

THE UNIVERSITY OF ARIZONA

Department of Speech, Language, and Hearing
Sciences

Speech-Language Clinic Manual Policies and Procedures



GRUNEWALD-BLITZ CLINIC FOR
COMMUNICATION DISORDERS IN CHILDREN



CLINIC FOR ADULT COMMUNICATION DISORDERS

2017-2018

TABLE OF CONTENTS

Clinical Faculty, Consulting Faculty, Clinical Staff	3
Clinical Training in Speech-Language Pathology	4
Registration for Practicum & Tool School	7
Speech and Language Intervention: A Problem Solving Process	8
Supervision	9
Before You Start Clinic & Clinic Intake Procedures	10
Demeanor and Dress Code	11
Code of Ethics, Confidentiality & Nondiscriminatory Clause	12
Requests for Excused Absences	12
Clinic Office	13
Physical Facility	14
The Clinician's Cache	15
Clinical Files and Progress Notes	16
Attendance and Billing	17
Encounter Form	18
Daily Lesson Plans and Report Writing	21
Evaluation Procedures	22
Peer Assisted Clinical Training	23
End of Semester Procedures	24
Clinician Evaluation	25
Guidelines for Grading	26
Requirements for Clinic	27
Maps of the Clinics	28

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CLINICAL TRAINING IN SPEECH-LANGUAGE PATHOLOGY

The purpose of this manual is to provide an overview of Clinical Practicum in the Department of Speech, Language, and Hearing Sciences and to describe specific procedures and policies at The University of Arizona (UA) Speech-Language and Hearing Clinics.

Students completing the MS degree with an emphasis in Speech-Language Pathology will meet all of the coursework and practicum experience for the certification requirements of the American Speech-Language-Hearing Association (ASHA) <http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>. Clinical practicum provides supervised experience in the assessment and management of children and adults exhibiting a wide variety of communication disorders. Under the instruction and supervision of faculty and clinical instructors in the community, students learn to evaluate speech and language function, develop treatment plans, and carry out remediation plans based on empirical data and current technology.

Classroom instruction and clinical experiences are designed to prepare students to master the knowledge and skills included in the Scope of Practice in Speech-Language Pathology as elaborated by the American Speech-Language-Hearing Association. As expected, the extent of clinical supervision is commensurate with the clinical knowledge and skills of each student, and clinical procedures ensure that the welfare of each person served by students is protected in accord with recognized standards of ethical practice and relevant federal and state regulations.

Clinical experiences include:

- Speech and language assessment activities to screen, assess, and diagnose communication disorders prior to the initiation of a treatment program, or as a formal reevaluation.
 - Typically, 100% of evaluation sessions are observed directly by the clinical instructor.
- Treatment for speech and language disorders, including direct and indirect services, progress-monitoring activities, and counseling.
 - According to accreditation standards, at least 25% of each student clinician's total contact time in clinical treatment with each client must be observed directly by the supervisor. In our university clinics, we typically maintain a higher ratio (50-60%) of supervision. Medicare clients will be supervised 100%.

Practicum may include activities related to the prevention of communication disorders and the enhancement of speech, language, and communication effectiveness and improved oral-pharyngeal function and related disorders.

Our experience has been that graduate students accumulate all necessary hours needed for ASHA certification by actively participating in on-campus and off-campus rotations. Students should plan to be available during the summer between the first- and second-years, allowing for a variety of experiences and to further accumulate clinical hours.

Clinical practicum begins in our flagship clinics supervised by UA clinical faculty. This includes:

Flagship Clinics

On Campus

- Grunewald-Blitz Clinic for Communication Disorders in Children (GBC)
- Clinic for Adult Communication Disorders (CAC)
- Clinic for Adult Hearing Disorders

Off Campus

- Child Language Center/Wings on Words (CLC/WOW)
- Ocotillo Educational Audiology Clinic

After the first semester of on-campus practicum, clinical training sites may include public schools, agencies, private practices, hospitals, and advanced clinical training at the main on-campus site. The exact sequence and type of experience is dependent upon a number of factors, such as completion of prerequisite coursework, previous clinical

experience, and student interests. In some instances, students may conduct clinical activities in on-campus clinics while also participating in an off-campus rotation. UA clinical instructors are responsible for the final grading.

Many off-campus sites are available to complement clinical training. These are highlighted below, and greater detail will be provided prior to placement. Although cooperating clinicians from these settings are primarily responsible for supervision, University faculty is ultimately responsible for students' experiences at these sites, and periodic visits to the sites may occur.

PRACTICUM OPPORTUNITIES SUPERVISED BY UA FACULTY

- **Evaluation of Communication Disorders**
Students gain clinical experience in evaluation of clients spanning a wide range of ages and a variety of disorders. Evaluation services include comprehensive initial evaluation, re-evaluations, and specialized instrumental assessment.
- **Disorders of the Speech Sound System**
This experience involves assessment and management of children and adults who evidence articulatory disorders due to disturbed phonological development, structural deviations, neurological impairment, hearing loss, or influence of foreign accent.
- **Childhood Language Disorders**
The Speech-Language Clinic serves a number of children, preschool and school age, who exhibit language disorders related to a variety of contributing factors. Student clinicians gain experience in language sampling and analysis, development and measurement of objectives, and application of language intervention procedures.
 - Grunewald-Blitz Clinic for Communication Disorders in Children
 - Child Language Center and Wings on Words ProgramsThis experience involves individual and group language intervention for preschool children that includes training in group management and intervention within the preschool setting.
- **Deaf and Hard-of-Hearing Program: "Sounds Good"**
Opportunities include the evaluation and treatment of both children and adults who have undergone cochlear implantation. This experience involves an interdisciplinary approach with colleagues from Audiology.
- **Accent Modification**
Student clinicians have the opportunity to assess and manage individuals with foreign accents. Clients are frequently students enrolled at The University of Arizona and employees of the University.
- **Stuttering and Other Fluency Disorders**
Opportunities exist for gaining proficiency in the assessment and management of fluency problems in children and adults. Students acquire skill in applying empirically based procedures for establishing, transferring, and maintaining fluency. In addition, counseling techniques are applied with clients and family members.
- **Adult Language Disorders**
Students have the opportunity to work with individuals who have acquired language impairment due to stroke or other causes, those with cognitive-communication impairments associated with right hemisphere damage, and those with traumatic brain injury. Less common cases may include those with dementia or psychiatric disorders, such as, schizophrenia.
 - **Aphasia Program:**
A relatively large cohort of individuals with aphasia, receive services at our UA clinic, providing the context for students to provide individual or group therapy.
- **Pragmatics, Social Skills, and Social Thinking**
Our Autism Clinic Extension offers a treatment program featuring pragmatic language groups to children diagnosed with or suspected of Asperger Syndrome or High Functioning Autism (HFA) between the ages of 3 and 12. Social groups (5-6 children), meet weekly to learn about nonverbal social skills, listening, conversational skills, and social thinking. In order to carry over skills taught in sessions, field trips are incorporated frequently.
- **Neurogenic Speech Disorders**
Graduate students are assigned to assessment and management of speech disorders secondary to neurological

damage, including the dysarthrias and apraxia of speech.

- Voice Treatment for Individuals with Parkinson Disease

We offer both the Lee Silverman Voice Treatment and the Speak Out program as intensive approaches to facilitating improved voice production and speech intelligibility in individuals with idiopathic Parkinson's disease or other hypokinetic dysarthrias. Students will work with under the instruction of a LSVT certified clinical instructor or one who has received Speak Out training.

