



DEPARTMENT OF SPEECH PATHOLOGY

# XAVIER UNIVERSITY SPEECH, LANGUAGE & HEARING CENTER

## GRADUATE STUDENT CLINIC HANDBOOK

Updated August 2022

<b><u>SECTION I - INTRODUCTION</u></b>	
XULA HISTORY	4
XULA SPEECH, LANGUAGE, & HEARING CLINIC	5
ACCREDITATION STATUS	5
GOALS & OBJECTIVES	6
LOCATION & CONTACT INFORMATION	6
<b><u>SECTION II – CLINICAL PROGRAM OVERVIEW</u></b>	
CLINICAL COURSES	7
CLINICAL CLOCK HOURS	7
REQUIREMENTS	8-9
CLINICAL CLOCK HOURS PLAN	9-10
CLINICAL SETTINGS/SITES	10
SITE DETERMINATION	10-11
SUPERVISION	11-14
<b><u>SECTION III – POLICIES &amp; PROCEDURES</u></b>	
REQUIREMENTS PRIOR TO PLACEMENT	15-16
ELECTRONIC CLINICAL EDUCATION PORTFOLIO - CALIPSO	16-17
CLINICIAN ATTENDANCE POLICY	17
REQUESTS RE: CLINICAL PLACEMENT	18
CONFIDENTIALITY	18-19
PERSONAL MANAGEMENT	19
DRESS CODE	19-20
COMMUNICATION ETIQUETTE	20
RECORDING & OBSERVATION POLICY	21

COMPLAINTS	21-23
XULA POLICIES - DISABILITIES, CONCERNS, SEXUAL HARASSMENT, SOCIAL MEDIA, CODE OF CONDUCT	23-25
<b><u>SECTION IV – IMPLEMENTATION OF CLINICAL PRACTICUM</u></b>	
PRACTICUM EXPERIENCE	26
CLINICAL POPULATIONS	26
SELECTION OF PRACTICUM SITES	26-29
TRACKING OF CLINICAL REQUIREMENTS REQUIRED FOR GRADUATION	29-30
GRADING	30
REQUESTS FOR PLACEMENTS WITHOUT ESTABLISHED CONTRACTS	30
EXTERNSHIP GUIDELINES	30-31
CLOCK HOURS	31
CLINICAL PRACTICUM ADVANCEMENT	32 - 33
CLINICAL INTERVENTION	33
<b><u>SECTION V – CLINICAL DOCUMENTATION</u></b>	
ATTENDANCE LOGS	34
CLIENT FILES	34
CLINICAL WORK FOLDERS	34
CLINICAL DOCUMENTATION	34-36
APPENDICES - GRADING TOOL, CLINICAL TRACKING FORM	

## **Section I: Introduction**

Welcome to the graduate program in the Department of Speech Pathology in the Division of Biological & Public Health Sciences in the College of Arts & Sciences at Xavier University of Louisiana! We look forward to guiding you in developing your knowledge, clinical skills, and professional behaviors in speech-language pathology. This handbook was developed to provide you with an ongoing resource to be used throughout your graduate studies. The faculty and staff members are honored that you have chosen our program and we are dedicated to your success! – Melissa R. Handy, MS, CCC-SLP, Director of Clinical Education

### **XULA HISTORY**

Being America's only Historically Black and Catholic University is just the first of the distinctions that have set Xavier University of Louisiana apart for more than eight decades. Despite its relatively small size (3,300 students), Xavier is a nationally recognized leader in the STEM and health sciences fields, producing more African American students who graduate from medical school each year than any other university in the United States. Its College of Pharmacy is also among the top producers of African American pharmacists.

Xavier's liberal arts-based programs in areas such as art, business, education, psychology, and political science – as well as recent additions of bioinformatics, data science, neuroscience, crime and social justice and jazz studies – offer students an unbeatable combination of traditional classroom study, hands-on research, service-learning opportunities, and life experiences.

Today Xavier remains committed to its founding mission of serving the underrepresented Black population and the "the promotion of a more just and humane society." And yet its doors have and still are, open to all races and creeds. The current student population is 71.6 percent black and 19 percent Catholic.

Xavier's origins date back to 1915, when then Mother Katharine Drexel, a former Philadelphia socialite who founded the Sisters of the Blessed Sacrament and devoted her life to the education of African Americans and Native Americans, opened a high school on the site previously occupied by Southern University. A Normal School, offering one of the few career fields (teaching) open to Blacks at the time, was added two years later. Ten years later, in 1925, Xavier University of Louisiana became a reality when the College of Liberal Arts and Sciences was established. The first degrees were awarded three years later. In 1927, a College of Pharmacy was opened.

Recognizing the University's need for a separate identity and room to expand, Drexel, who was canonized a Roman Catholic Saint in 2000 by Pope John Paul II, bought a tract of undeveloped land for a campus on the corner of Palmetto and Pine Streets in 1929. Construction on the U-shaped, gothic administration building (now a city landmark) was completed in 1933. The campus has expanded three-fold since then.

Although the Sisters still maintain a vital presence on campus, today Xavier is governed by an independent, lay/religious Board of Trustees on which the Sisters have representation. Dr. C Reynold Verret has served as president since 2015.

Xavier is located near the heart of New Orleans in a quiet neighborhood dotted with bungalows. An enclosed campus green mutes the urban feel of the encroaching city, and yellow brick buildings have been erected among the older historical limestone structures. Xavier was hard-hit in 2005 by Hurricane

Katrina (much of the campus was underwater), but \$130 million in renovations as well as the construction of the state-of-the-art Pharmacy Pavilion, Convocation Center, and St. Katharine Drexel Chapel, leave no traces of that tragic event.

Both Xavier's core and each discipline's specific curriculum are guided intimately by the University's mission such that students are developed to be life-long learners and global leaders that actively contribute to a more just and humane society for all.

### **SPEECH PATHOLOGY GRADUATE PROGRAM MISSION AND GOALS**

The mission of the master's program in Speech-Language Pathology at Xavier University of Louisiana is to produce professionals who are clinically competent as defined by the American Speech-Language-Hearing Association (ASHA) to respectfully and compassionately address the needs (i.e., prevention, identification, treatment) of individuals across the life span with communicative disorders, differences or those who are at-risk of such problems within and across diverse communities, settings, and contexts.

The strategic plan has identified four focal areas each having a specific goal that relates to the mission of the program as well as its success. These are:

- Student Recruitment and Retention – The Program will attract and retain a pool of high achieving post-baccalaureate students each year to become a premiere graduate program.
- Cultural and Linguistic Sensitivity – The Program will expose students to individuals from culturally and linguistically diverse communities during training so that its graduates will become competent in recognizing and addressing the unique needs of underserved populations.
- Oral and Written Language Competence – The Program will ensure that all students are competent speakers and writers of the English language as expected of speech and language professionals.
- Research – The program will utilize evidence-based practice (EBP) in its didactic coursework and in providing services.

### **ACCREDITATION STATUS**

The Master of Science in Speech Language Pathology (MS, SLP) a residential education program at Xavier University of Louisiana is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech- Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700. Candidacy is a “pre-accreditation” status with the CAA, awarded to developing or emerging programs for a maximum period of 5 years.

### **ABOUT THE XAVIER UNIVERSITY SPEECH, LANGUAGE, AND HEARING CLINIC**

The Xavier University Speech, Language, and Hearing Clinic (XUSHC) in the Department of Speech Pathology at Xavier University of Louisiana is an educational and training facility for the undergraduate and graduate clinicians who are preparing to enter the profession of speech-language pathology. Our services are open to the public to provide clinical education to students enrolled in its Bachelor and Master of Science degree programs in Speech Pathology to provide clinical services to individuals with speech and language deficits assigned to this clinic and/or other clinical agencies during the matriculation through either program. Student clinicians provide screenings, diagnostic evaluations, therapeutic services, and education in the areas of the ASHA Big 9 (articulation, language, voice, fluency, hearing, cognition, swallowing, social aspects of communication, and AAC) with a variety of populations to offer a breadth and depth of experience.

All diagnostic and therapy services are performed under the direct supervision of an instructional staff member or faculty member who holds the Certificate of Clinical Competence in Speech-Language Pathology or Audiology that is awarded by ASHA, and who is licensed by the Louisiana Board of Examiners for Speech-Language Pathology and Audiology.

### **GOALS AND OBJECTIVES**

The Department of Speech Pathology's objective is to help students acquire the knowledge and skills of their discipline through in-depth academic content, structured clinical education experiences and learning assignments. The clinical education component is viewed as a dynamic process where students participate actively in learning to apply academic information to clinical practice while working with clients who have varied types of communication disorders. The goal is to prepare clinicians who demonstrate strengths in the following:

- The ability to analyze and synthesize information from a broad base of knowledge in communication science and disorders.
- A problem-solving attitude of inquiry and decision-making using evidence-based practice.
- Clinical competency in prevention, screening, evaluation, diagnosis, and treatment of patients with varied communication disorders
- The ability to communicate effectively and professionally
- Self-evaluation skills resulting in active steps to develop/refine clinical competencies & extend their knowledge base
- Ethical and responsible professional conduct
- Skills to work in interprofessional settings

The long-term result of clinical education is to prepare students with a solid foundation to succeed in diverse educational, healthcare and rehabilitation environments.

### **LOCATION AND CONTACT INFORMATION**

The XUSHC is located at Xavier University of Louisiana's Xavier South campus in Suite 510.

Address:

Xavier University Speech, Language, & Hearing Clinic  
909 S. Norman Francis Pkwy  
New Orleans, LA 70125  
Phone: 504-520-5087  
Fax: 504-520-7982

Graduate students have access to lockers in the Speech Pathology Suite and mailboxes. Please bring a combination or key lock to place on the locker during your use for the semester to ensure safety of items within the locker.

