

MANUAL OF OPERATION

Clinical Service Programs

Access Network
Center for Communication Disorders
Southern Connecticut Audiology Services

Department of Communication Disorders
Southern Connecticut State University
New Haven, Connecticut

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TABLE OF CONTENTS

<u>Topic</u>	<u>Page</u>
INTRODUCTION -----	5
Program Goals -----	5
Professional Concerns -----	6
Issues in Ethics -----	6
Confidentiality -----	6
Observers -----	7
Safety and Security -----	7
Infection Control (Universal Precautions) -----	7
Dress Code -----	9
Clinical Responsibility -----	10
Accommodations for Students with Disabilities -----	10
Billing -----	10
Center for Communication Disorders -----	10
Access Network -----	10
Southern Connecticut Audiology Services -----	11
Supervision and Grading -----	11
Formative Assessment -----	11
Summative Assessment -----	11
Remediation of Clinical Performance -----	12
Clinical Seminars -----	12
Orientation Meetings -----	12
Off Campus Staffings or Planning and Placement Meetings -----	12
Clinical Clock Hours -----	12
Miscellaneous -----	13
Bulletin Boards, Mailboxes -----	13
E-mail accounts -----	13
Clinic Forms -----	13
Supplies -----	13
Electronic Equipment -----	13
Test, Treatment Materials, and Software -----	13
Student's Evaluation of Clinical Experience -----	14
Change of Schedule Form -----	14
 AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY DIAGNOSTIC PROCEDURES -----	14
Intake Inquiries -----	14
Referrals -----	14
Intake Screening -----	14
Scheduling -----	14
Preferential Scheduling -----	15
Implementing the Evaluation -----	15

Preliminary Planning -----	15
General Procedures for Conducting the Evaluation -----	15
Specifics to Speech-Language Diagnostic Evaluations -----	16
Specifics to Central Auditory Processing Evaluations. -----	17
Specifics to Audiological Diagnostic Evaluations -----	17
Post Evaluation Conference -----	19
Recommendations of the Center -----	19
Diagnostic Report -----	20
1. General Format -----	20
2. Responsibility of Report Writing -----	20
3. Style of Writing -----	20
4. Final Processing -----	20
Management of Client Information -----	19
SPEECH-LANGUAGE THERAPY SERVICES -----	21
Treatment Preliminaries -----	21
Scheduling -----	21
Providing Treatment -----	22
Clinical instructors -----	22
Client Records -----	22
Initial Conference -----	23
Discussion of Information in Client File -----	23
Requesting Information from Other Sources -----	23
Identifying the Problem -----	23
Initial Treatment Session -----	23
Term Treatment Goals/Objectives -----	24
Session Plans -----	24
Data Keeping -----	24
Progress Notes -----	24
Self - Reflective Practice -----	25
Attendance -----	25
Chronological Summary of Activity -----	25
Parent Conferences -----	25
End of Term Responsibilities -----	25
Progress Summary -----	25
Final Processing -----	26
Student Quality Assurance Record Review -----	26
Case Observation Forms -----	26
Client Referral -----	26
Outside Agencies -----	26
Intra-Center Referral -----	26
REMINDERS FOR STUDENT CLINICIANS -----	26
APPENDICES	
Adult Case History – Audiology	
Adult Case History – Speech-Language Pathology	
Application for Clinical Services/Authorization to Use Clinic Materials	

Application Packet Materials
Appointment Card
ASHA Code of Ethics
Audiology Follow-Up Appointments
Audiology Practicum Competency Review
Borrowing Clinic Materials FAQ
Case Observation Form
CCD Staff Qualifications and Responsibilities
Brochure – Access Network
Brochure – Center for Communication Disorders
Brochure – Southern Connecticut Audiology Services
Checklist for Processing Diagnostic and Audiology Reports
Child Case History – Audiology
Child Case History – Speech-Language Pathology
Chronological Summary of Activity
Client Files: Order of Information
Clinical Clock Hour Summary
Clinical Encounter Form
Confidentiality
Diagnostic Billing AUD
Diagnostic Billing SLP
Diagnostic Intake Form
Diagnostic Planning Worksheet
Diagnostic Report Format
Exchange of Information Form
Face Sheet
Fee Reduction Request Form
Fire and Medical Emergency Policies
Hearing Screening
Intake Screening
Inter-Center Referral Form
Letter Requesting Information from Other Providers
Non-Contact / Modification Clinical Experience Form
Observation FAQ
Observation Form
Observation Guidelines
Professionalism
Pure Tone Audiogram
Report Cover Letter
Serial Audiogram
Session Plan Guideline/Example
SOAP Note Guidelines/Example
Speech-Language Pathology Practica Competency Review
Standard Report Titles
Student Evaluation of Clinical Instruction
Student Quality Assurance Record Review Form
Student Schedule Forms
Term Treatment Plan
Therapy Progress Report
Therapy Scheduling Form
Video/Audio Recording FAQ

INTRODUCTION

The Department of Communication Disorders runs three autonomous clinical service programs that provide a variety of speech-language-hearing clinical services on campus:

The *Center for Communication Disorders* provides individualized speech-language pathology services for children and adults with a variety of developmental communication disorders, including: speech production; developmental language; voice (including laryngectomy and gender voice transition); augmentative/alternative communication; functional communication development; executive function; language to literacy development; fluency; central auditory processing.

The *Access Network* provides individualized evaluations and group support to improve skills and enhance life participation and quality of life for adults who have acquired communication and/or swallowing disorders resulting from stroke, brain injury or other medical pathologies. Services include individual, small group, and/or large group skill enhancement activities including: social support groups for clients and caregivers; education and advocacy regarding communication and swallowing disorders; strategies to improve cognitive-communication, expressive and receptive language, and swallowing skills.

Southern Connecticut Audiology Services strives to ensure optimal communication between children and adults with hearing loss and their family and friends so they may be active and successful participants in a variety of meaningful like activities. Services offered include: comprehensive diagnostic hearing evaluations; hearing aid dispensing and service; hearing aid orientation and follow up; assistive listening devices; aural rehabilitation; custom hearing protection (musician plugs, industrial plugs and swim plugs); hearing screening

All three clinical service programs serve as clinical training components of the Department of Communication Disorders. Much of a graduate student clinician's initial clinical experience will be obtained in these programs. The following practica are supported by the department's clinical service programs: CMD 560, CMD 561 and CMD 564 (Speech and Language Practicum I, II and III) and CMD 568 (Audiology Practicum) Each of these practica also may include assignments at off-campus sites. Student clinicians will have additional opportunities to perform clinical work at community-based facilities during CMD 569 (Advanced Clinical Practicum) and 562 (School-based Practicum). Information concerning these will be relayed to students by the coordinators responsible for those practica. This manual will prepare student clinicians for new experiences in clinical training at the department's on-campus clinical service programs. The information in this manual concerns the operation of these programs and the student's role as a graduate student clinician in each. Students are responsible for reviewing all information contained in this manual by the time they enter their first practicum.

