

**Missouri
State**

DEPARTMENT *of*
COMMUNICATION
SCIENCES AND DISORDERS

SPEECH-LANGUAGE-HEARING CLINIC
Student Clinician Handbook

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Student Handbook

CSD SPEECH-LANGUAGE-HEARING CLINIC

WELCOME and MISSION STATEMENT

Mission Statement: The Speech-Language-Hearing Clinic develops highly qualified professionals who serve individuals and families across the lifespan with their diverse needs. to provide a clinical/educational environment in which to prepare students enrolled in the programs of speech-language pathology, audiology, and education of learners who are deaf or hard-of-hearing.

Goals: To provide a teaching clinic where students obtain professional experience under supervision, and to provide speech, language, and hearing services to the surrounding community.

Mailing address 901 S National Springfield MO 65897

Physical address Professional Building 609 E Cherry Ste 120

417-836-5275 Fax 417-836-7662

<https://www.missouristate.edu/csd/clinic/>

"...if all my possessions were taken from me with one exception, I would choose to keep the power of communication, for by it I would soon regain all the rest." Daniel Webster

ABOUT OUR CLINIC

Clinic Hours: The Missouri State University Communication Sciences and Disorders (CSD) Speech-Language & Hearing Clinic (SHC or "Clinic") follows the academic calendar for most services. The Clinic hours of operation are from 8 a.m. to 5 p.m., Monday through Friday, except for University closings. Clinic services are typically offered M-F 9:00-5:00 with extended hours on Monday and Wednesday.

Location

The Clinic is located in Room 120 on the first floor of the Professional Building, corner of Cherry Street and Kimbrough Avenue, Springfield, Missouri.

Patient Parking

Parking is available in the McQueary College of Health and Human Services (MCHHS) Clinics Reserved spots in Lot 37 with appropriate passes. Patients/clients of the Clinic will receive semester or temporary passes to park in the large parking lot behind the bear line bus stop. These passes must be displayed appropriately in the vehicle.

Referral Process

Services may be obtained through self-referral, referral from a physician, teacher, or other professional. Intake is completed by Clinic staff. Following receipt of Intake Form a case history and clinic information will be sent to the patient/client. Referrals may be made via phone, fax, email, or mail.

Fees

We do not charge for speech-language evaluation or therapy services or audiology services. Tuition for enrollment in the Preschool for educational services for children who are deaf or hard-of-hearing, as well as fees for products, are charged.

Weather

In case of inclement weather, clinic services will be canceled when the Springfield Public Schools cancels. If Springfield Public Schools call for an early dismissal after the school day has started, the Clinic Director will decide if clinic services will be held. All clients will be contacted if the clinic closes early.

CSD SPEECH-LANGUAGE-HEARING CLINIC Graduate Clinical Program

The Missouri State University Speech-Language & Hearing Clinic is the primary practicum component for programs in the Department of Communication Sciences and Disorders, within the McQueary College of Health and Human Services. The CSD Department's goal is to develop Scholar-Practitioners and the Practitioner portion is addressed in the Clinic.

CSD GRADUATE STUDENTS' REQUIREMENTS PRIOR TO PATIENT/CLIENT CARE

A. CSD Criminal Background Checks and Drug Screenings Policy

Missouri State University is committed to providing a healthy, safe learning environment for its students. The purpose of the Department of Communication Sciences and Disorders criminal background check and drug screening policy is to comply with regulations of area health care agencies and to provide optimal care to the patients, clients, and students served in the clinic. Students must pass both a background check and drug screen prior to beginning clinical obligations in the first fall semester. Any prospective CSD student who refuses to authorize drug and alcohol testing, or who tests positive for drugs, alcohol, or controlled substances, will not be allowed to enter the CSD program, or, if currently enrolled in the CSD program, will not be allowed to continue. Students whose background checks reveal a past felony or gross misdemeanor conviction will not be admitted to the CSD program.

Students may need to repeat background checks and/or drug screening during their graduate program, as required by clinical offsite, externship, and student teaching placements. Students are expected to be aware of and to abide by pertinent laws and regulations set forth by the federal and state governments, the University, and clinical agencies where practicum experience is sought. In addition, students not passing health care agency background checks will not be permitted to complete clinical offsites/externships. In the event that a student is suspected of illicit use of substances while participating in the CSD program, the Department Head and the Clinic Director must be notified immediately. The suspected individual will be asked to have a drug screen done immediately, at the student's expense, and to have a report sent to the Department Head and Clinic Director as soon as possible (within 24 hours). The student will be dismissed from all CSD activities until the issue is resolved.

[Missouri State University Counseling Center](#), (Magers Health and Wellness Center, Suite 304, (417)836-5116) provides confidential counseling services for employees and students, and will make referrals for assessment and/or treatment of chemical dependency when such a need becomes apparent. See the University's [website](#) for additional information regarding the University policies on alcohol and drug abuse.

Procedure for Background Check

Criminal background checks are completed by Castlebranch. Students will receive instructions prior to the first semester in clinic. Results are only available to the Department Head and Clinic Director via secure website. The cost of your Castlebranch background check is covered by the CSD Department. SLP and AuD students will register with the Missouri Family Care Safety Registry, which requires a small fee. The registry will be checked by Castelbranch during the background check process. EDHH students will complete the MoVECHS background check. MoVECHS results are monitored by a College of Education representative. Additional background checks may be required by offsites, externships, and student teaching sites and may be at the student's expense.

Procedure for Drug Screening

Drug screening must be completed prior to the student's first semester in clinical practicum. Drug screening is completed by Castlebranch. Students will be directed to accepted drug testing facilities during the Castlebranch registration process. Fees will be covered by the CSD Department. Any student who tests positive for a drug or controlled substance must be able to verify that the drug was obtained legally and legitimately. If a positive drug screen is reported and verification that the drug was obtained legally and legitimately cannot be provided:

- Student will be allowed to repeat the drug screening and will assume full cost of the testing.
- A positive result on the second test will result in dismissal from the CSD program, and removal from all currently enrolled CSD courses.
- A grade of "W" will be recorded prior to the University withdrawal date.
- A grade of "F" will be recorded if the student is removed from courses following the University withdrawal date.

Students must abide by the terms of this policy during the duration of their program and must report any conviction under a criminal drug statute for violations occurring on or off University premises. A conviction must be reported to the CSD Department Head within five (5) days after the conviction. Students convicted of involvement in a criminal drug offense will be dismissed from the CSD program. After completion and documented evidence of treatment remedying the rationale for dismissal, the student may apply for readmission to the Program.

B. Health Insurance Portability and Accountability Act (HIPAA) Training (CAA Standard 3.1.1A, 3.1.1B)

All CSD graduate students will complete HIPAA Privacy and the HIPAA Security training prior to patient contact in the MSU SHC. For students who completed undergraduate education at Missouri State University, the training may be completed during specified undergraduate classes. All other incoming CSD graduate students will complete the training prior to clinical experiences. Training information will be provided by the Clinic Director. Following completion of training, the student will provide proof of completion to the SHC Clinic Assistant.

C. MSU SHC HIPAA Policies and Procedures (CAA Standard 3.1.1A, 3.1.1B)

HIPAA involves privacy and confidentiality of patient information. Patient information is to remain in the clinic. Students should thoroughly review MSU SHC HIPAA Policies and Procedures prior to beginning practicum in the clinic.

Files containing patient information are in locked file cabinets and may be checked out at the front reception desk. When checked out for student clinician review, files must remain in the clinic and stored in designated locked cabinets. Electronic information containing protected health information (PHI) can only be stored in Practice Perfect or protected clinic servers (closed network) or protected Sharepoint locations. Access to the SHC Sharepoint site is managed by MCHHS instruction tech support staff. All who access SHC Sharepoint folders will use multi-factor authentication (MFA) and adhere to the following:

1. Maintain a private environment when accessing protected information. Do not access from free public wifi, such as coffee shops or libraries. Be mindful of accessing in the presence of roommates, friends, and family members, especially on a home computer that is shared with multiple users.
2. Do not download any documents containing protected information from the Sharepoint.
3. Keep your computer operating system up-to-date.
4. Use anti-virus software, kept up-to-date with the most recent virus definitions.

In the event of remote communications involving protected information or teletherapy, additional instructions will be provided by the Clinic Director. All students must sign the [MCHHS Telehealth Remote Provider Agreement](#) prior to accessing Sharepoint remotely and providing teletherapy.

When requesting or releasing information on behalf of a patient/client/preschool student, the [Authorization to Use or Disclose Information Form](#) must be completed. The form is to be completed for each site requesting or releasing information. The student/supervisor completes the form with the patient/family, detailing the specific information involved, such as audiology records, treatment summaries, etc.

HIPAA FAQ

Q: What is Electronic Protected Health Information (EPHI)?

A: Electronic Protected Health Information is any patient information that is created, stored, or transferred in an electronic means. Please refer to the Missouri State University HIPAA Security Regulations online training for further information regarding EPHI.

Q: What are the guidelines regarding student/faculty/staff computers in the Clinic and EPHI?

A: Staff/faculty computers used for creation or transmission of EPHI are required to have screensavers that cover the screen when temporarily not in use. Do NOT store EPHI directly on the computers. All EPHI will be stored on the SHC Sharepoint. Instructions will be provided for video storage.

Q: What are the guidelines regarding locking/logging off student computers in the clinic?

A: Student computers are to be logged off by the student immediately when task is completed. The next student who utilizes the computer is required to log on. The computers have screensavers to protect the privacy during brief moments of non-use. The student work rooms will be locked outside of regular clinic hours. Students may NOT lock their computer unless they are stepping away for BRIEF moments (less than 5 minutes); if leaving the computer for an extended period of time (more than 5 minutes), they are

to log off the computer. If a computer is found to be locked by a student, the computer will be shut down, and the student's grade may be adversely affected.

Q: Can I use my laptop, smart phone or other personal data storage medium to work on EPHI for reports, etc.?

A: You may access the secure SHC Sharepoint site from your personal devices when following SHC guidelines. Multi-Factor Authentication must be used to gain access to any Sharepoint sites associated with the Clinic. **You may not store any documents or materials containing EPHI on your personal devices.**

Q: What will happen if policies and procedures are not followed?

A: If the policy and procedures are not followed regarding use of PHI, EPHI and the SHC Sharepoint, the student's grade will be adversely affected and could earn an "F" grade for that 795/895 practicum experience.

Q: Under HIPAA, am I allowed to use PHI in the classroom setting?

A: Yes, if the patient/guardian has signed the Clinic Request for Services and permission was given. Education and training are included in HIPAA's definition of health care operations and is permitted. This means that the faculty/staff may use PHI in lectures, case presentations, or in other classroom settings for educational purposes for students, and other faculty within the university setting. A student can also use PHI for educational purposes in the same type of settings and for similar purposes.

Q: What if I want to present at a conference or other facility?

A: Faculty, staff, or students cannot use PHI in external settings, such as conferences, seminars, and the like, unless specifically authorized to do so by the patient, through a process directed by the faculty advisor. Faculty interested in utilizing PHI for other purposes are responsible for obtaining signed permission separate from the Clinic Request for Services. The Clinic Request for Services does NOT allow use of PHI at conferences or other facilities. The students may not take PHI with them when leaving their affiliations with the university, unless specifically authorized to do so by the patient.

Q: Patient photographs are vital as part of the education process. Can I use these under HIPAA?

