Speech-Language Pathology

Graduate Student Clinical Handbook

Department of Communication Sciences and Disorders

Updated July 2024

As stated via, [Code of Ethics (asha.org)](asha.org)
The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: *(I) responsibility to persons served professionally and to research participants; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships.* Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity.

Note: USF Graduate School provides an online handbook and students are expected to adhere to those policies. The policies and procedures described in this Handbook and specific to the SLP Clinical training program are in addition to the Graduate School requirements.
LINK: https://catalog.usf.edu/content.php?catoid=20&navoid=3183

INTRODUCTION

The Speech-Language Pathology (SLP) practicum assignments are an essential educational component of the SLP graduate program. The purposes of this document are to acquaint students with clinical policies and procedures, serve as a reference throughout the clinical experience, and provide details regarding responsibilities of graduate student clinicians during clinical assignments. The ASHA Code of Ethics serves as the foundation for this information. ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. This **SLP Graduate Student Clinical Handbook** is a guide for policies, procedures and ethical conduct expected throughout your Graduate School career and beyond, with the ASHA Code of Ethics principles as a governing guide. In addition, USF Speech-Language-Hearing Clinic upholds all staff, clinicians and students to a high standard of professionalism.

As stated via Principle of Ethics I, *Code of Ethics (asha.org)*: Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

As stated via Principle of Ethics II, *Code of Ethics (asha.org)*: Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

As stated via Principle of Ethics III, *Code of Ethics (asha.org)*: In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

As stated via Principle of Ethics IV, *Code of Ethics (asha.org)*: Individuals shall uphold the dignity and autonomy of the professions, maintain collaborate and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Non-Discriminatory Policy

Individuals must not discriminate in the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for and potential benefit from services which includes but is not limited to race, sex, age, religion, national origin, sexual orientation, or disability. Discrimination is not tolerated, and such acts will result in removal from the program.

Confidentiality

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

In general, the rules state that any health care provider or insurance entity that maintains or transmits individually identifiable health information, referred to as "protected information," about a client/patient is deemed a "covered entity" and is subject to HIPAA. The HIPAA privacy rule, along with the information itself, cover an entity or device which collects, stores, or transmits data electronically (including social media), orally, in writing or through any form of communication, including fax. Please refer to the University's policy on social media found here: http://www.usf.edu/ucm/marketing/comment-policy.aspx

Further, a Speech-Language Pathology graduate student enrolled in the program and any clinical rotation is required to have completed and to maintain a current HIPAA training certification (renewed annually) which is provided through an online training affiliated with USF Health. The due date for completion of this training will be during the first semester enrolled in the program and will be provided by your Clinical Instructor or the Clinic Director; an annual training renewal is mandatory in the second year of the program. The student should maintain a copy of certificate of completion in their student clinical portfolio. Failure to comply with HIPAA laws and regulations is a significant violation and may result in dismissal from the program.

Sensitive Material

Sensitive information includes but is not limited to information considered social in nature with an attached social stigma, to include:

- Family history of mental illness, substance abuse, suicide acts, or suicidal intent.
- Marital discord or marital problems.
- Information about the behavior or personality of another family member not provided by that person (e.g., a mother describing her ex-husband as violent or abusive).

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

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

DOCUMENTATION OF CLINICAL REQUIREMENTS AND EXPERIENCES

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

The Department will refer students to upload all pre-clinic documentation and certification as directed. Items including, but not limited to:

- BLS/CPR certification
- Immunization record
- Professional liability/malpractice insurance
- HIPAA training certificate
- Observation hours' records

Students are responsible for updating and maintaining documentation required for participation in clinic at the USF Speech-Language-Hearing Clinic (USF SLHC) and in externship placements. **Students are also responsible for any associated costs. Students are advised to keep an independent record/copy of these documents.**

Calipso

Students are responsible for associated costs with Calipso. Calipso is a web-based program that manages key aspects of your academic and clinical education throughout your graduate school experience, particularly clinical assessments from your Clinical Instructors and tracking of Clinical Clock Hours.

Prior to beginning the program, you will receive an email with a PIN to create an account in Calipso. Please contact the Clinic Director if you need a new PIN.

Online Documentation Platform

Students are responsible for associated costs for access and use of online clinic documentation.

PREREQUISITES FOR PRACTICUM ENROLLMENT

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

Hearing Screening

Prior to participation in direct patient care clinical practicum experiences, each student in the SLP graduate program must participate in ahearing screening during the first semester of enrollment as a graduate student. If any area is identified as needing intervention, resources and recommendations will be provided (Addendum A).

Background Check (Live Scan)

Because clinicians work with vulnerable populations, all students must complete a Level 2 background check following the instructions provided by the Department for completion and documentation. Also, when applying for off-campus externships, a professional license and/or

teaching certificate, clinicians are often asked to disclose information about any existing criminal records. Medical settings, school districts and health care boards have the right to know about any arrests, pleas of nolo contendere, adjudications withheld, or convictions that applicants may have sustained. When applying for professional licensure and certificates after graduation, applicants will be required to supply this information to the health care board. **Students are responsible for any costs associated with the background check process.**

Basic Life Support (BLS)/Cardio Pulmonary Resuscitation (CPR)

All students must have documentation of a training course in basic life support (BLS) for infants, children, and adults. The Department will provide students with approved sources for completing these requirements. Barring any University-wide limitations, students must complete CPR training prior to **enrollment in and/or participation in direct patient care clinical practicum experiences**. Certification in BLS must be maintained through completion of the graduate program. **Students are responsible for any costs associated with these certifications**. Current proof of certification must be uploaded to your Portfolio in Box.

HIPAA Training

Students must complete the annual self-study program designated by the Department and upload a copy of their current certificate of completion to your Portfolio in Box to initiate clinical assignments. Students should follow all instructions and deadlines designated by the Clinic Director and Clinical Instructors.

Guided Observation Hours

ALL students should have documentation of a minimum of 25 <u>guided</u> observation hours of assessment or treatment provided by an ASHA CCC-SLP.

The observation hours requirement must be met <u>in the first semester of</u> the graduate program. Students are responsible for uploading their observation hours logs to your Portfolio in Box.. Documentation must be an **original** (**<u>not a photocopy</u>**) **signed form** of an observation log or letter, on letter head, from the undergraduate academic program confirming the completed observation hours. Documentation must include the name, signature, and ASHA number of the person who certified the guided observation hours. This person must have met the ASHA CEU supervision requirements to provide guided observation hours.

NOTE: If the observation hours were completed via Master Clinician with the USF Speech-Language Clinic Director or other academic instructor, please print a Master Clinician report detailing 25.0+ completed and approved guided observation hours and collect the Clinic Director's/instructor's signature of approval to certify the guided observation hours (including ASHA number to be provided with signature). This signed documentation must then be uploaded to your Portfolio in Box.

*Students who have NOT completed observation hours prior to entering the graduate program should contact the Clinic Director.

FACILITIES

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

SLP Graduate Student Mailboxes

Student mailboxes are located in PCD 2031/the Student Workroom on the second floor of CSD. Each graduate student will be assigned a mailbox at the beginning of each academic year.

Please empty your mailbox the last week of each academic year. Mailboxes are often re-alphabetized between Summer and Fall semesters prior to the new academic year. If you have not been assigned a mailbox, please notify the Clinical Service Assistant (CSA), Clinic Director, and/or Clinic GA(s) immediately.

Student Workroom

PCD 2031 serves as the student workroom. It is open to all speech and audiology graduate student clinicians for planning, study, and work purposes; however, please note that seating is limited, on a first-come, first serve basis, and prioritized for those assigned to clinic on-site that day or preparing for evaluations.

General Working Rules to follow:
1. Respect the space by keeping it clean and organized.
2. Food and beverages are allowed. Students are expected to clean their area after consuming food and/or drinks.
3. Speak respectfully and kindly to and of one another and others.
4. Be sensitive about the topics of discussion taking place and be aware of the parties (e.g., clients) who are within listening distance. Keep verbal communication volume at a normal speaking volume.

The following items are housed in the student workroom:

Lockers: Lockers for therapy materials and personal belongings may be rented from GNSSLHA. See a GNSSLHA Advisor for rent procedures. **Please empty all lockers the last week of each academic year**.

Toys & Therapy Materials: Toys and materials are organized on the shelves in the Student Workroom. These items must be signed out and signed back in when cleaned and returned (materials sign out binder is found in PCD 2031). Following completion of any session, all materials must be cleaned properly and returned promptly. **No materials are to be left in the therapy rooms, clinic hallway, or observation rooms.**

Computers: Computers are provided for student use in completing assignments related to clinical and coursework assignments, **and are not for personal use**. Please clean the

computer/work area after each use. The building has Wi-Fi capability and students may also use personal laptop computers to complete assignments.

Printer: The printer in the student room is for student use, and you receive 22 free prints daily. Students use their USF ID card to pay for printing. Do not attempt to use a credit card or other debit card. This printer is serviced by USF- IT department. **If you need assistance, please contact the IT Help Desk @ 813-974-1222.**

Clinic Playground Policy

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

CLINICAL CONDUCT

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

Code of Conduct

The following subsections outline clinical conduct expectations of students. Violation of student expectations or incidents of misconduct will be reported by the Clinical Instructor of record to the Clinic Director who will confer with the Program Director and the Department Chair. Violations or misconduct may result in immediate dismissal from a clinical placement and impact academic standings in the Speech-Language Pathology Master's program.

Code of Ethics

Students in Speech-Language Pathology are regarded as professionals and are expected to adhere to the ASHA Code of Ethics (http://www.asha.org/Code-of-Ethics/). During their first semester, students will be required to sign a statement confirming their knowledge of the Code and their agreement to adhere to the Code (see Addendum C). Further, students are expected to review the Code of Ethics at the onset of each new clinical rotation or semester and/or when working with a novel patient population.

Professionalism and Cultural Sensitivity

The academic and clinical faculty of the USF Speech-Language Hearing Clinic, and the Department of Communication Sciences and Disorders, value and maintain high expectations of the utmost professionalism including student demonstration of consistent, professional behavior. The Speech-Language Hearing Clinic is a recognized service provider in the Tampa Bay area.

The on-campus clinic serves as the primary facility for clinical training for graduate students enrolled in Speech-Language Pathology and Audiology practicum.

Students are required to conduct themselves in a professional manner as reflected in their demeanor, dress, and written and oral exchanges. When in the on-campus clinic, academic environments, and community-based settings, students must comply with all policies and procedures associated with USF clinical assignments and academic contexts; therefore, attire and behavior should reflect professionalism. Students are also expected to comply with the policies associated with sites external to USF (e.g., externship sites). Adherence to professional expectations is considered when calculating individual student grades on assignments or assessments as well as the overall course grade. Students must sign a professionalism contract in their first semester enrolled in the program (see Addendum B) and may be asked to review and re-sign this document in the second year of the program.

Student clinicians are practicing under the licenses of their Clinical Instructors. Thus, students may receive and are expected to follow the Clinical Instructors' very specific requirements for completion of documentation and performance of clinical duties. USF SLHC strives at all times for faculty, staff and clinicians to practice at the top of their license.

Best practice is the use of non-sexist, person-first and professional language in written assignments and in class discussion*. Guidelines are available in the Publication Manual of the American Psychological Association (APA).
*Client preferences may differ and as such, students should be sensitive to and use terminology consistent with these preferences.