## **Section II: Clinical Program Overview**

This section outlines clinical courses, ASHA requirements for graduation and supervision, the clinical clock hours plan, and information on clinical settings and sites.

### **CLINIC STAFF**

Melissa R. Handy, MS, CCC-SLP  
Director of Clinical Education  
Speech Pathology Department  
[MHandy2@xula.edu](mailto:MHandy2@xula.edu)

Tara Roy White, M.Ed., CCC-SLP  
Clinical Educator  
Speech Pathology Department  
[TroyWhit@xula.edu](mailto:TroyWhit@xula.edu)

### **CLINICAL COURSES**

Xavier University of Louisiana is structured to include 4 clinical courses and an externship. The classes are used to target improving clinical knowledge, clinical skills, evidenced-based practice and professionalism according to AHSA Standard V-B and to support students with clients and during placements whether on-campus or off-campus. Per the catalog, the courses include –

#### **SPTH 5070 - CLINICAL PRACTICUM I**

Beginning supervised clinical practice therapy for communication disorders; usually on-campus, Level I. Prerequisite(s): Enrollment into the M.S. Program in Speech Language Pathology and a minimum of 25 guided observation hours of speech pathology therapy/assessment.

#### **SPTH 5075 - CLINICAL PRACTICUM II**

Supervised clinical practice therapy for communication disorders including diagnostics, Level II. Prerequisite(s): Students must have earned grade of “B” or better in [SPTH 5070](#) to enroll.

#### **SPTH 5080 - CLINICAL PRACTICUM III**

Supervised clinical practice therapy for communication disorders, including audiology and aural rehabilitation Level III. Prerequisite(s): Students must have earned grade of “B” or better in [SPTH 5075](#) to enroll.

#### **SPTH 5085 - CLINICAL PRACTICUM IV**

Advanced supervised clinical practice therapy for communication disorders, Level IV. Prerequisite(s): Students must have earned grade of “B” or better in SPTH 5080 to enroll.

### **OBSERVATION HOURS**

As mandated by ASHA, students must complete 25 hours of observation. Our program requires these hours are completed prior to any participation in clinical practicum. A person holding the Certificate of Clinical Competence (CCC) in Speech-Language Pathology must supervise these observations. These observations must consist only of hours in the major area of study, speech-language pathology. If completed at another institution, verification of these hours must be provided to the Clinic Director prior to the student beginning clinical practicum.

## **CLINICAL CLOCK HOURS REQUIREMENT**

Graduate 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 clinical observation, and 375 hours must be spent in direct client/patient contact. A minimum of 325 hours of direct client/patient contact must be obtained at the graduate level, allowing up to 50 hours to be obtained at the undergraduate level. Documentation for hours obtained in undergraduate school should be uploaded to CALIPSO and entered as clock hours (observation and/or direct services) with UG University as the setting and UG Supervisor as the supervisor.

Clinical clock hours must be earned with a variety of disorders in diverse clinical settings. Clinical education experiences must include experiences with patients who cover 1) the lifespan from children to adults, 2) the ASHA Big 9, and 3) a range of severity levels. Students must also demonstrate competencies in working with populations from varied cultural/linguistic backgrounds. Students must demonstrate skills in providing prevention, screening, evaluation, and treatment. Clinical clock hours will be earned in a variety of settings including clinical simulation.

### **Clinical Simulation (CS)**

Clinical simulations (CS) may include the use of standardized patients and simulation technologies (e.g., standardized patients, virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised experiences can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations. Up to 20% (i.e., 75 hours) of direct contact hours may be obtained through CS methods. Only the time spent in active engagement with CS may be counted. Debriefing activities may not be included as clinical clock hours.

## **ASHA Requirements**

ASHA- CFCC Requirement Standard V-B <https://www.asha.org/Certification/2020-SLP-Certification-Standards/#5> The applicant must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. *Evaluation*
  - a. Conduct screening and prevention procedures, including prevention activities.
  - b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
  - c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.
  - d. Adapt evaluation procedures to meet the needs of individuals receiving services.
  - e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
  - f. Complete administrative and reporting functions necessary to support evaluation.
  - g. Refer clients/patients for appropriate services.
2. *Intervention*
  - a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
  - b. Implement intervention plans that involve clients/patients and relevant others in the intervention process.



- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services, as appropriate.

3. *Interaction and Personal Qualities*

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the individual(s) receiving services, family, caregivers, and relevant others.
- b. Manage the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

**Implementation:** The applicant must have acquired the skills listed in this standard and must have applied them across the nine major areas listed in Standard IV-C. These skills may be developed and demonstrated through direct clinical contact with individuals receiving services in clinical experiences, academic coursework, labs, simulations, and examinations, as well as through the completion of independent projects. Midterm and Final Evaluations on CALIPSO are used to verify clinical competency has been demonstrated.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that the applicant can demonstrate skills across the *ASHA Scope of Practice in Speech-Language Pathology*. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the *ASHA Scope of Practice in Speech-Language Pathology*.

These experiences allow students to:

- interpret, integrate, and synthesize core concepts and knowledge;
- demonstrate appropriate professional and clinical skills; and
- incorporate critical thinking and decision-making skills while engaged in prevention, identification, evaluation, diagnosis, planning, implementation, and/or intervention.

### **CLINICAL CLOCK HOURS PLAN**

Changes may occur due to changes to the academic calendar, availability of in-person/teletherapy, availability of sites.

Class	Credit Hours	Min. Clinical Clock Hours
Clinical Practicum I – Fall (Orientation & on-site and clinical simulation – ped)	2	40

Clinical Practicum II – Spring (on-site – peds/adult, /off-site – peds, clinical simulation – ped & adult)	2	50
Clinical Practicum III (on-site/off-site – ped or adult/clinical simulation – ped/adult)	2	35
Clinical Practicum IV (Part-time/full-time off-site)	2	125
Externship (Full-time, off-site placement)	6	125

## **CLINICAL SETTINGS AND SITES**

*ASHA – CFCC Standard V-F*

*Supervised practicum must include experience with individuals across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with individuals with various types and severities of communication and/or related disorders, differences, and disabilities.*

The clinical education program is designed to give students multiple opportunities for practicum in various clinical settings in the community. Clinical experiences are provided each semester and offer opportunities for students to integrate and apply academic learning at progressively higher levels of performance and independence. Clinical sites include on-campus clinic, on-campus telepractice, public schools, charter schools, hospitals, rehabilitation centers, skilled nursing facilities, specialty private schools, private practice, early intervention programs and other clinical sites serving individuals with speech-language needs.

### **ON-CAMPUS TELEPRACTICE**

Telepractice sessions may occur with prior approval from the Director of Clinical Education, in accordance with the telepractice rules set by the State of Louisiana and the Louisiana Board of Examiner's for Speech Pathology and Audiology.

### **SITE DETERMINATION**

Students enter graduate school with a variety of experiences and a basic knowledge of communication disorders. Clinical placements for graduate students are available based upon the following criteria: completion of undergraduate degree in Communication Sciences & Disorders/Speech Pathology or leveling courses, site availability, course work completed, and student interest.

Sites available during the first year of graduate school include but are not limited to programs similar in client composition to schools, charter schools, private practices, and early intervention programs focusing on course work completed in undergraduate school such as articulation, language, and fluency. Completion of additional coursework and additional clinical experience is recommended for sites such as rehabilitation facilities, hospitals, skilled nursing facilities and those sites are recommended for second year students. All graduate students will be placed in the on-campus clinic/off-site each semester and clinical simulation will be available during the following clinical courses: Clinical Practicum

I, Clinical Practicum II, Clinical Practicum III up to 75 hours which is the ASHA maximum for clinical simulation. A list of placement sites with current contracts is available for review in the Speech Pathology Department.

<b>Courses &amp; Expected Placement Details Populations Expected</b>
<b>1<sup>st</sup> Year Fall Semester - Coursework: Neuroanatomy, Lang. Learning Disorders, Research Methods, &amp; Clinical Practicum I</b>
<b>Placement:</b> XULA clinic. At least 20 hours/2-3 days per week.
<b>Population:</b> XULA Clinic - peds
<b>1<sup>st</sup> Year Spring Semester - Coursework: Diagnostic Methods, Dysphagia, Aphasia &amp; Cognitive Disorders, &amp; Clinical Practicum II</b>
<b>Placement:</b> XULA clinic/off-site pediatric placement possible if UG clock hours earned and/or on-site clinic completed, and clinical simulation. At least 20 hours/2-3 days per week.
<b>Population:</b> XULA Clinic - peds and adult, off-site - school-based, ped- medical possible
<b>1<sup>st</sup> Year Summer Semester - Coursework: Voice Disorders, Early Intervention, &amp; Clinical Practicum III</b>
<b>Placement:</b> XULA Clinic/off-site and clinical simulation - based upon curriculum, ped medical cont., and adult medical placements start
<b>Population:</b> Combination of peds and adult placements. Expectation ~30 – 40% (5 - 7 students) at adult placements. 20 hours/3 days per week.
<b>2<sup>nd</sup> Year Fall Semester – Coursework: Motor Speech, AAC, Fluency Disorders, Clinical Practicum IV</b>
<b>Placement:</b> 25 - 30 hrs., off-site placement/XULA clinic voice rotation
<b>Population:</b> Combination of peds and adult placements - medical placements continue. Expectation 30 – 40% (~5 - 7 students) at adult placements
<b>2<sup>nd</sup> Year Spring Semester – Coursework: Multicultural Issues, Professional Issues, &amp; Externship</b>
<b>Placement:</b> Full-time, off-site placement /XULA clinic voice rotation
<b>Population:</b> Combination of special population peds and adult placements. Expectation 30 – 40% (~5 - 7 students) at adult placements

Earning a “B” in Clinical Practicum I, yields a recommendation for on-site clinic for Clinical Practicum II to support and improve evaluation/intervention/professional practice skills in preparation for off-site placements during the 2<sup>nd</sup> year of graduate school.

