

PREFACE

On behalf of The Ohio State University Speech-Language-Hearing Clinic, the clinical supervisors and clinic staff welcome you as you begin your clinical education at The Ohio State University. As you begin your professional preparation in the field of Audiology, we look forward to facilitating your clinical education experiences. We hope to give you many “tools” that will empower you in this process. This handbook is the first of many resources. It is designed to assist you with information related to the clinical aspects of our graduate programs (e.g., Speech and Hearing Science Clinical Seminars and Practicum in Audiology, 7143/7243/7343/7891, 6843, and 8943) and in your pursuit of meeting standards for state licensure and/or national certifications. The information is intended to outline expectations during Clinical Seminars in Hearing 7143/7243/7343/7891 and 6843 enrollment as well as the policies, procedures, and clinical operations of the Ohio State University Speech-Language-Hearing Clinic. Another specific resource for Clinical Seminars in Hearing 7143/7243/7343/7891 and 6843 courses is the Carmen website.

It is your responsibility to closely review this information and use it to guide your clinical experiences. Doing so will facilitate an excellent experience for clients/patients, will allow for appropriate clinical operations, will provide good transition from one clinician to another, and promote a successful learning experience.

The Ohio State University Speech-Language-Hearing Clinic provides graduate clinicians the opportunity to obtain clinical experience in a business-oriented environment. This clinical environment allows for professional preparation not only in clinical service provision, but also in related aspects of audiology, including managed care, marketing, and quality management. With these learning opportunities come responsibilities and expectations similar to those that are encountered in other professional work settings. Providing supervised services to clients/patients and their families in this clinic is a privilege afforded to graduate clinicians, and you are expected to operate in a professional manner at all times. Consequences for violations of clinic policy are enforced uniformly for all clinical personnel and are similar to those that would be encountered in other work settings.

After reviewing this handbook, if you are uncertain about a procedure/policy or if you have a specific concern, you should ask/inform someone who has the ability to address these issues--your clinical preceptor, clinical advisor, or clinical director. The most successful interactions come from being well-informed and maintaining ongoing communication with the clinical staff.

Your clinical preceptors are more than willing to discuss your individual clinical cases with you. Go to them, but be willing to start the discussion with the information that this handbook provides along with other constructive information that you have gathered from your academic courses and previous clinical experiences.

We wish you the best of success in your educational endeavors.

Gail M. Whitelaw, PhD
Clinic Director

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The guidelines, policies, and procedures in this handbook apply to all clinical settings for the duration of your time in the program. Throughout your clinical experiences, you are under the auspices of The Ohio State University Department of Speech and Hearing Science and The Ohio State University Speech-Language-Hearing Clinic (OSU SLHC). You are expected to adhere to all policies and procedures outlined in this handbook, those provided to you in SHS 6843; 8943 (Audiology Practicum and Clinic Seminars) and/or those posted on Carmen/Canvas.

Requirements and Policies for SHS Clinical Seminars and Practicum Experiences in Audiology

1: Clinical Registration

1.1 – Prerequisites

- A. All students intending to enroll in SHS 6843 (Practicum in Audiology) must have successfully completed the applicable SHS Clinical Seminars in Speech & Language and/or Hearing Disorders.
- B. All Audiology students must take all of the SHS Clinical Seminars in Hearing Disorders courses in the sequence offered.
- C. Students wishing to enroll in an opposite area course must obtain the permission of the instructor.

1.2 – Credit Hours

- A. All students enrolled in SHS 6843 or 8943 must enroll in the prescribed number of credit hours, unless otherwise advised.
 - a. Students are responsible for consulting the curriculum information provided in Graduate Handbook 2018-2019 V.1 and registering for the correct courses each semester.
- B. Actual assigned caseload may vary from semester to semester. Each student is to indicate caseload request on the CF-02a for audiology hours.

1.3 – CF-02a: Student Schedule

- A. All students enrolled in SHS Clinical Seminars and Practicum Experiences in Audiology/Hearing Disorders and expecting to enroll in clinical practicum are to submit CF-02a (Audiology Request) indicating their class and/or work schedules and practicum requests respectively.
- B. Appropriate form(s) should be submitted to Christy Goodman, AuD by the date provided in the clinic calendar.

1.4 – Other Clinical Experience

- A. For Audiology students in their first 3 years, clinical experience obtained through courses other than SHS 6843, as a stipend requirement, or as part of an employment contract will not generally be counted toward the total required clinical hours. The exception to this rule will be in the case of a stipend recipient who is enrolled in 6843, and the Clinic Committee deems the assignment acceptable. Only those hours consistent with credit obtained through that 6843 assignment will be counted. A student receiving a stipend from a practicum site and desiring to accrue clinical hours while working at the site is required to be enrolled in 6843.

- B. Potential practicum sites are vetted by the OSU SLHC Audiology Coordinator using the Audiology Clinical Training Site Questionnaire and the Preceptor Date Form (see Appendix). They are stored in the Coordinator's office in individual clinical placement site folders. The Preceptor Data Forms are used to ensure each preceptor holds a valid Ohio audiology license and to confirm their level of experience in the field. The Audiology Clinical Training Site Questionnaire is used to determine the types of diagnostic procedures, treatment procedures, and the possible populations seen at a clinical site. An Affiliation Agreement is signed by the OSU SLHS Director and the director of the clinical facility to designate responsibilities of the university and the outside clinical facility. The Coordinator reviews the students CF06 (form name) at the end of the semester to ensure the experience documented met expectations. Each student completes a Preceptor Evaluation Form evaluating the individual preceptor and sharing positives and negatives of the clinical placement. The Coordinator reviews the Preceptor Evaluation Forms at the end of each semester to determine if that site will continue to be used as an outside clinical rotation.

- C. For 4th year students in Audiology, the preceptorship/externship may be a paid experience. However, this is arranged in conjunction with the 4th year placement made by the Clinic Director, who is the 4th year placement coordinator, and initially NOT directly negotiated by the student. The student may be asked to sign an employment agreement with the site as the placement is negotiated. Stipend/payment arrangements will be made in conjunction with the University, the student, and the 4th year site(s). All students in a 4th year placement must enroll in 3-credits of SHS 8943 each term.

1.5 – Technology Skills

- A. All students who are enrolled or plan to enroll in SHS Clinical Seminars and Practicum in Audiology need to have strong computer skills. The OSU SLHC computers are PC with Microsoft products; therefore, documents submitted electronically to supervisors are expected to be produced using Microsoft applications.

- B. Each student is expected to use computers exclusively in the clinical setting for report writing, diagnostic, and treatment purposes.

- C. It is the student's responsibility to acquire appropriate technology skills prior to enrollment in SHS Clinical Seminars and Practicum Experiences in Audiology/Hearing Disorders.

1.6 – Clinical Seminars and Practicum in Audiology: 7143/7243/7343/7891, 6843, Eligibility

- A. Only students with "regular" graduate student status in the Speech and Hearing Science program

and who have completed the Department's undergraduate courses or their equivalents are permitted to enroll in the SHS Clinical Seminars and Practicum in Audiology series. Students who have been admitted on a “conditional” basis or graduate non-degree students are not eligible to enroll in SHS Clinical Seminars and Practicum in Audiology. Furthermore, enrollment is restricted to those degree program students with a cumulative GPA of 3.0 or above.

- B. If a student receives a “U” (Unsatisfactory) in a SHS Clinical Seminars and Practicum in Audiology course, the student will be prohibited from enrolling in SHS Clinical Seminars and Practicum in Audiology the following semester. Competency may be demonstrated by repeating the SHS Clinical Seminars and Practicum in Audiology course or by completing a corrective plan of action deemed appropriate by the SHS Clinical Seminars and Practicum in Audiology instructor(s) and the student’s Academic Advisor.
- C. Required graduate courses (i.e., courses directly related to an assigned clinical rotation) must be completed in a satisfactory manner. If a graduate student receives a grade of “C+” or poorer in a required graduate course, the student must retake the course the next time it is offered. Additionally, if the course is directly related to a clinical area (e.g., hearing aids, neurogenic disorders, etc.), the student will be prohibited from participation in a clinical rotation in that area until the deficiency has been corrected. When the CF-02 and/or CF-02a are submitted, a student should not indicate that they have completed the course until the grade of “B-“ or better is achieved in that course. In addition, should a student earn a grade of C+ or poorer in a designated prerequisite course for a specific disordered population, the student is to complete the form “Status of Course/Knowledge Competencies” (See Appendix A). A copy of this form is to be submitted to the student’s academic advisor, clinical advisor, and AuD placement coordinator within 3 days of the grade’s posting and before the first day of classes for the semester immediately subsequent to the semester in which the student was enrolled in the failed course. Unsatisfactory performance (e.g., a grade of C+ or lower) in two or more required courses will result in prohibition from enrollment in all clinical practicum courses. The student may re-enroll in clinic (SHS Clinical Seminars and Practicum in Audiology) after retaking the required courses and achieving a grade of B- or better, such that no more than one unsatisfactory grade remains. The student must continue to show progress by retaking and satisfactorily passing all required courses for which a grade of C+ or less was received.
- D. If a student receives a “U” in SHS Clinical Seminars and Practicum in Audiology for two semesters, the student will be denied further enrollment in the AuD program.
- E. Once accepted into the program, students are required to meet and maintain technical standards noted in the Department Technical Standards Document - <https://sphs.osu.edu/sites/sphs.osu.edu/files/OSU%20Technical%20Standards%202015.pdf>. The student must sign that the technical standard can be achieved with or without accommodations. The student is responsible for making need for accommodation known to the Office of Disability Services at The Ohio State University. Additional information will be provided at Department orientation and in clinical practicum course.
- F. If any accommodations are needed, the student must establish the need with The Ohio State University Office of Disability Services and develop a plan. Accommodation requests must be documents on the Accommodate Request form (found on Carmen/Canvas) and shared with each preceptor, each semester.

1.7 – Clinical Observation Hours

- A. All students must have completed at least 25 hours of clinical observation prior to enrolling in the first semester of SHS Clinical Seminars and Practicum in Audiology.
- B. Appropriate documentation of the observation hours must be filed in the student’s clinical folder prior to enrollment. Twenty-five hours of clinical observation must be completed before accruing client contact hours. Necessary coursework must be documented on CF-02 and CF- 02a clinic request forms.

1.8 – Spoken and Written English Skills and Speech-Language Skills

- A. Students enrolling in SHS Clinical Seminars and Practicum in Audiology must demonstrate adequate spoken and written American English skills and speech/language skills. If a student needs assistance with spoken and written American English and speech/language skills, this should be discussed with the Clinical and Academic Advisors.
- B. All students are expected to use speech/language skills that reflect professionalism, which includes minimizing dialectal differences and avoiding the use of slang in the clinical relationship.
- C. Speech/language skills of all clinicians enrolled in SHS Clinical Seminars and Practicum in Audiology should reflect the nature of the professional clinical relationships.
- D. Students that are non-native speakers of English are required to receive a 550(PBT)/79-80(iBT) along with a speaking subtest score of >28 on the TOEFL test or its equivalents (IELTS of >70, or etc.), and obtain minimum criteria of 4 on the Oral Proficiency Assessment offered through the English as a Second Language (ESL) Department at Ohio State.
- E. Tutoring through the ESL department is available for students with marked pronunciation difficulties.