PROGRAM GOALS

The *Center for Communication Disorders, Access Network, and Southern Connecticut Audiology Services* are autonomous units within the Department of Communication Disorders at Southern Connecticut State University. The goals of these programs are:

- to provide an on-going clinical experience for the training of graduate students in Speech-Language Pathology;
- to provide comprehensive quality services, including consultative, preventive, diagnostic, treatment, information-and-referral, and follow-up services to persons of all ages who present communication disorders;
- to provide the expertise of its staff to the community in advisory or consultative capabilities through presentation of workshops, case conferencing, or program design;
- to provide objective client advocacy through which additional information concerning clients' communication can be gathered and directed toward appropriate agencies, with necessary supportive services;
- to continue to bind together research and clinical practice in order to effect the most efficient, innovative and individualized evidence-based service possible to clients, as well as to develop new and/or alternative methods of assessment, intervention and supervision.

The department's clinical service programs are scheduled within the following time periods: 8:00 A.M. to 7:30 P.M. Monday through Thursday; 8:00 A.M. to 6:00 P.M. Fridays.

PROFESSIONAL CONCERNS

As program staff, every student clinician represents the department's clinical service programs during each clinical contact. It is imperative that the student clinician's demeanor, attitude and conduct are professional at all times.

Non-discrimination: Southern Connecticut State University does not discriminate on the basis of age; ancestry, color; gender identity and expression; intellectual disability; learning disability; mental disorder; physical disability; marital status, national origin; race; religious creed; sex, including pregnancy, transgender status, sexual harassment and sexual assault; sexual orientation; or any other status protected by federal or state laws. Click [here](#) for more information on SCSU's commitment to diversity.

Fingerprinting, Background Check and Drug Screening: Prior to starting their first clinical practicum, each student clinician must undergo fingerprinting, criminal background check, and drug screening, following the protocol determined by the Department of Communication Disorders. If a student does not pass a background check or drug screening, the student will not be allowed to commence or continue in their practicum assignment until a favorable decision is reached by the department Incident Review Committee (IRC). Students who are recommended to continue practicum may resume their assignment at a time determined by the department; those unable to be cleared will be withdrawn from practicum and dismissed from the CMD program.

Issues in Ethics: Program staff are dedicated to upholding the code of ethics of both the American Speech-Language-Hearing Association and the Connecticut Speech-Language-Hearing Association. All student clinicians are expected to meet these standards (see appendix).

Confidentiality: Clients who attend the department's clinical service programs have a right to privacy in obtaining services. All matters concerning client behavior and case management must be kept strictly confidential. The department outlines ways in which it protects its clients' privacy. The student clinician must be familiar with, and abide by these rules (see appendix).

Observers: Students who are enrolled in department courses will be observing treatment/evaluation sessions in order to fulfill course requirements. Observation Guides and Frequently Asked Questions about observing clinical services are provided to direct observers during the session (see appendix). As observers, they have strict guidelines to follow. The student clinician's responsibility regarding observers is to be certain that the treatment plans are available in the observation room, and that cancelled treatment sessions are indicated on the cancellation board in the department office.

Observers may not copy, photograph or leave the observation room with treatment plans. During times that observers are present, and sessions are in progress, lights may not be on in the observation rooms. If observers are disturbing sessions in any way, the student clinician should notify the observers, and if necessary, the clinical instructor. Questions about student observers should be directed to clinical instructors. Observation hours should be recorded on the appropriate form and signed by the Clinical Instructor (see appendix).

Safety and Security: The following guidelines are offered to ensure students, and clients, safety and security while they are at participating in the department's clinical service programs:

- Personal possessions and clinic equipment and materials should never be left unattended.
- Students should not remain alone in department or clinic areas. When the faculty member on "lock-up" duty closes the area, students should remove their belongings and go to another area of the building.
- Students should park in designated university parking areas. Car-pooling is recommended. If a student is leaving the building alone after dark, campus police may be contacted at extension 2-5375 for an escort.
- Students must keep their current local address and telephone numbers on file in the Department as well as a name and telephone number of a person to be contacted in case of emergency. Check with the department or clinic secretary to determine if information on file is correct. Update this information immediately if changes occur.
- The Department/ Clinic staff must be informed of any medical needs or conditions students may have that may impact their participation and performance in clinic.
- The department holds a policy on fire and medical emergencies (see appendix) that will be reviewed with all student clinicians at orientation. All clinic staff should be familiar with this policy.

Infection Control - Universal Precautions: Each clinical staff member must use proactive measures to prevent the transmission of communicable diseases. Because the department's

clinical service programs offer a service to the general public in which physical contact with clients is highly probable and frequently prescribed, clients and clinicians are at greater risk of infection transmission. This becomes more apparent when considering the following:

- Due to confidentiality law, a clinician may be unaware s/he is treating an individual with a chronic infectious condition; It is not the policy of the department's clinical service programs to refuse treatment in such situations, but to manage the individual's needs in a safe and effective manner in order to avoid transmission.
- We have a responsibility to protect our clients, clinicians, clinical instructors and employees from infectious diseases. To fail to take prudent and reasonable steps to do so may be considered negligent.
- An ill client/clinician may need to be absent. Treatment may then be interrupted.

Considering the above, all staff and students working in the department's clinical service programs will be aware of the department's risk management program and will follow the procedures outlined therein. The risk management program will be presented at an initial clinical seminar meeting and shall be repeated as necessary throughout the treatment terms. All clinical instructors will be responsible for monitoring and enforcing participation. Failures to participate in the program or difficulties in maintaining the program for any reason should be reported immediately to the Clinical Director.

The procedures outlined below have been extracted from various sources in which the kinds of interactions that represent the highest risk for transmitting disease, the means by which disease may be transmitted, and the measures that may be taken to prevent transmission were considered. For more information, please refer to:

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

<https://www.cdc.gov/niosh/topics/bbp/universal.html>

The following aseptic procedures will be followed by all clinical staff:

Hand washing is probably the single most effective way to break the infection transmission chain. All individuals who come in contact with clients during the course of treatment shall wash their hands in the following situations:

- Always before and after working with a client.
- Immediately after coming in contact with saliva, blood or other bodily fluids.
- After wearing latex gloves, available in each treatment room.

The following hand washing technique will be followed:

- Using liquid soap, lather hands, wrists and forearms.
- Rub hands vigorously with soapy lather for at least 60 seconds.
- Rinse thoroughly, allowing water to drain from fingertips to forearms.
- Use paper towels to dry hands and arms.
- Turn off faucets and handle doorknobs with dry paper towels after drying hands.

Liquid soap for hand washing purposes is available in all restrooms on the clinic floor.

Purell hand sanitizer is available in every treatment room, and should be used by clinicians before and after each session and before and after physical contact with clients, unless contraindicated by an individual's health status. This is especially necessary if a clinician is not able to access a sink in a restroom.

At the beginning and end of each treatment or diagnostic session, tabletops and work surfaces in treatment rooms and audiology suites shall be cleaned with an antiseptic Sani-Cloth disposable wipes that are available in each treatment area. Sani-Cloth disposable wipes may never be used in direct contact with clients. Clinicians with concerns about chemical sensitivity should don disposable gloves prior to using these wipes.

