

## PREFACE

We would like to welcome you to The Ohio State University and specifically to the Speech-Language-Hearing Clinic. As you begin your professional preparation in the fields of Speech-Language Pathology or Audiology, we look forward to participating in the process of 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 what we hope to be one 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, 6742;7742, 6843;7843, 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 Hearing Disorders/6742;7742 and 6843;7843/6844;7844 enrollment as well as the policies, procedures, and clinical operations of the Ohio State Speech-Language-Hearing Clinic. Another specific resource for Clinical Seminars in Hearing Disorders, 6742;7742, 6843;7843, and 6844;7844 courses is the Carmen website.

It is your responsibility to closely review this information and use it to guide you in your clinical experiences. Doing so will facilitate a smooth clinical operation, allow for 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 help in addressing your issues--your clinical supervisor, clinical advisor, or clinical directors. We have found that the most successful interactions come from being well-informed and maintaining ongoing communication with the clinical staff.

Your clinical supervisors 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 you have gathered from your academic courses and previous clinical experiences.

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

JoAnn S. Donohue, M.A., CCC-SLP, L  
Assistant Clinic Director

Gail M. Whitelaw, Ph.D., CCC-A,  
Clinic Director

**GRADUATE HANDBOOK, VOLUME II:  
CLINIC POLICIES, REQUIREMENTS, AND PROTOCOLS  
2012-2013**

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## CLINICAL HANDBOOK FOR STUDENTS

### 1.0 SHS 6844;7844/6843;7843 REQUIREMENTS AND POLICIES

#### 1.1 Clinical Registration

- 1.1.1. All students intending to enroll in SHS 6843;7843 and/or 6844;7844 must have successfully completed the applicable SHS Clinical Seminars in Hearing Disorders and/or 6742;7742. All Audiology majors must take all of the SHS Clinical Seminars in Hearing Disorders courses in the sequence offered. All Speech-Language Pathology majors must take all of the SHS 6742;7742 courses in the sequence offered. Students wishing to enroll in an opposite area course must obtain the permission of the instructor. During Autumn, Spring, and Summer semesters of the first year of graduate school, a 3 hour class may be held in addition to the regularly scheduled Clinical Seminars in Hearing Disorders/6742 meetings for that semester. This class is required of all students enrolled in Clinical Seminars in Hearing Disorders/6742 and will be generally held on the 2<sup>nd</sup> Tuesday evening of the semester. This class is designed to cover additional information, provide an opportunity to address questions and concerns, and assist in the transition to more advanced clinical/professional skills.
- 1.1.2. All students enrolled in SHS 6843;7843 or 7844 must enroll in 3 credit hours, unless otherwise advised. Speech-Language Pathology students enrolling in Autumn semester 6844 are to enroll in one credit hour; subsequent 6844 enrollment during Spring and Summer terms requires a 2 credit hour enrollment. However, actual assigned caseload may vary from semester to semester. Each student is to indicate caseload request on CF-02 for speech-language pathology hours and CF-02a for audiology hours.
- 1.1.3. All students enrolled in SHS 6843;7843 or 6844;7844 and expecting to enroll in clinical practicum are to submit Clinical Form-02 (Speech Pathology Request) and/or CF-02a (Audiology Request) indicating their class and/or work schedules and practicum requests respectively. Appropriate form(s) should be submitted to the Clinic coordinator(s) in the area(s) in which you are requesting clinical practicum by Friday of the sixth week of the academic term prior to enrollment.
- 1.1.4. For Speech-Language Pathology majors and Audiology majors in their first 3 years, clinical experience obtained through courses other than SHS 6843;7843 or 6844;7844, as a stipend requirement, or as part of an employment contract will not generally be counted toward the total required clinical hours. The exception to this rule will be in the case of a stipend recipient who is enrolled in 6843;7843 or 6844;7844, and the Clinic Committee deems the assignment acceptable. Only those hours consistent with credit obtained through that 6843;7843 or 6844;7844 assignment would be counted. A student receiving a stipend from a practicum site and desiring to accrue clinical hours while working at the site is required to be enrolled in 6843;7843 or 6844;7844.

For 4<sup>th</sup> year students in Audiology, the preceptorship/externship may be a paid experience, however this is arranged in conjunction with the 4<sup>th</sup> year placement made by the Clinic Director and initially NOT directly negotiated by the student; the student may be asked to sign. Stipend/payment arrangements will be made in conjunction with the University, the student, and the 4<sup>th</sup> year site(s). All students in a 4<sup>th</sup> year placement will be enrolled in SHS 8943.

- 1.1.5. All students who are enrolled or plan to enroll in SHS 6843;7843 or 6844;7844 need to have strong computer skills, as each student is expected to use computers extensively in the clinical setting for report writing, and diagnostic and treatment purposes. It is the student's responsibility to acquire appropriate technology skills prior to enrollment in SHS 6843;7843 or 6844;7844. To assist in acquiring such skills, the student should:
  - a. Enroll in appropriate computer courses offered by the University Technology Services of The Ohio State University.
  - b. Locate the various computer centers on campus and learn what is available for computer use.
  - c. Practice computer usage skills until a level of competence is developed, in order to:
    - i) Use appropriate word processing programs to prepare clinic reports and run clinical management programs.
    - ii) Demonstrate competence using available computer and software resources to implement assessment and intervention programs and materials.
    - iii) Use the computerized database correctly.
- 1.1.6. Clinical Seminars in Hearing Disorders/6742;7742/6843;7843/6844;7844 Eligibility
  - a. Only students with "regular" graduate student status in the Speech and Hearing Science program and who have completed the Department's undergraduate courses or their equivalents are permitted to enroll in the SHS 6843;7843 and 6844;7844 series. Students who have been admitted on a "conditional" basis or graduate non-degree students are not eligible to take SHS 6843;7843 or 6844;7844. Furthermore, enrollment is restricted to those degree program students with a cumulative GPA of 3.0 or above.
  - b. If a student receives a "U" (Unsatisfactory) in a Clinical Seminars in Hearing Disorders/6742;7742 course, the student will be prohibited from enrolling in SHS 6843;7843 or 6844;7844 the following semester. Furthermore, future practicum experiences with clients with disorders that are related to the material covered in the Clinical Seminars in

Hearing Disorders/6742;7742 course will be denied until the student can demonstrate competency in the material. Competency may be demonstrated by repeating the Clinical Seminars in Hearing Disorders/6742;7742 course or by completing a corrective plan of action deemed appropriate by the Clinical Seminars in Hearing Disorders/6742;7742 instructor 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., 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 and/or CF-02a are submitted, a student should not indicate that they have completed the course until the grade of "B-" or better is achieved in that course. In addition, should a student earn a grade of C+ or poorer in a designated prerequisite course for a specific disordered population, the student is to complete the form "Status of Course/Knowledge Competencies" (See Appendix F). A copy of this form is to be submitted to the student's academic advisor, clinical advisor, and appropriate SLP/AuD placement coordinator within 3 days of the grade's posting and before the first day of classes for the semester immediately subsequent to the semester in which the student was enrolled in the failed course. Unsatisfactory performance (e.g., a grade of C+ or lower) in two or more required courses will result in prohibition from enrollment in all clinical practicum courses. The student may re-enroll in clinic (SHS 6843;7843 or SHS 6844;7844) 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 6843;7843 or 6844;7844 for two semesters, the student will be denied further enrollment in SHS 6843;7843 or 6844;7844 (See 1.5.1.).
  - e. Technical Standards for the practice of Audiology and Speech-Language Pathology. Once accepted into the program, students are required to meet and maintain technical standards noted in the Department Technical Standards Document. Compliance with technical standards should be documented. See Appendix K and L.
- 1.1.7. All students must have completed at least 25 hours of clinical observation, undergraduate prerequisite courses, and pertinent courses on disorders prior to enrolling in SHS 6843;7843 or 6844;7844. Appropriate documentation of the observation hours must be filed in the student's clinical folder prior to enrollment. Necessary coursework must be documented on CF-02 and CF-02a clinic request forms.

- 1.1.8. Students enrolling in SHS 6843;7843 or 6844;7844 must demonstrate adequate spoken and written English skills and speech/language skills that are sufficient for entry into professional practice. All students are expected to use speech/language skills that reflect professionalism, which includes minimizing dialectal differences and avoiding the use of slang in the clinical relationship. Speech/language skills of all clinicians enrolled in 6843;7843 or 6844;7844 should reflect the nature of the professional clinical relationships entailed in the practice of Speech-Language Pathology and Audiology.

Students that are non-native speakers of English are required to receive a 600 on the TOEFL test or its equivalents (250 computer, 100 internet, and 8 on the IELTS), obtain minimum criteria on the SPEAK test offered through the English as a Second Language (ESL) Department at Ohio State, and pass a mock teaching test offered through ESL (regardless of criterion score on the SPEAK test). Tutoring through the ESL department is available for students with marked pronunciation difficulties. In addition, prior to enrollment in SHS 6843;7843 or 6844;7844, these students are required to successfully pass (with an overall criterion score of 2.6 or better) the Mock Clinic Assessment.

- 1.1.9. Students pursuing certification and/or state licensure shall not accumulate practicum hours for services rendered in a facility (or school district) which employs them to deliver professional services. This does not include students who are receiving traineeships, scholarships, stipends or 4<sup>th</sup> year audiology students employed in an approved externship/preceptorship. If, however, salary by an employer is suspended for a period of time or if unreimbursed time is used, clinical hours may be counted, providing (a) the clinical site is deemed acceptable by the Clinic Committee, (b) the student is enrolled in SHS 6843;7843 or 6844;7844, (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, and (e) the on-site supervisor is an approved affiliated supervisor.
- 1.1.10. Students enrolling in SHS 6843;7843 and 6844;7844 are required to read, understand, and follow ASHA's (Appendix P), OSHLA's (Appendix Q) and/or AAA's (Appendix R) Code of Ethics.
- 1.1.11. As of April 2009, the University provides coverage for ALL students enrolled in our programs for both professional liability and general liability insurances. Significant and appropriate coverage is provided. For detailed information on Aon Risk Services Northeast, Inc., consult the University's Certificates of Insurance website at: [busfin.osu.edu/riskmgmt/inscert.aspx](http://busfin.osu.edu/riskmgmt/inscert.aspx). Students have no need to purchase their own professional liability insurance since the University plan is provided to students at no direct cost.
- 1.1.12. It is expected that students enrolled in SHS 6843;7843/6844;7844/8943 have health insurance coverage. Documentation of this coverage is required by a number of outside practicum sites and must be provided by the student prior to beginning placement at these sites.

- 1.1.13. Students enrolled in 6843;7843/6844;7844/8943 must provide documentation of their health status and keep it updated on an annual basis while enrolled in their professional programs. As you are entering a healthcare or educational profession, there are certain public health requirements to which our clinical rotation sites expect you to comply. 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 you enter the SHS program. If immunizations, TB tests, and physicals are not up-to-date, we cannot guarantee that you will be accepted at medical and/or educational clinical rotation sites. This could impact your timely progression through the program, prevent you from participating in specific clinical experiences, and/or ultimately prevent you from completing the professional program. Requirements and documentation include immunizations (Hepatitis B, measles, mumps, rubella, tetanus, and diphtheria) and annual Mantoux TB test. 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”. Immunizations can be updated by a personal physician or clinic, or at Student Health Services at the Ohio State University. Other sites are requiring seasonal flu shots and drug testing. Regardless of where immunizations are obtained, documentation of immunizations will be filed in the graduate student’s clinical folder at the OSU Speech-Language-Hearing Clinic. In addition, requirements for documenting immunity, such as with the Hepatitis B vaccination, should be discussed with the student’s health care provider and follow-up as suggested by the provider should be pursued by the student. This may include documentation of immunity that may be used at a later time for employment related health requirements.
- 1.1.14. Students must report known exposure to contagious diseases within the 6 months prior to and during assigned practicum to their immediate clinic supervisor(s).
- 1.1.15. SHS 6844;7844 students are required and SHS 6843;7843 students are recommended to provide documentation of current certification in basic cardiopulmonary resuscitation (CPR). This can be obtained outside of Ohio State University; however, opportunities for CPR certification will be made available to students during their graduate curriculum at Ohio State.
- 1.1.16. Students enrolling in SHS 6843;7843/6844;7844 are expected to be familiar with and practice universal precautions. Students should also determine specific precautions and regulations for each affiliated site they are assigned to. Information about universal precautions is available in the Clinical Seminars in Hearing Disorders/6742;7742 series, in the Health Requirements Handbook, by discussion with supervisors at assigned sites, and through a short course online. Students are required to complete a questionnaire to document that they have received education about universal precautions and file this documentation in their graduate student clinical folder.



- 1.1.17. SHS 6844;7844 students are to participate in formative and summative assessments of their clinical competencies. To assist in this process, they are to complete a “Self-Study Information Sheet,” CF-118, to review with each supervisor during the orientation meeting at the beginning of each semester for clinical placement at a given site.
- 1.1.18. SHS 6843;7843/6844;7844 students who are placed with supervisors outside of Pressey Hall are encouraged to write a thank you note to each supervisor after the placement is completed. This note may be handwritten and mailed or e-mailed. It should express your personal appreciation as well as your appreciation for the continued educational support that the supervisor is offering to the SHS program. It is always nice to extend your best wishes to them as you conclude the note. Should assistance be needed in writing this note, contact should be made with the clinical advisor.
- 1.1.19. Students enrolling in SHS 6843;7843/6844;7844/8943 must complete a non-conviction statement as part of the criminal records/ background check conducted by the University (BCII). This statement certifies that the student has not been convicted of or pleaded guilty to child abuse or other crimes of violence set forth in Section 5104.09 of the Ohio Revised Code.
- 1.1.20. State law mandates that professionals working in many health care and educational settings have a criminal records check as a condition of employment. Since graduate clinicians routinely receive clinical training in sites with these requirements, students must provide a criminal record check before they can be assigned to an 6843;7843/6844;7844/8943 placement. This check entails being fingerprinted and having the prints sent to the Bureau of Criminal Identification and Investigation. Background checks will be stored in a locked drawer in the clinic office. The procedure for the records check is as follows:
- a. Webcheck Criminal History Check form can be obtained in Appendix H or in the clinic office. If proof of Ohio residency for the past five years cannot be established, the additional FBI criminal check is required. **A state and federal background check (i.e., both BCII and FBI Webchecks) is required for placement in the schools.**

Students will need to complete all personal information on the form, as well as the following: Department name, contact name, phone number, and address.

*Department Name:* OSU Speech-Language-Hearing Clinic

*Contact Name:* Shannon Hand

*Phone Number:* 614-292-6251

*Address:* 141 Pressey Hall

1070 Carmack Rd.

Columbus, OH 43210

- b. The student will need to have the Webcheck Criminal History Check

form and picture identification (e.g., driver's license, etc.) available. Students must take this form to the OSU Police Station during fingerprinting hours. The OSU Police Station information is as follows:

OSU Police  
901 Woody Hayes Dr.  
Blankenship Hall  
(614) 292-2121

Fingerprinting services are available on Tuesday, Wednesday, and Thursday between the hours of 9am – 11am and 1pm – 3pm only. Students should advise the officer on duty that you need to be fingerprinted as a requirement for clinical placement at OSU. Be sure that both BCII and FBI checks are being run if you cannot verify Ohio residency for the last five years and both are completed for placement in the schools.

- c. Give your completed Webcheck Criminal History Check form to the officer on duty with a check for \$34.00 made payable to The Ohio State University if you have been an Ohio resident for five years. If you have not been an Ohio resident for five years or are completing school certification, due to the required FBI records check, the total fee will be approximately \$58.00. You can also pay by credit card or Buck-ID.
- d. Results should be sent to: The OSU Speech-Language-Hearing Clinic  
141 Pressey Hall  
1070 Carmack Rd.  
Columbus, OH 43210  
Contact: Shannon Hand
- e. Should any of these or ongoing documentations indicate a conviction, the university legal office will be consulted to determine the student's 6843;7843/6844;7844/8943 enrollment status.

