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Department of Speech & Hearing Science  
The Ohio State University Speech-Language-  
Hearing Clinic

Graduate Handbook – Vol. II

Clinic Policies and Clinical Requirements for Certification

## **PREFACE**

On behalf of The Ohio State University Speech-Language-Hearing Clinic, the clinical preceptors and clinic staff welcome you as you begin your clinical education at The Ohio State University. As you begin your professional preparation in the fields of Speech-Language Pathology, 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 in Hearing Disorders, 6751, 6752, 6753, 6754, 6755, 7742, and 6844;7844) 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 Speech and Language Disorders 6751, 6752, 6753, 6754, 6755, or 7742, and 6844/7844 enrollments as well as the policies, procedures, and clinical operations of the Ohio State Speech-Language-Hearing Clinic. Another specific resource for Clinical Seminars in Speech and Hearing Disorders, (6751, 6752, 6753, 6754, 6755, 7742, and 6844/7844) 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 speech-language pathology and audiology, including managed care, marketing, and quality management. With these learning opportunities come responsibilities and expectations similar to those that will be 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 will be 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 endeavor.

Gail M. Whitelaw, PhD  
Clinic Director

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# Clinical Handbook for Graduate Clinicians

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 6844/7844, 6751, 6752, 6753, 6754, 6755, 7742, and 6189 (Speech-Language Pathology Practicum and Clinic Seminars) and/or those posted on Carmen.

## Requirements and Policies for SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders

### 1: Clinical Registration

#### 1.1 – Prerequisites

- A. All graduate clinicians intending to enroll in 6844/7844 or 6189 (SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders) must have successfully completed the applicable SHS Clinical Seminars in Speech & Language and/or Hearing Disorders.
- B. All Speech-Language Pathology majors must take all of the SHS Clinical Seminars in Speech & Language Disorders courses in the sequence offered.
- C. Graduate clinicians wishing to enroll in any audiology coursework must obtain the permission of the instructor.

#### 1.2 – Credit Hours

- A. Speech-Language Pathology graduate clinicians will enroll in **6844** for 1 credit during the 1<sup>st</sup> three semesters, Autumn, Spring, and summer.
  - a. Graduate clinicians are responsible for consulting the curriculum information provided in Graduate Handbook V. 1 and online <https://sphs.osu.edu/grad/ma>
  - b. Graduate clinicians are responsible for registering for the correct courses each semester.
  - c. Incorrectly registering for 6844 will result in denial of clinical hours for that semester.
  - d. Failure to properly register for 6844 could also delay progression toward graduation, as that class will need to be repeated.
- B. All graduate clinicians enrolled **7844** or **6189** must enroll in the prescribed number of credit hours designated in the curriculum, unless otherwise advised.
  - a. Graduate clinicians are responsible for consulting the curriculum information provided in

- Graduate Handbook V. 1 and on the Speech and Hearing Department website (<https://sphs.osu.edu/grad/ma>) and registering for the correct courses each semester.
- b. If a speech-language pathology graduate clinician opts to complete school certification, she/he will need to register for 6189 in addition to 7844 the semester they have their school placement. See curriculum information provided in Graduate Handbook V. 1
  - c. Incorrectly registering for 7844 or 6189 will result in denial of clinical hours for that semester.
  - d. Failure to properly register for 7844 and/or 6189 could also delay progression toward graduation as that class will need to be repeated.
- C. Actual assigned caseload may vary from semester to semester. Each graduate clinician is to indicate clinical areas of interest on the CF-02. Side note: Clinic Forms (CF) are filed by their number (i.e. CF-02, CF-70) rather than the title of the form. See section 6.6 E.

### **1.3 – CF-02: Graduate Clinician Schedule**

- A. All speech-language graduate clinicians are expected to be available for clinic assignments Monday – Friday, 8am-5pm during their first 2 semesters. During the first summer semester and all subsequent semesters, clinical placements may extend beyond these times, especially in medical settings.
- B. All graduate clinicians enrolled in SHS Clinical Seminars and Practicum Experiences in Speech-Language and expecting to enroll in clinical practicum are to submit CF-02 (SLP Clinic Request Form) indicating their class and/or GAA/GTA/GRA schedules and clinical areas of interest respectively. The OSU SLHC Placement Coordinator will work with the graduate clinician to accommodate clinic schedules for GRA/GTA/GAA positions.
- C. The appropriate form should be submitted to the OSU SLHC Placement Coordinator by the date provided on the clinic calendar and/or 6844/7844 syllabus. Late submissions may result in not being placed in clinical assignments for that semester or being considered for placement options after other graduate clinicians have been placed.
- D. These forms are expected to be filled out completely and correctly. If forms need to be returned for corrections, this can delay being placed in clinical assignments for that semester or being considered for placement options after other graduate clinicians have been placed.

### **1.4 – Other Clinical Experience**

- A. For Speech-Language Pathology majors, clinical experience obtained through courses other than 6844/7844 and/or 6189, as a stipend requirement, or as part of an employment contract generally will not 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 6844/7844 and/or 6189, and the Clinic Committee deems the assignment acceptable. Only those hours consistent with credit obtained through that 6844/7844 and/or 6189 assignment will be counted. A graduate 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 6844/7844 and/or 6189.

### **1.5 – Technology Skills**

- A. All graduate clinicians who are enrolled or plan to enroll in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders need to have strong technology skills. The OSU SLHC computers are PC with Microsoft products; therefore, documents submitted electronically to preceptors are expected to be produced using Microsoft applications.
- B. Each graduate clinician is expected to use computers extensively in the clinical setting for report writing, diagnostic, and treatment purposes.
- C. It is the graduate clinician's responsibility to acquire appropriate technology skills prior to enrollment in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders.

### **1.6 – Clinical Seminars and Practicum Experiences in Speech and Language Disorders: 6751/6752/6753/6754/6755/7742, 6844/7844, 6189 Eligibility**

- A. Only graduate clinicians 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 Experiences in Speech-Language Disorders 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 Experiences in Speech-Language Disorders. 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 6751, 6752, 6753, 6754, 6755, or 7742 the student will be prohibited from enrolling in 6844/7844, and/or 6189 in the following semester. Competency may be demonstrated by repeating 6751, 6752, 6753, 6754, 6755, 7742, or by completing a corrective plan of action deemed appropriate by the SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders 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., evidence-based practice, speech-language disorders, voice, 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 (SLP Clinic Request Form) is 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 OSU SLHC 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 Experiences in Speech-Language Disorders) 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 Experiences in Speech-Language Disorders for two semesters, the student will be denied further enrollment in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders.
- 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/or 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 documented on the Accommodation Request form (found on Carmen) and shared with each clinical preceptor, each semester. You may view a video outlining potential eligibility and accommodations here: <https://slds.osu.edu/accommodations-services/>

## **1.7 – Clinical Observation Hours**

- A. All graduate clinicians must have completed at least 25 hours of clinical observation, undergraduate prerequisite courses, and pertinent courses on disorders. Observation hours must be completed by the completion of your 1<sup>st</sup> semester in the program. Information about requirements for completion of observation hours will be provided to you as part of your clinic orientation.
- B. Appropriate documentation of the observation hours must be logged into CALIPSO (online tracking system) during the first semester of enrollment.

## **1.8 – Adequate Spoken and Written English Skills and Speech-Language Skills**

- A. Graduate Clinicians enrolling in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders must demonstrate adequate spoken and written American English skills and speech/language skills. If a graduate clinician needs assistance with spoken and written American English and speech/language skills, discuss this with your Clinical and Academic Advisors.