- Voice Disorders

Assessment and therapy is offered to children, adolescents, adults, and geriatric individuals exhibiting functional or organically based voice disorders. Particular emphasis is placed on the application of instrumental technology to voice evaluation and management. Clinical experience is also available specific to vocal performers and voice feminization.

- A.A.C. (Augmentative and Alternative Communication):

Graduate students will be assigned to assessment and management of children or adults who require some form of AAC.

- T.A.L.K. (Technology Assistance for Life Konnection): T.A.L.K. is an augmentative and alternative communication group that is designed to promote social and communication skills using augmentative and alternative devices. T.A.L.K. is offered in Summer Session.

- Bilingual Certificate Program

Students enrolled in the Bilingual Certificate Program have the opportunity to evaluate, diagnose, and treat communication disorders in clients who come from culturally and linguistically diverse backgrounds. Through the use of interpreters or utilizing their own bilingual skill set, students learn culturally competent and ethically sound assessment and treatment methods required for working with diverse populations.

OFF-CAMPUS PRACTICUM OPPORTUNITIES

After successful completion of at least 50 clinical hours, student clinicians are eligible to complete off-campus clinical practicum experiences. Off-campus placements are carefully selected to provide experiences in a variety of settings (at least two) and to ensure the accumulation of sufficient hours for ASHA certification. We aim to provide clinical rotations in at least one child (agency or school) and one adult (rehab, skilled nursing facility, acute care) setting. Bilingual placements are available to students enrolled in the Bilingual Certificate Program. Student preferences are taken into account, but it is not always possible to match each student with all of their requests. Listed below are some of our community placements.

Local Hospitals and Agencies

- Aphasia Center of Tucson
- Banner University Medical Center (Main and South Campuses)
- Carondelet Holy Cross
- Carondelet St. Joseph's Hospital
- Carondelet St. Mary's Hospital
- Chapel Haven West (for adults on the autism spectrum)
- Children's Clinics (CRS)
- Foothills Rehab Center
- Health South - Rehabilitation Institute of Tucson
- Health South – Southern Arizona Rehabilitation Hospital
- Kindred Hospital of Tucson
- Life Care Centers of America
- Mealtime Connections
- Northwest Medical Center
- Oro Valley Hospital
- Pediatric Private Practices
- Sabino Canyon Rehabilitation and Care Center

- Sante of Tucson
- Speech Center of Southern Arizona
- Tucson Medical Center
- Southern Arizona Veteran's Administration Medical Center
- Villa Campana Health Care Center

Local Schools

Amphitheater Public Schools	Santa Cruz Valley Unified School District
Arizona Schools for the Deaf and Blind	Sunnyside Unified School District
	Tanque Verde School District
Flowing Wells Unified School District	Tucson Unified School District
Marana Unified School District	Vail School District

Rotations Outside of Tucson (summer rotation)

St. Joseph's Hospital and Medical Center, Phoenix
 HealthSouth Valley of the Sun, Glendale
 Las Vegas VA Medical Center
 Pediatric Private Practice, Phoenix
 Pediatric Private Practice, California

It may be possible to arrange for an off-campus practicum in a facility outside of the Tucson area in the summer only. Assignments of this nature are subject to finalizing agreements between the University and agency in a timely manner. This is a detailed process, requiring approval by The University of Arizona legal department. If you want to explore such an option, please discuss it with the Clinic Coordinator no later than the beginning of your spring semester of your first year.

REGISTRATION FOR PRACTICUM

Registration for practicum falls under a series of listings entitled *Clinical Studies*.

For graduate students,

SLHS 558: Intermediate Clinical Studies – use for first year

SLHS 658: Advanced Clinical Studies - use during the second year

You will be register for 2-3 units depending on the particular semester and caseload. Two units of clinical studies in your first semester equates to approximately 4-6 clinical contact hours weekly. This does not include preparation time or on site time - only contact with clients. During some semesters, your contact hours may exceed the particular number of units for which you are enrolled. If this occurs, the clinical instructor may give you the option of completing these hours without increasing the number of units or you may be asked to increase the units through an add procedure after the semester commences.

ASHA GUIDELINES

ASHA Guidelines for Clinical Practicum Experience

1. 400 total clinical hours are required with 375 of those must be direct client/patient contact and 25 hours of clinical observation.
2. Up to 75 of the direct hours may be obtained through alternative clinical education (ACE) methods
3. 325 of these must be at the graduate level (no more than 75 hours at undergraduate level will apply)

U of A Guidelines for Clinical Practicum Experience

1. All students are assigned up to 10 hours of cross discipline experience (audiology) which cannot be applied to the 400 minimum clinical hours.
2. Evaluation and treatment experience must reflect breadth of coverage across the scope of practice and completion of a variety of proficiencies.
3. At least 50 hours must be acquired on site (GBC, ACE, CAC, CLC/WOW) prior to off-site practicum placements

(there may be some exceptions).

CLINICAL PREPARATION COURSE: “TOOL SCHOOL”

Students participating in the Clinical Studies course, SLHS 558, meet as a group for “Tool School” (SLHS 599).

- Tool School is designed to provide principles of evaluation and management that are universal in the clinical process of speech-language pathology. Time is also used to review policies and practices specific to UA Speech-Language Clinics.
- Case presentations are a hallmark of the spring semester so you can anticipate much experience in reviewing client data and defending clinical hypotheses. Our Case Analysis of Student Exchange (CASE) series is scheduled for the spring semester (SLHS 558 clinical studies meeting) and features a focus on Evidence-Based Practice through Links to the Literature.
- Attendance and active participation are required for the clinical studies meeting. Failure to comply will result in the lowering of your grade.

SPEECH AND LANGUAGE INTERVENTION: A PROBLEM-SOLVING PROCESS

Critical Thinking vs. Clinical Technician

Our clinical faculty members are committed to educating “thinking clinicians” as opposed to technicians. Participation in clinical practicum requires more than simply selecting materials and applying cookbook techniques. For instance, you may be asked to complete some directed readings, form hypotheses regarding your client, explain rationale, and discuss various approaches and aspects of the case you are managing. Case Study presentations are an integral part of the Clinical Studies meetings in the spring semester. You will be exposed to various approaches and techniques of intervention throughout your clinical training. Clinical Practicum requires problem solving and task analysis.

Treatment Outcomes

“I think he made some improvement” is not an uncommon statement in many clinical situations. The documentation of progress and the interpretation that therapy contributed to such change is probably the single most difficult challenge in clinical practice. The field of speech-language pathology has placed increasing emphasis on the need to present empirical evidence of the efficacy and effectiveness of therapeutic approaches. Indeed, ASHA is championing the concept of clinical trials nationwide and we anticipate increased attention to treatment outcome in the coming years. Evidence-based practice is what we strive for in our clinics.

You will find that in an effort to specify the quality and quantity of change in communication behavior, we are very interested in maintaining careful records and designing appropriate clinical assessment. Thus, you will be asked to implement pre-treatment baseline measures, periodic probes during therapy, and post-therapy follow-up measures. You will be exposed to a variety of approaches and techniques of clinical measurement. In addition to hands-on practice in developing and applying measurement in therapy, you will gain experience in the appropriate interpretation of data.

The Client in Context of the Family

Parents, spouses, peers, and others become part of the client’s therapy in a number of ways. One is **observation** of sessions. Individuals should be encouraged to observe sessions whenever appropriate. Secondly, you will have experience in conducting parent/spouse feedback conferences and family support groups. Initially, you will share responsibility with the clinical instructor for conducting such conferences, but by the end of the semester, each clinician may have the opportunity to more independently conduct a conference. Third, for many of our clients, parents or spouses participate directly in the therapy interaction. You will often be encouraged to develop, and train parents in the implementation of **home programs**, ranging from periodic monitoring of behavior to more formal practice sessions in the home environment.