1.9 – Practicum Clock Hours and Certification

- A. Students pursuing certification and/or state licensure shall not accumulate practicum hours for services rendered in a facility (or school district) that employs them to deliver professional services.
- B. This does not include students who are receiving traineeships, scholarships, stipends or 4th year audiology students employed in an approved externship/preceptorship. If, however, salary by an employer is suspended for a period of time or if unreimbursed time is used, clinical hours may be counted, providing:
 - a. The clinical site is approved by the Clinic Committee
 - b. The student is enrolled in SHS Clinical Seminars and Practicum in Audiology
 - c. Written evidence of the financial agreement is provided by the employer
 - d. The type of acceptable placement is prescribed by the designated clinical coordinator
 - e. The on-site preceptor is approved

1.10 – Students enrolling in SHS Clinical Seminars and Practicum in Audiology are required to read, understand, and follow:

- A. American Speech Language Hearing Association’s (ASHA) Code of Ethics: <http://www.asha.org/Code-of-Ethics/>
- B. American Academy of Audiology Code of Ethics: <http://www.audiology.org/publications-resources/document-library/code-ethics>
- C. Ohio Law and Administrative Rules Governing the Practice of Speech-Language Pathology and Audiology: <http://slpaud.ohio.gov/lawsandrules.stm>
- D. Professional Liability and General Liability Insurance
 - a. As of April 2009, the University provides significant and appropriate coverage for ALL students enrolled in our programs for both professional liability and general liability insurances.
 - b. For detailed information on Aon Risk Services Northeast, Inc., consult the University’s Certificates of Insurance website at: <http://busfin.osu.edu/riskmgmt/inscert.aspx>
 - c. Students are not required to purchase individual professional liability insurance policies since the University plan is provided, however may purchase additional personal coverage as an option through the Ohio Academy of Audiology, AAA, or ASHA.
 - d. However, a site may require a student to provide additional professional liability insurance at their own expense.

1.11 – Health Insurance

- A. Students enrolled in SHS Clinical Seminars and Practicum in Audiology must have health insurance coverage.
- B. Documentation of this coverage is required by many outside practicum sites and must be provided by the student prior to beginning placement at these sites.

1.12 – Health Status

- A. Students enrolled in SHS Clinical Seminars and Practicum in Audiology must provide documentation of their health status and keep it updated on an annual basis while enrolled in the professional program.
- B. As healthcare or educational professions, specific public health requirements (e.g. vaccinations, TB tests, chest x-rays, etc.) may be required to comply with requirements of the profession and/or specific site.
- C. All immunizations that are required by state law and/or also recommended by the Centers for Disease Control and Prevention (CDC) must be up-to-date when entering the SHS program.
- D. If immunizations, TB tests, and physicals are not up-to-date, placement at specific sites may not be

possible, per requirements of those sites. This may impact timely progression through the program, prevention from participating in specific clinical experiences, and/or ultimately preventing completing the professional program.

- E. Requirements and documentation include immunizations (Hepatitis B, measles, mumps, rubella, tetanus, and diphtheria) and annual Mantoux TB test.
- F. In addition, some external sites require a current physical examination (within the past 12 months) that states the individual is “in good health and is free from communicable diseases.”
- G. Immunizations can be updated by a personal physician or clinic, local Department of Health, or at Student Health Services at The Ohio State University.
- H. Some sites require seasonal flu shots and/or screening for drug use.
- I. Regardless of where immunizations are obtained, documentation of immunizations will be filed in the graduate student’s clinical folder at the OSU SLHC.
- J. In addition, requirements for documenting immunity, such as the Hepatitis B vaccination, should be discussed with the student’s health care provider and follow-up as suggested by the provider should be pursued by the student. This may include documentation of immunity that may be used at a later time for employment related health requirements.

1.13 – Contagious Disease

- A. Students must report known exposure to contagious diseases within the 6 months prior to and during assigned practicum to their immediate clinic supervisor(s)/preceptors.
- B. Students should not plan on participating in clinic if they have a contagious/communicable disease. They should contact their preceptor to make them aware of the illness and anticipated absence from the clinical placement.

1.14 – CPR

- A. Students enrolled in SHS Clinical Seminars and Practicum in Audiology are required to provide documentation of current certification in basic cardiopulmonary resuscitation (CPR).
- B. CPR certification can be obtained outside of Ohio State University; however, opportunities for CPR certification will be made available to students during their graduate curriculum at Ohio State.

1.15 – Universal Precautions

- A. Students enrolling in SHS Clinical Seminars and Practicum in Audiology are expected to be familiar with and practice universal precautions.
- B. Students should also determine specific precautions and regulations for each affiliated site they are

assigned to. Information about universal precautions is available in the Clinical Seminars in Audiology 7143/7243/7343/7891 series, in the Health Requirements Handbook, by discussion with preceptors at assigned sites, and through a short course online.

- C. Students are required to complete a questionnaire to document that they have received education about universal precautions and file this documentation in their graduate student clinical folder.

1.16 – Formative and Summative Assessment

- A. Students enrolled in SHS Clinical Seminars and Practicum in Audiology are to participate in formative and summative assessments of their clinical competencies.
- B. As part of this assessment, Audiology students are required to complete a "self-evaluation" of their skills which can include discussion of strengths, limitations, and goals, completion of a "Self-Study Information" form (CF-118a), or use of an alternative self-evaluation form such as the Reflective Journal of the Ida Institute
(https://idainstitute.com/tools/self_development/get_started/reflective_journal/?tx_idatoolbox_toolboxpagelist%5Bcontroller%5D=Toolbox&cHash=ed61799735231811985445fae096ced5)

1.17 – Non-Conviction Statement

- A. Students enrolling in SHS Clinical Seminars and Practicum in Audiology must complete a non-conviction statement as part of the criminal records/ background check conducted by the University (BCII).
- B. This statement certifies that the student has not been convicted of or pleaded guilty to child abuse or other crimes of violence set forth in Section 5104.09 of the Ohio Revised Code.

1.18 – Required Documentation

- A. A list of required documents and policies to participate in practicum rotations will be provided at orientation and updated throughout the course of the program. Required documentation may include, but is not limited to,
 - a. A state and federal background check (BCI&I and FBI)
 - b. Fingerprint consent
 - c. Clinic procedures training
 - d. Updated vaccination records
 - e. CPR training
 - f. Drug testing
 - g. Physical
- B. Students are expected to keep all information up to date and provide required information to clinical placement sites as requested.
- C. If any questions/concerns arise, they should be discussed with the OSU Audiology Placement Coordinator.

1.19 – Additional Expenses

- A. Students enrolled in SHS Clinical Seminars and Practicum in Audiology may incur expenses for participation on clinical rotations.

1.20 – Clinic Calendar

- A. Clinical assignments in the OSU SLHC will generally be scheduled from the first day of the academic term until the last day of scheduled finals. The exception to this calendar is for graduating students whose last day of mandatory clinic is the last day of classes for that particular term. However, graduating students may continue their assignments during finals week and are highly encouraged to do so.
- B. The OSU SLHC operates year round.
 - a. Students are expected to fulfill their clinical duties during the Autumn semester break in October.
 - b. Students are not expected to be in clinic during the Spring semester break.
 - c. Students are expected to make break and travel plans to accommodate this calendar.
 - d. Students are responsible for following all posted announcements regarding clinical assignments that are posted on Carmen/Canvas or conveyed through email.
 - e. AuD assignments usually include the entire duration of the academic term, including finals week. If a student is interested in extending the placement into the break, they should discuss this with the audiology coordinator.

1.21 – Guidelines for dropping/withdrawing from SHS Clinical Seminars and Practicum Experiences in Audiology

Given the highly unique nature of SHS Clinical Seminars and Practicum in Audiology, requesting approval for either dropping or withdrawing from this course is discouraged.

- A. If an extenuating circumstance can be documented, the student must make a formal request to drop or withdraw from SHS Clinical Seminars and Practicum Audiology to the Department Chair and the student's academic and clinical advisors.
- B. The Clinic Committee must review this request and provide input to the chair and advisors prior to a decision being reached.
- C. If the student is requesting the drop or withdrawal for medical reasons, they are required to provide a letter from their healthcare provider documenting the need for leave from the program and the anticipated length of leave required.
- D. If a drop or withdraw is approved, the following guidelines are to be followed:
 - a. Any written evaluation from the student's preceptor(s) for the drop/withdraw academic term will be retained in the student's academic file.

- b. If the withdrawal was for a medical leave, the student must provide a letter from their healthcare provider stating the student can participate in the rigors of a clinical placement/full time schedule prior to returning to clinical placements. If the student will require accommodations to support their clinical education, they must register with the Office of Disability Services and update their Technical Standard statement as needed.
- c. Prior to re-enrolling in clinic, the student must successfully complete the agreed upon and required competency assignments. The content of these assignments will be determined by the OSU SHS program clinical supervisors and shared with the student with specific timelines for completion provided.
- d. The clinical assignment for the subsequent academic term in which the student may be permitted to enroll in SHS Clinical Seminars and Practicum in Audiology will be based upon the student's clinical competencies/performance at the time that the student dropped or withdrew from clinic.
- e. Upon re-enrollment in SHS 6843, the student must adhere to the requirements and evaluating the student will follow the guidelines as described in the Clinic Policies, Requirements, and Protocols, Section 1.5, "Evaluation of Clinical Skills." The semester of re-enrollment will be considered a probationary semester and the student will be permitted re-enrollment ONLY if the enrollment procedures outlined above have been followed. Abandonment of clients or clinical responsibilities from the academic term in which the student withdrew will result in permanent removal from the clinical education program in the SHS program at The Ohio State University. If the student receives a failing grade (less than 2.6) during the probationary semester, the student will be permanently removed from the clinical experience through the SHS program at The Ohio State University.

1.22 – Transportation to Practicum Sites

- A. Students enrolled in SHS 6843 Practicum in Audiology are responsible for providing their own transportation to and from assigned practicum sites, including any travel required to the assigned site's auxiliary locations.
- B. The Ohio State University assumes no liability for travel. The Department of Speech and Hearing Science advises each student to obtain liability insurance for any travel required as part of the SHS 6843 Practicum in Audiology.

1.23– Messages for students

- A. EMERGENCY messages may be left in the clinic office (614-292-6251) or the department office (614-292-8207) for students in classes or clinical assignments in Pressey Hall.
- B. Use of audible signal alerts on cell phones and pagers is prohibited during class, meetings, presentations, and clinical assignments. If used as a clock, cell phones are to be discreetly visible during delivery of services.

- C. Students are encouraged to contact individual preceptors to determine appropriate policies and contacts for emergency situations in those settings.