- B. All graduate clinicians 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 graduate clinicians enrolled in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders should reflect the nature of the professional clinical relationships entailed in the practice of Speech-Language Pathology.
- D. Graduate clinicians that are non-native speakers of English are required to receive a 550(PBT – Paper-Based Test)/79-80 (iBT – Internet-Based Test) along with a speaking subtest score of >28 on the TOEFL test or its equivalents (IELTS – International English Language Test System 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. Graduate Clinicians pursuing certification and/or state licensure shall not accumulate practicum hours for services rendered in a facility, home, school district, or similar entity that employs them to deliver professional services.
- B. This does not include graduate clinicians who are receiving traineeships, scholarships, or stipends. 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 deemed acceptable by the Clinic Committee
  - b. The graduate clinician is enrolled in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders
  - c. Written evidence of the financial agreement is provided by the employer
  - d. The type of acceptable clinical cases is prescribed by the designated clinical coordinator
  - e. The on-site preceptor is an approved affiliated preceptor

### **1.10 – Graduate Clinicians enrolling in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders 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. Ohio Law and Administrative Rules Governing the Practice of Speech-Language Pathology and Audiology: <http://slpaud.ohio.gov/lawsandrules.stm>

## C. 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 have no need to purchase their own professional liability insurance since the University plan is provided to students at no direct cost.
- d. However, a site may require a student to provide additional professional liability insurance at their own expense.

### 1.11 – Health Insurance

- A. It is expected that graduate clinicians enrolled in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders have health insurance coverage.
- B. Documentation of this coverage is required by a number of outside practicum sites and must be provided by the graduate clinician prior to beginning placement at these sites.

### 1.12 – Health Status

- A. Graduate clinicians enrolled in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders must provide documentation of their health status and keep it updated on an annual basis while enrolled in their professional programs.
- 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 sites.
- C. All State of Ohio immunizations that are required by state law and 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 being placed at medical and/or educational clinical rotation sites may not be possible. This could 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 or at Student Health Services at The Ohio State University.
- H. Other sites require seasonal flu shots and drug testing.
- I. Regardless of where immunizations are obtained, documentation of immunizations will be filed in the graduate clinician's clinical folder at the OSU Speech-Language-Hearing Clinic.
- J. In addition, requirements for documenting immunity, such as with the Hepatitis B vaccination, should be discussed with the graduate clinician's health care provider and follow-up as suggested by the provider should be pursued by the graduate clinician. This may include documentation of immunity that may be used at a later time for employment related health requirements.

### **1.13 – Contagious Disease**

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

### **1.14 – CPR**

- A. SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders graduate clinicians are required to provide documentation of current certification in basic cardiopulmonary resuscitation (CPR). Training for this course must include a "hands-on" component.
- B. This can be obtained outside of The Ohio State University.
- C. Documentation must be kept in the clinician file.

### **1.15 – Universal Precautions**

- A. Graduate clinicians enrolling in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders are expected to be familiar with and practice universal precautions.
- B. Graduate clinicians should also determine specific precautions and regulations for each affiliated site to which they are assigned. Information about universal precautions is available in the Clinical Seminars 6751, 6752, 6753, 6754, 6755, 7844 in the Health Requirements Handbook, by discussion with preceptors at assigned sites, and through a short course online.
- C. Graduate clinicians are required to complete a questionnaire to document that they have received education about universal precautions and file this documentation in their graduate clinician

clinical folder.

### **1.16 – Formative and Summative Assessment**

- A. SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders graduate clinicians are to participate in formative and summative assessments of their clinical competencies.
- B. To assist in this process, Speech-Language Pathology graduate clinicians are required to complete a “Self-Evaluation” at the end of each semester in CALIPSO. This information is intended as a starting point for review with each preceptor during the orientation meeting at the beginning of each semester for clinical placement at a given site. Failure to complete this at the end of each semester can result in denial of clinical hours and/or receiving a “U” in the 6844/7844 clinical practicum course.

### **1.17 – Non-Conviction Statement**

- A. Graduate clinicians enrolling in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders must complete a non-conviction statement as part of the criminal records/background check conducted by the University (BCI&I and FBI).
- B. This statement certifies that the graduate clinician 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) completed at The Ohio State University/Human Resources; information regarding when and how to do this will be provided during clinic orientation
  - b. Fingerprint consent
  - c. Clinic procedures training
  - d. Updated vaccination records
  - e. CPR training
  - f. Drug testing
  - g. Physical
- B. Graduate clinicians are expected to keep all information up to date and provide required information to clinical placement sites as requested.
- C. Discuss any questions or concerns with the OSU SLHC Placement Coordinator.

- D. Failure to keep all information up to date can result in being removed from, or not being scheduled for, clinical placements.
- E. It is important to note that to ensure compliance for all clinical placements, the BCI&I and FBI background checks must be completed on campus at the student's expense 3 times during their program.

### 1.19 – Additional Expenses

- A. Graduate clinicians enrolled in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders may incur additional expenses for participation on clinical rotations. Additional expenses may include, but are not limited to:
  - a. CALIPSO membership
  - b. Digital recorders
  - c. Replacement OSU SLHC name tags
  - d. Scrubs

### 1.20 – Clinic Calendar

- A. Clinical assignments in the OSU Speech-Language-Hearing Clinic will be scheduled from the first day of the academic term until the last day of finals. Please refer to the Clinic Calendar and/or 6844/7844 syllabus for exact dates. It should be noted that the last day of clinic is often prior to the last day of finals; however, students are expected to be on campus to address any documentation completion, as well as final conferences, through the last day of finals.
- B. The OSU Speech-Language-Hearing Clinic follows the academic calendar.
  - a. SLP graduate clinicians in their first year are **granted** the Autumn and Spring semester break.
  - b. SLP graduate clinicians in their second year are ***not granted*** the Autumn and Spring semester break. If a graduate clinician has an off-site placement, the graduate clinician is expected to follow the calendar for that facility. This means being available to participate in clinic during the Autumn and Spring semester breaks, and possibly some holidays (Labor Day, MLK Jr., Day, Veteran's Day etc..).
  - c. Graduate clinicians are expected to make all travel and needed time off plans to accommodate the academic calendar and clinic placements (see 1.20A). This includes, but is not limited to, family events, weddings, reunions, vacations, etc.
  - d. Graduate clinicians are responsible for following all posted announcements regarding clinical assignments that are posted on Carmen or conveyed through email.

### 1.21 – Guidelines for dropping/withdrawing from SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders

- A. Given the highly unique nature of SHS Clinical Seminars and Practicum Experiences in Speech-

Language Disorders, requesting approval for either dropping or withdrawing from this course is discouraged.

- B. If an extenuating circumstance can be documented, the graduate clinician must make a formal request to drop or withdraw from SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders to the Department Chair and the graduate clinician's academic and clinical advisors.
- C. The Clinic Committee must review this request and provide input to the chair and advisors prior to a decision being reached.
- D. If the graduate clinician 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. They will also be required to collaborate with the Office of Disability Services to ensure all appropriate accommodations are in place - <http://slids.osu.edu/>.
- E. If a drop or withdraw is approved, the following guidelines are to be followed:
  - a. The graduate clinician must provide updated documentation regarding the status of the assigned client(s) to assure that the client(s) will continue to receive quality care. This documentation is to be prepared and submitted in the format that is required by the clinical site where the graduate clinician has been assigned.
  - b. The graduate clinician must notify the preceptor of each client of his/her intent to withdraw so that clients are promptly reassigned in order to assure that delivery of services is not interrupted.
  - c. Any written evaluation from the graduate clinician's preceptor(s) for the drop/withdraw academic term will be retained in the student's academic file and/or the CALIPSO program for SLP graduate clinicians.
  - d. If the withdrawal was for a medical leave, the graduate clinician must provide a letter from their healthcare provider stating the student can participate in the rigors of a clinical placement/full time schedule. If the graduate clinician will require accommodations to support their clinical education, they must register with the Office of Disability Services and may need to update their Technical Standards.
  - e. Prior to re-enrolling in clinic, the graduate clinician must successfully complete the agreed upon and required competency assignments. The content of these assignments are determined by the OSU SHS program clinical preceptor and shared with the graduate clinician with specific timelines for completion provided.
  - f. The clinical assignment for the subsequent academic term in which the graduate clinician may be permitted to enroll in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders is based upon the graduate clinician's clinical competencies/

performance at the time that the graduate clinician dropped or withdrew from clinic and performance on the competency assignments as described in section 'e' of the aforementioned.

