

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.

Gail M. Whitelaw, PhD
Clinic Director

**GRADUATE HANDBOOK, VOLUME II:
CLINIC POLICIES, REQUIREMENTS, AND PROTOCOLS
2015-2016**

Table of Contents

Section I: 6844;7844 Requirements and Policies **4**

Registration
Staffing
Assignments/Placement
Level of Student Clinician
Evaluation of Student Clinician
Recommended Clinical Experiences
Extended Clinical Education Experiences
Student Clinician Folder
Student Teaching
Health Insurance Portability and Accountability Act of 1996
Social Media Use

Section II: Clinical Advisors **31**

Section III: OSU SLHC Clinical Procedures **32**

Intake Procedures re: Speech-Language
Intake Procedures re: Audiology
Treatment Procedures/Policies
Referral Procedures and Policy
Follow-up Procedure/Progress Note
Dismissal Procedure/Policy
Record Keeping
Scheduling Appointments
Clinical Supervisor's Observation
Room Assignment
The Appointment
Absenteeism of Student Clinician/Client
Rescheduling Client
Emergency Procedures, Evacuation, Crime Prevention
Guidelines for Observing
Guidelines for Professional Behavior

Section IV: Forms and Materials	71
Forms	
Materials	
Section V: Clinical Policies and Protocols	77
Telephone Usage	
Clinical Research	
Infection Control/Universal Precautions	
Clinical Practice Protocols	
Index	87
Appendices A-S	90+

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.
- 1.1.2. All students enrolled in SHS 6843; 7843 or 7844 must enroll in the prescribed number of credit hours, unless otherwise advised. Speech-Language Pathology students enrolling in 6844 during Spring term are required to enroll in 2 credit hours. 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 4th year students in Audiology, the preceptorship/externship may be a paid experience, however this is arranged in conjunction with the 4th year placement made by the Clinic Director 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 4th year site(s). All students in a 4th 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. 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 550(PBT)/79-80(iBT) along with a speaking subtest score of >28 on the TOEFL test or its equivalents (IELTS of >70, or etc.), and obtain minimum criteria of 4 on the Oral Proficiency Assessment offered through the English as a Second Language (ESL) Department at Ohio State. 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 4th year audiology students employed in an approved externship/preceptorship. If, however, salary by an employer is suspended for a period of time or if unreimbursed time is used, clinical hours may be counted, providing (a) the clinical site is 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) and/or OH Board's of SLP and Au.D. (Appendix S) 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/riskmgt/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 a 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. Fingerprint Consent/WebCheck form can be obtained in Appendix H, [online](#), or in the clinic office. If proof of Ohio residency for the past five years cannot be established, an additional FBI criminal check is required. **A state and federal background check (i.e., both BCI&I and FBI Webchecks) is required for placement in the schools.**

Students will need to complete all personal information on the form.

- b. The student will need to have the Fingerprint Consent/WebCheck form, government issued photo ID (e.g., driver’s license, etc.), and Social Security number (know this information – you don’t need to bring your Social Security card). Students must take this information to the OSU Office of Human Resources during fingerprinting hours.

The OSU Office of Human Resources information is as follows:

Location: South Campus Gateway Building C, Suite 300 at 1590 N. High Street, Columbus, Ohio 43201

Hours: Fingerprinting services are available Tuesday through Friday, 9-11 a.m. and 1-4 p.m. 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 BCI&I and FBI checks are 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 Fingerprint Consent/WebCheck form to the officer on duty. The total fee for both a BCI&I and FBI checks is \$61.70. You can pay with checks, credit card (MasterCard, Visa, Discover, American Express), or BuckID, but they do not accept cash.

- c. Results should be sent to:

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

Email address: hand.21@osu.edu

- 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 \$15.00; replacements will be \$20.00.
 - 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. All DVD's are to be identified using graduate clinician's name, client's initials, and date of recording. DVD's may only be viewed in appropriate areas of the clinical facility, may not leave these areas, and are housed in 143 Pressey.
- b. Audiology Majors
- Nametags-- Can be obtained From the Clinic Office Manager. The initial badge will cost \$15.00; replacements will be \$20.00.
- 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 2nd 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 7th week of Summer term and the 9th 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 a satisfactory grade 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 4th year clinical preceptorship/externship for AuD students will likely take place outside of the greater Columbus metropolitan area. This placement is based on factors noted in Section 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: 4th year clinical assignment: Full time clinical preceptorship over one of 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 4th year AuD students: This clinical experience is designed to be the equivalent of a full time (e.g., approximately 35-40 hours per week for 50 weeks or as determined in conjunction with the site, student, and University program) placement designed to help the student further integrate their skills and knowledge. In addition, this is an opportunity to obtain in-depth clinical experience in a specific area (e.g., cochlear implants, vestibular assessment and management, etc.). This experience is designed in conjunction with the academic advisor, clinical advisor, and student.

The design of this plan is initiated during Autumn semester of the student's 3rd year in the program. This timeline is similar to the suggested timeline for securing a 4th year experience located in Appendix 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 4th year registry on the American Academy of Audiology website. It should be noted, however, that the student is NOT to make contact with the site or potential preceptor prior to discussion with the 4th year placement coordinator (e.g., Clinic

Director). The practicum coordinator will make contacts for each 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 3rd year, with the goal to complete final placement decisions by March of the 3rd year (for beginning placement June or July of the beginning of the 4th 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 4th year placement coordinator initiates the process to develop an affiliation agreement with the site. Students are discouraged from signing any type of contract or agreement directly with a site and if this situation arises, should speak with the practicum coordinator prior to engaging in any contractual agreement with the site. This is for the protection of the student and of the University. In addition, any requirements from the site (e.g. additional training, liability insurance, health requirements) must be in place prior to initiating clinical practice at that site. Remuneration to be provided to the student should be discussed with the 4th year placement coordinator prior to the beginning of the placement. Once details of the plan are established, it will be presented to the Audiology Oversight Committee for approval and the 4th Year Clinical Experience Plan (see Appendix I) is completed by the Clinic Director, who serves at the 4th year placement coordinator.

All students participating in the 4th year externship must be enrolled in SHS 8943. During the externship, students will “meet” with the Practicum Coordinator on a periodic basis via email, Facebook, or Carmen 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 4th year placement coordinator so the University has been alerted to the difficulties and can participate in their resolution.

e. Specific hour requirements:

For all AuD 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://slp.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 academic term (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://slp.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)
- Equivalency Forms (provided by specified course's instructor in the SLP curriculum)
- 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 or health provider of the student's choice.

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.

1.13 Social Media Policy

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

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

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.

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 of payment policies for administrative/supply fee. 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) No fee for diagnostic service
 - 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, and telephone number 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 of payment policies for administrative/supply fee. 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 H₂O. 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 H₂O.

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, fee for administration/supplies, 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 may 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, related professional recommendations, and evidenced based practice principles.
- 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 Tx 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) if is a billable service, please indicate on the CF-70. The white copy of the CF-70 is to be given to the client; the yellow copy is filed (with appropriate payment if any) in the payment drawer. 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 #: _____ D.O.B. _____
Today's Date: _____	(Supr.) _____
Notice Filed By: (Clin.) _____	Clin. Class _____
Re: Dismissed Case _____	
Re: Diagnostic Case _____	
Re: Other _____	
FOLLOW UP DATE _____	

<u>INTERVALS</u>	<u>CONDUCTED BY</u>	<u>RESPONSE</u>	<u>Stability of Progress (Check)</u>		
			<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 80% 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
Right side of folder (from top to bottom):		
Contact Sheet, CF-49	X	X
All typed reports: diagnostic or consultation letter/report, progress reports, related diagnostic assessment and baseline forms	X	X
Left side of folder (from top to bottom):		
Copy of NGS 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:

	Aural Rehab Treatment	Audiologic Evaluation	Hearing Aid Purchase
Right side of folder (from top to bottom):			
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
Left side of folder (from top to bottom):			
Copy of NGS 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.

In addition, sharing an electronic copy of clinical documents, typically clinical reports, with identifying information is also strictly prohibited. When providing an electronic document with a peer, all identifying information must be deleted from the report before the document is sent. Identifying information includes, but is not limited to, full name of client/parent/significant other, names of associated professionals, names of schools/employers, and the client file number. Such documents are only to be shared with official SHS personnel and only shared if the individuals are referring to the document for clinical or educational purposes.