A: Yes, in the same manner as described above for PHI. Also, see "Disclosure of PHI" below, for educational purposes.

Q: Are pictures/video recordings considered part of the patient's health record/PHI, and am I able to disclose them?

A: Pictures of the patient are considered part of their health record. You are able to disclose them in the same manner as other types of PHI are disclosed. A patient's photograph that identifies him/her cannot be posted in public areas, such as hallways, electronic means (facebook, instagram, etc), without specific authorization from the patient. Please see Clinic Director regarding Photo Release Form. Likewise, a patient's photograph that identifies him/her cannot be used in any form of publication without the patient's specific authorization. If the patient is not identifiable from the image, it is not considered to be PHI.

Q: What is the policy for digitally video recording sessions?

A: At the time of admission to the CSD Speech, Language, and Hearing Clinic, the patient/guardian signs a Request for Services form stating that services may be video recorded and that HIPAA procedures and

confidentiality will be followed. The Request for Services does not cover other uses of the video, such as research, or being shown at presentations or off campus programs.

Q: Can I use my phone or tablet to photograph a client/patient?

A: NO!

Q: Where would I get a permission/authorization forms to use the EPHI for use in conference?

A: The Clinic does not provide the authorization forms for this use. The faculty/staff member desiring other uses of EPHI/PHI would be responsible for that authorization.

Q. What if I utilize a digital video recorder? What do I do with the information on the camera?

A. The clinic has several types of video cameras; the digital cameras may be connected to the computer for viewing, and the images may be uploaded to Sharepoint. The digital images must be deleted from the camera immediately upon uploading to free space on the camera as well protect client's EPHI.

Q: What do I do with the video after I have viewed it or no longer need it?

A: If digital on the hard drive of the camera, the video may be uploaded to Sharepoint for student and supervisor review. The student must delete the video before returning the camera to the Clinic Assistant's office. If stored on Sharepoint and no longer needed, it may be deleted.

Q: What if the video has been determined by the student/supervisor that it is to be kept to be used in class or clinical sessions on an ongoing basis?

A: The student clinician works with the supervisor in determining videos that would be beneficial to the clinic and will make that determination.

Q. What about my flash drive and recordings in the Monitor Room?

A. Where you can record: You can use the LIL or the monitor room to record a session. If the sign on the LIL door says "unoccupied" you can enter through the clinic entrance. If "occupied" check out (and return) the Orange Key from the front desk and unlock the side door. How to record: Log on using Password. Select the therapy room from the desktop. Fill out a yellow reservation sheet and put it next to monitor. You can record multiple sessions on the same computer. Click Record. (This will go to the network drive on the computer, you do not need the flash drive right now). After the session is over STOP the recording. To view the recording, either open the "Libraries" folder at the bottom, the orange caution cone or the recording link on the desktop. The recordings are listed with the newest at the top. Once you have located your recording, you may rename your recording so it is easier to locate. Insert flash drive and flash drive password. Copy the recording to your flash drive. Check and make sure you can play the recording from the flash drive and delete the original recording on the computer. You may upload the video to your Sharepoint folder for your supervisor to view. Once stored on Sharepoint, you can keep the video on your flash drive for your reference throughout the semester or delete it.

Q: What about email?

A: Email communication was approved by university legal counsel in August 2005. General clinic use of email communication requires that identifying information be deleted. Client file numbers or initial codes will be used.

Q: Who has access to the SHC Sharepoint?

A: The Clinic Director will identify those individuals who are authorized to access the SHC Sharepoint. Access will be terminated once faculty members/staff members/students are no longer working in the clinic.

Q: Do these procedures also apply to research?

A: These procedures do not address PHI derived from research with “non Clinic” patients. Additional information regarding research and HIPAA will be available from the university/department security officer and/or Department Head.

Q: Where are paper clinic files stored when not in use?

A: Clinic files are stored in locked filing cabinets in the office of the clinic. Faculty members/staff members/students are only allowed access to files that are of their concern.

Q: Where are client files stored when in use?

A: Files are stored in secure, locked areas within the clinic (file cabinets within room 145/145A). Files should not be taken out of the clinic, or viewed by unauthorized personnel.

D. Infection Control

All CSD graduate students will complete an infection control training during clinic orientation. Proof of completed training must be submitted to the Clinic Director. Procedures for cleaning, disinfecting, and sanitizing of specific clinic areas or equipment will be addressed by discipline-area supervisors and clinic staff. Cleaning supplies are provided by the clinic.

Hazardous Materials

Any chemical that could be a physical, health, or environmental hazard is considered a hazardous chemical. It is the policy of MSU to operate in full compliance with all federal and state statutes and ensure the health and safety of its students, employees, and the environment. Material Safety Data Sheets for any hazardous chemical are available in the front office of the clinic. The Environmental Management Office also maintains a copy of each MSDS on campus and manages proper disposal. Details and additional information about University policies can be found at the [Environmental Management website](#).

Standard Precautions

As defined by the Centers for Disease Control and Prevention (CDC), [Standard Precautions](#) are “the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.” Per the CDC, Standard Precautions include:

1. Hand hygiene
2. Use of personal protective equipment (e.g., gloves, masks, eyewear)
3. Respiratory hygiene/cough etiquette
4. Sharps safety (engineering and work practice controls)
5. Safe injection practices (i.e., aseptic technique for parenteral medications)
6. Sterile instruments and devices
7. Clean and disinfected environmental surfaces

As health and safety is the top priority in our clinic, students should thoroughly review Standard Precautions on the CDC [website](#).

Incident Reporting

In the event of an exposure to blood or other potentially infectious materials, students are required to report such an incidence to the Clinic Director. If the incident occurred at an off-campus clinical placement, policies of the site should also be followed. Necessary actions will be taken to ensure the safety and well-being of the student.

E. TB Tests

Negative TB status will be documented annually. All SLP and AUD graduate students will upload an annual negative TB skin test to Typhon, where the Clinic Assistant will update the expiration date. EDHH students will provide the Clinic Assistant with a paper copy. Opportunities for completion of the skin test will be available during orientation week at Magers Health and Wellness. The cost of the test will be paid for by student fees if the student makes their appointment at Magers Health and Wellness. The student must take the provided form from the Clinic Assistant to their first appointment.

F. Mandated Reporter Training

Each CSD student will complete Mandated Reporter Training. The Clinic Director will provide students with training information. Students will provide their training certificate to the Clinic Assistant.

G. FERPA Training (CAA Standard 3.1.1A, 3.1.1B)

Each CSD student will complete Family Educational Rights and Privacy Act Training and submit their certificate to the Clinic Assistant after training. The Clinic Director will provide students with training information.

H. Professional Liability Insurance

AuD/SLP students will be covered by a group student PLI policy, purchased by the CSD department, via Healthcare Providers Service Organization (HPSO). Proof of professional liability insurance will be uploaded to Typhon. This is renewed annually and covers students during both on-site and off-site clinical practicum. This policy provides a standard level of liability coverage (\$1,000,000 per occurrence; \$5,000,000 aggregate). If a clinical practicum site requires additional coverage, the student may be responsible for the expense.

EDHH students may purchase PLI from Missouri National Education Association (MNEA) or Council for Exceptional Children Members (CEC) <https://www.cec.sped.org/membership>. Students may be reimbursed for the cost of their insurance if a receipt, M-number, and address are provided to the CSD Department

I. Confidentiality Agreements

Confidentiality agreements will be signed by all students prior to serving patients/clients. The signed agreements are returned to the Clinic Assistant.

J. Additional Requirements

Any expenses associated with medical care or treatment for illness or injury while participating in the CSD program are the responsibility of the student. Students may have additional requirements for offsite, student teaching, or externship placements. Students will be informed of these requirements in advance. Requirements can include vaccinations (such as flu, Hep B, MMR, DTap/Tdap), CPR training, and additional background checks and/or drug testing. Students may incur expenses associated with these requirements.

PROFESSIONAL STANDARDS

A. Dress Standard

All graduate students in the Audiology, Speech-Language Pathology, and Education of the Deaf and Hard-of-Hearing programs are to adhere to the following guidelines regarding appropriate dress and appearance. The purpose of the dress code is to promote professionalism. The guidelines are consistent with those in other clinical outpatient settings. If any student has religious or cultural conflicts with these guidelines, permission for modifications may be requested through the Clinic Director.

General Information

All students are expected to maintain appropriate personal hygiene. Hair should be clean and well-kept, and hair dye should be restricted to naturally occurring colors. Cosmetics should be used in moderation, and nails should be kept short and clean. Male students who choose to keep facial hair should ensure that it is well groomed.

When Providing Services

Professional posture contributes to credibility when delivering professional information or services. Professional posture includes direct eye contact, pleasant facial expression, composed physical posture, personal hygiene, selection and maintenance of garments worn while functioning in a professional capacity. Adherence to the Clinic professional appearance and dress standard during Clinic operations is emphasized.

All students will wear name tags when providing services. Please see the Clinic Assistant if a missing name tag needs to be replaced. Speech-Language Pathology and Education of the Deaf and Hard-of-Hearing students will wear black scrubs and close-toed shoes while engaging in any clinic activities. Comfortable shoes, such as tennis shoes, are acceptable. Long sleeved, solid-colored shirts may be worn underneath scrubs during cold weather. Shirts worn under scrubs should be tucked in. Audiology students will wear scrubs adhering to the same guidelines, or maroon, gray, white, or black "MSU Audiology" embroidered polos (ordered by Clinic Assistant) and khakis or dark pants (no leggings or jeans) at all times during patient care. During cold weather, long solid-colored shirts may be worn under or sweaters/cardigan sweaters worn over the polos. Shoes must be closed-toed, but tennis shoes are acceptable if they are dark in color.

Chunky jewelry should not be worn with practicum attire. Especially when working with small children, this includes large earrings. In most situations, piercings are only allowed in ears and prominent tattoos should be covered.

Please direct any questions regarding clinical dress to the Clinic Director.

When Not Providing Services

When students are in the clinic during business hours (M-F 8:00-5:00) but not engaging with clients, appropriate casual dress is acceptable. Examples of appropriate dress include: jeans, capris, or shorts/skirts to the knee, MSU apparel, clean t-shirts, blouses, sweaters. Leggings may be worn when accompanied by a longer, tunic-length shirt. Footwear can include tennis shoes, flats, and sandals.

Inappropriate clothing includes: short shorts/skirts (mid-thigh or shorter), t-shirts with inappropriate words/pictures, spaghetti-strap tank tops, yoga or other exercise apparel, including athletic shorts, sweatpants, jeans with holes/rips.

Undergarments should be worn, but should not be visible. Please be mindful not to show excessive skin or cleavage. An undershirt should be worn with sheer blouses.

Please direct any questions regarding casual dress to the Clinic Director.

B. Code of Ethics: (CAA Standard 4.4)

Students will follow their accrediting agencies Code of Ethics: [ASHA Code of Ethics](#) for speech pathologists and audiologists and CED (www.deafed.net) for EDHH.