CLINICAL SUPERVISION

Start-up Meeting

Once you receive your client assignment, sign up for a start-up meeting with your clinical instructor. Carefully read the client's file before the meeting. You will thoroughly discuss your client with your clinical instructor at this start-up meeting.

In some cases, video of your client are available. You can make arrangements with your clinical instructor to view these or they can be viewed through the video system accessed in the Dr. William R. Hodgson Student Computer Lab (Hodgson Lab).

Weekly Meetings

You have also been scheduled for a regular weekly meeting, with your clinical instructor. This conference allows for an opportunity to discuss clients in detail. Effective clinical teaching requires that the student clinician initiate discussion of concerns relative to his/her client. Issues relative to your professional growth and development will be considered and discussed during these conferences. Therefore, we expect you to maintain regular attendance.

Session Evaluation

Clinical instructors may give written feedback after an observed session, whereas others provide that feedback at your weekly scheduled meeting. The "**Session Evaluation**," when completed by your clinical instructor, is either placed in your mailbox in the Hodgson Lab, in the box outside the therapy room, handed to you, or sent to you electronically (de-identified) following each session.

Clinical Instructor Mailboxes

General notes and other correspondence with clinical instructors can be placed in their mailboxes, located in the administration wing (2nd floor) of the Department. For all correspondence regarding clinical information the "secure" mailboxes in the Hodgson Lab must be used.

Clinical Instructor Feedback/Evaluation

We provide all students the opportunity to evaluate each clinical instructor at the end of each semester. Details will be presented in the practicum meeting.

BEFORE YOU START CLINIC

Your clinical training will involve the use of many standard forms and procedures that are available on our department resource website <http://slhsfac.arizona.edu/content/clinical-procedures-and-forms-slp> (indicated below by [slhsfac](#)). Prior to beginning clinic, there are several things that you should do:

- Review and affirm that you meet the Technical Standards for Clinical Practicum in Speech-Language Pathology
- Confirm completion of 25 hours of clinical observation (typically done prior to arrival)
- Complete **Risk Management's Bloodborne Pathogens** online training on blood pathogens, airborne pathogens, as well as hazardous waste materials and **HIPAA 101**.
 - UAccess.arizona.edu (Learning; Find Learning; **Certification: Bloodborne Pathogens (RMCRTBBP) and HIPAA**)
 - Turn in electronic record of completion that will be placed in your main file
- Review the dress code for the Speech, Language, and Hearing Clinics (see below and in D2L)
- Fill out your weekly schedule in the notebook located in room 408
- Obtain a Finger Print Card
- Complete CPR
- Immunizations (e.g., Hepatitis, varicella, MMR)
- Complete a 2 step TB test (available at Campus Health)

CLINICAL INTAKE PROCEDURES

When evaluation or treatment is scheduled, the client or family completes the following paperwork (all of these forms can be viewed and retrieved from [slhsfac](#) website).

- Acknowledgement of Health Information Practices (i.e., HIPAA Notice of Privacy Practices)
- Authorization for Obtaining Information Signature Form
- Authorization for Releasing Information
- Consent to Use Clinical Information for Educational Purposes
- Guidelines regarding physical aggression/intimidation/other inappropriate behavior
- Fee Agreement
- Attendance and Payment for Services Agreement

Intake forms (forms can be viewed and retrieved from [slhsfac](#) website).

- Adult Case History Form
- Child Case History Form
- Aphasia Case History Form
- ALS Case History Form
- Transgender Case History Form
- Voice Case History Form

THINGS THAT YOU NEED TO LEARN

- How to use the electronic client record (Lytec) – see instructions [slhsfac](#)
- How clinical files are organized
- How to use CALIPSO (CALIPSO Student Instructions [slhsfac](#))

DRESS AND DEMEANOR EXPECTATIONS FOR CLINICAL PRACTICUM

Purpose

The purpose of this policy is to define the expectations of the University of Arizona Speech-Language and Hearing Clinics regarding personal appearance and attire of clinicians and staff while in clinical settings.

Policy

We expect students, staff, and faculty to dress in an appropriate professional manner when working in the clinics. Although attire may vary for some clinical activities, the guidelines below reflect typical expectations. When in doubt, consult with your clinical instructors or use them as role models with regard to dressing appropriately. If a student is dressed inappropriately for clinical practicum, they may be asked to leave and return once they are appropriately dressed.

For all students and staff

- **Attire** must be neat, clean and wrinkle-free.
- **Dress pants, chinos/khakis, and slacks** are appropriate and should be full length, extending below the midpoint of the calf. **Shorts** are not appropriate in the clinical environment. Similarly, casual denim wear, cargo pants, and sports garb (sweatsuits, yoga pants, etc.) are too casual for our typical clinical context.
- **Shoes** should look professional and be appropriate for the health setting. Closed toed shoes are encouraged for the safety of the patient and the clinician. Shoes that are not appropriate include: excessively high platform shoes, Crocs, hiking boots, sneakers, flip flops, or athletic footwear.
- **Hair color** should be professionally appropriate; style neat, and in clean condition.
- **Torso or arm tattoos and body art** must be concealed.
- **Finger nails** should be trimmed to a reasonable length that will not pose any risk to the patient (including cleanliness).
- **Tongue piercing adornments** must be removed prior to interaction with clients.
- **Body hygiene** should be maintained so as to be inoffensive (e.g., no perfume, cologne, cigarette, or body odor).

For women

- **Skirts and dresses** are to be a sensible length (no more than 3 inches above the knee), allowing you to perform duties in a modest manner. Miniskirts are not acceptable.
- **Blouses and tops** should be modest and of a professional fit and length. Tops should adequately cover the neckline so that cleavage is not exposed, and are long enough to cover the midriff. In other words, low cut tops, revealing undergarments or bare torso, are not appropriate.

For men

- **Shirts** with a collar and long pants are required.
- If **facial hair** is preferred, it should be well trimmed and clean.

Some off-site clinical placements have stricter dress codes than those above. Students are responsible for learning and following the dress code for off-site locations.

Consult your clinical instructor if you have any questions.

Demeanor Policy

Establishing good rapport with our patients is essential to optimize their treatment. It is extremely important that the clinician creates an environment of respect, trust and safety for the patient. The following are suggestions that

clinicians should adhere to:

- Address patients with appropriate titles (Mr., Mrs., Ms., Miss, Dr.), unless the patient has specifically requested otherwise.
- Introduce yourself as a graduate student and greet the patient at the beginning of each appointment/or in the waiting room.
- Do not accept gifts valued at greater than \$20.00 from clients/patients. Politely decline and recommend that they donate to a scholarship if they would like to provide a financial gift.
- Be polite and respectful.

Please sign and return the attached signature page to indicate that you have read and agree to adhere to the Dress and Demeanor Policy.

CODE OF ETHICS

All clinical activities are with strict adherence to the ASHA Code of Ethics, which are detailed on the [ASHA policy webpage](#). The code of ethics will be discussed in the clinical practicum class SLHS 558 and SLHS 658, as well as SLHS 501 Professional Issues.

CONFIDENTIALITY and NONDISCRIMINATION

All graduate students in the Department of Speech, Language, and Hearing Sciences are required to complete training to assure that confidentiality of protected health information is maintained, and that students understand the rules of conduct in clinical and research contexts with human participants. In addition to completing the HIPAA training on-line, HIPAA training is conducted within the Department at the outset of each academic year, and additional training and resources are available on the UA webpage regarding [Protected Health Information and HIPAA](#).