Attendance

Attendance is mandatory at each clinical assignment for which student clinicians are scheduled. Students may be assigned to consistent time slots for the entire semester, or schedules may vary. Student clinicians may be offered additional learning opportunities and/or be asked to perform clinical activities during an unassigned time slot (which would not interfere with other assigned duties). The Clinical Instructor will communicate if attendance is optional or expected. Instances in which the student is expected to attend typically occur in cases when the student needs further clinical experience or make-up sessions. Absences are NOT excused unless they are specifically acknowledged by the respective Clinical Instructor on a case-by-case basis.

Attendance to weekly client/patient sessions is required. Student clinicians must arrive 30 minutes prior to the first scheduled appointment in clinic or on telehealth to ensure any pre-session responsibilities are complete, including preparation of materials and supplies in the clinical environment, disinfection of the therapy room, pre-session consultation with the Clinical Instructor, greeting the client/patient and any other designated duties. If an emergency arises and the student clinician expects to be late or absent on the day of a session, they should immediately contact their Clinical Instructor.
The sequence of notification is as follows:

1. Call and email your primary Clinical Instructor for that client/patient if you are calling before 9am

2. After 9am, email and call your primary Instructor again. If unable to reach them, call the clinic office at 813-974-9844 and ask to speak with your Instructor, the Clinic Director, or one of the Instructors on the floor.

If a client/patient is absent during your assigned time slot(s), the student clinician is still required to attend clinic to perform clinic-related duties. The Clinical Instructor will provide additional instructions.

Note: Student clinicians are required to attend a minimum of 80% of completed client/patient sessions to demonstrate competencies for KASA standards, and thus receive a passing grade for each semester. If a student does not meet this minimum, an "I" grade (i.e., Incomplete) will be assigned pending completion of makeup sessions. Any exceptions to this policy must be approved by the Clinic Director and SLP Program Director.

Attendance for labs, trainings, seminars, and other meetings: Attendance is mandatory for weekly clinic/lab meetings and other meetings as set by the Clinical Instructor and/or Clinic Director. The meetings may be used as a forum to discuss clients, review clinical techniques, and to meet KASA Standards. Attendance includes punctuality, active listening, providing collegial and supportive feedback, responding to questions and topics under discussion, and demonstrating expected group interaction behaviors. Students will receive at least 48 hours' notice of additional meeting times; however, **circumstances may necessitate a last-minute meeting and attendance will be required.** In the event of an absence due to an emergency (health, family) the student must notify their Clinical Instructor prior to the scheduled meeting time and if possible, arrangements may be made for the student to attend by other means (Microsoft Teams, phone, etc.).

Absence(s) Due to Medical Reasons: Student absence due to medical reasons (yours or your immediate family's) on a clinic day or a day that an assignment is due requires notification provided to your Clinical Instructor prior to class/session. Written verification of the reason for the absence and medical clearance to return to clinic may be requested. If written verification is requested by a Clinical Instructor or the Clinic Director, the documentation must be on physician letterhead or prescription paper and should include a "fit to perform clinical duties" statement before the student is allowed to return to clinical/academic assignment activities.

Absence(s) Due to Religious Observances: Students are expected to notify their Instructors at the beginning of each academic term if they intend to be absent for a class or clinical assignment due to a religious observance. Students who are absent for religious reasons, having previously informed their Clinical Instructor at the beginning of the academic term, will be given reasonable opportunities to make up any missed work.

For any excused absences, discuss missed assigned clinic sessions with your respective Clinical Instructor(s) upon your return; the makeup of missed sessions is at the discretion of your Clinical Instructor. Refer to the syllabus for procedures specifically designed for each practicum.

Dress Code

The USF Speech-Language Hearing Clinic is a professional environment and attire during clinical hours should reflect professionalism. When present on clinic floors (1st and 2nd floors), students must dress appropriately. Inappropriate attire includes clothing that is <u>extreme or very casual</u>, and is not permitted on either clinic floor. Examples include clothing that is extremely tight, thin, see-through, short, low or high cut (i.e., exposes excess skin). Questions regarding attire should be directed to your Clinical Instructor or the Clinic Director.

Dress code while not working with clients/patients: <u>When on the 1st and 2nd clinic floors and NOT working directly with patients/their families, students must dress professionally and adhere to the following:</u>

- Monday through Thursday: Professional attire at ALL times. NO jeans or shorts allowed. NO hats or baseball caps. Closed toe shoes at ALL times.

- Friday: Casual Friday – Jeans allowed BUT they cannot have rips or holes. NO shorts allowed. NO athletic wear (e.g., leggings). NO hats or baseball caps. Closed toe shoes at ALL times.

Dress code while working with clients/patients: Student clinicians are required to wear their student badge and approved **scrubs (or alternate approved attire)** in all clinic assignments. Students are responsible for any costs associated with the mandatory dress code. Scrubs must be approved tops AND bottoms, and **should be clean and pressed**. Clinical Instructors will indicate if there are practicum activities when scrubs will not be worn. Alternate clinic attire:

- Scrubs may not be required for certain off campus experiences
- Polo shirts and dress pants, along with your clinic badge, may be worn during specific off-campus clinical activities (e.g., preschool screenings).

Masks: While masks are not typically required during clinical sessions, all clinic personnel must wear a mask if requested by a client/patient, per USF Health directive. Furthermore, your Clinical Instructor reserves the right to require masks to ensure their own and/or client safety (e.g., if a student has been ill). USF Speech-Language Hearing Clinic continues to follow USF university policy, which adheres to CDC guidelines for ongoing updates/changes.

Scrubs
The following is a list of the approved Cherokee and Greys Anatomy scrubs sold through **Discount Uniform** in University Plaza on Bruce B Downs/Fletcher in the Target shopping center. Students will receive a 10% discount (be prepared to show your student ID). The approved tops must have a USF Speech-Language Pathology logo monogrammed on them (inform the staff at Discount Uniform that you are with the USF Speech-Language Clinic and they will choose the monogram logo they have on file). Colors may NOT be mixed and matched. Pants (bottoms) can be ordered Petite, Regular, or Tall.

Approved Colors: Hunter (both brands) and khaki (Cherokee only)

Cherokee Brand Tops	Cherokee Brand Pants
Item CK4700	Item CK4200
Item CK610	Item CK110

Item CK620   Item CK120
Item CK4777 (men's)   Item CK4000 (men's)
Item CK670 (men's)   Item CK140 (men's)
Item CK690 (men's)

Grey's Anatomy Tops   **Grey's Anatomy Pants**
Item GA4153   Item GA4232
Item GRS079 (men's)   Item GA558
Item GA091 (men's)

*Note: Men's Grey's Anatomy not available in store, can be ordered.

Shoes: Due to the fast-paced nature of healthcare, it is important to wear shoes that are in good condition (e.g., No visual wear and tear or holes). Shoes must be clean, soft-soled, closed toe and flat (no heels). Student clinicians who cannot wear flat shoes due to a medical condition will need to provide the Clinic Director with written doctor's clearance for alternate footwear. Backless shoes are not to be worn. **Color choices for shoes should coordinate with your scrubs**. **Clean athletic shoes are approved for clinic.**

Hose/socks: Must be worn at all times during clinic. Hose and socks should coordinate with the colors of your scrubs.

For warmth: Student clinicians may wear a short-sleeved or long-sleeved shirt under scrub tops and/or a solid-colored cardigan or scrub jacket over the scrub top. **Color choices for shirts include**: black, white, dark brown, khaki, green or other color that compliments the color of the uniform. **Hooded jackets and hooded sweaters** may **NOT** be worn in clinic. Matching scrub jackets can be purchased but are not required. Cardigans or light jackets without hoods are permitted, and these items should be fitted and not pose a hazard while working with clients and/or equipment. Lab coats are NOT part of the student clinician uniform. **Students must ensure that their scrub tops and bottoms do not leave skin exposed (e.g., cleavage, tops of undergarments at the waist, etc.).**

*Headwear***:** Student clinicians may wear headwear that is required for religious reasons. Other forms of headwear are not permitted on clinic floors.

Personal Hygiene: Student clinicians are expected to maintain good personal hygiene, including hair that is tidy and clean. Hair longer than shoulder length must to be pulled back into a single ponytail or secured neatly in a style that keeps hair from falling onto the face. A variety of hairstyles are permitted, provided student and client safety is ensured, and the style is not a distraction during clinical activities. Adaptations may be requested at the discretion of the Clinical Instructor in consultation with the Clinic Director.

Jewelry and body adornment: Piercing to the <u>ears only</u> is preferred during clinical activities. Piercings to articulators (e.g., lips, tongue studs) or other facial areas that interfere with clinical services are NOT allowed during clinic activities. For safety purposes and to reduce client distractions, jewelry should be minimal and/or not too large (e.g., large hoop earrings that may be pulled, multiple bracelets that may clang on a table). **Clinical Instructors reserve the right to request that students remove piercings or jewelry, or to cover tattoos. This includes student pictures on Microsoft Teams, our telehealth platform.**

Fragrances, make-up, and nails: Due to client allergies and sensitivities, perfumes/colognes and fragrances are NOT permitted. Make-up should be understated. Nails should be kept clean and short to allow for adequate hand hygiene and use of gloves without tearing. Nail polish is permitted if properly maintained (i.e., not chipped). **Determination of excessive make-up, nail appearance, and/or adornments will be made at the discretion of the Clinical Instructor and/or Clinic Director.**

Students who do not comply with the Dress Code Policy may be asked to leave clinic until these concerns are addressed, and any violations will be reflected in professionalism grades.

Cell Phones/Smart Phones

Cell phones, smart phones, and smart watches may be used as timing devices to track time during the sessions, but these devices may NOT be used for texting, photos/videos, or phone calls when completing a clinical assignment. The only exception is when the approved treatment plan for the client/patient specifies therapeutic use of phones; thus, prior Clinical Instructor approval is required. Student clinicians are not to make or take personal phone calls or text messages during treatment sessions, in the clinic hallway, or in any clinic waiting area.

Student Name Changes

For registration, record keeping, and compliance purposes, students need to inform their Clinical Instructor and the Clinic Director of any name changes as quickly as possible. Not doing so can have implications for registration, Canvas access, email, etc.

Student Accommodations

Students are encouraged to request and address accommodations through the Student Accessibility Services (SAS) office before the start of the semester. Students should also note that they must notify their SAS contact that they are in a clinical program as clinic and academic accommodations differ.

Authorized Personnel on Clinic Floors

The Speech-Language Hearing Clinics, located on the first and second floors of PCD, house clinics for the purposes of educating/training clinicians, conducting clinical research and providing clinical audiology and speech-language pathology services to patients of the Tampa Bay and surrounding communities. As such, the Clinics are held to standards related to delivery of services and safety compliance. It is imperative that clinical protocol and procedures are maintained, and that respect for clients and clinicians engaged in clinical activity is demonstrated as the ASHA Code of Ethics outlines. Access to clinical facilities is limited to individuals participating in activities related to education/training, clinical services, or research. Therefore, students must wear their clinical badge at all times when on the clinic floor. Unauthorized individuals on the clinic floor should be brought to the attention of the Clinic Director, CSA, and/or immediate Clinical Instructor. Further, only the clinic entrance provided from the second floor waiting room will have an unlocked door. The door near the diagnostics

storage room (PCD2030) will remain locked due to safety and to limit the likelihood of unauthorized access.

Students/clinicians must refrain from bringing individuals (adults or children) to the Clinic who are not engaged in the activities specified above. In the event of unforeseen emergencies where child care issues are concerned, clinicians should contact the Clinic Director and their immediate Clinical Instructor for assistance in determining a course of action.