1.24 – Screenings

- A. Opportunities to participate in various speech/language/hearing screenings are offered. These opportunities are generally announced via email.
- B. Screenings are supervised by OSU Clinical supervisors or speech-language pathologists or audiologists in the community, and are open to any student enrolled in SHS 6843 Practicum in Audiology.
- C. Although screenings are short-term clinical experiences, they are governed by the same guidelines as other SHS Clinical Seminars and Practicum in Audiology placements.
- D. If a student commits to a screening opportunity, either by contacting the clinical supervisor or “signing up,” the student is expected to participate in the experience to the full extent of the commitment unless an appropriate excused absence (e.g., illness) is provided and the supervisor is notified prior to the screening. If a student fails to follow through on a commitment to a screening, they may be denied the opportunity to participate in future screenings and may impact future SHS Clinical Seminars and Practicum in Audiology placements.
- E. If a student plans to pursue CCCs through ASHA, then the supervisor of the screening activity must also hold the CCC for the hours to be counted toward the clock hour total required for graduation. If the supervisor does not hold their CCC, those hours can be counted toward equivalency hours and the appropriate paperwork needs to be completed.
- F. Occasionally, a graduate clinician may be contacted directly by a speech/language pathologist or audiologist to assist with a screening opportunity. The graduate clinician should discuss these opportunities with their clinical advisor to assure that the person providing the screening has appropriate licensure and/or certification status and can provide the type of experience which will be both beneficial and can be applied to completion of required clinical hours for certification and/or licensure.

1.25 – Time Commitment/Management

- A. Utilization of effective time management skills is a necessary and key component when considering the wide range of excellent opportunities available at The Ohio State University and the surrounding community.
- B. In addition, it is strongly recommended that a student design a long-term plan for the entire time of enrollment for a graduate degree. Components to take into consideration include the following activities and time commitments required per academic term:
 - a. Coursework/course load
 - b. SHS Clinical Seminars and Practicum in Audiology assignments, including travel time to

- extended distance rotations
 - c. GAA/GRA/GTA assignments
 - d. Job responsibilities outside the University
 - e. Additional specialization: Student teaching, geriatric specialization, etc., capstone commitment
 - f. Personal needs (e.g., sleep, exercise, meals, etc.)
- C. While making a plan, students benefit from taking into consideration that commitments vary in time and responsibility, with some requiring a major investment.
- D. It is strongly encouraged that students take advantage of these many outstanding learning experiences. At the same time, students will need to take under advisement that participating in a variety of program options will necessitate long term, comprehensive planning.
- E. In addition, taking on several major commitments may necessitate extending the number of academic terms essential to fulfill the requirement of the pursued graduate degree.

2.0 – Clinical Practicum

2.1– Obtaining Clinical Practicum Assignments

- A. Prior to or during finals week of each academic term, clinical assignments will be emailed to the students and posted in the clinic.
- B. Follow all instructions in the email to notify the Audiology Practicum Coordinator regarding any conflicts/concerns.
- C. AuD students will follow all instructions in emails regarding when to contact outside site supervisors to learn of any needed documents/requirements for that site.
- D. Audiology supervisors are listed in the “black book” (hearing aid repair/order book) housed on the Clinic Office Manager’s desk.

2.2 – Clinical Practicum Attendance

- A. Regular attendance for practicum is mandatory.**
- B. Student clinicians are expected to be at their assigned site on their assigned days/times, from the arranged day of orientation through the last day of the University's regular classes/or finals week, per assignment.
- C. University holidays do not necessarily indicate that the student does not have a clinical practicum site obligation. Attendance on that day is determined by the particular site's supervisor. It is the responsibility of the student to discuss this obligation with individual supervisors and to make the OSU SLHC Site Coordinator aware of any deviations to the schedule.
- D. If the site supervisor is unavailable due to his/her schedule, the student clinician should inform the

OSU SLHC Site Coordinator. Additionally, the student should request if there is another opportunity at that site (e.g. shadow another professional, work with another clinical supervisor, etc.) that time period. If that is not an option, the student is expected to contact the OSU SLHC Site Coordinator for any assignment/project or other work that will allow the student to obtain an appropriate clinical experience so that clinical education is not comprised.

- E. In case of illness or emergency situations, procedures for canceling clients and notifying the appropriate supervisor are determined by the particular practicum site. It is the responsibility of the student to inquire about appropriate procedures and to follow them. In addition, the OSU SLHC Site Coordinator is to be notified by the student regarding the need to be absent.
- F. If an extenuating circumstance should arise that requires absence from a clinical session, this needs to be discussed immediately with the Clinical Supervisor and the OSU SLHC Site Coordinator (See Absenteeism of Clinician or Client).
- G. If a student will be absent from an assigned site or client, they must contact the supervisor to make arrangements for a make-up session or clinic day, depending on the assignment. This make-up is required, unless otherwise determined at the discretion of the site supervisor.
- H. In the case of a student demonstrating chronic tardiness and/or absence from a clinical assignment action will be initiated by the assigned supervisor and OSU SLHC Site Coordinator.
- I. Consequences will be determined on a case by case basis and could include, but are not limited to,
 - a. Formal documentation of the attendance pattern and concern
 - b. Denying clinical hours
 - c. Termination of clinical placement
 - d. Earning a failing grade or 'unsatisfactory' grade for the semester

2.5 – Arranging Clinical Placements

- A. Students are encouraged to participate in a wide range of clinical experiences, but hours can only be obtained when the OSU SLHC Site Coordinator has arranged the placement.
- B. If students are aware of a potential new supervisor or site, the student is encouraged to give that contact information to the OSU SLHC Site Coordinator.

2.6 – Name Tags

- A. Every student clinician is to wear a name tag while involved in clinical activities in The Ohio State University Speech-Language-Hearing Clinic.
- B. Procedures for purchasing the name tags will be reviewed in the SHS Clinical Seminars and Practicum in Audiology series; also see the Clinic Office Manager for assistance.
- C. Specific sites may require the display of a name tag or ID badge. Each student is responsible for addressing this requirement with the assigned supervisor.

3.0 – Evaluation of Clinical Skills / Clinical Performance

3.1 - The Clinical Supervisor is responsible for:

- A. Providing feedback to the student throughout each term regarding clinical competency development.
- B. Conducting pre-term, mid-term, and final conferences about the client's progress and the student's performance with the client.
- C. Assisting development of weak clinical skills while fostering expansion of clinical strengths.
- D. Evaluating each student clinician's clinical competencies at the end of each academic term using CF-38 and review the printed form(s) with the student clinician. After this review the student should sign the written form. One copy of this evaluation form is kept with the clinical advisor and one with the student.
 - a. Assisting a student in identifying professional expectations throughout their enrollment in SHS Clinical Seminars and Practicum. Students are expected to follow the stated protocols and policies for each site.

3.2 – Graduate Student Responsibilities and Acquisition of Clinical Skills

- A. Follow and abide by the Department of Speech and Hearing Science Technical Standards and ASHA and OSHLA Codes of Ethics.
- B. Follow through with supervisor feedback for all clinical practicum assignments.
- C. Use resources provided in academic and clinical practicum classes to plan and administer diagnostic and therapy sessions.
- D. Turn in all clinical documentation on time and in the manner requested by each Clinical Supervisor.
- E. Keep lines of communication open by:
 - a. Responding in a timely manner to email, phone calls, and other means of communication with clients, their caregivers, and your Clinical Supervisors and Clinical Advisors
 - b. Informing Clinical Advisor and/or OSU SLHC Site Coordinator of any extenuating circumstances that may result in not being able to complete any aspect of the program as prescribed
 - c. Inform the OSU SLHC Site Coordinator immediately of any issues or concerns at outside clinical practicum sites.

3.3 – Clinical Practicum Grading

- A. Clinical practicum (6843/8943) is graded on a Satisfactory/Unsatisfactory basis.
- B. A passing grade in a specific course does not inherently imply that all required clinical or knowledge skills outcomes have been attained.
- C. To receive a satisfactory grade in 6843/8943, one must obtain a minimum competency rating of “B” (beginning), “I” (intermediate), or “A” (advanced).
 - a. Only 75 of the 400 clinical clock hours at the graduate level can be at the “B” competency level in Speech-Language Pathology.
 - b. 70% of the total clinical hours must be “I” or “A” competency level in Audiology.
- D. It is expected that students demonstrate a forward progression of skills throughout their practicum experiences.
 - a. See Section 4.5 of this handbook regarding progression of program.
 - b. Should a student not earn criterion of acquisition for specific skills outcomes, the advancement in, and/or completion of the professional program, can be denied until the identified skill outcomes is/are satisfactorily demonstrated.
 - c. It should be noted that a pattern of demonstrating unsuccessful progress in the acquisition of knowledge and/or clinical skills outcomes may lead to either placing a student on a probationary term and/or denying further enrollment in SHS Clinical Seminars and Practicum Experiences in Audiology.
- E. An unsatisfactory grade in clinic practicum experiences constitutes a competency rating of “U” (unsatisfactory) or “F” (failing) on the CF-38 evaluation form. Ratings of “U” or “F” at any point during the clinical practicum rotations can result in the need to repeat placement.
- F. Receiving a competency rating of “U” or “F” in any placement type or competency during the final semester could result in a delay in graduation due to the need to repeat a placement type or competency area.

3.4 - Guidelines for Identification and Remediation of Poor Clinical Performance and Acquisition of Professional Skills:

- A. During a clinical enrollment period, if a Clinical Supervisor identifies a student who is not functioning at an expected clinical competency level or conducting him/herself in a professional manner, the Clinical Supervisor should immediately discuss this deficiency with the student clinician and help the student develop a plan designed to remediate the deficiencies. If no improvement is noted within a period of no longer than two weeks, the Clinical Supervisor should notify the appropriate OSU SLHC Site Coordinator.
 - a. At the discretion of the OSU SLHC Site Coordinator, a meeting with all Clinical Supervisors responsible for the clinician's work that particular academic term will be scheduled with the Clinical Advisor to determine the extent and nature of the student clinician's clinical difficulty. Appropriate recommendations for remediation will also be determined. A decision will be made at that time concerning the advisability of a full clinic staffing (see below) with the student clinician. If such a meeting is recommended, it should occur within two weeks.
 - b. If multiple infractions of any OSU SLHC guidelines and protocols occur, the Clinic Director will be notified about noncompliant behavior. Should degree of noncompliant behavior be

judged as egregious, an appropriate plan of action may be determined. Disciplinary action could include, but is not limited to, denial of clinical hours, removal from clinical practicum site, requirement to repeat a practicum placement, delayed graduation status, or dismissal from the SHS clinical program.