- g. Upon re-enrollment in SHS 6844/7844 and/or 6189, the graduate clinician must adhere to the requirements and evaluating the graduate clinician will follow the guidelines as described in Section 3.0 - "Evaluation of Clinical Skills." The semester of re-enrollment is considered a probationary semester and the graduate clinician 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 graduate clinician withdrew will result in permanent removal from the clinical training program in the SHS program at The Ohio State University. If the graduate clinician receives a failing grade during the probationary semester, the graduate clinician is permanently removed from the clinical experience through the SHS program at The Ohio State University.

### **1.22 – Transportation to Practicum Sites**

- A. SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders 7844 and 6189 graduate clinicians 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. Any graduate clinician who chooses to limit their participation on clinic sites due to mileage or travel time, or other transportation needs may delay their progression to graduation.
- C. Clinical sites are in the greater Columbus area, including possible placements in facilities that are approximately 1 hour from OSU SLHC.
- D. The Ohio State University assumes no liability for travel. The Department of Speech and Hearing Science advises each SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders graduate clinician to obtain liability insurance for any travel required as part of the SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders assignment.

### **1.23 – Messages for Graduate Clinicians**

- A. Use of audible signal alerts on cell phones and pagers is prohibited during class, meetings, presentations, and clinical assignments.
- B. EMERGENCY messages may be left in the clinic office (614-292-6251) or the department office (614-292-8207) for Pressey Hall classes and assignments.
- C. Graduate clinicians are encouraged to contact their outside site preceptor to determine appropriate policies and contacts for emergency situations in those settings. If used as a clock, cell phones are to be discreetly visible during delivery of services.



## 1.24 – Screenings

- A. Opportunities to participate in various speech/language/hearing screenings are offered. These opportunities are generally announced via email.
- B. They are supervised by OSU Clinical preceptors or speech-language pathologists or audiologists in the community and are open to any graduate clinician enrolled in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders.
- C. Although short-term clinical experiences, they are governed by the same guidelines as other SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders placements.
- D. If a graduate clinician commits to a screening opportunity, either by contacting the clinical preceptor or through the stated sign-up protocol, the graduate clinician 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 preceptor is notified prior to the screening. If a graduate clinician fails to follow through on their commitment to a screening, they may be denied the opportunity to participate in future screenings and may impact future SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders placements.
- E. If a graduate clinician plans to pursue the CCC through ASHA, then the preceptor 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 preceptor does not hold their CCC, those hours can be counted toward equivalency and competency experiences 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 graduate clinician design a long-term plan for the entire time of enrollment for a graduate degree in order to maintain a balance of completing clinical and academic responsibilities. Several components affect one's daily/weekly schedule when completing a Master's degree program. The following activities and time commitments are typical requirements to be considered when the graduate clinician is planning schedules and requests in each academic term:

- a. Coursework/course load
    - i. The time expended completing coursework and clinical assignments can exceed a standard 40 hour work week depending on the placement and other responsibilities. Specific requests regarding students' scheduling of clinical assignments is to be conveyed to the OSU SLP Placement Coordinator via the CF-02 (SLP Clinic Request Form).
  - b. The time allotted for SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders assignments, including travel time to extended distance rotations
  - c. GAA/GRA/GTA assignments
  - d. Non-department level job responsibilities
  - e. Additional specialization: Student teaching, specialization options, thesis commitment
  - f. Personal needs (e.g., sleep, exercise, meals, etc.)
- C. While making such a plan, graduate clinicians benefit from taking into consideration that commitments vary in time and responsibility, with some requiring a major investment.
- D. It is strongly encouraged that graduate clinicians take advantage of these many outstanding learning experiences. At the same time, graduate clinicians 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 (e.g., GAA/GRA/GTA assignments, non-department jobs, specialized placements etc.) may necessitate extending the number of academic terms essential to fulfill the requirement of the pursued graduate degree.

## 2.0 – Clinical Practicum

### 2.1 – Protocol Sessions

- A. Certain clinical assignments at The Ohio State Speech-Language-Hearing Clinic require graduate clinicians to attend specific protocol sessions, usually scheduled the first week of each academic term. Graduate clinicians are informed of any other necessary protocol sessions by the preceptor.
- B. Attendance is mandatory. Graduate clinicians need to take the commitments and scheduled times into account when planning their semester breaks.

### 2.2– Obtaining Clinical Practicum Assignments

- A. Prior to, or during, finals week of each academic term, clinical assignments will be emailed to the graduate clinicians.
- B. Follow all instructions in the email to notify OSU SLHC Placement Coordinator regarding any conflicts/concerns.

- C. Speech-Language Pathology graduate clinicians will follow all instructions in emails regarding when to contact outside site preceptors to learn of any needed documents/requirements for that site. Failure to adhere to these instructions can result in not being able to participate in clinical placements.
- D. Information regarding speech-language pathology outside placement site requirements and contact information is found on the CALIPSO website, provided by the OSU SLHC Placement Coordinator, and/or provided by the site preceptor.

### **2.3 – OSU SLHC Calendar and Checklist**

- A. Speech-Language Pathology graduate clinicians are to refer to the updated “OSU SLHC Practicum; SHS 6844/7844 Calendar and Checklist” and/or syllabus for the current semester requirements and due dates posted on Carmen.
- B. Graduate clinicians should check this throughout the semester to be aware of any changes.

### **2.4 – Clinical Practicum Attendance**

- A. Regular attendance for practicum is mandatory.**
- B. Graduate 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 finals week.
  - a. Graduate clinicians may need to contact practicum placement coordinators and/or OSU SLHC clients / families during break times to be prepared for the first day of clinic as designated by the Clinic Calendar.
- C. Outside Placements: University holidays do not necessarily indicate that the graduate clinician does not have a clinical practicum site obligation. Attendance on that day is determined by that particular site's preceptor. It is the responsibility of the graduate clinician to discuss this obligation with individual preceptors and to make the OSU SLHC Placement Coordinator aware of any deviations to the schedule.
- D. If the site preceptor is unavailable due to his/her schedule, the graduate clinician should inform the OSU SLHC Placement Coordinator. Additionally, the graduate clinician should request if there is another opportunity at the site (e.g. shadow another professional, work with another clinical preceptor, etc.) during that time period. If that is not an option, the graduate clinician is expected to contact the OSU SLHC Placement Coordinator for any assignment/project or other work that will allow the graduate clinician 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 preceptor are determined by the particular practicum site. It is the responsibility of the graduate clinician to inquire about appropriate procedures and to follow them. **In addition,**

**the OSU SLHC Placement Coordinator is to be notified by the graduate clinician regarding the absence.**

- F. If an extenuating circumstance should arise that requires absence from a clinical session, this needs to be discussed immediately with the clinical preceptor and the OSU SLHC Placement Coordinator (See Absenteeism of Clinician or Client).
- G. If a graduate clinician will be absent from an assigned site or client, they must contact the preceptor 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 preceptor.
- H. In the case of a graduate clinician demonstrating chronic tardiness and/or absence from a clinical assignment action will be initiated by the assigned preceptor and OSU SLHC Placement Coordinator. 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. Additional time in the program to complete required hours and competencies.

## **2.5 – Arranging Clinical Placements**

- A. Hours can **only** be obtained when the OSU SLHC Placement Coordinator has arranged the placement.
- B. Graduate clinicians are encouraged to participate in a wide range of clinical experiences and observations, but hours can **only** be obtained when the OSU SLHC Placement Coordinator has arranged the placement.
- C. If graduate clinicians are aware of a potential new preceptor or site, the graduate clinician is encouraged to give that contact information to the OSU SLHC Placement Coordinator.

## **2.6 – Name Tags**

- A. Every graduate clinician is to wear a name tag while involved in clinical activities in The Ohio State University Speech-Language-Hearing Clinic or at any event sponsored by the Department of Speech & Hearing Science.
- B. Name tags will be provided to each student upon arrival to campus. If this name tag is lost or the name needs to be changed, the graduate clinician is required to purchase a new name tag as soon as possible.
- C. Specific sites may require the display of a name tag or ID badge. Each graduate clinician is

responsible for addressing this requirement with the assigned preceptor.

