



Communication Sciences and Disorders Department
Speech, Language, and Hearing Clinic

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Clinic Handbook: On-Site Rotation

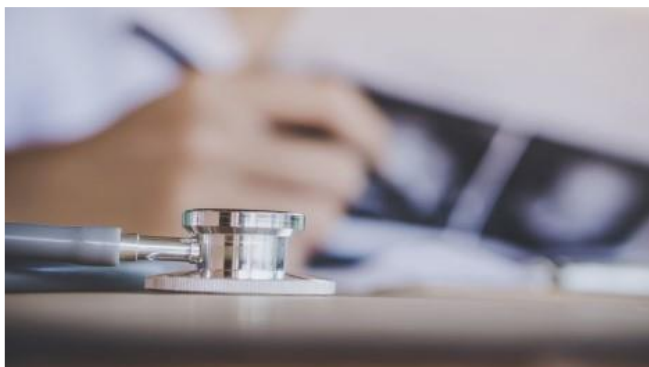


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Introduction

This handbook supports the Communication Sciences and Disorders
graduate and undergraduate programs



The Clinic Handbook has been created to support the success for each student's on-site clinical practicum experience at the Iona University Speech, Language and Hearing Clinic.

The Clinic Handbook is not intended to replace University Policies listed in the Iona University Undergraduate and Graduate Catalogs, but to supplement the student's program requirements. Graduate CSD Handbook is to supplement the student's program requirements.

The Clinic Handbook and the Graduate CSD Handbook is not intended to replace the Iona University Graduate Catalog. The Graduate Catalog details the official requirements for completion of the Master's Degree.

The Graduate Catalog is available online at : [Iona University- Acalog ACMS™](#)

The Clinic Handbook is a living document and may be modified, with notice at the discretion of the Chairperson, Program Director and Clinic Director

PROGRAM ACCREDITATION

American Speech-Language-Hearing Association

The American Speech-Language-Hearing Association (ASHA) is the professional, scientific, and credentialing association of more than 150,000 audiologists, speech-language pathologists, and speech, language, and hearing scientists. ASHA's mission is to ensure that all people with speech, language, and hearing disorders have access to quality services to help them communicate more effectively. For more information on ASHA, visit <http://www.asha.org/>.

Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)

The Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association is recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) as the only agency to accredit graduate education programs that provide entry-level professional preparation in speech-language pathology. In speech-language pathology, entry-level education must be achieved through a graduate program. In order for an individual to be eligible to apply for national certification with ASHA, a student must initiate and complete course work and clinical practicum at a CAA accredited institution.

The Master of Arts (MA) program in speech-language pathology residential at Iona University is accredited 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, Maryland, 20850, (800) 498-2071 or (301) 296-5700.

Complaint Procedures

For information on filing a complaint about Iona's CSD graduate program to the CAA, please visit: [Complaints \(asha.org\)](http://complaints.asha.org/)

Council of the Academic Programs in Communication Sciences and Disorders

The Iona University Communication Sciences and Disorders program is also an active member of the Council of the Academic Programs in Communication Sciences and Disorders (CAPCSD). CAPCSD is an organization of more than 250 member programs that offer undergraduate and/or graduate degrees in Communication Sciences and Disorders. The mission of CAPCSD is to promote quality, accessibility and innovation in Communication Sciences and Disorders in higher education. For more information about CAPCSD, visit: <http://www.capcsd.org/>

Program Accreditation

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Iona University Speech, Language and Hearing Clinic

The Communication Sciences and Disorders Department at Iona University provides an on-site clinical practicum experience for both undergraduate and graduate students. While our clinic serves as a training opportunity for our students, every case is closely supervised with a clinical teaching component.

Supervision is conducted by certified speech language pathologists and audiologist who are members of the American Speech-Language-Hearing Association, hold a Certificate of Clinical Competence and licensed in New York State. The clinic provides professional speech and language services including assessment and treatment within a teaching clinic environment. Services are provided to individuals with a wide range of communication disorders and delays for both children and adults. Services include but not limited to articulation and phonological disorders/delays, dysphagia, language delays, traumatic brain injury, aphasia, voice, cognitive-communication, hearing, and fluency disorders. Clients are typically referred by physicians, school personnel, private practice and by client's themselves. Audiology diagnostic services are available for both children and adults. Services support our local community and neighboring residents while providing a clinical education opportunity for our students.

Diane Ferrero-Paluzzi, PhD Interim Associates Dean of the School of Arts and Science and the coordinator of the Speakers' Center, provides services in the areas of accent reduction, communication apprehension, regional dialect, speech assignments, and vocal coaching.

The Speech, Language & Hearing Clinic and The Speakers' Center at Iona University does not discriminate in the delivery of clinical services based on race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.



IONA UNIVERSITY

NEWYORK-PRESBYTERIAN
IONA SCHOOL of HEALTH SCIENCES

NON-DISCRIMINATION STATEMENT

Iona University does not discriminate in its educational programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender (including pregnancy, sexual harassment and other sexual misconduct including acts of sexual violence such as rape, sexual assault, sexual exploitation and coercion), gender identity and/or expression, sexual orientation, military or veteran status, genetic information, marital status, political or social affiliation or any other characteristic protected under applicable federal, state or local law. Retaliation is also prohibited. Iona will comply with state and federal laws such as Title IX, Title VI and Title VII of the Civil Rights Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act, and other similar laws that prohibit discrimination.

Unlawful discrimination has no place at Iona University and offends the Universities core values which include a commitment to equal opportunity and inclusion. All Iona employees, faculty members, students and community members are expected to share this commitment. Any member of the Iona College community has the right to raise concerns or make a complaint regarding discrimination under this policy without fear of retaliation.

Please contact the Office of Human Resources at (914) 633-2496 for a copy of the New York State mandated complaint form. Any and all inquiries regarding the application of this statement and related policies may be referred to:

Jennifer Morris
Director, Internal Audit, Interim Title IX Coordinator
McSpedon Hall
715 North Avenue
New Rochelle, NY 10801
(914) 633-2643
jmorris@iona.edu

Daneshea Palmer
Director of Student Access
(914) 633-2366
dpalmer@iona.edu

As set forth in our policies, individuals may also file complaints with administrative agencies such as the U.S. Department of Education, Office for Civil Rights (“OCR”). The contact information for the local office of OCR is Region II New York, Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza - Suite 3312, New York, NY 10278 tel. (212) 264-3313. The email address for OCR is OCR.NewYork@ed.gov.



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VISION STATEMENT

Communication is the key to a productive and fulfilling life. It is the vehicle for growth, change, and understanding. With a student-centered approach, we educate individuals to become compassionate clinicians. With empathy, our clinicians will empower others with a range of differences to communicate effectively, allowing the voiceless to create a voice for themselves. We aim to provide students with opportunities to promote positive societal change including anti-racism and anti-bigotry initiatives. Our students will gain the understanding that in Speech Language Pathology & Audiology, these principles must not only be put into practice, but fully embraced. In Speech Language Pathology and Audiology, empathy and compassion are not everything, they are the only things.

MISSION STATEMENT

The Speech, Language & Hearing Clinic provides a pre-professional experience at the onsite clinic for our clinical students. The goal of the clinic is to provide student clinicians' an opportunity to integrate academics into clinic, develop clinical knowledge, and skills, conduct research-based therapy and promote critical thinking skills. Additionally, our clinical instructors are dedicated to teaching values vital to the profession. Clinical instruction includes ethical behavior, professional collaboration; enhance knowledge, a focus on clinical services and integrating problem solving skills for the purposes of diagnostic and therapeutic planning. Students will develop effective oral and written communication as well as problem solving skills in their initial practicum experience necessary as a future clinician. During this pre-professional experience students, will begin the process of personal self-evaluation and pre-practicum responsibilities to advocate for the individual with a communicative disorders and delays. The supervisee-supervisor collaboration process is established by the highest quality of service to individuals with communication disorders across the age span.

VALUE STATEMENT

The community at the Speech, Language & Hearing Clinic is committed to:

- **Service:** Providing the highest quality service to individuals across the age span with communication disorders and delays.
- **Education:** Providing students with pre-professional clinical experience to develop their academic knowledge base, integrate clinical services, and be effective clinical instructors for our future professionals.
- **Growth:** Providing a supportive environment that allows the development of ideas and individual growth.
- **Collaboration:** Providing a professional environment that includes the essentials of a team approach to treat the client, supporting client families, and to include the clients in their therapy program.

Student Concerns and Grievances

If students have a concern or grievance during their clinical practicum, the following steps are required in the order documented:

- Contact your immediate Clinical Supervisor to review and discuss concern.
- If the situation is not resolved, contact the Clinic Director and a meeting will be scheduled to review and discuss the concern.
- If deemed appropriate a meeting between the Clinical Supervisor, Student and Clinic Director will be completed.

If the issue is not resolved to the student's satisfaction by the Chair and/or CSD Program Director then, and ONLY then, can the student request a meeting with the appropriate offices: Iona University Dean's Office New York -Presbyterian Iona School of Health Sciences 715 North Avenue New Rochelle, NY 10801

Kavita R. Dhanwada, PhD

Founding Dean, New York -Presbyterian Iona School of Health Sciences

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Dr. Katherine Zaratidis

Director of Graduate Studies, School of Arts & Science

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Student Resources

Iona University Counseling Center
Spellman Hall
914.633.2038

Samuel Rudin Academic Resource Center
Amend Hall
914.633.2217



IONA UNIVERSITY

NEWYORK-PRESBYTERIAN
IONA SCHOOL of HEALTH SCIENCES

**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
STUDENT CLINICIAN REQUIREMENTS**

- 25 Guided Hours of Observation:
Verification Form and Hour Transcript
- On-Site Clinic Requirements:
Documentation Face Sheet
- Confirmation of Clinic Handbook: On-Site
Rotation
- Social Networking Policy
- Essential Functions
- Confidentiality Agreement

To Do List
Check List for
Clinical
Requirements

Guided Observation Hours	Department Forms	Professional Requirements
<input type="checkbox"/> Log/Transcript of Hours Uploaded onto Calipso	<input type="checkbox"/> Confidentiality Agreement	<input type="checkbox"/> Student Liability Insurance
<input type="checkbox"/> Observation Verification Form Signed	<input type="checkbox"/> Essential Functions	<input type="checkbox"/> Child Abuse Seminar
<input type="checkbox"/> Guided observation experience record completed on Calipso	<input type="checkbox"/> Handbook Agreement	<input type="checkbox"/> CPR Certificate
<input type="checkbox"/> Guided Observation Hours approved by Prof. A-D	<input type="checkbox"/> Social Networking Agreement	On-Line Iona University HR Trainings: <input type="checkbox"/> HIPAA training/certificate <input type="checkbox"/> Injury & Illness Prevention <input type="checkbox"/> Bloodborne Pathogens <input type="checkbox"/> Hazard Communication

Resources for Requirements

Workshop Resources

<https://www.workshopsexpress.com/>

<https://www.childabuseworkshop.com/>

Student Liability Insurance

[Malpractice Insurance for Students \(proliability.com\)](http://proliability.com)
[student-malpractice-insurance-coverage-description \(hpsso.com\)](http://hpsso.com)