- B. At the end of the academic term, if the student clinician's grade is U, a meeting with all Clinical Supervisors* responsible for the student clinician's work that particular term will be scheduled with the student's clinical advisor. This meeting will be to determine the extent and nature of the student clinician's clinical difficulty and to make appropriate recommendations for remediation. A decision will be made at that time concerning the advisability of a full clinic staffing with the student clinician.
- a. If such a meeting is recommended, it should occur prior to the initiation of or no later than two weeks from the beginning of the next academic term. A full staffing will be held including any Clinical Supervisors* who have supervised the graduate clinician, the clinic advisor, the academic advisor, and the graduate clinician. At this meeting specific behavioral objectives will be set for a plan of action to implement during the said term of Clinic enrollment. This term of enrollment would be on academic probationary status.
 - b. In addition to the above plan of action, if the student in question has received a U, all clinical assignments will be in the OSU SLHC for the subsequent semester. At least one supervisor other than the one(s) who raised the original concern(s) about the student clinician will be assigned to supervise the student. At the end of the probationary period, the Clinical Advisor and graduate clinician will again meet. The members of the clinical faculty who attend this meeting will be determined by the OSU SLHC Site Coordinator. The purpose of this meeting is to inform the student whether the plan of action for clinical performance goals was met.
 - c. If a student does not meet practicum goals and does not earn a grade of S during the enrollment of the probationary academic term, the student will be permanently removed from clinical experience through AuD program. The student might have the option to pursue a degree within the Department without the clinical component (MA-SHS). The student will be counseled as to what other career options and/or career counseling that might be available.
 - d. The course of action should include a plan of correction to foster acquisition of the identified skill outcome. This plan is to be designed by the student with input from the instructor of the course, clinical advisor, and academic advisor.
 - e. *Should a supervisor not be available for the meeting, written input regarding the student's performance will be submitted.

Documentation of Above

- a. It is suggested that all formal interactions with the student clinician and members of the clinic staff be documented by a written record.
- b. Supervisors will keep a copy of written evaluations (including CF-38) given to the student (file in permanent folder) and make a record of memorandum on the CF-25 when oral evaluations are made.

- c. If a full staffing is held to evaluate a student clinician's performance, a record of memorandum should be written, along with a copy of the agreed upon behavioral objectives, action plan, and extended CF-118a that the student in question is to accomplish. A copy will be given to the student, with a copy placed in the student's academic folder.
- d. If a second full staffing occurs, the student's clinical advisor should notify the student clinician via letter that the meeting is scheduled, the purpose of the meeting, and the agenda for the meeting. Again, a record of memorandum should be written describing the meeting and its outcome.

4.0– Clinical Placement Protocol

The OSU SLHC Audiology Coordinator is responsible for all clinic placements except for 4th year externship placements.

4.1 – Audiology students will complete a CF-02A for the OSU SLHC Site Coordinator.

- A. This document indicates the student's class and/or work schedules, previous clinical experiences accrued thus far, and student requests for clinical placements. The CF-02A **MUST** be returned by the date designated on the OSU SLHC Practicum Calendar and Checklist each semester.
- B. Late and / or incomplete forms may impact receiving a clinical placement and could delay progression to graduation.
- C. Any changes to the student's schedule must be immediately communicated to the OSU SLHC Audiology Coordinator as placement changes can occur throughout the semester.

4.2 – Practicum Placement Considerations:

The following factors are considered when students are being placed into clinical placements with the greatest contributing factors being clinical competency and previous experience accrued, student and site schedule, clinical advisor and preceptor input, and student requests.

- A. Prerequisite academic courses
- B. Number of observation hours
- C. Number of clinical hours accrued
- D. Clinical competency (a student must maintain grades of S in SHS Clinical Seminars and Practicum Experiences in Audiology to continue in practicum courses and be assigned to clinical experiences outside the OSU SLHC.)
- E. Site types
- F. Previous SHS Clinical Seminars and Practicum Experiences in Audiology evaluations; competency level
- G. Clinical advisor input
- H. Preceptor input
- I. Academic advisor input

- J. Faculty member input (with regard to specific disorder knowledge skill outcomes)
- K. Site criteria
- L. Students' site evaluation by supervisors/sites
- M. Schedules of students
- N. Location of sites
- O. Site profiles
- P. Logistics
- Q. Student requests

4.3 – Clinical Practicum Transportation Recommendations

- A. It is recommended that graduate students have the following in place:
 - a. A road-worthy vehicle to provide safe transportation.
 - b. Sufficient funds to support costs of travel.
 - c. A well-defined time management plan to allow for travel time.

- B. It is anticipated that the 4th year clinical preceptorship/externship for AuD students will likely take place outside of the greater Columbus metropolitan area. This placement is based on factors noted in Section 4.2, in conjunction with student preferences, and options available nationally. AuD students are encouraged to consider these factors, along with financial implications of a placement, early in the program.

4.4 – Recommended Sequence of Clinical Experiences in Audiology

- A. Diagnostic Rotation Levels
 - a. Stage 1: OSU SLHC
 - i. Required for all graduate students in 6843 with an audiology major
 - ii. Required for all students who have no previous clinical experience
 - b. Stage 2: Combined assignment that includes and assignment at the OSU SLHC and an outside site
 - c. Stage 3: Outside sites – a minimum of four assignments are required
 - d. Stage 4: 4th year clinical assignment: Full time clinical preceptorship over one or more clinical setting which is arranged by the Clinic Director, with input from the student.

- B. Habilitation Rotation Levels
 - a. Stage 1: Rehabilitation experience with adult clients, including hearing aid dispensing.
 - b. Stage 2: Rehabilitation experience with children at an outside site or at The OSU SLHC.

- C. Students may be at different rotation levels in each of the two above levels, and may be promoted to a higher stage of rotation depending upon:
 - a. The level of clinical competency skills
 - b. Academic preparation

- D. Externship/Preceptorship for 4th year AuD students: This clinical experience is designed to be the equivalent of a full time (e.g., approximately 35-40 hours per week for 50 weeks and/or as determined in conjunction with the site, student, and University program) placement designed to help the student further integrate their skills and knowledge. In addition, this is an opportunity to

obtain in-depth clinical experience in a specific area (e.g., cochlear implants, vestibular assessment and management, etc.). This experience is designed in conjunction with the academic advisor, clinical advisor, and student.

The design of this plan is initiated during Autumn semester of the student's 3rd year in the program. This timeline is similar to the suggested timeline for securing a 4th year experience located in Appendix B. Students are asked to provide input into geographic preferences, population preferences (e.g., intraoperative monitoring experiences, pediatrics, etc.), and other factors, such as financial considerations, time limitations, and enrollment in the AuD/PhD program. The student may choose to present potential options of interest, such as those that may be obtained from the 4th year registry on the American Academy of Audiology website. It should be noted, however, that the student is NOT to make contact with the site or potential preceptor prior to discussion with the 4th year placement coordinator (e.g., Clinic Director). The practicum coordinator will make contacts for each student. Available options can be evaluated by the student, in conjunction with input from the practicum coordinator, clinical advisor, and academic advisor. Students will begin the interview process in Autumn semester or early in Spring semester of their 3rd year, with the goal to complete final placement decisions by March of the 3rd year (for beginning placement May or June of the beginning of the 4th year or at the discretion of the 4th year site). It should be noted that the student will be responsible for providing their own transportation to the interview(s) and covering any costs incurred in the interviewing process, if the potential site does not provide financial assistance with this process.

Once the site is secured, the 4th year placement coordinator initiates the process to develop an affiliation agreement with the site. Students are discouraged from signing any type of contract or agreement directly with a site and if this situation arises, should speak with the practicum coordinator prior to engaging in any contractual agreement with the site. This is for the protection of the student and of the University. In addition, any requirements from the site (e.g. additional training, liability insurance, health requirements) must be in place prior to initiating clinical practice at that site. Remuneration to be provided to the student should be discussed with the 4th year placement coordinator prior to the beginning of the placement.

All students participating in the 4th year externship must be enrolled in SHS 8943. During the externship, students will “meet” with the Practicum Coordinator on a periodic basis via email, Facebook, or Carmen/Canvas discussion in order to track progress of the experience and to discuss the experience. In some cases, the placement coordinator will do an on-site and/or virtual visit with the student and 4th year staff. If problems arise in the experience, the student should immediately contact the 4th year placement coordinator so the University has been alerted to the difficulties and can participate in their resolution.

E. Specific hour requirements

For all AuD students, the following specific hours must be accrued:

a. ASHA requirements for Certificate of Clinical Competence

If the student is pursuing the requirements for the Certificate of Clinical Competence in Audiology, supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds.

Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

ASHA requires 25 observation hours as well as a mandatory hour requirement that is equal to one year of full time employment (approximately 1825 hours) earned during the AuD program. See Appendix C.

Only hours that are supervised under the direction of an audiologist with their Certificate of Clinical Competence will be counted toward the student accruing hours for their C's. If a student is pursuing the Certificate of Clinical Competence, all hours must be supervised by an audiologist with their C's (e.g. a preceptor with their C's cannot "sign off" on hours accrued under the direction of a preceptor who does not have their C's).

- b. Requirements for Ohio License The current requirements for Ohio license are available at <http://shp.ohio.gov> Ohio licensure requirements are similar to licensure requirements for many other states and may have reciprocity with other states. Students are encouraged to contact the licensure board of a state in which they may be interested in practicing to review these guidelines.
- c. A student may be required to obtain an "interim" license in some states for 4th year placements. The student will work with the 4th year placement coordinator and with the 4th year site to pursue the appropriate licensure in this situation.
- d. It should be noted that a student may graduate from the AuD program yet need to return to the 4th year site in order to complete the site requirements. It should be noted that once an AuD student graduates from the program, they are no longer considered a student and may be required to obtain a state license prior to completing the requirements. Students are encouraged to contact the licensure board of the state in which they are practicing to clarify requirements and follow the licensure requirements as needed.

4.5 – Clinical File

Each student who is pursuing the clinical education tract will have a clinical file. The clinical file will be filed in Room 141 Pressey.

- A. Each AuD clinical folder will contain:
 - a. Clinical Form (CF-25) (signed receipt of Code of Ethics)
 - b. Audiology Clinical Requirements Checklist
 - c. Code of Ethics Agreement
 - d. Acknowledgement of Technical Standards
 - e. Absenteeism Policy
 - f. Immunization Records
 - g. HIPAA Certificate of Completion
 - h. CPR certificate (recommended)
 - i. Universal Precautions certificate of completion
 - j. Observation hours
 - k. Any undergraduate client contact hours

B. Students are required to access their clinic files for pre-term, midterm, and final conferences with

supervisors and for various other documentation activities, as described here.

- C. Documentation of health requirements for all students enrolled in the clinical track program in the Department of SHS:
- a. Provision of form for documenting completion of health requirements
 - i. The Ohio State University student health center will provide the SLHC with an updated form with list of requirements annually in late Spring or Summer academic terms. These forms will be included in the packet of information that is forwarded to incoming graduate students during the Summer prior to beginning the program. This allows for incoming students to begin documentation of health requirements and complete necessary immunizations, etc., with their personal physician. If students prefer to initiate the immunization process following enrollment at OSU, forms will be provided during Orientation and students will be instructed to contact the Student Health Center or health provider of the student's choice.
 - b. Filing of documentation
 - i. Students are responsible for having documentation of completed health requirements in their graduate clinician folders. When the requirements are completed and the form is filed, the student is to report this to their assigned clinical advisor.

4.6 – Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The OSU SLHC follows the “Privacy Rule”, a provision of the Health Insurance Portability & Accountability Act of 1996 (HIPAA), that went into effect on April 14, 2003.

Confidentiality and trust have always been an integral part of providing care for patients. HIPAA formalizes expectations for all health professionals to follow regarding patient rights and for safeguarding identifiable health information. The OSU Speech-Language-Hearing Clinic follows the tenets of HIPAA in order to safeguard patient information.