C. University Standards (CAA Standard 4.4)

Students will follow the university standards for professional behavior. According to the [Missouri State University Code Of Student Rights and Responsibilities](#), American Speech, Language, and Hearing Association Code of Ethics, Council for Education of the Deaf and Hard of Hearing (CED), and requirements and policies of the Communication Sciences and Disorders Department, academic integrity and honesty are the foundation of the University community. Students are expected to practice academic and clinical integrity in all assigned work. Students are also expected to be honest in all interactions with other students, faculty, and staff, and be professional in attitude, actions, and attire. The University, and thus the CSD department, has the inherent right to promulgate appropriate rules and regulations for the orderly conduct of University business and the protection of the health and safety of the University (or CSD) community. Students are expected to comply with all published and stated rules and regulations. If a student is accused of violating any code (theft, academic dishonesty, possession of drugs, etc.) they will be subject to warnings, loss of privileges, probation, suspensions, and/or dismissal.

D. Non-Discrimination Policy (CAA Standard 1.8)

Missouri State University, and therefore the Clinic, does not discriminate on the basis of race, color, national origin (including ancestry, or any other subcategory of national origin recognized by applicable law), religion, sex (including marital status, family status, pregnancy, sexual orientation, gender identity, gender expression, or any other subcategory of sex recognized by applicable law), age, disability, veteran status, genetic information, or any other basis protected by applicable law. The [University's Non-Discrimination Policy Statement](#) and information about grievance procedures may be reviewed at the University's website.

E. Conflict Resolution (CAA Standard 4.5)

Conflicts arise in many situations. However, it is expected that most conflicts can be resolved by remaining thoughtful, respectful and courteous with the other party. In the event a conflict cannot be resolved, the following procedure is recommended:

1. The student should try to resolve the conflict through a respectful discussion with the other party.
2. Discussion with the preceptor/supervisor (if the conflict is with the preceptor/supervisor, this would be Step 1).
3. The preceptor/supervisor may request a mediated discussion with the other party.
4. If the conflict is not resolved following discussion with the preceptor/supervisor, a meeting will be scheduled with the Clinic Director.
5. If the conflict is not resolved following discussion with the Clinic Director, a meeting will be scheduled with the CSD Department Head.
6. If the conflict is not resolved following discussion with the Department Head, a meeting will be scheduled with the Dean of MCHHS.

F. English Proficiency Policy (CAA Standard 4.2)

In accordance with position of the American Speech-Language-Hearing Association (ASHA), the MSU CSD program respects individual differences with regard to the cultural and linguistic backgrounds of its students and does not discriminate against persons who speak with an accent and/or dialect in our graduate clinical programs. An important aspect of our mission is to educate students who will be able to work effectively with individuals from culturally and linguistically diverse populations. Regardless of primary language, all students must demonstrate the expected level of oral and written communication skills required for clinical case management (CAA Standard 4.2). Throughout clinical practicum, students will be expected to orally communicate with patients/clients regarding test results and plan of care; if required, students must also demonstrate the ability to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem. Demands in written communication include writing and comprehending technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence. In our geographic area, the majority of clients for whom students will provide clinical services will be either native or non-native users of English; therefore, all students must demonstrate proficiency in oral and written English.

To ensure that students demonstrate the oral and written English language proficiency required for clinical practicum, clinical supervisors/preceptors will screen their students during the first semester in clinical practicum. Students will be rated using a rubric; ratings will be reviewed with each student at midterm during their first semester in practicum. This rating only indicates English language skills are proficient for beginning the clinical training program and does not fulfill the clinical certification competency requirements for oral, written, and other forms of communication for professional practice in audiology and speech-language pathology. Oral and written communication skills for professional practice will be subject to ongoing assessment as the student progresses in the clinical program.

According to the MSU CSD rubric, student will receive rating of 1) Unsatisfactory, 2) Needs Development, or 3) Satisfactory in the following areas:

- Pronunciation
- Asking for Clarification
- Demonstrating Understanding

- Written Language
- Overall

All students will be evaluated at mid-semester during their first year in clinic. Students need to demonstrate '3' rating by the end of the first year of clinic (spring).

If student receives a '1' rating at mid-semester

- Rating and rubric will be reviewed with student. Student will be provided with suggestions and resources for skill development. Student will be re-evaluated at the end of the semester.
- If rating remains '1' at the end of the first semester, remediation plan will be established for the student.

If student receives a '2' rating at mid-semester

- Rating and rubric will be reviewed with student. Student will be provided with suggestions and resources for skill development. Student will be re-evaluated at the end of the first year (spring).
- If rating remains at '2' at the end of the first year, remediation plan will be established for the student. Remediation may involve delay in off-campus clinical practicum (e.g., off-sites, externships).

CLINIC FACILITY AND EMERGENCY PROCEDURES

A. Clinic Facility

The Clinic is considered an instructional space. It encompasses administrative offices, waiting room, supervisor offices, therapy rooms, audiological suites, preschool classroom, clinician workrooms, and material/equipment rooms. All areas are accessible to persons with disabilities in accordance with State and Federal regulations. The Professional Building has been designated as a smoke-free facility.

The Clinic hours of operation are from 8 a.m. to 5 p.m., Monday through Friday, except for University closings. Scheduling of Clinic operations may extend beyond these times when arranged. All scheduling of room use is managed by the Clinic Director and a schedule is available for reference. Temporary use of any Clinic space should be arranged through the Clinic Director or Clinic Assistant. Practicum students should avoid removing patients from the Clinic setting for any reason other than an emergency situation. Specific activities related to therapy may be approved with the Clinical Supervisor and Clinic Director. Clinic use by students after normal clinic hours will require their Bear Pass card for entrance into the clinic doors and the Tech Center, room 145. For access into the Professional Building during the weekend hours (8 AM – 10 PM), students must obtain an after-hours building permit from campus security. Students must obtain a new permit from the Clinic Assistant each semester.

A refrigerator and microwave are available for students' use in the Materials Center, Room 136. Vending machines are located on the second floor of the Professional Building for student, faculty and staff use. To prevent insect infestation, all foods items must be disposed of by using the trash container in the Materials Center, Room 136, or the hallway trash containers. Leftover food must be stored in airtight containers and stored in the cabinet or fridge provided in the Materials Center. Food items are NOT to be stored in the Tech Center, Work Room, or treatment rooms. Food items in the refrigerator must be labeled with the date and owner.

All faculty, staff, and students are expected to help maintain classrooms, labs, and Clinic rooms. This includes individual responsibility to help keep these areas clean and orderly at all times. Each therapy

and hearing aid room contains a cabinet that holds disinfectant, tissues, and latex gloves. At the end of each therapy session, the student must wipe off the therapy table with disinfectant. If the cabinet is running low on supplies, please contact the Clinic Assistant.

Therapy rooms, the preschool classroom, and hearing aid consult rooms in the Clinic are equipped with two-way mirrors and/or a digital video recording system for observation purposes. Observation rooms adjoin patient treatment and classrooms for CSD student, supervisor, and arranged parent viewing. The observation-treatment rooms also contain a sound system to access audio observation and between room communications. Three double walled sound suites are housed in the Audiology suite of the CSD Speech Language and Hearing Clinic. Computers for hearing aid programming are located in room 146, 147, and 151. Room 146 is also equipped with patient literature available for educational purposes and devices to model and demonstrate (TV link). Hearing aid modification equipment is located in room 155. A Home Simulation Lab in room 280 is available for use by reservation, and the key is checked out from the Clinic Receptionist.

B. Medical Emergency Procedures

At the beginning of each semester, patients, student clinicians, and University staff must complete an Emergency Medical System form (Form 21). Information must be documented regarding medical history, pertinent medical problems, medications, physician and hospital preference, as well as authorization to contact 911 EMS should a life threatening situation occur while on the premises.

In the event that an emergency occurs during therapy, these procedures should be followed:

1. Call for help if alone with the patient.
2. Notify supervisor or faculty member by either sending another student for a faculty member or having the receptionist page.
3. Notify family member or other appropriate person to come to the location of the emergency.
4. If unable to reach family member or guardian, and if emergency treatment is warranted:
 - a. Supervisor will call ambulance (9911) and accompany patient to hospital; refer to EMS sheet for pertinent information located in the reception desk cabinet;
 - b. Supervisor will notify family member by phone.
5. Supervisor will follow-up by calling family member or parent later to check on patient.

Should any patient have medical concerns where emergency measures must be followed, the student clinician and supervisor must be apprised of the condition at the initiation of services for that semester. They must also receive training by the patient/family to become acquainted with the recommended measures. Family members or persons designated by the family must remain on the premises while the patient receives services in order to administer such emergency measures.

C. Emergency Evacuation

Fire Evacuation:

The Clinic Receptionist will secure the reception area of the clinic and announce the evacuation over the intercom. She will assure that individuals in the waiting room are escorted from the building and instruct them to go the designated evacuation areas: Juanita K Hammons Hall for the Performing Arts or Wehr Band Hall. The Clinic Assistant and/or Clinic Director will secure the treatment areas of the clinic and assure that patients and clinicians have exited the building. Doors are to be closed as rooms are checked

and evacuated. No one should remain just outside the doors; they should go to the designated evacuation areas as instructed.

There is an emergency exit by observation room 127 A, the front door that opens at the south and west end of the building and the door at the east end of the building. Emergency personnel will issue an all clear when it is safe to return to the building.

Tornado Procedure:

The MCHHS Dean's office will notify everyone in the building in the event of a tornado warning. The students and faculty may receive a Missouri State Alert automated text or phone call from the university alerting of an impending weather if they subscribe to the service. All students are encouraged to subscribe to the University safety alert system and set individual preferences for notifications via the [MSU Safety Alert website](#).

Clinic staff will announce on the intercom that a severe weather warning has been issued and direct everyone (including clients, students, supervisors, and individuals in the waiting room and observation rooms) to move to the audiology hallway of the clinic area and await an all clear message from the Dean's office once the weather has passed. The Clinic Assistant and/or Clinic Director will secure the treatment areas of the clinic (including sound booths, HIP, LIL classrooms, and Observation Rooms) and assure that patients and clinicians have followed these instructions. The Dean's office will notify everyone when 'all clear' has been issued.

Hostile Intruder Situation:

As in other emergency situations, students and faculty may receive a Missouri State alert if subscribed. If circumstances allow, Clinic staff will announce the situation on intercom and provide some instruction. When a hostile person(s) is actively causing death or serious physical injury or the threat of imminent death or serious physical injury to person(s) on the Missouri State University grounds, Missouri State University Safety and Transportation recommends the following procedures:

- Run away from the threat if you can, as fast as you can. Do not run in a straight line. Keep vehicles, bushes, trees, and anything that could possibly block your view from the hostile person(s) while you are running.
- If you can get away from the immediate area of danger, summon help and warn others.
- If you decide to hide, take into consideration the area in which you are hiding. Will I be found here? Is this really a good spot to remain hidden?
- If the person(s) are causing death or serious physical injury to others and you are unable to run or hide you may choose to play dead if other victims are around you.
- The last option you have if caught in an open area outside may be to fight back. Do not look the intruder(s) in the eye; obey all commands.
- Once the police arrive, obey all commands. This may involve you being handcuffed or made to put your hands in the air. This is done for safety reasons and once circumstances are evaluated by the police, they will give you further directions.

In the event of a hostile intruder in the building, please follow the instructions of the Clinic Director, Clinic Staff, and Clinic Supervisors, which will be determined based on the situation.

[Missouri State University's Emergency Operations Plan](#) for other emergency situations and additional [campus safety information](#) can be found on the University's website.