CPR/AED Course

[CPR Training Classes- Healthcare Academy- CPR Certification Online- American Health Care Academy \(cpaedcourse.com\)](http://healthcareacademy.com)



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COMMUNICATION SCIENCES AND DISORDERS DEPARTMENT

SPEECH, LANGUAGE & HEARING CLINIC

Confirmation of Clinic Handbook: On-Site Rotation

I _____ (print name) confirm receipt and access of the Iona College, *Clinic Handbook: On-Site Rotation* on _____ (date)

My signature confirms:

- Reading the documented policies and procedures outlined in the *Clinic Handbook: On-Site Rotation* and understanding of the information.
- Acknowledgement of my responsibility for the material and continue to review the Clinic Handbook: On-Site Rotation
- Acknowledgement of my responsibility to contact the Clinic Director or a Clinical Supervisor if I have any questions relating to the polices and procedures outlined in the *Clinic Handbook: On-Site Rotation*

STUDENT NAME: PRINT NAME

STUDENT SIGNATURE

DATE

This document may be modified at the discretion of the Communication Sciences and Disorders Department



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COMMUNICATION SCIENCES AND DISORDERS DEPARTMENT

SPEECH, LANGUAGE & HEARING CLINIC

Social Networking Policy

I _____ (print name) will NOT name or capture pictures and/or videos of the Iona College Speech, Language & Hearing Clinic ON or Off-Site affiliations in my personal social networking sites (including but not limited to: text messaging, Facebook, Twitter, Instagram, Snap Chat, TikTok, LinkedIn etc.) that deems the clinic, clients, students and / or clinical staff in a negative context. If I do publish any information relating to a practicum experience, I am subject to federal regulations in violation of HIPAA and Confidentiality Policy and Procedures. Furthermore, I am at risk for violating the ASHA Code of Ethics and risk being expelled from the Communication Sciences and Disorders Department.

STUDENT NAME: PRINT NAME

STUDENT SIGNATURE

DATE



COMMUNICATION SCIENCES AND DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING CLINIC
CONFIDENTIALITY AGREEMENT

It is the responsibility of the Iona College Speech, Language and Hearing Clinic members including *employees, faculty, student clinicians and volunteers* to preserve and protect confidential client, employee, student and business information.

I, [Click or tap here to enter text.](#), understand that as part of my involvement with the clinical practicum in the Communication Sciences and Disorders Department and the Clinic that I have a legal and ethical responsibility to safeguard the privacy of all student data, and the obligation to protect the confidentiality of client health information. All client information of any nature is considered confidential.

I understand in the course of my clinical employment/assignment at the Clinic, I may come into the possession of confidential information.

1. I will not disclose or discuss any confidential information with others, including friends, coworkers, and family. The "need to know" individuals are healthcare professionals actively involved in the treatment of the client or the business function. In addition, each clinician must understand that their personal user ID and password used to access computer systems is an integral aspect of the confidential information.
2. I will not access or view any confidential information, or utilize equipment, other than what is required to do my job.
3. I will not discuss confidential information where others can overhear the conversation (for example, in hallways, on elevators, in the cafeteria, restaurants, or at social events). It is not acceptable to discuss confidential information in public areas even if a client's name is not used. Such a discussion may raise doubts among clients and visitors about our respect for their privacy.
4. I will not make inquiries about confidential information for other personnel who do not have proper authorization to access such confidential information.
5. I will not willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information on the computer system to unauthorized locations for instance, home, or release client's data without the client's written consent.
7. I will log off any computer or terminal prior to leaving it unattended.
8. In circumstances where I need to provide services via tele-practice therapy outside of the clinic, I agree that I will delete all tele-practice therapy programs from my personal computer when services are completed. When

providing supervision via Telepractice, SLP's are responsible for confidentiality guidelines. As the host for Telepractice sessions, SLP's must ensure sessions are held in private, secure sites by the host, client and any other attendees: (i.e., private space in the home, office space at the Iona College Speech, Language and Hearing Clinic.) If sessions judged by the SLP as not secure, SLP/host of the session will be required to end the session.

9. I will comply with any security or privacy policy promulgated by Iona College and the Clinic to protect the security and privacy of confidential information.
10. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this policy or of any information security or privacy policy.
11. Upon termination of employment, I will immediately return any documents or other media containing confidential information to the Iona College Speech, Language and Hearing Clinic.
12. I agree it is my obligation to continue with this policy after the termination of my employment and completion of clinical clock hours.
13. I agree my obligations under this agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, in accordance with Iona College's Policies and Procedures, as well as legal liability. Discipline for students may include but not be limited to having course grades dropped one letter for each offense, having no clinical clock hours awarded for a particular assignment, and or a report placed in the student permanent record.
14. I further understand that all computer access activity is subject to audit at any time with or without notice.

.....

STUDENT CLINICIAN: Complete the following

SEMESTER

STUDENT NAME: PRINT NAME

STUDENT SIGNATURE

DATE

.....

IONA COLLEGE EMPLOYEE: Complete the following

PRINT NAME

SIGNATURE



COMMUNICATION SCIENCES AND DISORDERS DEPARTMENT

SPEECH, LANGUAGE & HEARING CLINIC

Essential Functions

ESSENTIAL FUNCTIONS FOR CLINICAL PRACTICUM STUDENTS IN THE IONA COLLEGE SPEECH, LANGUAGE AND HEARING CLINIC ¹.

The Speech, Language and Hearing Clinic at Iona College is committed to the education of all qualified Iona students, including students with disabilities who, with or without reasonable accommodation, are capable of performing the essential functions required of the program. It is the policy of Iona College to comply with the Americans with Disabilities Act, Section 504 of the Civil Rights Restoration Act of 1973, and all state and local requirements regarding individuals with disabilities. Under these laws, no otherwise qualified and competent student with a disability shall be denied access to or participation in services, programs, and activities solely on the basis of the disability. In accordance with federal regulations established by the Americans with Disabilities Act (ADA), the following standards are described to assist each student in evaluating his or her prospect for academic and clinical success. When a student's ability to perform is compromised, the student must demonstrate alternative means and/or abilities to perform the essential functions described.

Sensory/Observational Abilities

Students must be capable of acquiring a defined level of required information as presented through educational experiences in both basic arts and sciences and clinical sciences. To achieve the required competencies in the classroom setting, students must perceive, assimilate, and integrate information from a variety of sources. These sources include oral presentation, printed material, visual media, and live demonstrations. Consequently, students must have the potential to demonstrate adequate functional use of visual, tactile, auditory and other sensory and perceptual modalities to enable such observations and information acquisition necessary for academic and clinical performance. Students must have adequate sensory and observational abilities to recognize disorders of speech fluency; abnormal articulation; abnormal voice, resonance, and respiration characteristics; oral and written language disorders in the areas of semantics, pragmatics, syntax, morphology, and phonology; signs of hearing disorders; signs of cognitive disorders; and signs of abnormal social interaction related to communication disorders. In addition, students need to be able to visualize anatomic structures and discriminate findings on various imaging studies, as well as to discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests. Furthermore, students should have the potential to develop sufficient sensory (visual and auditory) function and motor coordination to safely and accurately assess and remediate patients using the equipment and materials of the profession.

Communication Abilities

Effective communication is critical for students to build relationships with faculty, advisors, fellow students, coworkers, clients, and their significant others in the student's various roles of learner, colleague, consultant, and leader. Students must be able to gather, comprehend, utilize and disseminate information effectively, efficiently and according to professional standards. Students are required to communicate proficiently in both oral and written English, at a level sufficient to meet curricular and clinical demands. Students must be able to elicit information, gather information, and describe findings verbally and in writing and this communication should be comprehensible by patients, professionals, and laypersons. In accordance with a technical report developed by ASHA's Joint Subcommittee of the Executive Board on English Language Proficiency (see Students and Professionals Who Speak English with Accents and Nonstandard Dialects:

Issues and Recommendations available at <http://www.asha.org/policy/TR1998-00154.htm>), students and professionals “who speak a nonstandard dialect or who speak with an accent” must, when modeling is necessary, be “able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client's particular problem.” Students must be able to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport with patients. Furthermore, students must have the potential to effectively communicate judgments and treatment information and to observe, recognize and understand non-verbal behavior. In accordance with a professional issues statement developed by ASHA (see Cultural Competence in Professional Service Delivery available at <http://www.asha.org/policy/PI2011-00326.htm>), students and professionals must demonstrate “cultural competence” to be able to deliver clinically competent services to individuals with communication disorders.

Motor Abilities

Students must possess the motor functions needed to manipulate testing and treatment materials, manipulate equipment (such as prostheses, devices, or bed controls), or provide general and emergency treatment to clients. The motor capacities usually include the physical strength and coordination to safely handle and move clients; perform general and emergency procedures; or direct clients in various practice settings, according to the needs of professional practice in speech-language pathology.

Intellectual/Cognitive Abilities

Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information presented in academic, laboratory and fieldwork settings. Students must be able to comprehend, retain, integrate, synthesize, and apply information sufficient to meet curricular and clinical demands; identify relevant findings from history, evaluation, and data to formulate a diagnosis, prognosis, and management plan; and solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic planning, and therapeutic planning consistent with the principles of evidence-based practice in speech-language pathology. In some areas, this requires comprehension of three-dimensional relationships and understanding of the spatial relationships of structures. Students must develop and exhibit a sense of medical ethics, and also recognize and apply pertinent legal and ethical standards.

Behavioral and Social Abilities

Students must demonstrate emotional stability and display mature, empathic, and effective interpersonal relationships with students, patients, and health care workers. Students must be able to tolerate physically and emotionally taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and function in the face of the uncertainties inherent in the clinical setting. Students must exhibit the ability and commitment to work with individuals in an intense setting to meet the needs of people of diverse cultures, age groups, socioeconomic groups and challenges without bias. These individuals may be severely injured; they may be limited by cognitive, emotional and functional deficits; and their behavior may create at times an aversive reaction. The ability to interact with these individuals without being judgmental or prejudiced is critical in establishing one’s professionalism and therapeutic relationship. Students must be able to manage the use of time effectively and systematize actions to complete professional and technical tasks within realistic time constraints. Students must also be able to accept appropriate suggestions and constructive criticism and, if necessary, respond by modification of behavior. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are critical to complete the professional program in speech-language pathology.

