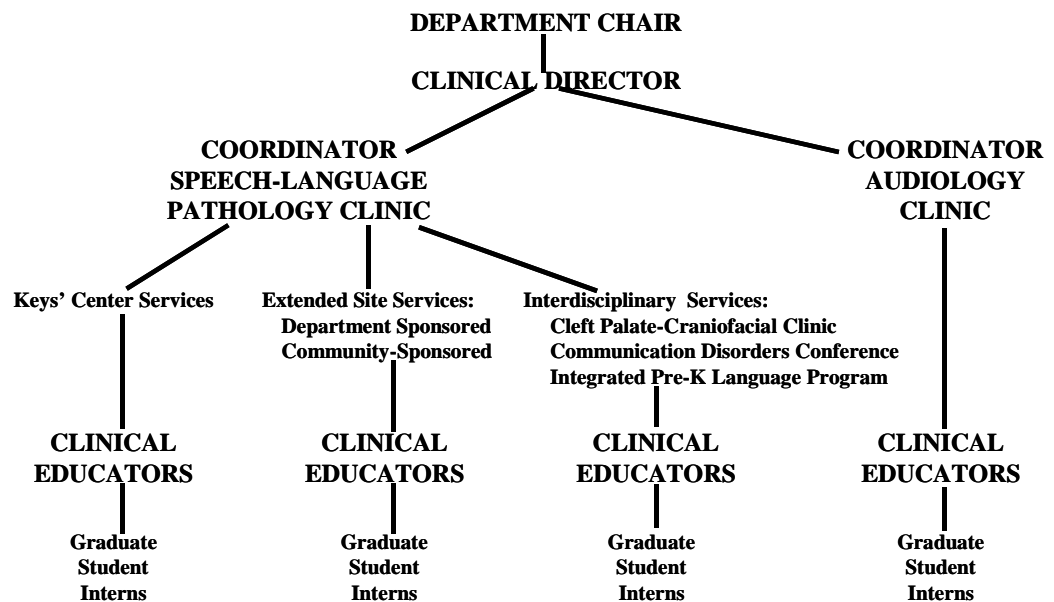
A. OBJECTIVES

The objectives of the John W. Keys Speech and Hearing Center are:

1. to provide quality assessment and treatment services, including consultation regarding communication in family, academic and employment settings, for children and adults presenting speech, language, and/or hearing disorders
2. to provide a clinical training site for graduate students in the Department of Communication Sciences and Disorders
3. to provide a site for research into the causes and remediation of communication disorders
4. to provide public education in the areas of speech/language/hearing development, primary, secondary and tertiary treatment of communication disorders, and speech/language enrichment and hearing conservation.

B. PERSONNEL

The John W. Keys Speech and Hearing Center is composed of the following positions:



C. ROLE OF PROFESSIONAL PERSONNEL

1. Department Chair: The Departmental Chair is responsible for the overall management of the Keys Speech and Hearing Center.
2. Clinic Director: The Clinic Director is responsible for the establishment of clinic policies and procedures and for the delegation of personnel to ensure that these policies and procedures are followed.
3. Coordinator of Speech-Language Pathology Services: The coordinator is responsible for the direction and supervision of Speech Pathology services at all sites and for the interactions of the speech-language pathology service unit with other departmental units, health sciences center personnel, and community and state organizations.
 - a) Keys Center Service Coordinator: The coordinator is responsible for the implementation of established clinic policies and procedures at the Keys Center and, with the Speech-Pathology Clinical Faculty, for the direct supervision of student clinicians in the assessment and treatment of patients.
 - b) Coordinator of Speech-Language Pathology Extended Site Services: The coordinator is responsible for arranging speech-language pathology practicum sites outside the department, managing contracts, and the assignment of students and clinical educators to these sites.
 - c) Coordinator of Interdisciplinary Services: The coordinator is responsible for overseeing the delivery of services in those diagnostic and treatment facilities that utilize professionals and students from multiple disciplines within the Keys Center.
4. Co-Director of Cleft Palate Clinic: The co-director is responsible for the administration of the interdisciplinary clinic established as a diagnostic/recommendation facility for individuals presenting orofacial anomalies. The co-director supervises students assigned to the clinic, directs the interdisciplinary staffing, coordinates written reports if staffing results, acts as a liaison to state-wide referral sources, and conducts ongoing research.
5. Coordinator of Communication Disorders Conference (CDC): The coordinator is responsible for the administration of the interdisciplinary clinic established as a diagnostic/recommendation facility for the children presenting severe communication problems. The coordinator supervises graduate student interns assigned to the Conference, acts as a liaison to statewide referral sources, and provides family education. Additionally, the coordinator maintains demographic information and assists the project director as needed in administration of the Maternal-Child Health Grant, which funds CDC.
6. Coordinator of Integrated Pre-K Language Program: The coordinator directs the ongoing management of the self-contained classroom, provides parent/community education, supervises students assigned to the program, interfaces with public school programs and conducts ongoing research in the areas of language development and disorders.
7. Coordinator of Audiology Services: The coordinator is responsible for the direction and supervision of the Audiology Clinic at all sites and for the interactions of the audiology service unit with other departmental units, health sciences center personnel, and community and state organizations.

8. Faculty Clinical Educators: Faculty supervisors bear the legal responsibility for all patients seen through the Keys Center and are responsible for the direct supervision of graduate interns involved in assessment or treatment activities.

D. ROLE OF GRADUATE STUDENT INTERNS

Graduate student interns should view their clinical practicum as a setting in which they can make practical use of knowledge they have gained in formal coursework. Graduate interns, with the assistance of the supervisory personnel, must strive to achieve the maximum level in clinical competence and professional behavior. While the clinical faculty is available to assist students, it is the students' responsibility to keep abreast the most current information regarding their patients' care. The supervisor bears the legal and professional responsibility for all patients seen at this clinic. To gain maximum benefit from the clinical training period, the intern needs to help maintain open lines of communication with the clinical supervisors. Because of these responsibilities of the supervisory faculty, it is necessary that each intern be familiar with the departmental policy regarding lines of communication. All recommendations and discussions regarding patient management, phone calls to other professionals, referrals, changes in any aspect of patient management, etc. must be discussed with the clinical educator responsible for that patient's management before being implemented in any way. Respect for professional lines of communication is essential to good patient management and avoids placing the intern and the patient in the position of, at times, having to respond to competing and contradictory messages.

It is expected that interns will conduct themselves in a professional manner in their relations to patients, parents, colleagues, and other personnel. Part of professional behavior and quality patient management includes being thoroughly prepared for all clinical sessions, maintaining a healthy lifestyle, keeping current in professional issues, and active participation in professional organizations.

Students are required to maintain active CPR certification (adult and child or health care provider), to undergo annual Tuberculosis skin testing, and to receive current immunization as needed. It is expected that graduate interns will do everything within their control to maintain good health and to avoid infectious disease. Interns also must complete the University required Health Insurance Portability and Accountability Act (HIPAA). Copies of these trainings and immunizations must be given to the Clinic Coordinator.

