Table of Contents

Clinical Practicum

Introduction.................................................................................................................2
About the UNT Speech and Hearing Center..............................................................2
Responsibility of Clinical Supervisors.................................................................3
Role of the Student Clinician....................................................................................4
Evaluation of the Student Clinician.................................................................5
Individualized Action Plans..................................................................................6
Suggestions for Successful Clinical Practicum Experience..............................7
Off-Campus Practicum Placement.........................................................................8
Grading for Clinic...................................................................................................9
Recording Clinical Clock Hours...........................................................................10
Knowledge and Skills Assessment (KASA).......................................................10
Attendance...........................................................................................................11
Summary Tips for Students....................................................................................11

UNT Speech and Hearing Center Clinical Procedures

Clinic Work Environment......................................................................................12
Client Confidentiality/HIPAA................................................................................13
Client Records/Documentation.............................................................................14
Working Files.........................................................................................................15
Cultural Diversity.................................................................................................16
Dress Code............................................................................................................17
Equipment and Materials....................................................................................18
Involvement of Family/Caregivers.......................................................................19
Infection Control....................................................................................................19
Observation Area/Video Recording Equipment................................................20
Safety/Emergency Procedures.............................................................................21
Quality Improvement............................................................................................21
Summary Points......................................................................................................22
Resources for Students.........................................................................................23
Introduction

The University of North Texas Department of Speech and Hearing Sciences offers undergraduate and graduate programs in audiology and speech-language pathology. Curriculum for these degrees includes required clinical practica. These practica, together with academic coursework, are designed to develop students’ professional knowledge and skills by involving them in clinical service delivery to clients, under the guidance and direction of licensed, certified professionals who serve as practicum supervisors. At the graduate level, clinical practica will enable the student to obtain the necessary supervised clinical clock hours required for certification by the American Speech-Language and Hearing Association (ASHA). Students will enroll in clinical practica during the final two semesters of undergraduate studies, and during the entire program of graduate studies. Students must satisfactorily complete the clinical practica requirements in order to complete the degree requirements.

Students complete the required clinical practica at the University of North Texas Speech and Hearing Center, as well as through assignments to approved off-campus practicum sites. The Director of the Speech and Hearing Center will coordinate assignments to clinical practica. Students will be given the opportunity to request specific practicum experiences consistent with their professional interests; however assignments may differ from requests due to availability of a practicum setting and/or the student’s readiness for the setting.

The purpose of this handbook is to orient the student to the clinical practicum experience and to provide the student with an understanding of the requirements for the clinical practicum. Students will find that the information contained within the handbook provides important information about the University of North Texas Speech and Hearing Center, as well as information about off-campus practicum placements.

About the UNT Speech and Hearing Center

The mission of the UNT Speech and Hearing Center is to serve individuals with speech, language, hearing, and related disorders by providing excellent diagnostic and treatment services, and to provide excellence in clinical education for students in the Department of Speech and Hearing Sciences. The Center operates as a state-of-the-art speech and hearing center, providing speech-language pathology and audiology services to adults and children. All services are provided under the direction of licensed, certified audiologists and speech-language pathologists who are accountable for the outcomes of assessment and treatment and the satisfaction of the client. These speech-language pathologists andaudiologists also assume the role of clinical supervisors for the student clinicians enrolled in practicum. Practicum students work directly with clinical supervisors in service delivery to clients. Thus, the UNT Speech and Hearing Center fulfills a dual mission; providing excellent service delivery to clients and excellent clinical education to students.

The UNT Speech and Hearing Center provides many services to clients, including:

- Full audiological assessment
- Hearing aid evaluations
- Dispensing of hearing aids
- Musician’s ear plugs
- Specialized audiological assessments including ABR and ENG/VNG
- Educational audiology services
- Aural rehabilitation
- Speech and language assessments
- Treatment of speech, language, voice and fluency disorders
- Preschool language therapy program
- Treatment for language-learning disorders
- Program for adult neurogenic disorders including stroke and TBI
- Specialized voice evaluation including video endoscopy
- Augmentative/alternative communication services.

Students are assigned to different clinical practicum experiences within the Center, providing varied experiences to develop professional knowledge and skills across the scope of practice of the profession.

*Clients come to the UNT Speech and Hearing Center to receive excellent clinical services for speech/language/hearing and related disorders. They are seeking the help of professionals who are not only committed to helping them, but are committed to educating students as well.*

**Responsibility of Clinical Supervisors**

The clinical supervisors of the Center are professionals committed to providing excellent clinical service delivery to clients of the Center and excellent clinical instruction to students within the Department of Speech and Hearing Sciences. Clinical supervisors help students develop clinical competence by encouraging the application of academic theory and knowledge within the clinical setting, guiding and instructing the student in clinical methods, and assisting the student in understanding clinical operations and decision-making. Clinical supervision within the Center adheres to the guidelines provided by ASHA. Supervisors assume roles and responsibilities outlined by ASHA, strive to develop skills and competencies recommended for supervisors by ASHA, and follow the ASHA ethical guidelines for clinical supervision of students. In accordance with ASHA guidelines, supervisors provide direct supervision during at least 50% of diagnostic sessions provided by student clinicians and during at least 25% of therapy intervention provided by student clinicians. For students in the early phases of practicum, supervision often well exceeds these minimum requirements.