Professional Responsibility

Students must have the capacity to meet the challenges of any medical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems. This may require ancillary training (e.g., CPR, first aid, infection control, evacuation procedures). It is each student’s responsibility to attend and be able to travel to and from classes and clinical assignments on time and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames. This involves frequent oral, written, and practical examinations or demonstrations. The student must have the ability to perform problem-solving tasks in a timely manner. Students must exhibit adherence to policies of the College, their program, and clinical sites. This includes matters ranging from professional dress and behavior, to attending to their program’s academic schedule, which may differ from the College’s academic calendar and be subject to change at any time. During their academic tenure, students must learn and



**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
PROFESSIONAL CODE OF CONDUCT**

- Professional Code of Conduct
- Professional Practice Guidelines
- Professional Practice Framework
- Clinical Professional Code of Conduct Policy
- Clinical Professional Code of Conduct Policy:
Clinic Exit Procedure
- Clinical Professional Code of Conduct Policy
at the time of the Final Clinic Exit Meeting
- Clinical Professional Code of Conduct Policy
relating to Client Protected Health
Information
- Written Documentation Policy
- Written Documentation Extension Request
- Clock Hour Policy
- CSD Graduate Student Hour Standards
- Student Clinic Attendance Policy
- Student Clinic Attendance Advanced Notice
- Client Attendance Policy

Professional Code of Conduct

<https://www.asha.org/code-of-ethics/>

- *All clinical instructors and student clinicians will follow and adhere to the highest standards of professional behavior. All individuals active in the Speech, Language & Hearing Clinic will be expected to follow ASHA's Code of Ethics, standards implemented by the Council on Academic Accreditation, Policies and Procedures set forth at the Speech, Language & Hearing Clinic and Iona College. Students will be instructed to review ASHA's Scope of Practice and ASHA's Preferred Practice Patterns. Students will be expected to maintain accurate documentation, follow Confidentiality Guidelines and HIPAA practices. Students should present themselves as members of the professional community IN, WHICH they aspire.*



Professional Practice Guidelines

- *Students will demonstrate appropriate professional skills while communicating with supervisors, faculty, peers, staff, and client families. Students will demonstrate appropriate professional skills by following HIPAA requirements and adhering to confidential information with the client and the client's caregivers. Sensitive information will not be divulged through conversation and/or client records.*
- *Students will demonstrate appropriate professional skills by following their clinical responsibilities. Personal situations may arise during the practicum experience. If this does occur, every effort should be made not to compromise the client's course of treatment or the student clinician's practicum experience. In as much, it is the responsibility of the student to inform a Clinical Supervisor or Clinic Director aware of any unforeseen instance. Thus, the client's and the clinical students experience can be supported to meet the needs of the student and the client. Clinical practicum students will learn to prioritize their clinical duties, academic requirements, and personal situations. All clinical students are expected to ask questions, request help, and clarify any concerns throughout their clinical experience.*
- *Furthermore, students are expected to be prepared for all sessions, arrive on time, participate in clean up and organization of the clinic. Students will develop professional knowledge and skills to gain independence and will be expected to take responsibility for their actions, respond to feedback positively, share information, and act as a team member.*
- *Please be aware of your own communication style. It is important to build rapport with your client and their families. Understand that you must be flexible with your communication because what might work for one client may not work for the other. Nonverbal and verbal communications are both powerful and should be used with thoughtfulness. Be mindful of the message you are sending!*



Professional Practice Guidelines Continued

Confidentiality

*Clinic students will be required to complete **clinic documentation** on the EMR system: Medicat. Any and all communication relating to clients will be required to follow strict HIPAA guidelines.*

Situations to support Confidentiality:

Do not discuss your client name in public areas.

Do not discuss your client plan or progress in public areas.

Discussions of clients for the purposes of interventions and ideas must take place in ONLY private areas of the department. It is best to use the Clients ID #.

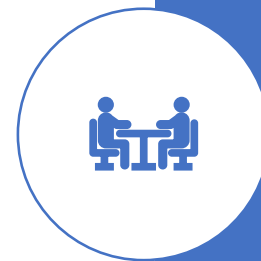
Do not leave client reports, lesson plans or other written documentation unattended or open on the computer screen.

Drafts of any written documentation must be shredded.

Refer to your client by "the client" or "client ID #" in class discussions.

If a student needs to step away from their computer screen, computers must be locked prior to the student leaving.

Obtain written consent from the client or legal guardian of the client to audiotape or videotape.



Professional Practice Guidelines continued

WHAT IS HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act, which was implemented in 1996. This act created national rules regarding the privacy of health care information. Patient access to records, patient education regarding privacy, and receiving patient consent before the release of information is included under this act. HIPAA also established formats for the electronic transmission of clinical data.

What is the Privacy Rule?

The privacy rule of HIPAA enables the protection of individually identifiable health information contained in a patient's medical record, including both hard and soft files. This information includes a patient's name, address, Social Security number, financial data, etc. The compliance date for this Rule was in effect on April 14, 2003.

How does this affect me?

As a student clinician, you must abide by these federal laws to secure client confidentiality. Please refer to the Confidentiality Agreement.

How will I know what I can and cannot do?

You will receive a copy of your Confidentiality Agreement, specifying the regulations.

How will I inform the clients of our clinic practices?

Clients will be given a Notice of Privacy Practices to read. They will then sign this notice, documenting that they have been informed.

For more information about HIPAA, visit:

<https://www.hhs.gov/hipaa/index.html/>

<https://www.cms.gov/index.html>

<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

Clinical Professional Code of Conduct

A student in violation of the Professional Code of Conduct and/or Professional Guidelines include:

First Offense

Meeting with the Clinical Supervisor and student

Meeting with the Clinic Director, Clinical Supervisor and student.

If warranted a written warning will be completed and placed in the student's advising record

A clinical focus plan will be implemented.

If warranted: Clinic grade may be lowered a full grade.

If warranted: Caseload may be assigned.

Second Offense:

Meeting with the Clinical Supervisor, Clinic Director and student will be conducted.

A permanent letter will be placed in the student's advising record.

Automatic removal from caseload assignment

Clinical hours will not be accrued due to second offense of a violation.

Committee Meeting may take place as determined by CSD Department Chair or CSD Director.

Clinical Professional Code of Conduct Policy: Clinic Exit Procedure

At the end of each semester, CLINIC EXIT Meetings are a requirement. The SLP that supervises you and your client will conduct the FINAL CLINIC EXIT MEETING. Students are responsible to schedule CLINIC EXIT MEETING.

- ❖ All documents must be complete and signed at the time of the Final Clinic Exit Meeting

The following procedures will be conducted during the CLINIC EXIT MEETING:

EMR Chart review of Lesson Plans and SOAP Notes
Each note must be signed and locked by SLP.
Session date cross checked with SOAP note routing report.
Progress Report must be signed by SLP.
Client chart must be completed for SLP to provide:
Review of Clinic Grade
Submit Clinic Grade
Sign Clinic Clock Hour (Student must meet criteria outlined in syllabus for clock hours to count toward the 400 hour requirement).

There is NO EXCEPTION for missing chart documentation. Any paperwork not completed will be considered late and/or will not count towards hours. See Clinic Exit Policy for further details.

Clinical Professional Code of Conduct Policy at the time of the Clinic Exit

The following violations may include but not limited to:

- Unexcused student absence from Clinic Exit Meeting
- Client Chart Incomplete
- Progress Report not complete

Special Note: Final Clinic Exit Meeting **MUST** be completed by the supervising speech language pathologist.

ONLY OFFENSE:

Clinic grade may be lowered by a full grade due to incomplete charting.

Clinic Failure may be warranted if the Progress Report is not complete.

Clinic Failure may be warranted if chart documentation is inaccurate.

A clinical experience that is not successfully completed, clinical hours will not be accrued.

A meeting with the Clinical Supervisor, student and Clinic Director will be conducted.

Written Documentation of the specific offense will be placed in the student's advising chart.

A Committee Meeting may take place as determined by the CSD Department Chair or CSD Program Director.

Clinical Professional Code of Conduct Policy relating to Client Protected Health Information

The following violations may include but not limited to:

- Screen Shot of Documentation
- Leaving Computer unattended with client chart open
- Not shredding draft document
- Unauthorized use of personal devices when working with clients
- Conducting teletherapy with unauthorized people in the room

First Offense

Meeting with the Clinical Supervisor and student

Meeting with the Clinic Director, Clinical Supervisor and student.

If warranted a written warning will be completed and placed in the student's advising record

A clinical focus plan will be implemented.

If warranted: Clinic grade may be lowered a full grade.

If warranted: Caseload may be re-assigned.

Second Offense:

Meeting with the Clinical Supervisor, Clinic Director and student will be conducted.

A permanent letter will be placed in the student's advising record.

Automatic removal from caseload assignment

Clinical hours will not be accrued due to second offense of a violation.

Committee Meeting may take place as determined by CSD Department Chair or CSD Director.

Written Documentation Policy

The following written documentation violations may include but not limited to:

- Late Submission of documents
- Not following documentation procedures
- Falsifying records
- Plagiarism
- Breach of confidentiality guidelines and HIPAA regulations.

• **First Offense**

- Meeting with the Clinical Supervisor and student
- Meeting with the Clinic Director, Clinical Supervisor and student.
 - If warranted a written warning will be completed and placed in the student's advising record
- A clinical focus plan will be implemented.
- If warranted: Clinic grade may be lowered a full grade.
- If warranted: Caseload may be re-assigned.

• **Second Offense:**

- Meeting with the Clinical Supervisor, Clinic Director and student will be conducted.
- A permanent letter will be placed in the student's advising record.
- Automatic removal from caseload assignment
- Clinical hours will not be accrued due to second offense of a violation.

Written Documentation Extension Request

A Written Documentation Extension may be requested in advance in writing to your primary SLP on the case. An extension may be approved if SLP deems professional and appropriate. (examples such as class conflict, student absence). If SLP approves an extension, a due date for the documentation must be documented.

- Written Extension will NOT be granted past the last day of clinic clients.
- Written Extension will NOT be granted for progress reports or clinic exit meetings.



Written Documentation Extension Due Dates

If a SOAP note extension is permitted: determine due date with your supervisor: Please see possible scenarios:

- ❑ The note must be submitted, by the following day at the close of clinic from the original due date (i.e.: session is on Monday, extension is granted, SOAP note due on Tuesday by close of clinic).
- ❑ As determined by the SLP on the case and student situation, an alternate due date may be granted for a Lesson Plan, SOAP note and Progress Note Draft.
- ❑ SLP and student must have documentation of extension due to ensure chart completion for professional best practices.

Clock Hour Policy

Student clinician's participating in a supervised direct client care practicum are eligible to accrue clock hours under the guidance of the 2020 Standards for the Certification in Speech-Language Pathology

- Clinical Clock hours are awarded based on the following two criteria:
 - Clinical Students must achieve a minimal Final Grade of B- in clinic course work at the graduate level.
 - Awarding / granting of clock hours is at the discretion and delegation of the clinical supervisor, based on professional clinical judgment/rational and in accordance with ASHA guidelines.

Important Protocol:

- Clock Hours will NOT be awarded to clinical practicum students receiving a grade below a "B-" for a clinical course.
- Student clinicians are responsible for computing clock hours and completing the clock hour form at the time of the final clinic meeting.

Students are responsible for keeping the original copy of their clinical documentation for personal records. The clinic is not responsible for student clinical documentation.

Clock Hour Guidelines

Eligibility to accrue clock hours is based upon the guidelines documented in the following document:

AS PER THE COUNCIL FOR CLINICAL CERTIFICATION IN AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY OF THE AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION. (2018). 2020 STANDARDS FOR THE CERTIFICATION OF CLINICAL COMPETENCE SPEECH-LANGUAGE PATHOLOGY. RETRIEVED FROM / CERTIFICATION/2020-SLP-CERTIFICATION-STANDARDS

CSD Graduate Student Hour Standards

Standard V-C

The applicant must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in guided clinical observation, and 375 hours must be spent in direct client/patient contact.