Graduate Interns must attend the scheduled orientation meetings for the various clinical assignments. Orientation typically is held the Thursday and Friday preceding the first day of class/clinic each semester. Students who do not attend the orientation meeting for their specific assignments will not be allowed to begin practicum as scheduled.

E. ROLE OF SECRETARIAL STAFF

1. The office and its personnel are maintained for the purpose of the overall Keys Speech and Hearing Center operation. In the case of interns, the office personnel are available only for matters directly related to operation of the Clinic.

F. MESSAGES

1. When messages for individuals are received in the front office and the individual is not immediately available, a written message will be left in the individually assigned mailbox. Messages to an individual from other Center personnel also may be placed in these boxes. It will be the obligation of each graduate intern to check his or her box at least once a day. Students may not call the secretarial staff to receive messages or to ask if patients have cancelled.

G. PARKING

Only clinic patients, departmental faculty and scheduled visitors may park in the Center parking lot. Students may not park in the Keys lot at any time. There will be twenty-four hour monitoring of all parking facilities by the University Parking Office and illegally parked cars will be towed. Parking at the Keys Center at any time other than weekends and holidays may result in dismissal from the program.

H. CERTIFICATION, LICENSURE, PROFESSIONAL MEMBERSHIPS

1. Certificate of Clinical Competence of American Speech-Language-Hearing Association forms are available in the front office and from ASHA. All students receive a copy of the requirements for CCC (*Appendix A*), the Code of Ethics of the Association (*Appendix B*), and the Speech/Language Pathology Scope of Practice (*Appendix C*).
2. Oklahoma Teacher Certification forms and information are available from the designated certification chair in the department.
3. Oklahoma Speech-Language-Hearing Association forms are available from any OSHA member in the department, from the OSHA central office and on-line at www.oslha.org. OSHA Bylaws and Code of Ethics also are available.
4. National Student Speech-Language-Hearing Association forms and information are available in the front office, from the department NSSHLA faculty sponsor, from NSSHLA and from ASHA.
5. Oklahoma State Board of Examiners in Speech Pathology and Audiology Licensing Act forms and information are available from faculty members and on-line at www.obespa.state.ok.us.
6. Other Professional Memberships: Information is available from individual faculty members regarding American Cleft Palate Association, Acoustical Society of America, Academy of Audiology, Voice Foundation, National Stuttering Project, National Stuttering Foundation, International Society for Augmentative and Alternative Communication, etc.

I. EMERGENCY PROCEDURES

1. Graduate interns should be aware of the various evacuation routes, medical procedures and other emergency procedures for the building. Instructions (brightly colored packets) are kept on the bulletin boards in each hallway. Students should thoroughly read the packets (Appendix D) before beginning practicum
2. In case of medical emergency, the graduate intern should:
 - a) Immediately notify the supervisor or nearest faculty / staff member of the possible emergency.
 - b) Follow the instruction of the faculty / staff member
 - c) Students asked to call for emergency assistance should dial 1-4911 and give the operator:
 - (1) the nature of the emergency
 - (2) the exact name and location of the building
 - (3) the specific area of the building in which the emergency occurred

J. INFECTION CONTROL

1. Graduate interns should wash their hands immediately after seeing a patient.
2. Latex gloves must be worn any time the potential for exchange of body fluids is possible, i.e., for examinations of the oral mechanism.
3. Treatment room tables and manipulatives should be cleaned with disinfectant wipes present in each treatment room immediately following the session. Earphones used for audiometric screening also should be wiped after use with each patient.
4. Potentially hazardous materials (gloves, for example) must be discarded in the labeled container in room #138.
5. No food or drink should be taken into the clinic area. Water for hydration is acceptable.
6. Students should be familiar with the procedures for dealing with tuberculosis and other infectious diseases.

II. SPEECH –LANGUAGE PATHOLOGY CLINICAL PROCEDURES

A. GENERAL INFORMATION

1. Clinical Practicum: The second year of the two-year Master’s program in Speech-Language Pathology is directed toward the development of clinical and professional skills. The clinical training year is viewed as an extension of the undergraduate and first-year graduate program classroom activities. Students on academic probation may not enroll in clinical practicum.
2. Enrollment and Grading in Clinical Practicum for Speech –Language Interns: Clinical practicum enrollment for the M.A. candidate typically will be 15 semester hours in Clinical Practicum in Communication Disorders. All graduate interns enrolled in clinical practicum will receive a letter grade for each semester of enrollment.
 - a) Practicum performance will be graded on the A, B, C, D, E, F continuum. As there is no “curve” on which the grades must fall, it is possible that all interns may receive “A”s or “B”s. This type of grading system does not demand competition among interns. Cooperation among interns concerning the sharing of materials and ideas works to the benefit of both interns and patients.
 - b) Grades in the practicum will be given by a Department of Communication Sciences and Disorders faculty member following consultation with each of the student’s clinical educators for that semester. Graduate interns will be graded on the basis of consideration of many factors, including:
 - (1) the ability to apply academic knowledge to clinical work
 - (2) the ability to plan and organize patient treatment
 - (3) the ability to evaluate speech and language skills
 - (4) the determination of treatment outcomes measures
 - (5) fulfillment of treatment efficacy measures
 - (6) oral and written communication skills
 - (7) counseling techniques
 - (8) professional behavior involving interaction and personal qualities

A detailed listing of the evaluation criteria may be found in *Appendix E*. Throughout the semester graduate interns will have feedback from the clinical educators concerning clinical performance. A formal feedback session will be held with each intern at mid-semester and at the end of each semester, at which time both strengths and weaknesses will be discussed. Written evaluations from all clinical educators will be kept in student folders in the speech/language services coordinator’s office.

- c) According to the CSD Policy #16, “graduate students must have a cumulative 3.0 grade average on all coursework (exclusive of clinical practicum) before any semester’s practicum will be finalized. Students who have pre-enrolled in practicum whose grades in non-clinical practicum courses fall below a cumulative 3.0 will be withdrawn from practicum.” A minimum GPA of 3.0 must be maintained for the clinical practicum. If the student’s GPA does fall below 3.0, the student will be removed from clinical assignments. If a student receives a grade of “C” for any semester of the practicum, the student will be placed on probation. A grade of “A” must then be earned for the same number of credit hours which were graded “C” for the student to remain in the program. Additionally, none of the patient contact hours during the semester in which a student earns a “C” will be counted toward ASHA, licensing or Departmental requirements. A student who earns a grade of “D” or “F” for any semester of practicum will not be allowed to continue the clinical program.
3. Clinical Training Assignments: Graduate student interns will be assigned to a variety of practicum sites in an effort to provide a wide range of clinical and professional experiences, to develop specific clinical/professional skills and to satisfy patient contact hour requirements specified by the American Speech-Language-Hearing Association, the Oklahoma Board of Examiners in Speech-Language Pathology and Audiology, and the Department of Communication Sciences and Disorders.
- a) In general, each graduate student intern will be assigned approximately twenty-four hours of direct patient contact during each week of the fall and spring semesters and six hours of direct patient contact during each week of the summer semester. The number of hours a graduate student intern is actually assigned to clinical activities will, of necessity, exceed (probably double) the number of patient contact hours expected. If, for example, it is anticipated that a graduate intern will amass fifteen hours/week of direct patient contact in a school setting, the student will actually be assigned to the school thirty hours/week. The clinical assignments each semester will include the assessment and/or treatment of patients presenting speech/language or related disorders both at this center and at various other sites.
 - b) Students may be placed at off-site practicum facilities only after a minimum of 25 patient contact hours has been completed satisfactorily with departmental faculty.
 - c) The coordinator of speech/language services will determine the specific clinical assignments for each student. Assignments will be based on the student’s level of clinical and professional competence, ASHA, licensing and departmental requirements, the student’s specific career goals, and staffing needs of the Keys Center. Graduate student interns do have input as to the types of clinical assignments desired, however, the final assignment of practicum sites is determined by the speech/language services coordinator.
 - d) Practicum sites include (*Appendix F*):
 - (1) a variety of pediatric and geriatric clinics within Keys Speech and Hearing Center
 - (2) clinical programs directed by Departmental faculty off-campus