### 3.0 – Evaluation of Clinical Skills / Clinical Performance

#### 3.1 - The Clinical Preceptor is responsible for:

- A. Providing feedback to the graduate clinician throughout each term regarding clinical competency development.
- B. Conducting pre-term, mid-term, and final conferences about the client's progress and the graduate clinician's performance with the client.
- C. Assisting development of novice clinical skills while fostering expansion of clinical strengths.
- D. Evaluating each graduate clinician's clinical competencies at the end of each academic term using the CALIPSO evaluation form and review the printed form(s) with the graduate clinician during a face to face meeting. At this review the graduate clinician should confirm their electronic signature with the preceptor.
- E. Assisting a graduate clinician in identifying professional expectations throughout their enrollment in SHS Clinical Seminars and Practicum. Graduate clinicians are expected to follow the stated protocols and policies for each site.

#### 3.2 – Graduate Clinician 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 preceptor 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 preceptor.
- 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 preceptors and Clinical Advisors.
  - b. Informing Clinical Advisor and/or OSU SLHC Placement 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 Placement Coordinator immediately of any issues or concerns at outside clinical practicum sites.

- d. If unsure about instructions, review notes, emails, and ask questions to the person facilitating that activity.

### 3.3– Clinical Practicum Grading

- i. Clinical practicum (6844/7844, 6189) is graded on a Satisfactory/Unsatisfactory basis.
- ii. A passing grade in a specific course does not inherently imply that all required clinical or knowledge skills outcomes have been attained.
- iii. To receive a satisfactory grade in 6844/7844 and/or 6189 you must earn the following scores on your evaluations as posted in CALIPSO. Evaluations are completed by each preceptor and then weighted based on the number of hours accumulated with each preceptor. To receive an S, you must earn the following minimum score to demonstrate competency for that term (based on a 5 point scale):
  - a. *Semester 1*: 2.5
  - b. *Semester 2*: 2.5
  - c. *Semester 3*: 3.0
  - d. *Semester 4*: 3.0
  - e. *Semester 5*: 3.5
  - f. *Semester 6*: 3.5

The increased minimum to pass each semester demonstrates not only acquisition, but also progression, of skills in the nine disorder areas of speech-language pathology. More information about the evaluations will be provided in clinic orientation.

Each preceptor will also evaluate each graduate clinician on a set of eight skills that should be met each semester. These items are not graded, but checked “met” or “not met.” Any objective not met may result in clinic probation, remediation, an unsatisfactory grade, or removal from the program.

See Appendix B for a sample Performance Evaluation and Performance Rating Scale.

- iv. It is expected that graduate clinicians demonstrate a forward progression of skills throughout their practicum experiences.
  - a. Should a graduate clinician not earn criterion of acquisition for specific skill outcomes, the advancement in, and/or completion of the professional program, can be denied until the identified skill outcomes are satisfactorily demonstrated.
  - b. 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 graduate clinician on an intervention plan, probationary term, and/or denying further enrollment in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders.
- v. An unsatisfactory grade in clinic practicum experiences at any point during the clinical practicum rotations can result in the need to repeat placement type (adult, pediatric, medical, schools etc...)

or competency area (articulation, language, voice, fluency etc...).

- a. Should an SLP graduate clinician's current status be judged unsatisfactory, the graduate clinician, clinical advisor, academic advisor, and graduate committee chair are to receive a copy of the CF-69 (Clinic Intervention Plan) from the OSU SLHC Placement Coordinator or Clinical Advisor completing the form. Upon receiving an unsatisfactory/failing grade in 6844/7844, and/or 6189, the Graduate School may be notified by the graduate committee chair of the graduate clinician's lack of progress.
  - b. Clinical clock hours earned during the term in which an "unsatisfactory" grade is received will be denied.
  - c. Although a graduate clinician may earn a passing grade when all clinic evaluation of performance weighted scores are calculated, if the student does not earn a satisfactory grade for any particular aspect of the placement, those hours may be denied. This can also result in student being placed on an intervention/remediation plan or clinic probation.
- vi. Receiving an unsatisfactory grade in the 7844 Clinical Practicum during the final semester will result in a delay in graduation due to the need to repeat the clinical practicum.

### **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 preceptor identifies a graduate clinician who is not functioning at an expected clinical competency level or is conducting him/herself in a unprofessional manner, the clinical preceptor should immediately discuss this deficiency with the graduate clinician and help him/her develop a plan of action designed to remediate the deficiencies.
  - a. When working with an OSU SLHC preceptor, skills/competencies will be graded at midterm. If the grade at midterm is unsatisfactory, the graduate clinician will have the remainder of the term to improve upon skills following the above plan of action. Results of the final grade at the end of the term will determine future clinical placements as appropriate.
    - i. When working with other preceptors outside of the OSU SLHC, the preceptor will work with the OSU Placement Coordinator to determine a plan for improvement and whether the placement can continue and determine future clinical placements.
  - b. At the discretion of the OSU SLHC Placement Coordinator/Clinic Advisor, a meeting with all clinical preceptors responsible for the clinician's work that particular academic term may determine the extent and nature of the graduate clinician's clinical difficulty.
  - c. If infractions of any OSU SLHC guidelines and protocols occur, the Clinic Director will be notified about noncompliant behavior. Should the degree of noncompliant behavior be judged as egregious, or a pattern of noncompliant behavior emerges, 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, or delayed graduation status.

- B. At the end of the academic term, if the graduate clinician's grade is U, a meeting with all clinical preceptors responsible for the graduate clinician's work that particular term will be scheduled with the graduate clinician and OSU SLHC Placement Coordinator/Clinical Advisor. Should a preceptor not be available for the meeting, written input regarding the graduate clinician's performance will be submitted. This meeting will be to determine the extent and nature of the graduate clinician's clinical difficulty and to make appropriate recommendations for remediation.
  - a. If a graduate clinician does not meet practicum goals and does not earn a grade of S during the enrollment of the probationary academic term, the graduate clinician will be permanently removed from clinical experience through MA SLP program. The graduate clinician may have the option to pursue a degree within the Department without the clinical component upon acceptance into another program. The graduate clinician will be counseled as to what other career options and/or career counseling that might be available.
  - b. 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 graduate clinician with input from the instructor of the course, clinical advisor, and academic advisor.
- C. Graduate clinicians are advised to review the student evaluations in Handbook 1 which deals with academic issues (Section 5.7 and 5.8) as well as Section 5 of The Ohio State University Graduate School Handbook.

### **Documentation of Above**

- a. It is suggested that all formal interactions with the graduate clinician and members of the clinic staff be documented by a written record.
- b. Preceptors will review any documentation in CALIPSO and will complete a CF-69 (Clinic Intervention Plan). These items will be discussed in a meeting with the student and appropriate personnel (e.g., Clinic Advisor, preceptors, Academic Advisor, Graduate Studies Chair). A copy of the CF-69 will be provided to the clinician; a record of the meeting will be placed in the student's permanent file.
- c. During the above meeting, behavioral objectives and an action plan created by the graduate clinician will be discussed. The graduate clinician will need to have the final version of the action plan approved by those who attended the meeting.
- d. If subsequent meetings occur, the graduate clinician's clinical advisor should notify the graduate clinician in writing that a 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.



- e. If the action plan is not completed sufficiently, disciplinary action could include, but is not limited to, denial of clinical hours, removal from clinical practicum site, requirement to repeat a practicum placement, or delayed graduation status.