Recording and Documenting Clients/Patients

All clinical sessions are recorded using a digital recording system installed in the clinic. To view the sessions, students will sign into the computers in the Student Workroom. The digital recording system erases data after 25 days. **Students may not, under any circumstances, download or save recordings for viewing outside the clinic**. If a session is needed for further review, the student must communicate this to their Clinical Instructor who can download and save that session.

During the semester, each student or team may be required to record and document sessions. The Clinical Instructor and the student clinician will identify the method to be used for recording/documenting. **The student clinician must review the client's file to assure that the release form is signed by the client/patient or caregiver.** Typical sessions recorded/documented include, but are not limited to: evaluations, initial measures for treatment, therapy sessions, therapeutic procedures, final measures and client/patient conferences during each semester in a clinical assignment.

If the method of recording includes the use of audio recorders, these recorders may not be removed from the Clinic and must be stored in the storage container designated for the practicum. All recorders are stored in PCD 2000C. Review of recorded information must be conducted in the Department in areas that provide privacy and compliance with HIPAA guidelines. Under no circumstances will a student clinician retain recorded documentation or review recorded documentation with anyone other than the Clinical Instructor, co-clinicians, or individual(s) approved by the Clinical Instructor.

For Telehealth sessions conducted on Microsoft Teams, sessions may be recorded. **The student clinician must review the client's file to assure that the release form is signed by the client/patient or caregiver.** Further, the Clinical Instructor will maintain the recording on Box and delete it following the student clinician's review.

Managing Drafts of Reports and Working File Documentation

The only student-approved method for safely storing and working on client documentation is via Box. This mechanism is HIPAA compliant, provided students follow required procedures. Students should acquire access to their box account via the USF Box account login/request link https://usf.account.box.com/login. Clinical Instructors will give individual students access to client documentation through Box. Students will use this method for saving and sharing clinic files ONLY with Clinical Instructors and co-clinicians. Students must work in Box (i.e., Microsoft

Word Online) and MAY NOT download any client information to their personal devices as this is a HIPAA violation. Further, sharing of client information to anyone other than a Clinical Instructor or co-clinician, is grounds for termination from the program.

Mailing Reports

The **Client Service Assistant** (**CSA**) is the <u>only</u> person authorized to send/distribute reports generated by the Clinic. Only <u>final</u> drafts which have been approved and signed by the Clinical Instructor will be disseminated. Clinicians must review the client/patient file and assure that the client/patient/caregiver has signed the appropriate release form before requesting that a report be mailed to any individual/professional/agency other than the client/patient.

Paper client/patient Files

All clients who receive services in the Speech clinic must have a permanent file in PCD 2000C or their data is maintained electronically (i.e, Epic). Consult the Client/patient Services Assistant (CSA) and the Clinical Instructor regarding procedures for establishing a new file. Use of client/patient files must comply with HIPAA guidelines.

Sign-Out Procedures for Paper Files

Sign out the client's permanent folder by completing required information on the sign-out sheet located in PCD 2000C. Ask the CSA or Clinical Instructor for details of this procedure. **Students may review client/patient folders in the department and/or the Student Workroom (PCD 2031). ALL FOLDERS MUST BE RETURNED BY THE END OF EACH DAY. NO PARTS OF A CLIENT FILE MAY BE COPIED OR REMOVED**. **When returning the file, place it in the plastic bin located on the floor of Room 2000C and sign the file in on the same sign-out sheet. No identifying information may be copied by the student taking notes from the file. Any violation of these procedures is a breach of ethics and HIPAA.**

Paper record retention

USF Health Retention Policy: Patient records shall be retained for a minimum of twelve (12) years, following the last date of service. Pediatric records will be retained until 24 years of age or twelve (12) years following the last date of service, whichever is longer. After that time period, patient records shall be destroyed. Patient records, whether maintained in paper or electronic format, which are not being used for active treatment, payment or operations may be archived until the retention requirements are met. Inactive records are housed in a locked room and students should not access it unless they are given permission from a Clinical Instructor.

Patient File Status Types

Patient files are maintained electronically. Files that remain in paper form fall under two types:

Active: Diagnostics, In Therapy or Waiting for Therapy: Permanent folders are in the Clinic Office (PCD 2000C) and are filed alphabetically.

Inactive: To locate an inactive client file, it is best to know which semester the client was last seen, as the files are organized yearly then alphabetically. If a client has more than one inactive folder, the information will be reflected in the center of the cover (e.g., file 3 of 3). The file number is the patient's MRN number.

Patient File Organization

Client/Patient folders are organized into six sections on colored backings (located in 2000C). All material must be filed in the appropriate order. All reports and other material are filed in reverse chronological order from oldest (on bottom) to most current (on top) within each section.
In order from top to bottom, the organizational sections and colors of the backings are:

 Yellow– Final Therapy Reports: discharge reports, end of semester progress notes. All protocols are located directly under the appropriate report including any from initial measures. Most recent reports should be stacked on previous reports.
Pink– Diagnostic Reports completed at USF-SLHC. Summary letter to parents/Client/Patient and all protocols are located directly under the report.
Red– Audiological Reports. All audiograms and tympanogram data are included. This includes audiograms and reports from other agencies. Reports should be filed chronologically, with the most recent report on top.
Green– Hearing Aid Information: All hearing aid notes and other information pertaining to hearing aids
Orange– Correspondence/Background Information, includes parent inquiries; letters to parents other than evaluation summary letter; and all other information from other agencies including medical update information
Blue– Case History and Release Forms
Gray – Group Summary notes
Purple – Individual SOAP notes

Electronic client/patient Files

As of January 2016, USF-SLHC Clinical Services Assistants and Clinical Instructors utilize Epic for electronic scheduling and billing and electronic health record (EHR) access and maintenance. This system is closely monitored for HIPAA violations and students should only access their client's records. Access to records for clients not assigned to the student, including own personal records, is a violation of the privacy laws.

CLINICAL ASSIGNMENTS

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

Assignment to Semester Practicums

Prior to the beginning of each semester, students will receive communication regarding the next semester's clinical assignments. Students should allow sufficient time for the Clinic Director and Externship Coordinator to finalize practicum assignments.

General Requirements

Weekly time commitment: Practicum assignments within the USF Speech Language Hearing Clinic (SLHC) vary each semester, and can require up to 16 hours of direct client/patient contact time each week. Student clinicians must provide on-site **availability 5 days** per week to accommodate the schedules of the clients and Clinical Instructors. Additional time outside of direct client/patient contact hours is required for session preparation, clinical documentation, and pre- and de-brief meetings with the Clinical Instructor.

Clinical Instructors provide 100% direct supervision while supervising in the USF Speech-Language Hearing Clinic (SLHC) both on-site and through telepractice.

Assignments Policy

Students may not register for a practicum unless it has been assigned and approved by the Clinic Director. For first year students, Clinic 1 (Practicum Prep), 2, and 3 practicum rotations are assigned the first semester of admission into the program; Clinical Instructors for those rotations are assigned in advance of each semester. Upon written request presented to the Clinic Director, modification of the clinical assignment will be considered and can be made in extenuating circumstances. **It should be noted that some changes may delay graduation**. Additionally, **changes must be made before the semester begins and before clients are assigned.**

Financial Compensation Policy

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

Practicum Assignments in Speech-Language Pathology

Please note: Completing the **minimum** number of clock hours in each semester will **NOT** meet the total required for graduation and ASHA certification. The following is an **estimate** of clock hours per practicum. Keep in mind that there is some variability in clock hours due to the length of each semester and the variability in client/patient assignments and availability.

First Year	Credit Hours	Assignment/ Min. Clock Hours	Grading

Clinic I	3	Includes simulation cases plus practicum meetings with clinical simulation, and direct intervention/diagnostic experiences. <u>Minimum</u> 15 hours.	USF Grading Policy
Clinic II	3	<u>Minimum</u> of 3 clinical hours per week: 2-3 individual therapy sessions with 0-1 group and/or community experience weekly. <u>Minimum</u> 40 hours.	USF Grading Policy
Clinic III	3	NOTE: during summer sessions assignments/hours vary. Aim for 3 clinical hours per week: 2-3 individual therapy sessions with 0-1 group and/or community experience weekly. <u>Minimum</u> 30 hours.	USF Grading policy

Details regarding placement for each semester are conveyed prior to the end of the previous semester (i.e., notified in the fall of 2024 for spring 2025 placement). Students' rotations for the second year are determined before the end of the third semester (Summer 2025), when students will be notified of their Fall 2025 – Summer 2026 rotations. The following assignments are completed in the second year. The rotation order varies based on off-site placement opportunities, student clinical and academic performance, and input from Clinical Instructors.

Second Year	**Credit Hours**	**Assignment/ Min. Clock Hours**	**Grading**
Advanced Practicum Thesis (if applicable)	4 2	Treatment and diagnostic experiences with group and/or individual clients and other clinical activities for a total of 10-15 hours per week; some opportunities for off-campus placement; approx. 50-75 total hrs. **MINIMUM** of 4-6 weekly hours of direct clinical contact required, <u>minimum of 50 hours per semester</u>.	USF Grading policy
Externship I	6	Variable (typically 4-5 days/week); approx. 100-200+ hrs per semester.	USF Grading policy
Externship II	6	Variable (typically 4-5 days/week); approx. 100-200+ hrs per semester.	USF Grading policy

Students may have opportunities to earn additional clinical clock hours through screenings, study abroad trips, community events, extra clinical assignments, research projects, etc. **It is the student's responsibility, with departmental assistance, to complete a minimum of 375 direct clinical hours and to have a minimum of 25 hours of guided observation hours during his/her academic career.**

Student Learning Outcomes for Clinical Practica

KASA knowledge and skills areas (2020 standards):
The student will demonstrate at least minimal competence in KASA knowledge and skill areas (2020 Standards IV E, H; V A, B, C, D, E, F). The student will complete the minimum requirement of 400 clock hours of supervised clinical experience in the practice of speech-language pathology including 25 hours in guided clinical observation and 375 hours in direct client/patient contact by the end of the program of study (Standard V-C).

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

Procedure Changes

Procedures for each practicum are subject to change for a variety of reasons including availability and presenting diagnosis of clients as well as natural disasters and local and global pandemics. Please refer to the most current syllabus for each practicum for details.

Practicum Meetings

Practicum labs and/or meetings may be held weekly for on-site clinical practicum. Clinical Instructors reserve the right to require mandatory attendance at the practicum labs and/or meetings with points deducted from the final grade for unexcused absences. Labs and/or meetings consist of discussions about the management of services provided for clients, grand rounds, sharing therapy ideas, seeking help with problems encountered in therapy, literature reviews, clinical simulation, hands-on learning and training opportunities, and announcements pertinent to clinic operations. A client/patient presentation may be required during the term. Practicum meetings are also scheduled for the second year of clinical experiences. Students may be required to attend scheduled practicum meetings as required by the Clinical Instructor.

CLINICAL PROCEDURES

The ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

Scheduling

After receiving client/patient assignments for a given practicum, student clinicians should follow the Clinical Instructor's directions for contacting client(s). Individual therapy and conferencing time is based on client/patient needs and is planned in unison with your Clinical Instructor. It is also necessary for clinicians and clients to leave promptly after each session so that the next session may begin as scheduled.

The CSA in conjunction with the Clinical Instructors schedules clients. The Clinical Instructor may decide to include you in this process. Student clinicians should NOT contact clients unless specifically instructed by your Clinical Instructor.