It is the responsibility of each clinician to clean surfaces. Your clinical instructor will monitor your activity. Please inform your clinical instructor when supplies are low.

Play materials used in treatment and diagnostics will be cleaned before and after each use with the disinfectant solution.

Toys and/or other materials which cannot be easily replaced, replenished or cleaned, for example, stuffed toys or toys made of fabric, will not be used. If difficult to clean materials or toys are needed in treatment or diagnostics, they should be manipulated only by the clinician, who will take care not to have the item come into contact with client/clinician body fluids.

Disposable gloves shall be worn when touching body fluids (for example: saliva, tears, blood, cerumen) or mucous membranes of any client. This may occur for example, when performing an oral mechanism exam or handling probe tips. Staff will avoid touching open lesions or broken skin of any client under any circumstances. Following use, latex gloves shall be properly disposed of.

Any materials removed from a client such as dressings, diapers, any effects which have the potential of coming into contact with body fluids must be disposed of in sealed plastic trash bags.

If you have any questions regarding the specifics of a procedure or if a situation arises which has not been outlined in this program, please ...

STOP WHAT YOU ARE DOING, WASH OR PURELL YOUR HANDS AND SEEK HELP FROM YOUR CLINICAL INSTRUCTOR OR THE CLINICAL DIRECTOR!!!

Dress Code: As with all other aspects of conduct related to the student clinician's role as a clinical staff member, the student is expected to dress appropriately. People judge the professionalism of clinic staff by both their behavior and appearance.

Dress for all clinicians should be appropriate for a professional setting. Professional attire may include: dress shirt and tie; dresses; khakis; dress slacks; skirts; blouses; and sweaters. Clothing not permitted while on duty in clinic include: jeans; shorts; excessively casual, tight, or revealing clothing; shirts with team, marketing or political and/or personal slogans. Comfortable dress

shoes are required; flip flops, sneakers or running shoes and other excessively casual footwear are prohibited. Periodic updates to this dress code will be shared with clinical staff.

In an effort to maintain a professional image in our culturally diverse setting, we ask that you minimize or avoid the display of facial piercings. Tongue and lip piercings are not permitted at any time when working in the clinic, as they are inconsistent with the role and professional values of speech-language pathologists.

If you have any doubts about the appropriateness of the outfit you have chosen to wear while working in clinic, please change it. You are expected to maintain an appropriate appearance when in the clinic area regardless of whether or not you are seeing clients. We reserve the right to ask you to modify your appearance whenever deemed necessary. If you are found to be inappropriately dressed in the clinic, you will be instructed to leave the clinic area and change into a more appropriate outfit.

If your cultural or religious practices require different attire than described above, please discuss your needs with the Clinical Director. Appropriate accommodations will be made.

Clinical Responsibilities: The department's clinical service programs exist to provide services to clients as well as to provide training for graduate students. It is critical that a high standard of client service be maintained. This service is greatly dependent on student staff. Therefore, a student enrolled in a practicum has indicated by their enrollment a commitment to be available for, and to meet the demands of the service with which they are involved. Clinical instructors will not organize clinical activities around individual responsibilities or outside commitments of student clinicians. Students must adjust their schedules, except classes, to meet clinic assignments.

Accommodations for Students with Documented Disabilities: The Department of Communication Disorders is committed to providing quality academic and clinical training to all students enrolled in the program. In order to ensure reasonable accommodations, students who have documented disabilities are strongly encouraged to inform the practicum instructor of their needs at the start of the semester. Reasonable accommodations may be offered only through written agreement with the Disabilities Resource Center at Southern Connecticut State University. **Please be aware that clinical responsibilities and expectations cannot be modified in a manner that compromises client/patient care.**

BILLING

Access Network: Services are provided free of charge to all participants.

Center for Communication Disorders: Fees are charged for all evaluation and therapy services. The Center cannot bill insurance. Due to federal regulations, individuals receiving Medicare B cannot be seen at the Center. Each clinical instructor is responsible for collecting, recording and submitting payments for services at the time the service is delivered. Student clinicians will be responsible for these tasks as directed by their individual instructors. The clinic will accept cash, personal checks and money orders. Visa, Master Card and Discover cards will also be accepted.

Please complete a duplicate receipt for all payments by cash and check. Be sure to indicate the date, service provided, name of person paying and name of person receiving payment. Copies of completed billing summaries used for speech-language evaluations may be given as receipts. (see appendix). Payments for speech-language therapy services should be recorded on the appropriate line on the client's Therapy Encounter form (see appendix).

Fees for services may be waived for clients who are current SCSU students, faculty or staff, or retirees of SCSU. Your clinical instructor or the clinic director should be consulted if there is a question regarding fees. The Center has a sliding scale for clients who qualify. (see appendix). Bills should be written out even if the fee has been waived. The bill must indicate "WAIVED" on the bottom portion of the bill and processed as a regular bill. The "WAIVED" bill does not have to be submitted to the client, but must be processed and logged.

Southern Connecticut Audiology Services: Audiological screenings and diagnostic assessments are provided free of charge. Fees are charged for hearing aids and related products and services. A completed Audiology Billing form should be completed, delineating all services provided, regardless of fee, and submitted to the Clinical Director upon completion of each appointment.

F. SUPERVISION AND GRADING

All clinical activities in the department's clinical service programs are closely supervised by the assigned clinical instructor and the Clinical Director. The American Speech-Language Hearing Association mandates ratios for supervision, to which the department and clinical service programs strictly adhere. A minimum of 25% observation of the total time spent with each client is required. Note that this is a minimum supervisory requirement and is usually exceeded. Clinical instructors observe, participate, and provide models in sessions according to ASHA's ratio or greater, depending on the level of skill and prior experience of the clinician and the complexity of the case. Student clinicians will have the opportunity to learn from the experiences and diverse styles of a variety of clinical instructors. Clinical instructors function as the legally responsible persons for clinic clients; they also function as guides and resource persons for student clinicians. Clinical instructors are available to answer questions, suggest and discuss ideas, and most importantly, to help student clinicians think and develop autonomy and sound clinical judgment.

Formative Assessment:

Clinical instructors provide formative assessment feedback in a variety of ways: through written critiques, summaries of sessions or individual session evaluations, personal meetings or conferences with clinicians, or demonstration therapy/participation in sessions. Clinicians should see their clinical instructors with questions or requests for more or different kinds of feedback. It is the clinical instructor's responsibility to determine the degree of autonomy that each student clinician has attained and to supervise the case accordingly.

For each practica, clinical instructors and student clinicians will engage in a midterm review of emerging clinical competencies. This review will provide the student clinician with a formal opportunity to discuss progress with clinical instructors. A comprehensive competency review format is used for all speech-language pathology practica. (see appendix).