For Graduate Students Initiating Their Graduate Program On Or Before December 31, 2022

See the [COVID-19 Guidance From CFCC](#)

For Graduate Students Initiating their Graduate Program On Or After January 1, 2023

Implementation: The guided observation and direct client/patient contact hours must be within the [ASHA Scope of Practice in Speech-Language Pathology](#) and must be under the supervision of a clinician who holds current ASHA certification in the appropriate profession and who, after earning the CCC-SLP, has completed (a) a minimum of 9 months of post-certification, full-time experience (or its part-time equivalent) and (b) a minimum of 2 hours of professional development in the area of clinical instruction/supervision.

Applicants should be assigned practicum only after they have acquired a knowledge base sufficient to qualify for such experience. Only direct contact (e.g., the individual receiving services must be present) with the individual or the individual's family in assessment, intervention, and/or counseling can be counted toward practicum. When counting clinical practicum hours for purposes of ASHA certification, only the actual time spent in sessions can be counted, and the time spent cannot be rounded up to the nearest 15-minute interval.

Guided Clinical Observations

Twenty-five (25) hours of guided clinical observation hours must be completed in the undergraduate or graduate program and generally precede direct contact with clients/patients. Guided clinical observations may occur simultaneously during the student's observation or afterwards through review and approval of the student's written reports or summaries. Students may use video recordings of client services for observation purposes. Examples of guided clinical observations with a clinical educator who holds the CCC-SLP may include but are not limited to the following activities:

- debriefing of a video recording
- discussion of therapy or evaluation procedures that had been observed
- debriefings of observations that meet course requirements
- written records of the observations

It is important to confirm that there was communication between the clinical educator and observer, rather than passive experiences where the student views sessions and/or videos. The student is encouraged to (a) observe live and recorded sessions across settings with individuals receiving services for a variety of disorders and (b) complete debriefing activities as described above. The graduate program will determine how the guided observation experience should be documented. Evidence of guided observations includes signatures from the clinical educator and documentation of hours, dates, and activities observed.

On-Site and In-Person Graduate Supervised Clinical Practicum

A minimum of 250 hours of supervised clinical practicum within the graduate program must be acquired through on-site and in-person direct contact hours.

Although several students may be present in a clinical session at one time, each graduate student clinician may count toward the supervised clinical practicum only the time that they spent in direct contact with the client/patient or family during that session. Time spent in preparation for or in documentation of the clinical session may not be counted toward the supervised clinical practicum. The applicant must maintain documentation of their time spent in supervised clinical practicum, and this documentation must be verified by the program in accordance with Standards III and IV.

Undergraduate Supervised Clinical Practicum

At the discretion of the graduate program, up to 50 hours of on-site and in-person direct contact hours obtained at the undergraduate level may be counted toward the 400-hour supervised clinical practicum requirement.

Clinical Simulations (CS)

At the discretion of the graduate program, up to 75 direct contact hours may be obtained through CS. Only the time spent in active engagement with CS may be counted. [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). Debriefing activities may not be included as clinical clock hours.

Telepractice Graduate Supervised Clinical Practicum

At the discretion of the graduate program and when permitted by the employer/practicum site and by prevailing regulatory body/bodies—and when deemed appropriate for the client/patient/student and the applicant’s skill level—the applicant may provide services via telepractice. The clinical educator/supervisor who is responsible for the client/patient/student and graduate student should be comfortable, familiar, and skilled in providing and supervising services that are delivered through telepractice. Provided that these conditions are met, telepractice may be used to acquire up to 125 contact hours, in addition to those earned through guided clinical observations (25 hours) or on-site and in-person direct contact hours (250 hour minimum).

Supervised Clinical Practicum Options	Required	Minimum Toward the 400 Hours	Maximum Toward the 400 Hours
Guided Clinical Observations	Yes	25	25
On-Site and In-Person Direct Contact Hours	Yes	250	No maximum
Undergraduate Hours	No	0	50
Clinical Simulations	No	0	75
Telepractice	No	0	125

Standard V-D

At least 325 of the 400 clock hours of supervised clinical experience must be completed while the applicant is enrolled in graduate study in a program accredited in speech-language pathology by the CAA.

Implementation: A minimum of 325 clock hours of supervised clinical practicum must be completed while the student is enrolled in the graduate program. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

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 (or its part-time equivalent), 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.

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP and have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and (b) [must complete 2 hours of professional development/continuing education](#) in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

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.

Implementation: The applicant must demonstrate direct clinical experiences with individuals in both assessment and intervention across the lifespan from the range of disorders and differences named in Standard IV-C.

CSD Graduate Minimum Recommended Hour Requirement Exposure

Child Speech Diagnostic	10 hours Recommended
Child Language Diagnostic	10 hours Recommended
Adult Speech Diagnostic	10 hours Recommended
Adult Language Diagnostic	10 hours Recommended
Child Language Therapy	10 hours Recommended
Child Speech Therapy	10 hours Recommended
Adult Language Therapy	10 hours Recommended
Adult Speech Therapy	10 hours Recommended

Recommended Hour Accrual Per On-Site Rotation

1 st Year Fall Semester	20 hours Recommended
1 st Year Spring Semester	30hours Recommended
1 st Year Summer Semester	35 hours Recommended

Prior to starting an offsite placement (Fall Year 2): it is recommended that students have 100 to 125 hours of accrued direct client experiences (this includes the 25 hours of guided observation).

Client caseload schedule are preliminary and scheduled days/times of session may change unexpectedly. Student will be notified immediately for any client schedule changes.

Additional Experiences:

1st Year Spring Semester:

- Students will gain hours through their Diagnostic Course supported by Course Instructor

1st Year Spring Semester and 2nd Year Summer Semester

- Students will participate in Clinical Simulation supported by Asst. Clinic Director, Offsite Coordinator



Student Clinician Attendance Policy

Student Clinician Attendance Policy- Advanced Notice

Student Clinician Procedural Responsibilities:

If a student is cancelling a session with advanced notice, the student is required to complete the following:

- written request to cancel the session to the SLP of the case.
- providing supporting documentation of the cancellation

Inform the client family.

- a preliminary makeup session scheduled for the client must be included in the written documentation request.

Violation of the Student Clinic Attendance Include but not limited to

- No Show – No Call/Abandonment of the clinic session
- Student cancellation without documentation

Only Offense

A meeting with the Clinical Supervisor and Clinic Director will be conducted.

- A written warning will be completed and placed in the student's folder.
- A clinical focus plan will be implemented.
- Clinic grade may be lowered a full grade.
- Caseload may be reassigned.

Student Clinician Attendance Policy Unexpected Cancellation

Student Clinician Procedural Responsibilities :

If a student is cancelling due to unexpected sickness and/or unforeseen circumstance - the students must call and/or email a member of the clinical staff team (SLP of the case, Administrative Assistant, Clinic Director) if unable to contact or reach the client family.

The SLP of the case may request documentation supporting the reason of the missed sessions.

These sessions are required to schedule a makeup session.



- Electronic Message Exchange
- Electronic Devices

**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
ELECTRONIC MESSAGING AND
DEVICES**

Helpful Guidelines for Email Use

Student Clinician's communicating through email relating to clinic business are required to:

1: Insert the following signature:

Student First and Last Name

Student Clinician

Iona College, Communication Sciences and Disorders Department

This electronic message transmission contains information that may be proprietary, confidential and/or privileged. The information is intended only for the use of the individual (s) or entity named above. If you are not the intended recipient, be aware that any disclosure, copying or distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please delete it and any copies, and notify the sender immediately by replying to the address listed in the "From:" field.

2: Copy Clinic Director on all clinic business

3: Include Primary SLP of the case on all emails that directly relate to the client under the SLP's licensure.

4: Pertinent and confidential messages that can breach Protected Health Information must be exchanged with the client family using Mediat.

5: Email Account

- All clinical students are required to use their IONA email address during contact with a clinical supervisor. Emails will not be responded to if using a personal email address.

6: Email Etiquette

The following guidelines are recommended when students use e-mail to communicate with Clinical Staff for on-site and off-site supervisors:

- Students are expected to respond to e-mail sent by Clinical Staff.
- Clinical Staff personnel is responsible for providing information out to a student and students have the responsibility to read the email.
- Clinical Staff personnel is not responsible for undeliverable e-mails due to full mailboxes or incorrect forwarding addresses.
- Students should check clutter and/or spam inboxes.
- Expect a response in no less than 3 business days.

- Clinical staff reserves the right to respond only to e-mails that have subject headings as well as those that have a signature/identification.
- Clinical staff are not required to respond to e-mails during weekends, holidays or vacations.
- Be concise and proofread, spell-check and grammar-check your e-mail.

7: E-mail Body

- Write messages with a descending order of importance, i.e., the most important point you want to make would be first, next comes the second most important, the third important point after
- Be concise and bullet-point your thoughts when possible.
- Proofread, spell check and grammar check your e-mail.

8: E-mail Length

- E-mail is not a substitute for office hours. Students are expected to be concise in their e-mails, bulleting questions, answers, and ideas.
- Keep e-mail messages as short as possible with a maximum of 300 words or up to 5 points or questions. Remember, shorter messages tend to be answered quicker than longer ones.

9: E-mail Attachments

- Attachments must be appropriate to the subject discussed. Do not attach anything that is not explained in the e-mail body.

10: E-mail Response Time

- Although e-mail is quick and convenient, students must be reasonable in their expectations regarding the response time from someone to whom e-mail was sent.
- Do not expect responses during weekends, holidays or vacation periods from faculty members and staff.
- Do not expect or require a response from anyone in less than at least 3 business days.

11: E-mail Tips

- Should you not receive a response to your message: Give the appropriate amount of time (72 hours) and then e-mail the recipient again asking if s/he received the first message.
- Make sure if you say you are attaching a document or file to your e-mail, you have done so. It's a very common mistake to forget about adding attachments.
- Do not write in all caps as this considered "electronic yelling."
- Do not assume all abbreviations are understood. Something like "BTW" is often used to abbreviate "by the way" however it cannot be assumed that the abbreviation is universally understood. Unless previously used by the e-mail recipient, define the abbreviation.
- Confidential information should never be discussed in email. If you are referring to a client never use the person's name; only client ID # are appropriate to use.