As off-site placements become available, all students are informed of the availability and are required to submit a letter of interest and/or a CV to be considered. The CVs are reviewed and submitted for students who are in good standing and who have the experience/knowledge requested by the off-site supervisor/site. If there is an interview process, students communicate with the site to participate in an interview and the placement indicates the student(s) chosen for the semester. After the DCE has given assignments and prior to starting the placement, the student should contact the supervisor to confirm dates, times, and dress.

## **SUPERVISION**

### *ASHA - CFCC Standard V-E*

*Supervision of students must be provided by a clinical educator who holds ASHA certification in the appropriate profession and who, after earning the CCC-A or CCC-SLP, has completed (1) a minimum of 9 months of full-time clinical experience, and (2) a minimum of 2 hours of professional development in clinical instruction/supervision. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience; must not be less than 25% of the student's total contact with each client/patient; and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the individual receiving services.*

## **SUPERVISOR REQUIREMENTS**

Course work in communication sciences and disorders and research design is combined with clock hours of hands-on clinical practicum experience and observation time. All clinical hours will be supervised by:

1. Individuals with current ASHA Certificate of Clinical Competence (CCC)
2. Individuals with current state professional SLP licensure
3. Individuals who meet the 2020 ASHA certification standards for providing clinical instruction and supervision.
4. Employed by the University or employed by/under contract with a contracted facility.

**\*Verified each semester by XULA Clinic Staff.**

Students in clinical practicums will be provided with a minimum of 25% percent of direct supervision per client, with the exact amount of supervision commensurate with the skill level of the student clinician. The nature and amount of clinical supervision will be adjusted to the experience and ability of the student. As a student progresses through the clinical levels, the expectations for independent clinical activity will increase. Additionally, students will be expected to have a broader base of knowledge to apply to the clinical setting, and to implement clinical strategies more independently, efficiently, and effectively as they progress through the clinical program.

The following scale for supervision will be used:

Level 1: 100% Supervision: Direct 1:1 Supervision for the entirety of the session, including significant assistance with selecting and administering standardized tests, lesson planning and implementation, and documentation and record keeping.

Level 2: 75% Supervision: Supervision is provided for 75% of the session's duration, including moderate assistance with selecting and administering standardized tests, lesson planning and implementation, and documentation and record keeping.

Level 3: 50% Supervision: Supervision is provided for 50% of the session's duration, including minimal assistance with selecting and administering standardized tests, lesson planning and implementation, and documentation and record keeping.

Level 4: 25% Supervision: Supervision is provided for 25% of the session's duration; the student is able to select and administer standardized tests, complete lesson planning and implementation, and complete documentation and record keeping nearly independently with only occasional input or review required from the clinical CE. This is the minimum amount of supervision to be provided.

## **FEEDBACK ON CLINICAL PERFORMANCE**

The purpose of clinical feedback is to monitor progress towards attainment of clinical competencies and provide the students and university with information regarding which areas hours are being accrued and which areas of the Big 9 are assessed. Clinical scores on clinical evaluation forms provide a continuous record of student performance across the graduate program and allow students to track their progress on meeting ASHA & department clinical competencies. Students will be formally evaluated (in writing and in an oral conference) twice per semester: at mid-term and at the end of each semester. Mid-term grading provides a mechanism for identifying student strengths and areas to improve. They also provide a structure for setting up learning goals for the remainder of the term. A student's actual grade for the term is based on performance at the end of the semester as measured across the last 3-4 weeks of the grading period. According to academic guidelines set forth by the University and the department, successful completion of a practicum requires a grade of "B" or better. The contact hours obtained from a failing practicum (grade less than "B") experience may not be counted toward the degree or ASHA requirements. A student receiving a failing grade may be required to successfully complete an on-campus placement before participating in off-campus training. A Clinic Intervention Plan (*see page 27-28*) will be developed by the student, Clinical Educator and Director of Clinical Education to help the student work towards improving areas of concern. A failing grade may also be assigned if required paperwork is not completed or if there is a serious breach in professionalism. ***Students who earn a failing grade in two practicum experiences will no longer be permitted to participate in practicum education.***

## **RECOMMENDATIONS FOR SUPERVISORS**

ASHA Website. [www.asha.org/practice-portal/professional-issues/clinical-education-and-supervision](http://www.asha.org/practice-portal/professional-issues/clinical-education-and-supervision)

1. Set up regular times for conferences.
2. Encourage the graduate student to be an active participant in establishing mutually agreed upon educational goals for the placement, which take into consideration the student's level of experience and the nature of the clinical opportunities available at the site.
3. Clearly state your expectations for the graduate student over the course of the practicum-hours, responsibilities (clients, assigned projects or readings), and facility policies -- and how the student will be evaluated.
4. Discuss the graduate student's learning style and how they respond to feedback.
5. Expose the graduate student patients/clients/students and disorders systematically.
6. Periodically revisit the goals for placement and student learning objectives.
7. Maintain communication with the university regarding the student's progress.

## **Goals of Clinical Education**

ASHA Website. [www.asha.org/practice-portal/professional-issues/clinical-education-and-supervision](http://www.asha.org/practice-portal/professional-issues/clinical-education-and-supervision)

Effective supervision ensures that new clinicians are well prepared and that individuals with communication disorders receive quality services (ASHA, 2013a). Clinical educators integrate theoretical, evidence-based knowledge with clinical practice to help student clinicians:

- Acquire fundamental knowledge about normal and disordered communication;
- Develop critical thinking and clinical decision-making skills;
- Acquire an understanding of clinical practices and methodology and the ability to implement them;
- Develop the ability to analyze research and apply evidence to clinical practice;
- Become competent in using equipment and technology necessary for diagnosing and treating communication disorders;

- Become competent in analyzing assessment and treatment behaviors to evaluate the effectiveness of clinical practices;
- Become competent in charting and monitoring patient records;
- Develop professional communication skills—both verbal and written;
- Develop professional behaviors, including the ability to work with individuals and their families;
- Develop skills necessary to function appropriately on an interprofessional team; and become competent in medical coding and billing.

### **Things to remember:**

**Paperwork does not count toward clock hours.** *Only direct contact with clients and families can be used toward clinical clock hours. Paperwork completion is also essential to becoming a well-rounded clinician and should be a goal for both the student and supervisor though no clinical clock hours are earned.*

**Clock hours cannot be rounded.** *The Council for Clinical Certification defines one (1) clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour.*

**Supervisors should be on-site to supervise students.** *ASHA guidance stipulates that supervision-coverage must be provided by a CCC-SLP on site and available to the student if needed. If coverage is necessary, please contact the DCE (Melissa Handy, [MHandy2@xula.edu](mailto:MHandy2@xula.edu)), to discuss the best options.*

**Joint planning and open communication facilitate a successful clinical placement.** *Starting the placement with a meeting discussing the students' prior experiences, outlining expectations, and setting achievable goals to meet those expectations are helpful for the supervisor and student. Be sure to also discuss the best ways to contact you (email/phone and for what purpose) and to set a weekly meeting time to discuss observed strengths and weaknesses.*

**Students must earn hours and demonstrate competency in each area of the BIG 9 prior to graduation.** *The student and supervisor should discuss how the clinical clock hours should be delineated to allow the breadth and depth of the experience to be fully represented and the supervisor should evaluate competency in only those areas observed for the midterm and final evaluation.*

## Section III: Policies & Procedures

The following policies and procedures are in place to facilitate health and safety, continuity of care, consistency across all cohorts, and professionalism.

### **HEALTH AND IMMUNIZATION REQUIREMENTS**

The following requirements are to be completed prior to the initiation of any clinical practicum. Proof of completion of the requirements designated by an asterisk (\*) must be completed prior to clinical orientation. The remaining trainings will be completed before or during clinical orientation. The cost of all immunizations, proof of immunity (titers), and required trainings not provided by XULA staff will be the responsibility of the student.

Be advised that some outside clinical sites may have additional immunization, drug testing, and/or training requirements. You will be informed of these requirements by the practicum site and/or DCE upon application to those clinical sites and students are required to pay any fees associated with those requirements.

**All health requirements, trainings, and certifications should be uploaded/updated/verified on CALIPSO at the beginning of each semester.**

### **REQUIREMENTS**

- Physical exam by healthcare provider documenting the student is physically and mentally able to participate in practicum.
  - Titers and Immunizations: All students are required to get titers – please note that this is different from vaccinations as a titer verifies immunity. If results of any titers are non-immune, documentation of an additional series of vaccinations are required.
1. Measles (Rubella): There must be documentation of a positive antibody titer for Measles (Rubella).
  2. Mumps: There must be documentation of a positive antibody titer for Mumps.
  3. Rubella: There must be documentation of a positive antibody titer for Rubella.
  4. Hepatitis B: There must be documentation of a positive antibody titer or signed declaration declining the vaccine.
  5. Varicella (Chicken Pox): 2 vaccinations - Positive antibody titer (lab report or physician certification required) or medically documented history of disease
  6. TB Skin Test: There must be documentation of one of the following within the past year: - 2 step TB Skin test (PPD). - If positive results, provide a clear Chest X-Ray (lab report required). - Following the initial 2 step PPD, a one-step PPD Skin Test must be completed yearly.
  7. Tetanus: There must be documentation of a Tetanus vaccination within the past 10 years.
  8. Flu vaccine: There must be documentation of flu vaccination provided yearly no later than November 1, or signed waiver. Be advised that some fieldwork sites require Flu Vaccination and

do not accept the waiver; therefore, if you waive the flu vaccination for any reason, this may eliminate clinical opportunities at particular fieldwork sites.