- (3) community programs including public school settings, hospitals (acute, rehabilitation centers and outpatient), pediatric and geriatric extended care facilities, specialty clinics and State Health Department prevention, promotion, and early intervention programs.
 - e) Unless special arrangements have been made with the Department Chair and Executive Committee, graduate interns are considered to be “full time” in terms of availability. This does not mean that students must be in the building when not actively involved in a specific practicum. Full time status does, however, imply that special assignments may be arranged for interns during times in which their schedules are “clear”. Students will be given ample notification of special assignments (at least two days in advance) and will be expected to participate.
4. Supervision: The primary role of the clinical educator is to assist graduate interns in their development of clinical and professional competencies. Graduate student interns receive supervision according to specifications by the American Speech-Language Hearing Association. Minimally 50% of assessment and 25% of treatment sessions are observed, within the treatment room, through one-way mirrors, or via closed circuit television. The amount of observation typically is considerably higher during a student’s first 100 hours than it is during the final 100 hours of practicum. In a typical supervisory observation, the graduate intern’s strengths and liabilities, according to the student’s educational level, will be identified and discussed. Specific recommendations for modification may be given or the student may be asked to investigate a variety of options. In addition to observation, supervision encompasses conferences prior to and following assessment or treatment sessions. Supervisory conferences are at times patient-directed, i.e., the emphasis is directed toward determining patient goals, management techniques, etc. The majority of supervisory conference should, however, be directed toward the development of specific clinical and professional competencies within the graduate intern. Additional aspects of supervision include student-supervisor participation in case studies, journal groups, discussions of specific clinical topics and professional issues and problem solving sessions.

Graduate interns will be asked to complete an appraisal form on their clinical educators (Appendix G).

5. Absences:
- a) If ill, a graduate intern must contact each of his/her supervisors and the speech/language services coordinator. The supervisors should be contacted a minimum of four hours before the scheduled assessment or treatment session. After talking to the supervisor, it is the student’s responsibility to contact the patients. This implies the necessity of keeping a list of scheduled patients and their phone numbers (including home, work and school numbers) at the student’s home. A graduate intern who misses a practicum assignment due to illness for more than two days must submit a physician’s letter to the speech/language services coordinator.
 - b) If a graduate intern must cancel a patient for a reason other than illness, he/she must contact his/her supervisor and the speech/language service coordinator before canceling the patients. If the student fails to do so, his/her clinic grade will be lowered one letter grade for each day this occurs.

- c) If a graduate intern misses 5% of scheduled appointments in a semester, his/her clinic grade will be lowered by one letter grade. A student who misses 10% of scheduled appointments in a semester either will be given a failing grade or, if substantiation of extreme hardship is submitted, will be given consideration for a grade of “incomplete”
6. Professionalism Policy: Professionalism, as expressed in an individual’s manner and appearance, is a critical factor in successful patient management. Dress, grooming, verbal communication, and behavior of the individual(s) delivering the service can either favorably or adversely affect a patient’s response to assessment and intervention sessions. The recognition of and respect for cultural differences is an integral part of our profession and must be continually considered.

Each graduate student intern should present himself/herself in such a way as to foster successful patient-clinician relationships. Each student is expected to behave as a professional, refraining from such behavior as arguing or using vulgarisms. Rules of common courtesy must be observed at all times. Special care should be taken to avoid embarrassing anyone with personal comments, questions, or discussions in front of others. Tone, prosody, semantics and physical mannerisms may need to be modified with recognition of cultural differences.

Personal preferences in dress and grooming always should be subjugated to consideration for patient distractions and the possibility of offending patients. If one is in doubt about the suitability of given apparel, it is probably best not to wear it to the clinic. Scrubs are acceptable attire in the clinic. The only color permitted is a dark burgundy set or a navy set. Please adhere to the appropriate dress code required by each off-site.

In all instances, the clinical educator has the final responsibility for any clinician’s professional appearance and manner and is charged with making final decisions regarding the appropriateness of any behavior or apparel. Because appropriate behavior is such an integral part of the practice of Speech/Language Pathology, each graduate student must sign a copy of “Professional Behavior Policy” (*Appendix H*). A copy will be kept in the student’s file.

7. Academic Misconduct Code: The OUHSC students function under an academic misconduct code. Details are given in (*Appendix I*).
8. Confidentiality Issues: A patient’s right to privacy is paramount to effective professional management. Patients’ names, deficits, behaviors and/or circumstances may not be discussed outside of student –faculty conferences or specific pre-approved case study presentations. No one may observe assessment or treatment sessions unless specifically approved by the supervisor. Records for Keys patients are to be kept in file cabinets of locked rooms within the Keys Center. No records may be removed from the Center at any time or for any reason. An additional issue involving confidentiality includes providing information regarding a patient’s levels, performance, progress and/or prognosis to family members, family friends or other professionals. Only the patient and the patient’s legal guardian may be given information unless written permission is obtained. Discussions of a patient’s performance following a session should not be held in the waiting room or other public areas. All clinical settings maintain strict confidentiality measures. Graduate interns are expected to adhere to the privacy requirements specified by the various off-sites.