Summative Assessment:

For each practica, clinical instructors and student clinicians will engage in a final review of clinical competencies, using the same clinical competency review format used at midterm (Appendices L). Final grades are assigned by each seminar instructor, with advisement from the clinical instructor(s) who worked directly with a student clinician, on the basis of the clinician's performance by the end of the term

Remediation of Clinical Performance:

Students who receive or are in danger of receiving a grade below B minus in a clinical practicum, or about whom faculty or clinical instructor(s) have expressed substantial concerns that have not been resolved through initial remediation, are referred to the Department Student Remediation Panel (DSRP) for assistance in remediating area(s) of concern (see CMD Graduate Student Handbook for details). In the event that a student has continued to do poorly in a practicum, resulting in a failing practicum grade of C+ or below, student will have the assigned grade entered on their transcript, and will be required to repeat the practicum. A remedial support plan will continue through the student's next practicum experience. At the end of the repeated practicum, a grade of C+ or below will result in dismissal from the CMD graduate program.

CLINIC SEMINARS

As part of their clinic responsibilities, students enrolled in CMD 560, CMD 561, and CMD 564 attend weekly seminar meetings. Attendance is mandatory. A portion of the grade for these practica will reflect successful participation in these seminars and completion of all assignments.

ORIENTATION MEETINGS

Attendance at all individual or group practicum orientation meetings is mandatory. Notification of days and times of any orientation meetings will be given to students each term.

OFF-CAMPUS SESSIONS, OBSERVATIONS, AND CONFERENCES

At times, a student clinician and clinical instructor may decide that it would be beneficial to observe a client -- with appropriate signed consent forms -- in other environments outside of the department, such as at school or some other program, and/or meet with other professionals providing services to the client. The clinical instructor will inform the student on the procedures for making contact and establishing an appointment. The student clinician will report results and file the report in the client's file in the "Chron Sheet" section.

The student clinician and clinical instructor may decide that it would be beneficial to the client to conduct a session outside of the department (e.g., to facilitate generalization of a skill). If the client is a minor, parent consent must be obtained. Clinical staff or students may not transport clients in their private vehicle. Arrangements should be made with the client to meet at the desired location.

CLINICAL CLOCK HOURS

Students must keep a record of their clinical contact hours with all clients on a Clinical Clock Hour Summary Sheet (see appendix). The summary sheet should include information concerning client contact according to types of service provided, age range of client, and site of service. The clinical instructor must sign the summary sheets. The signed summary sheet(s) are turned in to the department secretary at the end of the term. Students should keep signed copies of all clock hour sheets for their records.

Current ASHA certification standards allow for up to 75 clinical contact hours to be accrued through clinical simulation activities. Such experiences must be arranged by the Department and approved by the Clinic Director. Hours will be recorded on the Non-Contact/Modification/Simulation Hours form (see appendix) and submitted in the same manner as the form documenting client contact hours.

MISCELLANEOUS

Bulletin Boards and Mailboxes: Mailboxes for student clinicians and clinical instructors are in Room 012C. Be sure to check the mailboxes for content at the beginning of each Treatment Term and daily thereafter. Messages and other information for the clinical instructors should be placed in the appropriate boxes. There are bulletin boards in the hall outside the CMD office for posting information such as conferences, job opportunities, and ASHA information. Additional bulletin boards are provided for student club information, faculty and student research and publications, and information from the national Student Speech-Language-Hearing Association (NSSLHA).

E-mail Accounts: All students are issued an SCSU e-mail account upon registering in the program. You must check these accounts daily for information related to your academic and clinical assignments. SCSU e-mail accounts may be linked to other preferred e-mail accounts, if desired.

Clinic Forms: Forms used in the clinic are located in room 012C. Please notify the Clinic Director immediately when copies of any of these forms run low.

Supplies: If desired supplies or materials are not available, please speak with your clinical instructor. Also, if some of the materials are badly worn, dirty, or broken, please report it to your clinical instructor so that replacements can be ordered.

Electronic Equipment: Electronic equipment is located in several places including the Speech Science lab (002), the Audiology Suites (013), and the storage cabinets in Room 018D. Equipment is never stored or left unattended in therapy rooms. Please check with your clinical instructor relative to use of this equipment. Student clinicians and clinical instructors will be responsible for signing for equipment and for keeping the rooms in order. If at any time equipment is found to be defective, make a written note of the problem, attach it to the instrument, and notify the Clinic Director as well as bringing it to the attention of your clinical

instructor. If the operation of a piece of equipment presents a problem, please find out how to use the device properly before operating.

Test Manuals, Materials, Computer Programs: Test manuals, materials and published therapy materials are stored in Room 017A and test forms are located in the bookcases in Room 017. If you need to access this material please see a student worker in the main office, who has a key to this room. You must leave your driver's license or student I.D. to use the Key; it will be returned to you when you return the key. You must sign out all materials in the main office. Students planning to use specific instruments or a specific test for an evaluation should tape a note to the item(s) indicating the day and hours the resources are needed. See appendix, Frequently Asked Questions regarding Borrowing Materials. Students enrolled in CMD 564 (Diagnostics) have priority over non-564 students for diagnostic materials. Library materials and toys and games located in the Student workroom 009B) are used on an honor system basis. Please replace toys neatly where you found them.

Student's Evaluation of Clinical Supervision Experience: At the end of the semester, each student must fill out the Student's Evaluation of Clinical Experience form (see appendix) for each on-campus clinical instructor that they have had during the semester. This is the student's chance to evaluate the instruction and support they received. This task is considered a mandatory component of each clinical seminar, and failure to turn in supervisory evaluations may result in a grade of "I". Clinical instructors are not given the reviews until final grades have been issued. Please provide your feedback in an honest, respectful and professional manner.

Change of Schedule: If a client's appointment has been changed, please inform the Clinic Director in writing so that the master schedule may be adjusted.

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY DIAGNOSTIC PROCEDURES

INTAKE INQUIRES

Referrals: Requests for diagnostic services are accepted from various sources such as parents, school systems, physicians, social workers, psychologists, community agencies and on personal request of the individual seeking evaluation. Initial requests may be made in person, by phone or in writing.

Intake screenings: Screening of potential clients for the department's clinical service programs are completed using the Telephone In-take Screening Form (see appendix). The completed forms are directed to the intake worker for the appropriate clinical service program, who will call the client to schedule an appointment when one is available.

Scheduling: The intake worker indicates the appointment day, date and time on the intake form and the chron sheet in the client's file. An application packet (see appendix) is sent to new clients. (The application packet consists of a summary of billing fees, (CCD), a reminder of the waiting period for therapy(CCD), a cover letter, a map, a parking sticker, information regarding clinical evaluation services, an application for clinical services and an exchange of information form. A copy of the letter sent to the client is placed in the outgoing Correspondence section of

the client file and the date mailed is indicated on the chron sheet. The files are then placed alphabetically in the Diagnostic Working Drawer.

When the client returns the signed consent form allowing the department's clinical service programs to obtain other agencies' information, an assigned student clerk will send out a copy of the Exchange of Information form (see appendix) and a cover letter requesting the reports or information (see appendix).