If any of the listed vaccinations, titers or screenings are deemed to be medically contraindicated by a health care provider, documentation of contraindication by the provider must be given to the Director of Clinical Education (DCE) before the start of the program.

### **REQUIRED TRAININGS, BACKGROUND CHECKS, AND CERTIFICATIONS**

The following are additional trainings, background checks and certifications that are required as part of participation in the clinical education program:

- Fingerprinting/Criminal Background Check completed by the State of Louisiana
- HIPAA Training via Collaborative Institute Training Initiative (CITI) that can be found at [www.citiprogram.org](http://www.citiprogram.org)
- Valid CPR/AED/First Aid for healthcare providers certification from American Red Cross or American Heart Association in Basic Life Support for Healthcare Providers.
- Proof of identification and evidence of valid health insurance as required by the university.
- Documentation of professional liability insurance at the beginning of each academic year before the student is allowed to start practicum. Insurance coverage is generally issued for periods of one year and must be kept current. Students must maintain coverage of at least \$100,000 per incident and \$300,000 aggregate. Liability insurance may be obtained from any insurance agency.
- Confidentiality Training (completed in SPTH 5070).

**If a student fails to complete any component of the immunization, titers, background check and training requirements, or an immunization or other required item has lapsed, he/she will not be allowed to complete clinical practicum until the missing or lapsed component is completed. As a result, the student may receive a failing grade for that practicum sequence, which may result in the need for clinical practicum to be repeated, extension of the student's graduate program, and/or dismissal from the graduate program.**

### **ELECTRONIC CLINICAL EDUCATION PORTFOLIO - CALIPSO**

The SLP program requires students to document their progress toward completion of the graduate degree and professional credentialing requirements and make this information available to assist students in qualifying for certification and licensure through the CALIPSO electronic platform. All incoming students will be required to set up an electronic portfolio through CALIPSO. Training for the use of CALIPSO will be scheduled during Clinical Orientation in SPTH 5070 – Clinical Practicum I.

**All health requirements, trainings, and certifications should be uploaded/updated/verified on CALIPSO at the beginning of each semester and labeled appropriately for easy identification.**

The following student information will be tracked through CALIPSO, the Clinic Staff, and/or hard copies in student folders and Off-Site Folders:



- Clinical Pre-requisite Documentation
- Progress toward Knowledge and Skills required for Certificate of Clinical Competence
- Clinical competencies
- Clinical Site Information
- Clinical Practicum Student/Clinical Educator Agreements
- Supervisor Feedback

### **CLINICIAN ATTENDANCE POLICY**

Attendance is mandatory and students are expected. **Clinical Educators decide the student's schedule and schedule changes may occur.** For the on-campus clinic, students are to arrive no later than 30 minutes prior to the start of their session to sanitize, consult, and/or prepare for the session. Tardiness will not be tolerated and will have a negative impact on the clinician's grade. The only excused absences for missing clinic are a death or crisis in the immediate family, documented illness (requires physician's note), active military duty or jury duty, or religious holy days.

**Time Off Policy:** If a student wishes to take time off during a clinical assignment for any reason other than illness or family emergency, a written request stating the reason for the time off and dates of the absence to the off-site clinical educator and DCE in advance. Written requests for time off do not guarantee approval. All other absences (weddings, family reunions, vacations, etc.) will be considered unexcused. One unexcused absence will be allowed each semester.

- More than one unexcused absence will result in a reduction in the practicum course grade.
- A no-show will result in a reduction in the practicum course grade by 1 letter grade.
- Multiple absences may result in termination of the placement.

### **If for any reason you cannot attend clinic or a clinical placement,**

1. Notify your supervisor as soon as possible, both by email and by phone.
2. Notify the DCE, Melissa Handy, (MHandy2@xula.edu) of your absence by email.

**If for any reason you need to modify your schedule,** notify your supervisor and the DCE to discuss your request in advance.

\*Clinic is a part of your graduate school course work. **If students are absent for class due to illness or no-show, they are not allowed to participate in clinic or earn clinical hours in clinic for that day.** Prior excused absences from class do not interfere with participation in clinic that day.

### **TRANSPORTATION AND ARRIVAL TO CLINICAL SITES**

All students are responsible for arranging their own transportation to and from their clinical site and understand that they do so at their own risk. Transportation expenses (e.g., fuel, parking, etc.) are the responsibility of the student and should be taken into consideration by the student when accepting a clinical assignment. All students are to arrive on time for clinical assignments. In many situations, this may mean arrival at least 30 minutes or more before you are scheduled to see a client to allow for preparation, planning, and any scheduled meetings. Allow adequate time for travel for the possibilities of getting lost, parking, and traffic. If a student experiences difficulty arriving at and departing from clinical sites on a timely basis, the result may be academic warning, probation, or dismissal.

**\*Graduate students may need to travel up to 90 minutes for clinical placements.**

**It is expected that you arrive earlier and/or stay later to fulfill your clinical responsibilities such as session planning and documentation.**

### **PROCEDURES TO REQUEST TO MODIFY A CLINICAL PLACEMENT**

The student must submit a written request to modify clinic practicum responsibilities (i.e., decrease in number of clock hours per week to which the student has been assigned). The written request must be submitted to the clinic practicum supervisor, the DCE, and the student's academic advisor.

The student must meet with the clinic practicum supervisor, the clinic practicum coordinator, and the academic advisor to discuss the request. The meeting and documentation of specific implications of the student's change in clinic practicum responsibilities should be forwarded to the review committee with a copy to the student's file.

The staff will examine the student's request and approve or deny the request. The student will receive written notification of the decision and recommendations.

### **WITHDRAWAL**

Clinical Practicum is a course that is required similar to academic courses. Students enrolled in clinical practicum are expected to attend their assigned placement. Students who refuse a clinical placement or withdraw from a placement may not be assigned to another placement for that term and may not graduate on time.

### **CONFIDENTIALITY**

Students are required to follow departmental policies and Health Insurance Portability and Accountability Act (HIPAA) of 1996 policies regarding confidentiality. The requirements of HIPAA apply to the use, storage and/or electronic transmission of patient related information, and are intended to ensure patient confidentiality for all health care related information. Students must complete HIPAA training designated by the XULA SLP program to initiate clinical assignments. Those requirements include, but are not limited to:

1. All information concerning clients is confidential.
2. Clients may be discussed with supervisors, SPTH faculty members, and SPTH students only
3. when such discussions serve a clinical or educational purpose.
4. Clients are not to be identified or discussed with friends, roommates, or any other person
5. outside of the clinic.
6. Extreme care should be taken when having conversations in the Clinic facility as clients and families are likely to be within hearing distance. Please follow confidentiality guidelines.
7. Information in the client's chart(s)/file(s) may never be taken from the designated/appropriate areas or left unattended.
8. Personal Information from a client's folder MAY NOT BE PHOTOCOPIED or captured using a smart phone or tablet.
9. Written drafts of reports and other client information must be destroyed. Take these items to the shredder or give to the clinic secretary for proper disposal.

10. Student clinicians are not to exchange information regarding clients with other agencies without permission from the supervisor, clinic coordinator, and without obtaining a signed release form from the client/guardian.
11. At no time should student clinicians be engaging in speech/language-related discussions about and/or regarding clients outside of the Clinic facility. Nor should suggestions/materials be provided to the client or family unless done so under the direction of the supervisor during the time therapy services are being provided at the Clinic.
12. At no time, should a student clinician contact a client without prior approval from the clinic coordinator.

### **PERSONAL MANAGEMENT**

Because students will be working with people from the community, a certain level of maturity must be maintained and students are encouraged to think of solutions to problems as they arise and handle all situations in a mature, professional manner. Each student is expected to exhibit a positive, cheerful attitude around supervisor, clients, and clients' family members. Students are expected to accept directions and positive criticism from their supervisors in a mature manner. Supervisors may come into therapy/diagnostic sessions at any time.

### **DRESS CODE**

Professionalism is expected and the following guidelines must be adhered to for both on and off-campus screenings, diagnostic, and therapy sessions. Student clinicians are expected to be groomed and dressed in a professional manner when they are providing clinical services regardless of whether the services are provided in the Clinic or at any external clinical site.

**Graduate students are given a XULA SPTH Black Polo that they are encouraged to wear to clinic with slacks and tennis shoes that allow them to move and interact freely with a variety of clients and families.**

- Clothing must be neat, clean, and appropriate for a particular site.
- Hair must be well-groomed, clean, and in a color that presents a professional appearance.
- Nails should be no longer than ¼ inch past the fingertip in length.
- The dress code is expected to be observed by all graduate students during clinical rotations and when present in the clinic.

Violation of the dress will have a negative impact on the clinician's grade in the area of professionalism.

The following items are not allowed during observations or clinical practicum -

1. Clothing items not allowed - Visible undergarments, Ripped or torn clothing and skirts, shorts, capris or cropped pants must extend to mid-calf, sweats and workout/athletic clothing of any kind. Spandex or other tight-fitting clothing. Leggings are acceptable only under a dress, skirt, or tunic-length top, and midriff shirts, tank tops, low cut shirts, halter tops, or T-shirts with large brand names or messages other than Xavier University of Louisiana (regardless of meanings).
2. Accessories not allowed - Hats (except for religious or medical reasons), large jewelry that can be cause injury if grabbed

3. Other items not allowed - perfume/cologne due to sensitivity/allergic reaction, Visible piercings other than ears, or uncovered tattoos, artificial nails or nails that extend more than 1/4 inch past the fingertip
4. No food is allowed unless it is a part of a therapeutic activity including chewing gum. Use of food in therapy should be discussed with your Clinical Educator and listed on your Lesson Plan prior to its use.