CLINIC POLICIES & PROCEDURES

The general Clinic guidelines for students are presented in the following body of information. Reference to "clinician" in this text is intended to pertain to all CSD practicum students unless otherwise specified, with the understanding that students in the Education of the Deaf and Hard of Hearing program are known as "student teachers." Reference to "patient" in this text refers to patients, clients, or students receiving treatment/services. Likewise, reference to treatment/therapy should apply to all patient instruction. All other discipline-specific requirements are stated following the chapters on general Clinic information.

A. Practicum Objective

Participation in practicum allows the student to experience pre-professional clinical work involving patient contact. Clinical practice provides an opportunity to apply concepts, theories, and methods of assessment and management learned in academic coursework. Performance in clinical practicum usually reveals individual strengths and weaknesses in the student's ability to apply academic knowledge to the clinical situation; therefore, the practicum experience is perceived as an ongoing learning experience for the clinician. The student clinician is not expected to possess full knowledge and proficiency in patient assessment and management, but is expected to continually seek answers to clinical questions. A primary responsibility of the clinical supervisor is to facilitate the student in this special learning situation. Students are encouraged to draw on the talents, knowledge and expertise of the supervisors and fellow students, in addition to pursuing research pertaining to clinical questions and challenges.

B. Clinical Observation

All undergraduate CSD majors at Missouri State University are required to complete 25 clock hours of supervised observation prior to graduation. Observation hours may also be required for graduate programs. If observation hours are required for your graduate program, documentation of these hours must be received in the Clinic.

C. Clinic Calendar

Students are provided a Clinic calendar at the beginning of each semester. The calendar will list the opening/termination of services for the semester, Clinic closings and special events. Students will attend CSD 795/895 practicum classes/meetings, regularly scheduled clinical activities, and occasional special events.

D. Management of Clinic Equipment/Materials

1. Diagnostic Materials/Equipment

A key to the Test Center is obtained through checkout at the Front Reception Desk. Tests may be checked out overnight at 4:30 p.m. until 8:30 a.m. the next working day after checking the reservation list and signing out the tests. Procedures for test check-out are posted and are to be followed when removing any test from the Test Center. Test protocol forms are housed in the designated file cabinets located in the front office. Students are never to take the final copy of a diagnostic record form or information sheet from the files, but are to inform the Clinic Assistant to ensure supply replenishment. When practicing test administration, students may use photocopies of test protocol forms; original protocol forms must be used for test administration with patients. Testing manuals, stimulus materials, and manipulatives must be replaced in the

test housing (box, case) when finished with the assessment. Please inform the Clinic Assistant of any missing or broken components. Materials should be disinfected before returning.

2. Clinic Materials

Speech-language treatment materials are housed in the Materials Center, audiology materials are primarily in the Audiology Suites, and the Deaf and Hard-of-Hearing materials are housed primarily in the preschool or preschool observation room. Materials are to be returned immediately after use and should be disinfected. Used materials may be placed in the box in the Materials Center labeled "To be Cleaned" after the student clinician has removed any visible grime. The student worker assigned to the Materials Center will disinfect the materials. All pieces, parts, and/or sections of materials must be accounted for and must be in proper order. If only part of a kit is needed, the entire kit should be taken; do not remove cards and materials from a kit. Please separate cards and materials into appropriate classifications/groups before returning them to the kits. These materials are to be used only in the Clinic. There is an iPad next to the After Hours Box to check out materials using the JIRA system.

3. Recording Sessions

The Clinic has a digital video recording system for clinical training and supervision. Patient video recordings, used for educational purposes may be made of certain sessions. The recordings must be transferred from the clinic server to the clinician's encrypted flash drive as soon as possible after recording. After discussion between clinician and supervisor, the video recording may be saved to the HIPAA server for future viewing for educational purposes. It may also be saved to the client's working file on the Webster Server for future clinicians. The video recordings are NOT to leave the Clinic other than for classroom or supervisor/instructor use. Encrypted flash drives are securely stored in the clinic. If a Sharepoint is used for video storage, Clinic HIPAA Policies and Procedures apply.

Clinicians may also digitally video record sessions for self-evaluation and/or supervisory review using the digital recorders housed in the Clinic Assistant's office in 120C. These can be checked out via the JIRA system. These recordings must be transferred to the clinician's encrypted flash drive for review and deleted from the video recorder to allow for space on the camera.

Please review HIPAA FAQ or contact the Clinic Director for any requests regarding HIPAA regulations related to recording.

4. Digital Audio Recorders

These recorders are also dispensed on a check-out basis via the JIRA system in the front office. The audio recorders are not to leave the clinic. The digital audio recorders are housed in the copy room in the Clinic. Students must reserve a recorder in the reservation book before checking out the device. Once the session has been recorded on recorders 3-5, the recording must be transferred to the student's encrypted flash drive and erased from the device and returned to the copy room by the time reserved. All guidelines pertaining to confidentiality must be maintained with use of all taped recordings.

5. Computers

Computers for student clinician use are available in room 145 (Tech Center), room 145A, and room 136 (Material Center). The computers are reserved for clinic use, for preparation of clinical materials and activities, creation of patient/client documents, and research related to patient care. Seven Dell Laptop Computers are also available for check out in the copy room (120D).

6. Visipitch

The Visipitch is located in room 138. The cart can be relocated to therapy rooms for use during evaluation and treatment.

7. Copiers and Printers

There are color and black-and-white printers available for student/clinical use in the front office and Materials Center. Students may also use the copier/scanner located in the Materials Center. For class or research materials, students should use the printer in the Tech Center or in the computer lab located in Prof 102. These printers deduct from student use funds.

8. Repair Requests

Repairs of equipment and materials should be reported immediately to a clinical supervisor, Clinic Assistant, or Director. A repair request can be submitted via email to the Clinic Assistant to aid in troubleshooting and reporting the problem. Any problem with building operation, such as temperature control, elevator operation, water and waste drainage, etc., should be reported immediately to the Clinic Assistant or Director. Please bear in mind that Clinic equipment and materials are costly and fragile; caution should be taken to protect all items. If they are abused or lost, limited funding will not normally permit immediate replacement.

9. Portable Audiometers and Tripods

Portable audiometers and tripods may be obtained in Room 120D (Copy Room). Reservation, check out, and check in procedures must be followed.

E. Infection Control Policies

Environmental infection control guidelines and basic housekeeping practices must be followed by all Clinic faculty, staff, and students to protect patients and other Clinic personnel. Each student will complete an infection control training before initiating patient care. The following infection control protocols are organized via two sources of contamination: Environmental and Human.

Environmental:

- Surface Disinfection: Each treatment/therapy room contains disinfectant spray and paper towels.
- Each practicum student is responsible for cleaning counter tops, table tops, chair arm rests, and test equipment surfaces following each Clinic session or test procedure. Surface debris is to be removed, then the surface is to be disinfected.
- Earphones for all audiometers will be wiped with disinfectant following each use. The table surfaces used for hearing aid modifications will be cleaned and disinfected following each use.
- Toys used will be cleaned of surface debris and may be placed in the marked box in the Materials Center for complete disinfecting.
- Additional cleaning, disinfecting, and sanitizing procedures may be provided depending on area or equipment.

Human:

- Handwashing: Hands will be thoroughly cleaned before and after each patient contact, before and after handling in-patient care devices, before preparing and serving food/snacks, before and after performing personal hygiene.

- When water is not available, a no-rinse antibacterial hand disinfectant will be used.

Gloves:

- Gloves will be worn for all procedures that may create exposure to saliva, blood, cerumen, ear drainage, or contagious rashes, and other situations as deemed appropriate by each clinician.
- Gloves will be worn when performing invasive procedures on all clients.
- Gloves will be changed and discarded after each patient contact. Hands will be washed/sanitized before and after use of gloves.

PPE:

- Additional PPE may be required depending on Clinic and/or University policies.

F. Clinic COVID-19 (Coronavirus) Policy

As a COVID-19 precaution, all faculty, staff, students, patients, and clients will be required to respond to screening questions on days they are scheduled to be in the Clinic. For MSU CSD students, instructors may also require screening on days students are scheduled to attend offsite practicum or externships. Screening questions will include a review of COVID-19 [symptoms](#) (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomited, diarrhea), as well as questions about display of symptoms or possible exposure. For further information regarding self-screening, please review the COVID-19 information on the Centers for Disease Control [website](#). Individuals displaying COVID-19 symptoms will not be permitted in the Clinic and are encouraged to get tested. Please contact your physician or health insurance provider if you have questions regarding COVID-19 testing. Testing is also available at [Magers Health and Wellness Center](#). For updates on the University's response to COVID-19, please refer to the [website](#).

In the event of possible COVID-19 exposure among MSU SHC faculty, staff, students, patients, and clients, guidelines from the CDC and Springfield-Greene County Public Health Department (SGCPHD) will be followed. Per current SGCPHD and CDC guidelines, close contacts of COVID-19 cases will be monitored by County contact tracer personnel with a 14 day self-quarantine. It is this SGCPHD employee who will give official approval re: when the student, staff, or faculty member may return to work; proof of approval will be required prior to return to the Clinic. The [CDC defines close contact](#) is as "someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolate."

In the event of policy changes related to COVID-19, all students will be informed by the Clinic Director.

G. Patient/Client Care

AuD and SLP student clinicians are typically notified of their patient's arrival via the intercom system. It is the clinician's responsibility to be aware of the time and to check with the front office if they have not heard the page. If patients are late or do not show to their appointment, the clinician will follow individual supervisor instructions regarding calling the client and leaving the clinic.

H. HIPAA Guidelines

Patient care confidentiality will be maintained at all times. Please refer to [SHC HIPAA Policies and Procedures](#) when handling clinic documentation and other PHI. Paper files or papers with PHI are not to be removed from the Clinic. Clinicians should not discuss patient difficulties or progress regarding

treatment in the waiting room or hallways. Individuals seeking specific treatment/evaluation feedback should be led to a private room within the Clinic where open discussion may occur with secured confidentiality and without interruption.

I. Admission

The [Request for Services](#) will need to be authorized by the patient or the patient's parent/guardian. The parent/guardian or patient is to sign the Request for Services form at the beginning of their first semester and each spring semester thereafter in which the patient is seen at the Clinic for treatment, or prior to the diagnostic. The form is completed by the family with instruction provided by the Clinic Receptionist/Clerk. These forms are also considered release of liability forms for the Clinic. They are very important and must be handled responsibly. A [Likeness Release Policy](#) must be completed for authorization of any video/audio tape recording, photographs or films taken of patients when not used for teaching purposes. Recording for educational purposes is authorized on the Request for Services form (See HIPAA guidelines).

J. Authorization to Use and Disclose Information

Confidentiality of patient information must be maintained at all times. Written and verbal information pertaining to patients, active and inactive, is to be treated in a confidential manner. Patient information is not to be discussed outside professional environments. Patients, or their parents, must sign the [Clinic Authorization to Use or Disclose Information form](#) any time information is requested from or sent to another on behalf of the patient.