9. Financial Information: Upon request for financial information, a graduate student intern should refer the patient to the Clinic Secretary. Under no circumstances should a student discuss finances with a patient.
10. Referrals: All recommendations for referrals to other services within the Keys Speech and Hearing Center or to facilities outside the Center must be approved by the speech-language pathology clinical supervisor prior to being discussed with the patient, family, or referral source.
 - a) Referral for Speech/Language Services-Patients who request referrals to other facilities should be given the names and locations of properly credentialed individuals or clinics offering speech and language services nearer his/her residence.
 - b) Referral for and Audiometric Evaluation-Appointments for complete audiological evaluations at this Center should be made with the Appointment Secretary. If a patient is being followed audiometrically outside this Center, he/she should be referred back to that individual or facility.
 - c) Referral for Other Evaluations-With prior clearance, referrals may be made to other specialists. All referrals outside this Center should be made to properly credentialed individuals or centers within a convenient travel distance from the patient's residence. For those patients who are receiving services elsewhere, referrals should be made to the managing specialist. If a patient is a member of a managed health care insurance plan, all referrals must be directed to the managing physician.
 - d) Referral for Medical Examination
 - (1) For physician-referred patients or patients who are members of managed health care plans, all requests for medical evaluation or for referral to other medical specialists must be routed through the referring physician.
 - (2) For other patients, referrals for medical examinations may be made to physicians in the area of residence. The names of several physicians in the desired specialty area should be suggested to the patient. At the patient's request, this Center will contact the chosen physician regarding the referral.
11. Graduate Intern Records:
 - a) Patient Contact Hours Records
 - (1) Hours records (*Appendix J*) are to be submitted weekly, by Monday of the following week. Students who are participating in practicum outside the Metro area may fax hours records to the speech/language services coordinator.
 - (2) The date recorded should be of the last Friday of the week, even if no patient's were seen that day.

- (3) A section must be completed for each site and for each category within a particular site. In the case of multiple supervisors at a particular site, list the names of all supervisors involved, but include them all in the same section.
- (4) Hours must be recorded only in multiples of .25. For example, a fifty-five minute session would be rounded up to 1.0; a twenty-five minute session would be reduced to .25. Because of computer restrictions, use only decimals or whole numbers to record hours.
- (5) Distribute contact hours among disorder types according to the type of assessment or treatment rendered. For example, if a student works for half a session on articulation and half on fluency in an hour session, hours would be recorded as .5 articulation and .5 fluency. A patient's formal diagnosis may or may not relate to the type of treatment per se. An adult, for example, may present a formal diagnosis of "aphasia", but the actual treatment may be directed toward the patient's expressive organization and prosody, and would be recorded under "fluency". It is the graduate intern's responsibility to consult with the supervisor regarding the distribution of hours among disorder types.
- (6) Students also record the amount of time a supervisor provided direct observation. If a graduate intern provided one hour of voice, one-half hour of articulation and one-half hour of language treatment over two sessions, and was observed for approximately half of each session, indicate 1.0 in the "observed" section of the hours record. It is not necessary to record exactly how much of each disorder type was observed.
- (7) The supervisor who observed the majority of sessions at a particular site should sign that section of the hours record.
- (8) The top section of the record sheet (numbers 1-5) is for speech/language hours documentation; the bottom third of the sheet (numbers 6-8) is for the recording of audiology hours.
- (9) Under the Audiology section
 - (a) **Dx-Scrg- refers to pure tone or impedance screening activities.**
 - (b) Dx-Eval- refers to complete diagnostic testing with stationary equipment in the sound treated suite.
 - (c) Tx-Equip- refers to instruction in the use of amplification equipment, i.e., hearing aids, adaptive listening devices, etc.
 - (d) Tx-Com- refers to traditional aural (re)habilitation
- (10) Hours records will be kept in the student's folder in the speech/language services coordinator's office.

- (11) At least twice during each semester, a copy of a student's accumulated hours will be given to the student. Students may view their accumulated hours at other times by contacting the speech/language services coordinator.
- (12) Updated Student Information. It is the graduate intern's responsibility to keep the speech/language coordinator and the front office apprised of changes in addresses, phone numbers, etc.
- (13) Medical records. Graduate interns must give copies of immunization records, CPR certification, and annual TB testing to the speech/language coordinator **prior** to beginning practicum. Several practicum sites require documentation of the various health precautions before accepting students.

B. PROTOCOLS FOR KEYS CENTER SPEECH/LANGUAGE ASSESSMENT SERVICES

1. Scheduling and Pre-Evaluation Information:

- a) Evaluations are generally scheduled from 9:00 a.m. to 12:00 p.m. or from 1:00 p.m. to 5:00 p.m. CDC evaluations may last until 1:00 p.m.
- b) The secretarial staff will schedule patients. The identifying information for each patient scheduled will be available in the speech-language pathology appointment book at the Appointment Secretary's desk. If an audiometric evaluation and a speech or language evaluation are scheduled on the same day, the time of the appointment for the audiological will be noted on the intake information sheet and in the appointment book.
- c) All available information and correspondence concerning a patient will be in the front office filed according to the appointment date. This information may be checked out by signing the "check out" book and should never be removed from the Center. All information must be refilled at least twenty-four hours prior to the patient's scheduled arrival. The patient will finish filling out appropriate forms before the evaluation begins.
- d) The appointment secretary will confirm the date and time of the assessment session two days prior to the scheduled appointment.

2. Procedures Prior to the Evaluation Session:

- a) Review all available information concerning the patient (see example case history in *Appendix K*).
- b) Look up any professional or medical terminology used with which you are unfamiliar.
- c) Determine if additional information is needed prior to the evaluation session, e.g., results of previous testing, teacher consultation, etc. and discuss with the supervisor during the planning session.
- d) Estimate approximate levels of functioning in the various areas covered on the written case history form.

- e) Determine the reason for the referral and formulate a hypothesis.
- f) Devise and outline in writing a plan for the evaluation session including information to be obtained, tests to be administered and testing priorities. An inventory of tests available may be found in *Appendix L*. Alternative plans should be formulated to be implemented, based on patient responses during the evaluation session. Areas typically screened or assessed during an evaluation include:

- Hearing sensitivity
- Receptive language
- Expressive language
- Semantics
- Morphology
- Syntax
- Pragmatics
- Articulation
- Oral-Motor structure and function
- Fluency
- Phonatory quality
- Resonance Balance

Other areas, which may be screened or assessed, might include:

- written language
- auditory processing
- auditory perceptual
- visual perceptual skills
- Augmentative/Alternative communication
- Swallowing
- Cognition

- g) Discuss the outlined plans with the clinical supervisor during evaluation planning session.
- h) Reserve all testing materials needed by writing the names of the tests, date, and time needed, and your name on the blackboard in the test materials room.
- i) Review and thoroughly prepare for the administration and scoring of all testing materials to be used during the evaluation.
- j) Test instruments may be checked out during 8:00-5:00 only if the materials are to be kept within the Keys building. Use the sign-out sheet to indicate where you may be found with the materials.
- k) Test instruments may be taken out of the Keys building if signed out, removed after 5:00 p.m. and returned before 8:00 a.m. the next day. Check the chalkboard in the testing materials room to be certain that another student does not need the same test instrument the next day.