Should a student be unsure about his/her attire, the student should check with the Director of Clinical Education and/or clinical supervisor prior to entering the clinic area for treatment or diagnostics. Note that the dress code should be followed in all clinical settings, including the clinic waiting room.

If a practicum site has a particular dress code for SLP Staff (for example, Gray Scrubs, Khaki Pants and Blue Polo Shirts, Lab Coats, etc.), the graduate student clinician must abide by these regulations, including purchasing appropriate attire at his/her own expense.

### **COMMUNICATION ETIQUETTE**

Professional courtesy and professional behaviors are expected of students in the classroom, in fieldwork and site visits, and during online communications. It is of utmost importance that any communication between you and external sites demonstrate the highest degree of professionalism.

Keep in mind that the clinical faculty members teach multiple classes and are frequently providing supervision to your colleagues and may not be available to return emails for large portions of the day. Unless your issue is truly emergent, please allow a full 24 hours for your recipient to respond before following up or attempting to contact another faculty member about your issue. In the case of truly emergent matters, please contact a full-time member of the clinical faculty via their office phone and leave a voice mail if there is no answer.

**EMAIL:** All email correspondence should contain an appropriate and professional salutation, well-written and grammatically correct body, respectful closing, and your full signature.

XULA email should be checked at least twice daily and Brightspace should be checked daily for announcements, deadline reminders, and new course materials. All correspondence must occur through your dedicated XULA email account; messages received from external accounts (such as Yahoo, Gmail, etc.) will not be returned. Clinical faculty members will respond to emails within 24 hours during weekdays.

**Cell Phones:** Students should use official communication channels to communicate with their clinical supervisors/educators. It is up to the discretion of the external site supervisor whether or not they would like to provide their personal phone numbers to their students. Students should not use texting as a means of communication with their supervisor, unless this communication method has been approved by the external site supervisor. During clinical practicum hours, students should keep their cell phones muted and not engage in active cell phone activity.

## **RECORDING AND OBSERVATION POLICY**

All treatment rooms are equipped with cameras and each session may be recorded for the purposes of further evaluation of performance and to provide student feedback on clinical skills. Video recordings are kept on a website that can only be accessed on-site and with a given username and password.

Undergraduate students may complete observation hours by reviewing videos in the observation room and by completing a summary of the observation. Students are responsible for tracking their hours using the given Clinical Clock Hours Tracking Form and for obtaining a supervisor's signature each day an observation is completed.

Students who are observing therapy sessions must adhere to confidentiality and professional behavior standards, at all times. Failure to do so will constitute dismissal from practicum. Talking, laughing, and other loud noises must be avoided to prevent clients from hearing activity in the therapy rooms. Students are required to maintain the dress code of the program, act professionally, and maintain confidentiality while completing observations.

## **POLICY FOR STUDENT GRIEVANCES WITHIN CLINICAL EDUCATION**

In some cases, a student may disagree with a faculty member or Clinical Educator to the extent that the situation warrants communication and action to reach an optimal resolution. The following policies and procedures have been established to guide the students and clinical faculty members:

- A. Students are encouraged to meet with the specific clinical faculty member who is directly involved in the situation. Both parties will discuss the concern and attempt to come to an agreement on the appropriate way to handle the situation. The student and/or clinical faculty member may invite the DCE to this meeting.
- B. If the issues are not able to be resolved at this level, the student should meet with the DCE to share the concerns. The DCE and the student can then discuss the situation and attempt to come to an agreement on the appropriate way to resolve the situation.
- C. In situations that are not resolved satisfactorily following the meeting with the DCE, a student may meet with the Chair of the Department of Speech Pathology/Graduate Program Director. Students have the option to appeal against any decisions made by the Director and/or faculty of the Department of Speech Pathology by following the Appeals Procedures outlined in the Student Manual.

## **COMPLAINTS AGAINST PROGRAMS**

The CAA will address concerns via the complaint process that are clearly related to a program's compliance with accreditation standards. The CAA cannot intervene in disputes between individuals and programs, and cannot affect outcomes such as grade changes, reinstatement to the graduate program, employment, etc., as part of this complaint process.

Before filing a complaint, it is strongly recommended that you read Chapter XIII: Complaints in the Accreditation Handbook. <https://caa.asha.org/programs/complaints/>

CRITERIA: Complaints about programs must meet all the following criteria:

- Be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology

- Relate to the Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology in effect at the time that the conduct for the complaint occurred, including the relationship of the complaint to the accreditation standards
- Be clearly described, including the specific nature of the charge and the data to support the charge
- Be within the timelines specified below:
  - If the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation\* from the program, even if the conduct occurred more than 4 years prior to the date of filing the complaint
  - If the complaint is being filed by a current student or faculty member, the complaint must be filed as soon as possible, but no longer than 4 years after the date the conduct occurred
  - If the complaint is being filed by other complainants, the conduct must have occurred at least in part within 4 years prior to the date the complaint is filed

\*Note: For graduates, former students, or former faculty or staff filing a complaint, the date of separation should be the date on which the individual was no longer considered a student in or employee of the graduate program (i.e., graduation, resignation, official notice of withdrawal or termination), and after any institutional grievance or other review processes have been concluded.

### **SUBMISSION REQUIREMENTS**

Complaints against a program must be filed in writing using the CAA's official Complaint Form. The Complaint Form must be completed in its entirety, which includes submitting a waiver of confidentiality with the complaint. Failure to provide a signed waiver of confidentiality will result in dismissal of the complaint. The CAA does not accept complaints over the phone. The complainant's name, address, and telephone contact information and the complainant's relationship to the program must be included for the Accreditation Office staff to verify the source of the information. The CAA does not accept anonymous complaints. The complaint must include verification, if the complaint is from a student or faculty/staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA. Documented evidence in support of the complaint must be appended, including as appropriate relevant policies/procedures, relevant correspondence (including email), timelines of referenced events, etc. Do not enclose entire documents, such as a handbook or catalog; only the specific pages should be included that present content germane to the complaint. Page numbers to these appendices should be referenced in the complaint. Materials may be returned to the complainant if not properly organized to support the complaint.

The complaint must be complete at the time of submission, including the complaint, waiver, and all appendices; if a complainant submits an amended complaint, including providing additional appendices, it will void the original submission and initiate a new process and timeline. All complaints and supporting evidence must be submitted in English, consistent with the business practices of the CAA. The complaint must be signed and submitted with any relevant appendices via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology  
 American Speech-Language-Hearing Association  
 2200 Research Boulevard, #310  
 Rockville, MD 20850  
<https://caa.asha.org/>

The complainant's burden of proof is a preponderance, or greater weight, of the evidence. It is expected that the complaint includes all relevant documentation at the time of submission.

Copies of the CAA's complaint procedures, relevant Standards for Accreditation, and the Complaint Form are available in paper form by contacting the Accreditation Office at [accreditation@asha.org](mailto:accreditation@asha.org) or 800-498-2071. All complaint materials (completed and signed complaint form and relevant appendices) must be typewritten and/or printed.

### **PROFESSIONAL ORGNIZATIONS REGULATORY AGENCIES**

American Speech, Language and Hearing Association: [www.asha.org](http://www.asha.org)

Louisiana Board of Examiners for Speech-language Pathology and Audiology: [www.lbespa.org](http://www.lbespa.org)

### **ETHICAL STANDARDS**

XULA's Speech Pathology Program adheres to the Code of Ethics Set forth by the American Speech-Language and Hearing Association. This document can be found at <http://www.asha.org/Code-of-Ethics/>.

## **XAVIER UNIVERSITY OF LOUISIANA POLICIES**

### **STUDENTS WITH DISABILITIES**

The Department of Speech Pathology at Xavier University of Louisiana is committed to its moral, educational, and legal responsibilities with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. If you have a disability or believe you may have a disability, the faculty will work with you, upon your disclosure, to establish appropriate and reasonable accommodations. The Office of Disability Services (ODS) provides support and assistance to students with medical, physical, emotional and/or learning disabilities, especially those experiencing problems in such areas as academic program, and adjustment to the college experience and campus environment. Among the services provided are those related to accessibility of campus facilities, individual counseling, reasonable classroom accommodations, advocacy for student needs, referral to appropriate governmental and community agencies. Students requiring special assistance or consideration to meet program or degree requirements should advise their dean's office of the nature of their disability as soon as they have been admitted or the need for assistance is known to exist. Students should also contact the ODS to arrange access to services available.

Office of Disability Services (ODS) is in:

St. Joseph Academic/Health Resource Center, Bldg. 13, 2nd floor, Counseling and Wellness Center.

If there are any questions, call the Office of Disability Services at (504) 520-7315.

All information provided by students is strictly confidential and will not be released without the written consent of the student. Xavier University of Louisiana's Department of Speech Pathology faculty/staff do not disclose a student's declared disability status or need for accommodations to fieldwork CE's or any other entity without your written permission. All students who wish accommodations at practicum sites or for taking the Praxis examinations are responsible for disclosing their disability status and needs for accommodations directly to the on-campus and/or off-campus practicum CE and/or instructor. Students may enlist the assistance and support of the ODS or faculty in this process.