K. Maintenance of Clinical Records

1. Electronic Charts: Current clinical records are found on Practice Perfect. Should an electronic chart not be found for an assigned patient, notify the Clinic Director or Clinic Assistant. In addition to the Practice Perfect files, SLP clients have Working Files stored on the SHC Sharepoint. Information from electronic charts (both Practice Perfect and Sharepoint) should NEVER be stored on personal devices or hard drives. Students may save records on the secure Sharepoint while treating the patient. Proper procedures for home access of Sharepoint must be followed.
2. Paper Charts: Older charts are housed in the Clinic Copy Room, room 120 D, and are released on a written check-out basis.
3. Release of Information: Any requests for release of confidential information (reports, test results, etc.) to be sent to another site are handled by the front office based on completion of proper authorization (see *Authorization to Use and Disclose Information*, above).
4. Patient permanent files are kept for 10 years past last treatment, or until age 23 if the patient was last seen as child.
5. Client Contact Log: The Client Contact Log in Practice Perfect is to be completed to log phone calls, mailing of reports, and consultations. The student clinician, supervisor, or staff completes the Client Contact Log following these activities, and places their name as the Responsible Party. For SLP, the Client Contact Log should also be updated each semester by the treating clinician in relation to disposition of the client.
6. Updated Information: Any updates to name, address, contact information, and guardian information is made by filling out the Records Information Update form and then turned in to the Clinic Receptionist.

L. Teleservices

Provision of teleservices has been approved by the MSU Information Security Office when specific guidelines are met. Teleservices are only provided when arranged by SHC faculty and staff, and only approved platforms may be used. As described under [SHC HIPAA Policies & Procedures](#), prior to providing teleservices, faculty and students must sign the MCHHS Telehealth Remote Provider Agreement. Clients/patients must sign the [Telepractice Consent](#) Form. Discipline-specific procedures will be reviewed with students by faculty.

AUDIOLOGY POLICIES & PROCEDURES

A. Pre-Practicum Requirements (CAA Standard 5.1)

All first year audiology students participate in a Basic Audiometry course and a clinic orientation prior to beginning clinical practicum. Students must demonstrate basic skills and knowledge of testing procedures during their basic audiometry course and during assigned labs, including two practice hearing evaluations. Students will also complete assigned simulations prior to patient contact.

B. Practicum Requirements (CAA Standards 3.1 A, 3.6A, 3.7 A, 3.8A, 3.10)

Students will receive their practicum assignments prior to the beginning of each semester. First year students will be assigned clinic slots in the Missouri State Clinic. During the second year, students will be assigned clinic slots in the Missouri State Clinic as well as the equivalent of one day per week at an off-site clinical placement, assuming the student has completed all previous clinical requirements and has met the minimum requirements for off-campus placement. During the third year, students will be assigned at the Missouri State Clinic and at an off-site rotation two days per week, assuming that the student has completed all previous clinical practicum satisfactorily. The fourth year of practicum will consist of a full-time externship, taking place during the last year of the doctoral program (beginning the summer of the third year and continuing through the spring of the fourth year). Please see section titled Off-Campus Practicum and Externship for details on the placement process. The practicum assignment includes seeing all patients for requested services during each student's clinic time, completing all pre and post evaluation paperwork for each patient seen, including chart notes and reports. Providing satisfactory clinical service to the patient may include activities that do not occur during the scheduled visit, such as researching resources for the patient, making contact with referral sources, and conducting follow-up contacts. All such activities will be approved by the student's preceptor.

Practicum assignment also includes maintenance of the clinic facility, including equipment. All students are responsible for keeping the clinic area in order, cleaning audiological equipment and testing supplies, reporting low supplies, maintaining the appropriate forms. For example, if a student uses the last audiogram, he/she is expected to make more copies. A copier is available in the Materials Center, room 136, for clinical use.

Practicum is supervised by licensed and certified audiologists (i.e., preceptors). Amount of supervision is based on the student's level of competency as determined by the preceptor. Student's level in the program and completed coursework are considered. Through practicum, students are provided with opportunities to work with individuals across the life span with various types and severities of changes in structure and function of the auditory and vestibular system and related disorders.

C. Clock Hours and Typhon

Clock hours serve as a record of client contact, diversity of clinical experience, and time spent in competency development. Students are responsible for logging all clock hours. On-site client contact hours will be recorded in Typhon (Case Logs). During off-site and externship, the students will document client contact hours (Case Logs) as well as a “clock in/clock out” Time Logs. Preceptors must approve all Typhon entries. At the end of the semester, students should notify the Clinic Assistant that all Typhon hours are approved. Both Case Logs and Time Logs will be compiled into a Clock Hour Cover Sheet by the Clinic Assistant.

D. Clinical KASA

As part of the ASHA requirements, the students will demonstrate clinical competencies to the clinical preceptors throughout their graduate career. The student will be supplied with a form for tracking clinical skill development. Both on-site and off-site preceptors will sign off on specific skills when demonstrated.

E. Off-Site Practicum and Externship Process (CAA Standards 3.6A and 3.9A)

During the 2nd and 3rd year students will be assigned to off-campus practicum rotations. These sites include schools, clinics, hospitals, ENT offices, and private practices located in Springfield and the surrounding area. Affiliation agreements are kept between the University and all practicum sites. Travel will be required for many of the off-site experiences. Each of the off-site clinics will have their own protocol that the student will have to learn.

Assignment to the off-site experience is determined by faculty. In the semester prior to the placement, students complete an offsite request form. The form allows them to make requests (i.e., type of experience, travel preferences). Placements are made to ensure that students receive exposure to different practice settings, a variety of supervisors, and a variety of practice experiences.

The last year of graduate school will be spent in a clinical externship. Sites that are appropriate for this experience are often located outside of Springfield. Students work with faculty to select an appropriate placement. Students enroll in a didactic class that guides them through the process of finding a placement (CSD 900). Prior to contacting a prospective placement site, students must obtain approval from faculty. Approval ensures the appropriateness of the site, given the student’s current and planned offsite experiences, and is based on a review of the credentials of the site and the staff. When the student identifies a site of interest and the site offers the student a placement, an affiliation agreement is established between the University and the site.

Guidelines and expectations for off-site practicum/externship will be provided to the off-campus preceptors. For all external placements (offsite and externship), supervisors are asked to evaluate student performance at least twice per semester – at mid term and at the end of the semester. They are also asked to provide the student with ongoing feedback. The off-campus preceptors will assign a final grade to the student in Typhon. Faculty will communicate with preceptors throughout the experience, and preceptors are encouraged to bring any issues or concerns to faculty.

F. Practicum Grading and Class Meetings (CAA 5.1, 5.2)

Students will be informed of the grading process for practicum in the CSD 895 syllabus and in their CSD 895 class meetings. In line with University Graduate College policy, a grade of “C-” or below for clinical

practicum would result in required repetition of the course. In addition, clinical clock hours earned for the semester would not count. A semester grade of “C+” or “C” would initiate a remediation process but not loss of clinical clock hours.

All audiology graduate students are required to attend regularly scheduled clinic meetings throughout the semester (time to be announced each semester). Students will be provided a schedule of meetings and topics during the first week of classes of each semester.

G. Audiology Clinic Schedule

The Clinic schedule is maintained on Practice Perfect. Audiology patient appointment scheduling is managed by the audiology assistant. Students have access to the schedule via Practice Perfect in order to see their assigned patients.

H. Patient Charts

Students have access to patient charts on Practice Perfect in order to prepare for their appointments. The student should be aware of the following component’s of the patient’s electronic chart:

- File numbers: Patients are assigned a number by the audiology assistant or other staff. They student will need to use this number when completing clinic forms and reports.
- Audiology Intake: The audiology assistant completes an electronic intake when scheduling an appointment. The student will use it to obtain information about the patient. (Older paper copies of the intake are blue.)
- Chart Note: Students must record when they see a patient for an appointment. If no report was written, the student must write a chart note. Rechecks, earmold impressions or fittings, hearing aid fittings, etc. must be noted.
- Contact Log: In the even the student has phone contact with a patient, this communication must be recorded on the patient’s Contact Log. Student must contact preceptor to initiate this process.

I. AUD Reports (CAA Standard 3.1.1A)

A report must be written for every audiological evaluation. In cases where it is necessary to write a report the following rules should be followed:

1. The first draft of the report must be submitted electronically (on secure server) within 24 hours of seeing the patient.
2. The report must be formatted according to established guidelines. Preceptors will provide templates and sample reports for reference.
3. The report must be edited for spelling and grammar before submitting the first draft.
4. Flow sheet must be updated as report is submitted to preceptor and returned.
5. Report must be completed within 10 working days. Failure to achieve this will adversely affect the grade.

J. Maintaining Audiological Equipment/Supplies

1. Listening Checks: A listening check must be completed and logged every day. The first clinicians to see patients for the day will be responsible for completing listening checks. A log will be in the test side of the booths. The check will be completed using the method described in Katz. The check must be completed before seeing patients

2. Biologic Checks: Students must perform biological check on bone conduction of diagnostic audiometer.
3. Cleaning Probes: Clean all probe tips and otoscope tips in ultra sonic cleaner as needed.
4. Supplies: Students are responsible for notifying the audiology assistant when supplies are running low so that they may be replenished and patient care will not be affected.
5. Forms: Students are responsible for making copies of forms as they run low. Do not use the last copy of a form.

K. Keeping Clinic Areas Tidy

Students are responsible for cleaning up the sound booth, hearing aid fitting areas and hearing aid modification areas after seeing patients and at the end of the day. This includes tasks such as clearing scrap paper off the desk around the audiometer, putting away blocks or puzzles or placing probe tips in the appropriate place to be cleaned. It also includes turning off all equipment for students who are the last to see patients for the day. A complete list of opening and closing duties are posted on the bulletin board across from the preceptor's offices.

L. Purchasing Policy

Since the field of audiology deals with products (hearing aids, earmolds) as well as services, the student will often participate in the ordering of such items. **NO PRODUCT WILL BE ORDERED WITHOUT APPROVAL FROM THE PRECEPTOR.** The AUD student clinicians are to complete an invoice for products, and receive funds from the patient accordingly. The Audiology Preceptors and the Audiology Assistant will work with the student regarding the process.

M. End of the Semester

- **REPORTS:** All graduate students must have completed and processed all reports by the end of the semester. Failure to do so will result in an incomplete grade.
- **FINAL CONFERENCE:** Students will participate in a final conference with their preceptor. Students are responsible for scheduling a time for conference with their preceptor during finals week.

N. Attendance Policy

If you are unable to attend your on campus clinic rotation, submit a request, via email to switch slots with another student. You must receive prior approval from your preceptor before making a change. Once approval is given, the student requesting the switch is responsible for notifying the audiology assistant. Reciprocation of coverage is expected, i.e., you must cover a slot for the student who covered for you. In situations of illness you are still responsible for finding coverage of your assigned clinic slot. In situations of emergency, inform your preceptor immediately that you are unable to find a replacement. Students are responsible for "making up" all absences. Please see course syllabi and addendums (including off-site addendum) for further information regarding attendance policies.

O. ESSENTIAL FUNCTIONS OF AUDIOLOGY (CAA Standard 4.2, 4.9)

The Essential Functions of Audiologists establishes the expectations and requisite abilities considered necessary for professionals in the field of audiology. Students in the Missouri State University Department of Communication Sciences and Disorders/Audiology program are to achieve the level of competency required for graduation and practice. Any student who may require academic

accommodations to fulfill the essential functions due to a disability is encouraged to contact the Disability Resource Center (<http://www.missouristate.edu/disability/>).

The following Essential Functions were developed with the American Speech-Language and Hearing Association clinical skill performance guidelines in mind and are also deemed necessary for successful practice as a teacher of the deaf and hard of hearing. Many of the essential functions are introduced and coached within CSD coursework and practicum.