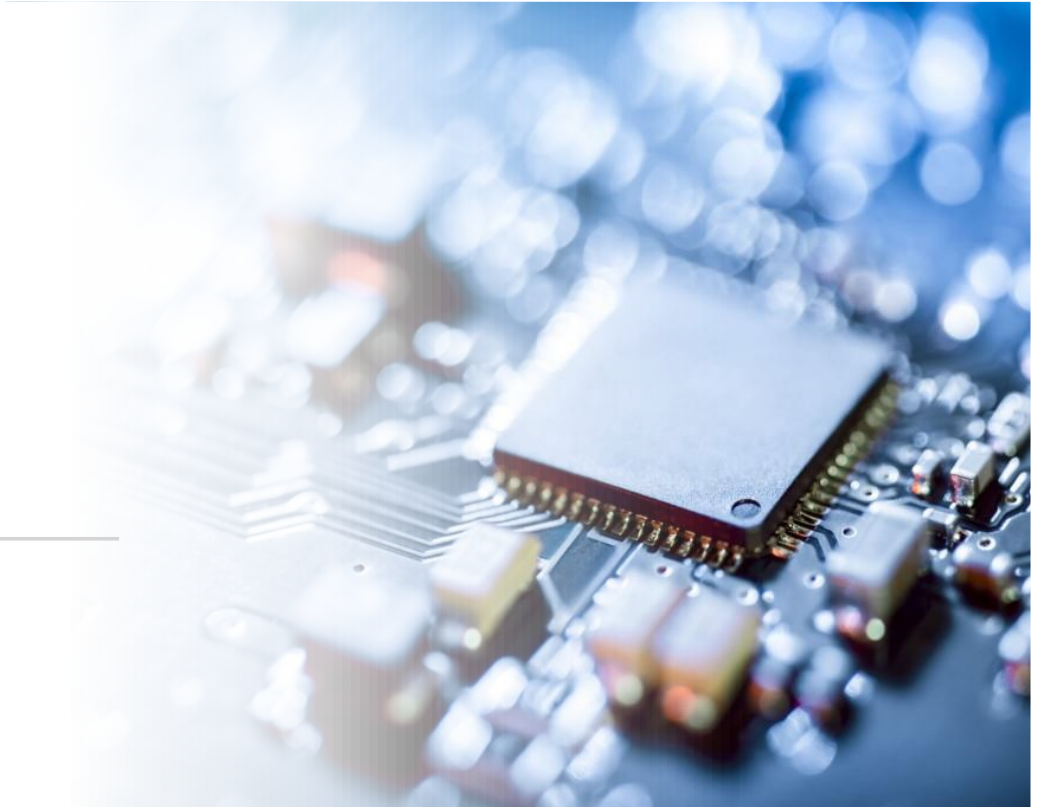
12: E-mail Considerations

- E-MAIL is a written document: it is forever in print. Keep in mind emails can be forwarded without your knowledge.
- Confidential information should never be discussed in e-mail. If you are referring to a client, do not use the person's name.
- Proofread your e-mail for mistakes.
- E-mails may be Encrypted to support confidentiality.

13: Best practice

- You must inform your direct supervisor of any e-mail interruption of communication.
- Limit emails to no more than one per day.
- Do not expect clinical staff to respond to your e-mail if it is not signed, has an unidentifiable account name. or no subject line
- Utilize only simple and commonly available fonts in your e-mail – not all computers have the same exact font sets.
- Do not send out unsolicited jokes.

Electronic Devices



- There is ZERO TOLERANCE for personal cell phone, IPAD, AND LAPTOP use during sessions. Use of these devices will be interpreted as a breach in confidentiality and / or HIPAA Regulations.
- Personal use of electronics will be considered for therapy sessions if requested and approved by supervising SLP and written documentations justifies the use for functional therapy.

- Computer use at the Speech, Language & Hearing Clinic is limited to clinic related use and clinic documentation via the assigned clinic flash drive ONLY.
- Texting, personal phone calls and/or personal emails are NOT permitted during clinic or class time.
- Social Networking is prohibited on any site due to risks of privacy, unauthorized pictures and statements related to the clinic, clients, clinical staff, or student peers.



**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
PROCEDURAL SAFEGUARDS**

- - Infection Control and COVID-19
 - Standard Precautions
 - Hand Hygiene
 - Therapy Room Infection Control
 - Safety Procedures
 - Lockdown Steps
 - Fire and Hazardous Material
Emergencies/Fire and Hazardous Material
Incidents

Resource: [Infection Control Resources for Audiologists and Speech-Language Pathologists \(asha.org\)](https://www.asha.org/Infection-Control-Resources-for-Audiologists-and-Speech-Language-Pathologists)

Infection Control and COVID-19

Many audiologists and SLPs providers are continuing to provide patient care during the COVID-19 pandemic. The [OSHA Guidance Summary: Preparing Workplaces for COVID-19](#) [PDF] suggests the following related to infection control:

Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on the Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses. Follow the manufacturer's instructions for the use of all cleaning and disinfection products (e.g., concentration, application method, and contact time, PPE).

Audiologists and SLPs working in various settings have had questions about what they can use to disinfect against COVID-19 after a patient encounter has occurred, and before another patient is brought into the same space. To determine if the products you are using are recognized as meeting COVID-19 requirements, check the United States EPA's [Disinfectants for Use Against SARS-CoV-2](#), and match the EPA registration number on your disinfectant against the list on the EPA website. In addition, the EPA offers a list of frequently asked [questions about disinfectants for use against SARS-CoV-2](#).

Other resources about disinfectants:

[Selected EPA-Registered Disinfectants](#)

[OSHA Infectious Disease Review Supported by Healthcare Leaders](#)

Standard Precautions

The purpose of this policy is to reduce the risk of occupational exposure at the Speech, Language & Hearing Clinic.

Observe the following precautions:

1. Blood or other body fluids from all clients should be considered infected.
2. Human bites are characterized as an increased risk for infection.
3. Disposable gloves should be worn when the clinician is meeting the client's face or mouth.
4. Remove gloves by peeling them off from the wrist and turn the gloves inside out.
5. Hands should be washed immediately after gloves are removed.
6. Disinfect all tabletops, chairs and materials after seeing the client.
7. Tongue depressors, gloves, or other items placed in the mouth should be placed in the garbage.

Resources

<http://www.asha.org/slp/infectioncontrol/>

Hand Hygiene

Hand Washing

All clinical staff members must support hand hygiene before and after client contact.

Steps for Hand Washing	Hand Washing Reminders
1. Turn on the faucet:	❖ Before beginning work
2. Use continuous running water	❖ Before and after eating
3. Wet hands.	❖ After using the bathroom
4. Use liquid soap to lather hands, wrists and forearms.	❖ After blowing their nose or coughing
5. Rub hands vigorously for 60 seconds with soapy water.	❖ After each patient contact
6. Rinse thoroughly, allowing water to drain from fingertips to forearms.	❖ Before and after removing gloves
7. Use paper towels to dry hands.	
8. Turn off faucets with dry paper towels after drying hands.	

Hand Sanitizers are also available. Follow the same protocol as the Hand Washing Technique

Resources: <http://www.asha.org/slp/infectioncontrol/> <https://www.cdc.gov/handwashing/when-how-handwashing.html>

Therapy Rooms: Infection Control

All therapy rooms are equipped with:

- Sanitizing Wipes
- Hand Sanitizer
- Garbage Can
- Tissues
- Gloves
- Paper Towels
- Face masks

If any client needs assistance to use a tissue, gloves must be worn.

If any item is missing in a therapy room, please report this to the Administrative Assistant or Clinical Supervisor.

Bathroom/Diaper changing is the responsibility of the family/caregiver. Notify the family member if the client is reporting/indicating a need for the restroom.

Sanitizing Clinic Material Guidelines

All clinic materials used in treatment are required to be sanitized BEFORE and AFTER sessions

- Wash hands with soap and water prior to handling materials. Antibacterial hand sanitizer is available in the treatment room for use as well.
- All materials to be cleaned with wipes prior to client contact.
- If you need to leave the treatment room for any reason with your client (or have an activity planned for outside the treatment room), use hand sanitizer upon your return to treatment room.
- If for any reason your client becomes physically ill in treatment room, or in common areas (hallway, etc.) – please alert clinic staff so that facilities may be contacted to address the issue.
- Wash hands with soap and water at the conclusion of your session.

Sanitizing Using Clinic Dishwasher

- Materials should be placed on the top rack and cleaned using the SANITIZER mode.
- Clinic items able to be placed in dishwasher include (but are not limited to): hard and soft plastic toys; feeding utensils (spoons, cups, straws); items marked with dishwasher symbol on them.





Oral Motor Exam / Treatment

Hands washed PRE and Post Exam

Non-Latex gloves to be used throughout exam may need to switch out gloves when documenting data.

Place tools on a clean paper towel: Penlight, gloves, tongue depressor, stopwatch, straws

Upon completion of the exam, throw disposable items in the treatment room garbage can.

Wipe reusable items with disinfectant wipes

Emergency Exits

- **Front Entrance of the Clinic**
- **Emergency Door Located to the right of the small observation room.**
- **Emergency Door Located in the Prep Rom**

In cases of emergencies, all clinical staff and students should follow the procedures listed:

Evacuation

Activation of a fire alarm/carbon monoxide alarm and / or loss of electrical power, student clinicians should remove themselves and their clients quietly and quickly out of the building using the nearest exit.

Therapy room doors should be closed. Walk calmly and in an orderly fashion.

As once outside, clinical staff and students should meet in the parking across from the front entrance of the Clinic. Student and clients must remain with their client until cleared by authorities.

Accidents

In the event of a major injury or accident, call 911 immediately. In the event of a minor injury, a first aid kit is available in the Speech, Language & Hearing Clinic.

If a student clinician and / or a client becomes ill or has an accident, notify the Clinical Supervisor and call Security, immediately.

For all situations, an incident report will be completed by Iona College Security on site at the time of the incident.

Important Phone Numbers

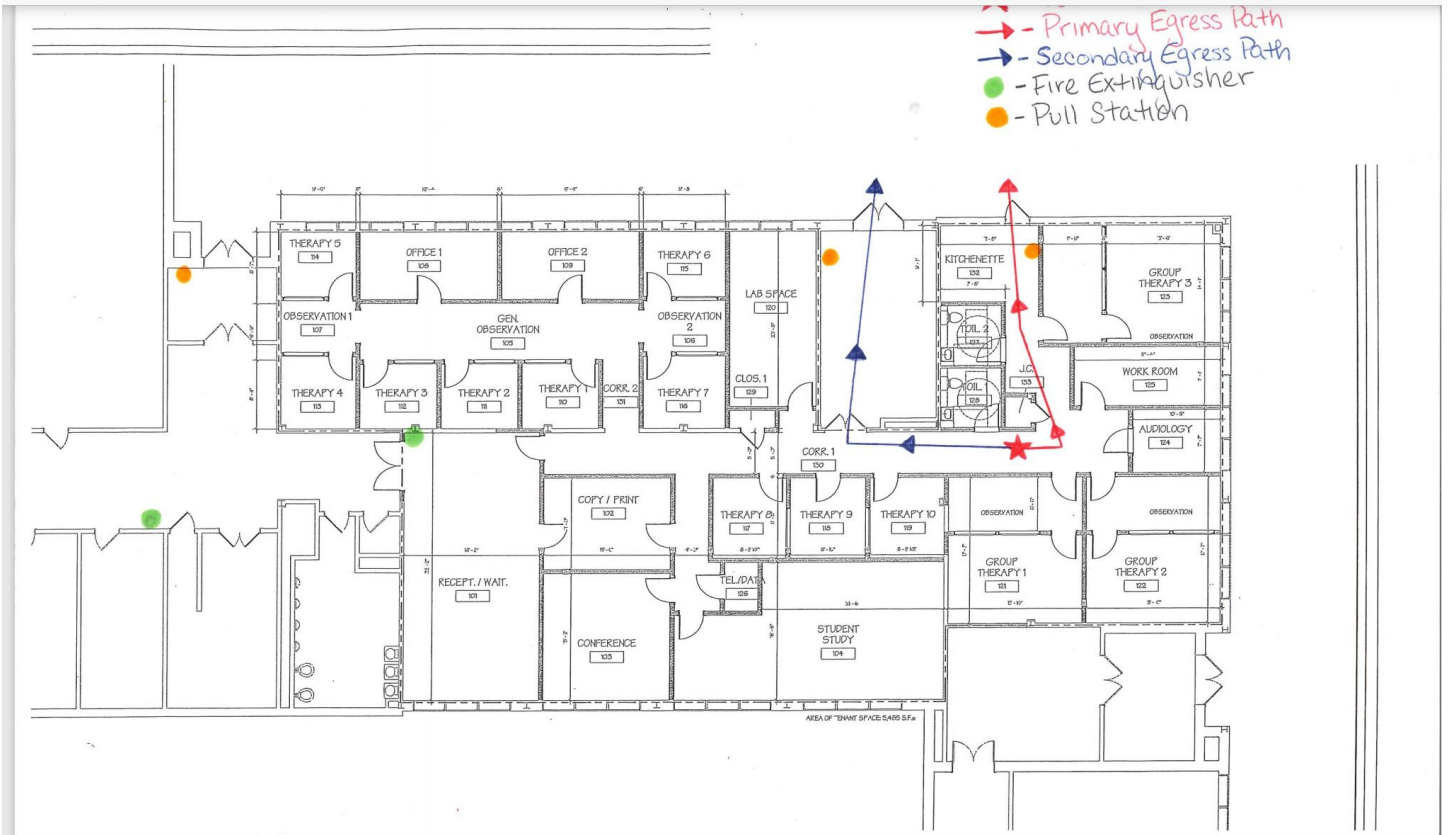
New Rochelle Police Department
Emergencies: 911
For non-emergencies: (914) 654-
2300