## **REPORTING A STUDENT CONCERN/FILING A FORMAL COMPLAINT**

### **Complaints/Grievances**

Students with general complaints are urged to resolve the concern informally by discussing with the party identified as causing or contributing to the grievance (student, faculty member, administrator, staff, other) or their supervisor. If the student is unable to resolve the matter at the informal level, a written complaint may be filed with any University administrator (e.g., Department Chairs or Hall Directors) within 10 working days of the alleged incident. That party will then forward the written complaint to the administrative officer (1) responsible for the area of the complaint, or (2) who is the immediate supervisor of the person about whom the complaint is being filed. The appropriate administrative officer will meet with the complainant and attempt to resolve the complaint within a reasonable time. If the resolution is not satisfactory to the complainant, the complainant may appeal the decision to the next highest administrative level.

The office of the appropriate Vice President is the highest level to which appeals may be made, and the decision of that office is final. The current policy for non-academic complaints and grievances is available in its entirety online at <http://www.xula.edu/student-handbook> and in the Policy Statement section.

## **SEXUAL HARRASSMENT OR DISCRIMINATION**

It is the policy of XULA that harassment or discrimination of any form is prohibited and will not be tolerated. Each student, faculty and staff member have a responsibility to maintain a collegial environment that is free of any form of harassment or discrimination.

For more information, please contact the Dean of Students at 504-520-7357 or  
Director of Human Resources, at 504- 520-7537.

Please visit <http://www.xula.edu/student-life/reporting/index.html> for additional information.

## **(MISUSE OF) SOCIAL MEDIA**

No digital images can be used publicly without written permission from patients for presentations, marketing or other uses. No digital images or audiotapes of patients will leave secure Institute sites at any time.

Posting misleading or derogatory information about the University, students, faculty, staff or administrators that is considered to be illegal, abusive, unethical, or defamatory in nature will be considered in violation of the Student Code of Conduct and will be grounds for disciplinary action, up to and including, dismissal from the university. Additionally, students posting personal content exhibiting attitudes and/or behaviors that are not consistent with the high expectations (sexually explicit, substance use/abuse, unethical, dishonest, etc.) are also at risk of disciplinary action. This also extends to taunting or making sexual slurs about a person's gender orientation or sexual status; name-calling, joking, or making offensive remarks about a person's religion, gender, ethnicity, or socioeconomic status.

## **CODE OF CONDUCT**

The authority over student behavior, academic and non-academic, rests with the Vice President of the respective division of the University. The Vice President for Academic Affairs delegates authority over academic behavior to the Dean of the college or school. In all other areas, whether on or off campus, the Vice President for Student Services delegates authority in matters of conduct to the Associate Vice President/ Dean of Students and the Student Conduct system of the University. The Vice



President for Student Services is responsible for formulating appropriate procedures and regulations concerning student behavior and for the conduct consideration of violations. The Student Code of Conduct applies to all students enrolled at Xavier University and incidents occurring on campus and in most situations off the campus, if an infraction involves a student or a student organization that has an affiliation with the University. If an enrolled student is charged with a violation of the Code, he/she may have to resolve the charge(s) before registering for a subsequent term or receiving a transcript or diploma. If a student is granted withdrawal from the University, including a retroactive one, he/she may still be required to resolve the charge(s) arising from an alleged violation of the Code while enrolled. Incidents and events that violate this Code and that involve Xavier University students or organizations occurring at institutions part of a Xavier University consortium are subject to Xavier University student conduct action. Please refer to the Statement on Student Rights and Responsibilities that appears in the beginning of this Handbook [page 9 of the Xavier University of Louisiana Student Handbook, [http://www.xula.edu/student-handbook/documents/Student%20Handbook\\_1617.pdf](http://www.xula.edu/student-handbook/documents/Student%20Handbook_1617.pdf)] These guidelines cannot specify every circumstance but define the practices necessary for an orderly educational environment and are subject to change without notification.

## **Section IV: Implementation of Clinical Practicum**

This section provides additional details and guidelines related to the clinical practicum experiences.

### **PRACTICUM EXPERIENCES**

Each student will participate in four (4) practicum experiences and a full-time clinical externship as detailed in the curriculum. Clinical experiences will be assigned by the Director of Clinical Education. Students may not contact practicum sites, prior to assignment, without the permission of the DCE.

Students will be on-site between 15 - 30 hours a week, depending on the semester and up to 40 hours per week for the last semester Externship. Transportation to and from clinical sites is the responsibility of the student. Students will have the opportunity to earn clock hours with both pediatric and adult clients during their course of study to obtain clinical experience across the lifespan. The last semester will be a full-time clinical experience of the student's preference pending site availability. Thesis students will be assigned to a part-time practicum during their last semester.

### **CLINICAL POPULATIONS**

Graduate students will have practicum experience with client populations across the life span and from culturally and linguistically diverse populations, in addition to populations with various types and severities of communication disorders, differences and disabilities, including articulation, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive, and social aspects of communication, and augmentative/alternative modalities of communication. (Standard IVF)

### **SELECTION OF PRACTICUM SITES**

The DCE is responsible for assigning students to clinical sites to provide the opportunity to meet the skill competencies required for the Certificate of Clinical Competence. Students may not contact sites and arrange their own practicum; however, a student may speak with the DCE regarding interest in particular sites.

Considerations include: the student's clinical interests, coursework and preparation, practicum site availability, and clinical needs (clock hours, population, setting, and ASHA Big 9 needs). There are no guarantees for any clinical site.

The SLP program maintains a relationship with a large variety of external sites for clinical practicum. Due to competitiveness of placing students at clinical sites, graduate students may need to travel up to 90 minutes for clinical placements. Although your location of residence may be considered when assigning placements, we cannot guarantee placements based on proximity to your home. The DCE will make a list of currently available clinical sites accessible to students so that they may review them if requested. Reviews will also contain student feedback and information forms provided by previous students who were placed at a particular site. If a particular site does not currently have a contract with XULA SLP, but a student is interested in completing a practicum there, the student may submit a request to the DCE that a contract be established for the possibility of eventual student placement. This request must be placed at least six months in advance of the proposed placement in order to allow for contact with the site, legal review, and execution of the agreement. In cases where the clinical site has an application and interview process for students, the clinical faculty will alert the student of the interview process.

Students are placed at sites based upon student interest, course work completed, and grades achieved, site availability, student availability, and clinical needs. Grades are verified through Xavier's grading system (EAB).

Sites available during the first year of graduate school include but are not limited to programs similar in client composition to the on-campus clinic, schools, charter schools, private practices, and early intervention programs focusing on course work completed in undergraduate school such as articulation, language, and fluency. Completion of additional coursework and additional clinical experience is recommended for sites such as rehabilitation facilities, hospitals, skilled nursing facilities and those sites are recommended for second year students.

All graduate students will be placed in the on-campus clinic or off-site each semester and clinical simulation will be available during the following clinical courses: Clinical Practicum I, Clinical Practicum II, Clinical Practicum III up to 75 hours which is the ASHA maximum for clinical simulation.

- **Clinical Practicum I** – (XULA clinic/off-site pediatric placement possible if UG clock hours earned and/or on-site clinic completed, and clinical simulation – peds/adult) at least 40 clinical clock hours expected
- **Clinical Practicum II** - (XULA clinic/off-site pediatric placement possible if UG clock hours earned and/or on-site clinic completed, and clinical simulation – peds/adults) at least 50 clinical clock hours expected
- **Clinical Practicum III** (on-site/off-site and clinical simulation) – at least 35 hours expected
- **Clinical Practicum IV** (full-time, off-site placement /XULA clinic voice rotation) – at least 125 clinical clock hours expected
- **Externship** (full-time, off-site placement /XULA clinic voice rotation) – at least 125 clinical clock hours expected

### **CLINICAL PRACTICUM PROCESS**

The following process is utilized each semester for placement assignments:

1. Each semester the students discuss their interests for the following clinical placement in their clinical practicum course.
2. Requests for placements are submitted from the DCE to partnering facilities (with established MOUs) 3+ months prior to the semester. The requests include the length of the semester, the hours expected, and the estimated/developed class schedule for the requested semester.
3. Once a site agrees to supervise the student(s), the students are informed of available placements via email and a list of available placement sites is posted on Brightspace in their clinic course. *Available sites will include pediatric and adult, clinic, school-based, and medical to allow students an opportunity to complete a placement in a preferred setting.*
4. Students express interest in a placement by submitting a CV and Letter of Interest by an established deadline. The CVs and Letters of Interest are submitted as word documents and are reviewed by the DCE for each student with feedback provided. Academic standing, courses completed, and appropriateness based upon review of the clinical experience record is reviewed. In addition to the above, students are placed at sites based the successful completion (grade of B or better) in coursework

and on-campus clinic or simulation with debriefing. The DCE access students' grades via XULA's Banner System and Degree Works or faculty and staff meetings.

Applications/documents are submitted to the site in one email containing PDFs from the DCE.