Graduate clinicians performing clinical practicum in the OSU SLHC must be trained in HIPAA Privacy regulations and must uphold the privacy guidelines. Training will take place prior to beginning clinical practicum in the OSU SLHC. Upon successful completion of the training, the graduate clinician will be provided a certificate to verify completion of this training. Practicum or externship sites may require that graduate clinicians participate in additional training or site-specific training prior to the practicum placement, which may be a requirement for placement at that facility. In addition, graduate clinicians may be required to participate in training in Family Educational Rights and Privacy Act (FERPA) regulations, which apply primarily in public school and University settings.

Specific questions or concerns regarding HIPAA compliance should be directed to the Clinic Director.

4.7 – Recommendations: Letters and/or Statements

When seeking either verbal statements or written letters of recommendation from faculty members or clinical supervisors, students are required to provide the form “Authorization and/or Waiver for Letter or Statement of Recommendation” -

http://registrar.osu.edu/policies/ferpa_authorization_release_information.pdf to the person(s) providing the

recommendation. This is a requirement of The Ohio State University and was put in place to protect student confidentiality.

4.8 – Documenting Clinical Hours*

Students are responsible for maintaining ongoing records of the accrued clinical hours during each assigned rotation. SHS 6843 and 8943 students will use CF-46, for all assigned rotations. Preceptors will document all term accrued hours along with performance level on the CF-07 at the final conference each semester. Students may then transfer the approved hours to CF-05 (available on Excel; on the 6843;8943 Carmen site) so as to keep an e-copy of accrued clinical hours and record of attainment of clinical outcomes. SHS 6843;8943 students will use CF-06 C to document the audiology hours accrued daily for each clinical rotation. At the end of each clinical rotation, the student will transfer these hours to a CF-06 where the preceptor will indicate competency level and sign off on these hours.

4.9 – Social Media Policy

As the use of social media continues to evolve, it is vital that clinic personnel maintain confidentiality by following the strict HIPAA guidelines. Furthermore, social media generated comments are to be professional and discreet. Students are to use their best judgment in posting material that is neither inappropriate or harmful and be aware of the effect that actions have on one's own image. The following principles are to apply to use of social media: use disclaimers, respect copyright and trademark laws, maintain privacy of others, do not reveal confidential information, and promptly clarify statements that are misinterpreted.

In addition, the use of social media should not interfere with the student's responsibility in the clinical service delivery interaction. Students are to refrain from using social media when in clinical rotations unless it directly relates to service delivery interaction. In addition, if an assigned clinical rotation program has and uses social media, students are to keep this site's related social media separate from their personal accounts. If a student encounters a situation in which a site's related social media threatens to be antagonistic, s/he should disengage from the dialogue in a polite manner and seek the advice of a preceptor.

The OSU SLHC has zero tolerance policy on violations of the Social Media Policy. Violation could result in dismissal from the program.

5.0 – Clinical Advisors

During the first academic term of enrollment at Ohio State, each AuD student enrolled in the clinical education program is assigned a Clinical Advisor. The Clinical Advisor is different than the Academic Advisor. A Clinical Preceptor is responsible for the supervision of a particular clinical assignment, therefore students will have several clinical supervisors during the program (and possibly during a semester). The Clinical Advisor will be consistent throughout the program and only one Clinical Advisor will be assigned to the student.

The Clinical Advisor's duties include:

- a. Advising the student as to the particular clinical experiences that are available through the Department of Speech and Hearing Science.
- b. Advising the student as to the appropriate sequencing of practicum experiences in view of the

- student's academic background and previous clinical experience.
- c. Advising the student regarding the lock-step nature of the program and how their clinical experiences will progress based on acquisition of clinical skills.
- d. Approving the clinical hours transferred from other training program(s).
- e. Approving the clinical hours and competencies at the time of graduation.

6.0 – The Ohio State University Speech-Language Hearing Clinic Procedures

6.1 – The Mission

The OSU SLHC's mission is to improve the quality of life of all individuals with communication difficulties, to provide cost-effective services that meet the unique needs of the client and their family, and to promote excellence in clinical training and education of future hearing-speech-language professionals.

6.2 – OSU SLHC Policies and Procedures

- A. Graduate students who serve patients/clients in the OSU SLHC will follow all policies and procedures provided to them in class, on Carmen/Canvas, via email, or in any other form. Policies and procedures could include, but is not limited to,
 - a. Billing procedures
 - b. Cost of services
 - c. Screenings
 - d. Consultations
 - e. Enrollment
 - f. Diagnostic sessions
 - g. Diagnostic reports
 - h. Pre-treatment conferences with supervisor
 - i. Therapy sessions
 - j. SOAP notes
 - k. Lesson plans
 - l. Progress reports
 - m. Computer system for client records
 - n. Accessing client files
 - o. Intake forms
 - p. Maintaining permanent and working client files
 - q. Contacting clients via email, phone, US mail etc.
 - r. Therapy room assignments
 - s. OSU SLHC room guidelines
 - t. Scheduling patients for future appointments

6.3 – Client Record Keeping/Filing Procedures

- A. Possession of Patient Files
 - a. Client/patient files may only be accessed by appropriate personnel (preceptors, the assigned graduate clinician, and/or office personnel).
 - b. Files may only be taken to restricted areas (129, 141a, 142, 146, 147 (audiology folders only))

148, or preceptor's office.

- c. The individual accessing the file is responsible for returning the folder to the appropriate area to be filed.
- d. Files for clients receiving audiology services will be placed in the supervisors' box, in the appropriate box on the office manager's and/or office assistant's desk (in order to be called regarding a hearing aid service), or in the appropriate area to be filed.
- e. Files should be placed in the appropriate area to be refiled by office staff and NOT refiled by graduate clinicians.
- f. The OSU SLHC has zero tolerance policy on violations regarding removal of clients' files. Violation could result in dismissal from the program.

B. Maintenance of Clients' Files

- a. Office personnel will assemble the client's permanent file.
- b. Clinicians need to make entries as appropriate on the CF-49 and submit to preceptor for signature.
- c. Each file has a date sticker designating the year of the most recent appointment at the OSU SLHC. This sticker is updated by the Clinic Office Manager or Office Assistant.

C. Access to Client's Files

- a. Access to clinical folders is restricted to authorized clinical personnel (office personnel, graduate clinicians, clinical staff, and faculty).
- b. Per HIPAA privacy policies, only personnel who need access to files should access a file. This refers to the fact that only clinicians should access a file when necessary (e.g. a graduate clinician should not access a file of a friend or as a curiosity).
- c. Failure to comply will result in disciplinary measures.

D. Checking Out Files

- a. Files should immediately be placed in the clinic's "to be filed" area for re-filing.
- b. If a file is pulled for an audiology client, it should be placed in the designated location—supervisor box, office manager desk (box for hearing aid pickups), or in the "to be filed" area.

E. Clinical File and Folder Procedures Restriction

- a. It will be important to review a patient's file prior to a clinical encounter.
- b. Clinical files may only be taken to 129, 141a, 142, 146, 147 148, or the preceptor's office. Failure to comply will result in disciplinary measures.
- c. Photocopying contents of client folders (including clinical reports) is **strictly** prohibited. In an extenuating circumstance that would require photocopying of records, permission of the clinical preceptor must be obtained. When permission is given, all identifying information must be deleted from the photocopied report before the copy is removed from secured areas.
- d. Sharing an electronic copy of clinical documents, typically clinical reports, with identifying information is also **strictly** prohibited. When providing an electronic document with a peer, all identifying information must be deleted from the report before the document is sent. Identifying information includes (which would be considered Protected Health Information (PHI) under HIPAA), but is not limited to, full name of client/parent/significant other, names of associated professionals, names of schools/employers, and the client file number. Such documents are only to be shared with official SHS personnel and only shared if the individuals are referring to the document for clinical or educational purposes.

6.4 – Absenteeism

A. Clinician Absences

a. Emergency/Illness

- i. In case of an emergency or illness, please notify the assigned preceptor immediately.
- ii. If the student is assigned to an outside site, notify both the affiliated site preceptor and the appropriate AuD OSU SLHC Site Coordinator of the absence need.

b. Planned Absences and Extenuating Circumstances

- i. Should an extenuating circumstance (e.g., professional conference, academic commitment, job interview, etc.) arise that necessitates an arranged absence from a clinical placement, a letter of petition must be submitted to the OSU SLHC Audiology Coordinator for consideration and approval by the Clinical Committee.
- ii. A template of this letter is posted on Carmen/Canvas for your reference and must include options for making up missed clinical time.
- iii. This letter should be submitted as soon as the event is known (even if 1-2 semesters prior) so that advanced notice to the supervisor(s) can occur upon approval of the petition.
- iv. When this event is known, and petition letter, is submitted, the student should **not** discuss the event/petition with the outside site preceptor until approval is provided from the coordinator.
- v. The absence will only be approved once the site preceptor has given permission of the absence plan as delineated in the letter.
- vi. This is a professional program with the expectation that students will be available full time for the duration of the program (11-12 semesters in the AuD program).
- vii. These types of requests should be minimal and only proposed in special circumstances.
- viii. Consideration for approval depends on such criteria as educational versus recreational activities and once in a lifetime events versus regularly scheduled events.
- ix. The academic calendar affords “time off,” such as semester breaks. Students should plan to use this time for events, such as family vacations, weddings, etc.

B. Client Absences

- a. If an OSU SLHC patient cancels their appointment, a CF-70A and CF-70S for the cancelled session must still be submitted. Write “cancelled” in the comments.
- b. If a patient fails to attend appointments on a regular basis, the graduate clinician is responsible for contacting them by phone, e-communication, or mail about the absences. This is to be approved by the supervisor **prior** to any action being initiated.

6.5 – Emergency Procedures, Evacuation Plan, and Crime Prevention

A. Fire Alarm or Drill - Clinicians are responsible for their patients during this emergency situation. The following plan should be executed in case of an emergency situation in the OSU SLHC

- a. All occupants in clinical rooms on the first floor should proceed to the north lobby and exit the building. All clinicians and clients on the lower level should proceed to the north staircase and take that to the emergency exit on the north side of the building.