Client/Patient Absences

To ensure that clients receive a full therapy session, they must arrive on time. If clients find it necessary to miss a session, they should notify the clinician and the clinic in advance. Make-up sessions may be arranged if scheduling permits. **If the client/patient misses sessions, the decision to discharge is up to the discretion of the Clinical Instructor (see Speech Clinic client/patient attendance policy).** If **clinicians** must cancel a session, it is mandatory that the session be rescheduled unless the client/patient is unable to attend a make-up session. **Always clear make-up sessions with the Clinical Instructor in advance. See addendum for client attendance policy.**

Therapy Rooms

After the client/patient caseload has been confirmed, the Clinical Instructor will work with the CSA to schedule rooms in Epic and/or telehealth sessions on Microsoft Teams. Future room and session changes are coordinated with the CSA. Clients are typically scheduled for one-hour sessions. If, for initial measures or other reasons, a different room is needed for one or two days, notify your Clinical Instructor and arrangements must be made with the CSA to verify that the room is available.

Therapy spaces may be used prior to sessions for preparation, and for pre- and post-brief meetings with your Clinical Instructor and/or graduate student mentor. Student clinicians may not occupy therapy spaces for personal reasons (e.g., studying).

Each therapy room has furniture assigned to it. Please note which items permanently belong in the treatment room based on the list posted near the door of each treatment room.
If the treatment room you are using is missing any furniture, please inform the CSA.
If you need to temporarily borrow furniture (i.e., for one session) from another room, please confirm that the piece(s) of furniture is(are) not needed in that room for that hour and if not needed, please only borrow the furniture for that one session. At the conclusion of your session, immediately return any borrowed the furniture.

Due to fire safety and accessibility regulations, equipment/furniture should never be stored in hallways.

Therapy Room Preparation

Before each therapy session, check the therapy room for the following:
- ▪ Be certain both client/patient and clinician are in camera range.
- ▪ Gather and organize all materials for the session. **Temporarily** store materials for therapy in the cabinet.
- ▪ **NEVER LEAVE the client/patient UNATTENDED** in the treatment room.
- ▪ Do not leave any valuables unattended in the therapy room.
- ▪ Complete infection control procedures.
- ▪ Do not tape or staple any materials to the walls, floor, or doors. For temporary posting of materials to walls, only blue painter's tape may be used.

Client/Patient Sign-In, payment and parking

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

Communicating via Phone and Email with Clients/Patients

Per the request of the Clinical Instructor and/or for purposes of discussing upcoming appointments, graduate student clinicians might need to contact clients/patients via phone or email. It is standard procedure for a Clinical Instructor to observe you making a call the first few times as he/she must confirm that you are following clinic procedures and not revealing any personal health information.

Unless the Clinical Instructor directs the student to do otherwise, students should follow this protocol when making phone calls to clients/patients:

1. Use a clinic phone in PCD2000 on the second floor Speech Clinic OR ask your Clinical Instructor to use the phone in their office (if applicable). DO NOT use a personal cell phone or home phone to contact clients/patients.
2. When the call is answered on the other end, follow a script provided by your Clinical Instructor.
3. If you need to leave a message, follow HIPAA guidelines and DO NOT leave any personal health information on the voicemail. Follow this script: "Hello. This is (state your name) graduate clinician in the USF Speech Clinic. Please call us back at the following number: _____." DO NOT state the patient's name or that you are calling in reference to an appointment in the Speech Clinic.

Unless the Clinical Instructor directs the student to do otherwise, students should follow this protocol when emailing clients/patients:

1. Before you send an email to a client/patient, confirm the email address either via phone or in person
2. Write an initial draft of the email and submit it to your Clinical Instructor for review.

3. Upon approval from your Clinical Instructor, send the email to the patient and ALWAYS CC your Clinical Instructor.
4. Follow HIPAA guidelines and DO NOT provide any personal health information in the email.
5. If a client/patient emails you, please do not respond until you have provided the email to your Clinical Instructor and he/she has approved a drafted response. ALWAYS CC your Clinical Instructor when you reply to client/patient emails.

Baseline Measures

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

Observation

Clinical Instructors and peers/fellow students will observe therapy sessions. Parents or visitors must obtain permission from the Clinical Instructor to observe sessions. Only students with permission and persons directly related to the intervention process may observe. **Children are not allowed in the observation areas**. Encourage parents to make care arrangements for siblings who are not old enough to wait independently in the waiting room while they observe. While every student is invited to observe therapy sessions as often as possible, the number of observers may be limited and in some cases sessions may only be observed by graduate students currently enrolled in the program. **Always** check with the Clinical Instructor first. The Clinical Instructor or the client/patient may not want observers for particular sessions or another observer may be scheduled. Parents/Clinical Instructors take priority for seating. Students who are not in the graduate program must sign up for observations as directed by classroom/clinical instructor, and per Clinical Director approval. **Recording and photography of sessions is not allowed.**

Materials and Equipment

Recording of sessions is generally accomplished using the clinic digital recording system. All therapy rooms are equipped with a video camera that is motion activated.

Equipment such as mirrors and cleaning supplies are housed in individual treatment rooms. Hearing aid test kits are available (see the CSA or your instructor). Diagnostic tests and treatment materials are kept in PCD 2030. Follow the documented and posted procedures for checking out and reserving assessment materials. Please contact the Clinic Director, your Clinical Instructor, or the clinic GAs if you need a copy of these procedures. Failure to comply with checkout procedures may result in removal of privileges and the student will not be allowed to checkout test materials for a period as designated by the Clinic Director.

Protocols are in the file cabinet in PCD 2030, and copies of protocols are in magazine files on the shelf in this same room. **If fewer than 10 (or 5) protocols remain, indicate the name of the protocol on the clipboard located on the bookshelf by the door.** Use the same procedures if more copies of protocols are needed. The clinic GA will check the form weekly and replace any protocols if needed.

Materials that may be used for treatment activities such as books, games, cards, etc. are located in the student workroom. These materials may not be removed from the clinic. **They are to be used exclusively for treatment/diagnostics, not to entertain waiting children.** Please check out materials with the sign out sheet.

Treatment Plans

Treatment plans are completed weekly or as indicated by your Clinical Instructor. All sessions for one week will go on one treatment plan.

Treatment plans will be turned in by the due date/time as directed by your Clinical Instructor. If there is a paper file for the client, treatment plans must be filed only in a working file, not in the permanent record.

SOAP notes

SOAP notes are completed for *each individual session*. These are the daily treatment note that will become part of the client's permanent medical record and will be submitted to third party payers when applicable.

SOAP notes must be reviewed and signed by the Clinical Instructor. Your Clinical Instructor may schedule a meeting to review, revise or complete a SOAP note.

Report Writing

Please note deadlines may change based on client and insurance needs.

Reports and Plans of Care (POCs)
- For the LP practicum:
  - Initial evaluation SOAP notes and reports will be completed at the time of the initial evaluation of a patient. See current templates for required components. If treatment is warranted, the report will include a "Plan of Care" (POC), which is necessary for billing third party payers. The POC is submitted to the primary care physician (PCP), who will sign the POC to authorize therapy.
  - Progress Summary Report: this version of the report will be used when you are providing information about treatment progress with the purpose of summarizing progress during the treatment period. This may be required at 3-month intervals during the authorized POC period by some insurance companies. A POC may not be necessary in LP and the Clinical Instructor will provide students with specific instructions in those instances.

- Re-evaluation and POC Report: this version of the report will be used when a reevaluation has occurred and a POC is written. This is typically needed every 6 months; however, Medicare and private insurances will vary. The Clinical Instructor will provide students with specific instructions. These reports will also contain information regarding the client's progress during the treatment period.
- Discharge summaries are completed when a patient is discharged from therapy. The summary should incorporate a progress summary with an overall speech-language skills summary and recommendations.

- For the VFN practicum:
  - Initial evaluation reports will be completed on the "Initial Evaluation and Plan of Care" document. This document will be faxed to the referring physician for his/her signature and then sent to insurance, if needed.
  - Updated plans of care (UPOC) will be completed on the "Updated Plan of Care" document. This will be a summary of the client's progress over the certification period with updated goals. The UPOC will be sent to the physician for his or her signature and sent to insurance, as needed. This occurs every 90 days for Medicare clients and at varying intervals for private insurance carriers. Clinical Instructors should provide details to students as needed.
  - Medicare requires a "Progress Summary" every 10 visits. This will be completed within the daily SOAP note and will be an extension of the "Assessment" section. This will be a summary of progress over the last 10 visits.
  - The "Discharge Summary" document will be utilized for each client who is dismissed from therapy. This will be a summary of progress since the start of care with recommendations as needed. This will be sent to physicians as a courtesy but does not require physician signature.
  - For clients in our clinic who are treated for non-billable services (i.e., Accent Reduction, transgender voice therapy), instructors will provide students with details regarding specific documentation requirements.

Support Group Documentation: Summary, etc.
- There is no charge sheet/encounter form/superbill if the client is participating in a support group.
- The student(s) will complete a Group summary note for each session (not for a whole week) and reflect one client name per SOAP copy for patient file, rather than everyone in the group.
- This summary is placed in the client permanent file in the gray backing section for Support Groups (NOT scanned into Epic).
- An attendance roster is maintained for every group session and provided to the CSA for clinical record keeping.

Skilled Billable Group Documentation: SOAP, etc.
- All billable group sessions must be reflected in recommendations from a recent evaluation and in the Plan of Care.
- The charge sheet/encounter form/superbill for each patient in the session should reflect 92508.

- The student(s) will need to complete a SOAP note for each session (not for a whole week).
- The SOAP note from the group is placed into each patient's permanent file (with only that patient's name reflected in that file) and is scanned into Epic.

Initial conferences can occur in one of three ways:
- At the end of an evaluation session, if the Clinical Instructor feels comfortable, providing the results that are evident at that time.
- Over the phone prior to the initial treatment session.
- At the beginning of the initial treatment session.

Parent/Client/Caregiver Conferences and Progress Summaries
- Additionally, following a course of treatment or an Episode of Care, conferences will be held to review any additional testing or re-evaluation information if completed, progress on goals and objectives, and procedures used.
- If new long-term goals and objectives need to be created for a new POC, these draft goals will be presented to and discussed with the parent/caregiver. Changes will be made as needed. All changes to the POC should be documented, updated, and signed. The CSA should be notified of changes to fax to the referring physician and insurance, if necessary and file in the patient's permanent file and in Epic. Patients should also receive a copy in the mail.
- Additional tables or graphs may be included to demonstrate progress (per individual supervisor).

Diagnostic Procedures

When applicable, student clinicians will be paired to conduct full diagnostic evaluations held at USF-SLHC, with the goal of two evaluations per semester (Clinic 2 and 3).

As is the case for treatment sessions, Clinical Instructors will coordinate room reservations with the CSA for evaluations. Students are responsible for setting up evaluation materials before each evaluation.
Permanent files for clients scheduled for an evaluation are located in PCD 2000C. Students are responsible for checking out and returning files properly.

Students are responsible for confirming appointments several days prior to the evaluation, and the night before the evaluation.

The CSA is the **only** person authorized to send/distribute reports generated by the Clinic. **No reports** are to be sent/distributed by student clinicians.

Other procedures are explained by the Clinical Instructor.

Clinical Supervision

ASHA requires a minimum of 25% direct supervision and also recommends a level of supervision commensurate with the student's knowledge, skills, and experience. Clinical

Instructors and students are jointly responsible for compliance with this requirement. To comply with Medicaid, Medicare, and USF Health policies, the USF Speech-Language SLP Clinical Instructors provide 100% direct supervision for all sessions. Students **MAY NOT** engage in therapy or diagnostics if their Clinical Instructor is not present, unless the Clinical Instructor has arranged in advance for a substitute. In the event of an emergency, see the Clinic Director for assistance.