- 4a. If permitted, the DCE will select a student(s) for the placement based upon student request, knowledge (coursework completed with a grade of a B or better), experience (on-campus clinic and/or simulation with debriefing), clinical needs (CALIPSO review), and site requirements.
  - 4b. If an interview process is in place for the site, the interviews are scheduled via the DCE or the Off-Site Coordinator and the placement selects a student(s).
  - 4c. If a student is selected, the site will inform them of any health, medical, or documentation due. The DCE and student submit the documentation. All required documentation is submitted to the Off-Site Coordinator, email, or owner prior to the start of the placement based upon the site's requirements and timeline.
  - 4d. If a student is not selected for the placement, they need to refer to the list of available sites and apply for/send documents requesting a placement at another site of interest.
5. Coordination with Clinical Educators is completed to verify licensure and supervision requirements have been met and the Clinical Educators are added to CALIPSO. The Clinical Educators also receive an introductory email which outlines expectations. The information is also sent to the students.
  6. Students are required to contact their assigned Clinical Educator to discuss Facility Policies and recommendations for their upcoming caseload including research or strategies, and/or assessment tools to review prior to starting the placement.
  7. Once placements are started, check-ins are completed throughout the placement with Clinical Educators and the students. Tips for success are shared 1-3x/semester. Students are required to submit CALIPSO clock hours by Monday of the following week and acquired clock hours are reviewed as are areas of the BIG 9 in which hours are being accrued. In clinic courses, hour delineation is discussed as students describe their experiences and areas of the ASHA BIG 9 in which they are earning hours. Clinical Educators are encouraged to review and approve clock hours 2 times per month.
  8. Midterm and final reminder emails are sent to Clinical Educator and students with associated deadlines.
  9. Midterm grades, clock hours, and areas of the ASHA BIG 9 with accrued hours are reviewed by the DCE, and if intervention is appropriate, the DCE will coordinate it with the Clinical Educator and student.
  10. Final CALIPSO grades are reviewed for completion and any follow-up concerns are resolved and to verify that all hours are approved or un-submitted.
  11. The XULA Clinical Tracking Form is updated to include current number of hours acquired, areas of the ASHA BIG 9 with hours, grades in areas of the ASHA BIG 9, and semesters when population and settings were completed.
  12. Students are recommended to review their CALIPSO Experience Record. A copy is given to them and reviewed in the first week of the following Clinical Practicum Course.

*This process is repeated each semester.*  
**Appendix: XULA Clinical Tracking Form**

### **TRACKING OF CLINICAL REQUIREMENTS REQUIRED FOR GRADUATION**

#### **1. Director of Clinical Education meets with each student between the start of school and midterms per semester.**

- A. For Clinical Practicum I, the requirements for graduation are explained. Meetings are completed at midterm and final to discuss progress toward graduation requirements using CALIPSO Experience Records.
- B. For Clinical Practicum II, III, IV, and Externship, meetings are held to review CALIPSO Experience Records for the previous semester to ensure progress is being made toward meeting requirements for graduation.

To ensure that students are making progress toward graduation and are acquiring knowledge and skills to demonstrate depth and breadth, the DCE and the students will evaluate the clinical experience record. Evaluation will include clock hours, populations served, settings completed, and cumulative evaluation. This is completed between the beginning of the semester and midterm for Clinical Practicum I, II and III.

Prior to placement in Clinical Practicum IV and the Externship, clinical graduation requirements are reviewed and compared to the Appendix VI-B provided by the site to ensure that XULA SPTH students meet achievable clinical goals.

Prior to the Externship Placement, the DCE and student complete the XULA Clinical Tracking Form. The student then shares the checklist with their off-site Clinical Educator to ensure continuity of information.

#### **See appendix – XULA Clinical Tracking Form**

Clinical Graduation Requirements Include:

- 375 direct clinical hours and 25 guided-observation hours (ASHA permits up to 75 hours to be completed using clinical simulation, provided those simulations are graded and up to 50 hours of direct therapy completed in undergraduate school to be applied to graduate school graduation requirements).
- Clock hours in ASHA Big 9 (speech sound disorders, fluency, voice and resonance, receptive and expressive language, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities) in evaluation and/or treatment.
- Clock hours obtained in a variety of settings with a variety of collaborators.
- Clock hours obtained across the lifespan.
- Competency across the ASHA Big 9 in evaluation and/or treatment. Xavier University of Louisiana utilizes CALIPSO to track ASHA/CAA requirements. Therefore, a student must also demonstrate competency across the ASHA Big 9 in evaluation, treatment, and professional practice by receiving a score of 3.0 or better.

Progress toward meeting these goals as outlined above is shared with the students each semester in courses no later than midterm.

#### **2. Director of Clinical Education meets with faculty and staff through updates at Faculty Meetings and via email bi-monthly during the graduating student's last semester.**

#### **3. Director of Clinical Education communicates with the Clinical Educator.**

- Prior to the Externship Placement, the DCE and student complete the Clinical Tracking Form. The student then shares the checklist with their off-site Clinical Educator to ensure continuity of information.
- At midterm and final reporting periods for Clinical Practicum III, IV, and Externship via email/meetings.

To ensure the hours approved from the Clinical Educator include an associated grade, The XULA –SPTH Grading Tool was created.

### **Accuracy of Evaluations Based Upon Approved Clock Hours**

To assist students in obtaining scores in appropriate standards across the ASHA Big 9, a grading tool is used. **See appendix – XULA Grading Tool**

**Grading Tool Purpose:** Assist Clinical Educators in completing midterm and final grades on CALIPSO by providing them with a summary of the areas of the ASHA Big 9 where hours have been approved in diagnosis (DX) and/or treatment (TX). The clinical educator and student should discuss if a minimum number of hours is required prior to the student receiving a midterm/final grade in any area for evaluation or treatment.

### **Directions:**

1. The student should keep track of the areas of the ASHA Big 9 where hours are being acquired by indicating DX (diagnosis) and/or TX (treatment) in the appropriate column and updating the form regularly as hours are submitted for various activities/areas.
2. The student should check off the populations treated.
3. The student should include the titles of collaborators and update throughout the semester.
4. The student should list their name, semester along with graduation year, and course number.
5. A copy of the form should be submitted to the clinical educator 1-2 weeks prior to midterm grading period and 1-2 weeks prior to the final grading period.

### **GRADING - See Appendix – CALIPSO Performance Evaluation Form**

During Clinical Practicums, students are scored in the areas of Evaluation, Treatment, Professional Practice, Interaction, and Personal Qualities on a 5-point scale:

- 5 = Consistent: Skill is consistent and well developed. (Skill is present >90% of the time)
- 4 = Adequate: Skill is developed/implemented most of time (Skill is present 76-90% of the time)
- 3 = Present: Skill is present and needs further development (Skill is present 51-75% of the time)
- 2 = Emerging: Skill is emerging but is inconsistent. (Skill is present 26-50% of the time)
- 1 = Not Evident: Skill not evident most of the time. (Skill is present <25% of the time)

**Clinical Practicum Grades are combined with coursework grade for an overall grade for Clinical Courses. The exact weight of each is listed on each individual syllabus.**

### **REQUESTS FOR PLACEMENTS WITHOUT ESTABLISHED CONTRACTS**

If a particular site does not currently have a contract with XULA SLP, but a student is interested in completing a practicum there, the student may submit a request to the DCE that a contract be established for the possibility of eventual student placement. This request must be placed at least six months in advance of the proposed placement in order to allow for contact with the site, legal review, and execution of the agreement. **Students are not encouraged to seek out placements themselves.** This

will allow the DCE and clinic staff to pursue placements, investigate availability of experiences, and determine appropriateness.

### **EXTERNSHIP GUIDELINES**

Graduate Students complete one or two externship placements to fulfill requirements for certification during the spring semester of the second year of the Speech Pathology graduate program. Following are the expectations and guidelines for the externship placements.

General Rules for Externships:

1. Externship obligations can include the following:

- A. Single-site placement: provides about 35-40 hours of workplace experience per week over one 14-week or three-month placement.
- B. Two-site placement: provides about 35-40 hours of workplace experience per week over seven weeks or one and a half months in one site and the same in the second site.

Student externs should be able to accomplish some obligations related to the externship requirements during regular work hours including such tasks as:

- o Patient contact: evaluations, interventions, communications, chart reviews
- o Collaboration: w/extern supervisors, w/families, w/professionals, presentations,
- o Paperwork: lesson plans, progress notes, reports, billing
- o Preparation: equipment.

Some tasks may need to be completed outside of regular work hours including tasks such as:

- o Preparation: supplies, materials, handouts, in-service
- o Reading: texts, journals, manuals
- o Research: assignments, projects

2. Student externs may agree to work more than 35-40 hours, but should not be required to do so. If concerns regarding excessive overtime arise, contact the University Clinical Director.

3. Student externs will begin externship placements as stipulated by the Externship contract. Commencement and completion dates may be modified to accommodate scheduling or to earn additional clock hours if agreed to by all parties concerned.

4. Student externs are expected to follow the schedule of the externship site and extern supervisor as opposed to the University schedule.

5. ASHA and XULA require that supervision be provided by an individual who meets ASHA's supervision requirements, holds current ASHA CCC and Louisiana Board of Examiners for Speech-Language Pathology and Audiology licensure. Direct supervision must be in real time and must never be less than 25% of the student extern's total contact with each client/patient and must take place periodically throughout the externship. An extern supervisor who holds a current certification and licensure must be on-site and readily available to consult with the student extern at all times.

### **CLOCK HOURS**

Graduate 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 clinical observation, and 375 hours must be spent in direct client/patient contact. A minimum of 325 hours of direct client/patient contact must be obtained at the graduate level. The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) defines 1 clinical practicum hour as equal to 60 minutes. When counting clinical practicum hours for purposes of ASHA certification, experiences/sessions that total less than 60 minutes (e.g., 45 minutes or 50 minutes) cannot be rounded up to count as 1 hour.

Clock hours can be obtained only for the time during which the student clinician is providing direct evaluation or treatment services for clients who present communication disorders or with the client's family. Only direct contact with the client or the client's family in assessment, management, and/or counseling can be counted toward the practicum requirement.

Ancillary activities such as writing lesson plans, scoring tests, transcribing language samples, preparing treatment activities, and meetings with practicum Clinical Educators (CE) may not be counted as clock hours.

The CALIPSO Database represents the official record of Clock Hours for the student's clinical program. It is the responsibility of each student to enter their clock hours into CALIPSO at the end of each practicum day and then are required to submit to the CE at least weekly. It is recommended that students also keep track of their Clock Hours on paper as a hard copy and back-up, but it will not be collected and will not constitute an official record of Clock Hours earned. Clinical Educators are recommended to review and approve clock hours in CALIPSO weekly though no less than at least 2 times per month.