Clinical supervisors within the Center utilize an apprenticeship model of supervision. This supervisory model involves ongoing collaboration between the supervisor and the student in training, so that excellent service delivery is provided to the client and the student has the opportunity to develop their clinical skills in a supportive environment rich with instruction and modeling. The goal of the apprenticeship model is to develop self-discovery and self-evaluation skills of the student. The following are key features of the apprenticeship model of clinical supervision:
- The student and supervisor work together to provide excellent clinical services to clients.
- The supervisor serves as an instructor and guide, providing modeling, direction, and consistent feedback to the student.
- The student assumes responsibility and personal accountability for learning.
- Sound communication between the student and supervisor is essential for learning.
- The role of the supervisor is to teach specific clinical skills as well as to develop the student’s ability to make appropriate clinical decisions.
- The supervisor provides various amounts of support to the student in the form of explanation, direction, modeling, questioning, and feedback to the student.
- The amount of support provided to the student by the supervisor varies depending on the complexity of the situation, the student’s familiarity and experience with the information, and unique circumstances of the clinical situation.
- Maximal support is usually provided to students in the initial phase of practicum, with the expectation that the student will gain independence through instruction and experience; however, supervisors and students will find that various situations may influence the amount of support required.
- Evaluation of the student clinician is based on the amount of support required with the expectation that the student gain independence as the practicum experience progresses.
- Students work to become independently capable of providing excellent clinical service delivery, utilizing the knowledge and experience of supervisors to help them develop and refine their clinical skills.

**The outcome of the apprenticeship model of supervision is excellent service delivery to clients and continued growth and independence in clinical knowledge and skills of the student.**

**The Role of the Student Clinician**

Students enrolled in clinical practicum are expected to embrace the desire to provide excellent services to clients and assume personal responsibility for learning. Students must respect the responsibility of the supervisor to hold paramount the needs of the client while providing opportunity and support to the student during acquisition of clinical knowledge and skills. This requires students to understand that the supervisor must make decisions regarding how much independence to allow the student based on the student’s readiness to provide excellent clinical services. Therefore, students who demonstrate a clear understanding of the clinical situation, the ability to apply the necessary knowledge and skills, and ongoing self-evaluation and refinement of methods will have the most independence in the practicum experience. Students who are unable to assess the clinical situation, do not demonstrate necessary knowledge and skills, and are unable to independently evaluate, refine and improve their methods will receive the greatest input and guidance from the clinical supervisors. Ultimately the goal of the clinical practicum is for students to be able to provide quality clinical services with minimal guidance and direction from supervisors, consistent with expectations for entry level professionals.
Research/Evidence-Based Practice

The Department of Speech and Hearing Sciences and the UNT Speech and Hearing Center is committed to expanding scholarly knowledge of the professions, and using that knowledge in the evaluation and treatment of communication disorders. Research and clinical practice are interdependent. Evidence-based practice is the use of current best evidence (obtained through research and scholarly study), clinical expertise (obtained through experience in assessment and treatment of communication disorders) and client/patient values (ASHA, 2005). Evidence-based practice is the cornerstone of all service delivery at the UNT Speech and Hearing Center. As a result, students’ clinical experiences should include:

- Application/integration of research evidence presented in coursework
- Opportunity to use evidence as a guide in clinical decision-making
- Opportunity to present research to clients/family members to help them make informed decisions about care
- Opportunity to identify potential research questions

Students participating in clinical practicum are encouraged to take advantage of opportunities for research/scholarly work related to clinical practice. Examples of these may include:

- Writing up a case study for a professional presentation/publication
- Studying the outcome or effectiveness of a clinical intervention
- Implementing clinical protocols based on emerging research
- Evaluating economic/sociological factors related to clinical service delivery, such as cost-benefit ratios for interventions, or patient satisfaction

Competency Based Evaluation

Students’ performance in clinical practicum is evaluated through a competency based assessment process. For each semester of clinical practicum, specific competency levels are designated. These competencies are provided to students at the beginning of each semester. The competencies outline specific clinical skills that students must achieve with designated levels of supervisory assistance. Competencies are sequenced so that the skills advance in complexity and degree of independence required by the student as the student progresses through the program. For example, competencies for students just beginning clinical practicum typically include beginning clinical skills and allow the student to receive significant guidance and direction from the supervisor. Competencies for students who have completed some clinical practicum will include more advanced skills and will require the student to function more independently.

In order for a student to successfully complete clinical practicum (receive a grade of “Pass” for speech-language pathology students or a “C” for Au.D. students) a student must achieve a minimum of 70% of the competency requirements for the clinical level. Students will receive the competency requirements at the beginning of each semester. It is important that students review these requirements and work collaboratively with the clinical supervisor to develop the skills. By the end of the semester, students must be demonstrating a skill in a stable,
consistent manner (the student can complete the skill *most* of the time, except in atypical or difficult situations). Being able to do a skill one time does not indicate competency.

Throughout the semester, the clinical supervisor will give the student ongoing feedback about clinical competency through weekly meetings, written feedback, and feedback of reports/clinical documentation. Supervisors will schedule mid-term meetings with each student and identify any competencies the student should focus on and give specific feedback about overall progress in obtaining competencies. Students who receive a rating of “unsatisfactory progress” should work with the supervisor to identify specific learning needs to meet competency expectations.

*Success in clinical practicum is achieved by acquiring specific clinical competencies in the instructional clinic and by demonstrating application of knowledge and skills during actual service delivery to clients.*

**Individualized Action Plans**

Clinical service delivery can be challenging, even for experienced clinicians. For students working to acquire professional knowledge, understand the complexities of clinical service delivery, and develop beginning clinical skills, it can sometimes be overwhelming. To support students and encourage success in the clinical practicum, supervisors will often formulate additional instructional activities for students. These activities are designed to provide the student with a better knowledge base, more direct instruction or modeling, more detailed explanation, or just more opportunity to practice a skill for refinement. Examples of instructional activities include:

- Reading assignments from textbooks or journal articles
- More frequent individualized meetings with the clinical supervisor
- Direct explanation or demonstration of a skill or activity
- A specific assignment by the supervisor for the student to practice a skill
- A skill check-off by the clinical supervisor.

It is important that when supervisors suggest or assign instructional activities, students take responsibility for completing the work. It is also important that students and supervisors communicate clearly about the exact expectation for the student. For example, if the supervisor says “I would like you to practice giving this test” the student will probably understand that the supervisor means go through the test and practice administration as if you were giving it. If however, the supervisor says “You need to look over the test before tomorrow”, what exactly is the student expected to do? In this case, the student may want to verify exactly what the supervisor would like the student to be prepared to do. Students should also be open and honest about time constraints they may have as supervisors may be able to assist them in prioritizing the many demands of clinical work.