- b. The person discovering the emergency or the reason to evacuate the building should activate the fire alarm located on the southeast corner of Pressey Hall between rooms 110 and 110a of the first floor or in the east hall at the southeast corner of the lower level. At the sound of the alarm, the above plan will immediately go into action, whereby the building will be evacuated as quickly and orderly as possible. However, the person discovering the emergency should, if time allows, call the Emergency Number, 911, and quickly and clearly explain the emergency. If unable to call due to a serious emergency, proceed out of the building and place the call from the nearest available telephone.
- c. Graduate Clinicians are responsible for their patients during an emergency situation. The graduate clinician should accompany their patient calmly and quickly to the north exit of the building. They are to meet the parent and/or the person who accompanied the patient outside the building directly out the door of the north exit. Supervisors are responsible for verifying that specific rooms have been cleared as follows:
 - i. The supervisor/staff member in Room 115 is responsible for checking and assisting those in Room 120 and the 124 suite.
 - ii. The supervisor/staff member in Room 119 is responsible for checking and assisting those in the 126 and 130 suites.
 - iii. The supervisor/staff member in Room 123 is responsible for checking and assisting those in Room 129 and the 140 suite and providing a backup for those leaving the parent observation rooms and clinic waiting area.
 - iv. The supervisor/staff member in Room 145 is responsible for assuring that the parents/accompanying adults in the observation rooms and clinic waiting areas are taken to the north exit of the building and remain with them until they are connected with the patient that they have accompanied to the clinic. This is vital to the smooth, calm evacuation of the clinic. Any student clinicians and all staff in the clinic office area should assist with this task.
 - v. The supervisor/staff member in Room 147b is responsible for checking and assisting those in the Audiology Suites (147 suite) and also providing a backup for those leaving the parent observation rooms and clinic waiting area.
- d. If the patient is non-ambulatory and on the lower level of the OSU SLHC in Pressey Hall, they should be taken to the north stairwell outside the fire doors. The clinician should then exit the building and notify the fireman and/or policeman upon their arrival of the location of the client.
- e. Fire extinguishers and hoses are located on:
 - i. 1st Floor
 - i. Southeast corner between rooms 110 and 110a
 - ii. Hallway between suites 126 and 130
 - iii. Northwest wall across from 139 (waiting room)
 - ii. Lower Level
 - i. North stairwell
 - ii. North wall across from room 23
 - iii. Southeast corner
 - iv. Southwest corner around the corner from room 1
 - v. South stairwell
- f. Use of elevator is to be avoided.

B. Tornado Warning - Clinicians are responsible for their patients during this emergency situation. The clinician should quickly accompany the patient to the waiting room and, if possible, find the parents and/or person who may have accompanied the client and then all can take appropriate action of

moving to the lower level hall in Pressey by way of the north staircase. It is suggested that the patient, their family, and clinician remain in the lower level hall until the danger period has passed.

- C. Medical Emergencies (Urgent and emergent situations) – If a patient has an emergency situation, time is of the essence and assessing the situation accurately and effectively is critical. Clinicians are responsible for their patient during this emergency situation.
- a. Medical Emergencies (i.e., is unconscious, reports chest pain, has profuse bleeding, etc.), the following protocol should be followed:
 - i. Do not leave the person alone
 - ii. Ask the Clinic Office Manager or clinical preceptor to call 9-1-1 and to get you support for first aid (i.e. assistance with CPR, bring a First Aid kit) until professional help arrives
 - iii. Initiate CPR, as appropriate
 - iv. The Clinic First Aid kits are located in the clinic office (cabinet above GA desk), in room 129, and in 147e in audiology area
 - b. In the case of an emergent situation (i.e. patient trips in the parking lot, has difficulty getting up from a chair without assistance, seems disoriented but indicates that they do not want assistance), the following protocol should be followed:
 - i. Provide assistance requested by the patient after the situation is evaluated. If the person has tripped and needs help up, for example, provide assistance to the patient as deemed safe. The “Good Samaritan” laws provide protection in this area, particularly when the person is requesting assistance and directing their wishes in this situation.
 - ii. Provide basic first aid (e.g. band aid for a cut, etc.) from first aid kits located in the clinic office in the cabinet above the GA desk, in room 129, or in room 147e.
 - iii. Ask about current or chronic health conditions (i.e. diabetes, seizure disorder, etc.) to help assess the situation and to report to healthcare providers, family, and/or Public Safety, as necessary.
 - iv. If there is concern about releasing the patient from the clinic (e.g. person seems disoriented but does not want 9-1-1 to be called), ask the Clinic Office manager or clinical preceptor to contact OSU Department of Public Safety (614-292-2121). The Department of Public Safety should be able to assess the situation, either by phone or by sending Public Service personnel to provide a “safety check.” The “safety check” assesses the person’s level of safety (somewhat like a sobriety check) and OSU personnel are trained in this area. They will be the ultimate decision maker regarding the person’s ability to leave campus safely and on their own accord.

D. Crime Prevention

- a. Preventing Theft: Theft is the greatest security problem on campus. The following steps will help to prevent theft.
 - i. Never leave personal belongings (books, purses, jackets, electronics) unattended. Reserve a student locker, ask a friend to watch them, or take them with you. Remember: the grad room is often unoccupied and anyone can walk in.
 - ii. Be alert to unfamiliar persons loitering or wandering in the Speech and Hearing area. Ask if you can be of help. If they are patients, direct them to the clinic office. If not, it is a good way to let them know you are aware of their presence. Get in the habit of noticing appearance and dress of unfamiliar persons.
 - iii. Clinic equipment, tests, and materials are expensive. Be sure to return them to their

proper places after use. Report missing items to a preceptor or the Clinic Office Manager immediately.

- iv. If a theft does occur, report it to a faculty or staff member and call Campus Police (2-2121) immediately.

b. Personal Safety

- i. If a student will be in the Speech and Hearing Science area after 5:00 p.m., they should let someone know where they will be and their plans. Relock doors upon entry into a clinical area. Do not let others in the building through locked doors when exiting the building.
- ii. Do not walk alone at night. Call a friend or the campus escort service (2- 2101). Avoid shortcuts and poorly-lighted areas. Keep a grip on your belongings and walk purposefully. Be ready to run and scream if necessary.
- iii. Cars should always be locked with windows closed. Do not leave valuable items in view. If at all possible, park in a well-lighted area. Have key(s) ready to unlock and relock the doors. They can also be used as a weapon, if needed.
- iv. If in need of emergency help, use an Emergency Help Phone, located around campus, or call 911 on any other phone (for city-wide emergency services).

6.6 - OSU SLHC Guidelines

- A. **Observation Participation:** Only those who have formal affiliation (students, faculty, staff of the Ohio State University Speech and Hearing Science Program, clients' spouses, parents, and/or legal guardians, and persons under the direct auspices of the Clinic Director) may observe clinical sessions.
- B. **Observation Restrictions:** Those observing may observe a client only upon receiving permission from the client's clinical supervisor. Each client and/or legal guardian is informed that observation of sessions may be taking place. Furthermore, the client has the right to request that the observations be restricted to specific persons.
- C. **General Guidelines:** The following guidelines are to be disseminated to students in the Speech and Hearing Science Program who will be doing/observing clinical sessions. Please read the following guidelines prior to observing clinical sessions in the clinic facility. These guidelines apply to anyone participating as a clinical observer
 - a. Priority for using TV monitors is given to the clinical preceptors.
 - b. Earphones should be used if there is only one observer watching a specific session. Offer to use the earphones when others are observing.
 - c. Groups of observers may observe without earphones. (This means that only one group watching the same clinical session is permitted to observe per hour.)
 - d. There is to be no eating or drinking in clinical areas including the observation rooms. Observation rooms are not to be used for study of other assignments or casual reading.
 - e. Keep talking to a minimum in the observation rooms.
 - f. When selecting the correct equipment switch to tune into a clinical session, know the client's treatment room number. Do not switch through all the equipment buttons.
 - g. Observation rooms are Pressey 142, 146, and 148. Select the room in which to observe on the basis of availability and need for parent observation. If you are to be observing in audiology,

report to the 147 suites in order to determine where you will be observing. Note: One-way mirror observation in 124b, 126b, 128, 140b and e are restricted to clinical staff. Members of client's family may use these rooms only with specific approval.

- h. All information about the client and clinician is confidential. Therefore:
 - i. Keep observation doors closed.
 - ii. No comments should be made about either person (client or clinician) outside observation rooms, class instructor's offices, and supervisor's offices.
 - iii. When referring to clients in reports, use the person's initials. Never use the client's full name.
 - iv. All HIPAA guidelines apply to observations.

D. Guidelines for Professional Clinical Behavior

- a. Clinic cases should only be discussed with clinical supervisors or other professional staff. Conversations should concern themselves with matters relevant to the speech, language and/or hearing problem or related matters.
- b. Conferences between supervisors and students should be conducted in designated areas, such as the preceptor's office (Be discrete related to this.)
- c. Cases should not be discussed in hallways, room 35 or the Clinic office area, rooms 139 and 141 Pressey.
- d. Parent conferences should be conducted in treatment/clinic rooms.
- e. No information concerning patients is to be discussed with individuals who are not part of the clinic staff, including other professionals, without written permission from the patient or the patient's parents. This includes phone calls, e-communication, and personal meetings as well as written reports and correspondence.
- f. Clinicians should dress professionally, i.e. consistent with dress code standards for clinic facilities in the community. Please note the specific dress code guidelines for the OSU SLHC:
 - i. No jeans (including colored jeans, shorts, including linen or "dress" shorts), or Capri pants.
 - ii. No halter tops, low-cut blouses or tank tops (for either men or women). This would include shirts that expose the midriff area (either front or back) when standing or bending. In addition, hip huggers will be prohibited if skin is exposed in the midriff area.
 - iii. No miniskirts or dresses (skirt or dress length should be appropriate for the workplace, with skirt length no shorter than 1 inch above the knees).
 - iv. No tennis shoes, open toe shoes, or sandals; shoes must be worn at all times.
 - v. Hose are **not** required when wearing dresses/skirts; however bare legs should be tasteful and should be appropriate for the workplace. Hose or socks are preferred when wearing pants (reminder close toe shoes must be worn).
 - vi. Jackets, sweaters, or under blouses are to be worn over sleeveless attire (i.e. sundresses, etc.).
 - vii. Hair should be well groomed and appropriate for a professional clinical environment. Facial hair should be well groomed.
 - viii. Tattoos should be tasteful and appropriate for the workplace (not profane, political, threatening, etc.)
 - ix. Facial or body piercings should be tasteful. Tongue/oral piercing is inappropriate for those involved in speech-language-hearing service delivery therefore tongue studs

- must be removed during service provision.
- x. It should be noted that choices in dress code may have consequences. Clinic personnel attempt to balance clinician self-interest with views of patients. If an AuD student opts to have piercings, tattoos, etc., it is possible that a patient or their family may request a different clinician. Although clinical preceptors support AuD clinicians, both staff and students must be aware of potential feedback from patients.
 - xi. Each site may have their own dress code and may include wearing scrubs/clinic uniform, limit choices of hair color/hair style, require that tattoos be covered, etc. It is the responsibility of the student to know and follow these dress code requirements.
- g. Formal methods of addressing individuals should be used in the Clinic. This means the appropriate title (Ms., Mrs., Dr., Mr., etc.) before a surname. This manner of address should be used for Clinical staff, adult clients/patients, and parents of clients/patients unless an individual requests otherwise.
 - h. If more information is needed from other agencies or professionals to achieve a client's goals, discuss the strategies and procedures with the clinical supervisor prior to discussing issues with the client/parents and/or other professionals. Once the procedures have been discussed, the graduate clinician will have the responsibility to initiate and follow through on the decided action. (This may include scheduling conferences, e-communication, telephone contacts, letters, etc.).
 - i. Do not walk through the waiting/reception room (139) as a path to the clinic areas. Instead, take the north hallway (past rooms 134-138).
 - j. Patients are NOT permitted in room 129, either accompanied or unaccompanied. The ONLY exception is if the clinician is in the middle of a session, has responsibility for a pediatric client and has forgotten a material.
 - k. Patient siblings are NOT permitted in room 129 at any time. Patient siblings may not use therapy materials. Parents need to bring toys/activities from home to occupy siblings during a client's therapy session.