As emphasized in your training, all comments and conduct should be professional when participating in evaluations and treatment sessions. Please be sensitive to loudness levels when in testing and treatment areas. To ensure client/patient confidentiality, personal information cannot be discussed in public areas, which include hallways, elevators, restrooms, student library, and classrooms or any other area open to the public. Acceptable discussion areas include therapy rooms, Clinical Computer Lab, audiology counseling rooms, test suites and instructors' offices. Discretion should be used when discussing patients in the clinic office.

Note that the University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, size, national origin, age, disability, veteran status, or sexual orientation in its programs and activities.

Anyone who believes that he or she has experienced sexual harassment or discrimination should call the Office of Institutional Equity (OIE). The University's nondiscrimination policies, including sexual harassment, are available on the OIE website <http://equity.arizona.edu/policies>.

REQUESTS FOR EXCUSED ABSENCES FROM CLINIC RESPONSIBILITIES

You are expected to be in attendance at all scheduled clinic sessions. In the case of illness, please refer to our policy on notification and cancellation. And, of course, we will understand absence due to unexpected medical emergency or other life disruptions beyond your control.

In the event you wish to be considered for an excused, planned absence or personal leave (e.g., personal commitments out of town, such as when participating as a member of a wedding party, significant family event, etc.), we ask that you abide by the following procedures:

- You must put in writing your request and the reason for your absence, and deliver or email this to your clinical instructor(s) **no less than 4 weeks from the time of the planned absence**.
- The clinical faculty will review your request and you will be notified as to whether the request is granted. Keep in mind that several variables will be considered, such as the nature of the reason for being absent; the amount of excused absence time being sought; your history of attendance and participation in clinic; how many clients and

instructors will be affected; the needs of the client, and your need in terms of clinical experience and the accrual of hours.

CLINIC OFFICE

Location

The main Speech-Language and Hearing Clinic office is located in Room 110 of the Grunewald-Blitz Clinic and can be reached at 520-621-7070 or 520-621-1826. The clinic office is open from 8am to 5pm Monday through Friday (clients may be seen prior or after these hours).

Clinical Records

All files for active and pending clients, adult and child, are located in the Speech-Language and Hearing Clinic office on the first floor.

Clinic Forms

Hard copies of clinic forms are located in the clinic office and in the workroom of the GBC.

Waiting Room

When clients arrive, the following procedure is followed:

1. Client checks in with clinic staff in the clinic office and obtains encounter form.
2. Client waits until clinician makes contact or proceeds to the 4th floor waiting area.

Please remember that the clinic office is not the place to socialize or discuss cases.

Photocopy Machine

The clinic photocopier is located in the clinic office and is for clinic purposes only (e.g., lesson plan, therapy materials, parent handouts, client/patient homework). You may use the machine on the 2nd floor, administrative wing when given permission by a staff member. You may also use the copier on the fourth floor (405 A). These photocopiers are intended for instructional and clinical purposes. **Students are not to photocopy readings, class notes, or personal materials on these machines.**

Medical Emergencies

In the event of a medical emergency, remain with the client and call for assistance. Staff or students should call 911 immediately. Note that 911 will reach campus police when dialed from a UA phone. If you call 911 on your cell phone, you should indicate that you are calling from the U of A campus. We will orient students as to how to respond to seizures or other conditions during the course of our practicum meetings

PHYSICAL FACILITY

Therapy Rooms

- Each therapy room is individually equipped with mirrors, a sound system, a video system, and a microphone (digital recorders can be obtained through a check-out procedure). There is also a generic set of clinic materials (paper, pens, tongue blades, stopwatch, gloves, markers, bubbles, dry erase boards, etc.) in the cabinets of each room. These items are to remain in the room in which they are placed.
- It is of utmost importance that therapy rooms be vacated in a timely fashion for the next scheduled session.
- In all rooms, we attempt to keep tables and chairs suitable for children of all ages, and for individuals or a group of adult clients. Arrange them in the best manner for your client, observation, and videotaping needs. Return furnishings to their original position at the end of your session
- Keeping the therapy rooms clean
 - We have a program entitled Pride in Your Professional Workplace (PPP) that involves teams of students rotating responsibility for monitoring and weekly cleanup of the clinics. Details will be given out during Tool School (SLHS 599).

Evaluation and Treatment Materials

A wide range of materials are available for evaluation and treatment of children and adults. During orientation, you will be shown all material locations. We strive to have up-to-date tests and stimulus materials available in adequate numbers and in good condition. Let your clinical instructor know if you identify materials that should be considered for purchase by the clinic.

- Use the Therapy Materials Sign Out sheet when appropriate. It is located in the vicinity of the therapy material that you are signing out in Grunewald-Blitz Clinic for Communication Disorders in Children (GBC) and Clinic for Adult Communication Disorders (CAC). Clinicians are on an honor system in using all materials.
- Testing materials, treatment materials, software, and iPads are not to leave the Speech-Language Clinics
- **Grunewald-Blitz Clinic (first floor)**
 - A large array of stimulus materials, books and toys are available
 - A bin of “reward toys” for children is kept in the materials room in the GBC. These may be distributed, following an evaluation or therapy session, with permission from your clinical instructor.
 - Each cabinet has an inventory printout and carefully labeled shelves. It is imperative that clinicians return materials to their proper place and in order.
- **Diagnostic Resource Center** (Room 418) in the CAC on the 4th floor
 - The testing materials, test protocols, and software are located in the Diagnostic Resource Center. A key is needed to unlock the center. This can be obtained from the clinic administrative staff or any clinical instructor.
 - The Diagnostic Resource Center has seating for three. Tests and protocols can be reviewed in the center.
 - Follow check out procedures in Room 408 of the CAC; sign your name (not initials) on the out-card associated with each assessment tool. Items must be returned the same day. Tests are not to be checked out during scheduled evaluation times. If you find items to be incomplete, please note what is missing, and alert the Clinic staff.
 - Test protocols are located in Room 408 in the file cabinets. If you are using a test protocol of which there are **3** or less remaining, please make a note on the re-order form located in room 408. Please photocopy test protocols for practicing administration and save the expensive originals for client records and formal evaluations.
 - Diagnostic tests and materials that are kept in the center should not leave the Speech, Language, and Hearing Sciences Building. **Exceptions** to this rule are as follows:

- Use of tests at CLC with instructor’s permission or requested by an off-campus clinical instructor with the coordinator of clinical education permission (must be returned by 8:00AM the following morning).
 - Spanish assessments are kept in the office of the Coordinator of the Bilingual Certificate Program.
 - Please be careful with test materials. Do not allow clients to write on any stimuli, and please do not yourself mark any materials while administering the items.
- **Assistive Technology Resource Lab** is in 405B
 - Assistive Technology and Augmentative and Alternative Communication devices may be checked out after consulting with a clinical instructor.
 - iPads and associated application rubric can be found in 405B
 - **Resources for Autism Spectrum Disorder and Deaf and Hard-of-Hearing** are located in Room 408A

Clinic Office

In the clinic office there are digital recorders available for checkout. There is also a ball pump for use with therapy balls.