Clinical Instructors use a variety of observation summaries/checklists to provide feedback on clinical sessions. Please check with individual Clinical Instructors to review comments and suggestions. Timely implementation of instructor feedback is critical to the student's professional growth and development.

Graduate Student Leadership Program

Students in the first-year cohort are assigned to a Clinical Instructor for direct clinical experiences. Second year Advanced Practicum graduate students will assist the Clinical Instructors with lab meetings and will participate in the direct clinical experiences. This will allow first year students to observe and learn from experienced Clinical Instructors and graduate student clinicians.

In their first semester (Clinic 1), first-year graduate students will participate in weekly clinical care sessions in collaboration with a second-year Advanced Practicum graduate student clinician and/or their Clinical Instructor. First year graduate students are expected to review client/patient files to gather pertinent information to prepare accordingly for the sessions.

The purposes of this Graduate Student Leadership program include:

1) First year students to gain clinical care and documentation experience in collaboration with an advanced graduate student clinician and provided support, guidance, and feedback from a Clinical Instructor.

2) Second year graduate students to gain experience with leadership while considering the concepts of supervision.

First year graduate students will submit associated clinical documentation to their assigned Clinical Instructor. First year graduate students are encouraged to ask questions while interacting with and learning from their Clinic 1 instructors and their Clinical Instructor.

EVALUATION OF STUDENTS AND PRACTICUM EXPERIENCES

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Grades

In the context of direct clinical care, grades for clinical assignments are based upon weekly performance in the completion of the clinical care and documentation assignment and demonstration of minimal or better competence on the ASHA KASA standards.

Numeric grades are not rounded up or down. See the syllabus for specific information about the grading scale for each practicum. Students may also review the Performance Rating Scale in Calipso to learn the skill levels commensurate with the numeric ratings. A rating of "3" or above indicates a skill or KASA standard is met for that session/evaluation period. The evaluation of students incorporates the numeric grade and/or the successful demonstration of KASA competencies when assigning a final letter grade. **Students must meet SLP KASA Standards to earn a passing grade.** Failure to demonstrate clinical competence will result in a grade letter of C or lower and will require that the practicum be repeated, and/or academic probation or dismissal from the program.

If a student demonstrates difficulties at midterm or any point in the semester (i.e., below a B- in any area), opportunities for remediation through the design and implementation of a Clinical Intervention Plan (CIP) may be provided. A grade letter below a B- indicates a student did not successfully complete the practicum or demonstrate clinical competence. Therefore, **clinical hours will not be awarded if a clinical assignment is not successfully completed with a letter grade of B- or better**. **Students who earn a grade C or lower must repeat the practicum.** Upon successful completion, some clock hours from the initial experience may be awarded at the discretion of the Clinical Instructor in consultation with the Clinic Director and/or Program Director. Successful completion of each practicum is required for further practicum assignments, and repeating a practicum will delay graduation.

Incompletes

A grade of incomplete can only be assigned if the criteria established by USF have been met. An incomplete in a practicum must be resolved to the satisfaction of the Clinical Instructor(s) or the student may not be eligible for subsequent practica. Any incomplete grade, must be completed the following semester. A contract following the terms designated by the University and outlining the time-frame and terms of completion of a grade of "Incomplete" must be developed by the Clinical Instructor and student, in consultation with the Clinic Director. The contract must follow the guidelines established by USF. Clock hours will not be awarded until successful completion of the practicum assignment according to the terms of the contract.

Evaluations

Students receive a midterm and final evaluation grade with written feedback in all clinical rotations. Evaluations are completed in Calipso and weekly written feedback is provided directly from your Clinical Instructor. An explanation of each grading category and KASA standard is included.

Students will complete a midterm and final self-evaluation via Calipso within their practicum experiences. This self-evaluation uses the same format and criteria as the evaluations

completed by the Clinical Instructor and provides an opportunity for students to reflect on their learning and identify areas for growth.

Students are also asked to evaluate the on-campus Clinical Instructors. The university has established an electronic system to complete the evaluations of instructors and they will email details to complete the process. **Do not** complete the evaluations in the presence of the Clinical Instructor.

Failing Student Policy

If a student earns a "C" or less in a practicum, the student must repeat the practicum:
If the student cannot complete the second attempt of the practicum successfully, it will be considered the student's 2nd "C" and the student will be dismissed from the program.

The schedule for repeating a practicum depends on the student's status (i.e., first year or second year) and availability of placement within a practicum. Students should keep in mind that the retake may be as follows:

First Year Clinic

Fail in Fall semester – retake in following Fall
Fail in Spring semester – retake in following Spring
Fail in Summer semester – retake in following Summer
Each First Year Clinic path listed above delays graduation for 1 full year

Second Year Clinic

Fail in Fall semester – retake in Spring
Fail in Spring semester – retake in Fall
Fail in Summer semester – retake in Fall
Each Second Year Clinic path listed above delays graduation for 1-2 full semesters

Under no circumstance may a practicum be split into two semesters and/or completed across more than one semester. Further, a student may enroll in only one clinical practicum at a time; thus, a student cannot enroll in multiple practicums in the same semester.

Clinical hours are **normally** awarded ONLY for the semester in which the student completes the practicum with a passing grade and successfully passes the Clinical Intervention Program (see next section). However, there may be circumstances when some clinical hours could be awarded to a student with a "C" grade. In these instances, the hours will count at the discretion of the Clinical Instructor and in consultation with the Clinic Director.

Areas that are not passed with a "B-" or better, or with a rating of "3" or better in Calipso, are not considered areas of competence.

Clinical Intervention Program

The purpose of the Clinical Intervention Program (CIP) is to provide additional clinical training and supervisory support to those students identified by their Clinical Instructors as demonstrating a need for extra assistance in certain competencies. The following procedures will be implemented.

- Initial identification of an at-risk student should occur and be officially documented by or before the clinic midterm evaluation week of the designated semester. In some circumstances, identification may occur after midterm.
- Criteria for initiating a CIP may include the following, but is not limited to:
  - A cumulative rating of less than 3 or a score less than 80 (below a grade of B-) in **any** of the 5 skill areas assessed (INTERACTION AND PERSONAL QUALITIES, ADMINISTRATIVE/WRITING FUNCTIONS, EVALUATION, INTERVENTION, and ETHICAL CONDUCT/CLINICAL PROBLEM-SOLVING**)**.
- The student clinician will be notified by the Clinical Instructor of the need to establish a CIP and to schedule a CIP conference. Clinical Instructor will discuss and request student to compose goals to support the learning needed to advance in their clinical learning.
- Prior to the conference and using ratings and feedback in Calipso (or the written clinic feedback form), the CIP will be drafted by the Clinical Instructor in unison with the Clinic Director and Program Director. KASA/CAA standards will be paired with the goals written to support the clinical achievement needed to obtain a cumulative rating of 3.

The criteria for a CIP must include the following, but may not be limited to:
  - Specific skill areas targeted for intervention, e.g., Dx or Tx.
  - Documented specific competencies to be developed within each skill area.
  - Cooperative development of specifically targeted competencies.
  - Documentation of whether or not the criteria for each competency was met, utilizing the CIP coding system (see CIP legend) by the CIP Clinical Instructor.

- An individualized Clinical Intervention Plan (CIP) Conference will be scheduled to establish and finalize the CIP criteria. The CIP conference will be scheduled with the Clinical Instructor, graduate student clinician, Clinic Director, and Program Director. During the CIP conference, the team will establish the criteria for successful completion.
- The final agreement will be documented in the CIP and via the Clinical Assistance Form (CAF) by the primary CIP Clinical Instructor(s). The graduate student clinician, Clinical Instructor(s), Clinic Director and Program Director are required to sign and date the CAF. The date indicated on the CAF becomes the official **start date** for any CIP.

Criteria for Completion of a CIP. Completed criteria must reflect a + (met criterion) in each competency goal <u>and</u> competency rating at or above an 80 in each of the applicable areas. Any student failing to meet this criterion may:
  - Receive a grade of "C" or lower in the designated practicum.
  - Be required to repeat the designated practicum with the CIP remaining in place.
  - Be counseled by the CIP Clinical Instructor, Clinic Director, and Academic Program Director, regarding future options.

A meeting will be held to discuss the completion of the CIP. The graduate student clinician, Clinical Instructor(s), Clinic Director and Program Director are required to sign and date the CAF. The date indicated on the CAF reflects the completion of a CIP.

*If a student carries a CIP into a second semester, the CIP must be passed and the clinic course passed in order for the student to continue in future semester clinical rotations. If the student does not pass the second semester of a CIP, the student will be counseled by the CIP Clinical Instructor, Clinic Director, and Academic Program Director, regarding future options.

DOCUMENTATION OF CLINICAL EXPERIENCES

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

Documentation of Clinical Hours

In-house rotations: Students will document clock hours (i.e., client/patient contact minutes) in Calipso throughout the semester, a minimum of one time per week. Clinical Instructors will approve contact minutes in Calipso. Instructions regarding documentation in Calipso will be provided in Clinic I and as needed throughout clinical rotations.

Report clinical minutes in actual time. DO NOT round to the nearest quarter hour.

Note: Second-year graduate clinicians will continue to document clock hours using the self-calculating spreadsheet, review this time with their Clinical Instructor, and record the totals in Typhon. Prior to semester checkouts, students are to complete the entry in Typhon, save a graphical summary, and send the summary via DocuSign to collect their instructor's signature. Once the Clinical Instructor has reviewed and agreed with the documented minutes, the Clinical Instructor will print and sign his/her name with ASHA # documented on the printed copies of the Typhon graphical summaries for the student file and approve the electronic entries. The Clinical Instructor will maintain the signed summaries for the Academic Program Assistant. The student should retain an electronic copy in their Clinical Portfolio on Box.

Off-site rotations: Students document all client/patient contact minutes in Calipso. The off-site Clinical Supervisor will approve these entries in Calipso.

Report clock minutes in actual time. DO NOT round to the nearest quarter hour.

Students might be asked to complete a survey/evaluation of their off-site clinical site at the end of the semester. This is helpful feedback for the program for future semesters and is designed as a method of collecting information for the purposes of Quality Improvement. The information is kept secure and will be used to improve policies, procedures, and processes.

ASHA/USF CLINICAL REQUIREMENTS FOR SLP

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

Up to 50 clock hours at the undergraduate level **may be** applied toward the minimum of 400 clock hours required by ASHA. A minimum of 375 clock hours in the major area must be in direct client/patient contact and 25 hours in guided clinical observation. The number of hours accepted by the Department will be determined by the Clinic Director. Depending upon the number of hours and the type of experience, one clinical rotation may be waived; but this requires approval of Clinic Director and Program Director. In your first semester in the graduate program, you may need to contact the Clinic Director to review undergraduate observation hours. Students must have original signed proof of their hours (with undergraduate institution name and supervising CCC-SLP name, signature and ASHA #; minutes/hours in clinical care with age and clinical population accurately described) for the Clinic Director to review documentation and agree to accept those hours. The Supervising SLP must have met the ASHA supervision requirements. For students with no previous clinical clock hours, the following practica are required:

First Year	Second Year
Clinic I	Clinic IV (Advanced Practicum)
Clinic II (LP or VFN rotation)	Externship I
Clinic III (LP or VFN rotation)	Externship II

In the second year of the graduate program of study, students who are "on track" with the program of study will complete, in no standard order: Clinic IV, Advanced Practicum (in the clinic or in a designated off-campus setting), Externship I (off-campus) and Externship II (off-campus). Students will be tracked for completion of these assignments during the second year of their program of study.