1.1.21. Some sites require drug testing and updated physicals (within 12 months) This information is available on either the site orientation form or will be reviewed during the site orientation. Graduate students are encouraged to review site requirements in the notebook entitled "MA-SLP Outside Placement Information" located in 141 and with the site supervisor when contacting them to schedule their orientation conference.

1.1.22. Students enrolled in SHS 6844;7844 are assigned to provide at least one hour per semester of service in the area of cleaning/organizing clinic areas. In addition, all students are required to prepare areas for next client use. All students are responsible for the rooms used for the client's treatment and observation. Students enrolled in 6843;7843 will be assigned other types of assignments, including electroacoustic analysis of hearing aids, updating the hearing aid database, etc.

1.1.23. Students enrolled in SHS 6843;7843/6844;7844 are required to purchase the

following equipment by the end of the fifth week of the first semester enrolled in clinic (a more extensive list will be provided via SHS 6742;7742/6844;7844 courses):

a. Speech-Language Pathology Majors:

- i) Digital recorder--The digital recorder purchased should have an external output plug, so headphones can be used and (preferably) an external microphone plug (to allow higher quality recording). A particular brand is not suggested, but to ensure reasonable quality the price of the recorder should range from \$75.00 up to \$225.00 (Note: "micro" cassette recorders should be avoided because of problems in compatibility with other recorders).
- ii) Stop watch--Either an electronic or mechanical stopwatch should be purchased. The watch should be able to time events with at least 1-sec accuracy. Electronic stop watches will cost \$15.00 or less and are available from such stores as Sportmart Inc., Best Buy, Radio Shack, and online. Mechanical stopwatches are more expensive, though many times have a better "feel" to them, and are available at sporting goods stores, Macy's, and jewelry stores.
- ii) Headphones /Earbuds--Inexpensive headphones/earbuds are required and will be used with the recorder and with other pieces of equipment. The least expensive headphones (with 1/8" jacks) can be purchased from Radio Shack, Best Buy, or online for approximately \$5.00, although the student may want to purchase higher quality units. An adapter (to change from 1/8" to 1/4" jack size) should also be purchased.
- iv) Nametags—Can be obtained From the Clinic Office Manager. The initial badge will cost \$10.00; replacements will be \$15.00.
- v) Penlight--This can be purchased in a variety of stores, such as pharmacies, K-Mart, Meijers, OSU Medical BookStore, etc., cost \$10.00.
- vi) Lab coats/Scrubs-- This is optional, however may be required at some outside clinical sites. This requirement will be listed on the health requirement sheets for outside sites. A white lab coat can be purchased from the supplies store in the basement of Postle Hall, in the Medical Bookstore, or at various uniform stores.
- vii) Recordable DVDs-- Students are required to purchase their own DVDs to be used for recording of clinical sessions. If you choose to purchase DVDs that you can copy over, use DVD+RW. If you choose to purchase DVDs that are for one time use only, use DVD+R.

b. Audiology Majors

Nametags-- Can be obtained From the Clinic Office Manager. The initial badge will cost \$10.00; replacements will be \$15.00.

A custom listening stethoset will be required prior to beginning clinical rotation. Details and specific costs will be provided during the first year of the AuD program.

1.1.24. Clinic Calendar

Clinical assignments in the OSU Speech-Language-Hearing Clinic will generally be scheduled from the first day of the academic term until the 2<sup>nd</sup> to last day of scheduled finals. The exception to this calendar is for graduating students whose last day of mandatory clinic is the last day of classes for that particular term. However, graduating students may continue their assignments during finals week and are highly encouraged to do so. The schedule for graduating students must be finalized with the assignment supervisor by the 7<sup>th</sup> week of Summer term and the 9<sup>th</sup> week of Autumn and Spring semesters.

The Speech-Language-Hearing Clinic operates during breaks and students are encouraged to continue their assignments in clinic at that time. The student is to make this arrangement with the assignment supervisor by the 7th week of Summer term and the 9th week of Autumn and Spring semesters. Please make your break and travel plans to accommodate this calendar.

Clinical assignments for SLP outside sites are generally scheduled from the first day of classes of a given academic term to the last day of classes for the term. Students may extend their rotations through finals week when arrangements with that site's supervisor are made. This should be discussed by the seventh week of the academic term. AuD assignments usually include the entire duration of the academic term, including finals week. If a student is interested in extending the placement into the break, they should discuss this with the site supervisor and audiology coordinator.

1.1.25. Guidelines for dropping/withdrawing from SHS 6843;7843/6844;7844

Given the highly unique nature of SHS 6843;7843/6844;7844, granting approval for either dropping or withdrawing from this course is discouraged. However, if an extenuating circumstance can be documented, the student must make a formal request to drop or withdraw from SHS 6843;7843/6844;7844. This is to be submitted to the Department Chair and the student's academic and clinical advisors. The Clinic Committee must review this request and provide input to the chair and advisors prior to a decision being reached. If the student is requesting the drop or withdrawal for medical reasons, they are required to provide a letter from their healthcare provider documenting the need for leave from the program and

the anticipated length of leave required.

If a drop or withdraw is approved, the following guidelines are to be followed:

- a. The student must provide all 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 student has been assigned.
- b. The student must notify the supervisor of each client of his/her intent to withdraw so that clients can be promptly reassigned in order to assure that delivery of services is not interrupted.
- c. Any written evaluation from the student's supervisor(s) for the drop/withdraw academic term will be retained in the student's academic file.
- d. If the withdrawal was for a medical leave, the student must provide a letter from their healthcare provider stating the student can participate in the rigors of a clinical placement/full time schedule.
- \*e. Prior to re-enrolling in clinic, the student must successfully complete the agreed upon and required competency assignments. The content of these assignments will be determined by the OSU SHS program clinical supervisors and shared with the student with specific timelines for completion provided.
- f. The clinical assignment for the subsequent academic term in which the student may be permitted to enroll in SHS 6843;7843/6844;7844 will be based upon the student's clinical competencies/performance at the time that the student dropped or withdrew from clinic and performance on the competency assignments as described in d. of the aforementioned.
- \*g. Upon re-enrollment in SHS 6843;7843/6844;7844, the student must adhere to the requirements and objectives that have been established by the clinical supervisors. The format for monitoring and evaluating the student will follow the guidelines as described in the *Clinic Policies, Requirements, and Protocols*, Section 1.5, "Evaluation of Clinical Skills." The semester of re-enrollment will be considered a probationary semester and the student will be permitted re-enrollment ONLY if the enrollment procedures outlined above have been followed. Abandonment of clients or clinical responsibilities from the academic term in which the student withdrew will result in permanent removal from the clinical training program in the SHS program at The Ohio State University. If the student receives a failing grade (less than 2.6) during the probationary semester, the student will be permanently removed from the clinical experience through the SHS program at The Ohio State University.

*\*These are only applicable for drop/withdraw as the result of poor performance in SHS*

6843;7843/6844;7844.

#### 1.1.26. Transportation to Outside Sites

SHS 6843;7843/6844;7844 students are responsible for providing their own transportation to and from assigned practicum sites, including any travel required to the assigned site's auxiliary locations. The Ohio State University assumes no liability for travel. The Department of Speech and Hearing Science advises each 6843;7843/6844;7844 student to obtain liability insurance for any travel required as part of the SHS 6843;7843/6844;7844 assignment.

#### 1.1.27. Student use of *audible* signal alerts on cell phones and pagers is prohibited during class, meetings, presentations, and clinical assignments.

EMERGENCY messages may be left in the clinic office (292-6251) or the department office (292-8207) for Pressey Hall classes and assignments. Students are encouraged to contact their outside site supervisor 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.

#### 1.1.28. Screenings

Opportunities to participate in various speech/language/hearing screenings are offered. These opportunities are generally announced via e-mail or postings on the clinic bulletin board. They are supervised by OSU Clinical supervisors or speech-language pathologists or audiologists in the community and are open to any student enrolled in SHS 6843;7843/6844;7844. Although short term clinical experiences, they are governed by the same guidelines as other SHS 6843;7843/6844;7844 placements. If a student commits to a screening opportunity, either by contacting the clinical supervisor or "signing up", the student is expected to participate in the experience to the full extent of the commitment unless an appropriate excused absence (e.g., illness) is provided and the supervisor is notified prior to the screening. If a student fails to follow through on their commitment to a screening, they may be denied the opportunity to participate in future screenings and may impact future SHS 6843;7843/6844;7844 placements.

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 complete of required clinical hours for certification and/or licensure.

#### 1.1.29. Time commitment/management

Utilization of effective time management skills is a necessary and key component when considering the wide range of excellent opportunities available at Ohio State University and the surrounding community. In addition, it is strongly recommended that a student design a long-term plan

for the entire time of enrollment for a graduate degree. Components to take into consideration include the following activities and time commitments required per academic term:

- Coursework/course load
- SHS 6843;7843/6844;7844/practicum assignments, including travel time to extended distance rotations
- GA/RA/TA assignments
- Job responsibilities outside the University
- Additional certification: Student teaching, geriatric certification, etc.
- Thesis commitment
- Personal needs (e.g., sleep, exercise, meals, etc.)

While making such a plan, students benefit from taking into consideration that commitments vary in time and responsibility, with some requiring a major investment.

It is strongly encouraged that students take advantage of these many outstanding learning experiences. At the same time, students will need to take under advisement that participating in a variety of program options will necessitate long term, comprehensive planning. In addition, taking on several major commitments may necessitate extending the number of academic terms essential to fulfill the requirement of the pursued graduate degree.

## 1.2 Protocol Sessions

Certain clinical assignments at The Ohio State Speech-Language-Hearing Clinic may require students to attend specific protocol sessions, usually scheduled the first and second day of each academic term. The dates and times for the sessions will be posted with the clinic assignments each term. Attendance is mandatory; students need to take the commitments and scheduled times into account when planning their return to campus following term breaks.

## 1.3 Obtaining Clinical Practica Assignments

1.3.1. During finals week of each academic term, clinical assignments will be posted outside Room 141 Pressey Hall. Upon receiving the assignments, you should immediately inform the coordinator of Speech-Language Pathology and/or Audiology Services if a conflict is identified. Check the bulletin board outside 141 Pressey for announcements from supervisors. Graduate students assigned to outside clinics will contact their supervisors and follow the procedures of that facility. Contact with outside site supervisors is to be made by the last day of finals week of the term that precedes the newly assigned rotation term. Students can find contact information for outside affiliated supervisors in the assessment schedule notebooks (on the clinic office manager's desk). Audiology supervisors are listed in the "black book" (hearing aid repair/order book) and SLP supervisors are listed in the SLP assessment schedule notebook housed on the Clinic Office Manager's desk.

- 1.3.2. Speech-Language Pathology students are to refer to the updated handout of the OSU Speech-Language Hearing Clinic academic term calendar. These updates will be posted on the bulletin board outside the clinic office with individual copies either distributed at the first SHS 6742;7742 class meeting and/or on Carmen for SHS 6844;7844.
- 1.3.3. Student clinicians are expected to be at their assigned site on their assigned days/times, from the arranged day of orientation through the last day of the University's regular classes/or finals week, per assignment. University holidays do not necessarily indicate that the student does not have a clinical practicum site obligation. Attendance on that day is determined by the particular site's supervisor. It is the responsibility of the student to discuss this obligation with individual supervisors.
- 1.3.4. Regular attendance for practicum is required. In case of illness or emergency situations, procedures for canceling clients and notifying the appropriate supervisor are determined by the particular practicum site. It is the responsibility of the student to inquire about appropriate procedures and to follow them. In addition, the SHS site coordinator is to be notified by the student regarding the need to be absent.

Attendance in assigned clinical practica is mandatory throughout the given academic term. If an extenuating circumstance should arise that requires absence from a clinical session, this needs to be discussed immediately with the clinic advisor (See Absenteeism of Clinician or Client). If a student will be absent from an assigned site or client, they must contact the supervisor to make arrangements for a make-up session or clinic day, depending on the assignment. This make-up is required, unless otherwise determined at the discretion of the site supervisor. In the case of a student demonstrating chronic tardiness and/or absence from a clinical assignment, action will be initiated by the assigned supervisor and may include:

- a. documenting the attendance pattern and the concerns.
- b. requesting the student to provide a formal excuse for the tardiness or absence (see <http://www.shc.ohio-state.edu/forms/>). This form may be used when ill and/or there is a need to cancel clinic. The link will direct you to the "Forms" page of the Student Health Center. Click on the "instructions for form completion" link on the left side. Then return back to the main "Forms" page and complete the "Absence Excuse" form. Submit a hard copy of the form to the assigned supervisor for the rotation where absence is occurring.
- c. denying clinical hours and/or continuation in the assigned practicum.

Although students are encouraged to participate in a wide range of clinical experiences during their graduate school experience, hours to be counted toward clinical practica experiences can only be provided by "approved" clinical supervisors. The current list of these supervisors is



available in the clinic office. This stipulation is not meant to limit flexibility of experience but rather to ensure that students are receiving a quality experience that is supervised by a licensed and/or certified speech-language pathologist and/or audiologist.

- 1.4 Name Tags: Every student clinician is to wear a name tag while involved in clinical activities in The Ohio State University Speech-Language-Hearing Clinic. Procedures for purchasing the tags will be reviewed in the SHS Clinical Seminars in Hearing Disorders/6742;7742 series; also see the Clinic Office Manager for assistance.  
In addition, specific sites may require the display of a name tag or ID badge. Each student is responsible for addressing this requirement with the assigned supervisor.

1.5 Evaluation of Clinical Skills

1.5.1. Evaluation of Clinical Performance

The clinical supervisor will:

- a. Evaluate each student clinician's clinical competencies at the end of each academic term using CF-38, CF-66, and/or CF-67 and review the printed form(s) with the student clinician. After this review the student should sign the written form. If student's performance is not satisfactory (i.e., for 6844/7844: students must average 2.6 or above; for 6843/7843: students must not receive a rating of 1 on any of the clinical skills listed), a written evaluation will be provided to the student and the appropriate clinical coordinator. An evaluation that is not satisfactory for a given clinical assignment will result in no clinical hours accrued for that assignment.

Furthermore, should an SLP student's current status be judged a 4 as designated on the Formative Assessment (Appendix N; CF-69), the student, clinical advisor, academic advisor, and graduate committee chair are to receive a copy of the CF-69 from the SHS supervisor or clinical advisor completing the form. For status rating of 4, the Graduate School may be notified by the graduate committee chair of the student's lack of forward progress.

- b. Assist a student in identifying professional expectations while enrolled in SHS 6843;7843/6844;7844. Should a student not satisfactorily comply with SHS guidelines and the assigned facility's clinical protocols, the student's supervisor should call this to the student's attention as soon as possible (no more than 7 days post the infraction) and refer the student to the guidelines as presented in the facility's clinical handbook. If the student persists in noncompliance of clinic policy, the concern will be reported to the Clinic Director. Should the degree of the noncompliant behavior be judged as egregious, the behavior should be immediately

reported to the Clinic Director and an appropriate plan of action be determined. If disciplinary action (e.g., denial of clinical hours, restriction of assigning rotations in clinical practicum, etc.) is considered, the following steps will be taken:

- i) The infraction should be reviewed by the Clinic Committee and the specific disciplinary action is to be approved.
  - ii) The student will be informed of the disciplinary action by the Clinic Director or student's clinical supervisor with a written summary evaluating the situation and stating the conclusions and disciplinary action. This should be signed by the Clinic Director, supervisor, and student.
  - iii) Documentation of the student's performance, all communication with the student regarding the infraction, and the specific disciplinary action taken should be summarized and attached to the student's evaluation for the given academic term.
- c. Identify graduate clinicians that, based on the supervisor's professional evaluation, are poorly prepared and/or conducting treatment in an inappropriate manner:

Guidelines for identification and remediation of poor clinical performance are as follows:

- i) During a clinical enrollment period, if a supervisor identifies a student who is not functioning at an expected clinical competency level, the supervisor should immediately discuss this deficiency with the student clinician and give the student suggestions designed to remediate the deficiencies. If no improvement is noted within a period of no longer than two weeks, the supervisor should notify the appropriate clinic coordinator.
  - a. At the discretion of the clinic coordinator, a meeting with all supervisors responsible for the clinician's work that particular academic term will be scheduled with the clinical advisor to determine the extent and nature of the student clinician's clinical difficulty. Appropriate recommendations for remediation will also be determined. A decision will be made at that time concerning the advisability of a full clinic staffing (see below) with the student clinician. If such a meeting is recommended, it should occur within two weeks.
- ii) At the end of the academic term, if the **student clinician's grade is U**, a meeting with all supervisors\* responsible for the student clinician's work that particular term will be scheduled with the student's clinical advisor. This meeting will be to determine the extent and nature of the student clinician's clinical difficulty and to make appropriate recommendations for remediation. A decision will be made at that time concerning the advisability of a full clinic staffing with the student clinician.