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-70A or CF-70S

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

Audiology:

- 1) Enter the session's information on the billing form (CF-70A). 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-70A.**
 - Date
 - Clinician name
 - Mark the box indicating the supervising audiologist
 - Diagnosis (primary, secondary, and tertiary if applicable)
 - Procedure:
 - Mark the box for services provided, and/or
 - Fill in the amount being charged for products (services are at no charge)
 - Today's charge, Payment, and Balance
 - Payment type (circle, if applicable)
 - Comments (if applicable)

After completing the CF-70A, the white sheet is given to the client, and the yellow sheet is placed in the "billing/payment" drawer (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 products that you provide due to processing issues based on lack of accurate completion of CF-70A, 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 or no-shows for a session, a CF-70A still needs to be submitted. You should write "cancelled" or "no-show" in the comments box.

Speech:

- 1) Enter the session's information on the billing form (CF-70S) and have it signed by your 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
 - Mark the box for services provided
 - If this is the first session of the new semester, include the \$100 administrative/supply fee
- Today's charge, payment, and balance
- Payment type (circle, if applicable)
- Comments (if applicable)

After completing the CF-70S, the white sheet is given to the client, and the yellow sheet is placed in the "billing/payment" drawer (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 fees that you charge at the beginning of a semester due to processing issues based on lack of accurate completion of CF-70S, 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.

- 3) If the clinician or client cancels or no-shows for a session, a CF-70S still needs to be submitted. You should write "cancelled" or "no-show" in the comments box.

ii) Additional CF forms/procedures

- 1) Treatment related clients must complete an Enrollment 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 products provided at the clinic is critical to the welfare and continuation of the clinic. The method by which a client pays varies by area:

Audiology:

- 1) The OSU Speech-Language-Hearing Clinic does not collect payment for any audiology professional services. These include: hearing evaluations, tinnitus evaluations, auditory processing evaluations, screenings, consultations, and cerumen management. A completed CF-70A is still required for these appointments.
- 2) The OSU Speech-Language-Hearing Clinic does collect payment for goods/products that are provided. This includes: hearing aids, hearing aid repairs, hearing aid batteries, hearing aid accessories, earmolds, dry aid supplies, and FM/ALD systems. Payment for these goods/products should be collected in full at the time of the appointment. Acceptable forms of payment are: Check, Charge Card, and Cash/Change. Payment should be attached to the completed CF-70A form. If it is a check or charge receipt, attach it to the CF-70A. If cash is used, put the cash in an envelope and paperclip it to the CF-70A. 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.

For transactions that include hearing aids, earmolds, FM/ALD systems, and repairs:

- 3) The OSU Speech-Language-Hearing Clinic is “in-network” for OSU/NGS and BVR. You will find information in the “Notes” section of the facesheet in Therapist Helper advising how much to collect from the client. NGS, you will need to make a copy of the front *and* back of the insurance card. Attach the copy to the completed CF-70A with a paperclip, and place both in the “billing/payment” drawer in the Clinic Office.
- 4) The OSU Speech-Language-Hearing Clinic is “out-of-network” for all other insurance companies, and cannot file to these companies. If a patient would like to file a claim to their insurance company, you can provide them with a File To Insurance handout which outlines recommendations on how to complete the process. Information necessary for completing a claim (procedure code, diagnosis code, billed amount, date of service, etc.) will be on the CF-70A provided at their fitting.

Speech:

- 1) The OSU Speech-Language-Hearing Clinic does not collect payment for any speech professional services. These include: fluency

assessment, speech assessment, language assessment, literacy assessment, voice assessment, screenings, consultations, speech/language/literacy treatment, and aural rehabilitation. A completed CF-70S is still required for these appointments.

- 2) The OSU Speech-Language-Hearing Clinic will collect a onetime \$100 administrative/supply fee at the start of each semester from each patient receiving treatment. A pro-rated administrative/supply fee of \$50 will applied per semester to any booster sessions patient.
- 3) Acceptable forms of payment are: Check, Charge Card, and Cash/Change. Payment should be attached to the completed CF-70S form. If it is a check or charge receipt, attach it to the CF-70S with a paper clip. If cash is used, put the cash in an envelope and paperclip it to the CF-70S. 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-70A and CF-70S for the cancelled session must still be submitted. Write "cancelled" in the comments.

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 the specific dress code guidelines for the OSU SLHC are as listed as follows:
- a. No jeans (including colored jeans, shorts (including linen or “dress” shorts), or capri pants
 - b. No halter tops, low-cut blouses or tank tops (for either men or women). This would include shirts that expose the midriff area (either front or back) when standing or bending. In addition, hip huggers will be prohibited if skin is exposed in the midriff area.
 - c. No miniskirts or dresses (skirt or dress length should be appropriate for the workplace, with skirt length no shorter than 1 inch above the knees).
 - d. No tennis shoes, open toe shoes, or sandals; shoes must be worn at all times
 - e. Hose are required when wearing dresses/skirts; hose or socks are preferred when wearing pants (reminder close toe shoes must be worn)
 - f. Jackets, sweaters, or under blouses are to be worn over sleeveless attire (i.e. sundresses, etc.).
 - 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. If tattoos are present, they 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.

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. This policy also applies to equivalency hours. That is, equivalency work documents well defined experiences with a specific disordered population, but does not count toward the 400 clinical hour requirement.

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 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/, /ɛ/
5. Sing /o/ and match to pitch: C, D, E, F, G
6. Say vowels with upward and downward inflection /i/, /a/, /u/, /ɛ/
7. Say Phrases with upward and downward inflection

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 evidences symptoms of communicable disease. 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.

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.

INDEX

AuD 4th year Externship 22-23

Calibration 73-74

Client billing 56-57

Clinical Advisors 31

Clinical Practicum Assignments and Rotations 15-27

Code of Ethics 7, 28, 31, Appendices P-R

Competency Levels 17-20

Confidentiality of Information pertaining to Clients 29-30, 41-43, 75-83

Copier and printer use 77

CPR Certification 8

Diagnostic/Evaluation Procedures

 Audiology 38-40

 Reports 40

 Speech-Language Pathology 32-37

 Reports 37

Documentation of SLP Hours 6, 8, 29

Dress Code 69

6844;7844 Requirements 4-30

Equipment 73-74

Emergency Procedures/Evacuation Plan 64-67

Extended Clinical Educational Experiences 26-27

Fingerprinting 9-10

Follow-up Procedures 44-49

Forms 71-73

Grading/Evaluation 17-20

(see also CF-38, CF-66, CF-67)

HIPAA 29

Lesson and Session Plans 41

Materials 71

Mission Statement 32

Observation

Student 67-68

Supervisor 60-61

Policies

Absenteeism 62-63

Child Abuse reporting 84-85

Client billing 56-57

Clinical Research 61, 77

Criminal Records Check 9-10

Denial of Clinic Hours 17-19

Dismissal re client 49

HIPAA Certification 29

Health and Insurance Requirements 7-8

Infection Control 77-83

Payment Policy 56

Referral 43-44

Sexual Harassment 84-88

Social Media 30

Telephone Use 77

Transportation 13

Professional Behavior 68-70

Progress Notes (SOAP Note) 48-49

Protocols

Audiometric Daily Check 86

Audiological Diagnostics 39

Audio-taping (voice) 85

Fluency 85

Hearing Aid fittings, repair, consultations 86

Infection Control 77-83

Phonological Analysis 82

Video-Taping 74-77

Articulation/Phonology 75

Aural-Rehab 76

Fluency 75

Language 75

Laryngectomy 76

Voice 76

Voice Protocol 85

Quality Improvement Questionnaire 40

Record Keeping

Access to Folder 48, 53

Audit of Clinic Folders 51-53

Billing Record 56-58

Client's Folder 53-57

Rescheduling 63

Service Record 56

Room Assignment 61

SOAP Notes 48-49

Screening 14

Scheduling Clients 42

Session and Lesson Plans 41 and Appendices A, B, C, D

Student Conference 60

Treatment Procedures 41-43

Time management/commitments 14-15

Vision Statement 32

Withdraw/drop 6844;7844 12-13

Client Initials _____

Date: _____

Age: _____

Name: _____

(star team leader)

Supervisor: _____

*List procedures in the predicted sequence of administration

Area Assessed	Procedure/Test	Activity/Materials	Person Responsible	Estimated Time	Priority 1-2

APPENDIX A

Client Initials _____

Date: _____

Clinician: _____

Supervisor: _____

Behavioral Objectives	Activities/Materials	Clinician Teaching Strategies	Assignments