Preferential Scheduling: Provision is made for situations requiring preferential scheduling. Factors that would bear upon a request being given special consideration would include severity of a problem in speech, language or hearing or other emergency referrals that, in the opinion of the Clinical Director, require preferential scheduling.

IMPLEMENTING THE EVALUATION

Preliminary Planning: The clinical instructor assigned to the diagnostic evaluation assumes the overall responsibility for the case. With appropriate guidance from a clinical instructor, students will be responsible for developing an appropriate diagnostic protocol. This evaluation scheme is flexible and the clinical instructor makes the final determination for all aspects of the evaluation. When planning an evaluation, the following should be considered:

- The student(s) assigned to an evaluation must make an appointment with the clinical instructor at least one week prior to the evaluation for planning purposes. In many instances, the client's case history or intake form indicates such a complexity that several planning sessions are needed. It is the student's responsibility to read and be familiar with the case file as soon as the evaluation is scheduled.
- Student clinicians must come to their clinical instructors prepared to discuss all information in the client's records; the student should have a list of questions and areas of concern to be discussed; and a diagnostic plan and rationale outlined for the clinical instructor, including test procedures to be used and areas to be assessed.
- The clinical instructor will assist the student to define the communicative behaviors to be assessed during the evaluation. Together they will agree upon the assessment protocol for each client. Among the areas to be considered for assessment and observation are: receptive and expressive language abilities, pragmatic and discourse skills, articulation and phonological development, fluency, voice, hearing, oral-motor function, general developmental abilities including fine and gross motor skills, pre-linguistic abilities, overall level of functioning, daily living/self-help skills, and social development.
- It is the student clinician's responsibility to contact the client prior to the appointment to introduce him/herself, verify or obtain missing information on the intake form and face sheet (see appendix) of the client's file, interview the client if needed, and remind the client of the appointment day, date and time.

General Procedures for Conducting the Evaluation: When the client arrives at the clinic, they are met by the clinical instructor and the student clinician conducting the evaluation. The student clinician should introduce the clinical instructor and them self and then escorted the client to the evaluation area. An Application for Clinical Services form with an accompanying Authorization to Use Clinic Materials must be completed by the client prior to the start of the evaluation. A case history should then be obtained and information on the "Diagnostic Telephone Intake" form verified. See appendix for referenced forms. Case history forms should never be given to the client to complete. The student clinician should obtain the information orally, based on the instructions of the individual clinical instructor. The interview should close with a brief and simple explanation of the test procedures. In the case of a child or individual with a severe cognitive or language impairment, the interview is carried out in conjunction with a parent or caregiver(s).

The general evaluation sequence is as follows:

- 1) interview of responsible party (occurs concurrently with children)
- 2) pure tone hearing screening for speech-language clients (Appendix Z)
- 3) evaluation
- 4) post-evaluation conference between clinician and clinical instructor
- 5) review of preliminary conclusions and recommendations with the client or responsible party.

Other graduate students from the Department of Communication Disorders may observe diagnostic evaluations; however, they must first obtain permission from the clinical instructor. An "Authorization to Use Clinical Material" form, either on the last page of the green application form or on a separate authorization form (see appendix) must have been signed by the client before observations can occur. It is the Clinician's/Clinical instructor's responsibility to ensure that there is such a signed authorization before the evaluation begins.

Specifics to Speech-Language Diagnostic Evaluations: All protocols to be implemented in the diagnosis of speech, language, and related communication disorders will be developed on a case by case basis, determined by the specific clinical concerns presented by each individual seeking diagnostic services. The following procedure will be followed in the development of individual diagnostic protocols:

- **Statement of client concern:** The student planning a diagnostic session determines the general area of concern expressed by an individual seeking diagnostic service. The general statement of concern is identified from an initial telephone intake, completed application for services, and a follow-up telephone contact. Detailed case history information is obtained during a combination of oral interviews during the follow-up call and as part of the evaluation session. Pertinent case history information is summarized in the final written evaluation report.
- **Determination of diagnostic issues:** After determining the general client concern, a list of all diagnostic central issues related to that concern is made. This list reflects the central issues to be explored during the course of the evaluation, and serves as a focal point for the planning of a customized protocol of diagnostic activities. Examples of central issues

include topography of disfluencies, presence of an expressive language delay, and phonological characteristics of the articulation disorder.

- Development of the diagnostic protocol: A list of all activities to be implemented during the diagnostic session is developed. All diagnostic tests, activities and procedures are chosen based on their ability to yield data which will address the diagnostic issues previously raised. An attempt is made to include two or more activities to address each issue, in an effort to compensate for the intrinsic limitations of individual tests and procedures. All protocols include a formal hearing screening and examination of the oral mechanism when possible or an informal assessment of these systems when formal examination cannot be completed.

Specifics to Central Auditory Processing Evaluation: The minimum age for central auditory processing (CAP) diagnostic evaluations is 8.0 years on the date of evaluation. All CAP evaluations are comprised of at least one two-hour session. For children over the age of 10 years, a second two-hour session may be scheduled 1-2 weeks following the initial test session. Central auditory processing evaluations include conventional pure-tone air and bone conduction testing, speech audiometry, and immittance audiometry. Following completion of the conventional testing, the CAP test battery is administered which includes at least 4 of the following tests:

- Dichotic Digits
- Competing Sentences
- Frequency Patterns
- Low-Pass Filtered Speech
- Compressed Speech
- Dichotic Rhyme
- Gaps-in-Noise (GIN)
- selected electrophysiological measures.

The specific test battery is selected based on the symptoms of each individual client. This is discussed and decided upon in a meeting between the supervisor and supervisees prior to each clinical session.

Specifics to Audiological Diagnostic Evaluations: The following tests comprise a minimum battery for an audiological evaluation. All measurements are carried out bilaterally and recorded on the Audiogram form (see appendix).

- pure tone air
- pure tone bone
- speech reception threshold
- speech recognition
- acoustic immittance measurements
- otoscopy
- Masking must be used when indicated.

The following special tests may be administered if there are case history or audiometric indications:

- Tone decay
- Stenger
- PI-PB function
- Acoustic Reflex Decay
- otoacoustic emissions
- acoustic reflex thresholds

If indicated, assessment of the client's communication skills may be carried out:

- Adults - speech-reading skills; self-report procedure (e.g. Hearing Handicap Inventory)
- Children- speech discrimination skills in auditory, visual and combined modes; - receptive vocabulary

The student clinician will provide both content and emotive counseling under the direction of the clinical instructor. If a hearing aid is recommended, a second appointment is made for a hearing aid evaluation, at which time further testing (ie MCL/UCL) will be completed, specific instrument options discussed, and earmold impressions taken as applicable.

Student clinicians may take earmold impressions. The impressions must be inspected and approved by the clinical instructor before they are mailed. All earmold forms must be completed by the clinical instructor. The client will be asked to make payment for the cost of the earmolds. Consult with the clinical instructor concerning current cost.

Audiological Rechecks will follow the same format as Audiological evaluations. The student clinician should be sure that the following are carried out:

- The file is read to determine the purpose of the recheck.
- The current audiogram is compared with past audiograms to measure the degree of progression. For children, each evaluation should be recorded on a serial audiogram (Appendix HH).
- The client's hearing aids (and classroom amplification) are checked and aided testing must be completed.