- a. If such a meeting is recommended, it should occur prior to the initiation of or no later than two weeks from the beginning of the next academic term. A full staffing will be held including any clinical supervisors\* who have supervised the graduate clinician, the clinic advisor, the academic advisor, and the graduate clinician. At this meeting specific behavioral objectives will be set for a plan of action to implement during the said term of Clinic enrollment. This term of enrollment would be on probationary status.
- b. In addition to the above plan of action, if the student in question has received a U, all clinical assignments will be in the Speech-Language Hearing Clinic. At least one supervisor other than the one(s) who raised the original concern(s) about the student clinician will be assigned to supervise the student. At the end of the probationary period, the clinical advisor and graduate clinician will again meet. The members of the clinical faculty who attend this meeting will be determined by the clinic coordinator. The purpose of this meeting is to inform the student whether the plan of action for clinical performance goals was met.
- c. If a student does not meet practicum goals and does not earn a grade of S during the enrollment of the probationary academic term, the student will be permanently removed from clinical experience through The Ohio State University Speech and Hearing Science program. The student might have the option to pursue a degree within the Department without the clinical component. The student will be counseled as to what other career options and/or career counseling that might be available.

\*Should a supervisor not be available for the meeting, written input regarding the student's performance will be submitted.

## ii) Documentation of Above

It is suggested that all formal interactions with the student clinician and members of the clinic staff be documented by a written record.

- Supervisors will keep a copy of written evaluations (including CF-66/67) given to the student (file in permanent folder) and make a record of memorandum on the CF-25 when oral evaluations are made.
- If a full staffing is held to evaluate a student clinician's performance, a record of memorandum should be written, along with a copy of the agreed upon behavioral objectives that the student in question is to accomplish. A copy will be given to the student, with a copy placed in the student's

academic folder.

- If a second full staffing occurs, the student's clinical advisor should notify the student clinician via letter that the meeting is scheduled, the purpose of the meeting, and the agenda for the meeting. Again, a record of memorandum should be written describing the meeting and its outcome.

1.5.2. A grade of passing in a specific course does not inherently imply that all required clinical or knowledge skills outcomes have been attained. Should a student not earn criterion of acquisition for a specific skills outcomes, the advancement in and/or completion of the professional program can be denied until the identified skill outcomes is/are satisfactorily demonstrated. The course of action should include a plan of correction to foster acquisition of the identified skill outcome. This plan is to be designed by the student with input from the instructor of the course, clinical advisor and academic advisor. It should be noted that a pattern of demonstrating unsuccessful progress in the acquisition of knowledge and/or clinical skills outcomes may lead to either placing a student on a probationary term and/or denying further enrollment in SHS 6843;7843/6844;7844 (professional) program. See "Appendix N" for more information.

1.5.3. SLP students are required to earn two satisfactory grades in 6844 prior to advancing and enrolling in 7844.

## 1.6 Clinical Placement

1.6.1. The following criteria is taken into careful consideration when making an assignment:

Prerequisite academic courses

Number of observation hours

Number of clinical hours accrued

Clinical competency (A student must maintain grades of S in SHS 6844;7844/6843;7843 to continue in practicum courses and be assigned to clinical experiences outside the Pressey Hall clinic.)

Site types

Previous 6844;7844/6843;7843 evaluation; competency level

Clinical advisor input

Supervisor input

Academic advisor input

Faculty member input (with regard to specific disorder knowledge skill outcomes)

Site criteria

Students' site evaluation of supervisors/sites

Schedules of students

Location of sites

Site profiles

Logistics

Time element

- 1.6.2. When preparing to complete the CF-02, students are encouraged to discuss clinic rotation plan with their assigned clinical advisor. When completing the CF-02, complete all requested information. On the schedule section, students are to provide what specific classes they are taking and other specific commitments (work, etc.). In addition, knowing the location of time commitments will assist in allowing travel time for clinical assignments that are made. Special requests and comments may be made by listing priority one, two and three and stating specific populations and age groups. DO NOT mention a specific site, as this information will neither be accepted nor considered.

Please note: When completing CF-02, if possession of a car is indicated, this verifies that it is a roadworthy vehicle which is in good repair and will be reliable transportation in order to reach outside clinical sites. In addition, due to a majority of the affiliated sites being off campus and not on a mass transportation (COTA bus) route, having a car is highly recommended. A student who does not have personal transportation may experience restrictions in the types and location of clinical assignments. When such restrictions are realized, the length of the graduate program will typically be extended.

- 1.6.3. Location of affiliated sites

The location of affiliated sites is typically within Franklin County or its contiguous counties. However, in order to provide students with a breadth and depth of the clinical experience and to make possible the availability of a variety of clinical rotations during each academic term necessitate utilization of facilities at an extended distance (generally less than a 2 hour drive time). Students enrolling in SHS 6843;7843/6844;7844 are advised to plan for such assignments. Giving fore-thought to being assigned to extended distance facilities is strongly recommended.

Therefore, it is recommended that graduate students have the following in place:

1. A roadworthy vehicle to provide safe and prompt transportation,
2. Sufficient transportation funds to support costs of travel, and
3. A well-defined time management plan to allow for travel time.

It is anticipated that the 4<sup>th</sup> year clinical preceptorship/externship for AuD students will likely take place outside of the greater Columbus metropolitan area. This placement is based on factors noted in Section 1.6.1, in conjunction with student preferences, and options available nationally. AuD students are encouraged to consider these factors, along with financial implications of a placement, early in the program.

- 1.7. Recommended Clinical Experiences

To maintain consistency among students in the attainment of clinical experiences and to insure that each student's training reflects a variety of clinical experiences across disorders and populations, the following clinical experiences are recommended to each student.

### 1.7.1. Recommended Sequence of Clinical Experiences in Audiology

#### a. Diagnostic Rotation Levels

Stage I: Ohio State Speech-Language-Hearing Clinic

- i) Required for all graduate students in 6843 with an audiology major
- ii) Required for all students who have no previous clinical experience.

Stage II: Combined assignment that includes an assignment at the Speech-Language-Hearing Clinic and an outside site.

Stage III: Outside sites - A minimum of four assignments are required

Stage IV: 4<sup>th</sup> year clinical assignment: Full time clinical preceptorship over one or more clinical setting which is arranged by the Clinic Director, with input from the student.

#### b. Habilitation Rotation Levels

Stage I: Rehabilitation experience with adult clients, including hearing aid dispensing.

Stage II: Rehabilitation experience with children at an outside site or at The OSU Speech-Language-Hearing Clinic.

#### c. Students may be at different rotation levels in each of the two above levels, and may be promoted to a higher stage of rotation depending upon:

- i) the level of clinical competency skills and
- ii) academic preparation.

#### d. Externship/Preceptorship for 4<sup>th</sup> year AuD students: This clinical experience is designed to be the equivalent of a full time (e.g., approximately 35-40 hours per week for 50 weeks or as determined in conjunction with the site, student, and University program) placement designed to help the student further integrate their skills and knowledge. In addition, this is an opportunity to obtain in-depth clinical experience in a specific area (e.g., cochlear implants, vestibular assessment and management, etc.). This experience is designed in conjunction with the academic advisor, clinical advisor, and student.

The design of this plan is initiated during Autumn semester of the student's 3<sup>rd</sup> year in the program. This timeline is similar to the

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

Once the site is secured, the 4<sup>th</sup> year placement coordinator initiates the process to develop an affiliation agreement with the site. Students are discouraged from signing any type of contract or agreement directly with a site and if this situation arises, should speak with the practicum coordinator prior to engaging in any contractual agreement with the site. This is for the protection of the student and of the University. In addition, any requirements from the site (e.g. additional training, liability insurance, health requirements) must be in place prior to initiating clinical practice at that site. Remuneration to be provided to the student should be discussed with the 4<sup>th</sup> year placement coordinator prior to the beginning of the placement. Once details of the plan are established, it will be presented to the Audiology Oversight Committee for approval and the 4<sup>th</sup> Year Clinical Experience Plan (see Appendix I) is completed by the Clinic Director, who serves at the 4<sup>th</sup> year placement coordinator.

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

e. Specific hour requirements:

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

i) ASHA requirements for Certificate of Clinical Competence

If the student is pursuing the requirements for the Certificate of Clinical Competence in Audiology, supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. ASHA requires 25 observation hours as well as a mandatory hour requirement that is equal to one year of full time employment (approximately 1825 hours) earned during the AuD program. See Appendix M.

ii) Requirements for Ohio License:

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. Ohio licensure requirements are also similar to licensure requirements for many other states. Students are encouraged to contact the licensure board of a state in which they may be interested in practicing to review these guidelines.

1.7.2. Recommended Sequence of Clinical Experiences Speech-Language Pathology

a. Rotation Recommendation

i) Intervention

The order of rotation is as follows:

Stage I: Ohio State Speech-Language-Hearing Clinic

For all graduate students, the first 2 academic terms of SHS 6844 should be in the Speech- Language-Hearing Clinic or in a site that the supervisor is considered a member of the Speech and Hearing Science staff/faculty.

For students who have no previous clinical experience, the first 25 hours of practicum should be in the Speech-Language-Hearing Clinic or in a site in which the supervisor is considered a member of the Speech and Hearing Science staff/faculty.

Stage II\*: Combined assignment (7844), which includes an assignment at the Speech-Language-Hearing Clinic and an outside



site.

Stage III\*: Outside Sites: A minimum of three different clinical assignments are recommended.

The student may be promoted to higher stages of rotation based upon:

- the level of clinical competency skills
- academic preparation/knowledge competencies

ii) Assessment

Stage I: OSU Speech-Language-Hearing Clinic – A minimum of one credit (three hours/week) of SHS 7844 of Diagnostic Practicum is highly recommended at the OSU Speech-Language Hearing Clinic.

Stage II: Outside site--Additional diagnostic hours may be accumulated in assigned sites.

The option to go either to Stage II or Stage III from Stage I rotation depends on the clinician's level of clinical competency and clinical hour needs.

b. Specific hour requirements:

For all SLP majors, the following specific hours must be accrued:

i) ASHA requirements for SLP CCC

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities. ASHA requires 25 observation hours as well as 375 total clinical hours, with 300 of these hours earned at the graduate level. The following nine disorder areas identified by ASHA are required clinical hours or equivalent experience.

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, and pragmatics) in speaking, listening, reading, writing, and manual modalities
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding; orofacial myofunction)
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- social aspects of communication (including challenging behaviors,

- ineffective social skills, lack of communication opportunities)
- communication modalities (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

ii) Requirements for Ohio License:

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. Ohio licensure requirements are also similar to licensure requirements for other states and students are encouraged to contact the licensure board of a state in which they may be interested in practicing to review these guidelines.

- iii) Speech-Language Pathology students are required to attain a specific number of hours that are judged to be at skill levels of intermediate and advanced. See Appendix I and CF-05 for these guidelines.

## 1.8 Extended Clinical Education: SLP students only

### 1.8.1. Statement of Policy:

Students pursuing clinical certification and licensure are required to participate in **at least 2** extended clinic related experiences prior to graduation, totaling at least 20 hours of extended clinical education experience. The required curriculum and clinical experiences provide each student with an excellent framework of critical knowledge and skills; however, it is unrealistic to assume that all aspects of the fields of Speech-Language Pathology are covered. Exposure to seeking extended experiences will allow each student:

- 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, and
- d. To develop a plan for continually expanding on-the-job skills and knowledge, i.e., continuing education.

### 1.8.2. Description

The experience can be acquired via various modes of participation such as:

- a. Workshops and short courses. Components of the project will include:
  - i) Register for and attend at least 10 hours of workshops or short courses (May use a maximum of 5 hours from any one activity--e.g. If one workshop is 10 hours, you may count 5 hours of this activity toward your Extended Clinical Experience). Provide a copy of your

registration form and notes.

- b. Literature Review. Components of the project will include:
  - i) Read at least 7 scholarly articles on a given topic (e.g. Seminars Journal).
  - ii) Prepare written literature review including a critical analysis of each article.
- c. Clinical Method/Procedure Project. Components of the project will include:
  - i) Review and outline literature pertinent to the method/procedure.
  - ii) Write a critical analysis.

Prepare materials for implementing the procedure in clinical sessions

### 1.8.3. Required Area

Students must familiarize themselves with the Individuals with Disabilities in Education Act (IDEA). This information can be acquired either in SHS 6170 OR as an extended clinical education experience.

### 1.8.4. Authorization and Documentation

Students must have prior authorization for experiences to be counted toward the extended clinical experience. The procedure for receiving authorization and documentation is as follows:

- a. Submit the form "Authorization/Documentation for Extended Clinical Experience" CF-27 to your Clinic Advisor. This must be submitted at least two weeks prior to the initiation of the experience. Complete Sections I and II.
- b. Complete student section IV of the above form (CF-27) and resubmit to the Advisor within one week of completing the extended clinical experience.
- c. File the completed (Sections I through IV) (CF-27) form in your graduate student clinician folder.

### 1.9 Clinical Folder

Each student who is pursuing the clinical education tract will be given a clinical folder. The clinical folder will be filed in a locked file cabinet in Room 141 Pressey, in alphabetical order according to the student's name.

Each SLP clinical folder will contain:

- Clinical Form (CF-25) (signed receipt of Code of Ethics)
- All pieces of health related information
- Clinical Requirements Checklist
- HIPAA Certificate of Completion

- Policy acknowledgement statements
  - Code of Ethics/Employment
  - Technical Standards
  - Universal Precautions
  - Absenteeism
- Extended Clinical Education (CF-27)
- Any undergraduate client contact hours
- Observation hours
- Active Observation Form (CF-125) (option if such hours are attained)
- Formative Assessment (CF-118) (ongoing from your first academic term to your last)

Each AuD clinical folder will contain:

- Clinical Form (CF-25) (signed receipt of Code of Ethics)
- Audiology Clinical Requirements Checklist
- Code of Ethics Agreement
- Acknowledgement of Technical Standards
- Absenteeism Policy
- Immunization Records
- HIPAA Certificate of Completion
- CPR certificate(recommended)
- Universal Precautions certificate of completion
- Observation hours
- Extended Clinical Education (CF-27)
- Any undergraduate client contact hours

Students are required to access their clinic files for pre-term, midterm, and final conferences with supervisors and for various other documentation activities, as described here. If the student needs to access their folder, they should contact a clinical advisor or the Clinic Office Manager who will access the student's file for them.

Documentation of health requirements for all students enrolled in the clinical track program in the Department of SHS is as follows:

- a. Provision of form for documenting completion of health requirements

The Ohio State University student health center will provide the Speech-Language-Hearing Clinic with an updated form with list of requirements annually in late Spring or Summer academic terms. These forms will be included in the packet of information that is forwarded to incoming graduate students during the Summer prior to beginning the program. This allows for incoming students to begin documentation of health requirements and complete necessary immunizations, etc., with their personal physician. If students prefer to initiate the immunization process following enrollment at OSU, forms will be provided during Orientation and students will be instructed to contact the Student Health Center.

b. Filing of documentation

Students are responsible for having documentation of completed health requirements in their graduate clinician folders. When the requirements are completed and the form is filed, the student is to report this to their assigned clinical advisor.