## 4.0– Clinical Placement Protocol

The OSU SLHC Placement Coordinator is responsible for all clinic placements and input is gathered from the student for placement procedures in the following ways:

### 4.1 – CF-02: SLP Clinic Request Procedures

- A. Throughout the first three semesters of the program, students visit some of the various facilities in which SLPs work: adult medical facilities across the medical continuum, skilled nursing facilities, pediatric medical facilities, school, private practice, and specialty settings. Students also have various guest speakers from these facilities during the first year to provide additional information about the clinic experiences available at each site, the site’s expectations of students, and what they see as the best student fit. These sessions are designed to help students identify their strengths, suitability for, and interest in various settings.
- B. Students complete a clinic request form (CF-02) each semester that states their *interest in* various populations and facility types as well as the hours and competencies *needed* as they progress toward graduation and certification. Throughout the program, students participate in group and individual advising with the clinic advisor/OSU SLHC Placement Coordinator regarding their placement needs. Although individual advising is always available, it is required for each student in the autumn, spring, and summer semesters of their 2nd year to determine students’ placement needs and interests.
  - a. This document must be provided to the OSU SLHC Placement Coordinator by the date designated on the OSU SLHC Practicum “OSU SLHC Practicum; SHS 6844/7844 Calendar and Checklist” and/or syllabus each semester.
  - b. Late and/or incomplete forms may impact clinical placements and could delay progression to graduation.
  - c. Any changes to a graduate clinician’s schedule must be communicated to the OSU SLHC Placement Coordinator as placement changes can occur throughout the semester.
- C. Students also use the CF-02 form to indicate their interest in participating in specific placements that may require additional procedures. Those include:
  - a. The Leadership Education in Neurodevelopmental Disabilities (LEND) interdisciplinary training program at the OSU Nisonger Center – Students apply and interview for these positions.
  - b. OSU Medical Center – Students state their interest in various hospital placements and participate in an interview process with preceptors from various areas within the hospital during their 3<sup>rd</sup> semester in the program.

- c. Nationwide Children’s Hospital – Students interested in specialty areas of the hospital (such as craniofacial, AAC, ASD, inpatient, swallowing) declare their interest and participate in a phone interview.
  - d. Schools placement and licensure – The majority of OSU MA SLP students elect to participate in a public school placement. If they do, they are able to request a population specialty or age range through the CF-02.
- D. Students must remain in good academic and clinical standing to be eligible for clinic placements as evidenced through academic grades and clinic evaluations of performance. Specific placements are also determined by interviews with outside site preceptors. Any student on a clinic remediation plan may not be eligible for all placement options in the current or subsequent semester.

#### **4.2 – Practicum Placement Considerations:**

There are many items that are considered when determining placements for graduate clinicians. The major ones are listed below:

- A. Successful completion of prerequisite academic courses
- B. Number of observation hours completed
- C. Need for specific hours and/or competencies, as noted in CALIPSO
- D. Clinical performance average (a graduate clinician must maintain grades of “S” in SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders to continue in practicum courses and be assigned to clinical experiences outside the OSU SLHC)
- E. Successful progression of skills as noted in CALIPSO formative and summative assessments, clinical educator comments on evaluations, and whether the student is on a clinic intervention plan
- F. Timely completion of student request forms (CF-02) and other required documentation to participate in clinic
- G. Consistent demonstration of adherence to technical standards as well as timely completion of all lesson plans, SOAP notes, progress reports, and other requests from preceptors during clinical experiences
- H. Participation in group and individual clinic advising meetings
- I. Availability of external site and appropriate preceptor for the student that meets the student’s clinical education and supervisory style needs
- J. Previous SHS Clinical Seminars and Practicum Experiences in Speech-Language Disorders evaluations and overall clinical performance average
- K. Consultation with OSU SLHC clinical educator/preceptors and academic faculty (with regard to specific disorder knowledge skill outcomes)
- L. Input from outside site preceptor interviews indicating the site’s interest in the student
- M. Student interest in various practice areas of the field, as indicated through the CF-02 and one or more advising meeting with the clinical practicum coordinator
- N. Graduate clinician’s site evaluation by preceptors/sites
- O. Schedules of graduate clinicians
- P. Appropriate accommodations for graduate clinicians with disabilities

## Q. Location of sites

### 4.3 – Procedure to Obtain New, and Monitor Existing, Clinical Sites

#### A. Obtain New Clinical Site

- a. Once a preceptor has been identified, the clinical practicum coordinator ensures that the preceptor's administration is willing to support clinical education and that the facility and SLP meet certain requirements described below. This occurs through meetings with SLP preceptor and/or administration to
  - i. Identify which of the ASHA nine areas of clinical practice will be available for the student at that site
  - ii. Determine the approximate number of clinic hours in each of the nine practice areas the student would probably accrue at that site
  - iii. Establish a back-up plan if the facility has an inconsistent census to ensure that the student obtains the needed experience in that semester
  - iv. Ensure that any possible SLP preceptor holds a state license, ASHA certification, and has obtained two hours of CEUs in supervision
  - v. Provide additional resources to the facility regarding additional CEU opportunities in clinical supervision through the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD)

#### B. Monitor Relationship with Current Sites

- a. For existing sites, experiences are monitored using the following data:
  - i. Feedback about SLP preceptors obtained from students placed with that preceptor
  - ii. Feedback about the site obtained from students placed there
  - iii. Check-ins with the preceptor and facility (in-person or over the phone) by the clinical practicum coordinator
  - iv. Verification of the types of hours and experiences obtained by students, as entered in Calipso

### 4.4 – Clinical Practicum Transportation Recommendations

#### A. It is recommended that graduate clinicians have the following in place:

- a. A road-worthy vehicle to provide safe and prompt transportation.
- b. Sufficient funds to support costs of travel.
- c. A well-defined time management plan to allow for travel time.

#### B. Outside site placements can be within approximately 1 hour of the OSU SLHC .

#### C. Any graduate clinician who chooses to limit their participation in clinic practicum sites due to transportation availability, mileage concerns, or travel time may delay their progression to graduation.

### 4.5 – Recommended Sequence of Clinical Experiences in Speech-Language Pathology

The program at The Ohio State University is a lock-step program with planned experiences throughout 6 semesters.

**A. Semester 1**

- a. Completion of 25 Observation Hours
- b. Client(s) with OSU SLHC preceptors. Locations can include, but are not limited to,
  - i. OSU SLHC housed in Pressey Hall
  - ii. Local pre-schools
  - iii. Local private schools

**B. Semester 2**

- a. Client(s) with OSU SLHC preceptors. Same as above.

**C. Semester 3**

- a. Clients with OSU SLHC preceptors. Same as above.
- b. A few graduate clinicians may have the opportunity for off campus sites with outside preceptors through private clinics and medical sites deemed appropriate at this juncture of the program.
- c. Priority for off campus sites is given to graduate clinicians in Semester 6 of the program.

**D. Semester 4**

- a. Medical **OR** Public Schools Rotation
  - i. Typically, ½ the class will do a medical rotation and half will do a schools rotation
- b. Other settings, i.e. private clinics, specialized programs in schools
- c. Clients with OSU SLHC preceptors

**E. Semester 5**

- a. Medical **OR** Public Schools Rotation
  - i. Typically, the groups switch from Semester 4. Those who had a school rotation move to a medical rotation, those who had a medical rotation move to a schools rotation.
- b. Other settings, i.e. private clinics, specialized programs in schools
- c. Clients with OSU SLHC preceptors

**F. Semester 6**

- a. Placement priority is given to graduate clinicians who need to complete various hours and/or competencies across the 9 disorder areas, as defined by ASHA Standards (see item J below) to qualify for graduation and eligible for certification.
- b. Medical Rotation
- c. Other settings, i.e. private clinics, specialized programs in schools
- d. Clients with OSU SLHC preceptors
- e. Graduate clinician desire to gain additional and/or specialized experience.

- G. As a graduate clinician progresses through the program, she/he can expect an increase in their clinic load.