APPENDIX B

Client Initials: _____

Date: _____

Supervisor: _____

Procedure	Equipment and Materials Needed	Competence	Supervisor Evaluation

APPENDIX C

TASK:			
In response to:			
With % accuracy:			
In (time and/or sample size)			
With a reinforcement schedule of:			
Correct R:			
Correct R: Incorrect R:			
Accuracy:			
Comments:			

APPENDIX D

APPENDIX E



**THE OHIO STATE
UNIVERSITY**

OSU Speech-Language-Hearing Clinic

141 Pressey Hall/1070 Carmack Rd.

Columbus, OH 43210-1002

(614) 292-6251

Tax I.D. #31-1391656

Patient Billing and Services Record



Name: _____ File #: _____

Date: ____/____/____

Clinician: _____

Clinical Supervisor

Bonk	
Carver	
Donohue	
Whiteman	

Diagnosis (ICD-9) treated this visit (Indicate level: 1-Primary; 2-Secondary; 3-Tertiary):

	Level
307.0 Adult-Onset Fluency Disorder	
315.00 Reading Disorder, Unspecified	
315.02 Developmental Dyslexia	
315.09 Specific Spelling Difficulty	
315.20 Disorder of Written Expression	
315.31 Developmental Expressive Language	
315.32 Mixed Receptive - Expressive Language	
315.35 Child-Onset Fluency Disorder	
315.39 Other (Articulation and Phonology)	
315.4 Developmental Coordination Disorder (Dyspraxia) (Developmental Apraxia)	
315.9 Unspecified Delay in Development	

	Level
784.40 Voice (Unspecified)	
784.41 Voice (Aphonia)	
784.42 Voice Dysphonia	
784.49 Voice Disorder (Other)	
299.0 Autism	
317 Mild Intellectual Disabilities	
318.0 Moderate Intellectual Disabilities	
389.11 Sensory Neural Hearing Loss	
758.0 Down's Syndrome	
388.40 Abn. Auditory Processing (Uns.)	

Procedures (CPT Code(s)) performed this visit:

Assessment:	Cost
Speech Lang. Eval-Adult	92506
Speech Lang. Eval-Child	92506
S/L Re-eval	92506
Off-Campus Screening	92599
S/L Screen-Student	92599
Consult-Limited	99242
Consult-Extended	99244
Contract Services	--
Travel Expense	--

Intervention:	Cost
Speech/Lang/Literacy Tx. 2 Hour	92507
Speech/Lang/Literacy Tx. 1 1/2 Hr	92507
Speech/Lang/Literacy Tx. 1 Hour	92507
Speech/Lang/Literacy 3/4 Hour	92507
Speech/Lang/Literacy Tx. 1/2 Hr	92507
Speech/Lang/Literacy Tx. Student	92507
Speech/Lang/Literacy Tx. Group	92508
Aural Rehab-1 Hour	92507
Aural Rehab-3/4 Hour	92507
Aural Rehab-Student	92507
Aural Rehab-Cochlear Imp.	92510
Aural Rehab-Group	92508
Business Communication	--
Accent Modification	--

Evaluation:

Time In:	Time Out:
----------	-----------

Comments:

Insurance:

☐ OSU ☐ Other _____

Payment made by: (please circle)

Cash Check Visa/MC Discover Amex

The Ohio State University
Form 11543 - Rev 05/13

White - Patient Copy
Canary - Accounting Copy

Today's Charges:

Today's Payment:

Today's Balance*:

\$
\$
\$

*Please note that this balance reflects today's services only and is not a cumulative balance.

Revised August 2015

CF-705

APPENDIXE



OSU Speech-Language-Hearing Clinic

141 Pressey Hall/1070 Carmack Rd.

Columbus, OH 43210-1002

(614) 292-6251

Tax I.D. # 31-1391656

Patient Billing and Service Record

Name: _____ File #: _____

Date: ____/____/____

Clinician: _____

Supervisor

Whitelaw			
Goodman			
Etter			

Diagnosis (ICD-9) treated this visit:

380.4	Impacted Cerumen	
388.30	Tinnitus (Unspecified)	
388.40	Abn. Auditory Processing (Uns)	
388.9	Unspecified Disorder of the Ear	

389.00	Conductive Hearing Loss	
389.10	Sensorineural Hearing Loss	
389.2	Mixed Hearing Loss	
389.9	Unspecified Hearing Loss	

Procedures performed this visit

Diagnostics:

Audiological Eval- Adult	
Audiological Eval- Child	
Annual Audiological Eval	
Central Auditory Eval	
Central Auditory Screen	
Tinnitus Evaluation	
Hearing Screen	
OAE	

Hearing Aids:

Hearing Aids (circle each category)		
Level	Style	#Fit
Advanced	BTE	Monural
Mid	ITE	Binaural
Entry	ITC	
	CIC	

Services:

Consult- Limited	
Consult- Extended	
Hearing Aid Check N/C	
HA/FM Repair: (circle each category)	
Charge	In-warranty
No charge	Out of warranty
	Clinic
	Mfg.
Cerumen Management	
Travel Expense	
Contract Services	
Tinnitus Treatment Prog.	

Hearing Aid Components:

Earmold(s)	
Specify Type:	
Batteries	
Dri Aid Supplies	
Specify Type:	
Other:	

FM Systems:

Monaural	
Binaural	
Accessories	

Comments

Insurance:

☐ OSU ☐ Other _____

Payment made by: (Please Circle)

Cash Check Visa/MC Discover AmEx

Today's Charges:

\$

Today's Payment:

\$

Today's Balance*:

\$

*Please note that this balance reflects today's services only and is not a cumulative balance.

☐ Exchange ☐ Return

Make/Model: _____

Serial Number: _____

Replacement Make/Model: _____ Serial Number: _____

Refund Required: ☐ Yes ☐ No Hearing Aid Purchase Price ⁹⁵ _____ - Return Fee _____ = Refund Amount _____

Revised August 2015

APPENDIX F

Status of Course/Knowledge Competencies

To: Academic Advisor: _____

Clinical Advisor: _____

SLP/AuD Coordinator: _____

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

Student's Name: _____

Course Information

Course number: _____

Course title: _____

Grade for the course: _____

Quarter enrolled in course: _____

Course Instructor: _____

Student's Signature

Date

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

AUTHORIZATION AND/OR WAIVER FOR LETTERS OR STATEMENTS OF RECOMMENDATION

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of education records and the information contained in those records. FERPA also generally affords students the right to inspect and review their own education records. This form will allow you to: (1) authorize designated university personnel to release your education records and any information contained in those records for the purpose of providing letters or statements of recommendation, and (2) select whether or not to voluntarily waive your right to inspect or review any such letters or statements of recommendation.

Name of Student: _____

DOB: _____

AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

I, the undersigned, authorize _____ to release any or all of my education records and any information contained in those records for the purpose of providing letters or statements of recommendation that pertain to (1) admission to an educational institution, (2) an application for employment, or (3) an honor or honorary recognition.

Such records and information may be released to (please indicate name(s) and address(es)):

WAIVER OF RIGHT TO INSPECT OR REVIEW

I, the undersigned, (please select):

- ☐ Voluntarily waive
- ☐ Do not waive

my right to inspect or review any letters or statements of recommendation authorized herein.

I understand and acknowledge that: (1) I have the right not to authorize the release of my education records and the information contained in those records; (2) I have the right not to waive my ability to inspect or review letters or statements of recommendation and that The Ohio State University does not require such waiver as a condition of any service or benefit; and (3) My authorization and/or waiver shall remain in effect until revoked by me, in writing, and delivered to the individual(s) identified above, but that any such revocation shall not affect releases made prior to the receipt of such written revocation.

Student Signature

Date

The Ohio State University

Appendix H



THE OHIO STATE UNIVERSITY

Background Check, Policy 4.15

Fingerprint Consent

SECTION 1: WEBCHECK – CRIMINAL HISTORY CHECK

Have you lived in Ohio for the past 5 years?