1.10 Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The OSU Speech-Language-Hearing Clinic, being a health care organization, uses the “Privacy Rule”, a provision of the Health Insurance Portability & Accountability Act of 1996 (HIPAA), that went into effect on April 14, 2003. The purposes of the regulation are to:

- protect and enhance the rights of consumers regarding their health information and control the inappropriate use of the information;
- improve the quality of health care in the U.S. by restoring trust in the U.S. health care system; and
- improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy protection that builds on efforts by state, health systems, individual organizations and individuals.

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. Previously, there has been no federal protection of health information, just a patchwork of various state laws.

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. However, 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.

1.11 Recommendations: Letters and/or Statements

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

#### 1.12 Documenting Clinical Hours

Students are responsible for maintaining ongoing records of the accrued clinical hours during each assigned rotation. SHS 6844;7844 students will use CF-46, Appendix O, for all assigned rotations. Students are encouraged to discuss with supervisors the day that is most convenient during each assigned week for them to approve (sign-off) on the hours accrued for that week. Supervisors will in turn document all term accrued hours along with performance level on the CF-07. Students may then transfer the approved hours to CF-05 (available on Excel; on the 6844;7844 Carmen site) so as to keep an e-copy of accrued clinical hours and record of attainment of clinical outcomes. SHS 6843;7843 students will use CF-06 C to document the audiology hours accrued daily for each clinical rotation. At the end of each clinical rotation, the student will transfer these hours to a CF-06 where the preceptor will indicate competency level and sign off on these hours.

## 2.0 Clinical Advisors

### 2.1 Clinical Advisors

During the first academic term of enrollment at Ohio State, each graduate student 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 student's discipline of Speech-Language Pathology or Audiology.

The clinical advisor's duties are:

- 2.1.1. To advise the student as to the particular clinical experiences that are available through the Department of Speech and Hearing Science.
- 2.1.2. To provide each student clinician with a copy of ASHA'S/AAA's Code of Ethics and minimum requirements for clinical hours for ASHA certification.
- 2.1.3. To advise the student as to the appropriate sequencing of practica in view of the student's academic background and previous clinical experience.
- 2.1.4. To advise the student as to what courses are required (or their equivalency) and/or beneficial prior to enrolling in a particular practicum, in conjunction with the academic advisor.
- 2.1.5. To advise the student about the number of clinical hour requirements to fulfill ASHA-CCC and/or Ohio licensure requirements.
- 2.1.6. To approve the student's updated Clinical Hours Worksheet (CF-04;CF-05) and Recommended Clinical Experiences (CF-89, 90 and 96).
- 2.1.7. To check that the student is updating an official Log of Clinical Clock Hours (CF-06; CF-07)
- 2.1.8. Approve the clinical hours that have been transferred from other training program(s).
- 2.1.9. When a student completes the clock hour competency requirement (re: Ohio License and/or ASHA's requirements), this is to be approved by the student's clinical advisor. The student will have two copies of Hours Approval Form (CF-04 or 05) signed by the Clinical Advisor. This form verifies that a student has completed the requirements as described in the Ohio Speech-Language Pathology and Audiology Licensure Law and/or ASHA's Requirements for Certificate of Clinical Competence. One form must be filed in the student's clinical folder and presented to the Department Chair; the other copy of the form is to be retained by the graduate student.

## 3.0 Speech-Language Hearing Clinic Procedures

### 3.1 General Clinic Information

#### 3.1.1. The Mission

The Ohio State University Speech-Language-Hearing Clinic's mission is to improve the quality of life of all individuals with communication difficulties, to provide cost effective services that meet the unique needs of the client and their families, and to promote excellence in clinical training and education of future hearing and speech-language professionals.

#### 3.1.2. The Vision

The Ohio State University Speech-Language-Hearing Clinic's vision is to be recognized as the leading hearing and speech-language service provider and comprehensive clinical educator in the Central Ohio region.

### 3.2 Intake Procedures re: speech-language pathology

#### 3.2.1. Pre-diagnostic screenings

- a. Pre-diagnostic speech and/or hearing screenings are available at the clinic.
- b. Screenings are free of charge for Ohio State students and are available at a minimal charge for non-students.

#### 3.2.2. Enrollment Classification

- a. Non-student clients are required to receive an evaluation prior to enrollment in treatment. This requirement may be waived in circumstances in which the client has received a diagnostic evaluation within the past three months from a speech-language pathologist at another center. Prior to being waived, a diagnostic report must be received and reviewed by a staff speech-language pathologist who will decide if the diagnostic information is complete enough to waive the evaluation appointment and recommend one of the following:
  1. Consultation session
  2. Enrollment in treatment (waiving both diagnostic and consultation appointments).
- b. Clients who are University students must have had at least a speech-language screening, identifying a possible communication disorder prior to enrolling in treatment. If enrollment in intervention is recommended, the following issues will be discussed:



- Preferred days/times for treatment
- Expected duration of treatment program
- Frequency and length of treatment session
- Cost per treatment session/billing and payment policies. An Enrollment Agreement (CF-65) is to be completed and returned to the Clinic office prior to enrollment in treatment.
- Questions regarding treatment emphasis, strategies, prognosis factors, etc.

The student may receive a diagnostic evaluation the first scheduled intervention session, unless otherwise directed by the clinical supervisor working with the student to schedule a separate assessment appointment.

### 3.2.3. Procedures for Scheduling Diagnostic Evaluation/Pre-intervention Consultation for Non-student Clients

- a. Non-student clients who request a speech-language evaluation or pre-intervention consultation appointment will be scheduled for an appointment by contacting clinic personnel (the primary person who schedules diagnostic sessions is the clinic office manager or office manager assistant). The clinical staff person who schedules the appointment is to provide the client requesting the appointment with the following information:
  - i) Name and location of clinic as well as telling the client that a map of the clinic location and directions for parking
  - ii) Inquire about the need of special drop-off arrangements due to health/ambulatory reasons. If such arrangements are needed, procedures will be reviewed.
  - iii) Date and time of the appointment
  - iv) Approximate length of testing session
  - v) Cost of assessment session
  - vi) Need for obtaining prior authorization for third party funding; clinic policy regarding payment on the day of scheduled assessment session
  - vii) Review the written information that will be sent (letter of confirmation, map of clinic location, consent form, case history, and parking permit).
- b. During the scheduling of the evaluation appointment, the Office Manager is to record the appointment in the following manner:
 

Record client's name, date of birth, address, telephone number, and insurance information in *Therapist's Helper*, the clinic database, where a client file will be created.

Temporary folders are created and assigned by the Clinic Office Manager. They are given a 3-5 letter code that corresponds to the temporary account number listed on *Therapist's Helper*. The temporary folders are filed in the clinic office in the file cabinet directly adjacent to the clinic mailboxes. They are listed in alphabetical order.

#### 3.2.4. Recommendations of the Diagnostic Evaluation/ Pre-intervention Consultation

Pending the results/findings of the diagnostic evaluation session, the client will receive a recommendation for:

- a. No enrollment in treatment,
- b. No enrollment in treatment at the present time, but a periodic re-check to monitor the situation, or
- c. Enrollment in treatment NOTE: If enrollment in treatment is recommended the following issues will be discussed:

Preferred days/times for treatment  
Expected duration of treatment program  
Frequency and length of treatment session  
Cost per treatment session/billing and payment policies. An Enrollment Agreement (CF-65) is to be completed and returned to the Clinic office prior to enrollment in treatment.  
Questions raised about treatment emphasis, strategies, prognostic factors, etc.

#### 3.2.5 Records of Intake

- a. Upon receiving a diagnostic evaluation or pre-intervention consultation, all clients are assigned a permanent folder that contains:
  - i) CF-11 consent form, signed and witnessed
  - ii) CF-09 or CF-10 case history, depending on age of the client
  - iii) Summary of diagnostic evaluation which follows CF-14 format or if a hospital patient - either a or consultation letter; or if a voice client seen by a member of the Speech-Language-Hearing Clinic staff in an ENT's office, a consultation form.
  - iv) CF-49 Contact Sheet
  - v) Medical clearance, as necessary
  - vi) HIPAA form

b. See diagnostic procedures for more details

### 3.2.6. Assignment to Caseload

Clients are placed on a waiting list with the pertinent information recorded on a "waiting list" card. The waiting list card, along with a duplicated copy of the card, is to be placed in SLP Coordinator's mailbox for processing. The waitlist card will be housed in the clinic file box marked "Client Status Records." Each client is scheduled when an appropriate time slot is available according to preferred times/days, disorder of client, and clinical skill level of student clinician. NOTE: A client usually does not have to wait for treatment any longer than from 6 to 14 weeks with duration of waiting time averaging less than 8 weeks.

### 3.2.7. Diagnostic Evaluation

All clients who are enrolled in treatment shall receive a diagnostic evaluation prior to an intervention program being initiated.

The diagnostic evaluation shall include:

#### a. Testing

##### i) Audiologic Screening

Pure-tone audiometric screening

Adults: Pure tone audiometric screening  
(500, 1000, 2000, 4000 Hz at 20 dB HL)

Children: 1000, 2000, 4000 Hz at 20 dB HL

Immittance Screening

Otoscopic inspection must be completed before immittance screening. Routinely complete immittance screening for clients through the age of 6 years. After the age of six, a screening is to be administered if there are such risk factors as history of ear infections, allergies, or the presence of an Upper Respiratory Infection. The immittance screening is to include tympanometry. For adults, pass criteria are: peak admittance is 0.3-1.4, volume is 0.6-1.5, and tympanometric width is +50 to -150 mm H<sub>2</sub>O. For children, pass criteria are: peak admittance is 0.2-0.9, volume is 0.4-1.0, and tympanometric width is +60 to -150 mm H<sub>2</sub>O.

ii) Speech/Language Assessments: Appropriate formal and informal assessments of the client's skills in the areas of

- Articulation
- Receptive and expressive language
- Fluency
- Social and cognitive aspects of communication
- Voice

will be administered. Selection of the test battery will be dependent on the age and individual needs of the client as presented in the case history questionnaire and reports from other specialists. A staffing of the diagnostic team composed of the client's supervisor and student clinician(s) will precede the diagnostic appointment. Discussion will involve selection of the battery and rationale for each chosen assessment; a lesson plan outlining the areas to be assessed, protocol/standardized tests to be used, and what team member is responsible for each task is required for fluency evaluations. Following the staffing, the team leader (graduate student having primary responsibility) will submit an expanded written lesson plan summarizing the test battery to be administered. This will be reviewed / approved by the client's supervisor. An example of the Speech-Language Pathology Diagnostic Plan format to be used is available in Appendix A.

b. Case History

- i) A case history questionnaire will be completed by the client or client's parents/legal guardian.
- ii) On the day of the evaluation, a thorough case history will be taken and pertinent information will be summarized and presented in a post-testing staffing and recorded in the intake report.

c. Post-Testing Staffing

A staffing composed of the client's supervisor and student clinician(s) will follow the gathering of diagnostic information including results from formal and informal tests and clinical observation and case history (information from case history as presented by client and other professionals) interactions. All conclusions and recommendations shall be presented and approved by the client's supervisor prior to presenting them to the client/client's parents.

After assessment has been completed and intervention is necessary, a treatment waitlist card and copy needs to be completed and placed in the SLP Coordinator's mailbox.

d. Counseling Session

A counseling session will follow the professional staffing, to review with the client the testing procedures, results, conclusions, and recommendations. If treatment is recommended, information about the duration, frequency, available time, cost of the service, and billing and payment policies is to be provided. If referrals to other professionals are made, the client will be informed as to type of services needed, the reason for the referral, and the type of professional who would deliver the service. At the time of the counseling session, the client will be provided with written information (CF-111), giving a cursory review of the diagnostic findings and recommendations. At the end of the counseling session the client will be provided with a questionnaire regarding clinical facilities and services and encouraged to complete it and return it to the clinic.

e. Post Diagnostic Staffing

A professional staffing will follow the counseling session that will involve:

- i) Evaluating the evaluation procedures
- ii) Identifying the strengths and weaknesses of the session
- iii) Making suggestions as how to improve subsequent diagnostic sessions
- iv) Discussing follow-up needs for the client--decisions will be made as how to execute follow-up procedures to assure that there is carry-through of recommendations made during the counseling session.

f. Filing waiting list/follow-up cards

After assessment has been completed and if intervention is necessary, in the SLP Coordinator's mailbox. In addition, should a follow-up contact versus scheduling for intervention be warranted, a follow-up card should be completed and submitted to the client's supervisor who is to review it and then file in the appropriate section of the "Client Status Records" file box.

g. Records of Speech-Language Pathology Intake

- i) A written report summarizing the evaluation using the format as outlined in CF-14 is to be submitted to the client's supervisor within 3 days of the diagnostic appointment. All revisions of the report are to be made within 8 days of the appointment. The report is to be completed, typed, proofread, and signed by the client's supervisor and student clinician(s) within 14 days of the diagnostic appointment. The exception to this is when the client is an OSU student. The diagnostic report and first progress report may be combined into one report if the client's supervisor approves such a time table and format. If a copy of the report is to be sent to the client and/or other professional, it will be sent within 14 days of the appointment.

- ii) Upon receiving a diagnostic evaluation, all clients are assigned a permanent folder that contains:
- CF-11 Clinic Consent form (signed by client and witness)
  - CF-09 or CF-10 Case History form
  - CF-49 Clinic Contact sheet with description of service provided
  - HIPAA form
  - Report of diagnostic evaluation following clinic report guidelines (CF-14) with test score sheets attached. Note: All materials such as score sheets, date sheets, etc. are to have the following information on them:
    - client's initials/or client's name
    - date of observation
    - clinical file number
    - student clinician's name
- iii) Any information (written or oral) pertaining to the evaluation may be released only by the client (18 or older) or client's parents/guardians giving written permission (CF-23) to do so.
- iv) Once a CF-23 is signed, professional staff conducting the testing are encouraged to make an effort to communicate pertinent/appropriate information to referring professionals or other professionals delivering related services to the client in order to coordinate the intervention needs of the client.

Note: Each client folder should have an updated year of service sticker. The sticker should reflect the year in which the most current service delivery occurred. Special attention needs to be given to updating stickers on folders of clients with on-going service delivery status, especially during the month of January.

### 3.3 Intake Procedures re: Audiology

#### 3.3.1. Pre-diagnostic screenings

- a. Pre-diagnostic speech and/or hearing screenings are available at the Clinic.
- b. Screenings are free of charge for Ohio State students and are available at a minimal charge for non-students.

### 3.3.2 Procedures for Scheduling Diagnostic Evaluation

- a. All clients who request a hearing, auditory processing, or tinnitus evaluation appointment will be scheduled for an appointment by contacting clinic personnel (the primary person who schedules these sessions is the Clinic Office Manager). The clinical staff person who schedules the appointment is to provide the client requesting the appointment the following information:
  - i) Name and location of clinic, as well as telling the client that a map of the clinic location and directions for parking will be sent.
  - ii) Inquire about the need of special drop-off arrangements for health/ambulatory reasons. If such arrangements are needed, procedures will be reviewed.
  - iii) Date and time of appointment
  - iv) Approximate length of testing session
  - v) Cost of testing session
  - vi) Review of written information that will be sent (letter of confirmation, map of clinic location, consent form, case history form, and parking permit.
- b. During the scheduling of the evaluation appointment, the Office Manager is to record the appointment in the following manner:

Record client's name, date of birth, address, telephone number, and insurance information in *Therapist's Helper*, which will both create a client file and will put client's name into the database. Temporary folders are created and assigned by the Clinic Office Manager. They are given a 3-5 letter code that corresponds to the temporary account number listed on *Therapist's Helper*. The temporary folders are filed in the clinic office in the file cabinet directly adjacent to the clinic mailboxes. They are listed in alphabetical order.

### 3.3.3. Testing

- a. Appropriate battery of tests will be completed for audiological evaluations, APD evaluations, or Tinnitus assessments.
- b. Formal/informal screening of language, articulation, voice, and fluency skills will be performed

- 3.3.4. Recommendations for further treatment and/or evaluation pending the results/findings of the diagnostic evaluation, the client will receive recommendations for:
- a. No further evaluation or treatment.
  - b. Further evaluation (e.g., hearing aids, speech/language evaluation, etc.). If this is recommended, time and cost will be discussed.
  - c. Enrollment in treatment, individual or group.
  - d. Referral to professionals outside the clinic.