3. Procedures on the Day of the Evaluation:

- a) All testing materials to be used must be checked out and taken to the testing room prior to the evaluation.
- b) Write the patient's name, age, and the listing of the test materials to be used on the chalkboard in the testing room.
- c) Have a working penlight, tape recorder, blank tapes and reinforcement materials set up in the testing room.
- d) After the patient/guardian has completed all forms, the graduate intern should obtain the diagnostic folder from the front office.
- e) The graduate intern should meet the patient and the guardian in the lobby at which time a brief explanation of the procedures and appointment length should be given. The patient's guardian may wait in the back (clinic area) waiting room. Occasionally a parent may be asked to accompany a child to the testing room. Guardians of children under sixteen or of adults who require assistance of any kind must be told that they may not leave the building during the assessment session. The graduate intern should not overlook the opportunities of observing the patient's overall behavior from the initial meeting throughout the evaluation period.

4. Procedures During the Evaluation:

- a) Tests should be administered in the same order established prior to the evaluation. Flexibility is important, however, in re-ordering priorities or following alternative plans depending upon patient's responses during the evaluation and input from the supervisor. All tests should be administered and scored according to the standardized procedures described in the test manual. When items are failed, it is recommended that the incorrect response be recorded for analysis purposes. The clinical supervisor will observe the evaluation and be available for consultation at all times.
- b) Depending on the age and communicative ability of the patient, the patient and/or the guardian should be interviewed during the evaluation session. In addition to discussing general case history information, an interview scale may be administered. Questions generic to most evaluations would involve information regarding:
 - (1) Birth, developmental, and medical histories
 - (2) Environmental, educational and/or employment background
 - (3) Behavioral considerations
 - (4) Results of previous speech/language, hearing, educational, medical, psychological or career testing.

It is imperative that the referral question be clearly defined by the patient and/or the guardian. Additionally, the graduate intern should clearly understand what the patient and/or guardian expect to learn from the assessment session.

- c) Never leave a child or a dependent adult in the testing room alone. If you have an emergency and must leave the treatment room, take the patient with you. At no time should a child or a dependent adult be away from your line of vision.
- d) When the evaluation has been completed, the patient should be returned to the waiting room. The patient and/or guardian is to be instructed to wait to discuss the findings and recommendations from the evaluation, except for CAPD evaluations which will be scheduled for a follow-up staffing.
- e) The graduate intern will score the tests administered, review the behaviors observed and information obtained during the interview, formulate his/her diagnostic impressions and determine recommendations. The findings, conclusions and recommendations must then be discussed with the supervisor prior to any discussion with the patient and/or guardian.
- f) The graduate intern should sign the evaluation billing form and have the supervisor sign and complete the diagnosis code and recommendations.
- g) Feedback will then be given to the patient and/or guardian concerning the findings, conclusions and recommendations from the evaluation. If treatment is recommended, specifically state the frequency and duration of treatment recommended. During the initial portion of interns' training both a clinical supervisor and the intern will give feedback. Later in training, the intern will be expected to give feedback without the clinical supervisor's physical presence. The supervisor, however, will be observing and will be available at all times if problems should arise or if additional consultation is needed.
- h) Immediately following the evaluation, take the patient and/or guardian to the clinical secretary and submit the evaluation billing form. Inform the clinic secretary whether or not the patient has been referred for treatment at this Center.

5. Procedures Following the Evaluation:

- a) Immediately following the evaluation, information should be noted on the action sheet (*Appendix M*) and on the disposition card (*Appendix N*). Include date, service (SE), supervisor's name and specific recommendations.
- b) All materials used during the evaluation must be returned to the appropriate storage locations immediately following the evaluation.
- c) The patient identification information must be erased from the chalkboard in the testing room.
- d) The patient folder may **not** be taken out of the Keys Center at any time. Keep the folder in the cabinet in the computer work-room (marked "Works in Progress") when not working with it directly.
- e) Re-check the scoring of all testing. Complete the identifying information (i.e., patient's name, date of birth, date of evaluation, graduate intern's name) on every test form paper used.

- f) Transcribe the language sample (if appropriate) and complete the language analysis specified by the supervisor.
- g) Submit the report (in Microsoft Word) both by hard copy, disk, or email, based on your supervisor's instructions. Submit the patient folder, all test forms and papers, and any tape recordings to the supervisor within two working days of the evaluation.
- h) A "typical" report will include the following:
 - (1) Identifying information
 - (2) an introductory paragraph, including the referral question
 - (3) a description of the patient's behavior during the testing session
 - (4) a listing of formal tests administered, including the expected Standard Scores or percentiles for each test, and the patient's scores
 - (5) an interpretation of the patient's performance in the specific areas assessed, substantiating the clinical impressions with formal test data and clinical observations
 - (6) a brief summary of the patient's overall performance
 - (7) specific recommendations
 - (8) a prognostic statement
- i) Make an appointment as needed with the supervisor to discuss your development of clinical and professional skills (*Appendix E*). These discussions may take place during planning sessions for future evaluations.

C. PROTOCOLS FOR KEYS TREATMENT SERVICES

1. Scheduling:

- a) Scheduling of clinic hours and the assignment of patients is the responsibility of the speech/language coordinator. Assignments may be made at any time during the semester. Disposition cards will be placed in student's boxes with instructions. The patient must be contacted and the card returned to the clinic secretary within one working day. If the patient is not contacted, the student should return the card with a sticky note indicating the times called, messages left, etc.

- b) Scheduling information should be written on the disposition card. The information should include:

Date services are to be initiated (day/month/year)

Service (Tx)

Name of clinician (spell out last name in full)

Day(s) and time of scheduled session

Other possible notations may be:

Scheduled by letter M/W 10:30-11:00

Inactive (note reason), i.e. family receiving services in public schools

Unable to contact, i.e. letter returned, phone disconnected, etc.

Patient wishes to be recalled in summer, 2006

- c) The graduate intern should make certain that all identifying information on the disposition card is current. All information that might be needed to reach the patient should be noted on the card. When a card is full, the student should type a new card and transfer all identifying information from the old to the new card accurately. Blank cards may be obtained from the clinic secretary.
- d) The same scheduling information from the disposition card also must be written on the action form of the patient's diagnostic folder.
- e) Scheduled changes are to be made only when absolutely necessary and must have prior approval by the speech/language service coordinator. If a scheduling change is approved; the new date(s) and time(s) must be recorded on the disposition card and the diagnostic folder action form.
- f) Graduate interns reserve clinic rooms by writing their last name on the schedule of the room to be used.

2. Pre-Treatment Information:

a) Treatment Folders

- (1) Patients seen previously for treatment have a working folder located in the file cabinet in the student workroom. Graduate interns must initiate a treatment folder for patients new to the Center.
- (2) The tab on the working folder should be typed and include the patient's last then first name and birth date.
- (3) A copy of the summary report from the intake evaluation, discharge summary from hospital and/or current IEP should be bradded on the top of the left side of the working folder. If a patient has more than one report, be sure the most current information is bradded on top.