☐ Yes

☐ No

Full Name: Last

First

Middle

Date of Birth

Social Security Number

Home Address: Street

City

State

Zip Code

Phone Number

Check One:

☐ Credit or Debit Card

☐ eRequest/Bill Department

☐ BuckID

☐ Check payable to:
The Ohio State University

Payment:

BCI&I (State of Ohio): **\$37.70**

FBI (National): **\$39.70**

Both Checks: **\$61.70**

Please do not complete this section

Completed by OSU Department or Background Check Coordinator:

Department Name

Contact Name

Work Address: Room/Building

Street

City

State

Zip Code

Daytime Phone Number

Email Address

Org: _____

Fund: _____

Account: _____

Project: _____

Program: _____

User Defined: _____

PR#: _____

Transaction#: _____

☐ Mailed Direct: _____

☐ Sent Results: _____

Signature required on bottom of page 2

SECTION 2: FINGERPRINT CONSENT FORM

This form, which you should read carefully, has been provided to you because The Ohio State University may request criminal records checks, including Federal Bureau of Investigation (FBI) federal background check and/or the Ohio Bureau of Criminal Identification & Investigation (BCI&I) background check reports on you. The Ohio State University will use such reports solely for purposes permitted by law, which may include, as applicable, employment, volunteering, licensure or educational programming. If you are subject to an FBI background check and/or the BCI&I background check, you also may challenge the background check results if you believe the results to be incorrect or incomplete in accordance with federal or Ohio law.

SECTION 3: FBI AND BCI&I BACKGROUND CHECK CHALLENGE AND REVIEW PROCEDURES

If you believe there is incorrect or incomplete information contained within an FBI federal criminal background check, you may make an application directly with the agency that contributed the questioned information. In the alternative, you also may direct a challenge to the accuracy or completeness of any entry in the record to: FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. Once the FBI has received an official communication from the agency contributing the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by the agency.

If you believe there is incorrect or incomplete information contained within an Ohio criminal history record, you may submit a written request for challenge and review to: Ohio Bureau of Criminal Identification & Investigation, ATTN: Challenge and Review, Post Office Box 365, London, OH 43140. The request should include a brief explanation for the reason the record is being challenged, the individual's name and complete mailing address and a complete fingerprint card. For the fingerprint card, you must be fingerprinted by a law enforcement or criminal justice agency and have all data fields filled out, including the Reason Fingerprinted data field, which should contain the words "Challenge & Review." The fingerprint card will be processed through the state Automated Fingerprint Identification Systems (AFIS), and if a positive identification is established against an existing criminal history record, a printout of the criminal history record along with the fingerprint cards and original letter of request will be returned to the same address as the original result. If after reviewing the criminal history record you feel that the record is inaccurate or incomplete, it is your responsibility to contact the agency responsible for submitting that portion of the record in question to obtain clarification or additional information and to effect any necessary changes. Should modifications need to be made, it is the contributing agency's responsibility to notify the Ohio BCI&I in writing so that the criminal history record can be properly updated.

SECTION 4: AUTHORIZATION AND RELEASE

I have carefully read and understand this Fingerprint Consent form. By my signature below, I authorize The Ohio State University to conduct a criminal background check and consent to the release of FBI and/or BCI&I criminal records checks to The Ohio State University or other requested entity to be used for purposes permitted by law, which may include, as applicable, employment, volunteering, licensure or educational programming. I understand that if The Ohio State University hires me or allows me to participate in activities or programs for which a background check is required, my consent will apply throughout my employment or participation in activities or programs for which a background check is required to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to The Ohio State University, Office of Human Resources. Further, I understand that if a federal criminal background check is performed, my fingerprints will be used to check the Federal Bureau of Investigation's (FBI) criminal history records. I also understand that, to the extent allowed by law, information contained in my job application, application for any activity or program for which a background check is required or otherwise disclosed by me before, during or after my employment or participation in activities or programs for which a background check is required, if any, may be used for the purpose of obtaining criminal records checks. I understand that some or all records related to my criminal background check may be subject to release as a public record pursuant to Ohio Revised Code Section 149.43 or as otherwise required by law.

This Fingerprint Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by The Ohio State University.

I understand I am responsible for providing all information requested by The Ohio State University to obtain required criminal records checks, and all information provided must be accurate and legible. If I provide inaccurate or illegible information, I will be required to repeat the criminal record check process, including resubmission of necessary information and repayment of fees. Failure to provide information necessary to obtain criminal records checks will be sufficient grounds for rejection of an application, termination of employment or removal from participation in activities or programs for which a background check is required.

I understand that providing any false information or omitting any material information on application materials or in any interview process will be sufficient grounds for rejection of an application, termination of employment or removal from participation in activities or programs for which a background check is required whenever discovered. In addition, providing any false information or omitting any material information on application materials or in any interview process may be cause for discipline under an appropriate university disciplinary process or other sanctions permitted by law.

Signature

Printed Name

Date

In presence of witness: _____

Date

Appendix I

Clinical Hours Requirements for Graduation:

According to ASHA's current standards: Practicum experiences that encompass the breadth of the current scope of practice with both adults and children (with no specific clock-hour requirements for given disorders or settings) resulting in a minimum of 400 clock hours of supervised practicum, of which at least 375 hours must be in direct client/patient contact and 25 in clinical observation. At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study. The following describes the nine areas illustrating breadth of the scope of practice:

- Standard IV-F: 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.
 - **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 behavior, ineffective social skills, lack of communication opportunities)
 - **communication modalities** (including oral, manual, augmentative, and alternative communication techniques and assistive technologies)

(CF-05) Therefore, for graduate clinicians to demonstrate the above breadth of the current scope of practice:

- A maximum of 75 hours may be accrued at the Beginning level. That is, clinical hours earned at the "B" level beyond 75 hours will not be counted toward the required 400 clinical hours.
- Rotations are completed in at least 6 of 9 disorder areas (9 are strongly encouraged)
 - You need to have *direct clinical experience* in at least 6 of the disorder areas, either pediatric or adult, evaluation or intervention.
- At least 5 hours, or equivalent, in each disorder area
 - You must have documented experience of 5 hours or the equivalent in *all* 9 disorder areas. This may take the form of continuing education seminars, active observation hours, specific protocol sessions, or other activities as approved by your clinical advisor. *This is the only portion of your hours that has a number of hours requirement. For all other clinical experience, you must demonstrate your competency for that population.*
- Clinician attained all Skills Outcomes at a rating of Beginning or above (see your CF-118)

Completion of the above is required for graduation from the OSU clinical program, required for ASHA certification, and required for Ohio Board of SLP/A licensure.

Appendix J

Suggested Guidelines for 12-Month AuD Externships (American Academy of Audiology, 2006)

Introduction

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

Clinical Education Subcommittee

Jack Roush, Chair; Chris Bauch, Lisa Hunter, Dianne Meyer, Donna Scheitler, Brad Stach, Gail Whitelaw and Richard Wilson

Externship Timeline

Student/Faculty Search Process:	Students/faculty investigate program opportunities, requirements, deadlines; July through October
Application Period Open:	Extern sites accept applications during this time period; September and October
Application Submitted:	Final date for sites accepting applications; October 31
Applications Files Completed:	Letters and transcripts to be on file; November 15
Interviews:	Externship interviews scheduled and completed; December and January

APPENDIX K

Technical Standards

The Technical Standards set forth in this document by the Department of Speech and Hearing Science establish the essential functional requirements that are necessary for students enrolled in the Master of Arts in Speech and Hearing Science with an emphasis in Speech-Language Pathology (MA-SLP) and the Doctor of Audiology (AuD) programs to acquire the knowledge, skills, competencies and values of an entry-level speech-language pathologist or audiologist. They are also required to meet the standards for the eligibility requirements for state licensure, Ohio Board of Speech-Language Pathology and Audiology, and/or professional certification, American Speech-Language-Hearing Association (ASHA) and the American Academy of Audiology (AAA).

The MA-SLP and AuD degrees are designed to prepare students to enter the profession as a generalist with knowledge, skills, values, and the ability to perform successfully all the required functions associated with the role of an entry-level speech-language pathologist or audiologist. **Following admission into these Department of Speech and Hearing Science programs, students are required to verify that they understand and meet these Technical Standards.** Reasonable accommodations in meeting the Technical Standards are provided to students who validate their need through the University's Office for Disability Services. A student acknowledges his/her ability to meet these essential functions by using the Technical Standards Certification Statement.