3.3.5. Quality Management Questionnaire

Following the client's initial session, the client will be given a questionnaire regarding clinic facilities and services and encouraged to complete it and return it to the clinic.

3.3.6. Records of Audiology Intake

- a. Upon receiving a diagnostic evaluation, all clients are assigned a permanent folder that contains:
  - i) CF-11 Clinic Consent form (signed by client and witness)
  - ii) HIPAA form
  - iii) CF-09, or CF-10, or Central Auditory Case History form
  - iv) CF-49 Contact Sheet with summary of results, procedures and recommendations
  - v) Report of routine diagnostic evaluation following clinic report guidelines and including names of all tests used. For example, CID W-22, Speech Perception in Noise, etc. Information from speech/language screening should be noted in the diagnostic report. A written report summarizing the evaluation using format provided by your supervisor is to be submitted generally within 1 day of the diagnostic appointment. All revisions of the report are suggested to be made within 3 days of the appointment. The report is to be completed, typed, proofread, and signed by the client's supervisor and student clinician(s) generally within 7 days of the diagnostic appointment. Reports of auditory processing evaluations are due within 7 days of the diagnostic appointment. All revisions of the report are suggested to be made within 10 days of the appointment. The report is to be completed, typed, proofread, and signed by the client's supervisor and student clinician(s) within 21 days of the diagnostic appointment.
  - vi) Score sheets of all tests completed unless otherwise noted in report. i.e.: Audiograms with all pertinent information completed on the form, Immittance results, Speech Recognition in quiet and in noise score sheets, all score sheets for AP and Tinnitus evaluations



### 3.4 Treatment Procedures/Policies for Speech-Language Pathology

3.4.1. Long-range (criteria for dismissal) goals and short range (academic term) treatment objectives are to be specified within 3 to 6 treatment sessions (approximately 2-3 weeks) of date that treatment is initiated. This plan is to be submitted, and approved by the client's supervisor. (See 3.4.9. for more details)

3.4.2 Treatment plans are to include:

- a. Status at beginning of the academic term
- b. Baselines of targeted behavior(s)
- c. Treatment goals/outcomes
- d. Rationale for goal selection

3.4.3. Treatment measures should be based on conclusion/recommendations of client's diagnostic evaluation and/or previous academic term's recommendations, ongoing clinical observations and assessment results, and related professional recommendations.

3.4.4. Treatment design should include pre-treatment assessment, pre-treatment baselines, post-treatment assessment and continual assessment of client behaviors, and resulting and ongoing modifications consistent with goals selected for that treatment term along with ongoing consideration of input from the client.

3.4.5. Treatment plans are to include statements of prognosis supported by such factors that affect client progress as:

- a. results of assessment
- b. stimulability
- c. environmental factors, motivation
- d. physical limitations
- e. previous Rx results
- f. cognitive level of client, etc.

Treatment lesson plans are to be submitted on Friday at 9 am (an option may be arranged by the client's supervisor and is typically submitted at least two days prior to the scheduled appointment). These plans are reviewed by the clinical supervisor in charge of the clinical case. The goal and format of treatment are the ultimate responsibility of the clinical supervisor and must meet with this person's approval prior to execution. Submission must allow adequate time for lesson plans to be reviewed and approved. Clinical hours may be denied if lesson plans are not approved. Examples of the treatment lesson plan formats to be used are available in Appendices A, B, C and D. The specific form to use will be designated by the supervisor of the client. Treatment plans are to be housed in each client's working folder which adheres to HIPAA guidelines to maintain confidentiality. A working folder may contain:

1. Lesson Plans including SOAP note
2. Data Sheets
3. Homework
4. Note from student-supervisor conference
5. Notes taken from client's permanent folder; including long-term goals
6. CF-70

3.4.6. Treatment methods shall be based on rationale, which is evidence-based and adapted to meet the needs of the individual client.

3.4.7. Documentation of all of the above shall be available by:

- a. Weekly lesson plans
- b. Term reports
- c. Home programming forms

3.4.8. Clinic Scheduling

- a. Frequency of treatment sessions is based on individual needs, typically once or twice per week (45 minutes to 1 hour each).
- b. Individual and group scheduling are available, and selection for placement shall be based upon:
  - i) Client's needs
  - ii) Availability of appropriate placement in group (re: age, disorder, methodology, time, days, etc.)

3.4.9. Closing/Progress Report

A written progress report summarizing the treatment program using the format outlined in CF-15 is to be submitted to the client's supervisor on Monday of the twelfth full week of the academic term. Progress reports are due on a schedule of every 3-6 months. The client's supervisor will determine the due-date for the completed progress report. If the client's report is on a 6 month cycle, a treatment plan will be prepared within 2-3 weeks of treatment being initiated. This plan will be filed temporarily (at the end of the 3 month period) in the client's folder and will be replaced permanently with the client's progress report at the conclusion of the 6 month time period. All revisions to the report are due within one week following the conference with the case's supervisor, unless an alternative due date is determined by the student and supervisor. The report is to be completed, typed, proofread, and signed by the client's supervisor and graduate clinician with an arranged due date provided by the individual supervisor. Due dates are typically the last week of regularly scheduled classes to the Thursday of Final Exam week. (Due dates will be designated by the client's supervisor). The client's working folder will be retained by the assigned graduate student. If the client's treatment is terminated, the working folder is to be submitted to the supervisor.

NOTE: 1) When preparing rough drafts and final copies of all reports mentioned in previous sections of this handbook, be sure to edit your work (spelling, spacing, complete data, accurate data, complete sentences, etc.). All reports that are submitted are to be as if they were in final form and ready to be filed. When a student makes obvious editorial oversights, the supervisor will: a) return the report for the student to proofread again and make appropriate changes and b) reflect this in the students' 6844;7844 grade and number of clinical hours earned. 2) All clinic reports and related documents such as letters printed during the regular workday MUST be printed on the Clinic printer in Room 141a or designated printer assigned by the clinical staff. If reports and clinic documents are printed at other locations, the clinician MUST immediately retrieve the printed material from the selected printer, so client confidentiality is not violated.

NOTE: 2) Each report is to reflect updated status and accurate information. Students are to generate their own reports and not copy verbatim from previous reports authored by others.

#### 3.4.10. Documentation for Service

- a. Clients must sign in on clinic sign-in sheet at the time of their arrival for the appointment. The graduate clinician should confirm this sign-in by checking the sign in sheet.
- b. **Immediately** following each service (see 'completing the CF-70' section):
  - i) A billing form (CF-70) must be completed for each client. The white copy of the CF-70 is to be given to the client; the yellow copy is filed (with appropriate payment) in the payment drawer. Please check the coversheet on the left of the folder for what the client owes at the time of service, and if applicable, what type of insurance they have. Payment is due at the time of service. Any questions or discrepancies, please see the Business Office.

### 3.5 Referral Procedures and Policy

The following guidelines will be employed when interacting with other professionals:

- 3.5.1. Referrals to other specialists will be made when a client exhibits/presents a problem not within expertise of speech-language pathologists and/or audiologists on staff.
- 3.5.2. Prior to any discussion pertaining to referrals being made to a client, the student clinician must first receive approval from the client's supervisor. This discussion should include rationale for such a referral, type of referral, type of specialist to whom the client should be referred, procedures as to how to present the referral to the client, and follow-up to the referral recommendation.

- 3.5.3. Referrals will be discussed with the clients to inform them of the reason for such a referral, the type of service needed, and/or who (type of specialist) they should select.
- 3.5.4. Selection of the referring specialist should be based upon the specified need of the referral. It is recommended that the client be referred to several specialists having the qualifications to execute the needed service(s) versus a specific person, when possible. In the case that our clinic is providing the service as a referring specialist, the professional initiating the referral to us should be notified (with permission of the client; a signed CF-23 is required) to discuss and coordinate further referral recommendations.
- 3.5.5. Supervisors in the Speech-Language-Hearing Clinic have lists/directories of professional resources in the central Ohio community.
- 3.5.6. Medical clearance will be obtained when necessary/applicable.

### 3.6 Follow-up Procedures

#### 3.6.1. Procedures

##### Dismissed Clients

Upon dismissal of a case from treatment, a follow-up card regarding the client will be placed when necessary/applicable in a designated file box labeled "Client Status Records" (housed in Clinic Records Room 141a in Pressey Hall) by the attending clinician(s).

- i) Follow-up is to be conducted at one or more of the following intervals: one month, two months, three months, six months, one year, two years, and five years, or as deemed appropriate.
- ii) The follow-up card design will be as follows:

#### FOLLOW UP NOTICE

Client's Name: _____	File #: _____
Today's Date: _____	D.O.B. _____
Notice Filed By: (Clin.) _____	(Supr.) _____
Re: Dismissed Case _____	Clin. Class _____
Re: Diagnostic Case _____	
Re: Other _____	
FOLLOW UP DATE _____	

<u>INTERVALS</u>	<u>CONDUCTED BY</u>	<u>RESPONSE</u>	Stability of Progress (Check)		
			<u>Improved</u>	<u>Unchanged</u>	<u>Regressed</u>
3m _____	_____	_____	_____	_____	_____
6m _____	_____	_____	_____	_____	_____
1y _____	_____	_____	_____	_____	_____
2y _____	_____	_____	_____	_____	_____
5y _____	_____	_____	_____	_____	_____
Telephone #: _____					

On this date the following should be done:

iii) As each follow-up check occurs, the interval is to be checked off. The file box will be separated according to the interval. As each follow-up is conducted, the card is to be checked off and placed in the proper section of the file. After the final check, the card is to be moved from the follow-up section and placed in the audit section of the box.

- The 1, 2, 3 and 6 month follow-up will be conducted by the clinical supervisor\* and will consist of phone or written contact and scheduling of a post-check if the client desires. The supervisor will then place the follow-up card in the one year follow-up category if appropriate to do so.
- Beginning with one year, follow-up can be conducted by means of a questionnaire. The questionnaire, accompanied by a cover letter, will be mailed to clients who have been dismissed from treatment for a period of one year, two years and five years. The supervisor will send this.
  - 1) Once the questionnaire is returned, it is given to the clinical supervisor.\*
  - 2) The clinical supervisor will review the questionnaires. Those clients desiring a post-check will be scheduled for appointments.

\*It is preferred that the supervisor of that case does the follow-up. If that supervisor is no longer employed at the Clinic, the file will be given to the Clinic Director or Assistant Clinic Director depending on the disorder of the case or to the supervisor that has assumed responsibility for that client.

b. Diagnostic Clients:

Follow-up cards will be completed and placed in the designated "Client Status Records" file box for those clients who fit the following description: a) those not placed on the Speech-Language-Hearing Clinic caseload, b) those in need of a re-evaluation at a later time, c) those that have been referred to other agencies for diagnostic or treatment purposes.

- i) Follow-up will be conducted at intervals as designated by the attending diagnostician(s). Suggested intervals are: 3 months, 6 months, one year, two years and five years.

- ii) Follow-up will be conducted by the supervisor of the particular diagnostic. The supervisor will either make a phone contact or send a form letter to the client or the parents of the client. As each follow-up occurs, the interval is to be checked off. After the final check, the card is to be removed from the "Client Status Records" file box. A record of each follow-up contact is to be recorded in the client's file on the CF-49.

Note: Both waiting list and follow-up cards are to be approved and initialed by the client's supervisor prior to filing the card.

#### Telephone and written contact

At each follow-up date, the clinic will make two attempts to contact the client by telephone and/or e-communication. If those attempts are not successful, including reaching an answering machine but not a client directly, clinic personnel will send a letter to the client and state a date by which the client needs to respond. At the same time the follow-up card will be placed in the follow-up file one month post the deadline specified to the client. If there has been no response from the client, at the time the follow-up card is pulled appropriate documentation will be made, including: noting the status on the CF-49 in the client's folder and sending letters to applicable referral sources informing them of the client's status.

## **Example of Cover Letter for Diagnostic Client**

Clinic Letterhead  
Client's name  
Client's address

Dear:

Our records show that it has been (time) since (you or name) received your/his/her speech-language evaluation. I am interested in knowing if (your or name's) speech has shown improvement since you/he/she was/were evaluated on (date). If you have concerns about your/his/her speech and/or language development, please contact me. At that time we could discuss the possibility of a re-evaluation and/or the possibility of enrollment in a treatment program, I would appreciate knowing and would forward your/his/her records, if you so request.

Yours truly,

---

Supervisor's name  
Clinical Supervisor

## **Example of Cover Letter for Dismissed Clients**

Clinic Letterhead  
Client's name  
Client's address

Dear:

The Ohio State University Speech-Language-Hearing Clinic is currently conducting a follow-up of your/your child's speech since you/he/she was/were dismissed from treatment.

We are enclosing a questionnaire we hope you will complete and return promptly. Remember to be as accurate as possible about your/his/her current speech skills.

Thank you for your assistance.

Yours truly,

---

Supervisor's name  
Clinical Supervisor

**b. Example of follow-up questionnaire**

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

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Description of Present Skills**

Since dismissal has your speech .....  
(Please check one of the following)

1. Remained the same as at the time of dismissal?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Improved? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Regressed? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain:

Do you feel you or your child should return for continued treatment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, would you like the clinic to contact you to schedule an appointment?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Other comments:

Return to: Assistant Director; Speech-Language-Hearing Clinic  
The Ohio State University Speech-Language-Hearing Clinic  
141 Pressey Hall  
1070 Carmack Road  
Columbus, OH 43210-1002

**3.6.2. Documentation of follow-up:**

A record of the client's follow-up is to be documented by filing a copy of the letter sent to the client and/or summarizing the contact on the Clinic Contact CF-49. Progress notes from follow-up/booster session should follow the **SOAP** format as described in the following and be recorded on the CF-49.

**S** -stands for subjective information, what the client tells the clinician. This information can be introduced by the phrase, "The client reported, stated, etc..." Also, this information will reflect the Speech-Language Pathologist's impressions of the client's status.



**O** - stands for objective information. This is the section that includes evaluation results, observations, change in patient's condition, change in client's treatment, and objectives of the session.

**A** - stands for assessment. This is the section that includes the professional's objective conclusions about the client's status. It is also the section to describe the treatment goals/activities and to assess the effectiveness of the treatment plan and recommend changes.

**P** - stands for plan. This section must reflect services to be provided and goals to be achieved from these services.

### 3.7 Dismissal Procedures/Policy

A client will be considered for dismissal under the following conditions:

- 3.7.1. When established long-term goals are accomplished at the specified level of performance and/or the client is no longer viewed as communicatively impaired.
- 3.7.2. When no significant progress is made toward attaining established long term goals in at least two consecutive terms of treatment and documentation shows manipulation of intervention strategy, frequency, intensity, and service providers (teacher, parent, caseworker, etc.)
- 3.7.3. When the client fails to attend at least 70% of scheduled treatment sessions in an academic term.
- 3.7.4. Failure to pay for services rendered.

### 3.8 Record Keeping

#### 3.8.1. Client Record Keeping/Filing Procedures

##### a. Removing Clients' Folders

Folders for clients receiving speech/language services may only be accessed by appropriate personnel (supervisors, the assigned graduate clinician, and/or office personnel). These folders may only be taken to restricted areas (i.e., 3.8.1.g). The individual accessing the folder is responsible for returning the folder to the folder cabinet or the appropriate area for the folders to be filed.

Folders for clients receiving audiology services will be placed in the supervisors box, in the appropriate box on the office manager's desk (in order to be called regarding a hearing aid service), or in the appropriate area to be filed. Due to the volume of files in audiology, they should NOT be refilled by the graduate clinician but instead by the office staff.

b. Maintenance of Clients' Folders

The speech-language pathology graduate clinicians are responsible for fastening all information into the clients' folders. Audiology students should be aware of the process and the appropriate location for materials within the folder. All diagnostic and treatment materials are to be fastened to the right-hand side of the folder. These materials are kept in chronological order with the most recent information on top. Audiology and speech-language diagnostic and treatment folders have a contact sheet (CF-49) that is placed on top of all materials. Each folder has a date sticker designating the year of the most recent appointment at the clinic. This sticker is updated by the Clinic Office Manager, clinical supervisors, assigned student clinicians and/or clinic office employees.