- (4) Record forms of all tests administered in treatment (completed with the date, the patient's name and birth date, and the graduate intern's name) should be stapled in chronological order and bradded on the right side of the folder.
- (5) Current treatment plans/lobs/SOAP notes should be placed on top of the test forms on the right side of the working folder. Daily plans from one previous semester will be kept in the folder. Earlier plans should be shredded.
- (6) Previous treatment reports (Long Term Treatment Plans, Progress Reports and Summary Reports) are to be bradded on the left side of the working folders in chronological order, with the most recent on top (on top of the evaluation reports).
- (7) Supervisors' written feedback sheets should remain in the working folder on top of the session observed until the end of the semester or until the graduate intern has completed treatment with the patient. At the end of the treatment term, the intern should remove all feedback sheets.

b) Preparation

- (1) Information in the diagnostic and working folders should be reviewed thoroughly prior to meeting with the supervisor or seeing a patient. Diagnostic folders may be checked out from the clinic records room between 8:00 and 5:00. Folders must not be kept longer than one day and may never be taken from the Center. Always complete a "check out" slip, place the slip in the green "out" sleeve, and place the "out" sleeve in the place of the folder. If the patient has been seen in the Cleft Palate clinic, CDC, Language Preschool, HeadStart, etc., that folder also should be reviewed.
- (2) Identify the patient's communication deficit and prioritize the areas to be addressed in writing prior to meeting with the supervisor or seeing the patient.
- (3) Review course notes, professional journals and current research data for information regarding the patient's disorder.
- (4) Develop tentative long-term objectives and formulate plans for the first treatment sessions in writing prior to meeting with the supervisor or seeing the patient.

3. Procedures Prior to the Treatment Session:

- a) Prepare a daily treatment plan on the appropriate form (*Appendix O*) to include:

patient's full name

graduate intern's name

date of scheduled session

session number (anticipated attendance over the number of sessions scheduled, e.g. "2/3", indicating that the current session will be the second session attended out of three sessions scheduled)

Complete all sections of the treatment form (long-term objectives, target behavior, condition, criterion) as appropriate.

- b) Place working folder and the diagnostic file in the boxes outside the supervisor observation room.
- c) Place all stimulus, reinforcement and recording materials in the treatment room prior to meeting the patient. Be certain to select materials that are not likely to be offensive to a particular patient's ethnic or cultural background.
- d) Be aware of emergency procedures, i.e., evacuation routes, medical protocols, etc.
- e) A HeadStart treatment attendance form may be found in *Appendix P*.

4. Procedures During the Treatment Session:

- a) Be punctual in meeting the patient and in terminating the session.
- b) Wait for the patient in the hallway by the student workroom or in the clinic hallway. Do not wait in the front office.
- c) For the first session, meet the patient in the front waiting area, introduce yourself and briefly explain what will be occurring during the session. Walk the patient (and guardian) to the clinic waiting room and ask that the patient meet you there in the future.
- d) Guardians of a child or an adult patient who requires significant assistance should not leave the Center but should remain in the waiting room.
- e) Bring the patient to the treatment room and begin working on the stated objectives.
- f) Never leave a child or dependent adult in the treatment room alone. If you have an emergency and must leave the treatment room, take the patient with you. At no time should a child or dependent adult be away from your sight of vision.
- g) The supervisor must approve in advance the administration of any formal tests during a treatment session.

- h) Guardians must not participate in a treatment session without specific pre-approval from the supervisor.
 - i) To avoid the possibility of allergic reactions, do not give children edible reinforcement without prior permission from the guardian. Additionally, do not provide foods or liquids to patients diagnosed as presenting dysphagia without prior permission from the supervisor.
 - j) Maintain open lines of communication with guardians and provide information regarding the patient's progress, home practice activities, etc. only as pre-approved by the supervisor.
5. Procedures Following the Treatment Session:
- a) Complete the Patient Contact Slip (*Appendix Q*) and put it in the box in the front office following your daily sessions.
 - b) Immediately return all materials to the appropriate cabinets.
 - c) Calculate percentages from logs and write summary comments.
 - d) Complete SOAP notes.
 - e) Review written evaluation forms from the supervisor. If there are areas that are unclear, schedule an appointment with the supervisor prior to the next scheduled patient session.
 - f) Replace working folder in the file cabinet in the student work room and file the diagnostic file in the file room.
6. Formal Treatment Reports:
- a) After one session with the patient, or on a date otherwise designated by the supervisor, submit a hard copy and disk or e-mail version of the long-term treatment plan (*Appendix R*) to the supervisor. Place one copy dated for the first day of treatment following the baselining/evaluation treatment plan labeled as "draft" in both the working folder and the diagnostic file. A "typical" long-term plan will include the following:
 - (1) identifying information
 - (2) a summary of the patient's original diagnosis
 - (3) a summary of the patient's current level of functioning
 - (4) a listing of the specific long term objectives, the condition, the criterion level, and the procedure to be used
 - (5) the prognosis

The supervisor will make corrections and return the plan within five working days. Adjust the plan according to supervisory input and submit two hard copies of the revised report and one copy of the first draft of the report to the supervisor. After the supervisor signs and returns the corrected plan, remove the draft copies and place one copy in the working folder and place the other in the diagnostic folder.

b) One week prior to the completion of the semester, on a date otherwise designated by the supervisor, or one-week following a patient's discharge, submit a hard copy and a disk or e-mail version of the progress report (*Appendix S*) to the supervisor. The supervisor will make corrections and return the progress report within five working days. A "typical" progress report will include the following:

- (1) identifying information
- (2) quantitative report of progress on the specific objectives indicated on the long-term treatment plan
- (3) summary of patient's overall improvement in communication
- (4) number of sessions attended over number of sessions scheduled (graduate intern cancellations or holidays are not considered to be scheduled sessions)
- (5) specific recommendations

Adjust the form according to supervisory input and submit two hard copies of the revised progress report and one copy of the first draft to the supervisor. After the supervisor signs and returns the corrected forms, place one copy in the working folder and place the other in the diagnostic folder.

c) Write the recommendations at the end of the semester or immediately after the patient are discharged on both the disposition card and the action form of the diagnostic folder. Include the date, the service (Tx), your complete name, and the specific recommendation (i.e., "Continue treatment for articulation disorder twice weekly for one-hour sessions in Spring, 2006" or "Discharge due to acquisition of appropriate language skills", etc.).

7. Materials:

- a) Treatment workbooks (*Appendix T*) are kept in room #142. Students must get the key for the cabinets from any supervisor or the clinic secretary. Workbooks must be signed out and may be kept for up to three days at a time.
- b) Treatment materials (*Appendix U*) are kept in unlocked cabinets in the clinic hallway. No sign-out is required, but students must return materials immediately following the session. It is the graduate interns' responsibility to keep the materials cabinets organized and clutter free.

- c) Toys, games reinforcements, puzzles, language masters and parent handouts are kept in room #138. The room usually is unlocked. Items may be used at any time but must be returned immediately following the session to the same place in which they were found. If the supply of handouts is low, notify the speech/language coordinator in writing so that additional items may be ordered.