The following essential function requirements must be met by all students upon acceptance into the programs in order to enroll in and complete these Department of Speech and Hearing Science degrees. **In the event that a student is unable, or becomes unable to fulfill these Technical Standards with or without reasonable accommodation, the student cannot enroll or remain enrolled in the programs.**

To perform successfully the essential functions of the Department of Speech and Hearing Science degree programs and for the practice of speech-language pathology or audiology, an individual must possess specific skills and abilities in the following areas:

- a. The student must participate actively in all demonstrations and laboratory exercises in the academic and clinical curricula. This includes, but is not limited to:
 1. Completed submissions of assigned classwork
 2. Completed submissions of clinical documentation (lesson plans, reports, notes, etc)
 3. Submissions presented according to posted due dates/times
- b. The student must independently and effectively use visual, auditory, and tactile senses to gather information regarding client behaviors and responses throughout assessment and intervention activities.
- c. The student must communicate effectively with clients in order to elicit information, describe changes in mood, activity and posture, and assess verbal and non-verbal communications. This includes, but is not limited to:

1. Demonstrate an accurate, fluent, working knowledge of Standard American English in both spoken and written forms
 2. Expected to use speech and language skills that reflect professionalism, which includes minimizing dialectal differences
 3. Speech and language skills of all students should reflect the nature of professional clinical relationships
- d. The student must communicate effectively across a variety of professional contexts (including clinical interviews and examinations, written reports, consultation with professional colleagues, professional presentations) at a level consistent with professional practice. This includes, but is not limited to:
1. Respond to clinical feedback in either verbal or written form within the prescribed/requested time frame
 2. Demonstrate (attempts at) implementation of feedback
 3. Demonstrate ability to receive, respond, value, organize, and internalize information to complete curricular and clinical requirements.
 4. Self-evaluate, identify, and communicate limits of one's own knowledge and skill and identify and utilize resources in order to increase knowledge
- e. The student must accurately, safely, and efficiently manipulate and utilize, record, and document feedback from materials/equipment used for assessment and treatment of clients
- f. The student must adequately posture oneself and the client to conduct effective clinical services.
- g. The student must be able to maintain necessary physical activity level in required classroom and clinical interactions that is consistent with professional standards of conduct in employment, including but not limited to participating fully in a client evaluation or treatment sessions lasting a minimum of 60 minutes.
- h. The student must be properly immunized for the protection of clients and in compliance with current health standards and comply with universal precautions.
- i. The student must demonstrate the ability to abide by professional standards of conduct, as defined by ASHA and AAA, across clinical assignments and challenging contexts, including periods of stress and emergency situations. This includes, but is not limited to:
1. Inform academic/clinical personnel of needs if/when health, personal life experiences, or other events impact clinical or academic performance, whether temporary or ongoing
 2. Adapt to changing and demanding classroom, laboratory and clinical environments.
- j. The student must exercise sound judgment for decision-making. This includes, but is not limited to:
1. Utilize written and verbal information sufficiently to comprehend, retain, integrate, synthesize, infer, evaluate, and apply written and verbal information sufficient so to meet curricular and clinical demands
 2. Demonstrate knowledge, comprehension, application, analysis, synthesis, and evaluation to meet curricular and clinical demands
 3. Document/report resources for clinical decision-making

4. Demonstrate self-reflection regarding variables contributing to decision-making
- k. Prompt completion of all responsibilities attendant to the diagnosis, treatment, and care of clients is required; abide by posted due dates; request adjustments in writing establish adjustments in advance with your clinical supervisor prior to due date.
 - l. The student must demonstrate appropriate conduct in an ethical, professional, and legal manner and abide by the Code of Ethics as stated by the American Speech-Language-Hearing Association and the American Academy of Audiology. Student must meet department and university expectations, as defined in the Graduate Handbook, Vol. I and II, for academic and clinical performance and integrity.
 - m. The student must show respect for individuals with disabilities and for persons who vary across age, ethnic background, race, religion and/or sexual orientation.

APPENDIX K
Acknowledgement of Technical Standards

PLEASE SIGN THE STATEMENT BELOW:

I CERTIFY that I have read and understand the Technical Standards of The Ohio State University Department of Speech and Hearing Science and that I believe to the best of my knowledge that I meet each of these standards either without or with accommodation. I UNDERSTAND that to request accommodations I must contact the OSU Office for Disability Services to determine what accommodations are available. I UNDERSTAND that if I am unable or become unable to meet these standards with or without accommodation, I cannot enroll or remain enrolled in the Department of Speech and Hearing Science degree programs.

Signature of Applicant

Date

Printed Name

Technical Standards: Procedures for Enforcement

1. Failure to meet Technical Standards may be documented by the following sources: faculty, supervisors, staff, fellow students, or clientele.
 - a) This may be based upon information such as, but not limited to, supervisor evaluations, grades, written incident reports that document date/time/place, written statements of individuals, or written witness accounts regarding the concern.
 - b) The information required will be decided on a case-by-case basis.
2. Graduate Studies Chairperson will be notified regarding the failure to meet essential functions. The Chairperson will meet with the reporting personnel within a timely fashion. Should the faculty representative and reporting personnel agree that a plan of action is appropriate, the plan will be developed. Should the student's failure to meet Technical Standards be deemed significantly egregious, faculty/staff will initiate procedures for the student to exit the SHS program.
3. A communication (e.g., memo, email, verbal) with the student will be provided from the appropriate faculty/staff member regarding the failure to meet Technical Standards. A subsequent conference to discuss the degree of the concern and the appropriate action will be held within a reasonable time frame with the student. Attendees at this meeting may include the Department Chairperson, Graduate Studies Chairperson, and the student's academic advisor and clinical advisor.
 - a) As a result of the above conference, a plan of action will be developed by the student, with input from the attending faculty/staff.
 - b) The plan will be signed by the student and their academic advisor, indicating that the student agrees to the plan. Copies of the developed plan of action will be placed in the student's academic and clinic file, and, if involving accommodation decisions, submitted to the ADA coordinator's office. The student will be responsible for identifying resources that assist in completing this plan as well as provide documentation that he/she has initiated steps toward the success of this plan (within one week of composing the written plan). If the student does not comply or meet with success, he/she will be denied further enrollment in the program.
 - c) If the student disagrees with the plan of action, the student may file an appeal to Graduate Studies Chairperson. In cases involving a student with a disability, input from the Office of Disability Services and/or the ADA coordinator's office will be sought.
4. A follow up conference will be scheduled to determine adequacy of progress and subsequent course of action within a defined time frame, according to individual needs.
5. If the plan has been successful, it will be considered achieved; written documentation will be filed in the student's academic and clinic file.
6. If, after the plan is in effect, the student is non-compliant with the plan or is unable to complete the plan, the student will be denied further enrollment in the Department of Speech and Hearing Science degree programs.

(Revised 8/1/2015)

APPENDIX L

Accommodation Request

Date: _____

Name: _____

Clinical Advisor: _____

I have obtained documentation from the Office of Disability Services for a recognized need for accommodations. A copy of the ODS letter is attached.

I am requesting the following accommodations to facilitate my success in the OSU SHS clinical program, please be specific (paperwork, daily schedule, etc):

____ The above request has been approved by the OSU SHS clinical personnel

____ I understand that these requested accommodations are to be discussed with each supervisor at the beginning of each rotation/semester. The accommodations must be approved by the supervisors to determine appropriateness to that site and to the profession.

Clinician Signature: _____

____ I approve of the above accommodations (adjustments may be added by the supervisor and initialed).

Supervisor Name: _____ Signature: _____



Department of Speech and Hearing Science

College of Social and Behavioral Sciences
110 Pressey Hall
1070 Carmack Rd
Columbus, OH 43210-1002

Phone (614) 292-8207
Fax (614) 292-7504

APPENDIX M

Optional Certification Plan for AuD students

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

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

_____ I do NOT plan on pursuing the Certificate of Clinical Competence (CCC) in Audiology from the American Speech-Language-Hearing Association (ASHA) during my enrollment in the AuD program

Name

Date

APPENDIX N



THE OHIO STATE UNIVERSITY
Speech-Language-Hearing Clinic

141 Pressey Hall
 1070 Carmack Rd.
 Columbus, OH 43210

Phone 614-292-6251

Student Name: _____ Date: _____
 Clinic Advisor: _____ Academic Advisor: _____
 Clinical Supervisor: _____

Formative assessment of SHS 6844/7844 enrollment: _____ Annual Review _____ Term Review

- **Technical Standards** have been met consistently each term: **yes / no**
- **General expectations of SLP students as they progress through SHS 6844/7844 rotations:**

Minimum expected total score on CF-66, CF-67

Your current status:

Completion of first term enrollment (Autumn 1)	Satisfactory	_____
Midterm completion of second term (Mid-Spring 1)	2.6-2.9	_____
Completion of second term (Final Spring 1)	3.0-3.4	_____
Completion of third term (Summer Session 1)	3.5-4.0	_____
Completion of subsequent terms of enrollment	3.5-4.0	_____

- As a reminder: A maximum of 75 hours may be accrued at the Beginning level. Clinical hours earned at the "B" level beyond 75 hours will not be counted toward the required 400 clinical hours.