- i) All folders of speech-language pathology clients will contain the following, filed from top to bottom as listed below with first item filed on top:

	Treatment	Diagnostic
<b>Right side of folder (from top to bottom):</b>		
Contact Sheet, CF-49	X	X
All typed reports: diagnostic or consultation letter/report, progress reports, related diagnostic assessment and baseline forms	X	X
<b>Left side of folder (from top to bottom):</b>		
Copy of insurance card (front and back)	X	X
HIPAA form (required in ALL files)	X	X
Enrollment Agreement, CF-65 (required in ALL files)	X	
Medical clearance as necessary	X	X
All financial forms should be filed chronologically	X	X
Consent for Information and/or Records Exchange, CF-23	X	X
Consent to Treat, CF-11 (required in ALL files)	X	X
Information Questionnaire, CF-09 or CF-10 (required in ALL files)	X	X

- ii) All folders of audiology clients will contain the following, filed from top to bottom as listed below with first item filed on top:

	<b>Aural Rehab Treatment</b>	<b>Audiologic Evaluation</b>	<b>Hearing Aid Purchase</b>
<b>Right side of folder (from top to bottom):</b>			
Contact Sheet, CF-49	X	X	X
Typed reports: diagnostic and/or progress reports, score sheets for all diagnostic/baseline procedures unless otherwise noted in report	X	X	X
Audiogram(s)	X	X	X
<b>Left side of folder (from top to bottom):</b>			
Copy of insurance card (front and back)	X	X	X
HIPAA form (required in ALL files)	X	X	X
Order forms, invoices, receipts, agreements, and other business documentation in chronological order (most recent on top)	X	X	X
Enrollment Agreement, CF-65 (required in ALL files)	X		
Physician Approval or Waiver Statement, CF-71	X	X	X
Consent for Information and/or Records Exchange, CF-23	X	X	X
Consent to Treat, CF-11 (required in ALL files)	X	X	X
Information Questionnaire, CF-09, CF-10, or CF-107 or CF-107c (required in ALL files)	X	X	X

c. Audit of clinical folders

- i) A structure audit of clinical folders may be performed by clinical staff during Spring semester each year. Folders will be audited to assure that information listed above in Maintenance of Client Folders is included.
- ii) A process audit of clinical folders may be performed by clinical staff during Summer semester each year.

Assessment folders must include:

- Patient identification; includes name, address, phone number(s), file number, birth date, parent/guardian, referral source, cultural group (optional)

- Background information; includes history of disorder, appropriate developmental/health history, status of disorder and health, educational/work information, previous SLP/AuD evaluations and recommendations, client's/family concerns/hopes
- Areas assessed: includes consistency with background information, appropriate for age/physical status/culture, specific tests stated, screening of opposite area (sp/lang. vs. hearing), test battery adequacy
- Results/Status: includes consistency with test battery, presence of absence of problem, diagnosis of problem, severity of problem, strengths/weaknesses, prognosis
- Recommendations: includes decision to treat or not to treat, consistency with results and status, need for referral, parameters of treatment specified, need for additional evaluation, need for counseling/family program
- Documentation: includes release and/or request forms, names and signatures of clinician/supervisor, client informed of recommendation/goals

Intervention folders must include:

- Patient identification: includes name, address, phone number(s), file number, birth date, parent/guardian, referral source, cultural group (optional)
- Goals: includes long-term goals, short-term goals, consistency with diagnosis, reviewed regularly, rationale
- Methods/Type: includes consistency with goals, group versus individual, intensity and frequency, accepted clinical practice
- Measurement of Outcome: includes pretreatment, post-treatment, consistency with goals and methods, ongoing assessment, prognosis
- Recommendations: includes consistency with goals, methods and outcomes, specificity, disposition, frequency and length, duration
- Consultation: includes family inclusion, input from professionals, information sent to professionals, referrals
- Follow-up: includes type (booster or check-up), purpose, action taken, contact person and date
- Documentation: includes release and/or request forms, names and signatures of clinician/supervisor, client informed of

recommendation/goals, referral person informed of case status

d. Filing of Folders

All clients' folders are filed in a file case in a locked room in the clinic office, with inactive files housed in filing cabinets in room 147. These folders are filed in numerical order, with this number also serving as the client's identification number. The client's name is kept in the clinic database *Therapist's Helper*.

e. Access to Folders

Access to clinical folders is restricted to authorized clinical personnel (secretarial personnel, graduate clinicians, clinical staff, and faculty). Failure to comply will result in disciplinary measures.

f. Checking out folders

When a folder is pulled for a speech/language pathology client, the folder may only be taken to designated restricted areas (i.e., 3.8.1.g). It is preferred that SLP folders be re-filed in the folder cabinet immediately after use. An alternative and second choice is to put the folder in the clinic's "to be filed" area for re-filing to be completed at a later time for clinical office personnel. This protocol does not apply to audiology clients, due to the volume of folders and the process for tracking a folder through a hearing aid protocol. If a folder is pulled for an audiology client, it should be placed in the designated location—supervisor box, office manager desk (box for hearing aid pickups), or in the "to be filed" area.

g. Clinical file and folder procedures restriction

It will be important to review your client's folder before your initial meeting with your supervisor. REMEMBER!! Clinical files may only be taken to 129, 141a, 142, 146, 147 (audiology folders only) 148, or your supervisor's office. Failure to comply will result in disciplinary measures. When you want to read or use a file, be sure to fill out the sign-out card from 141a.

How to use file: Find the client identification number listed on the assignment sheet posted outside room 141 Pressey (for treatment clients), or in *Therapist's Helper*. Then check the files located in room 141a and look up the desired number (bottom four digits on folder). The files are in numerical order. PLEASE KEEP THEM THIS WAY. Should your client's identification number not be available on the assignment sheet, consult with the supervisor of the case.

Photocopying contents of client folders (including clinical reports) is strictly prohibited. In an extenuating circumstance that would require photocopying of records, permission of the clinical supervisor 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.

## Client's Working Folder (Speech-Language Pathology ONLY)

### i) Assessment Folder

A working folder is defined as materials\* that are being collected on a client prior to summarizing this information in the form of a formal evaluation report, progress report, or consult letter.

Client's reports that are being prepared are to be kept in the supervisor's office or out mailbox in the clinic office. When reports are prepared outside of the designated clinical areas, all materials (reports, score/data sheets, etc.) are to be identified by only the client's initials. Names and other identifying information are to be placed on the reports after returning the reports to the clinic office. It is recommended that author of the diagnostic and/or treatment report keep a copy of the rough draft (which has no identifying client information) until the final copy is filed.

### ii) Intervention Folder

A working folder is defined as intervention materials\*, including lesson plan, data sheets, SOAP notes, homework routines, and homework materials (see 3.4.5) that are being utilized for ongoing intervention program. These materials are to be housed in a folder with all materials fastened and organized in chronological order. These folders are to be maintained by the assigned case's graduate student and may be taken outside the clinical area **only** if all identifying information is omitted. Working folders are to be submitted to the client's supervisors when the graduate student is assigned to a specific client.

### h. Retention of Client's Records/Reassignment of Clinical File Numbers

A client's file will be retained with other clients' files for five years post receiving any clinical services at the Speech-Language-Hearing Clinic (if a client is a minor, the file will be retained until the client is 21 years of age). In the fifth year that no clinical services have been provided, the client's folder will be pulled and reviewed by appropriate clinical personnel. If this individual verifies that no services have been delivered to the named client within the past five years and the client is at least 21 years of age, all records in the folder will be destroyed and the clinical file number will go back into rotation for assigning to new clients. Financial and billing records will be kept for four (4) years.

\* All materials, including lesson plans, score sheets, data collection sheets, disks, and recordings (video and audio) are to have the client's initials rather than name or other identifying information on them. In addition, any draft reports stored on computer hard drives, external drives, etc., must be destroyed immediately after they have been filed in the client folder.

i. Client Billing and Service Records

i) General Processing / Completing CF-70

After each treatment and diagnostic session, the clinician is required to:

- 1) Enter the session's information on the billing form (CF-70) and have it signed by their supervisor (at their discretion). All sections need to be completed including:
  - Client name, file number. If the client is being seen for the first time and a **new file is being utilized, please make sure the new file number is on the CF-70.**
  - Date
  - Clinician name
  - Supervisor's initials
  - Diagnosis (primary, secondary, and tertiary if applicable)
  - Procedure (fill in amount of services)
  - Today's charge, Payment and Balance
  - Payment type (circle)
  - Comments (if applicable)

After completing the CF-70, the white sheet is given to the client, and the yellow sheet is placed in the upper left hand drawer of the clinic/client counter with the client's payment attached (see below for payment policy).

**Note 1: If the Clinic cannot get paid for the services you provide, due to processing issues based on lack of accurate completion of CF-70, you may be denied clinical hours.**

**Note 2: In addition to the following information, a comprehensive business office training session will take place prior to the graduate clinicians starting clinic. During this meeting, client billing and service records will be reviewed in greater detail.**

- 2) If the clinician or client cancels a session, a CF-70 still needs to be submitted. You should write "cancelled" in the comments box and fill in \$0 for Today's charge, payment, and balance.

ii) Additional CF forms/procedures

- 1) Treatment related clients must complete a Fee Agreement (CF-65) prior to initiation of treatment services.
- 2) Adult clients in treatment or the parents of minor clients should also receive a copy of CF-29, Billing Procedures.

### iii) Payment policy

Payment for services provided at the clinic is critical to the welfare and continuation of the clinic. The method by which a client pays depends heavily on what type of insurance that the client carries. The types of insurance and their respective processing are as follows:

- 1) The OSU Speech-Language-Hearing Clinic is “in-network” for OSU/NGS, Franklin County Funding (CAFS), BVR, and BWC. You will find information in the “Notes” section of the facesheet in Therapist Helper advising how much to collect from the client. For NGS, you will need to make 2 copies of the insurance card, and attach one to the CF-70 with a paperclip before placing the completed CF-70 in the “billing/payment” drawer in the Clinic Office. The other copy of the insurance card goes in the patient’s file.
- 2) The OSU Speech-Language-Hearing Clinic is “out-of-network” for all other insurance companies, and do not file to these companies, unless requested by the patient via the Insurance Authorization form. If a request to file is made, you will make 2 copies of the insurance card, attach one to the CF-70 along with the signed Insurance Authorization form and place it in the “billing/payment” drawer. Please refer to your Clinic training for addition information.
- 3) Self pay – Payment by Check, Charge Card or Cash/Change. The payment should be attached to the CF-70 form. If it is a check or charge receipt, attach it to the CF-70 with a paper clip. If cash is used, put the cash in an envelope and paperclip it to the CF-70. If change is needed, the clinic office manager or any of the clinic supervisors have a key to the change drawer. If the supply of change is low, please tell the clinic office manager.

**Note:** It is the University’s requirement that all individuals handling credit card information will sign an agreement of confidentiality, as part of the “red flag” rules. This form will need to be signed prior to starting clinic and will be distributed during the clinic training session.

## 3.9 Scheduling Appointments for Speech/Language Pathology Treatment

- 3.9.1. Caseloads for the Speech-Language-Hearing Clinic will be posted outside room 141 Pressey. The date(s) of the client’s first appointment(s) also will be posted. If there is any conflict or if the appointment date is not posted, immediately notify the supervisor of the case. It is the assigned graduate student’s responsibility to call these problems to the attention of the supervisor so that the matter can be resolved.
- 3.9.2. The graduate clinician is responsible for contacting the client or client's parents to schedule the treatment for the academic term. The student clinician should provide them with the following information: (l) times and



days of treatment sessions, (2) date and time of first appointment, and (3) location to which they are to come (Clinic Office). Contact with clients is to be made by the second day of the academic term and prior to pretreatment conferences. Reminder: when contacting clients be sure to not disclose client's confidential information when leaving electronic messages and/or a message with someone other than client/client's parents or guardians.

- 3.9.3. Students are responsible for contacting the coordinator of speech-language pathology and/or audiology should they be available and willing to be assigned additional clinical assignments or should a client be dismissed or fail to attend. NOTE: When a client is dismissed or discontinued from clinical services, appropriate documentation in the client's folder is to be completed and approved by the client's supervisor.

### 3.10 Scheduling a Meeting with Supervisor

- 3.10.1. An initial meeting may be held with the supervisor to discuss your client and goals for treatment. Check the supervisor's door for postings to schedule these conferences. Bring the client's clinical folder and your graduate clinician's folder to pretreatment, midterm, and final supervisor conferences.
- 3.10.2. Midterm and final conferences with the supervisor(s) to discuss the client's progress, further strategy, recommendations, and your clinical skills, and competency level may also be scheduled. Check supervisor's door for posting of times and days of these conferences.

Note: Should no available times be posted, contact the supervisor to discuss optional times.

- 3.10.3. An exit interview is to be scheduled with the clinical supervisor for each treatment client at The Ohio State University Speech-Language-Hearing Clinic. This is to be scheduled during finals week (check the term calendar and checksheet for specific dates). Bring to that conference the client's folder, your CF-07 or CF-06, and your graduate clinician folder. At that time the report will be filed, the client's folder will be audited for appropriate forms and reports, information (including client information, client billing, client services, and client disposition) entered on the clinic database will be audited, hours on the Therapist Helper printout will be approved, and signed by the supervisor and clinician and hours on the CF-07 and CF-06 will be approved and signed by the supervisor. A determination of the status of the client's working folder will be made by the client's supervisor.

### 3.11 Clinical Supervisor's Observation

- 3.11.1 Each clinical supervisor will observe each clinician/client assigned to his/her caseload in a manner appropriate to the experience and level of the clinician, the difficulty of the case, experience in the disorder area, among other factors. These guidelines are designed to meet clinical education needs in which to guide the student's clinical growth and to assure that the student meets requirements for certification and/or licensure. It should be noted that

supervision and evaluation of a student's clinical outcomes not only involves the students interaction with the assigned client, but also their performance during staffings, conferences, written e-mail communication, meetings, etc.

- a. In the past, ASHA recommended a “percentage of time” of supervision. This method is very objective in terms of supervision and is retained by some clinical supervisors. As stated above, the amount of direct supervision will be commensurate to the skill level of the student clinician and complexity of the client with typical frequency being at least 50% of each diagnostic evaluation, and at least 25% of the treatment sessions. Direct supervision is in real time and not less than 25% of the total contact time.
- b. The number and frequency of supervised sessions will meet or exceed those specified by ASHA's CAA. The supervisor will be observing several aspects of each sessions and making constructive observations as well as suggestions. These may be in the form of a written evaluation, which is completed following sessions that have been observed. For speech/language pathology students, these feedback sheets are posted on the bulletin board outside room 141. Evaluations with the supervisor are opportunities for discussion, as they are designed to foster development of professional skills.

### 3.12 Room Assignment

3.12.1. Room Assignments will be posted on the magnetic bulletin board in room 143 Pressey. Entries should be made using the client's initials and graduate clinician's last name. Treatment clients in the A age group are assigned to suite 126, 130, and 140 A, and in the B and C age groups to suite 124, 130, 140 C, D, and F, and room 120. SLP diagnostics evaluations are assigned to 140 A (preschool), 140 C (Adult), 140 F (school age), and 130 (for all ages).

#### 3.12.2. Guidelines for the Functions/Uses for Pressey 120

a. Primary uses of the room

Clinical Services

- For specially selected diagnostic/treatment services, excluding regularly scheduled individual diagnostic services, as these are to be scheduled in 130, 126, and 140 suites of rooms
- Group Treatment sessions
- Clinical/Staff consultation

Clinical Research

Clinical Teaching

vi) Note: Limited and Designated SHS functions—must be scheduled with Department Office Associate, approved by the Department Chair, and coordinated with the Clinic Director.

NOT TO BE USED FOR: Studying (individual or group), casual socializing, or lunchroom.