8. Other Considerations:

a) Patient absences

- (1) If a patient calls to cancel a session, the secretarial staff will leave a message in the graduate intern's mailbox.
- (2) It is the student's responsibility to record the cancellation on the bulletin board in the back of the clinic area. Write the patient's name, the date and time of the scheduled session, and the reason for the cancellation.
- (3) Fill out a Patient Contact Slip, write "Patient Cancelled" and place the slip in the tray in the front office.
- (4) If the patient does not attend a scheduled session, and has not called to cancel the session, wait for twenty-five minutes, then record the cancellation on the bulletin board in the back of the clinic area.
- (5) Fill out a Patient Contact Slip, write "No Show", and place the slip in the tray in the front office.
- (6) Call the patient and/or guardian to determine the reason for the absence.
- (7) If a graduate intern has permission to cancel a session, fill out a Patient Contact Slip and write "Clinician Cancelled". Be certain that the slip is given to the clinic secretary or put in the front office box within one working day.
- (8) If a patient misses two sessions, remind him/her or the guardian that the Clinic policy mandates a termination of services after three missed sessions.

b) Additional Clinical Responsibilities

- (1) Throughout the semester, graduate interns will be assigned to assist with the organization and appearance of the clinic area. Specific assignments should be completed in a timely manner and on a regular basis.
- (2) Graduate interns should inform the speech/language coordinator in writing if supplies of particular clinic forms are running low.

- (3) Occasionally graduate interns may be asked to participate in various community service events, such as health fairs, parent groups, etc. Community involvement is an integral part of the field of speech/language pathology and should be viewed as a responsibility of the profession.

D. PROTOCOLS FOR CLEFT PALATE-CRANIOFACIAL CLINIC

1. Procedures Prior to the Clinic:
 - a) Obtain the background information (case history, medical chart, Keys chart) concerning your patients from the medical records secretary in the front office.
 - b) Formulate in writing the questions you plan to ask during the interview.
 - c) Always update information on surgeries, other medical procedures and medical problems.
 - d) Always update information regarding medications.
 - e) Always update educational (grade, special services, testing) or employment information.
 - f) Meet with your supervisor to plan for the evaluation.
2. Procedures During the Clinic:
 - a) Schedule a room in wing #137 or #145 for your testing.
 - b) Write your name, the patients' names, and the number of the clinic room you will be using on the chalkboard in the staffing room (Keys Library).
 - c) Get two pairs of gloves per patient and one tongue depressor per patient from the cabinet in the staffing room, place them on a "dental scarf", and put them in your testing room.
 - d) Place a penlight (not a flashlight), a stopwatch, a regular-sized tape recorder (not a micro cassette player) and one audio-tape per patient in the testing room.
 - e) Obtain the patients' height and weight on the scale in materials room. Write the information on the staffing summary form.
 - f) Complete the interview and testing as planned. Do not allow the patient to return to the waiting area until a supervisor has seen the patient.
 - g) Never leave a child or dependent adult in the testing room alone. If you have an emergency and must leave the room, take the patient with you. At no time should a child or dependent adult be away from your line of vision.
 - h) If you are the last service to see a patient, take the family to the clinic secretary (in back clinic area) and to the medical records secretary (front office). The family may not leave the building before checking out with the secretarial staff.

3. Procedures Immediately Following the Testing Session:
 - a) Place the patients' pictures and audio-tapes in the patients' Keys clinic folder in the staffing room.
 - b) Remove all testing materials from the clinic room. Be certain to dispose of gloves and tongue blades in the appropriate waste receptacle in the materials room (#138).
 - c) Discuss your findings and recommendations with your supervisor and write the report in the staffing room. Place the report in the patient's Keys clinic folder and maintain your staffing summary for the staffing.
 - d) Attend the multi-disciplinary staffing. Report the patient's height and weight to the pediatric consultant. Be prepared to orally present your findings and recommendations.

E. PROTOCOLS FOR COMMUNICATION DISORDERS CONFERENCE

1. Scheduling and Pre-Evaluation Information:
 - a) Evaluations generally are scheduled from 1:00 to 4:30 on Monday afternoons. The multi-disciplinary staffing typically is held from 5:00 to 6:30 that same day.
 - b) The secretarial staff will schedule patients. The identifying information for each patient scheduled will be available in the CDC appointment book. The time of the audiometric evaluation will be noted on the intake sheet and in the appointment book.
 - c) Schedule weekly one-hour planning sessions with the supervisor.
2. Procedures Prior to the Evaluation Session:
 - a) Same as section under "Protocols for Keys Center Speech/Language Assessment Services, pages 17 and 18.
3. Procedures on the Day of the Evaluation:
 - a) Same as section under "Protocols for Keys Center Speech/Language Assessment Services, pages 19.
4. Procedures During the Evaluation:
 - a) Letters "a" through "e" under ' Protocols for Keys Center Speech/Language Assessment Services, page 19. The "personal history section" should be written in pencil, on computer or on a separate sheet of paper, approved by the supervisor and re-written on the evaluation form.
 - b) The graduate intern will present the case history and evaluation results during the professional segment of the staffing. Only recommendations are presented to the family/guardians during the presentation to family members in the staffing.
5. Procedures Following the Evaluation:

- a) Reports should be completed and approved by the supervisor immediately following the staffing.
- b) All materials used during the evaluation must be returned to the appropriate storage locations immediately following the staffing.
- c) Erase the patient's identifying information from the chalkboard.

F. PROTOCOLS FOR INTEGRATED PRE-K LANGUAGE PROGRAM

1. Pre-Treatment Information:

- a) Children seen previously in the program will have working folders located in the file cabinet in the pre-K classroom.
- b) Current treatment plans and logs should be placed on the right side of the working folder.
- c) Supervisor's written feedback sheets should remain loose in the working folder until the graduate intern has completed the rotation.
- d) Information in the diagnostic and working folders should be reviewed thoroughly prior to meeting with the supervisor or seeing the child. Diagnostic folders may be checked out from the clinic records room between 8:00 and 5:00. Folders must not be kept longer than one day and may never be taken out of the Center. Always complete a "check out" slip, place the slip in the green "out" sleeve, and place the "out" sleeve in the place of the folder. If the child has been seen in the Cleft Palate Clinic, CDC, Headstart, etc. that folder also should be reviewed.
- e) Review course notes, professional journals and current research data for information regarding the child's specific disorder. Determine the schedule of the required weekly staffing.

2. Procedures Prior to the Class Session:

- a) Prepare a treatment plan for your specific assignment and place the plan in the children's folders.
- b) Place all stimulus, reinforcement and recording materials in the appropriate section of the classroom prior to beginning class. Be certain to select materials that are not likely to be offensive to a particular child's ethnic or cultural background.
- c) Be aware of emergency procedures, i.e. evacuation routes, medical protocols, etc.

3. Procedures During the Class Session:

- a) Be punctual in beginning and ending the class session.
- b) For the first class session, meet the child and guardians in the classroom, introduce yourself and briefly explain what will be occurring in the class that day.