E. Forms/Materials

- a. Clinic Forms (CF) are known by their number (i.e. CF-02, CF-05) than the title of the form. Whenever possible, preceptors will try to use both the number and description/title of the form.
- b. Graduate clinicians are responsible for knowing the forms to accurately complete patient care.
- c. Instruction on the clinic forms occurs in meeting with the preceptor, class sessions, and can be found on Carmen/Canvas.
- d. Forms that are used for clinical matters are kept in a file cabinet directly adjacent to the supervisor mailboxes in the Clinic Office. The users of the forms are requested to take the blue sheet to the Clinic Office Manager when it is reached and only a few forms remain. **Do not take the last form**; instead, inform the Clinic Office Manager, so the supply can be replenished.

F. Clinical (practicum) Hours Documentation

- a. SHS Clinical Clock Hours--CF-06 and CF-07 are very important, as they are where clinical hours are recorded.
- b. Each clinician shall have two copies of each appropriate form--one is to be kept in the

student file housed in 140 Pressey, and updated at the end of each academic term. The other copy is to be housed student's "home" personal folder (preferably scanned for retention) for safekeeping, updated at least at the end of each semester.

- c. Graduate clinicians are responsible for having the preceptor complete and sign the forms for each academic term they are engaged in practicum.
- d. SHS 6843 Clinical hours are counted and recorded on the CF-07/08 in which the graduate student has direct contact with the patient in assessment, management, treatment, and/or counseling.
- e. For AuD students: SHS 6843 Clinical hours are counted and recorded on the CF-06. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. The minimum number of hours of supervised clinical practicum is 1,820.
- f. Graduate students will keep an ongoing record of their clinical hours for each day that they are in their practicum. This documentation will then be reviewed and compared to the documentation that the supervisor has maintained during the assigned academic term. Graduate students are to discuss the format of recording and documenting hours with the assigned supervisor at the beginning of assigned term.
- g. Log of Recommended Clinical Experience for SHS 6843 students--04 and 05 forms provide a summary of the recommended clinical experience that each student should have while in professional training. It is important that this log be updated on a term-to-term basis.
- h.

G. Calibration of Audiometers

- a. Daily Calibration of Clinical Audiometers
 - i. A biological check must be performed on the day that an audiometer will be used. The biological check will include checks of thresholds for all pure tones through earphones, attenuator linearity, electronic crosstalk, bone vibrator output, cords, and speaker function. Forms for the checks are posted in each test booth.
- b. Daily Calibration of Screening Audiometers
 - i. Each screening audiometer will receive a biological check before any period of use. The biological check will include checks of thresholds for all pure tones, attenuator linearity, electronic crosstalk, and cords. Each check will be performed by the person who will be using the audiometer.
- c. Request permission from the Clinic Director to check out equipment.
- d. A variety of equipment is available for students, faculty and staff. The equipment and space must be scheduled with ample time for instrumentation and due consideration for others who have similar needs. For specific needs:
 - i. Suite147 for hearing equipment and materials, including audiometers and immittance screener
 - ii. Room128 and 129 for treatment equipment and materials
 - iii. Room143 for assessment materials
 - iv. Room129: clinical reference library
 - v. Room Video/Audio Equipment
 1. Sign up for video equipment. Should video recording be needed for a given session, it should be arranged with the case's supervisor.
 2. If a monitor is being used for recording a note should be placed on the monitor signifying date, time of recording, and treatment room location where session is being recorded.

- e. Any missing or damaged materials and malfunctioning equipment should be reported immediately to the Clinic Director.

H. Telephone Usage

- a. It is preferred that student clinicians make telephone calls pertaining to clinical matters using:
 - i. Client's supervisor's office phone
 - ii. Designated phones in the clinic office
- b. Personal phone calls may only be made from one's own cellular phone.

I. Copier and Printer Use

- a. The copier and printer in the clinic office are for **CLINIC USE ONLY**.
- b. They can be used to duplicate materials necessary for clinical sessions in this clinic, reports, client insurance information, etc.
- c. They are **NOT** for personal use, to duplicate notes from classes, print articles for class, etc.
- d. Students violating this policy will be asked to stop using the copier.
- e. Ongoing violations may result in denial of clinical hours.
- f. Students are encouraged to make arrangements for their personal copying needs.

J. Clinical Research Requiring Ohio State Clinical Facility, Equipment, and Materials

- a. Policy: Faculty, staff, and students using the SLHC facility, equipment, and/or materials while conducting research are to coordinate their needs and plans with the Clinic Director. Expendable materials will be purchased by the researcher.
- b. Procedure: The researcher is to discuss facility, equipment, and material needs with the appropriate coordinator. After a satisfactory schedule is approved, the investigator is to submit a written outline of facility, equipment and material needs along with dates and times of planned usage.

K. Infection Control

- a. Purpose: This program is established to provide a coordinated program of education, Universal Precautions, and exposure follow-up to minimize or eliminate workplace exposure to Hepatitis B, Human Immunodeficiency Virus (HIV), and other diseases. The program's purpose is to ensure and maintain the Speech-Language-Hearing Clinic's commitment to a safe and healthful environment for its staff, students, and clients and to ensure compliance with OSHA's standard on occupational exposure to blood borne pathogens (29 CFR 1910.1030).
- b. Scope: This plan applies to all occupational exposures to blood or other potentially infectious materials within the facilities of the OSU Speech-Language-Hearing Clinic.
- c. Definitions
 - i. Staff: Employed by The Ohio State University and working in the OSU SLHC.
 - ii. Students: All students providing services in the OSU SLHC.
 - iii. Clients: All persons receiving services in the OSU SLHC.
- d. Policy
 - i. Clinic staff and students are to implement infection control procedures as appropriate

- to meet requirements of OSHA's standard on occupational exposure to blood borne pathogens (29 CFR 1910.1030).
- ii. Staff and students will also implement the general sanitation guidelines as outlined to reduce risk of other infectious diseases.
- e. Procedures – Including, but not limited to:
- i. Handwashing
 1. Before and after each client contact, after contacting blood or body fluids, after using the toilet or helping a child with toileting, after a child sneezes, coughing or wiping a nose, before preparing, serving, or eating goods, after handling soiled items such as used tissues or dirty toys, after diapering, immediately after removing gloves or other personal protective equipment, and before and after smoking.
 2. Handwashing is the single most important means of preventing the spread of infection and should be performed using the following steps: Obtain adequate supply of paper towel for drying hands from the dispenser before washing hands. Turn on the water and adjust the flow so that it does not splash the surrounding area. Apply soap to wrists, backs of hands, palms, and fingers. Rub all surfaces of hands together vigorously for at least 10 seconds, including the areas between fingers. Clean under each nail using the nails of the other hand. Rinse hands thoroughly under a stream of water. Leave the water running while patting the hands dry with a paper towel. Finally, turn off the water using the paper towel.
 3. NOTE: Antibacterial hand sanitizer (i.e. without water needed) can be found in each treatment room; this can be utilized in cases when a thorough hand-washing procedure is not possible.
 - ii. Gloves
 1. Wear synthetic vinyl examination gloves while performing procedures that may involve exposure to blood or body fluids.
 2. Vinyl gloves should also be worn when cleaning spills involving blood or other body fluids (i.e., oral peripheral examinations, fitting vocal/oral prostheses, spirometer examination, conducting VLS, swallowing retraining, a facilitation of gag reflex, etc.).
 3. Change gloves between clients and when the gloves become soiled to minimize the potential for spreading infection.
 4. Dispose of gloves in the trash can in the service delivery room.
 5. Wash hands or use antibacterial hand sanitizer immediately after disposing of gloves.
 6. Do not wash or disinfect sterile examination gloves for reuse.
 - iii. Tongue blades and swabs are to be immediately and directly placed in the treatment room's trash can.
 - iv. Earphones, earbuds, headsets, and probe tubes, etc. are to be cleaned with Clorox Anywhere spray/wipes following each use.
 - v. Reusable items such as otoscopic specula (both handheld and video otoscope), immittance tips, ear light tips, and stock earmolds are to be cleaned with the 10% bleach solution mixed each day in clinic. Consult with the supervising audiologist with questions.
 - vi. General Sanitation
 1. To disinfect a surface wash it with soap and water first, then apply a

- disinfectant. The disinfectant will not work as effectively if the surface has not been washed. Clorox Anywhere spray/wipes are provided for disinfecting surfaces.
2. Mouthed or soiled toys/dishes: wash with soap and water, clean with Clorox Anywhere spray/wipes, air dry.
 3. Environmental spills of blood (e.g., nosebleeds, vomitus, feces, or other body fluids)
 - a. While wearing vinyl gloves, wipe up with a disposable towel, wash objects coming in contact with the fluid with soap and water and clean with Clorox Anywhere spray/wipes.
 - b. Dispose of the gloves in one of the waste containers that is specifically contained until daily trash removal is available.
 - c. For nosebleeds or injuries that result in bleeding, the person assisting should wear vinyl gloves whenever possible.
 - d. Wash hands or use antibacterial hand sanitizer immediately after disposal of gloves.
 4. Food and drink will not be kept in or on refrigerators, freezers, shelves, or countertops where blood or other potentially infectious materials are present.
 5. Staff members and students will only eat and drink in the appropriate eating areas to prevent migration of contamination beyond the work area.
 6. Staff members and students will only apply make-up, handle contact lenses, or perform other grooming in appropriate Department restrooms to prevent contamination beyond the work area.
- f. Management of Communicable Diseases
- i. The “Ohio Department of Human Services Communicable Disease Chart” is housed in room 129 in a notebook labeled “Communicable Diseases.”
 - ii. Each client is to be observed daily with regards to evidencing symptoms of a communicable disease as he or she enters a session or the preschool group.
 - iii. Should suspected symptoms be observed, the client’s supervisor should be immediately informed and appropriate action is to be taken as needed.
 - iv. We ask parents to notify the clinic if their child gets a communicable disease. The supervisor(s) will then notify the other parents that their children have been exposed. When signs of the communicable disease are gone, the child may be readmitted to the program.
 - v. A client with rashes, a sore throat, an elevated temperature, vomiting, or evidence of lice, scabies, parasitic infestation or a communicable disease will be isolated from other clients immediately. The clients will then be advised to leave the facility quickly as possible so to minimize other’s exposure.
- g. Post Exposure Plan
- i. In the rare event that a staff member or student experiences an exposure to blood, blood products, or other potentially infectious body fluids by way of contact with broken skin, mucous membrane, eye, or other identified exposure, the following procedures will occur:
 1. The exposed staff member or student will immediately take appropriate first aid actions (if feasible), including but not limited to washing the affected area with soap and water and/or flushing the mucous membranes or eye (Eyes must be flushed for a minimum of 15 minutes). The staff member or student will then immediately report the incident to his or her immediate supervisor