- ___ 1. Congratulations! You are excelling through SHS 6844/7844 enrollment!
 ___ Complete your professional plan (CF-118) to continue developing clinical competencies
- ___ 2. Congratulations! You are progressing well through SHS 6844/7844 enrollment!
 ___ Complete your professional plan (CF-118) to develop specific clinical competencies
- ___ 3. You are progressing at a slowed pace through SHS 6844/7844 enrollment.
- Ratings are progressing incrementally toward higher levels
 - An overall rating less than 3.0
 - A rating between 2.6-2.9 in one or more skills outcomes areas
 - An unsatisfactory grade was received in at least one rotation, even if not resulting in an overall averaged 6844/7844 unsatisfactory grade
- ___ Complete your professional plan (CF-118) to develop specific clinical competencies
- ___ You will be placed with additional supervisors in your next clinical assignment for supplemental input
- ___ You are placed on **clinical probation** for next term. You must demonstrate improvement that documents successful forward progress over the course of the next term
- The expectation is a minimum rating of 3.0 across all skills outcomes
 - Develop the plan of action to foster acquisition of the identified skills outcomes

4. You are demonstrating a pattern of unsuccessful forward progress through SHS 6844/7844 enrollment. You have received one or more of the following bullet points, which results in unsatisfactory clinical competence, and subsequently, a “U” grade in SHS 6/7844.

- An overall rating less than 3.0 in *more than one term* -or- in a *repeated population*
- A rating between 2.6-2.9 in one or more skills outcomes areas in *more than one term* -or- in a *repeated population*
- One or more specific skills outcomes areas resulted in a grade less than 2.6 in *more than one term* -or- in a *repeated population*
- Your accumulation of “Beginning” hours vs. “Intermediate/Advanced” hours on the CF-05 does not show forward progress
- An unsatisfactory grade was received in one or more rotations in *more than one term* -or- in a *repeated population*

As a result of the above notation(s):

___ You are placed on **academic probation** for next term. You must demonstrate improvement that documents successful forward progress over the course of the next term

- The expectation is a minimum rating of 3.0 across all skills outcomes

___ You need to initiate a meeting to discuss your performance with your clinic advisor and academic advisor. Develop the plan of action (extended CF-118) to foster acquisition of the identified skills outcomes and/or discuss alternative programs to pursue within the graduate school.

___ The SHS Speech-Language Committee will be notified regarding lack of forward progress

___ The SHS Grad Studies Committee and the Graduate School will be notified regarding a non-pass grade and lack of forward progress

___ You are dismissed from the SHS MA SLP Clinical Program

Graduate Handbook, Volume II:

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 (a grade of ≥ 2.6 and/or “S/U” grade) for specific skills outcomes, the advancement in and/or completion of the professional program can be denied until the identified skill outcomes is/are satisfactorily demonstrated. 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 instructor of the course with input from the student, clinical advisor and academic advisor. It should be noted a pattern of demonstrating unsuccessful progress in the acquisition of knowledge and/or clinical skills outcomes may lead to denying further enrollment in SHS 6843/7843/6844/7844 (professional) program.

Cc: Student: yes / no

Clinical Advisor: yes / no

Academic Advisor: yes / no

Graduate Studies Chairperson: yes / no

Student Signature

APPENDIX P



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Code of Ethics

Reference this material as: American Speech-Language-Hearing Association. (2010r). *Code of Ethics* [Ethics]. Available from www.asha.org/policy.

Index terms: ethics doi:10.1044/policy.ET2010-00309

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

- A. Individuals shall provide all services competently.
- B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

- F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.
- G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.
- H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.
- I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.
- K. Individuals shall not provide clinical services solely by correspondence.
- L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.
- M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.
- N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.
- O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.
- P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.
- Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

- A. [Deleted effective June 1, 2014] ~~Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.~~
- B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.
- C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.
- D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.
- E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated.

**Principle of Ethics
III**

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.
- B. Individuals shall not participate in professional activities that constitute a conflict of interest.
- C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.
- D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.
- E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.
- F. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- G. Individuals' statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations.

Principle of Ethics IV

Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines.

Rules of Ethics

- A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.
- B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.
- C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.
- D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.
- E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.
- G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.
- I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.
- K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
- L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.
- N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.

APPENDIX Q

Ohio Speech-Language-Hearing Association (OSLHA) Code of Ethics

PREAMBLE

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations in the professions of speech-language pathology and audiology. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose

Every individual who is a) a member of the Ohio Speech-Language-Hearing Association, whether certified or not, b) a nonmember holding the Certificate of Clinical Competence from ASHA, c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification, shall abide by this Code of Ethics.

Any action that violates the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to responsibility to persons served, to the public, and to the professions of speech-language pathology and audiology.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally.

Rules of Ethics

A. Individuals shall provide all services competently.

B. Individuals shall use every resource, including referral when appropriate, to ensure that high quality service is provided.

C. Individuals shall not discriminate in the delivery of professional services on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

D. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.

E. Individuals shall evaluate the effectiveness of services rendered and of products dispensed and shall provide services or dispensed products only when benefit can reasonably be expected.

F. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication; however, they may make a reasonable statement of prognosis.

G. Individuals shall not evaluate or treat speech, language, or hearing disorders solely by correspondence.

H. Individuals shall maintain adequate records of professional services rendered and products dispensed and shall allow access to these records when appropriately authorized.

I. Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community.

J. Individuals shall not charge for services not rendered, nor shall they misrepresent, in any fashion, services rendered or products dispensed.

K. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

L. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.

Rules of Ethics

A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.

B. Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.

C. Individuals shall continue their professional development throughout their careers.

D. Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process only when a certificate holder provides appropriate supervision.

E. Individuals shall prohibit any of their professional staff from providing services that exceed the staff member's competence, considering the staff member's level of education, training, and experience.

F. Individuals shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions.

Rules of Ethics

A. Individuals shall not misrepresent their credentials, competence, education, training, or experience.

1. For purposes of this code of Ethics, misrepresentation includes any untrue statements or statements that are likely to mislead. Misrepresentation also includes the failure to state any information that is material and that ought, in fairness, to be considered.

http://ohioslha.org/a_codeOfEthics.htm

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APPENDIX R

American Academy of Audiology (AAA) Code of Ethics

Highlighted Changes Effective April 2011

Preamble

The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists' responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members (all categories of members, including Student Members) of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules.

PART I. Statement of Principles and Rules

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services.

Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.

Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not give or accept benefits or items of value for receiving or making referrals.

Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.

Rule 4b: Individuals shall not charge for services not rendered.

Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research (current edition, 2009) by the U.S. Office of Research Integrity.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided or research being conducted.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.

Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.

Rule 5d: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5e: Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal, and professional standards and requirements.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements or publication.

Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.

Rule 6b: Individuals' public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7: Members shall honor their responsibilities to the public and to professional colleagues.

Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.

Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research they have conducted.

PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.

Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.

Rule 8c: Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.

Rule 8d: Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

PART II. PROCEDURES FOR THE MANAGEMENT OF ALLEGED VIOLATIONS

INTRODUCTION

Members of the American Academy of Audiology are obligated to uphold the Code of Ethics of the Academy in their personal conduct and in the performance of their professional duties. To this end it is the responsibility of each Academy member to inform the Ethical Practices Committee of possible Ethics Code violations. The processing of alleged violations of the Code of Ethics will follow the procedures specified below in an expeditious manner to ensure that violations of ethical conduct by members of the Academy are halted in the shortest time possible.