- c) Never leave a child or group of children alone. If you have an emergency and must leave the classroom, take the children with you. At no time should any child be away from your sight of vision.
- d) The supervisor must approve in advance the administration of any formal testing or changes in pre-approved activities.
- e) Guardians must not participate in classroom activities without specific pre-approval from the supervisor.
- f) Maintain open lines of communication with guardians and provide information regarding the child's progress, home practice activities, etc. only as planned in the weekly staffing.

4. Procedures Following the Class Session:

Immediately return all materials to the appropriate cabinets.

- a) Calculate percentages from logs as appropriate.
- b) Review written evaluations from the supervisor. If there are areas that are unclear, schedule an appointment with supervisor prior to the next class session.
- c) Replace working folders in the cabinet in the classroom.

5. Formal Written Reports:

- a) Graduate interns are expected to participate in the development of Individualized Educational Plans as appropriate and to attend IEP conferences.
- b) A summary is to be written on assigned children the Monday of the last week of the graduate intern's rotation. Submit a hard copy, disk (Microsoft Word) and/or e-mail of the summary to the supervisor. Summaries should include:
 - (1) the specific skills the child has mastered
 - (2) the teaching methods which have proven to be successful
 - (3) the child's preferences for activities, procedures, etc.
 - (4) which targets and activities should be continued
 - (5) specific information regarding family conferences and/or the development of home activities
 - (6) specific recommendations

G. PROTOCOLS FOR OFF-SITE PRACTICUM

1. Department Sponsored Sites

a) Community Action Program (HeadStart)

The Oklahoma City/County HeadStart Program educates 2000 children from a wide variety of ethnic and cultural backgrounds. The Department provides speech/language and hearing screening for all children enrolled, complete diagnostic evaluations for children identified as needing additional testing, a wide span of service delivery models of treatment for children requiring speech/language and hearing enrichment activities, and parent/teacher workshops regarding the early intervention, enhancement and treatment of communication deficits. Graduate interns and clinical educators are placed within the HeadStart facilities and interact with teachers, staff and parents on a regular basis. Students receive experience in the development of Individualized Educational Plans and multi-disciplinary management of the children.

Specific protocols for this rotation are discussed in detail during orientation sessions. Students may prepare for this site by:

- (1) reviewing information regarding the development and characteristics of African-American and Hispanic-American speech and language skills
- (2) researching specific educational, social and speech, language hearing concerns for children within the poverty culture
- (3) investigating cultural aspects which may effect the delivery of services, materials selected, and family education techniques utilized for persons from African-American, Hispanic-American, Native American, and Asian-American backgrounds
- (4) developing materials and activities appropriate for three-to-five year old children in individual, group and classroom settings
- (5) visiting ASHA's website for information regarding the most current IDEA regulations and IEP development

b) United Cerebral Palsy and Handicapped of Oklahoma

The UCPHO is a program for adults who present physical and/or developmental disabilities. The umbrella agency includes one 70-bed ICF-MR facility for residents requiring extensive care and three 16-bed group homes for residents who function in a less restricted environment. The Department provides periodic speech/language and hearing evaluations, treatment services and staff education programs as needed. Graduate interns are assigned to the UCPHO rotation may expect to see adults presenting a very wide variety of progressive and static neurological conditions, syndromes, traumatic brain injuries, cognitive and emotional disorders and physical disabilities in addition to the "typical" conditions observed in any adult population. Specific protocols for this rotation are discussed in detail during orientation sessions for the assignment.

2. Community Sponsored Sites

- a) Numerous professionals in the metropolitan Oklahoma City area, the state of Oklahoma and in various settings in other states have offered to participate in the education of future speech/language pathology professionals. There is no way this Department could offer the wide range of clinical and professional experiences to graduate interns without the strong commitment of the participating professionals. Community clinical educators receive no remuneration for their teaching and typically provide the supervision in addition to their own clinical responsibilities. Several clinical educators also teach courses in the Department and participate in Department-sponsored workshops or seminars.
- b) Off-site clinical educators meet the standards specified by the American-Speech-Language-Hearing Association and are kept abreast of current ASHA, state and departmental requirements by the speech/language services coordinator.
- c) Sites may have particular health and safety requirements in addition to those specified for entrance into practicum in this Department (for example, training in transfers, other vaccinations or blood work, etc.). Graduate interns may choose to comply with the additional requirements or may request to be assigned a different clinical rotation.
- d) Most off-sites do require that graduate interns experience various professional activities in addition to direct patient contact. Students may be asked to make presentations to staff members, to develop family education activities, to attend staffings or professional meetings, or to participate in other programs.
- e) Cooperating supervisors are given information regarding the specific competencies expected at various levels of graduate interns' education. There may be additional skills required within particular sites, in which case the off-site clinical educator discusses the expectations with the student. Any concerns regarding assignments and/or expectations in the setting should be discussed first with the site cooperating supervisor and then, if necessary, with the speech/language service coordinator.
- f) The speech/language service coordinator will contact off-site supervisors shortly after a student begins the clinical rotation, and again toward the end of the rotation, to discuss the student's clinical and professional progress. Additionally, the speech/language service coordinator typically will make an on-site visitation during the student's rotation.
- g) Cooperating supervisors provide written feedback to the speech/language services coordinator toward the end of the graduate intern's rotation (*Appendix V*). Input from the off-site clinical educators is calibrated with the specific competencies required at a particular stage of the student's clinical education and the departmental faculty assigns a grade.

- h) An off-site supervisor may determine that a student is performing unsatisfactorily within the particular setting. In that case, the speech/language services coordinator is contacted immediately and remediation measures are developed. The off-site supervisor and the speech/language services coordinator may determine that the most appropriate action is to remove the student from the off-site setting. Such an action is to be considered a serious situation that will affect the student's practicum progression.
- i) In the event that an off-site clinical educator and the speech/language services coordinator determine that a student has committed a serious breach of professional behavior (as specified in the Professional Behavior Policy), the student will be removed from the off-site immediately. The situation will be referred to the clinic director, the student's academic advisor and the Departmental Chair for determination of further action.
- j) Graduate interns will be asked to complete an evaluation of the off-site(s) at the completion of the rotation (*Appendix W*).
- k) A list of frequently used off-site rotations may be found in *Appendix F*.

H. RESOLVING CONFLICTS

1. Departmental: Should a situation arise in which a conflict occurs between a clinical educator and the graduate student intern, resolution of the issue must comply with the following hierarchy:
 - a) the student and specific clinical educator involved should attempt to explicate the issue through discussion
 - b) if discussion at this level is unsuccessful, the graduate student intern should discuss the matter with the coordinator of speech/language services
 - c) if the difficulty continues, the graduate student intern should take the matter to the clinic director
 - d) should the situation remain unresolved, the graduate student intern then may contact the department chair
2. College/OUHSC/University: Refer to the College of Allied Health Student Handbook
3. **ASHA:** A complaint about an accredited program may be submitted by any student. All complaints must be signed and submitted in writing to the Chair, Council on Academic Accreditation (CAA), American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850. The written correspondence must clearly describe the specific nature of the complaint, the relationship of the complaint to the accreditation standards, and must provide supporting data for the charge.