Assigning Second Year Clinical Rotation Order

Given the size of the graduate program, all students cannot complete the second-year clinical rotations in the same semester. Students will be assigned by the Clinic Director to a semester for each of the remaining three clinical practica. To determine the appropriate assignments for each student, during the Spring and Summer Semesters of the first year, the Clinic Director and Clinical Instructors will review student performance and SLP competencies completed by students. Input from academic instructors will also be considered. This evaluation includes qualitative and quantitative evaluations of student performance from fall and spring semesters.

Advanced Practicum Procedures

Advanced practicum, like externships, provides an opportunity for clinical experience which has not previously been completed during the prior semesters of practicum. The goal is to offer clinical experiences which allow targeted specialization, a higher level of independence, a larger and more rigorous case load, and the opportunity to observe and learn about supervision and leadership among a cohort of less experienced clinicians. Due to the advanced nature of this rotation, students in Advanced Practicum may be required to complete clinical hours during days not indicated in the clinical calendar.

In conjunction with the Externship Coordinator's externship survey, students will indicate their preference(s) for Advanced Practicum as early as the Spring semester of the first year in the program. The Clinic Director will use that information and academic and clinical performance data to finalize Advanced Practicum placements for each semester. The Clinic Director will notify students of their assignments for Advanced Practicum by the end of the semester before their assigned Advanced Practicum.

Fall semester Advanced Practicum Students may be assigned to screening the new incoming students and assisting with clinical meetings, simulations, and sessions with the new student cohort. If this is part of your assignment, your assigned Clinical Instructor and/or the Clinic Director will provide you with information regarding the screenings, a leadership lecture/module, clinical simulation meetings, and clinical sessions.

Externship Procedures

During the Spring Semester of the student's first year (i.e., second semester) students attend a **required** externship orientation meeting to receive information from the Externship Coordinator. Check emails, Teams and CANVAS for announcements and notices of the date and time of the meeting. **To be eligible for an externship, students must attend the meeting, must be in good academic standing (i.e., not have an active CIP or have successfully exited the CIP before the end of the semester immediately prior to externship placement; not on academic probation), and must have successfully completed or be in the process of completing all scheduled in-house clinical practica.** Procedures for selecting and scheduling a placement will be explained in detail at the meeting.

1. Complete the externship survey.
2. Ensure hours in Calipso are up to date to reflect hours completed thus far.
3. Ensure all documentation including the following is a part of Calipso file
   a) Copy of liability insurance
   b) Immunization records
   c) Copy of HIPAA Training certificate
   d) Copy of HIV
   e) Copy of current/active BLS (CPR) card

Students are not permitted to participate in clinical activity at sites without an Affiliation Agreement finalized and approved by the Department, the Dean, and USF Office of General Counsel. Sites not on the current list may be considered but must have an Affiliation Agreement

completed before the site can be approved for externship (see Externship Coordinator for more information concerning procedures to establish an Affiliation Agreement). **Students must not contact externship sites unless directed to do so by the Externship Coordinator.**

When the externship meeting and survey process has been completed, the Externship Coordinator will begin the placement process. This involves contacting students as sites agree to consider students for placement and/or interviews.

It is important to note the Externship Coordinator will arrange for Externship to be no more than 1 hour away from USF campus. **While student preferences regarding location/distance are considered, students must be willing to commute up to one hour if necessary.**

Students are expected to participate in a minimum of 80% of clinical opportunities or attend their externship site 80% of scheduled days, regardless of their total clinical hours. Despite achievement of required clinical hours for graduation, completion of an externship placement is required to positively support continued training, education and clinical preparedness for Clinical Fellowship placement upon graduation.

Apply the following practices when interviewing for and/or confirming externship sites:
- **Update your CV/Resume for all interviews.**
- **Schedule interview** appointments with the approved site **within 24 hours of their initial contact** and/or email instructions regarding contacting the site from the Externship Coordinator.
- **Attend to email daily** to ensure you do not lose an opportunity due to lack of communication.
- **Be prompt and present a professional appearance while interviewing**, even for remote interviews, such as Zoom, Skype or Microsoft Teams.
- **Remember:** Many sites require full time attendance, up to 32-40 hours per week, some weekends, and some holidays for the full semester. The minimum is 24 hours a week for 12 weeks or the equivalent (with Externship Coordinator approval).

When both student and Externship Coordinator agree on a placement, the Externship Placement Approval form is signed by the student, the Clinic Director, the Program Director, the Externship Coordinator, and/or the Externship off-site Clinical Supervisor. The original is submitted to the Externship Coordinator. Students and sites should make copies to keep for their own files.

*It is important to note that externship placements are determined based on multiple factors (in no order):
- Student preference(s)
- Student clinical experiences
- Student needs for clinical experience (e.g., age, diagnoses)
- Student clock hours and KASA competencies
- Clinical Instructor qualitative and quantitative feedback
- Student performance in clinical rotations and academic coursework
- Availability of sites

Preferred sites are not guaranteed, and final placement decisions will be made at the discretion of the Externship Coordinator and Clinic Director.

The Department of Communication Sciences & Disorders cannot guarantee a placement for externships.

Background Checks in Externship: Typically, all sites serving medically fragile and vulnerable clients require fingerprinting and background checks for compliance with state legislation. These are requirements of the site and compliance is not optional. **Students are responsible for any costs associated with compliance with these requirements.**

Other Externship requirements: Additional requirements include immunizations, professional liability insurance, drug screen, CPR, higher level of background clearance, certain uniform protocols, site-specific procedures, etc. **Students are responsible for any costs associated with compliance with these requirements.**

Traineeships: The Tampa Bay community offers some traineeships in speech-language pathology to USF graduate students. Timelines for application vary and will be announced by the Externship Coordinator. Any student holding a graduate assistantship may be asked to submit his/her resignation upon accepting a paid traineeship; however, in most cases, the traineeship site supervisors may be willing to reduce expected weekly hours on site for unpaid positions. It is the policy of the Department that no student may complete a graduate assistantship and a paid traineeship simultaneously.

State Licensure Requirements (Specific to Florida): **The Department of Communication Sciences & Disorders cannot guarantee eligibility for professional licenses and certificates following graduation.** Students may contact the Florida Department of Health, Board of Speech-Language Pathology and Audiology and the Education Standards Commission of the Florida Department of Education for additional information. In addition, the Department of Communication Sciences & Disorders cannot guarantee that the states with which Florida has reciprocity will issue a professional license or teaching certificate. **Students are advised to contact the district(s) and state(s) in which they wish to seek future employment as a speech-language pathologist to investigate their personnel hiring procedures.**

PROCEDURAL SAFEGUARDS

ASHA Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Individuals shall honor and abide by the ASHA Code of Ethics as affirmative obligations under all conditions of applicable professional activity.

Procedures for General Safety

During the day-to-day provision of services in the Clinic, it is important to follow basic procedures to ensure the safety of clients, caregivers, clinicians, Clinical Instructors and others in the facility. The following basic procedures must be followed. **Please note: when necessary elevated safety precautions and additional procedural safeguards may be enforced; see additional documents provided by the Clinic Director for details**.

1. Parents must remain in the Clinic when services are being provided for minor clients (minor clients cannot be dropped off and picked up after the session). The requirement is the same for Telehealth sessions.

2. Visitors, guardians, and clients should never be left unattended in the clinic space – this is a privacy breach.
3. Minor clients must never be left unattended, including on Telehealth sessions.
4. Clients at-risk for falling and/or needing mobility assistance should be escorted by the clinician or caregiver.
5. Clients using transportation provided by other agencies may need assistance at the drop-off/pick-up area in front of the lobby (first floor).
6. Furniture and toys CANNOT be placed in hallways or moved to other treatment rooms/clinic areas.
7. Hallways cannot be obstructed with any objects (e.g., furniture, toys, storage) at any time – this is a safety hazard.
8. The clinic will maintain one unlocked entrance from the waiting room in the second floor. The second door that enters the clinic (near PCD2030) will remain locked to limit access to unknown parties and for safety purposes. Please only use this door as an exit from the clinic and if it is unlocked, please notify the Clinic Director or CSA.
9. *All staff, clinicians and students should take precaution if illness is present and consider wearing a mask while in the clinic for protection of all; should fever or illness be present, removing self from clinic premise would be advisable to support safety and health of all. Note: Per USF Health requirements, clinic personnel must wear a mask if requested by a client/patient. Furthermore, Clinical Instructors reserve the right to require masks to ensure their own and/or client safety (e.g., if a student has been ill).*

Accidents

If anyone has an accident or becomes seriously ill in the clinic, notify the Clinical Instructor or another faculty member, immediately. Call campus emergency (911) for assistance, if appropriate. In the event of minor injuries, first aid kits are located outside the Client Service Assistant's office on the shelf in the cabinet. Even if the injury is minor, notify the Clinical Instructor and the Clinic Director to document the accident. An incident report must be completed before the end of the day.

Seizure Procedures

https://www.cdc.gov/epilepsy/about/first-aid.htm

1. Ease the person to the floor.
2. Turn the person gently onto one side. This will help the person breathe.
3. Clear the area around the person of anything hard or sharp. This can prevent injury.
4. Put something soft and flat, like a folded jacket, under his or her head.
5. Remove eyeglasses.
6. Loosen ties or anything around the neck that may make it hard to breathe.
7. Time the seizure.
8. Call 911 if:
    1. The seizure lasts longer than 5 minutes
    2. A caregiver mentions the individual has no history of seizures
    3. The patient has a health condition such as diabetes or heart disease or is pregnant.

HIV/AIDS/Bloodborne Pathogens

All student clinicians are required to complete a course on HIV and Bloodborne Pathogens prior to the beginning of clinic in the first semester of the program of study. Students are responsible for any costs associated with these certifications (**http://consultantsforthefuture.com/**).

Our clinic has a non-discriminatory policy. As a result, students may be assigned a client/patient with HIV/AIDS/BLOODBORNE ILLNESS. Unless the client/patient discloses this information during the interview or on the case history form, the clinic faculty may not know the client/patient has HIV/AIDS. Please read the Bloodborne pathogens information from OSHA provided at this link:
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Universal precautions: Maintain universal precautions for all client/patient contact. This includes handwashing, use of Personal Protection Equipment (PPE), Cleaning of contaminated surfaces (see below), and Safe handling/disposal of contaminated material.
https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html

Bio-hazardous Waste Management

POLICY: To provide guidelines for management of bio-hazardous wastes to control exposure to staff, patients, and the public to disease causing agents.

PROCEDURE: The USF Speech-Language Hearing Clinic facilities (Speech-Language Clinic, the Hearing Clinic, and the Bolesta Center) will rarely contain bio-hazardous waste. When a bio-hazardous waste incident occurs, the waste will be packaged, labeled and stored to meet Florida requirements.

In this document, provider refers to Speech-Language Pathologists or Audiologists.

The State of Florida specifically defines biomedical waste in the <u>Florida Administrative Code</u>. It is: *Any solid or liquid waste which may present a threat of infection to humans, including non-liquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. The following are also included: (a) Used, absorbent materials saturated with blood, blood products, body fluids, or excretions or secretions contaminated with visible blood; and absorbent materials saturated with blood or blood products that have dried. (b) Non-absorbent, disposable devices that have been contaminated with blood, body fluids or, secretions or excretions visibly contaminated with blood, but have not been treated by an approved method.*

*Body fluids include: Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids. In instances where identification of the fluid cannot be made, it shall be considered to be a regulated body fluid. **Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be considered biomedical waste unless visibly contaminated with blood**.*

Bio-hazardous waste will be identified by the healthcare provider and segregated from other solid waste at the time it is identified as such. Any bio-hazardous wasted mixed with hazardous waste will be managed as bio-hazardous waste.