*Supervisors often get frustrated when remedial work is assigned and the student does not complete the assignment. This is often interpreted by the supervisor as lack of interest or desire to learn by the student.*
Suggestions to Students for a Successful Clinical Practicum Experience

It’s not what you know, it’s what you learn!

Supervisors don’t expect students to know everything; in fact they generally understand that students may know very little initially. Supervisors do expect to see students learn. Students can facilitate the learning process by following these suggestions.

**Be prepared** – take the time to review the clients records and plan what you will do in a clinical session. Prepare equipment and materials in advance of the session. Only seasoned clinicians with considerable experience are successful “winging it”.

**Ask specific questions** – analyze what you are not clear about and formulate specific questions for the supervisor. Telling the supervisor “I don’t know what to do” or “I’m lost” will prompt them to begin questioning you, which can sometimes feel like interrogation.

**Self-evaluate** – develop the habit of assessing what went well and what did not. This will help you identify where you need to focus your learning and what assistance you need from the supervisor.

**Seek guidance when needed** – make certain your supervisor is aware of things you are unsure about. Don’t pretend to know something or try to cover-up uncertainties. Explain to the supervisor what you think you should do and then listen for confirmation or additional suggestions.

**Be sure you know exactly what is expected** – if you are uncertain what the supervisor wants you to do, ask for clarification or further explanation. If you are still unclear, ask for reading material or demonstration.

**Be open to feedback** – your supervisor needs to tell you honestly what went well and not so well. Getting defensive or overly emotional can make this difficult and create a communication barrier that prevents optimal learning.

**Take initiative and responsibility** - show interest, curiosity, and a desire to learn. Seek out extra learning opportunities. Be willing to do what it takes to learn.

**Show respect** – demonstrate care and concern for the client and recognition of the efforts of the supervisor. Recognize that the supervisor must maintain a difficult balance of providing excellent care to the client and optimal learning for the student.

**Set realistic expectations** – don’t expect perfection from yourself. If you make a mistake, learn from it and move on.

**Be accountable** – to your self, and to your client. Take responsibility for being prompt, well prepared, and ready to work in the best interest of the client.

**Be flexible** – be willing to do whatever it takes to serve the client, to learn, and to be the best you can be.
**Off-campus Practicum Placement**

Students will be placed in off-campus practicum assignments as part of their overall clinical practicum experience. These off-campus assignments generally occur in the fourth and fifth semester of the graduate program for speech-language pathology (SLP) students, and in the second and third year of the Au.D. program. The fifth semester of the SLP program and the forth year of the Au.D. program are composed of intensive off-campus externship experiences. The students will be placed in off-campus practicum experiences that prepare them for entry-level practice in the professions.

All off-campus practica are arranged by the Director of the UNT Speech and Hearing Center, or by Clinical Supervisors of the Center. Professionals working in the off-campus practicum sites serve as clinical supervisors for the students placed at the site. Off-campus supervisors are provided evaluation criteria by UNT to assess the student’s performance in the off-campus practicum. Communication between the off-campus supervisor and UNT faculty is maintained to assure that supervision is consistent with UNT practices.

Off-campus practicum provides the student with opportunities to experience clinical service delivery models and client populations that often differ from those present in the UNT Speech and Hearing Center. For example, students may be placed in hospital settings, schools, physician offices, or birth to three programs. Off-campus practicum serves as a means of developing students’ clinical skills across the broad scope of practice of the professions of speech-language pathology and audiology, thereby preparing the student for professional practice.

Off-campus practicum provides new challenges and learning opportunities for the student. Students may observe differences between practicum experiences at the UNT Speech and Hearing Center and the off-campus setting. These differences may include:

- A faster pace of work with less time for supervisory meetings and consultation
- Different methods of service delivery such as more group treatments, streamlined assessment protocols, or more indirect service delivery
- Multidisciplinary service delivery models that require extensive coordination with other professionals such as teachers, physicians, physical therapists, occupational therapists and others involved in treatment of the client
- Different methods of documentation such as Individualized Education Plans (IEPs), Integrated Family Service Plans (IFSPs), or Medicare documentation, or computerized formats
- Workload management practices such as utilizing assistants, prioritizing tasks, and managing productivity
- Working within the guidelines of eligibility criteria or reimbursement demands

Because these factors require additional learning by the student, it is important that the student demonstrate a readiness to apply previously learned clinical skills acquired within the UNT Speech and Hearing Center within the context of new demands offered in the off-campus practicum setting. In other words, students must show a level of proficiency in their clinical
skills during their practicum within the UNT Speech and Hearing Center that suggests they
will be successful with the new demands presented in the off-campus setting. UNT faculty
will determine a student’s readiness for placement in off-campus practicum by evaluating the
following prior to their placement:

- Understanding of theoretical components of clinical service delivery as demonstrated
  in coursework and practicum
- Basic clinical assessment skills such as obtaining a case history, determining an
  assessment plan, completing assessment activities according to standards and practice
  guidelines, interpreting results, and sharing results with clients and family members
- Basic clinical intervention skills such as determining baseline performance, writing
  measurable goals, evaluating the outcome of intervention, and modifying goals when
  indicated
- Professional communication skills as demonstrated by the ability to document clinical
  service delivery in a clear, concise, and accurate manner and the ability to discuss
  issues related to clinical service delivery in an organized and coherent manner
  appropriate to the audience.
- Professional and interpersonal skills to engage positively in the supervisory process
  under potentially stressful and demanding situations
- Ability to self-evaluate performance, seek assistance when indicated, and modify
  behavior based on feedback and experience.

Students should recognize that throughout their coursework and clinical practicum
experiences within the UNT Speech and Hearing Center faculty and supervisors will be
evaluating each student’s readiness for off-campus practicum. Students will be provided the
opportunity for remediation if their level of performance does not indicate readiness for
placement. Students will not be placed in off-campus practicum when their level of
performance in coursework or clinical assignments suggests a significant likelihood of failure
in the off-campus placement.