- H. During a graduate clinician's final 3 semesters, the majority of their clinic experiences will be outside of the OSU SLHC; however, she/he may be responsible for clients and/or placed in various specialty clinics at the OSU SLHC.
- I. Graduate clinicians will participate in diagnostic and screening opportunities as appropriate.
- J. As graduate clinicians accrue competencies, students will earn outside placements. Placements will rotate each semester to gain a variety of experiences.
- K. Graduate clinicians may continue to serve clients in the OSU SLHC throughout their time in the program.
- L. Specific Hour/Experience Requirements for SLP CCC
  - a. Detailed information is found at this link. Standards were updated in March, 2016.  
<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>
  - b. In general, the clock hours' requirements are:
    - i. 400 clock hours of supervised clinical experience
    - ii. 25 hours must be spent in clinical observation
    - iii. 375 must be spent in direct client/patient contact
    - iv. 325 of the 400 clock hours **must** be completed while the graduate clinician is engaged in graduate study
    - v. Only hours earned at the graduate level can be evaluated to document competency across the 9 practice areas of speech-language pathology
    - vi. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through alternative clinical education (ACE) methods
      - 1. ACE may include use of standardized patients and simulation technologies.
  - c. Graduate clinician must demonstrate knowledge and clinical competency of communication and swallowing disorders and differences in the following areas:
    - i. Articulation
    - ii. Fluency
    - iii. Voice and resonance, including respiration and phonation
    - iv. Receptive and expressive language
    - v. Hearing (including the impact on speech and language)
    - vi. Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
    - vii. Cognitive assessments of communication (attention, memory, sequencing, problem-solving, executive functioning)
    - viii. Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
    - ix. Communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)
  - d. Requirements for Ohio License
    - i. The current requirements for Ohio license are available at <http://slpaud.ohio.gov/>.

These requirements are similar to those for the Certificate of Clinical Competence from ASHA. Ohio licensure requirements are also similar to licensure requirements for other states and graduate clinicians are encouraged to contact the licensure board of a state in which they may be interested in practicing to review these guidelines.

- e. All clinical rotations during the program are designed to meet ASHA Certification requirements

#### **4.6 – Continuing Education (CE)**

- A. To recognize that additional clinical skills and knowledge must be acquired throughout one's professional career, graduate clinicians are strongly encouraged to track any CE experience obtained outside of their academic and clinical classes.
- B. Exposure to seeking CE will allow each graduate clinician:
  - a. To recognize that additional clinical skills and knowledge must be acquired throughout one's professional career.
  - b. To seek out topic areas of specific interests and needs.
  - c. To become acquainted with specific on-the-job skills and knowledge that are expected in various job settings.
  - d. To develop a plan for continually expanding on-the-job skills and knowledge, i.e., continuing education.
- C. CE opportunities can be acquired in a variety of ways, including, but not limited to:
  - a. Workshops – attended live or online courses
  - b. Short courses
  - c. Lunch and Learn opportunities
- D. Documentation of these experiences can be accomplished using the CF-27 (in e-copy or paper copy). This document can be helpful as you build your resume.

#### **4.7 – Graduate Clinician Folder**

Each graduate clinician who is pursuing the clinical education tract will be given a Graduate Clinician folder. This folder will be filed in a file cabinet in Room 141 Pressey, in alphabetical order according to the graduate clinician's last name.

- A. Each SLP Graduate Clinician folder will contain:
  - a. Clinical Form (CF-25) (signed receipt of Code of Ethics)
  - b. All pieces of health related information
  - c. Health Insurance verification
  - d. CPR certification
  - e. Acknowledgement of completed and passed FBI/BCI background check

- f. HIPAA training completion
  - g. Policy acknowledgement statements
    - i. Code of Ethics/Employment
    - ii. Technical Standards
    - iii. Universal Precautions
    - iv. Absenteeism
    - v. Child Abuse
  - h. Documentation of CEU experiences (CF-27)
  - i. Any undergraduate client contact hours
  - j. Observation hours
  - k. Active Observation Form (CF-125) (option if such hours are attained)
- B. Graduate clinicians are required to necessary information updated in their Graduate Clinician folder. This information can include, but is not limited to, current CPR certification, current vaccination record, TB test etc...
- C. Documentation of health requirements for all graduate clinicians enrolled in the clinical track program in the Department of SHS:
- a. Provision of form for documenting completion of health requirements
    - i. 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. Graduate clinicians 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 graduate clinician is to report this to their assigned clinical advisor.

#### **4.8 – Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The OSU Speech-Language-Hearing Clinic uses 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.

Graduate clinicians performing clinical practicum in the OSU Speech-Language-Hearing Clinic 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 Speech-Language-Hearing Clinic. 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, who services as the HIPAA privacy officer for the clinic.

#### **4.9 – Recommendations: Letters and/or Statements**

When seeking either verbal statements or written letters of recommendation from faculty members or clinical preceptors, graduate clinicians 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](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.

#### **4.10 – Documenting Clinical Hours**

Graduate clinicians are responsible for maintaining ongoing records of the accrued clinical hours during each assigned rotation. SHS 6844/7844 and/or 6189 graduate clinicians may use CF-46 to document hours, prior to entering them into CALIPSO, for all assigned rotations. Preceptors will approve all hours submitted by the due date in CALIPSO. Each preceptor will also complete a performance evaluation and have a final conference for each graduate clinicians assigned to them. Instructions will be provided in 6844, 6751, 6752, 6753, 6754, 6755, or 7742 and clinic orientation regarding how to use the CALIPSO system.

#### **4.11 – 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. Graduate clinicians are to use their best judgment in posting material that is neither inappropriate nor 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 graduate clinician’s responsibility in the clinical service delivery interaction. Graduate clinicians 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, graduate clinicians are to keep this site’s related social media separate from their personal accounts. If a graduate clinician 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 graduate clinician who desires to receive clinical experience during the graduate program will be assigned to a Clinical Advisor. Assignment of advisor will be dependent on the graduate clinician's discipline of Speech-Language Pathology or Audiology. The Clinical Advisor is different than the Academic Advisor. A clinical preceptor is responsible for the supervision of a particular client, therefore graduate clinicians will have several clinical preceptors 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 graduate clinician.

The Clinical Advisor's duties are:

- a. To advise the graduate clinician as to the particular clinical experiences that are available through the Department of Speech and Hearing Science.
- b. To advise the graduate clinician as to the appropriate sequencing of practicum experiences in view of the graduate clinician's academic background and previous clinical experience.
- c. To advise the graduate clinician regarding the lock-step nature of the program and how their clinical experiences will progress based on acquisition of clinical skills.
- d. To approve the clinical hours that have been transferred from other training program(s).
- e. To approve 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

Exceptional clinical education and service.

### 6.2 – OSU SLHC Policies and Procedures

- A. Graduate clinicians who serve clients in the OSU SLHC will follow all policies and procedures provided to them in class, on Carmen, 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 preceptor
- 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. Re-scheduling client for subsequent semester

### 6.3 – Client Record Keeping/Filing Procedures

#### A. Removing Clients' Folders

- a. Client/patient folders may only be accessed by appropriate personnel (preceptors, the assigned graduate clinician, and/or office personnel).
- b. Folders may only be taken to restricted areas (129, 141a, 142, 146, 148, other appropriate rooms in the OSU SLHC, or your preceptor's office).
- c. The individual accessing the folder is responsible for returning the folder to the appropriate area to be filed.
- d. Files should be placed in the appropriate area to be refiled by office staff and NOT refiled by graduate clinicians.
- e. The OSU SLHC has zero tolerance policy on violations regarding removal of clients' folders. Violation could result in dismissal from the program.

#### B. Maintenance of Clients' Folders

- 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 preceptors' box for signature.
- c. Each folder 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.

#### C. Access to Client's Folders

- a. Access to clinical folders is restricted to authorized clinical personnel (office personnel, graduate clinicians, clinical staff, and faculty).
- b. Per HIPAA privacy rules, only personnel who need access to files should access a file. This refers to the fact that only files with clinical need should be accessed (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 Folders

- a. When a folder is pulled for a speech/language pathology client, the folder may only be taken to designated restricted areas (129, 141a, 142, 146, 148, other appropriate rooms in the OSU SLHC, or your preceptor's office
- b. Folders should immediately be placed in the clinic's "to be filed" area for re-filing.