“THE CLINICIAN’S CACHE”

The Speech-Language Clinic recommends that you purchase the following items for your personal use:

Clinical Tools

- Digital Voice Recorder with the following features:
 - Automatic record level
 - Cue-review function
 - External mic input
 - External microphone
- Penlight flashlight and batteries
- Durable stopwatch
- Stand-up mirror: 8" x 10"
- Golf wrist counter (ideal for self-monitoring by clients)
- Clip Board

Other Materials You Might Want to Have

- Markers, crayons, pencils, pens, colored pencils
- Scissors, ruler, tape, glue, stapler and staples
- Paper - unlined, lined, colored construction
- Index cards
- Stickers
- Access to magazines

Daily Clinical Routine

- Complete the Attendance book – located in the GBC and CAC
- Complete encounter form – turn in to designated bins on the 1st (room 116) and 4th (Hodgson Lab) floors.

Infection Control Policy and Procedures

Risk management procedures will be posted in clinical rooms. Key procedures are as follows:

- Toys will receive cleansing with an antibacterial product (e.g., Lysol) after each use, and will be disinfected on a regular basis.

- Equipment for instrumental application (e.g., Nasometer head piece, Visipitch microphone, amplification microphones) will be cleaned with the appropriate antiseptic wipe.
- Instrumental equipment that is used invasively within a client's nose, ear, or oral cavity will be disinfected with a solution of water and bleach after each use.
- During oral-motor procedures, protective gloves (i.e., vinyl synthetic, non-latex, examination gloves) will be used.
- Tongue blades are to be used once per client and are to be discarded at the completion of the procedure.
- Following therapy sessions, clinicians will wipe down tables and chairs with antibacterial solution.
- Hand washing before and after sessions is encouraged.

CLINICAL FILES

The permanent file for each client seen in our clinics is stored in the Speech-Language and Hearing Clinic office on the first floor. This file contains evaluation information, progress reports, and information from other agencies. Progress notes are kept electronically (Lytec). **No files or any other form of client/patient information may leave the SLHS building.**

Clinical graduate students and clinical assistants with approval from a clinical instructor may only view files for their specific client/patient unless directed by their clinical instructor. Students with permission must document in the client/patient Lytec notes that they reviewed the file, the name of the approver and the date.

Client/patient files can be removed from the clinic office for 48 hours after seeing the client/patient for report writing in the Hodgson Lab. During the end of semester report writing, files may be checked out for a 3-day period. **HOWEVER, client/patient files cannot be left OVERNIGHT in the Hodgson Lab. They must be stored ONLY IN THE WORKROOM, Room 136.**

Storage of Client/Patient Information

While in a student's possession, all video/audio tape/photographs of a client/patient should be stored in a mailbox or file cabinet in the Hodgson Lab or the Workroom, Room 136, until returned to the clinical instructor. Once the report is completed, all video/audio tape/photographs will be stored in the individual clinical instructor's office. Treatment videos and DVDs are to be stored in Hodgson Lab until returned to clinical instructor at the end of the semester.

Active Cases and Pending Cases

Cases are filed alphabetically. **A sign-out card, stored in each file drawer, must be completed and placed in the location of the removed file.** It is expected that the file be handled in a professional and ethical manner. **This file is one of a kind and must not be removed from the building. Also you are not to make copies of client reports, videos or any other data in the client file.**

The method for organizing the file is outlined below:

Left Side

- organized from top to bottom
- 1. Client Demographics
- 2. Case History (Adult/Child)
- 3. All releases (audio/video, photo, request for records)
- 4. Other professional reports

Right Side

- organized from top to bottom
- evaluation and management in this clinic
- 1. Most recent report (Progress or Evaluation Report)
- 2. Most recent test protocols
- 3. Most recent language samples, raw data pressure/flow traces, etc.

Therapy Progress Notes

Therapy progress notes must be completed in Lytec after each session. The dates should correspond with billing records. A brief summary of data and observation in each focus area of treatment should be provided in SOAP format. This sequential information should provide you with baseline and end of semester data for progress reports. Progress notes need to be kept up-to-date as they are mandatory for billing insurance and are used to verify date discrepancies between encounter forms and attendance sheets.

REMINDER: Always use ink (blue or black) on clinical records.

ATTENDANCE AND BILLING

Fees

It is NOT your responsibility to negotiate fees with the clients. Any questions or comments regarding fees should be directed to the clinic administrative associate responsible for billing.

Late Arrivals

- Remind the client or caregiver that they need to arrive promptly for their scheduled session. You are on-call during all scheduled treatment times.
- If after 10 minutes the client has not arrived, we recommend that you attempt to contact the client. After 20 minutes your clinical instructor may choose to release you from further waiting.
- The clinic policy is that **if your client is late, the time remaining will be used for the session and he/she will be charged for a complete session.**

Cancellations

Client-Initiated Cancellations

- Clients are to contact the clinic staff 24 hours in advance if it is necessary to cancel a session. The clinic staff will notify you either verbally, via email, or mark "cancel" on the daily clinic schedule on the first floor.
- Try to reschedule a cancelled session in order to maintain contact hours.

Student-Initiated Cancellations

- If you must be absent from a session, the clinical instructor must be contacted immediately, whether it is at the office or their home if it is after work hours, so that he or she can decide whether the session will be held.
- If the clinical instructor is not available, **YOU** are then to notify the client and the clinic staff. We would ask that you always attempt to reschedule a cancelled session.

Frequent Client-Initiated Cancellations

- At the initiation of therapy, the clinic staff reviews the Attendance Policy with each client. As explained in the agreement, three unexcused absences may result in dismissal from therapy.
- If frequent cancellations occur, discuss the absenteeism with your clinical instructor. Be sure to document the dates and circumstances of cancellation (see Attendance book/Lytec). You and your clinical instructor will recommend a plan of action.

Encounter Forms

Encounter forms are used to track attendance and billing for clients or entities.

- Encounter forms will be printed on pink paper (See example on next page)
- Upon check-in, the encounter form will be handed to the client who will give it to the clinician. The clinician will sign off on the form and place it in the assigned location.

Each student is responsible for completing the encounter form and placing it in the "encounter form" bin hanging in room 116 or in the Hodgson Lab on the 4th floor.

- **Encounter forms must be completed and placed in the bin same day as the client is seen.**

Completing encounter form

- Student will circle "Billing Area" (CAC, GAC, ACE)
- Student will write in number of "Minutes" seen
 - Most sessions in both the GBC and CAC are scheduled as one hour.
 - The 60-minute contact includes 50 minutes of treatment with the client, 5 minutes for review with families, and 5 minutes of transition time.
- Student will check appropriate procedure code(s) and ICD-10 Code(s)
- Unless otherwise notified, consultations will be billed as a treatment session.
- Student will sign on the signature line listed as "Clinician"
- If a client arrives on the 4th floor without an encounter form, the student clinician will be responsible for going to the clinic office and completing the form. **Again, forms must be completed the same day as the session occurs.**

If a client makes a payment to clinic staff, a receipt will be generated from Lytec and given to client (copy should be made to which money will be attached). The client will still be given an encounter form to take to the session.

If a client cancels the day of appointment, clinic staff will note "Cancel" on the encounter form and place in the "encounter form" box. The student clinician will record the cancellation in the attendance book.