**Grading for Clinic**

Students will receive continued feedback about their performance in clinic through both
formal and informal feedback, skills check-off, and mid-term and final evaluations. A mid-
term evaluation will be conducted as a means of providing structured, formal feedback from
the supervisor to the student. If the supervisor feels that the student’s performance during
client service delivery is not adequate for successful completion of the practicum assignment,
the supervisor will clearly indicate this concern to the student. At that time, the student and
the supervisor will develop precise goals that must be achieved by the student during the
remainder of the practicum assignment. The supervisor will usually provide the student with
instructional assignments to support the student’s learning and facilitate achievement of the
goals. Failure of the student to complete the instructional activities or achieve the stated goals
may result in a failing grade for the practicum assignment.

Students enrolled in clinical practicum will be provided a course syllabus outlining the
objectives of the clinical practicum as well as the competency requirements for the practicum,
other course requirements, and grading practices. Students should refer to the syllabus for information regarding grading.

Students who obtain a passing grade for practicum may count the client contact hours toward the supervised clinical clock hour requirements for ASHA certification.

**Recording Clinical Clock Hours**

Practicum experiences are designed to meet requirements for certification by the American Speech-Language and Hearing Association, therefore, maintaining records and monitoring accumulation of clinical clock hours is an important responsibility of the student and the program. Students should keep a log of all client evaluations including client’s name, age, date of service, and clock hours. These should be totaled at the end of the semester and entered in the diagnostics column of the Semester Clock Hours Form. If a client is enrolled in therapy, students should use the client attendance form to record the client’s attendance each session throughout the semester. At the end of the semester, the student will calculate the total number of clock hours for a client and record it on the Semester Clock Hours Form. Students should complete two identical forms for the semester, one for the student to keep and one to turn into the SPHS department. Each supervisor will verify the student’s record of the clock hours by initialing the hours entered on the form. The total clock hours will then be tallied and verified during clinic checkout at the end of the semester. The SPHS Department will maintain a record of the student’s clock hours. A record will also be provided to the student at the end of each semester. Students are encouraged to monitor their clock hours to assure that they are obtaining the necessary clock hours for completion of ASHA required hours for certification. Students who have concerns about their clock hours should schedule an appointment with the Center director.

**Knowledge and Skills Assessment (KASA)**

The American Speech-Language and Hearing Association utilizes a competency based assessment criteria to evaluate the outcome of academic and clinical education. The Knowledge and Skills Assessment Form (KASA) is used to describe and document competencies students are expected to achieve during the educational program. Competency based evaluation requires that the students demonstrate competency in professional knowledge and skills necessary for success in entry-level professional practice. Formative (during the educational experience) and summative (at the conclusion of the educational experience) assessment of the student’s knowledge and skills is key to assuring competence. Thus, in addition to obtaining required clock hours during clinical practicum, students must also be able to demonstrate competency in required knowledge and skill areas for successful completion of the program. Students will be given copies of the KASA form during the first semester of clinic. Students should refer to the KASA form throughout the program, and work with the program advisor and clinic advisors to assure that necessary knowledge and skills are meet through coursework and clinical assignments.
Attendance

Attendance for all practicum assignments is critical. Students should recognize that absence affects not only their learning but also service delivery to the client. Absence should occur only due to illness or an emergency. In the event of illness or an emergency, the student should notify the supervisor or clinic staff, providing as much notice as possible. The student should speak directly with the supervisor and provide information about the therapy or evaluation activities the student planned for the session. If the student cannot reach the supervisor, they should leave a voice mail message including a number where the supervisor may contact them. Students should recognize that supervisors are often in the clinic and unable to check voice mail for extended periods of time. If they have concern that the supervisor may not retrieve the voice mail message prior to the client’s appointment, they should contact a staff member of the clinic and request assistance in notifying the supervisor of their absence. Supervisors may choose to assign a student a make-up assignment in the event of absence. Multiple absences during a practicum assignment for any reason will jeopardize the student’s successful completion of the practicum.

Summary Tips for Students

- Keep accurate and thorough records of evaluation and treatment clock hours. Your supervisor will need to review and verify those clock hours at the end of the semester for credit.
- Be sure to divide clock hours into the appropriate age category.
- Some clients may fit into multiple categories (i.e. a child with speech and language therapy treatment goals). Consult with your clinical supervisor about how to divide the clock hours into the appropriate category.
- Be sure you have the phone number of your supervisor at home.
- Call your supervisor ASAP in the event of illness or emergency that will require absence from an assigned client.
- If you are unable to reach your supervisor, contact the Center secretary and request assistance in notifying the supervisor of your absence.
- Remember that repeated absence for any reason may jeopardize passing the clinic assignment.
UNT Speech and Hearing Center Clinic Procedures

As student clinicians, you are a member of the clinical team providing services to clients of the UNT Speech and Hearing Center. Part of your clinical learning experience is to gain an understanding of procedures involved in service delivery to clients. Clients of the Center view students as beginning professionals and expect the same level of professionalism from students that they do from supervisors and staff of the Center. It is important that students understand and follow the procedures of the clinic and maintain professionalism at all times.

Clinic Work Environment

The first floor area of the Speech and Hearing Center is utilized for assessment and treatment of clients and operates as a professional work area. The Center employs a full-time secretary and a full-time billing clerk as well as part-time student workers to support the operations of the Center. These employees manage important aspects of clinical operations such as scheduling clients, managing documentation, billing for clinical services, and ordering clinical supplies and re-sale equipment. Because confidential health information and billing information is stored in the clinic office area, students are restricted from the area behind the reception desk. Employees of the Center are available to assist students in obtaining clinical records and supplies, scheduling clients, and completing billing for clinical services. Students should be mindful of the need to maintain a professional work atmosphere in the clinic work area at all times.