- or another supervisor if that person is not available.
2. The staff member or student will receive necessary immediate first aid and will be referred for medical treatment, which may include gamma globulin and/or Hepatitis B vaccine. The medical facility will be informed of all known information about the exposure incident, including but not limited to: type and site of the exposure route and all known information relating to the incident; HBV and HIV antibody status of the source person, if known; Hepatitis B vaccination status of the person experiencing the exposure, a copy of the Speech-Language-Hearing Clinic's Infection Control Plan; first aid given to the exposed person, any known medical information pertaining to the occupationally exposed person which the medical provider might find helpful in rendering treatment.
 3. With signed authorization (consent) by the person exposed, a baseline will be obtained on his or her blood for HBV and HIV current status, with emphasis on the maintenance of all confidentiality issues.
 4. Staff members and students have 90 days following the baseline blood collections to decide if they wish to have HIV serological testing done. Therefore, the employer must make provisions with the medical provider to hold a sample of blood from the occupationally exposed person for a minimum of 90 days.
 5. The person sustaining the exposure will complete the first portion of an "Accident Report" form, paying attention to completing the form in detail, identifying the source individual or other source (if feasible), then signing and dating the form. The completed form will then be given to the supervisor. Accident Report forms can be found at www.biosci.ohio-state.edu/safety/Accident.html.
 6. The supervisor who has been notified of the exposure will then complete the second portion of the Accident Report form, paying attention to identifying the type and route of the exposure; identifying the source of exposure or the unfeasibility of identifying the source; documenting the HBV and/or HIV antibody status of the source individual, if known; documenting the circumstances and cause of the exposure, including conditions and actions related to the incident; identifying engineering and work practice controls utilized or not utilized; identifying personal protective equipment utilized or not utilized; identifying actions by other staff members and/or students that may have contributed to the incident; identifying the immediate action taken (if applicable); describing actions that will be taken to prevent this type of exposure in the future, including retraining if necessary; initiating any disciplinary action if appropriate; and signing and dating the Accident Report form.
 7. The exposed staff member is responsible for submitting the Accident Report form to Employee Health Services University Hospital Clinics 2A 456 W. 10th Ave. (293- 8146) within four (4) days of the exposure. Typically, treatment must be initiated prior to the seventh day following exposure in order to be viable.
 8. The exposed staff member is responsible for submitting the Accident Report form to Employee Health Services University Hospital Clinics 2A 456 W. 10th Ave. (293- 8146) within four (4) days of the exposure. Typically,

treatment must be initiated prior to the seventh day following exposure in order to be viable.

9. If the source individual can be determined, the HBV and HIV status is unknown, and consent is obtained from either the source individual or legally authorized representative, collection and testing of the source individual's blood to determine presence of HIV or HBV infection will be done. **Results of the laboratory test of HBV and HIV status must be kept confidential and shared only on a strict "need to know" basis.**
 10. Every effort should be made to detain the source individual in the facility on the day of the exposure in order to discuss the exposure incident and obtain consent for blood testing. The source individual should arrange to be tested by the physician of choice. The physician and the physician testing the exposed individual should consult with one another to determine the type and extent of testing. Costs of testing for the source individual will typically be borne by the source individual.
 11. If consent is not obtained, this fact must be documented in writing, with the date and time noted and signed by the individual supervisor seeking the consent. An explanation of the unfeasibility or inability to obtain the consent must be documented, as well. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented. Results of the source individual's testing will be made available to the exposed staff member or student, and that person will be informed of applicable laws and regulations concerning disclosure and confidentiality of the identity and infectious status of the source individual.
- ii. Post Exposure Follow-Up Requirements
1. For the exposed staff member follow-up requirements will adhere to the current guidelines as provided by Employee Health Services. The employer will make every effort to assure that all applicable laws and standards of confidentiality will be applied to both the source individual and the occupationally exposed person. Costs of follow-up testing and treatment will be the responsibility of The Ohio State University. Should the staff member contract a disease, costs will be submitted to Worker's Compensation.
 2. For the exposed student it is the responsibility of the Speech-Language-Hearing Clinic to document that medical services have been rendered. Due to confidentiality of medical records, the Clinic will not maintain records of any treatment or follow-up care for exposed students. It is the responsibility of the student and the Student Health Center's medical providers to ensure that appropriate procedures are followed and records kept. If the student is currently enrolled as a student at Ohio State, the Wilce Student Health Center will cover the cost of the initial examination. The student is responsible for all other costs.
- iii. Record Keeping Requirements
1. The Employee Health Service will establish and maintain an accurate record for each staff member who has an occupational exposure incident, in accordance with 29CFR 1910.29.
 2. The accident medical and related records (the medical and worker's compensation portion of the medical file) will be maintained according to the guidelines of the Ohio State University's Employee Health Service.

3. The Employee Health Service will ensure that the employee's medical records are kept confidential and are not discussed, disclosed, or reported without the employee's express written consent to any person within or outside the workplace except as may be required by this standard (29CFR 1910.1030) or as may be required by law.
- h. Immunizations and Vaccinations
 - i. All staff and graduate students involved in providing clinical services should maintain current immunization and vaccination status. Immunization records for graduate students must be maintained at the Wilce Student Health Center. Employee immunization records will be maintained at Employee Health Services.
 - i. Staff and Student Education
 - i. All staff members and students will receive education in the proper use, storage, and disposal of personal protective equipment.
 - ii. All staff members and students will utilize infection control procedures and universal precautions outlined in the Clinic Handbook.
 - iii. All staff members and students will be apprised of and educated in the use of personal protective equipment, including but not limited to: gloves, gowns, masks, and goggles.
 - iv. Contact Offices at The Ohio State University:

Employee Health Services
2A 456 W. 10th Ave. (614) 293-8146
(Accident Report form: 8773)

Wilce Student Health Center
1875 Millikin Rd.
(614) 292-0150

Department of Environmental and Occupational Health and Safety
1314 Kinnear Rd.
(614) 292-1284

L. Sexual Harassment Policy

- a. The Ohio State University's Policy on Sexual Harassment will be followed at the Ohio State University Speech-Language-Hearing Clinic. Sexual Harassment encompasses any sexual attention that is unwanted. Verbal and/or physical conduct, including physical assault, direct propositions of a sexual nature, and behavior that causes discomfort or embarrassment, is prohibited by the University's Sexual Harassment Policy. Any complaint alleging a violation of this policy should be brought to the attention of the Director of Clinical Instruction and Research. Further details are available in the Policy and Procedure Manual provided by the Office of Human Resources (number 1.15, revised 11/5/93). A copy of the manual is available in the Department Office (110 Pressey Hall).

M. Reported Child Abuse

- a. If a clinician suspects any form of child abuse, they are to follow the procedures as described below. Any educator is required by law to document and report all incidences of suspected child abuse. It is punishable by law not to report a suspected case.

- i. The supervisor of the case is to be notified immediately.
- ii. The supervisor and the clinician are together to put in writing the suspected information.
- iii. The supervisor will then contact the clinical director and department chairperson to advise them of the report.
- iv. A call is placed by one of the above staff members (supervisor, director, or chairperson) to Franklin County Board of Children's Service, or if the child resides outside of Franklin County the Ohio Child Abuse Hotline.
- v. The call can be placed anonymously or identifying information may be given.
- vi. It is not the responsibility of the clinician or the supervisor to investigate further.
- vii. Continued documentation of evidence and comments should continue on an ongoing basis. This information is not kept in the child's clinical folder, but remains under lock in the chairperson's or director's office for a period of 5 years.

N. Service Animals

- a. The only animals permitted in the OSU SLHC facility (halls, offices, and service delivery rooms) are service animals acting in an official capacity.

We are excited to have you in the Graduate Program in the Department of Speech and Hearing Science at The Ohio State University. We are here to help you succeed in a wonderful and growing field with many opportunities to enable people to live full lives through fostering speech, language, and hearing skills.

Please remember the information in this handbook to use throughout your tenure in the program.

Best wishes for success in the AuD program and know that you are supported by your classmates, faculty, staff, and alumni!

Appendix A

Status of Course/Knowledge Competencies

To: Academic Advisor: _____

Clinical Advisor: _____

SLP/Au.D. Coordinator: _____

Re: Notification of failed (C+ or poorer) course grade

Student's Name: _____

Course Information

Course Number: _____

Course Title: _____

Grade for the course: _____

Semester enrolled in course: _____

Course Instructor: _____

Student's Signature

Date

Submit notification of a failing grade to the SHS personnel listed above by placing a copy of the form in each of their mailboxes. The form is to be submitted within 3 days of the grade's posting.

Appendix B

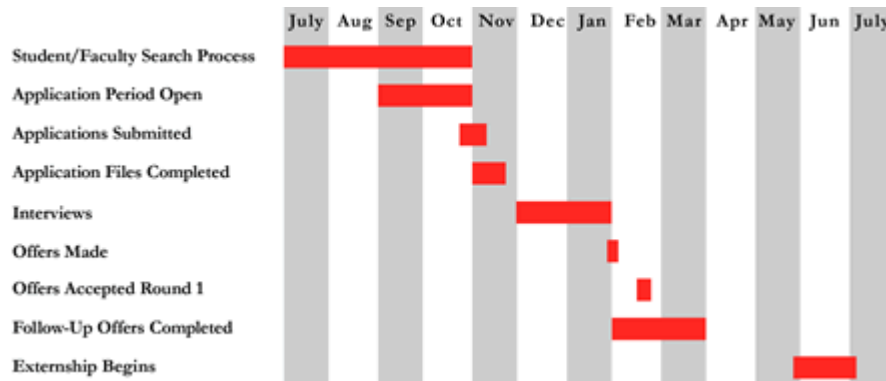
Suggested Guidelines for 12-Month Au.D. Externships (American Academy of Audiology, 2006)

Introduction

With a growing number of fourth year externs needing placements in their final year, many clinical programs across the nation are receiving year-round inquiries from universities and students. At the request of clinical program directors and in an effort to bring greater uniformity to the application and selection process, the following timeline was suggested by the Academy's Clinical Education Subcommittee in 2006. The timeline will not be ideally suited for every university and every clinical setting; however, movement toward greater uniformity in application and placement should result in a more timely and efficient process, beneficial to students, university programs and clinical sites.

Externship Timeline

Student/Faculty Search Process:	Students/faculty investigate program opportunities, requirements, deadlines; July through October
Application Period Open:	Extern sites accept applications during this time period; September and October
Application Submitted:	Final date for sites accepting applications; October 31
Applications Files Completed:	Letters and transcripts to be on file; November 15
Interviews:	Externship interviews scheduled and completed; December and January
Offers Made:	Offers made by sites to students on February 1
Accepted Round 1:	Offers accepted by students within 2 weeks
Follow-up Offers Completed:	Process completed by March 31
Externship begins:	June 1 – July 1



Appendix C

Optional Certification Plan for Au.D. Students

Optional Certification Plan for Au.D. Students

This form is to be completed by December of the 3rd year in the AuD program, with a copy for both your Academic and Clinic files.

_____ I plan on pursuing the requirements that lead to the Certificate of Clinical Competence (CCC) in Audiology from the American Speech-Language-Hearing Association (ASHA) while enrolled in the AuD program.

_____ I do NOT plan on pursuing the requirements that lead to the Certificate of Clinical Competence (CCC) in Audiology from the American Speech-Language-Hearing Association (ASHA) while enrolled in the AuD program.

Student Signature