Hearing Aid Evaluations require the student clinician to examine the client's file to determine the degree and configuration of hearing loss, speech recognition ability, MCL, UCL, ear differences, age and communication status. The hearing aid evaluation will consist of frequency specific UCL data being obtained for pure tones ranging from 500 – 6000 Hz, measurements taken and/or earmold impressions made, if needed, for one or two ears. Assessment will be made concerning the client's hearing needs based on lifestyle and soundscapes in order to determine appropriate technology recommendations. The proper prescriptive paperwork being filled out or a phone call will be made to place an order for hearing aid(s). The order will be documented in the file along with appropriate confirmation information.

All children must have a recent otological evaluation before they may be supplied with new hearing aids. A physician's statement must be in the client's file before a new hearing aid may be

ordered. Adult clients must have a physician's statement or they must sign a waiver prior to the purchase of a hearing aid.

Once all of the preliminaries have been carried out, the order form for the hearing aid will be completed by the clinical instructor. The client will be contacted to return to the Center for a hearing aid orientation when his/her hearing aid(s) arrive. The clinician will carry out an electroacoustical assessment of the hearing aid(s), as well as a measure of real-ear function using the probe-tube system. Obtained insertion gain will be compared with target gain. Measures of functional gain will be obtained at the discretion of the clinical instructor. The clinician will then instruct the client in hearing aid use and care. Follow up care will be scheduled as needed.

Post Evaluation Conference: Immediately following the conclusion of the evaluation, the clinical instructor and the student clinician will hold a conference to determine the general outcome of the evaluation and to develop preliminary recommendations in an organized, well-integrated manner, and must be prepared to provide a rationale for their recommendations and to defend them if necessary.

Recommendations:

Following the post-evaluation conference, the diagnostic team will inform the client of their preliminary conclusions and recommendations.

- After thorough analysis of the evaluation has been completed, more detailed information concerning the results and recommendations will be communicated to the client through a telephone conference, by the written diagnostic report, or optionally, in person at a later time.
- The client will be asked to sign an Exchange of Information Form form so that reports may be sent to the referral source. The student worker, when processing the report, will send an accompanying cover letter with each report requested by outside agencies. If treatment is recommended, a Therapy Scheduling Form must be completed. See appendix for related forms.

Recommendations can include any of the following:

- The individual is not an appropriate client for the department's clinical service programs, but other needs are identified and appropriate referrals to various sources should be made. It is the responsibility of the clinical instructor to ensure that the referrals are made in an appropriate manner.
- The client needs treatment (Recommendations for the direction of therapy should be made.)
- The client needs treatment, and initial sessions should be diagnostic in nature to more accurately determine the nature of the problem.
- The client needs an additional evaluation before he can be scheduled for therapy.
- The client is not a candidate for services at this time but will need reevaluation at a later specified time.

- The client does not require treatment because there is not a communication disorder.
- The client is a candidate for amplification, and options are discussed.

Management of client information: All client-related documentation, including: applications; authorizations; exchange of information forms; test protocols; speech-language samples, and clinician working notes must be entered into the client file immediately after the evaluation or upon completion, and may not be removed from the department under any circumstances. Student clinicians and clinical instructors are to access this information within the department when writing or reviewing clinical reports.

DIAGNOSTIC REPORT

General Format: Diagnostic Evaluation Reports are to include Standard Report Titles and follow the standard format used in the department's clinical service programs, as adjusted by the clinical instructor in charge of the case (see appendix). Students are reminded that other formats may be required in other school or clinical settings.

Responsibility of Report Writing: First drafts of the written report are due three days from the date of the evaluation. Final drafts are due no later than two weeks from the date of the evaluation. It is critical that students adhere to these due dates so that diagnostic information will be available to agencies requiring it. Clinic policy requires that reports be sent within 15 working days of the evaluation.

It is essential that the confidentiality of client information be strictly maintained during the report writing process. All working copies of clinical reports must be de-identified. Client initials may be referenced, but no names, addresses, birthdates, phone numbers, email addresses or other identifying information should be entered into the report until the final copy is printed and entered into the protected client file. Social Security numbers should not be included in any clinical document under any circumstances.

It is the obligation of each student clinician to write assigned clinical reports independently or in collaboration with other assigned students. Under no circumstances may individuals other than the assigned student clinicians and clinical instructors view client information, assist in writing clinical reports, or read or review clinical reports. Failure to adhere to this will be considered a breach of confidentiality and will result in disciplinary action.

Style of Writing: Reports will be written for all evaluations and re-evaluations. Each clinical instructor may have certain preferences with regard to the style in which a report should be written. Such variation is desirable in terms of a training experience for the student clinician. Rewriting is necessary learning tool. Approval of all diagnostic reports is the responsibility of the clinical instructor.

Final Processing: When the report has been approved, typed, and completed, the student clinician must sign the report and place it in the client's folder in the diagnostic file draw. The clinical instructor completes a final check of the report and client file, completing the Checklist

for Processing of Diagnostic Reports (see appendix), and signs the report. All paperwork must be included in the client file in the appropriate order (see appendix).

Upon approval by the clinical instructor, the client's file is placed in the "TO BE PROCESSED" section of the Speech-language Working Drawers. A student office clerk/worker will process and mail the report to the adult client or individuals and agencies specified on the Exchange of Information form (see appendix). Note that if the report is being sent only to the client himself or the parents of the client (child), a completed Exchange of Information form is not needed. The student office clerk will indicate that the report has been processed and mailed, and will return the Checklist to the clinical instructor via the staff mailboxes. A cover letter will be attached to each report mailed (see appendix).

If service is recommended, a Therapy Scheduling form (see appendix) should be placed in the Clinical Director's mailbox as soon as it is completed.

The clinics' policy on confidentiality applies to all diagnostic procedures. **UNDER NO CIRCUMSTANCES IS INFORMATION PROVIDED TO THE CLINICS BY ANOTHER FACILITY TO BE RELEASED TO ANY OTHER FACILITY. NO INFORMATION IS TO BE RELEASED FROM THE CLINICS WITHOUT WRITTEN AUTHORIZATION FROM THE PARENT, GUARDIAN, OR CLIENT.**

SPEECH-LANGUAGE THERAPY SERVICES

TREATMENT PRELIMINARIES

Scheduling:

- Each treatment term, the clinical instructors in the CCD and the Access Network develop a client service schedule from client therapy scheduling forms (see appendix) and individual student clinician schedules (see appendix).
- The Therapy Scheduling Form (see appendix) identify client's preferences for days and times for therapy; a statement of the client's communication disorder or hearing impairment; client's name, address, name of parent/guardian, and phone number.
- Prior to each term, students enrolled in practica will be sent a blank schedule (see appendix) to be completed and returned by a specified date. This schedule should list all possible days and times for which a student is available for clinic. The student must also provide information regarding coursework and clinical hours to date so that appropriate clients may be assigned.
- Students and clients are matched on the basis of schedule, student clinical experience, and academic background. Students may be assigned more than one client and/or more than one clinical instructor. Evening and Saturday assignments are possible.