The clinic operates as a not-for-profit, fee-for-service provider. This means that most of the clients pay for services received; however, the clinic does not generate a profit for individuals providing services. Methods of reimbursement for services include:

- Private pay by the individual receiving services
- A sliding fee scale based on the financial eligibility of the client
- Third party reimbursement (insurance companies, Medicare/Medicaid)
- Scholarships for specific programs or services
- UNT students receive services at the Center free of charge

Students will have the opportunity to learn important information about billing and reimbursement during their practicum experience at the Center. Students will be responsible for completing billing information after each client contact. Billing forms known as “superbills” will be generated for each client appointment and filed behind the supervisor’s name in the billing file. Supervisors will assist students in learning the appropriate CPT (Common Procedural Terminology) code and ICD (International Classification of Disease) codes that are used to bill for services. Documentation of the client contact must support the billing codes selected. Learning to bill accurately for services is an important professional skill and essential for ethical practice. Students should seek input and assistance from the supervisor if they have questions about completing the superbill.
Client Confidentiality

Clients who receive services at the UNT Speech and Hearing Center have the right to confidentiality. The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that mandates specific requirements all health care providers must follow related to client confidentiality. The UNT Speech and Hearing Center has specific guidelines to comply with HIPAA requirements. It is important that students follow these guidelines at all times.

Notice of Health Information Practices – all clients of the Center receive this information before receiving services at the Center. The notice describes how each client’s health information (known as protected health information or PHI) may be used. The notice describes client’s rights regarding their PHI, including:

- The right to confidential services
- The requirement that release of PHI to others not directly involved in the client’s care or necessary for reimbursement be authorized by the client before release
- The right to read records related to services received and, if requested by the client, the right to amend those records if deemed appropriate
- The right to request an accounting of all releases of PHI to others

Students should adhere to the following guidelines in order to assure client confidentiality of PHI:

- Do not discuss any information about clients of the Center, including the names of clients receiving services at the Center, with anyone not involved in the care of the client (anyone other than supervisors, faculty, staff, or other professionals involved directly in the client’s care).
- Be mindful of discussion with family/caregivers in the clinic waiting area where others are present. If specific or sensitive information needs to be discussed, ask the client or family/caregivers to come back to the treatment area where privacy is possible. Do not conduct case history interviews or engage in extensive counseling in the waiting area.
- Keep all clinical records secure. Clinical files should never leave the UNT Speech and Hearing Center. Do not leave reports, clinical files, or lesson plans out in sight of others. Do not type clinical reports in computer files accessible by others. Do not leave reports on unattended computer screens.
- If client information is to be presented in case studies, classroom learning activities, or class project, all identifying information (client’s name, address, record number, etc.) must be removed. If a video of a session is to be shown to others not directly involved in the client’s care, written authorization must be received by the client. The authorization must specify who will view the video and what the information will be used for. Also, the student cannot download the video to his/her own personal flash drive.
- Client information may be used in research activities only if all identifying information is removed from the data. If identifying information is included, written authorization must be obtained from the client.
Client information can be disclosed/released under the following circumstances **without** written authorization from the client:

- Information released to the client or guardian of the client. The client does not need to sign a release form when they receive the information.
- For purposes of ongoing treatment, for example, consultation with a supervisor or consultant on the case.
- For payment purposes, for example when information is sent to an insurance company for payment.
- For organizational needs, for example if information is reviewed for quality assurance purposes by clinic administration.

**Client Records/Documentation**

Learning to document clinical service delivery is an important professional skill and one that many students find challenging. The ASHA Code of Ethics states that “individuals must maintain accurate records of professional services rendered and products dispensed and shall allow access to these records when appropriately authorized” (American Speech-Language and Hearing Association, Code of Ethics, 2003). Part of your practicum experience will include learning to write evaluation reports, treatment plans, and progress notes in a clear, concise, and professional manner.

When a client receives services at the UNT Speech and Hearing Center, a permanent client record is established that will contain all relevant documentation of services provided to the client. Permanent records are maintained in the records room of the business office. It is important that students keep in mind the following important points about the client record:

- The client record must never leave the UNT Speech and Hearing Center. The record must be kept in proper order.
- Records must be kept confidential at all times. Records may be checked out to individuals involved in the care of the client. Records may not be copied or distributed to individuals not involved in the client’s treatment, reimbursement, or operations of the center without authorization from the client.
- The client record serves as a legal document of all professional services provided. The record may be subpoenaed for legal matters.
- Clients may access their clinical records by requesting in writing to do so.
- Client reports are sent to referring physicians, schools, and other agencies.
- Client reports must be completed within the Center guidelines and must reflect standards of the Center.

Students may check out the clinical file of a client by completing the check-out card at the front desk of the clinic. Students will find that the clinical record contains all relevant documentation of information related to services provided to the client including case history information, evaluation reports, treatment plans and progress notes, and correspondence with other professionals. Students will be generating documentation for the clinical record for any
services they provide to the client. This documentation will become a part of the client’s permanent record. Format and procedural guidelines for clinical reports for audiology and speech-language pathology can be found in the respective files.

Learning to document services in a professional style is an important skill that often requires considerable effort for students. Similar to clinical skills, students usually require a great deal of guidance and input from supervisors when learning to write clinical reports. Students can easily feel overwhelmed and frustrated by the amount of revisions supervisors request on reports and clinic notes. It is important for students to keep in mind that clinical supervisors have two important goals when working with students on clinical reports. One is assuring that the report clearly and accurately documents the clinical services provided to the client in a professional manner. The second is helping the student learn the skill of clinical documentation. Unfortunately, some students do not take full advantage of the learning opportunities provided in the editing and revision process, and work only to finish the task. Students are provided the following suggestions to assist them in learning to document clinical services:

- When reading clinical reports, pay attention to the style and wording of the report. Note how the report conveys factual and interpreted information in a professional style. Take to time to read and study reports written by others.
- Think about the major points which need to be conveyed in the report. Including non-significant or irrelevant detail results in a report that is lengthy and cumbersome to read.
- Take time to proof-read and edit a report. Assess the report for clarity and conciseness.
- When receiving a report back from a supervisor with revisions, take time to analyze the revisions and understand why the supervisor made the changes.
- Keep electronic or hard copies of reports complete with revisions to refer to in the future. For confidentiality purposes, remove the client's name and all identifying information.
- Consult with clinical supervisors regarding ways to improve clinical documentation skills.
- Keep in mind that correct spelling, grammar, and punctuation is expected of college students on all writing assignments.