#### E. Clinical File and Folder Procedures Restriction

- a. It will be important to review a client's folder before the initial preceptor meeting.
- b. Clinical files may only be taken to 129, 141a, 142, 146, 148, other appropriate rooms in the OSU SLHC, or the preceptor's office. Failure to comply will result in disciplinary measures.
- c. Photocopying or photographing 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. For OSU SLHC treatment clients, cancel the session (the clinician should keep the client's number at home) and notify the preceptor of the cancellation. **Do not have the client(s) come to the clinic when the clinician will not be there and alternative arrangements have not been made.**
- iii. If the graduate clinician is assigned to an outside site, notify both the affiliated site preceptor and the OSU SLHC Placement Coordinator of the absence.

##### 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 appropriate OSU SLHC Placement Coordinator for consideration and approval by the Clinical Committee.
- ii. A template of this letter is posted on Carmen for your reference and must include options for making up the 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 preceptor(s) can occur upon approval of the petition.

- iv. When this event is known, and you submit a petition letter
- v. Do **not** discuss the event/petition with the outside site preceptor until you receive approval from the coordinator.
- vi. The absence will only be approved once the site preceptor has given permission of the absence plan as delineated in your letter.
- vii. This is a professional program with the expectation that graduate clinicians will be available full time for the duration of the program (6 semesters). Any planned absences could delay completion of requirements for graduation.
- viii. These types of requests should be minimal and only proposed in special circumstances.
- ix. Consideration for approval depends on such criteria as educational versus recreational activities and once in a lifetime events versus regularly scheduled events.
- x. Approval of requests could impact decisions on clinical placement requests.
- xi. The academic calendar affords “time off,” such as semester breaks. Graduate clinicians should plan to use this time for events, such as family vacations, weddings, etc.

#### B. Client Absences

- a. If an OSU SLHC client cancels a session, the graduate clinician is responsible for notifying the preceptor by leaving a note in the preceptor's clinic mailbox or e-mailing the preceptor.
- b. A CF-70S for the cancelled session is still submitted. Write “cancelled” in the comments.
- c. If a client fails to attend the sessions regularly, the graduate clinician is responsible for contacting them by phone, e-communication, or mail about the absences. This is to be approved by the preceptor **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 clients 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 clients during an emergency situation. The graduate clinician should accompany their client calmly and quickly to the north exit of the building. They are to meet the parent and/or the person who accompanied the client outside

- the building directly out the door of the north exit. Preceptors are responsible for verifying that specific rooms have been cleared as follows:
- i. The preceptor/staff member in Room 115 is responsible for checking and assisting those in Room 120 and the 124 suite.
  - ii. The preceptor/staff member in Room 119 is responsible for checking and assisting those in the 126 and 130 suites.
  - iii. The preceptor/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 preceptor/staff member in Room 145 is responsible for assuring that the parents/accompanying adults in the observation rooms and clinic waiting areas are taken calmly to the north exit of the building and remain with them until they are connected with the client that they have accompanied to the clinic. This is vital to the smooth, calm evacuation of the clinic. Any graduate clinicians and all staff in the clinic office area should assist with this task.
  - v. The preceptor/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 client is non-ambulatory and on the lower level of the OSU SLHC in Pressey Hall, the client 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. 1<sup>st</sup> 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 clients during this emergency situation. The clinician should quickly accompany the client 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 client, client's parents, and clinician remain in the lower level hall until the danger period has passed.
- C. Medical Emergencies (Urgent and emergent situations) – If a patient/client has an emergency situation, time is of the essence and assessing the situation accurately and effectively is critical. Clinicians are responsible for their clients 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 your assistance, seems disoriented but indicates that they do not want assistance), the following protocol should be followed:
  - i. Provide assistance requested by the patient/client after the situation is evaluated. If the person has tripped and needs help up, for example, provide assistance to the patient/client, 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/client 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 of 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 clients, you can 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 graduate clinician 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 good 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 preceptor. 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 preceptor.
  - b. Earphones should be used if there is only one observer watching a specific session. Offer to use the earphones when a preceptor begins to observe.
  - 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 preceptor'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 preceptors 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 preceptors and graduate clinicians should be conducted in treatment rooms (be discrete, as anyone has access to treatment and diagnostic rooms by way of closed circuit TV and one way mirrors with sound systems) or offices. Cases should not be discussed in hallways, room 35 or the Clinic office area, rooms 139 and 141 Pressey.
- c. Parent conferences should be conducted in treatment rooms.
- d. No information concerning clients is to be discussed with individuals who are not part of the clinic staff, including other professionals, without written permission from the client or the client's parents. This includes phone calls, e-communication, and personal meetings as well as written reports and correspondence.
- e. 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; 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 graduate clinician opts to have piercings, tattoos, etc., it is possible that a patient or their family may request a different clinician. Although clinical preceptors support graduate 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.
- f. 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 faculty and staff, adult clients/patients, and parents of clients/patients unless an individual requests otherwise.
  - g. If more information is needed from other agencies or professionals to achieve a client's goals, discuss the strategies and procedures with the clinical preceptor 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.).
  - h. The graduate clinician is expected to inform the client and/or client's parents of the results of testing, treatment objectives, post-treatment progress, need for further professional help, home training program, etc. This should be discussed with the clinical preceptor prior to initiating this action.
  - 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. Clients 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. The clinician and child may then go into 129 to obtain what is needed. Graduate clinicians are expected to obtain needed materials prior to the start of their session.
  - k. Clients' siblings are NOT permitted in room 129 at any time.
  - l. Clients' 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. **C**linic **F**orms (CF) are filed by their number (i.e. CF-02, CF-70) than the title of the form. Whenever possible, clinical preceptors will try to use both the number and description/title of the form.
- b. Graduate clinicians are responsible for knowing the forms to complete all client care accurately.
- c. Instruction on the clinic forms occurs in meeting with the preceptor, class sessions, and can be found on Carmen.
- d. Forms that are used for clinical matters are kept in a file cabinet directly adjacent to the

preceptor mailboxes in the Clinic Office. The users of the forms are requested to take the colored 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. Treatment Materials, Tests, Test Protocols, and Equipment

- a. SHS 6844/7844 and 6189 graduate clinicians assigned to the Speech-Language-Hearing Clinic will find tests, test forms, and treatment materials in room 129 and 143. **All materials are to be signed out**. The sign out sheet is located on the file cabinet. **Overnight loan is from 4:30 p.m. to 8:00 a.m. the following day**. It is essential all materials are returned by 8:00 am the following day so they are available for therapy sessions. If materials are not returned promptly, overnight loan may be denied to those graduate clinicians.
- b. Treatment materials, tests, test protocols, and other equipment are ***not*** permitted to be taken to outside sites.

#### 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 preceptor.
    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 graduate clinicians make telephone calls pertaining to clinical matters using:
  - i. Personal phones
  - ii. Client's preceptor's office phone
  - iii. Designated phones in the clinic office
- b. Personal phone calls may only be made only 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. Graduate clinicians violating this policy will be asked to stop using the copier.
- e. Ongoing violations may result in denial of clinical hours.
- f. Graduate clinicians 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 Speech- Language-Hearing Clinic 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, graduate clinicians, and clients and to ensure compliance with OSHA's standard on occupational exposure to bloodborne 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 Speech-

- Language-Hearing Clinic.
- ii. Students: All students providing services in the OSU Speech-Language-Hearing Clinic.
- iii. Clients: All persons receiving services in the OSU Speech-Language-Hearing Clinic.
- 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 bloodborne 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, earlight 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 preceptor 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 preceptor(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 preceptor or another preceptor 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 preceptor. Accident Report forms can be found at [www.biosci.ohio-state.edu/safety/Accident.html](http://www.biosci.ohio-state.edu/safety/Accident.html).
  6. The preceptor 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 preceptor 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 preceptor of the case is to be notified immediately.
  - ii. The preceptor and the clinician are together to put in writing the suspected information.
  - iii. The preceptor 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 (preceptor, 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 preceptor 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 is to be used throughout your tenure in the program.***

***Best wishes for success in our program. Know that you have the support of the faculty, alumni, and your classmates!***

# 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: \_\_\_\_\_

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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