Department of Campus Safety
and Security
Robert V. LaPenta Student Union
Phone: (914) 633-2245

Campus Safety Annex
(Spellman Hall)
Staffed 24-hours.
Phone: (914) 633-2560

***It is important to note for
any student, staff and/or
client that wishes to receive
transportation back to the
main campus can contact
security.***

Clinic Floor Plans





STEPS TO IMPLEMENT LOCKDOWN AFTER THREATS HAVE BEEN IDENTIFIED:

When the Lockdown signal is given:

- Faculty should secure doors, turn out lights, cover windows, pull shades, and move students out of the line of sight of doors and windows.
- Faculty should take attendance and record the names of all students who are in their room, missing from class and any additional students that may have entered the room from the hallway.
- Faculty/Staff should then await further instructions.
- Faculty/Staff should not open doors for **ANYONE** under **ANY** Circumstances until notified by a clearly identified member of Campus Safety and Security.
- All activities should cease.

IMMEDIATE ACTION

1. Secure the immediate area. Whether a classroom, residence hall room, office, or restroom:

- Lock or barricade the door, if possible. Block the door using whatever is available – desks, tables, file cabinets, other furniture, books, etc.
- After securing the door, stay behind solid objects away from the door as much as possible.
- If the assailant enters your room and leaves, lock or barricade the door behind them.
- If safe to do so, allow others to seek refuge with you.

2. Protective Actions. Take appropriate steps to reduce your vulnerability:

- Close blinds.
- Block windows.
- Turn off radios and computer monitors.
- Silence cell phones.
- Place signs in interior doors and windows, but the assailant may be able to see the sign.
- Place signs in exterior windows to identify your location and the location of any injured persons.
- Keep people calm and quiet.
- After securing the room, people should be positioned out of sight and behind items that might offer additional protection – walls, desks, file cabinets, bookshelves, etc.

3. Unsecured Areas: If you find yourself in an open area, immediately seek protection:

- Put something between you and the assailant.
- Consider trying to escape, if you know where the assailant is and there appears to be an escape route immediately available to you.
- If in doubt, find the safest area available and secure it the best way that you can.

4. Call 911 or (914) 654-2300 to directly reach the New Rochelle Police Department.

Emergency situations should be reported to law enforcement by dialing 911 or (914) 654-2300. It would be a good idea to have this direct telephone number programmed into your cell phone as 911 calls from a cell phone are answered by the New York State Police and are not located in New Rochelle. You may hear multiple rings – stay on the line until it is answered - do not hang up. Be prepared to provide the 911 operator in a calm manner with as much information as possible, such as the following:

- What is currently happening in your location.
- Where you are located, including building name and room number.
- Number of people at your specific location.
- Injuries, if any, including the number of injured and types of injuries.
- Your name and other information as requested.

5. What to Report. Try to note as much as possible about the assailant, including:

- Specific location and direction of the assailant.
- Number of assailants.
- Gender, race, and age of the assailant.
- Language or commands used by the assailant.
- Clothing color and style.
- Physical features – e.g., height, weight, facial hair, glasses.
- Type of weapons – e.g., handgun, rifle, shotgun, explosives.
- Description of any backpack or bag.
- Do you recognize the assailant? Do you know their name?
- What exactly did you hear – e.g., explosions, gunshots, etc.



FIRE AND HAZARDOUS MATERIAL EMERGENCIES/FIRE AND HAZARDOUS MATERIAL INCIDENTS

In the event of a fire or hazardous materials emergency within a campus building, it is necessary and safest for occupants to evacuate. College policy is total evacuation.

A fire or hazardous materials emergency exists whenever:

- A building fire evacuation alarm is sounding
- An uncontrolled fire or imminent fire hazard occurs in any building or area of campus
- There is the presence of smoke, or the odor of burning
- There is an uncontrolled release of combustible or toxic gas or other hazardous material, or a flammable liquid spill

To Survive a Building Fire

Activate the building fire alarm if it is not already sounding.

- Pull a fire alarm station on the way out.
- If the building is not equipped with a fire alarm, knock on doors and shout on your way out. Leave the building by the nearest exit.
- Crawl if there is smoke.
- If you get caught in smoke, get down close to the floor and crawl. Cleaner, cooler air will be near the floor.

Feel doors before opening.

- Before opening any doors, feel the metal knob.
- If it is hot, do not open the door.
- If it is cool, brace yourself against the door, open it slightly, and if heat or heavy smoke are present, close the door and stay in the room.

Go to the nearest exit or stairway.

- If the nearest exit is blocked by fire, heat, or smoke, go to another exit.
- Always use an exit stair, NEVER an elevator.
- Elevator shafts may fill with smoke or the power may fail, leaving you trapped. Stairway fire doors will keep out fire and smoke if they are closed and will protect you until you get outside.
- Close as many doors as possible as you leave. This helps to confine the fire.
- Total and immediate evacuation is safest. Only use a fire extinguisher if the fire is very small and you have received training. Do not delay calling emergency responders or activating the building fire alarm. If you cannot put out the fire, leave immediately. Make sure Campus Safety and the fire department are called - even if you think the fire is out.

If you get trapped, keep the doors closed.

- Place cloth material (wet if possible) around and under door to prevent smoke from entering.
- Be prepared to signal your presence from a window. Do not break glass unless absolutely necessary, this may cause outside smoke to be drawn inside your location.

Signal for help

- Hang an object at the window (jacket, shirt) to attract the fire department's attention.

If there is a phone in the room call either 2560 or 914-633-2560 from a cellular phone and report that you are trapped in your room and provide a room number and location.

- If all exits from a floor are blocked, go back to your room, close the door, seal cracks, open the windows if safe, and attempt to notify others of your location by waving something out the window, shouting or using a phone for help.

Stop, Drop and Roll

- If your clothes catch on fire, stop, drop, and roll, wherever you are.
- Rolling smothers the fire.

Obstacles

- Storage of any items in the corridors ex: bicycles, chairs, desks, and other items are strictly prohibited in all hallways and stairwells.
- Blocked exits and obstacles impede evacuation, especially during dark and smoke conditions.

Notify emergency responders from a safe distance away from the building.

- Call 2560 from any campus phone.
- Call 914-633-2560 from a cellular phone.



On-Site Clinic Rotation Dress Code

**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
DRESS CODE**

A blue callout box with a white border and a drop shadow, containing the text 'DRESS CODE'.

DRESS CODE

- As a student clinician enrolled at the Iona University Speech Language and Hearing Clinic, you are a professional-in-training. Our clients view the student clinician as a professional.
- The following dress code is implemented to ensure that professional qualities are present, and clients are not distracted by clothing, piercing and/or body art. *These guidelines are expected for both in-person and teletherapy sessions.*

Guidelines

Women

Shoes should be worn. Open toe, beach flip -flops or sneakers are not acceptable.

Allow clothing that lets you move comfortably without exposing yourself. Thus, shoulders, cleavage, midriff, navel, small of back, and/or posterior must be covered at all times .

Jeans, shorts, and sweats are not permissible.

No facial or intra-oral piercing/jewelry are allowed.

Tattoos must be covered

Excessive jewelry that can be distracting is not permissible.

MEN

Shoes or loafers should be worn. Beach flip -flops or sneakers are not acceptable.

Dress, knit, and sweaters are acceptable.

Jeans, shorts, and sweats are not permissible


No facial or intra-oral piercing/jewelry are allowed

Tattoos must be covered.

Excessive jewelry that can be distracting is not permissible.

Baseball caps are not permissible.

Guidelines- Scrubs



Clinical students are welcome to wear scrubs. If you are choosing to wear scrubs, the color of scrubs should be burgundy.

ID BADGES

- Iona University Speech, Language and Hearing Clinic ID's to be worn when present in the clinic.



IONA UNIVERSITY

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**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
CLINICAL STUDENT ASSIGNMENTS**

- Clinical Observation Assignment
- Individual Client Assignment Schedules
- Group Client Assignment Schedules
- Diagnostics

Clinical Student Assignments

On-Site Rotation Assignments

Student's registered for a practicum course experience will be assigned at a minimum one of the following clinical assignments:

- ❖ Clinical Observation Assignment
- ❖ Individual Client Assignment
- ❖ Group Client Assignment

Guided Clinical Observation

Student clinicians may be assigned to a guided clinical observations assignment. This rotation will support development of knowledge and skills for professional competency development.

Student's will follow guidelines outlined in the Observation Handbook and ASHA standards for observation hour requirement accrual.



Individual Client Assignments

Student clinician providing direct client services will be registered to an undergraduate or graduate clinical practicum course.

Clinical students will provide direct client services under the supervision of certified speech-language pathologist.

Group Treatment Services

Group treatment services are defined by a minimum of 2 to a maximum of 5 clients participating in 1 session.

During group treatment services, several students may be present in a group clinic session at one time. Hour accrual is contingent upon time spent in direct client contact with the client/patient or family during that session.



Diagnostic Experiences

Students who have completed a diagnostic course may complete a diagnostic evaluation in accordance with best practices from the support of a supervising speech-language pathologist.

Students who have not completed a diagnostic course will receive 1:1 support from the supervising speech-language pathologist. Student's may participate in approved segments of the assessment as directed by the speech-language pathologist.