It is important for students to recognize that clients and other professionals draw conclusions about the capabilities of a professional based on the thoroughness, accuracy, and completeness of their documentation. Each report is an opportunity to build a good professional reputation.

Working Files

Clients who receive ongoing treatment in the Center may have a working file in addition to the permanent client file. A working file serves as a means of tracking ongoing treatment activities and facilitating communication between the student clinician and the supervisor. Working files may include:
- Treatment plans for individual sessions
- Raw data or summary data about treatment sessions
- Records of practice activities or homework assignments given to clients
- Records of educational information provided to clients and/or family members

Information contained in the working file is summarized into formal progress notes and treatment summaries and then destroyed in a manner that assures confidentiality. Although the working file is not considered a permanent or legal record, it may contain confidential information and should be maintained in a manner consistent with client confidentiality. The following guidelines apply to the working file:

- The working file should not leave the UNT Speech and Hearing Center.
- Working files should be kept secured in the filing cabinet in the student work area. The work area is locked each evening.
- The student clinician should update the working file with a daily treatment plan prior to each session and place the file in the observation room of the assigned treatment room for the supervisor to access during the session.
- At the conclusion of the session, the student should retrieve the working file from the observation room, update the file with any data from the session, and return the working file to the file cabinet.

Cultural Diversity

One of the challenges and rewards of professional practice is the opportunity to work with individuals from varied cultural backgrounds. During practica, students generally have the opportunity to participate in service delivery to individuals from diverse cultural and racial backgrounds. Some students have previous experience that transfers well to these situations. Perhaps they have attended schools with a multicultural or multiracial student body. Perhaps they have studied other cultures. Perhaps they themselves are from a culturally diverse background. Some students, though, have few experiences to draw upon. They may be unaware of the enormous impact of culture on communication and how culture can influence attitudes about disability. Even slight cultural differences may influence a client or family’s decision about whether to seek evaluation for a problem, enroll in treatment, or express concerns or questions to service providers. During practica, students should learn to recognize and respect cultural diversity. As a service provider, students are expected to always work in the best interest of the client regardless of race, gender, religion, sexual orientation, ethnic background, social beliefs or ability to pay. This does not mean that everyone is treated the same. This means that everyone’s individual circumstances, values, and belief systems are taken into consideration during clinical service delivery and decision-making. Students are provided these suggestions to assist them in learning to serve individuals from varied cultural backgrounds:

- Do not be judgmental. It is our responsibility to educate and inform, but not to decide what is right for others.
- Treat everyone with care, concern, and respect. This is the hallmark of professionalism.
- Learn how cultural diversity can affect typical clinical activities. For example, in some cultures it is considered rude to ask personal questions such as those associated with childbirth that might appear on a case history form. It is important for students to learn how to ask such questions in a manner that respects the culture of the individual.
- Take the time and effort to learn about individuals’ cultures and belief systems and incorporate this knowledge into all aspects of clinical service delivery.

**Dress Code**

To establish an atmosphere of professionalism that instills client confidence, students, supervisors, and Center staff are expected to follow a dress code. The dress code is consistent with guidelines of many other professional practices and will help students recognize acceptable standards of professional appearance. The following guidelines should be followed at all times by students when in the clinic:

**Do Wear:**
- Name tags at all times
- Cleaned, pressed scrub tops and bottoms free from stains and tears.
  - Approved colors are Hunter Green, Navy Blue, Royal Blue, Purple and Black
  - Matching colored tops and bottoms should be worn, no mixing and matching of colors is allowed. Long or short sleeve undershirts of a neutral color are permitted (black, cream, grey, white).
- Appropriate footwear such as clean, modest athletic shoes are required

*These items are allowed:*  
- Modest jewelry

*These items are not allowed:*  
- Jeans  
- Shorts  
- T-shirts with logos, slogans or writing (plain, professional style T-shirts are appropriate)  
- Exposed undergarments  
- Tank tops  
- Flip flops  
- Athletic shoes  
- Exposed mid-drift  
- Very short skirts, tight fitting pants, or see-through clothing  
- Un-natural hair color (pink, green, purple, etc.)  
- Tongue studs/rings  
- Legging pants without long, tunic style tops  
- In the event that a student is garnering a tattoo, he/she may be asked to cover it if it is deemed distractible to clients.

It is important for students to keep in mind that professional demeanor significantly influences a client’s assessment of the competence of the professional. Right or wrong, appearance of the professional is a key component of professional demeanor. Individuals who are not compliant with the clinical dress code will be asked by their supervisor to return home to change clothing.
Equipment and Materials

The Department of Speech and Hearing Sciences invests significant resources in equipment and materials for the education of students and service delivery to clients. Part of learning clinical service delivery involves learning to use and manage equipment, keeping in mind that treatment space and equipment is generally utilized hour after hour by many students and supervisors. Therefore, equipment must be returned to designated storage areas immediately after use, and treatment spaces must be cleaned and ready for the next client. Students should utilize the following guidelines for responsibly managing equipment and materials of the Center:

- Learn to operate all equipment safely and according to guidelines. If a student is unsure how to operate equipment, they should seek assistance from the clinical supervisor.
- Follow guidelines regarding maintenance and calibration of equipment.
- Report any equipment malfunctions to the clinical supervisor immediately. The student and supervisor should complete the Equipment Repair Form when equipment malfunctions are identified. It is important that malfunctioning equipment not be utilized in service delivery to clients.
- Return all equipment and materials to designated storage areas. Materials should be sorted and cleaned before returning.
- Notify the clinical supervisor, clinic secretary, or clinic graduate assistants if clinic supplies are low or empty so that they may be reordered promptly.
- Do not leave toys, electrical cords, or materials on the floor where they may be a fall hazard to others.
- Keep in mind safety when choosing materials for use with small children. Do not select materials with small parts that may be a choking hazard to a child under three years of age.