Physical Abilities:

- Participate in professional responsibilities/activities for up to eight hour blocks of time.
- Be self-sufficient when moving to, from, and within the work setting.
- Complete diagnostic or instructional evaluation/assessment.
- Effectively implement necessary treatment plan/lesson plan, including use of materials/instrumentation and data collection.
- Provide a safe environment for others in responding quickly to unpredictable situations including fire, medical and environmental (e.g., weather related) emergencies and in applying universal precautions (standardized approach to infection control).
- Provide appropriate model of language and speech according to the needs of individual clients.
- Visually and auditorally monitor patient responses and materials.
- Make accurate judgments about speech and/or acoustic signals.

Behavioral and Social Attributes:

- Maintain composure and emotional objectivity in demanding situations.
- Communicate effectively and appropriately with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
- Understand and respect supervisory authority.
- Maintain appropriate professional behavior, including punctuality, regular attendance and prompt completion of responsibilities.
- Comply with administrative, legal, and regulatory policies in multiple clinical and educational settings.
- Demonstrate compassion, integrity and motivation in delivering professional services.
- Collaborate with peers and other professionals.

Intellectual Abilities:

- Solve clinical problems through critical analysis.
- Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines.
- Write discipline-specific papers and clinical reports in standard edited English at an appropriate level.
- Analyze, synthesize, interpret and retain ideas and concepts in academic and diagnostic/treatment/ classroom settings.
- Maintain attention and concentration for sufficient time to complete clinical activities for up to eight hour blocks of time.

EDHH POLICIES & PROCEDURES

A. Description of Practicum

Undergraduate students are enrolled in CSD 497-Observation Clinical Practicum during their final year, and will obtain experience in the CSD Speech, Language and Hearing Clinic. Students entering these courses are required to complete the HIPAA trainings, sign the clinic's confidentiality form, acquire student liability insurance and have a TB Skin Test prior to coming in contact with children in the involved programs. Graduate students are enrolled in CSD 795-Advanced Clinical Practicum for their practicum experiences on-campus and off-campus. The on-campus experiences will be in the CSD Speech, Language, and Hearing Clinic's Preschool for Children who are Deaf or Hard of Hearing. The off-campus experiences will be in the surrounding public schools that encompass educational programs for children with a hearing loss. An additional handbook explaining the specifics of off-campus practicum will be provided to the student by the off-campus practicum supervisor. In the last semester of their graduate program, the students are enrolled in CSD 796-Student Teaching course and will receive a specific handbook for that experience by the student teaching university supervisor. Placements for all practicum experiences are assigned at the beginning of each semester. Student Teaching placements are assigned prior to the actual semester of involvement. Students may request a particular Student Teaching placement with the final decision being made by the EDHH faculty. Requests may be made for placements that are local and/or distant.

Practicum Sequence

First Summer Semester:	No practicum	
First Fall Semester:	CSD 497	(3 credit hours-on campus)
First Spring Semester:	CSD 795	(3 credit hours-on campus)
	<i>and</i> CSD 795	(1 credit hour-on campus)
Second Summer Semester:	CSD 795	(2 credit hours-on campus)
Second Fall Semester:	CSD 795	(3 credit hours-off campus)
Second Spring Semester:	CSD 796	(8 credit hours/Student Teaching)

B. Mandatory Meetings Connected with Practicum

Meeting Schedule

On-Campus Practicum: 2-3 hour group seminar per week
½ hour individual meeting per week

Off-Campus Practicum: 2 hour group seminar per week

Meeting Description

Group Seminar: Students meet with their assigned supervisor(s) to discuss observations, documentation, educational and behavioral techniques, educational report writing, teaching strategies, and more.

Individual Meetings: Students meet with their assigned supervisor(s) to discuss their weekly progress.

C. Clock Hours

For on-campus practicum, clock hours are accumulated on an Excel spreadsheet created by the supervisor that can be found on the Webster server. Each week, the clinician will need to document their hours by 8 a.m. on Fridays for the supervisor to review and approve.

Contact hour requirements and descriptions vary with different practicum placements. Students will be informed of their contact hour requirements at the beginning of each new practicum assignment by their assigned supervisor. The [Summary of Contact Hours for CED](#) form will be housed in each student's practicum file in the Clinic office. Students may use a Summary of Contact Hours for CED form for basic record keeping of accumulated clock hours over the course of each semester. It is constructed to allow concise categorical recording of all assessment and management practicum hours. Failure to keep an accurate record of hours may result in time lost. The Summary of Contact Hours for CED form is to be submitted to the Clinic office each semester after hours have been recorded and designated supervisor signatures secured. Each student should keep one copy for themselves and provide a copy for the assigned supervisor as requested.

D. Observations

At the beginning of each new practicum assignment, students will be required to observe and report upon observations utilizing one of the following forms:

- Preschool for the Deaf and Hard of Hearing Observation form (provided in the Blackboard course for the on-campus practicums for CSD 795)
- Off-Campus Observation form (provided in Off-Campus Practicum Handbook)

E. Lessons

For on-campus graduate practicum assignments, students are required to develop lesson plans, implement lessons and evaluate implemented lessons. Procedures for completing these tasks will be addressed in the course syllabus for the group seminar meetings. Off-campus lesson requirements will be provided in the Off-Campus Practicum Handbook.

On-Campus Lesson Forms:

Lesson Plan Form for Preschool practicum (provided in the Blackboard course for the on-campus practicums for CSD 795)

Lesson Evaluation Form for Preschool practicum (provided in the Blackboard course for the on-campus practicums for CSD 795)

F. Evaluation of Practicum Student

For on-campus graduate practicum assignments, students are evaluated weekly and are provided feedback either verbally during individual meetings and/or quantitatively through an electronic practicum evaluation worksheet which will be sent via email. The form and further information regarding evaluation will be provided in the Blackboard course for the on-campus practicums for CSD 795.

Off-campus evaluation procedures will be provided in the Off-Campus Practicum Handbook.

G. On-Campus Practicum Materials

Students may obtain materials to be used only within their on-campus practicum assignments from the following areas: DHH Preschool, Language Intervention Lab, Home Simulation Lab, Clinic Materials Center, and DHH Resource room. If materials are leaving their designated area, they must be checked out through the appropriate channels (i.e. check-out sheet, verbal request to supervisor). Materials are to be returned to their designated area, and in the exact location of which they were found,

immediately after use with a class, client and/or family. Upon return, materials should be clean and in the same working condition as they were when they were checked out.

H. Practicum Requirements

MSU requires certain clearance documents for off-campus practicum experiences. These requirements also apply to on-campus practicum. They can be found here:

<https://www.missouristate.edu/professionaled/compliance/>. EDHH students will complete the MoVECHS background check. MoVECHS results are monitored by a College of Education representative. All other requirements are already a part of the CSD graduate program entry requirements; see above.

SPEECH-LANGUAGE PATHOLOGY POLICIES & PROCEDURES

A. SLP Practicum Sequence (CAA standards 3.1B, 3.4B)

- First Fall Semester/Level 1: CSD 795, 2 credit hours (typically involves one clinic/client assignment, ~2-4 weekly client contact hours, offsite hearing/speech/language screenings, observation of diagnostics)
- First Spring Semester/Level 2: CSD 795, 4 credit hours (typically involves 3 clinic/client assignments, ~6-8 weekly client contact hours, 1-2 diagnostic assignments, offsite screenings)
- Summer Semester/Level 3: CSD 795, 3 credit hours (typically involves 3 clinic/client assignments, ~6-8 weekly client contact hours, 1-2 diagnostic assignments)
- Second Fall Semester/Level 4: CSD 795, 4 credit hours (typically involves 2 clinic/client assignments, ~4-6 weekly client contact hours, 1-2 diagnostic assignments, offsite screenings)
- Second Spring Semester/Level 5: CSD 797 2 externships/3 credits each
 - School related externship 8 weeks/5 days a week
 - Healthcare related externship 8 weeks/5 days a week

B. SLP Scheduling Information- Onsite Clinical Practicum (CAA Standard 3.6B and 3.7 B)

Clinic scheduling for patients receiving treatment is established before each academic semester. The Clinic schedule is available in the Clinic the week before classes begin. The students' past assignments will be reviewed prior to assigning for subsequent semesters to assure a variety of clients across the life span and depth and breadth of scope of practice.

The clinician is directly responsible to the assigned supervisor regarding all patient management decisions. Everything pertaining to diagnostic evaluations, management, parent involvement, referral, etc., must be discussed and approved by the supervisor. In turn, all decisions pertaining to scheduling, room, time, day, etc., must be approved first with the supervisor and finally the Clinic Director.

All Clinic schedule changes must be approved through the supervisor and then the Clinic Director's office. The clinician is not to change appointment times, except according to stated procedure. Inform the Clinic Director, in writing, of any schedule changes agreed upon by the parties affected. A [Schedule Change](#) sheet is to be completed and given to the Clinic Assistant.

Decisions regarding patient dismissal are primarily the responsibility of the assigned clinician and supervisor. Consultation may also be needed with the Clinic Director. Again, written notification of the decisions regarding patient dismissal must be made to the Clinic Director.

The Master SLP Clinic Schedule for is maintained in the main Clinic office.

C. SLP Clinical Service Delivery

Utilization of Therapy Materials:

Although the Clinic attempts to supply numerous and varied therapy materials for practicum use in treatment, students may wish to initiate a personal collection of stimulus materials. Each student will be assigned one shelf in the Materials Center on which they will store their personal therapy materials. Therapy materials are available for checkout in the Materials Center and LIL. Students must follow proper procedures for checkout of Clinic materials.

Before a treatment session, ensure the cleanliness and safety aspects of all materials to be used. Consider how materials will be housed as treatment is delivered. At the end of a session, the procedures described above under Infection Control must be followed, as well as the general guidelines regarding use of Clinic space.

Family Involvement: (CAA standard 3.1.1B, 3.8B)

The quality and quantity of patient-family interaction is a major influencing factor affecting skill development in communication for patients of all ages. Professional literature has increasingly stressed the desirability of family/caregiver involvement in treatment for communication disorders. The practicum student is responsible for initiating family involvement procedures when assigned a patient when deemed appropriate for the case. Extent and progression of family involvement should always be approved by the clinical supervisor prior to initiation. Activities in which families may participate include:

- Discussion and clarification of case history data
- Observation of treatment/service delivery
- Discussion of information related to treatment (e.g., objectives, materials, instructional strategies, etc.)
- Explanation and demonstration of techniques and materials to incorporate outside the Clinic setting.

Patient/Parent Conferences: (CAA standard 3.1.1B, 3.8B)

The student and supervisor will discuss results of diagnostic evaluation information, treatment objectives, and/or recommendations prior to patient/parent conferences. The supervisor will be present for all family/parent/patient conferences unless deemed otherwise by the supervisor. The practicum clinician should be thoroughly prepared before the conference. The practicum clinician should then verbally present a comprehensive report regarding pertinent patient information at the conference and be prepared to address questions regarding the case.

D. SLP Documentation & Reports (CAA Standard 3.1.1B, 3.8B)

In order to develop clinical writing skills, practicum students are required to prepare daily session documentation and numerous clinical reports during a semester. Pertinent references are the Treatment Resource Manual for Speech-Language Pathology, 5th Edition (Roth & Worthington, 2018) and Assessment in Speech-Language Pathology. Students are also provided with templates and sample

reports, as well as instruction during their CSD 795 seated coursework. The Missouri State Writing Center is also a campus resource for guidance in writing skills. (CAA Standard 4.9)

Billing/Attendance Logs

SLP Clinicians are to complete an attendance log immediately upon completion of an evaluation/diagnostic. The appropriate ICD-10 diagnosis code, and CPT, treatment codes are to be completed. The clinician will consult with the supervisor regarding the appropriate code. The decision regarding coding is part of the learning experience in determining diagnosis and treatment.