- Clients are scheduled for one to four sessions per week. The length of the sessions may be determined by the age of the client and nature of the communication disorder. Individual and/or group sessions may be provided based on client needs and interests.
- Speech-Language Pathology diagnostic appointment books and Client Encounter Books, for the CCD and the Access Network are kept in the file room. Each student is responsible for maintaining up-to-date client attendance of therapy sessions by recording appropriate information on an individual client attendance sheets in the appropriate Client Encounter Book.
- If the client's appointment date or time has been changed, the Clinic Director must be notified in writing immediately.
- Each treatment term, clients are assigned a new student clinician, but are under the supervision of the same clinical instructor, whenever possible. This procedure provides students with opportunities for clinical experience with a variety of cases, while providing continuity of care for clients under the direction of one certified clinical instructor.
- The clinical instructor assigned to each case is responsible for informing student clinicians of their case assignments. Clinicians are requested to confirm the date and time of first meeting with their clients prior to appointments.

PROVIDING TREATMENT

Clinical Instructors: Each client is assigned to a clinical instructor. Each clinical instructor is professionally trained, certified by the American Speech-Language-Hearing Association, and licensed by the Connecticut State Department of Health Services in Speech Language Pathology or Audiology. The clinical instructor is responsible for assuring continuity and progress of treatment for all clients assigned.

Client Records:

- Information pertaining to each client can be found in individual client files located in the File Room (012C). Separate files are maintained for client participating in each of the departments three clinical service programs, and clients participating in more than one clinic (e.g. Access Network and Southern Connecticut Audiological Services) will have separate files maintained for each program. Files are in alphabetical order in the file drawers dedicated to the relevant clinic. The department's policy on confidentiality applies to all treatment procedures. Under no circumstances are client files to be taken beyond room 012C, the student workroom, 006, a clinical instructor's office, or individual treatment rooms. Each time a file is taken from a file drawer, it must be signed out, then signed back in upon its return.
- If a client file cannot found, notify a worker at the front desk immediately.

- Files for clients currently participating in the CCD or the Access Network, or for clients seen within the last two years at Southern Connecticut Audiology Services are maintained in the department file room (Room 012C). Inactive files in the storage area are for audiology and speech-language clients that have not been seen during the past two years. Clients' files that have not been active in the last ten (10) years are destroyed.
- CCD Clients who are waiting for therapy services, following an evaluation, are in the "Waiting" files in Room 012C. Scheduled, to-be-scheduled or on-going speech-language diagnostic files in the CCD are placed in the Diagnostic Working Drawer in 012C. After the evaluation, the file is placed in either the "Waiting", "Active" or "Inactive" file cabinets.
- When planning treatment, the student clinician must extract pertinent information from the client's record. Information should never be copied verbatim or photocopied from a client's record. Material pertaining to the client and carried by the clinician must not have identifying information on it.

Initial Conferences: The initial conference between clinical instructor and student clinician should be scheduled as soon as client assignments are made. Students are responsible for making the appointments, unless assigned by the clinical instructor, at least one week before the first meeting with the client. Treatment must not be initiated until the case has been reviewed by both the student and the clinical instructor and an approved session plan generated.

Discussion of Information in Client's File: Student clinicians should be prepared to discuss verbally pertinent information in the client's record and to present a complete outline of the problem, previous intervention strategies, and client response to treatment.

Requesting Information from Other Sources: If reports from other agencies are deemed necessary, the student clinician must obtain permission to request the information. An Exchange of Information form (Appendix W) must be completed and signed by the client, or the client's parents. The student clinician will then mail the form with a cover letter (see appendix) to the agency. Copies of the cover letter must be filed in the client's file under Outgoing Correspondence.

Identifying the Problem: Based upon information in the client's record, the student clinician and clinical instructor will identify the client's overall communication disorder in a clear and succinct manner. Certain communication behaviors will be targeted for examination during the first session(s). These will be based on information and recommendations from the client's records.

Initial Treatment Session: The first treatment session should be oriented toward the clinician and client becoming acquainted, and toward obtaining information concerning the client's communication skills/deficits. Baseline data may be obtained for specific communication behaviors and should be recorded as an indicator of the client's non-cued level of performance. Baseline data is obtained as an index for behavioral changes during the treatment term. Additional or current diagnostic testing may be indicated before treatment planning can begin.

All planning for assessment taking place in sessions must be done with the clinical instructor. Clinicians should plan adequate activities for the first treatment session that elicit the behaviors to be measured.

During the first session, each clinician should hand to his/her client the updated Welcome-to-the-Clinic letter, available from the clinical director.

Term Treatment Goals/Objectives: Following the first treatment session(s), the student clinician and clinical instructor will, with client input, identify functional outcomes and term treatment goals to be targeted during the term. Additional components of the term treatment plan (see appendix) include initial status (baseline) data, client/caregiver education plan and case management plan.

Session Plans: Unless otherwise stated by the case clinical instructor, a session plan (see appendix) must be completed prior to each client contact. The plan should be completed as follows:

- **Functional Outcome Statement:** This should identify the expected outcome of intervention in relation to an individual's functional needs, and should consider communication need, environments, partners, and participation in life activities
- **Semester Goals:** Goals should identify the primary skill(s) being supported in therapy, and the expected level of support and progress that will be required to demonstrate these skills by the end of the semester.
- **Objectives:** Each objective must include a behavioral statement, condition(s) in which the behavior will occur, cueing type and frequency and a measurable criterion.
- **Skills supported Incidentally:** List the skills that will be taught or reinforced incidentally, but not included in an objective.
- **Procedures:** Complete statement of the specific plan of treatment. Procedures should be written so that another clinician could replicate them. Statements concerning stimulus mode, acceptable responses, reinforcement and reinforcement contingency, and measurement may be included. Students are encouraged to list the specific "techniques" they will use, such as "modeling", "expansion", etc.
- **Activities:** List the activity sequence in which therapy objectives will be targeted. Specify which objective(s) will be targeted in which activity.
- **Materials:** A complete list of all supplies and stimulus items used should be included.

The clinical instructor may require an extra copy of your plan for his/her files or for observers. Under no circumstances should an observer keep a session plan. To ensure confidentiality, use only your client's initials on working copies of session plans, data sheets and treatment progress notes.

Data Keeping: Measurable data must be kept for all objectives targeted during therapy. The type, frequency and method of data collection will relate to the specific measurable objectives you develop, and may include charting the frequency of occurrence or accuracy of the target behaviors under specific stimulus, response, and reinforcement conditions. Changes to objectives will be determined based on the progress suggested by these data.

Progress Notes: After each session, brief, dated progress notes should be recorded in SOAP format (see appendix) and submitted to the clinical instructor for review and comment. Only the term-end Therapy Progress Report (see appendix) will go in the clients' permanent files. In some cases, other special notes or raw data also may be placed in the file, with the clinical instructor's approval.