Students and supervisors may make requests for additional materials or equipment to the Center director. Every effort will be made to secure equipment or materials needed for client intervention. Students may make copies of reproducible worksheets or therapy materials on the copier in the student work room. Laminating material, construction paper, markers, and other therapy supplies are available in the student work area or the clinic office.

Involvement of Family/Caregivers

The UNT Speech and Hearing Center encourages active involvement of family members and caregivers in the evaluation and treatment process. Family members, particularly parents of children, should be viewed as important partners in the treatment process. Every effort should be made to advance their knowledge and understanding of the assessment and intervention process, assist them in understanding how to facilitate the client’s communication, and develop their ability to advocate effectively for the client.
As a means of facilitating involvement of the family/caregiver, the supervisor and student clinician may:

- Invite the family/caregiver to observe sessions in the observation or treatment area
- Request that the family/caregiver actively participate in the treatment activities
- Model or demonstrate treatment techniques for the family/caregiver and coach them in learning to do the same techniques outside of treatment
- Provide ongoing education to the family/caregiver in a clear and understandable manner
- Elicit feedback from the family/caregiver about the client’s communication abilities outside of the treatment setting
- Encourage the family/caregiver to express questions or concerns about the treatment process and respond accordingly
- Conduct formal counseling sessions with the client/family/caregivers
- Provide home programs that the family or caregivers can be involved in

An important part of professional preparation is learning to establish a positive, effective working relationship with the client and the client’s family and caregivers. Students sometimes feel challenged to answer questions or provide specific suggestions, particularly when they are struggling to understand a client’s status or behaviors. If a client or family expresses concerns or doubts about assessment results or treatment activities, students may feel defensive or unappreciated for their efforts. Sometimes these feelings prevent clinicians from engaging the family/caregivers actively in treatment. Students should keep in mind that these situations are part of the challenges of professional practice. Effective professionals learn how to encourage input and questions from clients and family/caregivers, respond to concerns or complaints in a helpful, non-defensive manner, and to value the contribution of the client and their family/caregivers in the assessment and treatment process. Students should seek input from clinical supervisors about ways of engaging the client and the family/caregivers in intervention, methods of explaining sometimes complicated clinical information in understandable terms and techniques to encourage input and feedback from the client and family/caregiver.

**Infection Control**

Students and professionals who provide clinical services to clients are required to follow guidelines designed to minimize the risk of exposing themselves and clients to infections. These guidelines are referred to as infection control guidelines. The UNT Speech and Hearing Center follows guidelines consistent with most health care agencies known as Universal Precautions. Universal Precautions outlines methods of minimizing exposure to body substances that may transmit infections to providers and clients of the Center. Although the risk of exposure to harmful infections for speech-language pathologists and audiologists is significantly less than other health care professions (such as nurses and physicians), it is important for the safety of the individual clinician as well as all clients of the Center that universal precautions are followed at all times. Students will receive infection control orientation and training during the initial few weeks of clinical practicum. Students are expected to know and follow these guidelines during all practicum work.
1. Body Substance Isolation will be practiced whenever there is a risk of the clinician coming into contact with body fluids or substances that might potentially transmit infections. Clinicians will wear gloves when completing oral mechanism examinations or therapy activities, and when handling materials or equipment that has come into contact with saliva, cerumen, or other body substances.

2. Therapy materials and equipment will be cleaned whenever there has been exposure to body fluids using appropriate disinfectant provided. Ear canal probe tips will be disposed of after use. Toys that have come in contact with body fluids will be cleaned in the dishwasher using soap and heat settings. Therapy areas such as tables and work surfaces that have come into contact with body substances or materials exposed to body substances will be cleaned with disinfectant solution at the conclusion of the session. Instruments coming in contact with saliva, cerumen, or other body substances will be cleaned via cold sterilization procedures.

3. Gloves, contaminated therapy items (such as tongue blades) and materials used for cleaning will be disposed of in lined trash containers.

4. Clinicians will wash hands before and after client contact using appropriate hand washing techniques.

5. Special precautions will be exercised in the event of potential exposure to blood. In addition to following body substance isolation procedures, all materials used to contain or clean up the blood spill will be disposed of in a special red trash container available in the clinic office.

6. Clinicians will cover all exposed wounds or sores with a non-permeable bandage (such as a Band-Aid). Clinicians will not have client contact when they have a fever or known illness that might be transmitted to the client.

7. Student clinicians will not provide any hands on assistance for clients (children or adults) in the bathroom. If a client needs hands-on assistance, a family member, caregiver or clinical supervisor should be notified.

8. In the unlikely event that a student is accidentally exposed to blood, post exposure management procedures will be followed. The student should report such an exposure to their clinical supervisor immediately.

**Observation Area/Video Recording Equipment**

Many treatment areas of the UNT Speech and Hearing Center are equipped with observation areas and/or video recording equipment that may be utilized for clinical supervision activities and/or family/caregiver education. Clinical supervisors may observe speech therapy treatment sessions from the observation room, their computer or they may chose to observe in the treatment room where they can provide direct assistance or modeling to the student clinician. Sometimes supervisors may invite the family/caregiver to observe sessions with them so that they can explain intervention techniques to the family/caregiver while the student clinician works with the client. Supervisors may also request that student clinicians review a recorded treatment session for analysis. Videorecording is also utilized for family/caregiver education purposes as well. Computers will be available in the student work room for students to view recorded sessions. Students are not permitted to download sessions to their personal flash drives to view outside of the clinic.
Safety/Emergency Procedures

Students are expected to adhere to the following guidelines to assure the safety of all clients and co-workers of the Center:

- In the event of a fire, the student should immediately remove any clients from the area and activate an alert to co-workers. Upon hearing a fire alarm, all students and staff will proceed with the fire evacuation plan.
- Space heaters will not be used in any treatment areas.
- Electrical cords should not be run across a floor where they could pose a fall hazard to others.
- Materials and toys will not be left on the floor as to cause a fall hazard to others. Age appropriate materials and toys will be used in treatment.
- Children will be supervised at all times, including in the waiting area. If a parent or caregiver is not present at the conclusion of treatment, the student clinician or supervisor should wait with the child or ask a member of the clinic staff to wait.
- Children should only be released to the care of a custodial parent or designated caregiver at the conclusion of treatment. If someone other than a custodial parent or designated caregiver is to pick up the child, the parent should provide notice to the clinician, and the clinician should verify the identity of the person prior to releasing the child.
- All accidents or injuries to staff, student clinicians, clients, or visitors should be reported immediately to the clinical supervisor and Center director.