### CALIPSO Evaluation Form and Performance Rating Scale

**Rating Scale: 1 = Failing 2 = Emerging 3 = Present 4 = Consistent 5 = Excelling**

Evaluation	Articulation	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
Conducts screening and prevention procedures (std IV-D, std V-B, 1a)									
Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)									
Selects appropriate evaluation instruments/procedures – this includes behavioral observations, non-standardized and standardized tests, and instrumental procedures (std. V-B, 1c)									
Administers and scores diagnostic tests correctly (std V-B, 1c)									
Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)									
Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)									
Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)									
Makes appropriate recommendations for intervention (std V-B, 1e)									
Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)									

Refers clients/patients for appropriate services (std V-B, 1g)									
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<b>Intervention</b>	<b>Articulation</b>	<b>Fluency</b>	<b>Voice</b>	<b>Language</b>	<b>Hearing</b>	<b>Swallowing</b>	<b>Cognition</b>	<b>Social Aspects</b>	<b>AAC</b>
Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)									
Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)									
Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)									
Measures and evaluates clients'/patients' performance and progress (std. V-B, 2d)									
Collects data and uses related instrumentation during intervention sessions.									
Uses appropriate models, prompts or cues. Allows time for patient response.									
Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)									
Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)									
Identifies and refers patients for services as appropriate (std V-B, 2g)									
Develops appropriate recommendations for next intervention period									

**Professional Practice, Interaction, and Personal Qualities**

Scored on a 1-5 scale

Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	
Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B)	
Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B)	
Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B)	
Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients, family, caregivers, and relevant others (std. V-B, std 3.1B)	
Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	
Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B)	
Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B)	
Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B)	
Adheres to the ASHA Code of Ethics and conducts him or herself in a professional, ethical manner (std IV-E, std V-B, 3d std 3.1.1B, 3.1.6B)	
Demonstrates professionalism (std. 3.1.1B, 3.1.6B)	

**Met/Not Met Section:** All objectives must be met during each clinical rotation. Objectives not met may result in remediation, failing grade or removal from the program.

	Met	Not Met
Uses appropriate rate, pitch, and volume when interacting with clients/patients or others		
Demonstrates openness and responsiveness to clinical supervision and suggestions		
Personal appearance is professional and appropriate for the clinical setting		
Integrates theory and information for courses with the clinical process		
Demonstrates flexibility when implementing sessions and attempts a variety of therapeutic techniques		
Plans and provides appropriate home programming materials based on performance during the session		
Recognizes the ethical implication of one's clinical behavior, makes modifications and remains within the boundaries of education / experience		
Met timeline expectations for submissions of documentation, for meetings, and for clinical sessions, with no more than 2 late instances		

# Performance Rating Scale – OSU

## 5 point scale

**1: Failing Expected Performance: Skills are present <25% of the time** – Student needs specific direction from supervisor. Student does not alter unsatisfactory performance and does not make changes. Student does not execute protocol correctly. Student has poor understanding of testing and intervention. Supervisor provides numerous instructions and frequent modeling. Maximum supervision required.

**2: Emerging: Skills are present 26-50% of the time** – Student shows awareness of need to change behavior with supervisor input. Student needs specific direction and/or maximum demonstration from supervisor to perform effectively. Supervisor frequently provides instructions and support for all aspects of case management and services. Moderate to maximum supervision required.

**3: Present: Skills are present 51-75% of the time** – Skills need further refinement and development for consistency across settings. Supervisor provides ongoing monitoring and feedback focusing mostly on increasing the student's critical thinking on how/when to improve the skills. Student is aware of need to modify behavior, but does not do this independently. Moderate supervision is required.

**4: Consistent: Skills are present 76-90% of the time** – Skills are developed/implemented most of the time as appropriate at the graduate student level. Demonstrates ability to understand, apply, and analyze most aspects of testing and intervention. Student is aware and can modify behavior in-session and can self-evaluate. Student needs general direction from supervisor to perform effectively. Student readily adjusts performance and is beginning to generalize knowledge to other clients and settings. Moderate to minimal supervision required.

**5: Excelling: Skills are present more than 90% of the time** – Student can modify own behavior as needed and is an independent problem solver. Student can maintain skills with other clients and in other settings as appropriate for a graduate level student moving toward independence. Student demonstrates independent and creative problem solving. Student shows excellent knowledge of various aspects of testing and intervention. Supervisor acts as a collaborator to plan and suggest possible alternatives. Minimal supervision required.



## Appendix C

Below is a copy of the text that is on the Clinic Intervention Plan notice.

### **CLINIC INTERVENTION PLAN** (CF-69)

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Advisor: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_

#### **General expectations of SLP student performance for clinical tasks and clients is documented in CALIPSO.**

- **As a reminder:** Each semester student must meet the “Minimum Performance Score for Satisfactory Grade” to receive a satisfactory grade in the 6844/7844 class. **PLEASE NOTE:** you must **also** be showing forward progression toward the minimum overall competency rating of 3 to be eligible for graduation on the cumulative evaluation in Calipso.
- **You are being placed on an Intervention Plan for Autumn / Spring / Summer Semester 20\_\_\_\_. This Intervention Plan (see sections 3.3, 3.4 of the Graduate Handbook Volume II) is based on the following** (circle applicable items):
  - Student is not meeting *Technical Standards* consistently.
  - Student received a “U” grade in 6/7844.
  - Student did not meet the “Minimum Performance Score for Satisfactory Grade” during the Autumn / Spring / Summer Semester 20\_\_\_\_.
  - On the Performance Evaluation’s “Met/Not Met” section in CALIPSO, one or more items was not met.
  - Student needs improvement in clinical skill areas (clinical performance and/or documentation); see additional information.
  - Not adhering to clinic deadlines – including, but not limited to, submission of required scheduling documents, lesson plans, SOAP notes, requested meetings with supervisor, etc.
  - Consistent concerns from outside site supervisor about clinic performance; see additional information.
  - Other; see additional information.

#### **Additional Information (attach additional documentation as necessary):**

- **You are being placed on Clinic Probation for Autumn / Spring / Summer Semester 20\_\_\_\_. This probation (see sections 3.3, 3.4 of the Graduate Handbook Volume II) is based on the following** (circle applicable items):
  - Student is not meeting *Technical Standards* consistently.
  - Student received a “U” grade in 6/7844.
  - Student did not meet the “Minimum Performance Score for Satisfactory Grade” during the Autumn / Spring / Summer Semester 20\_\_\_\_.

- On the Performance Evaluation’s “Met/Not Met” section in CALIPSO, one or more items was not met.
- Student needs improvement in clinical skill areas (clinical performance and/or documentation); see additional information.
- Not adhering to clinic deadlines – including, but not limited to, submission of required scheduling documents, lesson plans, SOAP notes, requested meetings with supervisor, etc.
- Consistent concerns from outside site supervisor about clinic performance; see additional information.
- Other; see additional information.

**Additional Information (attach additional documentation as necessary):**

**As a result of the above notation(s) (circle applicable bullets):**

- Student must demonstrate improvement that shows successful forward progress over the course of the next semester. This progress must include (circle appropriate action items):
  - A plan of action written by the student and approved by the Clinical Advisor and Clinical Supervisor for the semester to foster acquisition of identified skills outcomes.
  - Improvement in the above areas will be evidenced by:
    - Evidence of improvement noted in OSU SLHC Session Feedback form from Clinical Supervisor.
    - Scores of \_\_\_\_\_ at the midterm performance evaluation.
    - Scores of \_\_\_\_\_ at the final performance evaluation.
    - Other:
  
- Student is placed with additional supervisors in your next clinical assignment for supplemental input.
- Student received a “U” grade in \_\_\_ semester SHS 6/7844 and is placed on academic probation. Student needs to follow up with Academic Advisor for next steps.
- Student is dismissed from the SHS MA SLP Clinical Program.

Cc: Student: yes / no  
 Clinical Advisor: yes / no  
 Academic Advisor: yes / no  
 Graduate Studies Chairperson: yes / no

\_\_\_\_\_  
 Student Signature & Date