Self-Reflective Practice: The Department of Communication Disorders is committed to ensuring that each student becomes a life-long self-directed learner. To that end, each student participating in all speech-language pathology clinical practica will complete periodic written entries in a clinical self-reflective journal, discussing his/her clinical experiences, learning and identifying areas of self-improvement to be targeted during subsequent sessions. The format and schedule for this journal will be disseminated and reviewed in clinical seminars

Attendance: Student clinicians must attend each scheduled session. If a student is unavoidably absent or late, the student is responsible for notifying the clients involved as well as the clinical instructors. If a client is absent without notice, the student should call and determine the reason for the absence. The student should then notify the clinical instructor of the absence and the reason.

Chronological Summary of Activities: Student clinicians and clinical instructors must enter a summary of conversations/contacts with client, parents, teachers etc. that occur outside of the treatment room on the Chron Sheet (see appendix) located in the second section of the client's file. Each client visit also must be recorded on the Chron Sheet. for example, " 5/04/2017 Client was seen for language therapy session." Always write the month, day and year on all notations. All entries must be written and initialed in ink.

Parent Conferences: Periodic parent conferences should be held as part of the treatment schedule. The student clinician is responsible for outlining items to be discussed, including treatment goals, test results, techniques, progress and other pertinent information. The student must first discuss arrangements for the conference with the clinical instructor.

If the student clinician feels that it is necessary to hold additional conferences with parents, or to contact school personnel, physicians, or other agencies providing services to the client, the student should discuss this with the clinical instructor. The student may then follow through with setting an appointment for such a contact or conference. Any specific questions other than customary conversation from parents should be directed to the clinical instructor.

Brief reports regarding all conferences and phone contacts with parents and other professionals should be made on the Chron Sheet in chronological order.

END-OF-TERM RESPONSIBILITIES

Progress Summary: The *Therapy Progress Report* format (see appendix) must be used when preparing end-of-term progress reports. Each clinical instructor will review the *Therapy Progress Report* for his/her case(s) and will make suggestions for changes as needed.

Final Processing: At the end of the term treatment the following should be submitted to the clinical instructor:

- therapy reservation form
- updated Exchange of Information form
- Therapy Progress Report
- Clinical clock-hour sheets (2 copies)
- envelopes addressed to individuals who are to receive copies of the report

Student Quality Assurance Record Review: At the end of each treatment term, the student clinician will complete a review of the clinical file for each client assigned to them, using the *Quality Assurance Record Audit* form (see appendix). This form will be reviewed and co-signed by the clinical instructor. Any issue related to content, currency or order of information identified in a client's file will be corrected, or an action plan with timeline for correcting the problem will be identified. All review forms will be submitted to the Clinical Director by the close of each semester for review as part of an overall quality assurance review.

Case Observation Forms: At the end of a treatment term, the clinical instructor will complete a Case Observation form (see appendix) which lists dates of a client's attendance and dates of treatment which were observed by the clinical instructor. Clinical instructors will record the percentage of time that each session was observed, which provides documentation for the Department and ASHA.

Report Deadlines: Clinical instructors are responsible for assuring that reports and associated materials are disseminated no later than 10 working days following the end of the clinic. Typically, *Therapy Progress Reports* should be distributed directly to clients or their caregivers on the last scheduled day of service each term. Each clinical instructor's final processing procedure may vary.

CLIENT REFERRAL

Referral to Outside Agencies: If, during or at the end of a treatment term, a referral is to be made to an outside agency, the reason for the referral and the place of referral must be discussed with the client/parent. The nature of the referral must be noted in the *Therapy Progress Report*. Procedures for referral are outlined in the Clinical Policies and Procedures Manual. The clinical instructor (case manager) is responsible for ensuring that the referral procedures are carried out.

Intra-Clinic Referral: If a client is referred from one departmental clinical service program to another, an *Inter-Clinic Referral* form (see appendix) must be completed and given to the appropriate student clerk for scheduling.

REMINDERS FOR STUDENT CLINICIANS

- **ALWAYS BE ON TIME.** Tardiness is inexcusable in a professional workplace. If you are unavoidably detained on or off campus, contact us and let us know when to expect you. End and begin every session on time. Leave the treatment rooms neat and clean.
- **IF YOU ARE GOING TO BE ABSENT.** Contact the clinic, your clinical instructor and each of your clients and tell him/her, the day's session will be canceled. It is expected that you will only cancel a scheduled appointment in the case of a dire emergency, and only after consultation with your clinical instructor.
- **BE SURE ALWAYS TO CHECK YOUR MAILBOX,** text messages, e-mail and voicemail for messages each day.
- **KEEP RECORDS** for your clients up to date and in order.
- **NEVER DISCUSS YOUR CLIENT** in the presence of inappropriate persons. In the case of a child, **NEVER** discuss him/her in his/her presence unless you are including him/her in the conversation. **DO NOT** hold parent conferences in the hall or waiting room.
- **NEVER TAKE CLIENT RECORDS** with identifying information, either in paper or electronic form out of the department. This is a serious breach of our privacy protocol and will be dealt with as such.
- **KEEP CLINIC AREAS CLEAN AND ORGANIZED.** When you put an item back where you found it, someone else, or you, can find it the next time it is needed.
- **YOU ARE PART OF A PROFESSIONAL SERVICE FACILITY** providing a much-needed service to individuals. You are expected to conduct yourself as a professional member of the department's clinical service programs in every way: dress, deportment, language, speech, demeanor, intellect, compassion, understanding, confidentiality and initiative (see appendix).
- **ALWAYS ASK FOR HELP WHENEVER YOU NEED IT.** The faculty, staff and clinical instructors are here to help you.
- **BE CONSIDERATE OF OTHER PROFESSIONALS IN THE BUILDING.** Do not use their facilities or ask for their consultation except through your clinical instructor. Do not use a room unless it is approved by your clinical instructor. Room sign-up sheets are posted on each door and should be filled in by your clinical instructor, in pencil.
- **IF A PARENT IS NOT PRESENT** in the waiting room at the end of the session, you are not to leave a child alone. Check with your clinical instructor for assistance.

- **YOU WILL BE JUDGED BY YOUR COURTESY** to all those around you, including students who observe and your fellow clinicians. Report noisy or disruptive behavior in the observation room to the clinical instructor.

- **LOCKING OF DOORS AND SECURITY:** Keys will be issued only to clinical instructor who is responsible for unlocking and locking all doors. Please report any suspicious incidents in regard to unauthorized persons in the clinic area. Leave no personal belongings or clinic materials unattended in the clinic.

- **PHONE NUMBERS:**
 - Clinical Service Programs (Center for Communication Disorders; Access Network; Southern Connecticut Audiology Services) – (203) 392-5955
 - Department of Communication Disorders - (203) 392-5954
 - Clinical Director - (203) 392-5982
 - Campus Police, non-emergency - 392-5375
 - Emergency - 911

- **FURNITURE IN THERAPY ROOMS:** If you must switch furniture around within a room or from one room to another, **PLEASE** put the furniture back where you got it when finished.