- b. Appliance Use in 120: Appliances are only to be used for therapy and diagnostic service delivery activities and designated SHS functions (See 1. D. above)
- c. Scheduling room
  - i) Use the schedule board posted in 143 for reserving the room for clinical related service delivery.
  - ii) Designated functions scheduled with Department Office Associate after confirming the availability of the room as determined by the reservations made on the schedule board in room 143. If a conflict should arise, each circumstance will need to be handled individually by discussing the situation with the Department Chair and Clinic Director.
- d. Research: Follow guidelines that are in place for all clinic research projects.
- e. Use of refrigerators in Clinic area
  - i) The refrigerator in 120 is to be used for food storage devoted only to clinical service delivery.
  - ii) The refrigerator in 143 is to be used only by OSU employees for their food storage.

### 3.13 The Appointment

To accommodate the number of people using treatment rooms, please allow appropriate amounts of time to set up and clean up for the session. For example, one hour appointments should begin on the hour and terminate no later than five minutes before the hour, unless otherwise directed to do so. Half hour appointments should begin on the hour and terminate no later than three minutes before the half hour, or begin on the half hour and terminate no later than three minutes before the hour. This allows time to rearrange the room and for the next clinician to make preparations for the next client in that room. The clinician who conducts the last session in a treatment room for the day is responsible for turning off the lights.

### 3.14 Absenteeism of Clinician or Client

#### 3.14.1. Clinician Absences

- a. Emergency/Illness: In case of an emergency or illness, please notify the assigned supervisor immediately. In addition, for OSU SLHC treatment clients, cancel the session (the clinician should keep the client's number at home) and notify the supervisor 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!** If the student is assigned to an outside site,

notify both the affiliated site supervisor and the appropriate SLP or AUD site coordinator of the absence need.

- b. Planned absences and extenuating circumstances: Should an extenuating circumstance (e.g., professional conference, academic commitment, job interview, etc.) arise that necessitates an arranged absence from a site, the following protocol is to be followed:
  - 1) Identify the circumstances and absence plan (possible options to make up the requested absence) with student's clinical advisor and academic advisor, if the circumstance relates to academic issues. The clinical advisor and academic advisor will review the request and determine status of acceptable options.
  - 2) A written description of the circumstances and proposed option(s) should be submitted to the appropriate coordinators of clinical placement for consideration and approval by the Clinical Committee.
  - 3) Upon approval of the proposed plan, the coordinator will notify the student's supervisor(s) affected by the absence to gain approval for request. The absence will only be approved once the site supervisor has given permission of the absence plan.

These types of requests should be minimal and only proposed in special circumstances (Please note consideration for approval depends on such criteria as: educational versus recreational activities and once in a life time versus regularly scheduled events).

- 3.14.2. If your OSU SLHC client cancels a session, you are responsible for notifying your supervisor by leaving a note in the supervisor's clinic mailbox or e-mailing the supervisor. A CF-70 for the cancelled session must still be submitted. Write "cancelled" in the comments box and fill in \$0 for Today's charge, payment, and balance.
  - 3.14.3. If your client fails to attend the sessions regularly, it is your responsibility to contact them by phone, e-communication, or mail about the absences. This is to be approved by your supervisor prior to any action being initiated.
- 3.15 End of Term Procedures re: Rescheduling Therapy Client

Near the end of each academic term, the clinician is to help each of his/her clients to fill out these forms: CF-35 - Final Session Notice and CF-21-Client Reschedule Form. Due dates for these forms to be turned in will be listed in the SHS 6844;7844 Semester Schedule Syllabus (i.e., OSU Speech-Language-Hearing Calendar).

### 3.16 Emergency Procedures, Evacuation Plan, and Crime Prevention

#### 3.16.1. Fire alarm or drill

The following plan should be executed in case of an emergency situation in the Speech-Language-Hearing Clinic:

- 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 of Pressey 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. Supervisors are responsible for verifying that specific rooms have been cleared as follows:

The supervisor/staff member in Room 115 is responsible for checking and assisting those in Room 120 and the 124 suite.

The supervisor/staff member in Room 119 is responsible for checking and assisting those in the 126 and 130 suites.

The supervisor/staff member in Room 123 is responsible for checking and assisting those in Room 129 and the 140 suite and providing a backup for those leaving the parent observation rooms and clinic waiting area.

The supervisor/staff member in Room 145 is responsible for assuring that the parents/accompanying adults in the observation rooms and clinic waiting areas are taken 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 student clinicians and all staff in the clinic office area should assist with this task.

The supervisor/staff member in Room 147b is responsible for checking and assisting those in the Audiology Suites (147 suite) and also providing

a backup for those leaving the parent observation rooms and clinic waiting area.

d. If the client is non-ambulatory and on the lower level of Pressey, 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

First Floor

Southeast corner between rooms 110 and 110a

Hallway between suites 126 and 130

Northwest wall across from 139 (waiting room)

Lower level

North stairwell

North wall across from room 23

Southeast corner

Southwest corner around the corner from room 1

South stairwell

f. Use of the elevator is to be avoided.

### 3.16.2. 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.

### 3.16.3 Urgent and emergent situations: Medical Emergencies

If a patient/client has an emergency situation, time is of the essence and assessing the situation accurately and effectively is critical.

a. Medical emergencies: If a patient/client has a medical emergency (i.e., is unconscious, reports chest pain, has profuse bleeding, etc.), the following protocol should be followed:

1. Do not leave the person alone
2. Ask the Clinic Office Manager or clinical supervisor 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
3. Initiate CPR, as appropriate
4. 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:
  1. Provide assistance requested by the patient/client, after you assess the situation. If the person has tripped and needs help up, for example, provide assistance to the patient/client, as you can and as you deem safe. You are covered under the “Good Samaritan” laws, particularly when the person is requesting your assistance and directing their wishes in this situation.
  2. Provide basic first aid (e.g. bandaid 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.
  3. 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.
  4. If you are concerned 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 your clinical supervisor 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.

#### 3.16.4. Crime Prevention

##### Preventing Theft

This is the greatest security problem on campus. The following steps help to reduce thefts.

- a. 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.
- b. 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.
- c. Clinic equipment, tests, and materials are expensive. Be sure to return them to their proper places after use. Report missing objects to your supervisor or the Clinic Office Manager immediately.
- d. If a theft does occur, report it to a faculty or staff member and call Campus Police (2-2121) immediately.

## Personal Safety

- a. If a student will be in the Speech and Hearing Science area after 5:00 p.m., they should make plans to 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.
- b. 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.
- c. Always lock your car and roll up the windows. Do not leave valuable items in view. If at all possible, park in a well-lighted area. Have your key(s) ready, so you don't have to search for them. They can also be used as a weapon.
- d. 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).

### 3.17 Guidelines for Observing in the Ohio State University Speech-Language-Hearing Clinic

#### 3.17.1. 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.

#### 3.17.2 Observation Restrictions

Those observing may observe a client only upon receiving permission from the client's clinical supervisor. Each client and/or legal guardian is informed that observation of sessions may be taking place. Furthermore, the client has the right to request that the observations be restricted to specific persons.

#### 3.17.3 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. You are required to follow the guidelines as stated as long as you are participating as a clinical observer.

- a. Priority for using TV monitors is given to the clinical supervisor.
- b. You are to use earphones if you are the only observer watching a specific



session. Offer to use the earphones when a supervisor begins to observe.

Groups of observers observe without earphones. (This means that only one group watching the same clinical session is permitted to observe per hour.)

- c. 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.
- d. Keep talking to a minimum in the observation rooms.
- e. 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.
- f. 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.
- g. All information about the client and clinician is confidential. Therefore:
  - i) Keep observation doors closed.
  - ii) No comments should be made about either person (client or clinician) outside observation rooms, class instructor's offices, and supervisor's offices.
  - iii) When referring to clients in reports, use the person's initials. **Never** use the client's full name.

### 3.18 Guidelines for Professional Clinical Behavior

- 3.18.1. Clinic cases should only be discussed with clinical supervisors or other professional staff. Conversations should concern themselves with matters relevant to the speech, language and/or hearing problem or related matters.
- 3.18.2. Conferences between supervisors and students 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.
- 3.18.3. Parent conferences should be conducted in treatment rooms or quietly and discreetly in the observation rooms. Do not remain in treatment room after session for your conference unless the room is free at that time.

- 3.18.4. 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.
- 3.18.5. Clinicians should dress professionally, i.e., consistent with dress code standards for clinic facilities in the community. Please note that this dress code is strictly adhered to.
- a. No jeans (including colored jeans), Capri pants, or shorts (including “dress”, “city”, or Bermuda shorts)
  - b. No halter tops, low-cut blouses or tank shirts (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
  - c. No miniskirts or dresses (skirt or dress length should be appropriate for the workplace, with skirt length no shorter than 2 inches above the knees)
  - d. No tennis shoes or open toe shoes (e.g., sandals)
  - e. Shoes should be worn at all times, and must be worn with either socks or hose
  - f. Jackets, sweaters, or under blouses should be worn over sleeveless attire
  - g. Hair should be well groomed and appropriate for a professional clinical environment. Facial hair should be well groomed.
  - h. Tattoos should not be exposed or observable during clinical placements. Tattoos must be covered.
  - i. Facial or body piercings must be removed during clinical assignments. Tongue piercing is inappropriate for those involved in speech-language-hearing service delivery; therefore, tongue studs must be removed during service provision. Pierced ears are acceptable however earrings should be tasteful and professional.
- 3.18.6. 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 unless an individual requests otherwise.
- 3.18.7. When problems arise with the client or parents—if more information is needed from other agencies, etc., discuss the strategies and procedures with the clinical supervisor prior to discussing issues with the client/parents and/or other professionals. Once the procedures have been discussed, the graduate clinician will have the responsibility to initiate and follow through on the decided action. (This may include scheduling conferences, e-communication, telephone contacts, letters, etc.)

- 3.18.8. 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 supervisor prior to initiating this action.
- 3.18.9. 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).
- 3.18.10. 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, on an emergency basis, into 129 to obtain what is needed.

## 4.0 FORMS/MATERIALS

### 4.1 Clinical Forms (CF-#)

Forms that are used for clinical matters are kept in a file cabinet directly adjacent to the supervisor mailboxes in the Clinic Office. The users of the forms are requested to take the blue sheet to the Clinic Office Manager when it is reached and only a few forms remain. Do not take the last form; instead, inform the Clinic Office Manager, so the supply can be replenished.

4.1.1. Release of Information Forms--Before any information (written or oral) about a client may be provided to professionals outside the Clinic, CF-23, Authorization for Release of Clinic Information must be signed by the client or the client's parent, if a minor. This form must also have a witness signature (the case's supervisor of student clinician may sign this). This form is stored in 140A Pressey. This form should be signed at the beginning of treatment or diagnostic sessions, if necessary.

4.1.2. Billing Procedures--Each new treatment client must complete a CF-65 prior to the initiation of treatment services and should receive a copy of the CF-29 by at least the day of the first intervention session. Based on the client's insurance coverage, other CF forms may be needed - See Section III, Client Billing and Service Records.

If the clinician or client has any concerns about billing, please consult with the Clinic business manager.

4.1.3. Baseline--Baseline forms may be found in room 141A Pressey in the "CF" drawer. These are to be used during initial sessions of treatment and before the clinician introduces treatment.

4.1.4. Lesson Plans--Examples of lesson plan forms you may copy for sessions are located in Appendices A through D of this handbook. It is your clinical supervisor's decision as to the form used. Check the Semester Schedule Handout for due dates of lesson plans and policies concerning due dates of intake and progress reports.

4.1.5. General Outline for Speech-Language Intake Reports: CF-14 is to be followed when writing Speech-Language diagnostics reports. These may be found in room 141A Pressey. The form to be followed when writing an Audiologic diagnostic report is CF-48, found in the same file.

4.1.6. Initial Speech-Language Summary Reports and Closing Reports, CF-15, is to be followed when writing midterm and final summaries. Check the semester handout for due dates for rough and final drafts for midterm and closing reports. These forms are in 141A Pressey.

4.1.7. Log of Clinical Clock Hours--CF-06 and CF-07 are very important to you, as they are where you record your clinical hours. Each clinician shall have two copies of each appropriate form--one is to be kept in the individual student

folder in the locked file cabinet, 140 Pressey, and updated at the end of each academic term. The other copy is to be housed in the individual student's "home" personal folder for safekeeping. It should also be updated. You are responsible for having your clinical supervisor fill in and sign the forms for each academic term that you have been engaged in practicum. CF-125 Active Observation Hour Form is to document hours in which the SLP graduate student is actively observing a specific clinic population, but is not assuming service delivery responsibility. These forms are in room 141a Pressey.

#### 4.1.7.1 Clinical (practicum) hours documentation:

SHS 6844;7844 Clinical hours are counted and recorded on the CF-07 in which the graduate student has direct contact with the client or the client's family in assessment, management, and/or counseling. Should a client exhibit more than one disorder, the attained clinical hours are divided according to the number of minutes devoted to the assessment and/or intervention of each specific disorder. Clinical practicum hours are only counted when the graduate clinician is providing direct services. When a graduate clinician is not actively providing service delivery but is present during the service delivery with a team member (supervisor or peer) who is providing the service, the hours may not be counted as clinical (practicum) hours but may be counted as active observation hours and recorded on the CF-125. Hours recorded on the CF-125 do not contribute to the 400 clock hours required by certification and license; however, these hours do document a student's extended experience with a disordered population and related assessment and management protocols.

SHS 6843;7843 Clinical hours are counted and recorded on the CF-06. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. The minimum number of hours of supervised clinical practicum is 1,820.

#### 4.1.7.2 Recording of hours:

Graduate students will keep an ongoing record of their clinical hours for each day that they are in their practicum. This documentation will then be reviewed and compared to the documentation that the supervisor has maintained during the assigned academic term. Graduate students are to discuss the format of recording and documenting hours with the assigned supervisor at the beginning of assigned term.

- 4.1.8. Log of Recommended Clinical Experience for SHS 6843;7843/6844;7844 students--04 and 05 forms provide a summary of the recommended clinical experience that each student should have while in professional training. It is important that this log be updated on a term-to-term basis. This update should be done during the sixth week of each academic term; check with your clinical advisors about the procedures for updating the form.

- 4.1.9. Clinical Experience Semester Record--CF-20 is to be used by 6844;7844 clinicians assigned outside of Ohio State Speech-Language-Hearing in order to keep a record of their hours for the academic term, unless otherwise directed. 6843;7843 clinicians will use CF-06C
- 4.1.10. Students involved in a hearing aids clinic are responsible for recording aids that are ordered, dispensed, sent for repair, or loaned in the appropriate log books. When an aid is dispensed, warranty information should be placed in the client's folder. Hearing aid records are in 147e. Log books for demo hearing aids are in 147e, logs for new or repaired hearing aids are kept on the main desk of the clinic office.
- 4.1.11. Record of Clinical Hours for Grading--CF-82 is used by the clinical staff to calculate the student clinicians' 6844;7844 grade(s). The due date for this form is listed on Semester Schedule Handout of due dates. Completion of this form is optional; however, completion will be requested if a graduate clinician's performance evaluation includes evaluations being < 2.6.
- 4.1.12. Record of Billing and Service--CF-70 is to be completed by clinicians after each assessment and/or intervention session.

## 4.2 Treatment materials, tests, test forms, and equipment

- 4.2.1. SHS 6844;7844 students 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.

The materials room will be monitored by students enrolled in 6844;7844. Each student enrolled in 6844;7844 will be required to work in the materials rooms (sorting materials, returning materials to appropriate storing location, etc.) at least one hour per semester.

- 4.2.2 It is the student's responsibility to sign off the hour to keep a record of your hour of work and turn in to your clinic supervisor at the end of each semester.

### 4.2.3. Calibration of Audiometers

#### a. Daily calibration of Clinical Audiometers

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

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. Forms for the checks are located in the lids of the audiometers.

- 4.2.4. Procedures for checking clinic equipment out of Pressey Hall—Request permission from the Clinic Director or Assistant Director to check out equipment.
- 4.2.5. A variety of electronic 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:

- a. Suite 147 for hearing equipment and materials, including audiometers and immittance screener
- b. Room 128 and 129 for treatment equipment and materials
- c. Room 143 for assessment materials
- d. Room 129: clinical reference library
- e. Room 143: Video/Audio Equipment
  - i) Sign up for video equipment. Should you need to use one of those recorders for a given session, this is to be arranged with the case's supervisor.
  - ii) 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.