PROCEDURES

1. Suspected violations of the Code of Ethics shall be reported in letter format giving documentation sufficient to support the alleged violation. Letters must be addressed to:

Chair, Ethical Practices Committee
c/o Executive Director
American Academy of Audiology
11480 Commerce Park Dr., Suite 220
Reston, VA 20191

2. Following receipt of a report of a suspected violation, at the discretion of the Chair, the Ethical Practices Committee will request a signed Waiver of Confidentiality from the complainant indicating that the complainant will allow the Ethical Practices Committee to disclose his/her name should this become necessary during investigation of the allegation.

a. The Ethical Practices Committee may, under special circumstances, act in the absence of a signed Waiver of Confidentiality. For example, in cases where the Ethical Practices Committee has received information from a state licensure or registration board of a member having his or her license or registration suspended or revoked, then the Ethical Practices Committee will proceed without a complainant.

b. The Chair may communicate with other individuals, agencies, and/or programs for additional information as may be required for review at any time during the deliberation.

3. The Ethical Practices Committee will convene to review the merit of the alleged violation as it relates to the Code of Ethics

a. The Ethical Practices Committee shall meet to discuss the case, either in person, by electronic means or by teleconference. The meeting will occur within 60 days of receipt of the waiver of confidentiality, or of notification by the complainant of refusal to sign the waiver. In cases where another form of notification brings the complaint to the attention of the Ethical Practices Committee, the Committee will convene within 60 days of notification.

b. If the alleged violation has a high probability of being legally actionable, the case may be referred to the appropriate agency. The Ethical Practices Committee may postpone member notification and further deliberation until the legal process has been completed.

4. If there is sufficient evidence that indicates a violation of the Code of Ethics has occurred, upon majority vote, the member will be forwarded a Notification of Potential Ethics Concern.

a. The circumstances of the alleged violation will be described.

b. The member will be informed of the specific Code of Ethics rule that may conflict with member behavior.

c. Supporting Academy documents that may serve to further educate the member about the ethical implications will be included, as appropriate.

d. The member will be asked to respond fully to the allegation and submit all supporting evidence within 30 calendar days.

5. The Ethical Practices Committee will meet either in person or by teleconference:

a. within 60 calendar days of receiving a response from the member to the Notification of Potential Ethics Concern to review the response and all information pertaining to the alleged violation, or

b. within sixty (60) calendar days of notification to member if no response is received from the member to review the information received from the complainant.

6. If the Ethical Practices Committee determines that the evidence supports the allegation of an ethical violation, then the member will be provided written notice containing the following information:

a. The right to a hearing in person or by teleconference before the Ethical Practices Committee;

b. The date, time and place of the hearing;

c. The ethical violation being charged and the potential sanction

d. The right to present a defense to the charges.

At this time the member should provide any additional relevant information. As this is the final opportunity for a member to provide new information, the member should carefully prepare all documentation.

7. Potential Rulings.

a. When the Ethical Practices Committee determines there is insufficient evidence of an ethical violation, the parties to the complaint will be notified that the case will be closed.

- b. If the evidence supports the allegation of a Code violation, the rules(s) of the Code violated will be cited and sanction(s) will be specified.
8. The Committee shall sanction members based on the severity of the violation and history of prior ethical violations. A simple majority of voting members is required to institute a sanction unless otherwise noted. Sanctions may include one or more of the following:
 - a. Educative Letter. This sanction alone is appropriate when:
 1. The ethics violation appears to have been inadvertent.
 2. The member's response to Notification of Potential Ethics Concern indicates a new awareness of the problem and the member resolves to refrain from future ethical violations.
 - b. Cease and Desist Order. The member signs a consent agreement to immediately halt the practice(s) which were found to be in violation of the Code of Ethics.
 - c. Reprimand. The member will be formally reprimanded for the violation of the Code of Ethics.
 - d. Mandatory continuing education.
 1. The EPC will determine the type of education needed to reduce chances of recurrence of violations.
 2. The member will be responsible for submitting documentation of continuing education within the period of time designated by the Ethical Practices Committee.
 3. All costs associated with compliance will be borne by the member.
 - e. Probation or Suspension. The member signs a consent agreement in acknowledgement of the Ethical Practices Committee decision and is allowed to retain membership benefits during a defined probationary period.
 1. The duration of probation and the terms for avoiding suspension will be determined by the Ethical Practices Committee.
 2. Failure of the member to meet the terms for probation will result in the suspension of membership.
 - f. Suspension of Membership.
 1. The duration of suspension will be determined by the Ethical Practices Committee.
 2. The member may not receive membership benefits during the period of suspension.
 3. Members suspended are not entitled to a refund of dues or fees.
 - g. Revocation of Membership. Revocation of membership is considered the maximum punishment for a violation of the Code of Ethics.
 1. Revocation requires a two-thirds majority of the voting members of the EPC.
 2. Individuals whose memberships are revoked are not entitled to a refund of dues or fees.
 3. One year following the date of membership revocation the individual may reapply for, but is not guaranteed, membership through normal channels and must meet the membership qualifications in effect at the time of application.
9. The member may appeal the Final Finding and Decision of the Ethical Practices Committee to the Academy Board of Directors. The route of Appeal is by letter format through the Ethical Practices Committee to the Board of Directors of the Academy. Requests for Appeal must:
 - a. be received by the Chair, Ethical Practices Committee, within 30 days of the Ethical Practices Committee's notification of the Final Finding and Decision,
 - b. state the basis for the appeal, and the reason(s) that the Final Finding and Decision of the Ethical Practices Committee should be changed,
 - c. not offer new documentation.

The EPC chair will communicate with the Executive Director of the Association to schedule the appeal at the earliest feasible Board of Directors meeting.

The Board of Directors will review the documents and written summaries, and deliberate the case.

The decision of the Board of Directors regarding the member's appeal shall be final.

10. In order to educate the membership, upon majority vote the Ethical Practices Committee, the circumstances and nature of cases shall be presented in *Audiology Today* and in the Professional Resource area of the Academy website. The member's

identity will not be made public.

11. No Ethical Practices Committee member shall give access to records, act or speak independently, or on behalf of the Ethical Practices Committee, without the expressed permission of the members then active. No member may impose the sanction of the Ethical Practices Committee, or to interpret the findings of the EPC in any manner which may place members of the Ethical Practices Committee or Board of Directors, collectively or singly, at financial, professional, or personal risk.

12. The Ethical Practices Committee Chair shall maintain a Book of Precedents that shall form the basis for future findings of the Committee.

CONFIDENTIALITY AND RECORDS

Confidentiality shall be maintained in all Ethical Practices Committee discussion, correspondence, communication, deliberation, and records pertaining to members reviewed by the Ethical Practices Committee.

1. Complaints and suspected violations are assigned a case number.
 2. Identity of members involved in complaints and suspected violations and access to EPC files is restricted to the following:
 - a. EPC Chair
 - b. EPC member designated by EPC Chair when the chair recuses him or herself from a case.
 - c. Executive Director
 - d. Agent/s of the Executive Director
 - e. Other/s, following majority vote of EPC
 3. Original records shall be maintained at the Central Records Repository at the Academy office in a locked cabinet.
 - a. One copy will be sent to the Ethical Practices Committee chair or member designated by the Chair.
 - b. Copies will be sent to members.
 4. Communications shall be sent to the members involved in complaints by the Academy office via certified or registered mail, after review by Legal Counsel.
 5. When a case is closed,
 - a. The chair will forward all documentation to the Academy Central Records Repository.
 - b. Members shall destroy all material pertaining to the case.
 6. Complete records generally shall be maintained at the Academy Central Records Repository for a period of five years.
 - a. Records will be destroyed five years after a member receives a sanction less than suspension, or five years after the end of a suspension, or after membership is reinstated.
 - b. Records of membership revocations for persons who have not returned to membership status will be maintained indefinitely.
- See more at: <http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx#sthash.32aXZJkt.dpuf>

APPENDIX S

Ohio Administrative Code

Board of Speech Language Pathology and Audiology

Chapter 4753-9 Code of Ethics

4753-9-01 Code of Ethics.