The following guidelines will be followed by providers:
1. Identify bio-hazardous waste for separation from non-bio-hazardous waste in the area where the objects became contaminated with items identified as biomedical waste in the <u>Florida Administrative Code</u> . All clinical rooms will hold impermeable red polyethylene or polypropylene plastic bags for quick access during emergencies.
2. Contain bio-hazardous waste (so that no discharge or release of any waste occurs).
3. Package bio-hazardous waste, except sharps, in impermeable red polyethylene or polypropylene plastic bags; close all filled bags by tying them in a tight knot and placing in the large, red storage containers constructed of smooth, easily cleanable, impermeable materials.
4. Packages of bio-hazardous waste must be handled in a manner to maintain their integrity and the handler must wear gloves.

5. All on site storage of bio-hazardous waste will be in a designated area away from general traffic flow patterns and accessible only to authorized personnel. The doors of the identified rooms are labeled as a room containing bio-hazardous waste.
    a. USF Speech and Language Clinic:
        i. Designated (red can) bio-hazardous waste receptacle will be housed in PCD 2009.
        ii. All clinical rooms will hold impermeable red polyethylene or polypropylene plastic bags for quick access during biohazard waste emergencies.
        iii. Upon opening and/or closing of clinical rooms, CSA will check bio-hazardous waste receptacle daily and notify the Clinic Director if there are items in the container.
6. Bio-hazardous waste may not be stored longer than 30 days.
    a. The 30-day time period will commence: When the first item of bio-hazardous waste is placed into a red bag.
        i. When an item is placed in the box, the provider will write the date on the attached log.
        ii. When the provider places waste in the container, they must notify the Clinic Director.
7. All bio-hazardous waste generated at the Clinic will transfer off site for treatment and disposal by the USF Environmental Health and Safety department.

CSD contact for Bio-hazardous waste disposal:
Kristina A. Kelley, MA, CCC-SLP, Speech Clinic Director, kristiannkelley@usf.edu
BCS contact for Bio-hazardous waste disposal: Stefan Phekoo sphekoo@usf.edu

USF Environmental Health and Safety contact for Bio-hazardous waste disposal:
Tom Bradley, Associate Director of Environment Health and Safety, Facilities Management tbradley5@usf.edu

Robert (Rob) Risavy, *EH&S Specialist-Hazardous Waste,* Facilities Management, rrisavy@usf.edu

Infection Control Procedures

Individuals who work in a healthcare setting can help prevent the spread of infectious diseases. These preventive measures are part of infection control. In addition to washing hands and cleaning surfaces and materials used in clinic sessions, the following are the policy and procedure for when a clinician is out of the clinic due to illness.

Policy: ALL clinicians (SLP staff, Clinical Instructors, and students working in clinic during current semester) must provide date(s) of absence and a description of any symptoms associated with any illness that required absence from the clinic.

Procedure: ALL clinicians (SLP staff, Clinical Instructors, and students working in clinic during current semester) should complete the Infection Control form after having been out sick for any length of time (e.g., multiple days). Please ask the front desk CSA or Clinic Director for a blank Infection Control form. The completed form should be returned to the Clinic Director to track

trends. Additionally, students may be asked for medical clearance prior to returning to clinic care following illness.

Reason: To avoid spread of infection among clients, students, and providers, this information will provide evidence to identify a trend of infection and if the clinic needs a deep cleaning.

Infection control training will be provided in the first semester students are enrolled in the program. This section is intended to acquaint students with the general precautions needed in treatment.

HAND HYGIENE and CONTACT:
Clinicians should wash their hands thoroughly before and after each client/patient, after removing gloves, after going to the restroom, after applying cosmetics and after cleaning. Hand sanitizer is also available on the clinic floor (located at the entrance by both doors of the clinic floor). Clinicians must ALWAYS wear gloves when exposed to bodily fluids and disinfecting work areas. Clinicians will not handle contact lenses or cosmetics in treatment areas. Clinicians may have water in treatment rooms to model adequate hydration for clients. Clinicians **may not eat** in treatment rooms. In the case of food and beverages in use during treatment, all clinicians and clients handling refreshments must wear gloves.

SURFACE DISINFECTING:
Surfaces such as table tops, mirrors, chairs, doorknobs, etc. should be cleaned and disinfected using Cavicide. Disinfectant materials are stored in each room. Clinicians must wear gloves when using disinfectant.

When the surface is soiled, this is a two-step process: Cleaning AND disinfecting. Otherwise, simply follow step 2 disinfecting guidelines:

1) Cleaning soiled surface (Spray Cavicide **wait 30 seconds** and wipe with paper towel)
2) Disinfecting all hard surfaces (spray Cavicide **wait 3 minutes** then wipe clean with a paper towel).

These products may be harmful if they come in contact with skin or eyes (Addendum C); WEAR GLOVES WHEN USING THIS PRODUCT. **DO NOT EXPOSE CLIENT/PATIENTS TO THESE PRODUCTS**.

For toys: if soiled, clean then disinfect (as described in below link); if not soiled, simply disinfect (3 minutes) then rinse toys with potable water and air dry.

https://www.oaktreeproducts.com/img/product/description/C-24 label.pdf

https://www.metrex.com/sites/default/files/content/education-file/education-file-upload/guide-to-surface-disinfection-with-cavicide-77-1004.pdf

End of Semester Cleaning Assignments

Your Clinical Instructor and/or the Clinic Director will provide you with a clinic cleaning assignment at the end of each semester. The cleaning assignment must be completed before you check out of clinic. Within your assigned space, please clean walls, carpet, and hard surfaces in therapy and observation rooms. Please clean and organize all therapy materials and toys (dispose of broken toys or toys missing pieces) stored in the Student Workroom (PCD 2031). For clinical rotations (Clinic II, III, or Advanced Practicum) with an instructor in our CSD clinic, please follow the instructions below.

1. By the end of the designated week, you will receive a cleaning assignment either from your Clinical Instructor or the Clinic Director.
2. Please check with the CSA for cleaning materials (Mr. Clean wall erasers, vacuum, Cavicide, and Lysol wipes).
3. *In therapy rooms:* please use a Mr. Clean wall eraser that is slightly damp to remove scuff marks from the walls, vacuum carpeted floors, wipe down counters with gloves and Cavicide, and wipe down tabletops with gloves and Cavicide. Please clean out materials and organize cleaning supplies in the cabinets in the treatment rooms.
4. *In the observation rooms:* please use a Mr. Clean wall eraser that is slightly damp to remove scuff marks from the walls, vacuum carpeted floors, and remove dust from the magazine wall files.
5. Cleaning should be completed before your clinic check out for the semester. When you have completed your assignments, please notify your Clinical Instructor who will check for completeness.

Cleaning Logs and Tracking

Each treatment room is equipped with a cleaning log posted on the wall by the door. After a room has been used for a clinical session and it has been properly cleaned and disinfected, the clinicians who cleaned the room should write the time and their initials in the calendar square of the date of cleaning. Upon completion of each month, the GA will remove the calendars and replace them with new calendars. The GA and/or Clinic Director will review the completed cleaning logs to determine if rooms are cleaned regularly after each session. Random walk-throughs will occur throughout the academic year.

Maintenance Logs

At the bottom of each Cleaning Log, there is space to document maintenance needs for that particular therapy room. Additionally, students can request a blank maintenance request form from the CSA.

Patient Satisfaction Surveys

Patients might be asked to complete a satisfaction survey to rate their experiences receiving services in the USF Speech Language Hearing Clinics. This is designed as a method of collecting information for the purposes of Quality Improvement. The information is kept confidential and will be used to improve policies, procedures, and processes.

Patient Complaints

If you are aware that a patient is upset or displeased with something related to services or facilities, please relay this information to your Clinical Instructor or the Clinic Director.

Fire and Emergency Evacuation Process

Location of Fire Alarm Pull Station: First floor by the main entrance
Location of Fire Extinguishers: Each floor in the central hallway

In the event of fire or emergency, warning indicators (strobe lights, siren, and voiced instructions) will engage. First **R.A.C.E.** (Rescue, Alarm, Contain, Evacuate). If see active fire, use fire extinguisher: **P.A.S.S.** (Pull the pin, Aim, Squeeze, Sweep side to side). Faculty and staff should first ensure patients are out of the way, then secure the clinical areas and building by giving directions to students and client/patients, pulling the fire alarm pull-station, calling 911, and making sure that all interior doors are closed, and assuring that everyone evacuates the building. Clinicians should remain with their client/patient and assist them throughout the evacuation. Walk calmly and in an orderly fashion.

Evacuation of the third and fourth floors will be completed using the stair well at the rear of the building. After exiting the building, proceed to an area a safe distance from the building.

Those on the first floor should use the main entrance to leave the building and should proceed to an area a safe distance from the building.

Clinicians, clients/patients, and individuals in the waiting area on the second-floor who are able to walk safely using stairs should exit using the stairs to the playground. Proceed from the playground to an area a safe distance away from the building. When the stair well at the rear of the building is cleared, clinicians and Clinical Instructors on the second floor should take client/patients who are not ambulatory (wheelchairs, walkers, etc.) to the second-floor landing in the stair well. Do not attempt to take clients/patients in wheelchairs down the stairs in the wheelchair. The stairwell has a two-hour fire wall. Remain with the client/patient until the fire/rescue team arrives. Notify evacuation drill volunteers or emergency responders of persons sheltering in the areas of rescue/ refuge.

Do not use the elevator. Do not re-enter the building until fire/rescue signals all clear and that it is safe to return to the building. Never assume that an alarm is a "false alarm."

AED (Automatic External Defibrillator)
AED Location: First floor at main entrance

CARDIAC ARREST/AED STEPS
1. Turn on the AED
2. Wipe the chest dry
3. Attach pads to bare chest
4. Plug in the connector, if necessary
5. Make sure no one, including you, is touching the person. Tell everyone to "STAND CLEAR!"
6. Push the analyze button if necessary, let the AED analyze heart rhythm.

http://www.redcross.org/flash/brr/English-html/AED.asp

Addendum A. Graduate Student Screening form

Dear Graduate Student,

Today you participated in hearing screening as a new student enrolled in the USF CSD SLP Master of Science program. We appreciate your participation in the screening and your commitment to providing best practices to the clients/patients whom you will serve throughout your career.

During the screening you were asked to perform several tasks that serve as a baseline to assist with determining your readiness for clinical practice in the USF CSD Speech-Language clinic and in external placements. This screening reflects various requirements from standard V-B of the SLP Certification Standards through ASHA.

Our findings and recommendations are as follows:

Hearing Screening: _____Pass   _____Refer
[Sometimes conducted by Audiology on a different date]

A clinical instructor from our program will contact you to discuss these results and assist you with a plan to explore options for improving in the identified areas. If you have additional concerns, please contact the Clinic Director. Please upload a copy of this completed form to your Clinical Portfolio on Box.

Student Name: _____   Date: _____

Further Information:

1. All students will receive a Pass/Fail rating for hearing. Documentation of the screening results will be stored in the student's file.
2. Students who fail the hearing screening, a formal audiological evaluation will need to be scheduled. This will be conducted in our Audiology Clinic. Scheduling will be coordinated between the Directors of the SLP and Audiology clinics.
3. Following the evaluation, it is expected the student will follow through with all recommendations for treatment and/or referral for further testing. Documentation of the same will be required and maintained in the student's file. **Failure to comply by the first semester will result in the student being placed on a remediation plan. As a result, students are not allowed to move forward with the clinical practicum rotations. Please refer to the handbook regarding remediation guidelines.**

A clinical instructor from our program will contact you to further discuss these results and assist you with a plan to explore options for improving in the identified areas. Please contact the Clinic Director with concerns or questions. Please retain a copy of this form for your records.