Attendance logs for patients receiving ongoing services will be given to the students by the Clinic receptionist. The SLP student clinicians are to complete an initial monthly log providing the Clinic receptionist with a copy so that the patient database can be built with the ICD-10 and CPT. The original attendance calendar, providing the full semester dates of services, will be given to the Front Office at the end of the semester.

Daily Documentation

The student will prepare a Session Plan prior to each session and a SOAP note summarizing each session. Each supervisor will specify deadlines or any additional specific requirements. Daily documentation for ongoing clients is stored in the client's Sharepoint folder.

SLP Diagnostic Evaluation Reports

A diagnostic report is to be generated for any patient evaluation. A Diagnostic Report Template is available for reference on the Clinic server, as well as sample diagnostic reports. Supervisors may also provide additional guidance regarding report format. Each SLP diagnostic evaluation is required to have a prognostic statement at its conclusion. The initial draft of the diagnostic report is due within 48 hours following the evaluation. Upon submission of the report, including a [Diagnostic Report Cover Sheet](#), the supervisor critiques the technical writing and report content. After having this draft returned, the clinician prepares the revised copy of the diagnostic report. It is then resubmitted to the supervisor for approval and signature. The final, signed copy is given to the Front Office with the cover sheet attached. The original report is added to patient's file and copies are sent to the agencies and/or individuals as requested and authorized. The student is to make the number of copies required for release to other parties as requested by the patient/family. The copies are given to the Front Office for mailing. Punctuality in submitting clinical reports to the supervisor is considered an important aspect of the student's demonstration of professionalism.

SLP Treatment Summary Reports

Treatment Summary Reports are written on every patient served in the Clinic regardless of the enrollment length. The purpose of the report is to record pertinent information regarding the patient's disorder characteristics, goals and objectives, patient response to therapy, progress achieved and recommendations for future management and planning. These reports also serve as useful guides for future clinicians when outlining therapy goals for the patient, ensuring continuity of service. If a patient has received only a few treatment sessions prior, the content and length of the report would be modified dependent upon that particular patient's needs.

The format used for Treatment Summary Reports should be followed carefully. Students can refer to templates provided. The practicum student must learn to describe each patient's behavior accurately

and specifically. The first part of the report (through the Treatment Strategies section) is prepared in rough draft form by the clinician and is submitted electronically to the supervisor for editing and comments. Deadlines are set by supervisor. The [TX Report Cover Sheet](#) should be placed in the supervisor's mailbox, showing completion of the draft, and returned to the student's mailbox by the supervisor after revision. After the initial draft, the student will make a copy of the supervisor's revised draft naming this "Draft 2, Draft 3, etc." They will accept all supervisor track changes and highlight any changes made from supervisor suggestions. After all revisions are made by the clinician, the cover sheet is again placed in the supervisor's mailbox. The student is responsible for proof-reading the final report before submission for signature by the supervisor. Final Treatment Summary Reports are added to the patient's permanent file for reference. It is essential that the final copy be specific, concise, objective, and accurate.

SLP Discharge Summary

When a patient is discharged from therapy, the Treatment Summary may be used as the Discharge Summary and noted in the disposition section and recommendations section of the report. At times, a supervisor may request that a Discharge Summary be completed. Procedures for processing the report should follow those used in processing final Treatment Summaries.

E. Supervision and Supervisor Feedback (CAA Standard 3.7B)

Clinical supervision is provided by licensed and certified speech-language pathologists and meets the requirements established by the Council for Clinical Certification (CFCC), the credentialing body of ASHA. The amount of direct supervision will be commensurate with the student's knowledge, skills, and experience and will be at least 25% of the student's total contact with each client/patient.

Clinical supervisors provide ongoing feedback. Feedback includes written feedback of sessions provided to the student on the Clinic server, written feedback on submitted clinical documentation (e.g., Session Plans, SOAPs, reports, etc.), and verbal feedback provided in supervisor meetings. Feedback may also include emails or other electronic communication (e.g., Facebook groups, Blackboard, etc.). The student bears responsibility for clarifying feedback with the supervisor, incorporating feedback from the supervisor, and taking an active process in case management with the supervisor.

F. SLP Grading (CAA Standard 5.1 and 5.2)

Each semester the 795 syllabus will detail the grading scale appropriate for that level of experience. Grading will be based on the student clinician's performance in clinic, development of clinical competencies, and any additional CSD 795 assignments. See CSD 795 syllabus for specific grading scale.

G. CSD 795 Attendance Policy

Clinic grading is an assessment of the student's development of clinical skills, based on performance over the course of the semester, in scheduled practicum. Consistent attendance allows clinical supervisors to sufficiently facilitate skill acquisition and to observe the student's growth over time. Absence/cancellation of clinic sessions is ONLY expected in the case of illness or emergency. Vacations/travel should not be scheduled during dates when the student is enrolled in practicum. Specific circumstances or accommodations can be addressed with the clinical supervisor and clinic director (see below).

The minimum expected attendance rate is 90% (includes excused or unexcused absences) of scheduled sessions for each assigned client. Each unexcused absence results in final grade reduction of 5 percentage points. An attendance rate below 90% will result in a meeting with the supervisor and clinic director to discuss student performance and determine need for support and/or program modifications. In some cases, excessive absences may result in extension of the program because the student may require additional time to demonstrate clinical competency. Repeated issues/concerns with attendance across semesters may also lead to concerns about professionalism (please see CSD Professionalism Policy).

**Special circumstance or accommodations will be considered on an individual basis. If you have a concern about potential or anticipated absences, please make an appointment with the clinic director right away to discuss.

Excused absences from clinic may include: illness, death in the family, primary caregiver responsibilities, jury duty, university-sanctioned events, emergency situations within immediate family, other special circumstances approved by clinic director. A doctor's note or proof of emergency may be requested.

Unexcused absences include: vacation, travel, traffic, outside work schedules, class assignments, hearing/speech screenings, non-emergent family or social events (e.g., weddings, reunions)

H. SLP Externship Process (CAA Standards 3.6B, 3.7B, 3.8B, 3.9B)

External practicum sites for speech-language pathology externships are identified initially by setting type (e.g., skilled nursing facility, elementary school, etc.). Students are required to complete one externship in a healthcare setting and one externship in an educational setting, each 8 weeks in length. Placements are assigned by the clinic director based on alignment with student interest, availability of supervision, and diversity of the experience. Students submit their requests in writing during Spring I semester. Best effort is made to accommodate the individual student's request for a specific geographic area when possible. Each will have an affiliation agreement in place prior to start of the externship. The course syllabi for externships will list the educational objectives. A phone conference is completed with the clinical supervisor during the externship to discuss student progress, goals, caseload information, and verify adherence to educational objectives. Near the conclusion of the externship, the student and externship supervisor provide the clinic director with site statistics. Students provide feedback regarding the site and supervisor, and externship supervisors provide feedback regarding the student and the graduate program.

I. SLP Clock Hours (CAA Standard 3.1B)

According to the [2020 ASHA SLP Certification Standards](#) (V-C), SLP students must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient care. At least 325 of the 400 clock hours must be completed while engaged in graduate study (thus 50 maximum hours may be carried over from undergraduate study).

ASHA Standard V-F requires that experiences include patients across the life span and from culturally/linguistically diverse backgrounds, include experiences with various types and severities of communication and related disorders, differences, and disabilities.

Each practicum student is responsible for maintaining accurate accounting of diagnostic evaluation and therapy clinical clock hours, including during externships. Graduate clinicians who have attained clock hours of practicum from other academic institutions must provide the Clinic Director with verified copies of clock hours immediately upon entering the graduate program or within the first week of practicum enrollment.

Students will use Typhon Group Healthcare Solutions for record keeping of accumulated clock hours over the course of each semester. It is constructed to allow concise categorical recording of all assessment and management practicum hours. Students will have one week from session with client to enter the hours into Typhon for supervisor approval. Failure to keep an accurate record of hours may result in time loss. Each semester after hours have been recorded and the designated supervisor has approved all hours electronically, students should notify the Clinic Assistant, who will run the report. Clock hours will be reviewed by the Clinic Director. Students can monitor their clock hours via Typhon as well. Specific instructions regarding clock hour accumulation and documentation will be provided in CSD 795.

J. National Student Speech-Language-Hearing Association

All speech-language pathology and audiology majors and graduate students are strongly encouraged to become members of NSSLHA.

K. Essential Functions of Speech-Language Pathologists (CAA Standard 4.2, 4.9)

The Essential Functions of Audiologists establishes the expectations and requisite abilities considered necessary for professionals in the field of audiology. Students in the Missouri State University Department of Communication Sciences and Disorders/Audiology program are to achieve the level of competency required for graduation and practice. Any student who may require academic accommodations to fulfill the essential functions due to a disability is encouraged to contact the Disability Resource Center (<http://www.missouristate.edu/disability/>).

The following Essential Functions were developed with the American Speech-Language and Hearing Association clinical skill performance guidelines in mind and are also deemed necessary for successful practice as a teacher of the deaf and hard of hearing. Many of the essential functions are introduced and coached within CSD coursework and practicum.

Physical Abilities:

- Participate in professional responsibilities/activities for up to eight hour blocks of time.
- Be self-sufficient when moving to, from, and within the work setting.
- Complete diagnostic or instructional evaluation/assessment.
- Effectively implement necessary treatment plan/lesson plan, including use of materials/instrumentation and data collection.
- Provide a safe environment for others in responding quickly to unpredictable situations including fire, medical and environmental (e.g., weather related) emergencies and in applying universal precautions (standardized approach to infection control).
- Provide appropriate model of language and speech according to the needs of individual clients.
- Visually and auditorally monitor patient responses and materials.
- Make accurate judgments about speech and/or acoustic signals.

Behavioral and Social Attributes:

- Maintain composure and emotional objectivity in demanding situations.

- Communicate effectively and appropriately with people in person, by phone, and in written form by considering the communication needs and cultural values of the listener.
- Understand and respect supervisory authority.
- Maintain appropriate professional behavior, including punctuality, regular attendance and prompt completion of responsibilities.
- Comply with administrative, legal, and regulatory policies in multiple clinical and educational settings.
- Demonstrate compassion, integrity and motivation in delivering professional services.
- Collaborate with peers and other professionals.

Intellectual Abilities:

- Solve clinical problems through critical analysis.
- Seek relevant case information, synthesize, and apply concepts and information from various sources and disciplines.
- Write discipline-specific papers and clinical reports in standard edited English at an appropriate level.
- Analyze, synthesize, interpret and retain ideas and concepts in academic and diagnostic/treatment/ classroom settings.
- Maintain attention and concentration for sufficient time to complete clinical activities for up to eight hour blocks of time.

L. Knowledge and Skills Acquisition (KASA) (CAA Standards 3.1 B, 5.1, 5.2)

The development of clinical competencies is monitored via the CSD 795 grading process. Students are given access to their clinic grades each semester, but students may also review their overall progression toward their clinical competencies with their advisors or Clinic Director. Student competencies met in both didactic and clinical courses are tracked by the CSD Department.