Place of Service: GBC CAC ACE CLC

SPEECH-LANGUAGE CPT PROCEDURE CODES

Speech and Language

- 92521 Evaluation of speech fluency (e.g. stuttering, cluttering)
- 92522 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- 92523 Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)
- 92524 Behavioral and qualitative analysis of voice and resonance
- 92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder, individual
- 92508 Group, two or more
- 96105 Aphasia assessment
- 96125 Standardized cognitive performance testing, each hour
- 97532 Development of cognitive skills to improve attention, memory, problem solving, direct one-on-one patient contact by the provider; each 15 minutes
- 31575 Laryngoscopy, flexible or rigid fiberoptic, diagnostic
- 31579 Laryngoscopy; flexible or rigid fiberoptic, with stroboscopy

Swallowing Function

- 92526 Treatment of swallowing dysfunction and/or oral function for feeding
- 92610 Evaluation of oral & pharyngeal swallowing function

Augmentative and Alternative Communication

- 92605 Evaluation for prescription of non-speech generating augmentative and alternative communication device, face-to face with the patient; first hour
- 92606 Therapeutic service(s) for the use of non-speech generating augmentative and alternative communication device, including programming and modification
- 92607 Evaluation for prescription for speech-generating augmentative and alternative communication device; face-to-face with the patient; first hour
- 92608 Each additional 30 minutes

Minutes _____

- 92609 Therapeutic services for the use of speech-generating device, including programming and modification

Habilitative and Rehabilitative Services

- 92630 Auditory rehab, pre-lingual loss
- 92633 Auditory rehab post-lingual hearing loss

Billing Information

Previous Balance \$ _____
Today's Charges: \$ _____
Total Due: \$ _____
Paid Today: \$ _____

Paid By: Cash Credit Check
Visa # _____
MC
American Express

AUTHORIZATIONS

I hereby authorize direct payment of benefits to The University of Arizona Speech Clinics

SIGNATURE: _____

DATE: _____

Clinician Signature

Office Signature

ICD-10 Primary Diagnosis Codes: indicate 1 (primary); 2 (secondary); 3 (tertiary)

*= exclusion(s) indicated

#= more codes indicated

- ___ **F80.1** Expressive language disorder *
- ___ **F80.2** Mixed receptive-expressive language disorder *
- ___ **F80.0** Developmental articulation disorder *
- ___ **F80.4** Speech & language developmental delay due to *hearing loss* #
- ___ **F80.81** Childhood onset fluency disorder *
- ___ **F98.5** Adult onset fluency disorder *
- ___ **R47.82** Fluency in conditions classified elsewhere (stuttering) *#
- ___ **I69.31** Cognitive deficits following cerebral infarction
- ___ **I69.320** Aphasia following cerebral infarction
- ___ **I69.820** Aphasia following other cerebrovascular disease
- ___ **I69.322** Dysarthria following cerebral infarction
- ___ **I69.390** Apraxia following cerebral infarction
- ___ **I69.393** Ataxia following cerebral infarction
- ___ **R47.01** Aphasia *
- ___ **R47.1** Dysarthria and anarthria *
- ___ **R48.0** Dyslexia and alexia
- ___ **R48.2** Apraxia *
- ___ **R48.8** Symbolic dysfunction
- ___ **R13.10** Dysphagia, unspecified (if known, code R13.11 – R13.19)
- ___ **R41.840** Attention and concentration deficit *
- ___ **R41.841** Cognitive communication deficit
- ___ **R41.844** Frontal lobe and executive function deficit
- ___ **R49.1** Aphonia
- ___ **R49.0** Dysphonia
- ___ **R49.21** Hypernasality
- ___ **R49.8** Other voice and resonance disorders
- ___ **R49.9** Unspecified Voice and Resonance
- ___ **J37.0** Chronic Laryngitis *
- ___ **J38.00** Paralysis of vocal cords and larynx, unspecified
- ___ **J38.0** Paralysis of vocal cords #
- ___ **J38.1** Polyp of vocal cord *
- ___ **J38.2** Nodules of vocal cords
- ___ **J38.3** Other diseases of the vocal folds
- ___ **J38.4** Edema of larynx *

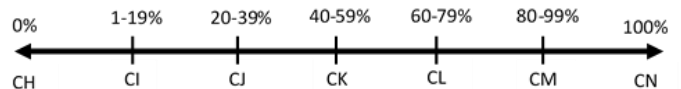
Condition/Cause

- ___ **F84.0** Autistic disorder, active *
- ___ **F84.8** Other pervasive developmental disorders (Asperger's F84.5)
- ___ **F01.50** Vascular dementia without behavioral disturbance
- ___ **G80.0** Spastic quadriplegic cerebral palsy
- ___ **H90.3** Sensorineural hearing loss, bilateral
- ___ **Q90.0** Down syndrome #
- ___ **G20** Parkinson disease *
- ___ **G12.21** Amyotrophic lateral sclerosis (ALS)
- ___ **G35** Multiple Sclerosis
- ___ **K21** Gastro-esophageal reflux *
- ___ **S06** Intracranial injury * (includes TBI)
- ___ **S06.5x5** Loss of consciousness over 24 hours
- ___ **G30.8** Other Alzheimer Disease
- ___ **G31.84** Mild cognitive impairment, so stated
- ___ **I69.391** Dysphagia following cerebral infarction
- ___ **Q35** Cleft palate, unspecified #
- ___ **Q36** Cleft lip, unspecified #
- ___ **Q37** Cleft palate with cleft lip, unspecified #
- ___ **Q93.4** Deletion of short arm of chromosome 5 (Cri-du-Chat syndrome)
- ___ **Q93.81** Velo-cardio-facial syndrome

G Code & Severity Level (entered every 10 visits; Eval: 1st visit)

_____ current _____ goal
 d/c KX Yes No

Domain	Current	Goal	Discharge
Swallowing	G8996	G8997	G8998
Motor Speech	G8999	G9186	G9158
Comprehension	G9159	G9160	G9161
Expression	G9162	G9163	G9164
Attention	G9165	G9166	G9167
Memory	G9168	G9169	G9170
Voice	G9171	G9172	G9173
Other	G9174	G9172	G9173



DAILY LESSON PLANS

Complete details on formulation of the Daily Lesson Plan ([slhsfac](#)) will be provided to you by your clinical instructor.

This format is generally used with clients in this clinic. You complete the Daily Lesson Plan prior to each session with your client. You keep the original and use it during your treatment session. Provide a copy for your clinical instructor and other observers by placing it in the box in the observation room.

Please use client/patient initials on the form to maintain client/patient confidentiality.

REPORT WRITING OVERVIEW

You will learn how to write reports in your classes and practicum experiences. Here is a quick overview of the procedures and the types of reports that you will be writing in the UA Speech-Language Clinic.

- Report drafts are typed in the Hodgson Lab and electronic copies are submitted in your clinical instructor's folder in the instructor server.
- Progress report files are saved electronically as: Last name [space] first name [space] clinical instructor's initials semester full year (e.g., **Smith John CIFall20XX**) in clinical instructor's folder.)
- All submitted drafts along with the tracking form should be placed in your clinical instructor's box in the Hodgson Lab. Once the clinical instructor approves a Progress Report, you will be responsible for printing the final copy.
- You will send the final Evaluation Report to the clinic administrative staff via the server, and print a hard copy, which will be placed in the clinic administrative staff box.
- Final reports are to be reviewed carefully and uploaded to Lytec. Once you have signed the final report and submitted it to your clinical instructor for signature you are indicating that there are no errors in the report.

Progress Reports ([slhsfac](#) and located on the server)

For most clients, a progress report is written for each client seen in the clinic at the end of the semester. Typically, the first half of the report is submitted by mid-semester. This includes the sections of Background Information, Pre-treatment Status, and Goals and Objectives. Procedures, Results, and Summary and Recommendations sections are submitted when the client is discharged or at the end of the semester, whichever is earlier. Medicare patients require more frequent reporting; updates are required after every 10 visits.

Evaluation Reports ([slhsfac](#) and located on the server)

An Evaluation Report is completed following all diagnostic evaluations in the clinic. A first draft must be submitted within 3 days of the evaluation date. Subsequent revisions are to be resubmitted to your clinical instructor 2 days after receiving the edited version of the report. See examples of evaluation and treatment report in the server.