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**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
CLINICAL ASSIGNMENT
PREPARATION**

- Preparation prior to the first session
- Baseline Data
- Clinical Knowledge and Skill Development
- Session One Drive Charts
- Lesson Plan
- SOAP Notes
- Data Collection
- Progress Statements
- Progress Reports

Preparation before your first session

1

To Do List:

- Review Handbook
- Clinical students will receive a preliminary schedule from the Administrative Assistant.
- Review Treatment Resource Manual specifically for Communication Disorder or Delay you will be targeting.
- Meet with your supervising SLP for session preparation.
- Review Case History and Consent Form in preparation for 1st session intake


What happens at the introduction meeting? Recommended StudentGuide

- Introduce themselves:
 - (For example: "Hello my name is Maria and I will be your student clinician for the semester")
- Confirm the session schedule:
 - (For example: "The speech and language sessions are scheduled for Tuesday and Thursday at 5:00 pm. The first session will begin June 10th")
- Conduct an informal interview
 - (For example: "What are your goals for therapy?"; "Thank you for the information"; "During the first session, we will collect further information to determine how best to help your child / spouse".
 - Note the following: Due to HIPAA regulations, the introductory meeting must be limited.
 - A full intake will be completed during the first session with the support of your supervising SLP.



Introduction– Contact Client Families

- Students are required to conduct either a phone call or Zoom introduction meeting with the supervising SLP.
 - Students should contact client family to schedule an introductory meeting.
 - Student personal contact information (personal email and cell phone) should not be shared with the client family. Student's should only share Iona email contact information and clinic number.
 - Shared clinical documents and information should only be conducted through the Medica Portal.
-



If you are
working with a
returning client:
Complete a
Chart Review:

Confirm the following information:

- Client's first and last name
 - Client's contact information
 - Date of Birth
 - Date of last speech-language evaluation
 - Case History
 - Diagnosis
 - Previous progress report
- With the information you collected, review with your supervising SLP to prepare for first session and baseline data collection.



If you are
working with a
new client:
Complete a
Chart Review:

Confirm the following information:

- Client's first and last name
 - Client's contact information
 - Date of Birth
- With the support of your SLP and reported referral concern (you will receive this information in receipt of your caseload) prepare for first session for baseline data collection.

FIRST SESSION

During the first session the student clinician and SLP must complete an intake. The intake includes the following

- a). Ensure that you have received the Consent Package and Case History Form (this should have already been completed via Medicat)
- b). Conduct live "intake" to complete case history/background information

MATERIALS

Please refer to the Media Specialist Handbook for further details

Inventory Treatment Materials

- Student clinicians are allowed to use the resources that are stored in the clinic
- All materials must stay within the clinic and returned the same day.
- Only clinic personnel can check items in/out. The clinic item/s will be scanned into the inventory system for check out purposes.
- Items must be returned the same day. If items are not returned, items will be considered late and overdue. An email will be sent to the student.
- If an item is not returned, the student will be responsible for either paying an additional material fee or replacing the item. This must be completed by the end of the semester

Inventory Assessment Materials

- Assessments can only be utilized in the clinic. The check-in/check-out procedure – ONLY clinic personnel can check items out/in.

Baseline Data

To identify communication behaviors communication to support preliminary session objectives

- Baseline data is collected during the first two initial sessions: confirm with instructor and/or immediate supervisor how many sessions are required to complete baseline

Baseline

Collected within the First two sessions
(confirm with your designated SLP of
the case)

- Baseline data is collected under for each of the 9 scopes of practice regardless of preliminary diagnosis and /or concern referral
- Baseline data will be collected during the first 2 scheduled sessions
- Purpose: to determine areas of challenges / justify services to support a care plan for functional rehabilitation services

Baseline Preparation

1. Clinical Students will conduct Baseline for the first two session (Confirm this with your SLP)
 - Use the Clinic Form for Data Collection
 - Interpretation of baseline is used to establish a plan of care(STO and level of accuracy)
 2. Consent packages and Case History Forms -(Ideally families have completed these through Medica)
 - a. Consent packages must be completed at the first session
 - b. Intake-this should be completed during the first or second session-this must be determined which session by the SLP and student. The SLP should lead this intake and work with the student clinician to be involved. Please follow case history questions along with the sample baseline intake questions posted on the lecture notes.
 3. Review "9 big areas" Individual speech and language areas to collect baseline based on the needs of the client .
1. Helpful Tips:
- * If students have a returning client, reviewing the progress report to develop baseline targets
 - * Informal judgement/observation areas do NOT require 10 trials. A narrative statement is acceptable
 - * Consider about 20 activities and completing all baseline trials during the 1st session. Anything you do not get to do....you have planning for the next session.

Baseline Data Sheet

Recommended data collection form

DOB	Date:										
CA	S/L Skill Addressing:										
Target	10 Trials of Training									Results	
Speech-Language Target	1	2	3	4	5	6	7	8	9	10	Results

SESSION ONE DRIVE CHARTS

WORKING CHART: Student Clinician and SUPERVISING SLP

The ONE DRIVE SHARED FOLDER will be created and shared to you by your SLP of the case.

- Student responsibility:** 1: upload SOAP NOTE ROUTING REPORT and 2: document on the SOAP NOTE ROUTING REPORT for each session
- Student responsibility:** upload and complete daily: MONTHLY ATTENDANCE LOG for attendance purposes
- Student responsibility:** upload data collection sheet for each session.
- SLP responsibility:** upload completed session feedback form after each session.

***** All documents must follow HIPAA guidelines.

SOAP NOTE ROUTING REPORT

The purpose of this form will help the student clinician track each SOAP note and status of completion

This is a required form and it is the responsibility of the student clinician to complete the form for each session.

This form will also help support tracking of documentation that requires rewrites.

Session Date	SC: SOAP Completion	SLP IR Date	ReWrite or Therapy Plan	IR & SC Meeting Date	Meeting Due	SLP Final SOAP Note Approved

Monthly Attendance Logs

The monthly attendance logs must correspond within the month you are treating in.

Document Date (by corresponding number 1-31)

Services: Individual, Group, CX, MU

Document your initials

Document completed / direct session time

Tally the total number of session and total treatment hours

The clock hour form will help document time for hour possible accrual of hours

COLLEGE

Speech, Language & Hearing Clinic

Attendance Log

Month: _____

Date	Services	Initials	Session Min
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Total # of Therapy Sessions: _____
 Total # of Hours: _____

	S	TX	DX			
Articulation	C	A	C	A	C	A
Fluency	C	A	C	A	C	A
Voice/Resonance	C	A	C	A	C	A
Receptive/Expressive Language	C	A	C	A	C	A
Hearing	C	A	C	A	C	A
Swallowing	C	A	C	A	C	A
Cognition	C	A	C	A	C	A
Social Aspects of Communication	C	A	C	A	C	A
Augmentative & ACM	C	A	C	A	C	A
Other: Direct contact with client and family in counseling	C	A	C	A	C	A

ASHA Member: _____
 ASHA Number: _____

Signature: _____

Lesson Plan Due Dates

Prior to each session the lesson plan must be uploaded into Medicat

It is important to note:

- Each session **MUST** be accounted for-cancelled sessions by client or student, school closings and holidays.
- Lesson plans are required for ALL sessions: sessions conducted, cancelled sessions and holiday closures.

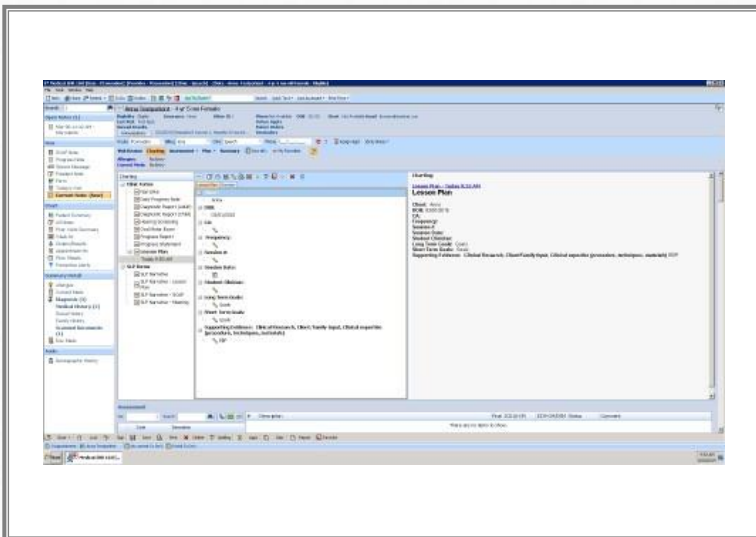
Lesson Plan Due Dates

Monday	Tuesday	Wednesday	Thursday	Friday
Monday AM Clinic Sessions: Due by Friday, Close of Clinic	Tuesday AM Clinic Sessions: Due by Monday, Close of Clinic	Wednesday AM Clinic Sessions: Due by Tuesday, close of clinic	Thursday AM Clinic Sessions: Due by Wednesday, close of clinic	Friday AM Clinic Sessions: Due by Thursday, close of clinic
Monday PM Clinic Sessions: Due by 12 PM, that same day	Tuesday PM Clinic Sessions: Due by 12 PM, that same day	Wednesday PM Clinic Sessions: Due by 12 PM, that same day	Thursday PM Clinic Sessions: Due by 12 PM, that same day	Friday PM Clinic Sessions: Due by 12 PM, that same day

Plan B for EMR Technical Issues

If there is an unforeseen circumstance with the EMR system (MEDICAT) that does not allow the user to log on, the student clinician **MUST**:

- Inform primary SLP of the case.
- Pertinent documents must be completed in a hard format (handwrite)
- Blue Ink must be used.
- Provide the SLP with the document
- Upload pertinent documents into EMR system after EMR system is restored.



Lesson Plan

Lesson plans are required for every session (including cancelled sessions and/or closures)

Data Collection

Data collection is required for each session

- Student clinicians may use data charts from their textbook and / or narrative notebook style to collect data. Data tracking is not permitted on any personal devices or laptops in the therapy rooms. All data collection forms MUST be uploaded into the ONE Drive Working Chart for each session.

Data Collection=Accountability

1

Monitor progress

2

Justification for treatment and strategies

3

Provides a sequence for the care plan which shapes sessions

4

Progress documentation throughout the care plan

Good Data Collection



Preparation- you need to know what data you plan to collect prior to a session



Data Collection should be “live” during your session



Develop your own system for data collection (forms, systematic approach, narrative style note taking)



Its okay to let your client ~~why~~ you are collecting data

SUBMISSION OF
DOCUMENTATION AFTER THE
SESSION: The SOAP NOTE

The Daily Progress Note (SOAP Note) must be completed to document each session.

The SOAP NOTE must be completed the same day by the close of clinic

Confirm with your SLP for any changes in SOAP note completion



SOAP NOTE DUE DATES

Monday	Tuesday	Wednesday	Thursday	Friday
Monday: Due by close of clinic	Tuesday: Due by close of clinic	Wednesday: Due by close of clinic	Thursday: Due by close of clinic	Friday: Due by close of clinic

**** Please see SOAP note extension policy if warranted**

**** SOAP notes that are cleared for extension will be due the following day by close of clinic.**

Confirm with your supervising SLP

**** Rewrite Due Dates: as per your Immediate SLP**

Lesson Plan and SOAP note Review Process by SLP

CLINICAL STUDENTS MUST FOLLOW LESSON PLAN AND SOAP NOTE SUBMISSION GUIDELINES IN ORDER FOR DOCUMENTATION TO BE REVIEWED PROMPTLY.