- Failure to enter clock hours on a weekly basis may result in hours not being approved by your CE.
- Failure to not submit your clock hours prior to the last day of the semester may result in forfeiting of the acquired hours.

The student should be aware of the total number and distribution of Clock Hours across content areas and client populations at all times during the graduate program. The DCE will also monitor this information. If at any time the student has a concern that she/he will not achieve the required 375 Clock Hours or that she/he lacks distribution in a certain content area or client population, the student should make an appointment to meet with the DCE as soon as possible.

### **CLINICAL PRACTICUM ADVANCEMENT**

All students who achieve a letter grade of "B" or better in Clinical Practicum will automatically advance to the next level of Clinical Practicum in the sequence. Students who achieve a grade of C or lower in Clinical Practicum may not advance to the next level of Clinical Practicum, will be placed on academic probation, and referred to their academic advisor to develop a remediation plan.

The Clinical Advancement Plan is as follows –



<b>Courses &amp; Expected Placement Details Populations Expected</b>
<b>1<sup>st</sup> Year Fall Semester - Coursework: Neuroanatomy, Lang. Learning Disorders, Research Methods, &amp; Clinical Practicum I</b>
<b>Placement:</b> XULA clinic/off-site pediatric placement possible if UG clock hours earned and/or on-site clinic completed, and clinical simulation. At least 20 hours/2-3 days per week.
<b>Population:</b> XULA Clinic - peds, off-site - school-based
<b>1<sup>st</sup> Year Spring Semester - Coursework: Diagnostic Methods, Dysphagia, Aphasia &amp; Cognitive Disorders, &amp; Clinical Practicum II</b>
<b>Placement:</b> XULA clinic/off-site pediatric placement possible if UG clock hours earned and/or on-site clinic completed, and clinical simulation. At least 20 hours/2-3 days per week.
<b>Population:</b> XULA Clinic - peds and adult, off-site - school-based, ped- medical possible
<b>1<sup>st</sup> Year Summer Semester - Coursework: Voice Disorders, Early Intervention, &amp; Clinical Practicum III</b>
<b>Placement:</b> XULA Clinic/off-site and clinical simulation - based upon curriculum, ped medical cont., and adult medical placements start
<b>Population:</b> Combination of peds and adult placements. Expectation 5 - 7 students at adult placements. 20 hours/3 days per week.
<b>2<sup>nd</sup> Year Fall Semester – Coursework: Motor Speech, AAC, Fluency Disorders, Clinical Practicum IV</b>
<b>Placement:</b> 25 - 30 hrs., off-site placement/XULA clinic voice rotation
<b>Population:</b> Combination of peds and adult placements - medical placements continue. Expectation 5 - 7 students at adult placements
<b>2<sup>nd</sup> Year Spring Semester – Coursework: Multicultural Issues, Professional Issues, &amp; Externship</b>
<b>Placement:</b> Full-time, off-site placement /XULA clinic voice rotation
<b>Population:</b> Combination of special population peds and adult placements. Expectation 5 - 7 students at adult placements

### **CLINICAL INTERVENTION**

Students who are experiencing difficulty acquiring and/or demonstrating satisfactory clinical skills during a practicum will have the opportunity to have a structured and individualized clinical remediation program with intensive input from clinical faculty to improve clinical competency and ability to advance to the next level of practicum. **The goal of clinical intervention is to improve clinical competency, knowledge, and skills prior to the final grade to assist the student to advance to the next level of clinical courses.** This plan will be signed by the student, CE, and the DCE. Each person will receive a copy of the plan. A copy will be placed in the student's file.

If a remediation plan is necessary, the following steps will take place:

1. The Director of Clinical Education will meet with the clinical educators (CEs) and the Graduate Program Director to determine areas of deficit.
2. A plan will be created by the DCE, CE, and student. The plan will outline the activities and/or experiences the student must complete to demonstrate adequate improvement in the area of concern. This plan must include measurable goals that can be completed within one semester, specification of persons who will be responsible for monitoring and implementing plans to achieve each goal, and specific consequences of failure to meet the plan.

## **Section V: Clinical Documentation**

This section summarizes documentation tools for the on-campus clinic and guidelines for off-site practicums.

It is the responsibility of the Clinic Secretary to gather all initial vital information, such as name of client, names of parents, address, birth date, school, referral source, and statement of problem. This information is then placed in the temporary or permanent file.

It is the student's responsibility to ensure that all appropriate documents are completed: Consent Form, Service Agreement, Release of Information, Request for Therapy, Request for Continued Therapy, Case History, etc.

### **CLINICAL ATTENDANCE LOG FOR CLIENTS**

Students providing clinical services are required to ensure that their clients sign in upon arrival at the Clinic. Their record of attendance enables the Clinic to maintain a record of service activities.

If the student knows in advance that a client has canceled, he/she must call and notify the supervisor, clinic supervisor and/or Director of Clinical Education immediately and the same will be done if the clinic staff is informed of an absence. The students should note the absence in the client's SOAP note and on the attendance calendar.

### **CLIENT FILES**

All therapy and diagnostic clients will have a permanent file kept in a "working" file cabinet in the clinic file office. These files contain all confidential information such as: evaluations, copies of test, final case summaries, correspondence, and records of telephone contacts related to the client. These files can be checked out by the Clinic Secretary and reviewed in the Clinic only. Under no circumstances are these folders or any information from them to leave the general clinic area. Students may use files in the Student Workroom, Audiology areas, Material Room, and Therapy rooms. All files must be returned no later than 15 minutes prior to the close of business each day.

### **CLINICAL WORK FOLDERS**

Copies of initial case summaries, lesson plans, and other information pertinent to the client's clinical sessions are to be maintained in that client's work folder. The work folder should be stored in the clinician's locked locker. These folders are to be left in the Clinic. At the end of each semester, those materials in the Clinic Work Folders, which are not placed in the Permanent Clinic file, must be destroyed. Clinicians cannot keep copies of any clinical documentation for their own records at the end of the semester.

### **CLINICAL DOCUMENTATION**

Planning and report writing are important aspects of a clinician's work. Students must follow the guidelines provided below in complying with the requirements of this Clinic and Program. Students must follow the guidelines provided in this manual or on the off-campus site.

Reports and/or plans that are submitted late will result in deductions from the student's clinical practicum grade. Any student who does not complete all clinical course requirements and/or does not turn in all clinical work for a practicum to the clinical supervisor by the appointed deadline will automatically receive a grade of "F" for that practicum, regardless of the probable grade discussed in

the final evaluative conference, except under extenuating circumstances approved by the supervisor and Director of Clinical Education. Delinquent paperwork will result in a letter grade reduction.

Off-campus Clinical Educators should communicate issues related to untimely submission of clinical documentation to the Clinical Coordinator as well as indicate concerns of the student's evaluation.

The following clinical documentation is expected to be completed by graduate students who are training in the XUSHC. Students are taught how to do each form of clinical documentation in SPTH 5070. A brief description is provided below, and examples are available in the clinic with the templates found in the index of this manual.

**Documentation should remain in the SPTH Suite in the student's locked locker or in the client file room. Client information cannot be left unattended.**

For each client in the Clinic students should create a folder/binder. Student's Name, Client's Initials, Date & Time of session should be on the front of the binder, preferably in the top right corner. It should be divided into the following sections and clearly labeled.

1. Session Lesson Plan {newest on top}- This document provides the clinician the opportunity to outline their session based upon objectives, activities, materials, and data/comments
2. S.O.A.P. notes (newest on top) - This document provides the clinician the opportunity to provide subjective, objective, assessment, and plans for next session.
3. Student Clinician Session Feedback {if applicable} - This document provides the Supervisor the opportunity to rate the performance of the clinician on a scale of 0 (not evident) to 5 (Consistent).

### **LESSON PLAN**

Lesson plans that indicate treatment goals/objectives for the session and specifically describe the activities and materials are due every Friday by noon for the upcoming week. Supervisors are required to review the lesson plans and approve them prior to the session. Supervisors should feel free to require as much detail and information about the plan for the session as he/she desires.

### **WEEKLY SOAP NOTES**

A SOAP note is due for each client and for each session, preferably by the end of the day and no later than 24 hours later. Prior to submitting, SOAP notes should be reviewed and checked to ensure they are professionally written. SOAP Notes will be reviewed and suggested edits and revisions will be provided to the student. The student is responsible for working to get SOAP notes finalized as soon as possible.

### **DIAGNOSTIC REPORT**

One – two weeks after a diagnostic session, a Diagnostic Report is due. Examples can be retrieved from the DCE. Reports should be reviewed and suggested edits and revisions should be provided to the student. The student is responsible for finalizing the report. Completed testing forms, questionnaires, etc. should be attached to the report. The final report and supporting documentation

are placed in the client's file. Keep in mind that clients will not be seen until the evaluation and goals are developed.

### **DISCHARGE SUMMARY**

This document will be completed in portions, but will culminate with the final document being submitted at the end of the semester. This document will serve as a discharge from services through the XUSHC and will include a summary of the client's relevant history, essential background pertaining to recent assessment information, and the client's goals/objectives. Additionally, a synopsis of therapy, documentation of the client's response to intervention, a record of family involvement and generalization as well as future recommendations should be included. Summaries should be reviewed and suggested edits and revisions should be provided to the student. The student is responsible for working to get the summary finalized as soon as possible.

### **GUIDELINES FOR DOCUMENTATION DURING OFF-CAMPUS PRACTICUM**

When a student is placed with an external CE in a 1:1 practicum externship, the student is required to follow the direction of their CE regarding the specific requirements for documentation at their practicum site. As available, students should be able to evaluate and treat clients and should complete documentation for each.