EVALUATION PROCEDURES

Evaluation Team Assignments

We use several models when conducting comprehensive evaluations, instrumental assessments, re-evaluations, and consultations. You may work alone with a clinical instructor or be assigned to a team. Should you be assigned to an evaluation team, the following information will be relevant. You will be notified of evaluation assignment by memo from clinic administrative staff.

Week before evaluation

1. Review client records
2. Meet with clinical instructor
3. Plan with clinical instructor an outline of the evaluation
4. Review formal and informal testing materials
5. Sign up for audiovisual materials

Evaluation

Allow 30-60 minutes before the evaluation to arrange room, set up AV equipment and arrange test materials.

Typically we allot 3 hours for evaluation. Some evaluations will require a longer time period, which can be scheduled during your initial session. Sometimes a second session will be scheduled as well. At the completion of a pediatric evaluation you may give the Assessment Summary package to the family, with a copy placed in client's file (found in the clinic office).

We often schedule a separate feedback session at which time results are discussed with client or family.

After Evaluation

1. Clean up the room and replace evaluation materials
2. Review findings
3. Write draft within 3 days of evaluation
4. Complete next draft 2 days after receiving the edited version of report

Evaluation Summary

The Evaluation Teams *Evaluation Summary* is to be completed by your team and turned in to the clinic staff.

PACT: PEER ASSISTED CLINICAL TRAINING



While the camaraderie and natural learning ambience of our clinical sequence promotes collaborative learning, there are three specific programs we use for peer-assisted learning:

CAP: The Clinician Assistant Program:



Many of you will be assigned an assistant clinician as part of the Clinician Assistant Program (C.A.P.). Assistant clinicians (AC) are usually pre-clinical juniors, seniors, or pre-clinical graduate students who are on a 3-year MS plan. Your clinical instructor will suggest ways in which the student can be of assistance to you, such as serving as a communication partner, monitoring behavior, and collecting data. Clinician assistants serve on a voluntary basis or may be assigned as an independent study and often complete their observation hours through assisting. This program is a popular vehicle through which undergraduates accrue experience in the clinical arena.

MaTCH: Mentorship as Transition Clinician helps

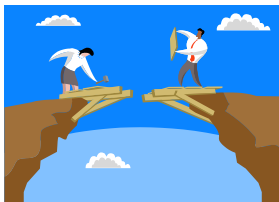


In the MaTCH program, a second year clinician serves as a peer mentor to a first semester, first year graduate, by temporarily managing a client (individual session) or clients (group program). The mentor also helps by 1) providing insight as to the nature of the client's disorder; 2) sharing information from academic coursework; and 3) demonstrating the application of treatment procedures.

The second-year mentor typically will stay on the case for 2-3 weeks, after which the first semester clinician assumes sole management responsibility. Keep in mind that the second-year student does not supervise the first year graduate. This mentorship is separate from the type of constructive and evaluative feedback that a clinical instructor will provide.

Second year students who are selected as MaTCH clinicians will receive: an article by Lynn Williams on peer mentorship, a certificate acknowledging this selection, and a citation for inclusion on their resumes.

CO-CLINICIAN



On occasion in treatment, and almost always for evaluations, you may be assigned to share management with a peer. In such situations, the two clinicians will share joint responsibility for case management. Sometimes the co-clinician dyad crosses disciplines. For instance in our cochlear implant program we may pair a speech-language pathology student with one from audiology. We have had consultative, joint services, from related professionals.

END OF SEMESTER PROCEDURES

You are responsible for a number of tasks in closing out the clinic session at the end of each semester. These forms **MUST** be updated by the specified date toward the end of the session:

- The *Clinical Hour Accrual and Inventory of Interests* (in the Student Clinical Profiles [white] book).
- Update accumulated hours in CALIPSO.
- Fill out and return each client's *Intent to Treat* form to the clinic office.
- Complete Evaluation of Clinical Instructors/Professors in CALIPSO.
- Enter end of semester standard note in Lytec.
- Bring permanent chart to the final clinical instructor meeting.
- Give signed report to clinic staff for filing and mailing.
- File all relevant information in the client file.
- Return permanent chart to filing cabinet.
- Return all borrowed items to your clinical instructor.
- Return all commercial products, tests and treatment materials to their rightful place in the GBC and CAC, and CLC.
- Return videotapes (rewound) of evaluations to your clinical instructor.
Return unused videotapes (rewound) to the clinic office.

Note: The number of times you saw your client must be in agreement with the number of billing hours turned in to the clinic staff. If they are not, see the Administrative Associate to resolve discrepancies.

Failure to update any of these forms will result in automatic lowering of your practicum grade by one letter.

I certify that I have read and understand the above.

Name

Signature

Date

STUDENT CLINICIAN EVALUATION

Evaluating clinical skills is an important component of your clinical experience. The clinical instructor evaluating the student clinician must rely primarily on subjective measures, since objective “tests” are not available to rate observational ability, interpersonal relationship, and the acquisition of clinical competency. Another consideration, which adds to the complexities of the evaluation process, pertains to the skills the student brings to the practicum. For example, the undergraduate student cannot be expected to perform at the same level as the second year graduate student. Similarly, the extent of previous coursework may differ among students and this factor needs to be taken into account when evaluating clinical competence.

Clinician Appraisal Forms

The CALIPSO electronic tracking system is used to discuss your clinical skills at the mid-session conference and the end-session conference.

On-campus clinicians receive a composite grade from the clinical faculty. This grade is determined during a supervisory meeting at the end of the semester. Off-campus clinicians receive a grade from their off-campus clinical instructor, which is submitted to the Coordinator of their rotation. For students assigned to both on- and off-campus rotations, a grade will be given for SLHS 558 (on-campus) and SLHS 658 (off-campus). For all students, aspects of professionalism (meeting deadlines for reports, logging contact hours, submitting schedules and attending required practicum meetings) will influence the final grade.

Supervisory Concerns Relating to the Clinician

The scheduled weekly meeting with your clinical instructor is an opportune time to discuss your on-going clinical development.

The clinical instructors also meet periodically to discuss student’s development as clinicians. Concerns will be shared with you when deemed necessary.

Clinical Probation

A grade of “C” in the practicum rotation places a student on clinical probation. Clinical instructors will develop a written plan, detailing clinical competencies that need improvement as part of the plan to help you improve clinical skills. Refer to the Cactus Manual for details regarding the consequence of two semesters of clinical probation.

GUIDELINES FOR GRADING CLINICAL PRACTICUM

A grade of “A” indicates superior performance.

Appropriate for the student’s academic background and clinical experience, the student:

- assumes responsibility for the provision of primary services for the client, functioning essentially as the knowledgeable professional.
- is superior in the effective and creative application of background knowledge to the clinical process.
- demonstrates outstanding growth and change toward professional independence. Reports are timely and thorough.
- is thoroughly familiar with the client’s current file and with diagnostic or therapeutic materials and procedures prior to each clinical session. Lesson plans, logs, and notes are timely, thorough and informative.
- clearly recognizes personal clinical strengths and weaknesses, and appears able to plan and take action to strengthen weaker areas of performance.

It is expected that the student clinician will continue to learn and refine clinical skills with minimum supervision required.

A grade of “B” indicates solidly competent performance. The student clinician

- is able to function effectively with some clinical instructor assistance, appropriate for academic background and clinical experience.
- effectively and creatively applies background knowledge to the clinical process. The student demonstrates growth and change toward professional independence. Reports are timely, thorough, and do not require major revision.
- is familiar with the client’s current file and with diagnostic or therapeutic materials and procedures prior to each clinical session. Lesson plans, logs, and notes are timely and informative.
- recognizes areas where improvement is needed.