Student Name: _____   Date: _____

Addendum B. Graduate Student Professionalism Contract

USF CSD Speech-Language Pathology Graduate Student Clinician

PROFESSIONALISM CONTRACT

Speech-Language Pathology is a professional, clinical discipline. Professions require certain behaviors of their practitioners. Professional behaviors (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession and with relations with other professions. Included among professional task are education and training.

As previously stated, the ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. USF Speech-Language Hearing Clinic upholds all staff, clinicians and students to a high standard of professionalism. USF SPHC strives at all times for faculty, staff and clinicians to practice at the top of their license.

The following conveys expectations for the professional behavior of those who seek to join this profession.

1. Be consistent
2. Be prepared
3. Be punctual
4. Be respectful to students, instructors, staff, clients and other professionals
5. Embrace teamwork
6. Use of effective interpersonal skills
7. Respect the contribution of professionalism to client care
8. Exercise the definition of professionalism
9. Be positively responsive to feedback
10. Promote trust
11. Be a positive role model
12. Maintain a professional appearance
13. Be accountable
14. Be honest
15. Be open-minded and flexible
16. Seek assistance when needed for support of learning and education
17. Be empathetic towards others
18. Be culturally sensitive

19. Follow HIPPA regulations consistently

20. Use evidence-based practice as a foundation of treatment and delivery of care

21. Strive for your best, but recognize USF is a learning opportunity to grow, invest and achieve the qualities needed for success into the professional field of CSD

22. You strive to work effectively with others for the benefit of the person served. This means you pursue professional duties, tasks, and problem solving in ways that make it easier (not harder) for others to accomplish their work.

23. You properly credit others for their work (i.e., write name of peers working on project with you, APA citations, etc.).

24. You sign your work.

25. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

26. You do not accept professional duties or tasks for which you are personally or professionally unprepared.

27. You do what you say you will do, by the time you said you would do it, and to the degree of quality you said you would do it. Thus, you meet deadlines with high quality products.

28. You take active responsibility for expanding the limits of your own knowledge, understanding, and skill.

29. You vigorously seek and tell the truth, including those truths that may be less than flattering to you.

30. You accept direction (including correction) from those who are more knowledgeable or more experienced. You provide direction (including correction) to those who are less knowledgeable or less experienced.

31. You value the resources required to perform duties, tasks, and problem solving, including your time and that of others.

32. You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.

33. You accept the fact that others may establish objectives for you. Although you may not always agree with those goals or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.

34. When you attempt a task for the second time, you seek to do it better than you did the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgements of best practices.

35. You accept the imperfections of the world in ways that do not compromise the interests of those you serve.

36. You base your opinions, actions, and relations with others on sound empirical evidence and on examined personal values consistent with the above.

37. You expect all of the above from other professions.

The above description was adapted from Chial, Michael (1998). *Audiology Today*, 10, page 25.

I have read the information listed above and have been advised regarding expectations, policies, and procedures regarding upholding professionalism with the foundational guidance of the ASHA Code of Ethics in the clinical and academic setting. By signing below, I agree to adhere to these standards and realize that violating any of these standards could lead to being dismissed from a clinical placement and impact my academic standings in the Masters Speech-Language Pathology clinical program.

_____

Printed Name

_____   _____

Signature   Date

Addendum C. Additional documents for review

The following documents are required material for graduate student clinicians to review, learn know, and follow:

- HIPAA, bloodborne pathogens training modules provided by USF Health

- Telepractice guidelines

- ASHA Code of Ethics

- Florida Department of Health (FLDOH) Board of Speech-Language Pathology licensing (or student's intended state of residency and practice post graduation)

- ASHA guidelines for Supervision

- ASHA CF guidelines

- Steps to adhere to related to illness and/or COVID exposure or illness

CaviCide®

FIRST AID MEASURES

Inhalation: Move to fresh air if effects occur and seek medical attention if effects persist.

Skin Contact: Remove contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for further treatment advice.

Eye Contact: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing. Call a poison control center or doctor for treatment advice.

Ingestion: If swallowed, get medical advice by calling a Poison Control Center or hospital emergency room. If advice is not available, take victim and product container to the nearest emergency treatment center or hospital. Do not attempt to give anything by mouth to an unconscious person.

Metrex

CaviCide®
Date Prepared: 7/9/2012

MATERIAL SAFETY DATA SHEET
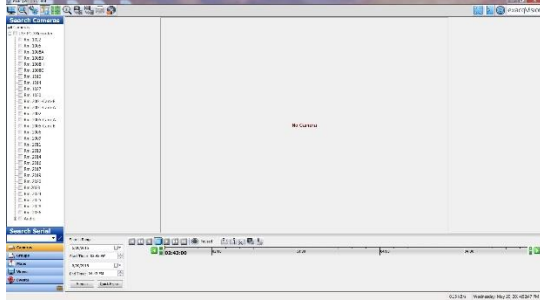
1. Product And Company Identification

Product Name: CaviCide®

Manufacturer: METREX® RESEARCH
28210 Wick Rd
Romulus, MI 48174
U.S.A.

Addendum E: Viewing Recordings on ExacQVision

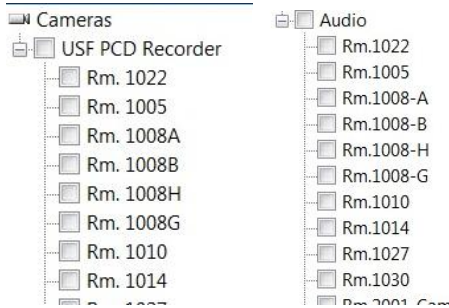**To view a recorded session**

Log in to the computer using your NetID

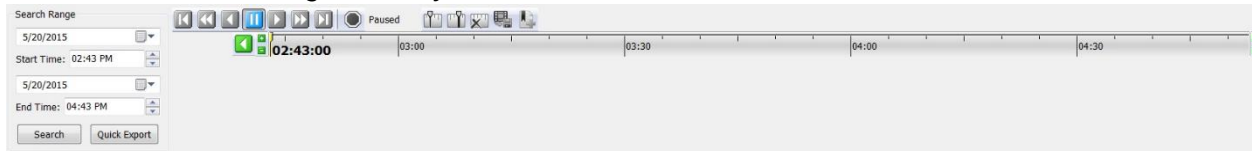*Open the ExacqVision Program and the following page will open*

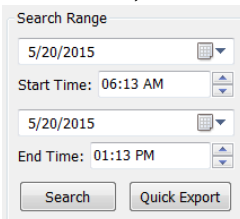*Click on **Search Page*** *(On the top menu bar)*

Check (on the left side) the room to which you want to watch and listen. You must click both video and audio.
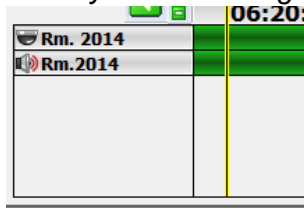

On the bottom of the big screen, you will see these controls.

Type the date, start time, and end time of the video you would like to watch.

Click on play and you can watch the recording. The camera and speaker indicates the room to which you are viewing and listening.

Addendum F. Client Attendance Policy

<u>USF SLHC Patient and Caregiver Policies</u>

Client Name: _____ DOB: _____

Parking:
1. Your parking permit should be visible and you should only park in the designated areas.

Caregivers/Parents/Guardians present during sessions:
2. Per USF (legal counsel) policies, for parents/guardians of minors, parents/guardians must be on-site while the patient is in our facilities.
3. For caregivers of those with no ability to communicate immediate wants and needs, caregivers must be on-site while the patient is in our facilities.

Tardiness, Attendance and Sick Policy:
4. Attendance at your sessions is important and most Medicare, Medicaid and private insurance plans are careful to monitor attendance. As a training facility, our students depend on your attendance to complete the hours required as part of their practicum. We ask you to:
    a. Notify us at your earliest convenience, but at minimum, two hours in advance if you are going to be absent. Please call the clinic at (813) 974-9844.
    b. Be on time for your session, but please notify us if you are going to be late for your session. We cannot extend the sessions if you are late. If you arrive 15 minutes or more after your scheduled appointment time and you have not called to provide advance notice of lateness, the session may be cancelled and/or rescheduled.
5. If the client receiving therapy has had a fever, vomiting, diarrhea, a positive flu test, pink eye, or another contagious illness in the last 24 hours, please notify us and do not attend therapy.
6. Unscheduled absences of more than one per month or four per semester may result in a reduction of scheduled appointments or discharge from therapy.
7. Please coordinate make up sessions with your clinician. If you inform him/her ahead of time, he/she may be able to reschedule the session within the same week.
8. If services are discontinued without a reasonable excuse or notice, it will be at our discretion whether to place you on the waiting list. Please keep in mind that therapy recommendations are based on client needs and poor attendance impacts performance.

Observations and personal video recording and photography Policy:
9. As a teaching facility, we allow for observation of the sessions from our Speech Clinic observation rooms. Parents/caregivers, students, and on occasion, supervisors utilize the Speech Clinic observation rooms. Please remember that we cannot accommodate more than 2 observers per session. If you are watching from an observation room, please be quiet, do not eat, and do not speak on your cell phone. Noise may disrupt the treatment session. Please do not move furniture from the rooms. Please do not turn the lights on in the observation room because it can be disruptive to the patient and could lead to visibility from the therapy room into the observation room.
10. Video recording or photography of the sessions using personal devices is not allowed without written consent from the Supervisor and Graduate student clinician(s). If other clients are present in the session, recording of the session is never allowed.

Speech therapy sessions:
11. Within the time allotted for your session, we include the following: warm up/rapport building, therapy, and brief consultation with parents and/or caregivers. We cannot extend our sessions for consultations without prior notice. If you need to talk for an extended amount of time to your

clinician or supervisor, please notify us before the session begins so we can adjust the session accordingly.

Billing and Insurance:

12. Within the list of USF-Health accepted insurances, USF SLHC has the ability to bill insurance for certain Audiology and Speech-Language sessions. Our providers might be in-network or out-of-network providers within the list of accepted insurances. Insurance copayments, fees for all evaluations and treatments for insurance plans not accepted, and/or fees for services provided to individuals without insurance are due and payable at the time services are rendered. The Client Services Associate will identify if your insurance is accepted by USF-Health, provide copayment amounts, and/or provide a price for the service scheduled.

I have read the above information and agree to the USF-SLHC policies. .

_____   _____
Printed Name   Signature

_____Relation to the client

_____
Date

Addendum G. Student Policy Acknowledgement and Agreement

UNIVERSITY OF SOUTH FLORIDA

DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS
Speech-Language Pathology Graduate Program

Graduate Student Clinician Agreement to follow and abide by:

- **ASHA Code of Ethics**

- **USF Speech-Language Clinic Policies and Procedures/Clinic Handbook**

- **USF Speech-Language Pathology Graduate Program Academic Handbook**

- **HIPAA guidelines**

I have read and agree to abide by the codes, policies and procedures of the Communication Sciences & Disorders Academic and Clinical Handbooks, and ASHA (2023) Code of Ethics.

I agree to follow the guidelines set by USF, USF Health and the United States Department of Health and Human Services' Office for Civil Rights (OCR) for compliance with Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).

I am aware that failure to comply with these regulations and procedures may result in my dismissal from the program and/or legal liability.

_____   _____
Printed Name   Signature

_____
Date