\* Please Note: Any missing or damaged materials and malfunctioning equipment should be reported immediately to the Clinic Director or Assistant Clinic Director.

#### 4.2.6. DVD PROTOCOLS

##### Directions

1. DVD recorders are located in room 143 with a designated recorder for each monitor.
2. Students are required to purchase their own DVD's to be used for recording of clinical sessions. If you choose to purchase DVD's that you can copy over, use DVD+RW. If you choose to purchase DVD's that are for one time use only, use DVD+R.
3. Make sure the camera is on the correct monitor.

4. Before recording, make sure to LABEL the DVD. For confidentiality reasons, include only the **client's initials** and the **clinician's name**.
5. After labeling your DVD, press open on the DVD player and insert DVD. It may take five minutes for the DVD to load and format so allow enough time for this process to take place.
6. After the DVD has been formatted, press record.
7. When finished recording, press stop and allow time for the DVD to be formatted before removal.
8. DVD disks may only be taken to restricted areas in the OSU SLHC facility to be viewed. These include 129, 143, and supervisor's offices. In addition, review may also take place in service delivery rooms; note: reviewing in these areas must be conducted with special care to be discrete. DVDs are to be housed in 143.

Examples of recorded samples include:

a. Language

1. Informal conversational/play sample with: a) parent b) clinician
2. Structured interaction to elicit behaviors that are objectives for the academic term.

b. Articulation/Phonology

1. Informal conversational/play sample with parent or clinician.
2. Sample of production of target phonemes or phonological process at:
  - word level (cued/imitation)
  - sentence level (cued/imitation)

c. Fluency

1. Informal conversational sample
  - i) child--informal sample with clinician and/or parent
  - ii) adult--informal conversational sample with both neutral and emotional topics:
    - neutral--"Tell me about your favorite book or movie."
    - emotional--"In what situations is your stuttering the worst?"
2. Oral reading passage (Rainbow passage)
3. Reading sentences or words
4. For clients who have received treatment, five minute conversational sample (neutral topic) with specific directions to use trained controls.



d. Voice

1. Informal conversational sample with clinician
2. Oral reading (Rainbow passage)
3. Count to ten at low, medium, loud volumes
4. Sustaining vowels /i/, /a/, /u/, /ε/
5. Sing /o/ and match to pitch: C, D, E, F, G
6. Say vowels with upward and downward inflection /i/, /a/, /u/, /ε/
7. Say Phrases with upward and downward inflection

e. Laryngectomy

1. 2-3 minute informal conversation
2. Read Rainbow Passage (short version)
3. Complete sentence version of an articulation test
4. Produce /a/ with minimum latency between command and phonation (x 5)
5. Attempt to produce a single /a/ on clinician's command as a test of consistency (x 10)
6. Repeat /da/ as often as possible on one air intake (x 5) (1-6 represents Berlin's four measures)

f. Aural Rehabilitation

1. Informal conversational/play sample with clinician and/or SO.
2. Structured task to elicit production of target areas in speech
3. Auditory discrimination task

\* 20 minutes

- 4.2.7. Supplies and services for teaching assistants, associateships, and traineeships are available to the staff members through the course instructor. Do not go directly to the Office Associate of the Department.

## 5.0 Clinical Policies and Protocols

The following policies and protocols are to be followed as described. However, these are considered minimum standards and are not intended to exclude additional/necessary procedures.

### 5.1 Policies

5.1.1. Telephone Usage--It is preferred that student clinicians make telephone calls pertaining to clinical matters from:

- a. their personal telephones;
- b. the client's supervisor's office telephone.

Personal phone calls may be made only from one's own cellular phone. Use of facility telephone may be used only when staff/faculty permission is given.

5.1.2. Copier and Printer Usage: The copier and printer in the clinic office are for CLINIC USE ONLY. They can be used to duplicate materials necessary for clinical sessions in this clinic, reports, client insurance information, etc. They are NOT for personal use, to duplicate notes from classes, print articles for class, etc. Students violating this policy will be asked to stop using the copier. Ongoing violations may result in denial of clinical hours. Students are encouraged to have Buckeye ID cards to use on campus or make other arrangements for their personal copying needs.

5.1.3. 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 research investigator.
- b. Procedure: The investigator 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.

5.1.4. Infection Control

- a. Purpose: This program is established to provide a coordinated program of education, Universal Precautions, and exposure follow-up to minimize or eliminate workplace exposure to Hepatitis B, Human Immunodeficiency Virus (HIV), and other diseases. The program's purpose is to ensure and maintain the Speech-Language-Hearing Clinic's commitment to a safe and healthful environment for its staff, students, and clients and to ensure compliance with OSHA's standard on occupational exposure to 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 Speech-Language-Hearing Clinic.
- c. Definitions:
  - i) Staff: Employed by The Ohio State University and working in the Speech-Language-Hearing Clinic.
  - ii) Students: All students providing services in the Speech-Language-Hearing Clinic.
  - iii) Clients: All persons receiving services in the Speech-Language-Hearing Clinic.
- d. Policy: 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). Staff and students will also implement the general sanitation guidelines as outlined to reduce risk of other infectious diseases.
- e. Procedures

Procedures include, but are not limited to the following:

- Hand washing – Washing hands before and after each client contact—see CF-115 for specific procedures; 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.

Hand-washing 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 toweling 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. 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.

- Gloves –Wear synthetic vinyl examination gloves while performing procedures that may involve exposure to blood or body fluids. 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.). Change gloves between clients and when the gloves become soiled to minimize the potential for spreading infection. Dispose of gloves in the trash can in the service delivery room. Wash hands immediately after disposing of gloves.

Wear synthetic vinyl examination gloves during diapering. Change gloves after each person. Place disposable diapers in a plastic bag before disposing in waste container. Dispose of gloves in the trash can located in the immediate service delivery room. Wash hands immediately after disposing of gloves.

Wear plastic food handlers' gloves when preparing and serving food. Make every attempt not to handle materials other than food and food preparation items while preparing and serving food. Dispose of the food handlers' gloves in any regular waste container.

Wear general purpose utility gloves (rubber household gloves) for housekeeping chores. These gloves may be disinfected (if necessary) or cleaned and reworn until they are peeling, cracked, punctured, or torn, at which point they should be discarded.

Do not wash or disinfect sterile examination gloves for reuse.

- Gown—Wear gown when clothing is likely to become soiled with blood or body fluids. If the gown is penetrated by blood or other potentially infectious materials, it should be removed immediately or as soon as feasible. Gowns should be worn only once and then disposed of in the biohazard waste containers.
- Goggles—Wear goggles when performing procedures which blood or body fluids are likely to spatter into the eyes of the caregiver and when client condition warrants increased concern about airborne contaminants. Nondisposable protective eyewear contaminated with blood or body fluids should be washed with a germicidal disinfectant. Disposable protective eyewear should be discarded in a biohazards waste container.
- Mask—Wear a mask when having direct sustained contact with a client whom is coughing extensively or when performing procedures when body fluids are likely to splash exposed mucous membranes. Masks should be discarded in a biohazards waste container after use or when they become moist and therefore, ineffective.
- Tongue blades and swabs are to be immediately and directly placed in the treatment room's trash can.

Items such as earphones, earbuds, headsets, and probe tubes, etc. are to be cleaned with Clorox Anywhere spray/wipes following each use.

Reusable items such as otoscopic specula (both handheld and video otoscope), immittance tips, earlight tips, and stock earmolds are to be cleaned with Clorox Anywhere spray/wipes following each use.

- f. General sanitation--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.

Mouthed or soiled toys and dishes--wash with soap and water, clean with Clorox Anywhere spray/wipes, air dry.

Environmental spills of blood (e.g., nosebleeds, vomitus, feces, or other body fluids)-  
-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. Dispose of the gloves in one of the waste containers that is specifically contained until daily trash removal is available. For nosebleeds or injuries that result in bleeding, the person assisting should wear vinyl gloves whenever possible. Wash hands immediately after disposal of gloves.

Food and drink will not be kept in or on refrigerators, freezers, shelves, or countertops where blood or other potentially infectious materials are present.

Staff members and students will eat, drink, apply make-up, and handle contact lenses only in the Department restrooms and/or appropriate eating areas to prevent migration of contamination beyond the work area.

- g. Management of Communicable Diseases

The "Ohio Department of Human Services Communicable Disease Chart" is housed in room 129 in a notebook labeled "Communicable Diseases". 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. Should suspected symptoms be observed, the client's supervisor should be immediately informed and appropriate action is to be taken as needed.

Clients who have had diarrhea or who have vomited within the past 24 hours should not attend a clinical session. Our policy is to cancel a clinical session for the child if he or she exhibits any of the following symptoms: diarrhea, severe coughing or whooping, difficult or rapid breathing, yellowish skin or eyes, conjunctivitis, fever, untreated infected skin patch(es), unusually dark urine and/or gray or white stool, stiff neck, vomiting, or evidence of head lice. CF-114 will be completed by the attending clinician whenever any of the above-mentioned symptoms are noted. When a client has been free of those symptoms for 24 hours, he or she may return to the clinic. If an adult client is mildly ill and does not exhibit any of the preceding symptoms, the matter will be discussed directly with client. If a child client is mildly ill and does not exhibit any of the preceding symptoms, the matter will be discussed with the parent(s) of the child client.

We ask parents to notify the clinic if their child gets a communicable disease. The supervisor(s) will then notify the other parents that their children have been exposed. When signs of the communicable disease are gone, the child may be readmitted to the program. We ask parents of child clients and adult clients to notify the clinic if the client contracts a communicable disease. The supervisor will then notify those who came in close contact to the client of the possible exposure.

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.

#### h. Post-exposure Plan

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.

The exposed staff member or student will immediately take appropriate first aid actions (if feasible), including but not limited to washing the affected area with soap and water and/or flushing the mucous membranes or eye (Eyes must be flushed for a minimum of 15 minutes). The staff member or student will then **immediately** report the incident to his or her immediate supervisor or another supervisor if that person is not available.

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.

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.

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.

The person sustaining the exposure will complete the first portion of an "Accident Report" form, paying attention to completing the form in detail, identifying the source individual or other source (if feasible), then signing and dating the form. The completed form will then be given to the supervisor. Accident Report forms can be found at [www.biosci.ohio-state.edu/safety/Accident.htm](http://www.biosci.ohio-state.edu/safety/Accident.htm).

The supervisor who has been notified of the exposure will then complete the second portion of the Accident Report form, paying attention to identifying the type and route of the exposure; identifying the source of exposure or the unfeasibility of identifying the source; documenting the HBV and/or HIV antibody status of the source individual, if known; documenting the circumstances and cause of the exposure, including conditions and actions related to the incident; identifying engineering and work practice controls utilized or not utilized; identifying personal protective equipment utilized or not utilized; identifying actions by other staff members and/or students that may have contributed to the incident; identifying the immediate action taken (if applicable); describing actions that will be taken to prevent this type of exposure in the future, including retraining if necessary; initiating any disciplinary action if appropriate; and signing and dating the Accident Report form.

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.

The exposed student is responsible for submitting the Accident Report form to a Clinic Director and seeing a physician at the Wilce Student Health Center 1875 Millikin Rd. (292-2112) within four (4) days of the exposure. Typically, treatment must be initiated prior to the seventh day following exposure in order to be viable.

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.**

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.

If consent is not obtained, this fact must be documented in writing, with the date and time noted and signed by the individual supervisor seeking the consent. An explanation of the unfeasibility or inability to obtain the consent must be documented, as well. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented. Results of the source individual's testing will be made available to the exposed staff member or student, and that person will be informed of applicable laws and regulations concerning disclosure and confidentiality of the identity and infectious status of the source individual.

i. Post Exposure Follow-Up Requirements

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.

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.

j. Recordkeeping Requirements

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.

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.

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.

k. Immunizations and Vaccinations

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.

l. Staff and Student Education

All staff members and students will receive education in the proper use, storage, and disposal of personal protective equipment.

All staff members and students will utilize infection control procedures and universal precautions outlined in the Clinic Handbook.

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.



**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

5.1.5. Sexual Harassment Policy

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).

5.1.6. Reporting Child Abuse

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.

- a. The supervisor of the case is to be notified immediately.
- b. The supervisor and the clinician are together to put in writing the suspected information.
- c. The supervisor will then contact the clinical director and department chairperson to advise them of the report.
- d. A call is placed by one of the above staff members (supervisor, director, or chairperson) to Franklin County Board of Children's Service, or if the child resides outside of Franklin County the Ohio Child Abuse Hotline.
- e. The call can be placed anonymously or identifying information may be given.
- f. It is not the responsibility of the clinician or the supervisor to investigate further.

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.

#### 5.1.7. Service Animals

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

### 5.2 Protocols

#### 5.2.1. Voice Examination

- a. Consultation--out of the clinic. A modified CF-30 is to be used during voice consultations outside of the Speech-Language-Hearing Clinic.
- b. Voice examination-- in this clinic. A modified CF-30 is to be used during voice consultations in the Speech-Language-Hearing Clinic.

#### 5.2.2. Voice Audio Recording Protocol: CF-99

Voice clients are to have a voice recording during the initial evaluation. Voice clients who have treatment may also have a voice tape recorded during the last treatment session. Both tapings are to be done in the format of the voice protocol.

#### 5.2.3. Language Sample: CF-58

5.2.4. Language Analysis: For those samples of + 3 MLU, Language Sample Analysis or similar analysis is to be completed.

5.2.5. Phonological Analysis: A phonological analysis using an approved program or technique is to be completed on at least 35 to 100 words obtained from an isolated word test and at least 50 to 100 words obtained from spontaneous speech.

5.2.6. Speech and Language Evaluation: Follow the Intake Procedures re: Speech-Language as described in this handbook and use this clinic diagnostic lesson plan form.

5.2.7. Fluency Protocol is to include the:

- a. Stuttering Severity Instrument
- b. Attitude Assessment (re: OASES and BAB)
- c. Hierarchy of speaking situations

- 5.2.8. Daily Check and Recording of Portable Audiometers. A daily check is to be conducted once per day for each audiometer used in a given day. The protocol includes: conducting the Daily Audiometer Check
- a. Threshold (tone present, no static)
    - i) Check presence of tone in one ear phone 20 dB at 500, 1, 2, 4, 6 kHz.
    - ii) Check presence of tone in other earphone 20 dB at 1 K Hz.
  - b. Check attenuator (even tone) Present tone from 0-60 dB
  - c. Cross over check (no tone present)
    - i) Unplug one earphone.
    - ii) Present tone at 70 dB at 2 kHz to the unplugged earphone.
    - iii) Check the earphone that is still plugged in for presence of tone.
  - d. Cord Condition (no static) Listen to quality of tone in above #1 and #2 tasks as the cords are moved. Is there any static?
  - e. Recording of the Check A recording form will be posted in the room where the audiometer is kept. Should the daily check reveal a problem with the audiometer, check and use another approved audiometer. Report the problem to the Coordinator of Audiology or the program's technician.
- 5.2.9 Daily Check of Diagnostic Audiometers: Follow normal protocol for checking threshold, attenuator, cross talk, bone, speakers, and cords. A daily check is to be conducted once per day for each audiometer used in a given day. A recording form will be posted in the room where the audiometer is kept. Should the daily check reveal a problem with the audiometer, check and use another approved audiometer. Report the problem to the Coordinator of Audiology or the program's technician.
- 5.2.10 Audiological, APD, Tinnitus Evaluations: Follow the Intake Procedures re: Audiology as described in this handbook.
- 5.2.11 Hearing Aid Fitting, Hearing Aid Repair, and Hearing Aid Consultation: Follow procedures outlined by your preceptor for the specific appointment. Document all patient interactions on CF-49. Complete the following as appropriate: hearing aid records CF-79, demo or new hearing aid fitting agreements, manufacturer repair forms, hearing aid and earmold logs, and billing forms CF-70.

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