- (A) Preamble: Licensees shall hold tantamount the health and welfare of person(s) served.
- (1) Licensees shall respect and protect the inherent worth, integrity, dignity and rights of each person served including his/her right of self determination.
- (2) The relationship between the professional and the person(s) served or supervised makes it imperative that the professional is aware of the vulnerability of the person(s) served or supervised, licensees shall not:
- (a) Discriminate in his/her relationships with person(s) served or supervised, colleagues, students, and members of the allied professions on the basis of race, ethnicity, gender, age, religion, national origin, sexual orientation, or disability.
 - (b) Engage in sexual or intimate relations the person(s) served or supervised.
 - (c) Harass or abuse person(s) served or supervised.
 - (d) Engage in the evaluation or remediation of speech, language, or hearing disorders except in a professional relationship.
 - (e) Participate in activities that constitute a conflict of interest.
- (3) Licensees shall use reasonable precautions to protect the health and welfare of person(s) served in the delivery of professional services and in research.
- (4) Licensees shall be proficient in areas of treatment, objective in the application of skills, and maintain concern for the best interests of person(s) served or supervised, colleagues, and society as a whole.
- (5) Licensees shall practice within the established standards of practice and training recognized by the American speech-language-hearing association or the American academy of audiology.
- (6) To protect the public confidence, public behavior shall reflect a high level of moral and ethical behaviors.
- (7) When making public statements, licensees shall:
- (a) Provide information about professional services and products that do not contain misrepresentations or claims that are false, deceptive, or misleading.
 - (b) Provide accurate information about the nature and management of communicative disorders, the professions, and services rendered to persons served or supervised professionally.
 - (c) Announce services in a manner consonant with the highest professional standards in the community.

(8) Licensees shall not mislead or limit services with person(s) served or supervised based on professional or commercial affiliations.

(9) Licensees shall subscribe to these principles and the code of ethics adopted by the board and agree to abide by the rules of the board and Chapter 4753. of the Revised Code.

(10) Licensees shall report to the board any violation of the board rules or any breach of the code of ethics that he/she is aware of.

(B) Fundamental rules considered essential. Violation of the code of ethics shall be considered unprofessional conduct.

(1) Licensees shall maintain professional behavior.

(a) Licensees shall not engage in dishonesty, fraud, deceit, misrepresentation, or illegal conduct that adversely reflects on the profession or the individual.

(b) Licensees shall not practice under the influence of illegal substances, alcohol, or other chemicals that may impair decision making or quality of care.

(c) Licensees shall maintain a professional relationship with the board.

(i) Licensees shall conduct their practice according to Chapter 4753. of the Revised Code and agency-level 4753 of the Administrative Code.

(ii) Licensees shall cooperate with all lawful requests of the board within thirty calendar days.

(iii) The denial or revocation of licensure in another state, or from another board in this state, may result in denial or revocation of licensure by the board.

(d) When patients from a primary employment setting are seen in another setting, the person(s) served professionally shall be fully informed of services available from the licensee's primary employment setting as well as those from the private practice and given freedom to choose whether and from whom they will obtain professional services.

(i) The costs associated with obtaining services from the licensee's primary employment setting versus those associated with the private practice shall be made clear.

(ii) Practitioners accepting cases in a private setting from their primary place of employment shall inform the administrator at their primary employment setting of the intent.

(2) Licensees shall maintain records and keep confidentiality of person(s) served, including:

(a) Maintaining adequate records of professional services rendered.

(b) Providing appropriate access to records of person(s) served professionally.

(c) Not disclosing to unauthorized persons any confidential information obtained from any person(s) served or supervised professionally without the written consent of person(s) served or his/her legal guardian unless required by law.

(d) Being compliant with all state and federal laws and regulations relating to records keeping, records access and patient confidentiality.

(3) Licensees shall exhibit professional behavior in the delivery of services by:

- (a) Accurately represent his/her training, credentials and competence.
- (b) Provide only services for which he/she is properly trained.
- (c) Continue their professional development throughout their careers.
- (d) Accept for treatment, persons:
 - (i) Who can reasonably be expected to benefit from services and continue with treatment when there is reasonable expectation of further benefit.
 - (ii) Following the exercise of independent professional judgment, regardless of referral source or prescription.
- (e) Fully inform person(s) served of the nature and possible effects of service
- (f) Secure all reasonable precautions to avoid injury to persons in the delivery of professional services including but not limited to the following:
 - (i) Established guidelines for infection control.
 - (ii) Established procedural techniques.
 - (iii) Safety guidelines for equipment.
- (g) Provide only services and products that are in the best interest of person(s) served.
- (h) Evaluate services rendered and products dispensed to determine effectiveness.
- (i) Ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.
- (j) Not guarantee the results of any speech or hearing consultative or therapeutic procedure.
 - (i) A guarantee of any sort, express or implied, oral or written, is contrary to professional ethics.
 - (ii) A reasonable statement of prognosis is appropriate, but factors, hence, any warranty for services and outcomes is deceptive and unethical.
- (k) Use every resource available, including referrals to other specialists as needed, to effect maximum improvement in person(s) served. Licensees shall:
 - (i) Identify competent, dependable referral sources for person(s) served professionally.
 - (ii) Include referrals to other audiologists and speech-language pathologists when the scope and nature of the indicated evaluation and/or treatment is beyond the training of the licensee.
 - (iii) Not order excessive tests, treatment or use of treatment facilities when not warranted by the condition of the person(s) served.

(l) Licensees shall be compliant with all state and federal laws and regulations governing the practice of speech-language pathology and audiology and the dispensing and selling of products.

(m) Licensees shall not disparage the goods, services or business of another by false representation of fact.

(4) Licensees supervising conditional licensees, aides, and students: shall prohibit anyone under their supervision from engaging in any practice that violates Chapter 4753. of the Revised Code or agency-level 4753 of the Administrative Code including the code of ethics.

(a) Supervisors of clinical practice shall:

(i) Provide direct and indirect clinical supervision.

(ii) Maintain adequate records of direct and indirect supervision rendered.

(iii) Not supervise the clinical practice of a student or aide, while completing the supervised professional experience required for licensure under section [4753.06](#) of the Revised Code.

(b) Supervisors of supervised professional experience shall:

(i) Not delegate any service requiring the professional competence of a licensed clinician to anyone unqualified.

(ii) Limit conditional licensees to providing services pursuant only to a specific plan approved by the board.

(c) Aide supervisors shall:

(i) Ensure aides provide services pursuant only to a specific plan approved by the board.

(ii) Assume full responsibility of services provided by the aide.

(iii) Not offer clinical services by aides for whom they do not provide appropriate supervision.

(iv) Ensure aides do not represent himself/herself to the public as a speech-language pathologist or audiologist.

(v) Ensure aides abide by Chapter 4753. of the Revised Code and agency-level 4753 of the Administrative Code.

(5) Licensees performing research shall:

(a) Ensure persons selected for research be informed of their free choice to participate and guarantee their right to privacy.

(b) Inform person(s) served and research subjects about the nature and effects of research activities.

(c) Use established methods and techniques in research.

(d) Exercise all reasonable precautions to protect the health and welfare of person(s) and their rights.

(e) Assign credit to those who have contributed to a publication and development of materials in proportion to their contribution.

(f) Credit reference sources.

(g) Honestly and accurately report findings in a non-misleading manner.

(h) Enter into agreements with those funding research that allow the researcher to honestly and accurately report findings even when results of research do not positively reflect on the funding source and/or the funding source's services or products.

(i) Disclose funding sources of research resulting in publications, presentations, products, and/or clinical procedures, and/or cited in presentations.

(6) Business practices shall be compliant with regional, state and federal laws.

(a) Licensees shall:

(i) Charge fees commensurate with services rendered.

(ii) Not charge for services not rendered.

(iii) Abide by federal, state and regional laws regarding billing for services and products rendered.

(iv) Not enter into relationships, which pose or appear to pose a conflict of interest.

(a) Licensees shall not accept compensation from a manufacturer, dealer, distributor, or sales person of prosthetics or other devices for recommending a particular product or service, including but not limited to, monetary, gift or travel incentives.

(b) Licensees who are faculty at meetings and/or consultants who provide instruction may receive reasonable honoraria and reimbursement of travel, lodging and meal expenses from manufacturers, dealers distributors and sales persons of prosthetics or other devices or services.

(c) Licensees who are faculty at meetings and/or consultants who provide instruction shall disclose to participants potential conflicts of interest.

(d) Kickbacks in violation of federal and state statutes shall not be accepted.

(e) Licensees owning stock or having financial interests in a company whose products he/she sells, dispenses or recommends shall disclose to person(s) served the relationship and financial or consultative interest.

(v) Not engage in commercial activities that conflict with the responsibilities to person(s) served or supervised by him/her professionally or to professional colleagues.

(b) Licensees shall be compliant with state and federal laws and regulations regarding business practices, sales practices, including safe harbor and antitrust laws.

(7) Licensees may practice via telecommunications within the state where not prohibited by law.

(a) Support personnel in off-site locations assisting in clinical care, shall be licensed aides under Chapter 4753. of the Revised Code.

(b) Evaluation and/or treatment shall not be solely by correspondence.

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