McQueary College of Health and Human Services

Telehealth Remote Provider Agreement

In an effort to practice social distancing during the ongoing COVID-19 pandemic, telehealth may be provided remotely by providers at their homes until the Dean of McQueary College of Health and Human Services directs otherwise.

Before providing telemedicine remotely, providers must agree to the following to ensure a safe and professional experience for both patient and provider.

1. I will maintain a private environment during treatment in order to maintain patient confidentiality and ensure that treatment interactions are not overheard.
2. I agree to only using devices for telemedicine that are running up-to-date, regularly patched operating systems.
3. I agree to use anti-virus software and keep it up to date with the most recent virus definitions.

Student Provider

Printed Name

Signature

Date

Provider

Printed Name

Signature

Date

Missouri State University
Speech-Language-Hearing Clinic
901 S. National Avenue
Springfield, MO 65897
Phone: (417) 836-5275 Fax: (417) 836-7662

Authorization for Use and Disclosure of Protected Health Information

All disclosures are in compliance with Federal and State laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), governing the use and disclosure of Protected Health Information (PHI).

Print Name of Patient/Client

Date of Birth

Previous name under which records may be found

I hereby authorize the Missouri State University Speech-Language-Hearing Clinic ("Clinic") to:

____ Disclose/Release to ____ Obtain from ____ Communicate via phone and/or email with

Name of Person and/or Organization

Phone

Fax

Address

City

State

Zip

Email Address

INFORMATION REQUESTED: I hereby agree to this authorization and understand that it must contain Personally Identifiable Information and PHI as defined by HIPAA to ensure accuracy. I understand I have the right to limit the type of information obtained and/or released and to revoke this authorization by submitting a notice, in writing, to the Clinic's Privacy Officer. **This authorization will EXPIRE one (1) year from 'Date of Signature'**. If I choose to limit information obtained, I understand that the Clinic will be informed that portions of the record have been withheld. I understand that information disclosed may be subject to re-disclosure by the recipient and will no longer be protected by the Clinic. The University and its staff are hereby released from any legal responsibility or liability for disclosure of the below information to the extent indicated and authorized herein.

Medical/clinical records as indicated below:

____ Audiograms
____ IEP

____ Diagnostic Reports
____ Treatment Summaries

____ OTHER: _____

Covering the periods of health care:

FROM: _____ (date) TO: _____ (date)

Patient/Client or Legal Guardian Signature

Date of Signature

Relationship to Patient/Client

Witnessed by (if signature is a "Mark")

Clinic Representative Signature (Clinician)

Supervisor Signature

Note to Recipient: This information has been disclosed to you from records whose confidentiality is protected by Federal and State laws and prohibits you from further disclosure without the written consent of the person to whom it pertains. Charges may apply for copies of medical/health records.



Missouri State

UNIVERSITY

REQUEST FOR SERVICES

Admission of _____
Please print name

to the Missouri State University Communication Sciences and Disorders (CSD)/Speech-Language-Hearing Clinic is requested for evaluation, habilitation/rehabilitation and other services as may be rendered to the patient/client. I understand that, consistent with the mission of the Department of Communication Sciences and Disorders:

- Services are provided by clinical teams. Each team is composed of CSD faculty, graduate student clinician(s), and such other consultative faculty as may be indicated.
 - All clinical faculty hold a Missouri license and a Certificate of Clinical Competence in Speech-Language Pathology and /or Audiology awarded by the American Speech-Language-Hearing Association, or Certification in Special Education with an emphasis in Deaf and Hearing Impaired. Clinical faculty are directly responsible for patient care and supervision.
- Services may be observed by CSD students for educational purposes.
- Services may be observed by visual and/or electronic means, and/or audio and video taped to be used by the student clinician and supervisor in the development of the diagnostic and/or treatment plan. Audio/video tapes of diagnostic/treatment sessions may be used for educational purposes in the classroom. Confidentiality of information will be honored with HIPAA Guidelines followed.
- Due to the unique university educational setting, Medicare billing is not utilized.
- Patients are responsible for payment as determined by the Client Payment Agreement. Further information can be found in the Clinic Policies and FAQ at www.missouristate.edu/csd.

I further understand and agree to the importance of consistent attendance and will make every effort to assure that I and/or the client will be present and on time for every session.

- Three (3) unexcused absences in a semester will be cause for terminating the treatment/education program.
- Frequent excused absences, late cancellations or excessive tardiness may be cause for termination of services.
- In case of illness, notify the Clinic as early as possible at (417)836-5275. Please give at least 4 hours advance notice of cancellation, unless required otherwise by emergencies.

Signature of patient; parent or legal guardian; personal representative

Date

Please print name of person signing form

Witness if signature is a "Mark"

Relationship to patient



Missouri State
UNIVERSITY

Likeness Release Policy

The undersigned hereby irrevocably consents to and authorizes the use by Missouri State University, its officers and employees, ("University") of the undersigned's image, voice and/or likeness as follows: The University shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse the undersigned's image, voice and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in University's products or services, as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release, which may simply be the opportunity to represent the University in its promotional and advertising materials as described above.

Please indicate your agreement to the foregoing by signing below.

Signature _____
Print Name _____
Address, Telephone _____
Date _____

If you are under eighteen (18) years of age, your parent or guardian must sign below:

I represent that I am a parent/guardian of the minor who has signed the above release and that in that capacity University has my consent and authorization to use the name, voice and/or likeness as described above.

Parent/Guardian:

Signature _____
Print Name _____
Date _____



Missouri State[™]

U N I V E R S I T Y

TELEPRACTICE CONSENT ADDENDUM

The American Speech-Language-Hearing Association (ASHA) defines telepractice as “the application of telecommunications technology to the delivery of speech language pathology and audiology professional services at a distance by linking clinician to client or clinician to clinician for assessment, intervention, and/or consultation.” This means we are able to provide speech therapy/audiological services through digital meetings. The student clinician(s), supervisors/preceptors, and client/patient would join a computer-based session at the designated time and would work on the same materials or consult in the same way as an office visit. It is important to know that licensed health care providers can provide care via telehealth in the State of Missouri as specified in section 191.1145.3, RSMo.

I _____ hereby consent to engage in teletherapy and/or receive audiological services involving telepractice with the Missouri State University Speech-Language Hearing Clinic (MSU SHC).

- I understand that “teletherapy” includes treatment using interactive audio, video, or data communications.
- I understand that teletherapy also involves the communication of my medical information, both orally and visually.
- I understand the following with respect to teletherapy/teleservices:
 - I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
 - The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential.
 - I understand that there are risks and consequences from teletherapy/teleservices, including, but not limited to, the possibility, despite reasonable efforts on the part of the MSU SHC, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. The MSU SHC currently uses Zoom for Telehealth to provide teletherapy services, and it is HIPAA compliant.
 - If participating in teletherapy, I understand that I am responsible for 1) providing the necessary computer, telecommunications equipment, and internet access for my teletherapy sessions, 2) the information security on my computer, and 3) arranging a location with my sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

S P E E C H - L A N G U A G E H E A R I N G C L I N I C

901 South National Avenue, Springfield, MO 65897 • Phone: 417-836-5275 • Fax: 417-836-7662

www.missouristate.edu/csd/clinic • CSDClinic@missouristate.edu

An Equal Opportunity/Affirmative Action/Minority/Female/Veterans/Disability/Sexual Orientation/Gender Identity Employer and Institution

Teletherapy or audiological services involving telepractice has been determined to be an appropriate service delivery model for this client/patient. For speech, teletherapy will only be used if determined to be as effective as in-person treatment. If teletherapy is not deemed as effective, you will be notified and referred back to in-person treatment. For certain individuals, we ask that an adult facilitator be present in the room for assisting with technical difficulties or keeping a child on task. Teletherapy may be used as the primary means of service delivery or in combination with in-person services.

By signing below, I indicate that 1) I have received a copy of this privacy policy addendum, 2) have been provided the opportunity to discuss any thoughts or concerns regarding the policy addendum, and 3) understand its contents.

Signed: _____ Date: _____

Printed name of individual signing: _____

Relationship to client/patient, if signed by person other than client/patient: _____

SCHEDULE CHANGE

Board _____ Disposition _____ Clinician _____ Supervisor _____

Add	Drop	Change	Client & File #	Time	Day
Effective Date _____			Only Indicate the info to be changed	Time	Day

Board _____ Disposition _____ Clinician _____ Supervisor _____

Add	Drop	Change	Client & File #	Time	Day
Effective Date _____			Only Indicate the info to be changed	Time	Day

Board _____ Disposition _____ Clinician _____ Supervisor _____

Add	Drop	Change	Client & File #	Time	Day
Effective Date _____			Only Indicate the info to be changed	Time	Day

Board _____ Disposition _____ Clinician _____ Supervisor _____

Add	Drop	Change	Client & File #	Time	Day
Effective Date _____			Only Indicate the info to be changed	Time	Day

Board _____ Disposition _____ Clinician _____ Supervisor _____

Add	Drop	Change	Client & File #	Time	Day
Effective Date _____			Only Indicate the info to be changed	Time	Day

Board _____ Disposition _____ Clinician _____ Supervisor _____

Add	Drop	Change	Client & File #	Time	Day
Effective Date _____			Only Indicate the info to be changed	Time	Day

Clinician Name _____ Client File # _____

DX Report SLP	CheckList--- DAY OF DIAGNOSTIC --- INDICATE DATE OF COMPLETION for each item below: Disposition _____ Billing Invoice _____ Valid Authorization to Release/Obtain _____			
	CheckList--- DAY REPORT GIVEN TO RECEPTIONIST --- INDICATE DATE OF COMPLETION for each item below: Client Contact Log completed _____ Protocols attached to Report and Cover Sheet _____			
Client Initials _____	<u>Client/Parent/Guardian Copy</u> --- INDICATE DATE AND CLINICIAN INITIALS when All copies prepared for Mailing and are attached to original report & Cover Sheet	Date	Initials	
Send Reports to Persons and/or Facilities Listed Below:		Date Mailed	Initials	
1.				
2.				
3.				
Draft Ratings: 1=very easy to edit 3=very difficult to edit		Date given to Supervisor	Date returned to Clinician	Supervisor Initials
First Draft Comments and Rating: 1 2 3		Attach Protocols		
Second Draft Comments and Rating: 1 2 3		Attach Protocols		
Third Draft Comments and Rating: 1 2 3		Attach Protocols		
Fourth Draft Comments and Rating: 1 2 3		Attach Protocols		
Fifth Draft Comments and Rating: 1 2 3		Attach Protocols		

Clinician Name _____ Client File # _____

TX Report	Client Initials _____	CheckList---- <u>INDICATE DATE OF COMPLETION</u> or <u>NA</u> for each item below: Verify Valid Authorization to Release/Obtain _____ Client/Parent/Guardian Report Given at Conference _____ Prepare all copies to be mailed and attach to Cover Sheet _____ Attach Original Report to Cover Sheet _____			
	Send Reports to Persons and/or Facilities Listed Below:			Date	Initials
1.					
2.					
3.					
Draft Ratings: 1=very easy to edit 3=very difficult to edit			Date given to supervisor	Date returned to Clinician	Supervisor Initials
First Draft Comments and Ratings: 1 2 3					
Second Draft Comments and Ratings: 1 2 3					
Third Draft Comments and Ratings: 1 2 3					
Fourth Draft Comments and Ratings: 1 2 3					
Fifth Draft Comments and Ratings: 1 2 3					