Quality Improvement

Like most professional practices, the UNT Speech and Hearing Center maintains a program for quality improvement of services. This program involves ongoing collection and analysis of information and data with the objective of identifying opportunities to improve the quality of services to clients receiving services at the Center, as well as the educational services to students. Because the UNT Speech and Hearing Center has a dual mission of excellent service delivery to clients and excellent clinical education to students, quality improvement activities encompass both missions. The UNT Speech and Hearing Center Quality Improvement Plan includes the following:

- Collection and analysis of client satisfaction surveys
- Collection and analysis of student satisfaction surveys, including satisfaction with clinical supervisors and satisfaction with the clinical practicum experience
- Auditing of clinical records and billing information
- Peer review of clinical documentation
- Analysis and review of operational information such as denials for reimbursement, waiting lists for services, and compliance with confidentiality guidelines
- Tracking of feedback or complaints from clients, referral agencies, and other stakeholders
- Tracking the timeliness of documentation

For a quality improvement program to work most effectively, each individual in the organization must take responsibility for identifying and sharing information to improve the quality of services. Professional practice involves an ongoing commitment to improve the quality of services. As student clinicians, you can contribute to the quality improvement process in the following ways:

- Work to develop a positive working relationship with your supervisor that allows for the sharing of new ideas and identification of ways to improve service delivery to clients as well the clinical education process.
- Approach problems or obstacles with a process of improvement ideology. If something goes wrong, think about what might make it work better. Instead of blaming others, think of ways a process may be changed to encourage accuracy or quality.
- Identify problems and opportunities for improvement in a positive manner. Don’t just complain; think about possible solutions. Don’t be afraid to share ideas.
- Be committed to doing whatever it takes to provide the best clinical services to your clients and the best educational environment for yourself.

### Important Summary Points

- The UNT Speech and Hearing Center provides professional audiology and speech language pathology services to the community. Clients often judge the quality of the services they receive based on the professionalism of the students, supervisors, and staff of the Center.
- Students should know and follow guidelines for confidentiality at all times. HIPAA laws that affect the use and disclosure of protected health information (PHI) in the Center are the same as guidelines followed by hospitals, clinics, and private practices.
- The client record is considered a legal document and may be subpoenaed by a court of law. Records should support clinical decision-making and recommendations. Ask yourself if the documentation would allow you, the provider, to explain or defend a clinical decision perhaps a year or two when you may have little recollection of the evaluation or treatment episode. Also, records must support billing.
- Students are expected to follow the dress code of supervisors and staff of the Center at all times.
- Clinical education involves learning to use equipment and materials in a safe, appropriate manner that is considerate of the workflow of the entire Center. Students are responsible for managing the resources of the Center responsibly.
- Clinical research supports that the involvement of family and caregivers in management of communication disorders improves the outcomes for persons with the disorder. Students are expected to learn how to engage the family/caregivers actively in evaluation, treatment and decision-making and to respect the culture of all individuals involved in services.
• Students are expected to maintain a safe environment for clients, co-workers, and themselves. Students must learn and follow all environmental safety guidelines including infection control, equipment safety, fire safety, and emergency procedures.

• Quality improvement is key to long-term success of any organization. Audiologists and speech-language pathologists must be committed to continually assessing and improving the quality of services they provide. Begin your commitment to quality improvement now. Identify ways of improving the services you provide to clients. When asked for feedback about your clinical education experience, be honest and open while respecting the efforts of others. Work together with other students, supervisors, and faculty provide excellent clinical service delivery to clients of the Center and excellence in clinical education to students of the department.

Resources for Students
The American Speech-Language-Hearing Association (ASHA) provides excellent resources for students considering or in the process of pursuing a career as an audiologist or speech-language pathologist. These resources are available at www.asha.org/students. The UNT Speech and Hearing Sciences Department holds accreditation from the Council of Academic Accreditation for the graduate audiology and speech-language pathology programs. CAA accreditation requires programs to continually evaluate the quality and effectiveness of their graduate education programs. The CAA also provides a procedure for students to register formal complaints. Students may review this procedure at www.asha.org/Academic/accreditation/accredmanual/section8.htm. Students who wish to file a complaint to the CAA may submit that complaint to:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language and Hearing Association
2200 Research Boulevard #310
Rockville, MD  20850

Clinical Orientation Acknowledgement

_____ I verify that I have read the UNT Speech and Hearing Center Clinic Manual and that I understand the policies/procedures related to clinical practicum in the Center. I agree to abide by the policies and procedures described in the clinic manual. I understand that failure to follow policies/procedures could potentially impact my grade in clinical practicum. Furthermore I understand that failure to follow policies and procedures that place my clients,
my fellow students, or myself at risk for injury may result in suspension from clinical assignments.

___ I verify that I have read information regarding patient’s protected health information and confidentiality requirements. I agree to abide by the practices described in the manual regarding patient confidentiality.

___ I verify that I have read the Safety/Emergency Procedures, and I agree to abide by them at all times.

___ I acknowledge receiving information on infection control practices. I agree to follow Universal Precautions, including body substance isolation procedures.

_____________________________________        ___________________
Student Clinician             Date