It is projected that the student clinician will continue to learn and refine clinical skills, with ever decreasing amounts of supervision.

A grade of “C” indicates marginally competent performance. The student clinician

- demonstrates difficulty applying and executing the fundamentals of the clinical process.
- needs more than usual clinical instruction and direction. Reports are timely but may need substantial revision.
- is familiar with the client’s current file and with diagnostic or therapeutic materials and procedures prior to each clinical session. Lesson plan, logs, and notes are timely and informative.
- may recognize only some of the areas in need of improvement.

It is projected that the student may continue to need more than the usual amount of supervision with similar clients.

A grade of “D” indicates less than competent performance. The student clinician

- performs inadequately in reference to academic background and clinical experience. Problems may include an inability to apply the fundamentals of the clinical process in the planning, execution, or reporting of clinical sessions. Reports may be late or in need of major revision.
- may not be appropriately familiar with the client’s current file or with diagnostic or therapeutic materials and procedures prior to each clinical session. Lesson plans, logs, and notes may be late or contain minimal information.
- may not recognize areas in need of improvement.

It is projected that the student may continue to need extensive direct supervision with similar clients.

A grade of “E” indicates actions or inactions by the student, which may be or have the potential to be harmful to the client, family members, or significant others, or which may be in violation of The New Code of Ethics of the American Speech-Language-Hearing Association (asha.org). The student clinician may be removed from providing service to the client.

REQUIREMENTS FOR CLINICS

Requirements for On-Campus Clinics

The following should be in process or completed prior to seeing clients in our on-campus clinics:

- HIPAA training (UA-SLHS and onsite at placement)
Universal precautions training online UAccess.arizona.edu (Learning; Find Learning;

Certification: Bloodborne Pathogens (RMCRTBBP)

- Fingerprint card (may take up to 7 weeks, \$70) and background check

Common Requirements of Off-Campus Placements

Students will be assigned to various off-campus facilities during their graduate training. There is no standard in terms of what you will be asked to comply with until you are assigned to your placement as each facility has its own set of requirements. It is in your best interest to gather applicable records, acquire the noted immunizations/declination waivers and other potential requirements, and retain the information so it will be available when needed.

Health Related

- Two step TB test (available at Campus Health)
- Proof of Varicella (Chicken Pox) immunization, titer, or declination waiver (available at Campus Health)
- Proof of Hepatitis B series or Declination Waiver (available at Campus Health at no cost by attending UA Risk Management's Bloodborne Pathogen's online course)
- Proof of MMR (requirement at UA, so typically assumed)
- TDaP vaccine (current within last 10 years)
- Proof of Health Insurance
- UA to serve as source verification of general good health
- Flu shot (particularly during winter months)

Legal/Criminal

- Copy of Driver's license/No evidence of DUI
- Nine panel drug screen (available through J2 Labs or campus health)
- Signature on form to allow facility to conduct urinalysis "if drug use is suspected"
- Requirement that SLHS program conduct annual drug screens on students (*not something we currently do)

Other

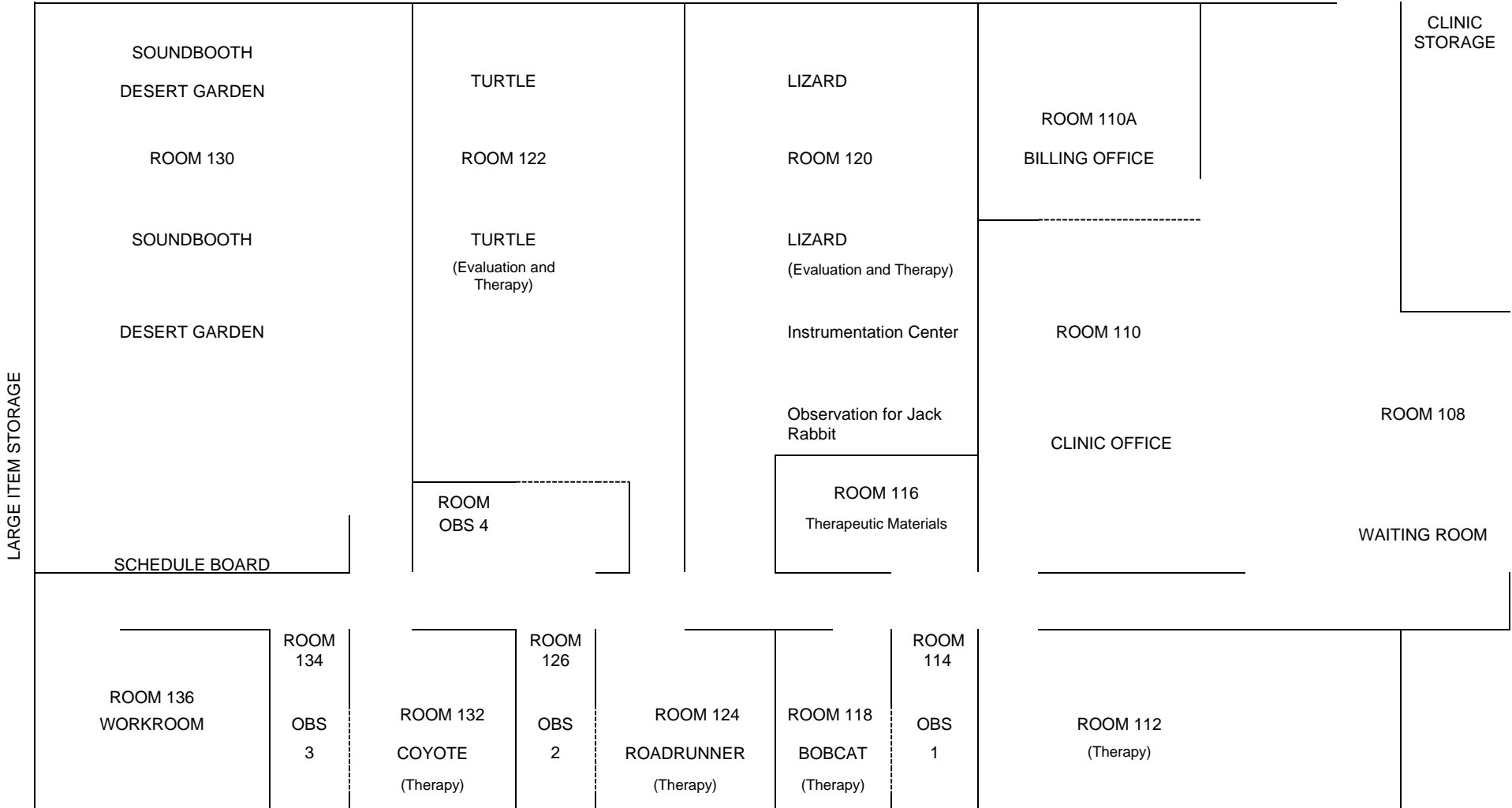
- Request for social security number for background checks (i.e., government facilities like VA)
- Criminal Background Check (check the website for the cost) through Department of Public Security
- CPR: ABC/Professional certification within the last 2 years and through length of practicum

GRUNEWALD-BLITZ CLINIC FOR COMMUNICATION DISORDERS IN CHILDREN

FIRST FLOOR

PLAYGROUND

ENTRANCE





CLINIC FOR ADULT COMMUNICATION DISORDERS

FOURTH FLOOR