- SLP RESPONSIBILITY:** Lesson plans will be reviewed by the supervising SLP on the day of the session.
- SLP RESPONSIBILITY:** Full Time Staff Members: will review SOAP notes within 24 to 48 hours of session. (excluding weekends). Part Time Staff Members will review SOAP note by the following session based on their schedule. **** SLP to communicate to student about SOAP note review dates.

What do you do if you receive a Therapy Planning or Rewrite on Notes

The SLP will review Lesson Plans/SOAP notes accordingly. SLP will document a Therapy Planning Meeting or Rewrite.

Students are required to schedule a meeting for a Therapy Planning Meeting and REWRITE

It is important to note, REWRITES REQUIRE A MEETING WITH A SLP BEFORE THE STUDENT MAKES CHANGES TO THE LESSPON PLAN OR SOAP NOTE

Sample
Agenda items
at your
CLINICAL
MEETINGS
WITH THE SLP
May INCLUDE
BUT NOT
LIMITED TO

- Re-write a lesson plan, discuss therapy planning, support written documentation for knowledge and skill development.
- Areas of need is specific to each student.
- Review of professional competencies
- Evidence based therapy
- A meeting is required to review the needs of the rewrite. Students are REQUIRED to set up a meeting with the primary SLP as soon as possible. The longer a student waits to schedule a meeting a future - rewrites can accumulate and a client chart is not current.
- If unable to schedule a meeting, email your immediate supervisor for an alternative meeting time.
- At the time of the meeting the SLP will provide a due date when the rewrite is due
- The updated lesson plan and/or SOAP note must be updated.
- The updated lesson plan and/or SOAP note should have a "REWRITE" as part of the HEADING

Progress Statements

As determined by the SLP a progress statement may be required for your client.

A progress statement may be required to document clinical needs, progress to dates, performance outcomes and recommendations for current services.

Progress Reports

Progress Reports are required for each client receiving therapy services at the Iona University Speech, Language & Hearing Clinic.

These reports are due at the end of each semester to support services being provided, justifying recommendations and providing the clinical student written documentation opportunities consistent with the profession.

A Progress Report Draft date is scheduled for each semester. Please see the Clinic Calendar for due date.

Progress Report Agenda:

- A Progress Report Draft will be submitted on the due date documented on the Clinic Calendar; the primary SLP on the case will review the draft and the report will be returned for revision. The student clinician will be able to update the report to implement the changes per the primary SLP's feedback.
 - The student clinician has the opportunity to submit the Progress Report Draft on more than one submission. The purpose of the additional submission is to develop the student clinician's written documentation skills and to provide the client with a full report.
 - A Final Progress Report will be signed by the professional SLP. The signature indicates approval and meeting Final Clinic Exit Meeting requirements.
- If the Progress Report is not completed at the time of the Clinic Exit the student will be in violation (Please see Clinical Policy for Clinic Exit)

Framework for Sessions: The following guidelines are detailed to support session preparation and selfevaluation as a clinical student.

ORGANIZATION

SESSION	SELF -EVALUATION FOR STUDENT CLINICIAN
<ul style="list-style-type: none"> <input type="checkbox"/> MATERIALS ORGANIZED <input type="checkbox"/> SESSION SET UP APPROPRIATE FOR CLIENT <input type="checkbox"/> ACTIVITY MAP <input type="checkbox"/> TO DO LIST <input type="checkbox"/> BEHAVIOR MANAGEMENT 	<ul style="list-style-type: none"> <input type="checkbox"/> WERE THERE ENOUGH MATERIALS ? <input type="checkbox"/> WERE TARGETS MET <input type="checkbox"/> DID THE CLIENT UNDERSTAND PROCEDURE OF SESSION <input type="checkbox"/> THERAPY SUPORRTED BY EBP

Framework for Sessions: The following guidelines are detailed to support session preparation and selfevaluation as a clinical student.

TIME

SESSION	SELF -EVALUATION FOR STUDENT CLINICIAN
<ul style="list-style-type: none"> <input type="checkbox"/> APPROPRIATE START AND END TIME. <input type="checkbox"/> CONSISTENT PACE FOR CLIENT <input type="checkbox"/> OPTIMIZING TIME TO MEET SESSION TARGETS 	<ul style="list-style-type: none"> <input type="checkbox"/> Was any time wasted during the session? Was the pace appropriate for the client? <input type="checkbox"/> Do I need to change the pace of presentation? Did I stay on task <input type="checkbox"/> Did the client stay on task <input type="checkbox"/> What was done for transition <input type="checkbox"/> Did I provide ample opportunities for my client to respond?

Framework for Sessions: The following guidelines are detailed to support session preparation and selfevaluation as a clinical student

PRESENTATION

SESSION	SELF -EVALUATION FOR STUDENT CLINICIAN
<ul style="list-style-type: none"> <input type="checkbox"/> Client / Guardian is part of the therapy planning. <input type="checkbox"/> Provide clear directions <input type="checkbox"/> Modeling of expected responses <input type="checkbox"/> Age appropriatematerials <input type="checkbox"/> Type of reinforcement Session Closure 	<ul style="list-style-type: none"> <input type="checkbox"/> Is the behavior management plan successful? Was the reinforcement specific? <input type="checkbox"/> Were the materials I used & language age appropriate for the client? <input type="checkbox"/> Did I provide specific information for the importance of activities? <input type="checkbox"/> How did I model the preferred responses? How did I close the session

Framework for Sessions: The following guidelines are detailed to support session preparation and selfevaluation as a clinical student.

CLIENT SPECIFIC

SESSION	SELF -EVALUATION FOR STUDENT CLINICIAN
<ul style="list-style-type: none"> <input type="checkbox"/> Activities related to the clients daily interest <input type="checkbox"/> Activities challenging for the client <input type="checkbox"/> Objectives meet the needs of the diagnosis 	<ul style="list-style-type: none"> <input type="checkbox"/> Did I relate to the client as a personal as well? <input type="checkbox"/> Did I research the clients cultural background ? <input type="checkbox"/> Did I give homework to include the family support ?

Framework for Sessions: The following guidelines are detailed to support session preparation and selfevaluation as a clinical student.

ENVIRONMENT & MANAGEMENT

SESSION

- Rapport established**
- Supported client**
- Re-Directed Client**

SELF -EVALUATION FOR STUDENT CLINICIAN

- Do I have a positive rapport with the client & family?
- Did I give the client enough time to respond?
- Did I talk too much?
- Was my client interested in the activities? What did I do to redirect client when off task?

HOMEWORK

- If you are implementing SPEECH LANGUAGE Homework for your client, the goal for homework should support generalization of strategies and support family/caregiver necessary tools to support techniques used from the sessions. It is important to document homework for progress, service quality, and carryover outside of the clinic setting.
- At the end of each semester, student clinicians should be providing a carryover home packet (especially for an extensive break) to support speech/language skills that have been learned.



FAMILY MEETINGS

- With the support of the SLP of the case, student clinicians should be updating client families on a consistent basis.
- To support privacy and schedules, updates can be conducted toward the last 5 minutes of your session.
- If you are discussing techniques or progress, the update must be documented on SOAP notes.



Evidence-Based Practice

**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
EVIDENCE-BASED PRACTICE
PREPARED BY DOROTHY LEONE FOR
THE IONA UNIVERSITY SPEECH,
LANGUAGE & HEARING CLINIC**

Evidence-Based Practice (EBP) in Speech Language Pathology (SLP)

What is EBP?

“The conscientious, explicit, and judicious integration of 1) best available external evidence from systematic research, 2) best available evidence internal to clinical practice, and 3) best available evidence concerning the preferences of a fully informed patient” (Dollaghan, 2008).

“The goal of EBP is the integration of: (a) clinical expertise/expert opinion, (b) external scientific evidence, and (c) client/patient/caregiver perspectives to provide high-quality services reflecting the interests, values, needs, and choices of the individuals we serve” (ASHA, 2012).



*Figure from <http://www.asha.org/Members/ebp/intro/>

How/Why did EBP start?

No Child Left Behind (NCLB) 2002: mandated that children had to be exposed to “scientifically-based instructional strategies”

ASHA: sessions began to appear at annual convention in 1999; technical report written in 2004 and position statement in 2005

Who needs to know about EBP?

Every clinician needs to think about all 3 categories of EBP, including research, clinical practice, and the patient, for every session.

How can a clinician use EBP to shape his or her session?

For every session planned, a clinician must think about all three “corners” of the triangle: research, clinical practice, and the client. At Iona College’s Speech, Language & Hearing Clinic, clinicians are provided a space to write his or her “rationale.” The rationale must support why the clinician made certain choices for the therapy plan and should be noted in the appropriate section.

What is an example of a Rationale/EBP ?

Building lexical associations is a noted strategy for developing word retrieval skills in adults who have experienced a neural injury (Brookshire, 2003). Moreover, the client has previously stated that this strategy helps her remember a desired word or term. Therefore, continuing to develop these associations will likely improve fluidity of the client's general conversational skills.

Brookshire, R.H. (2003). Introduction to Neurogenic Communication Disorders, 6th edition. St. Louis, MO: Mosby.

What should be written in the Rationale/EBP box on a clinician's session plan?

A clinician's rationale should include a justification for why a particular therapeutic strategy was chosen. The rationale should consider all 3 components of EBP.

Let's take a look at each sentence in the above example:

Sentence #1: The current best evidence, the research: "Building lexical associations is a noted strategy for developing word retrieval skills in adults who have experienced a neural injury (Brookshire, 2003)."

Sentence #2: The client/patient values: Moreover, the client has previously stated that this strategy helps her remember a desired word or term.

Sentence #3: Clinical expertise: Therefore, continuing to develop these associations will likely improve fluidity of the client's general conversational skills.

Sentence #4: The citation (note: must be cited within the text and then full reference in APA style at the end of the rationale): in text: (Brookshire, 2003) and then following full citation: Brookshire, R.H. (2003). Introduction to Neurogenic Communication Disorders, 6th edition. St. Louis, MO: Mosby.

References

American Speech Language Hearing Association (ASHA). (2012). Retrieved from <http://www.asha.org/Members/ebp/intro/>

Dollaghan, C. A. (2008). The Handbook for Evidence-based Practice in Communication Disorders. Baltimore, MD: Paul H. Brooks Publishing Co.



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Intervention: Bilingual Client

**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
INTERVENTION FOR BILINGUAL CLIENT**

Updated Preparation by Dr. Nancy Vidal -
Finnerty for Iona University Speech
Language & Hearing Clinic Handbook
Spring 2018

Original Preparation by Jennifer
Gerometta for Iona University Speech
Language & Hearing Clinic Handbook
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Tips for Successful Treatment with a Bilingual Client

- Successful therapy for a bilingual is promoted by a positive, confident, and relaxed attitude and by naturalistic language-facilitating contexts.
- The focus for a bilingual child should be to learn language, not necessarily mainstream. Evidence suggests that a strong base in the first language promotes learning a second language.
- Monitoring phonological change across the two languages is important because it is possible that intervention provided in one language will generalize to the other language given the interdependence between the two languages.
- Intervention methods for bilingual children should mirror the natural ways in which bilingual speakers use language.
- The clinician should have a positive attitude toward the child's native language. The clinician should not discourage or ban the child from using their native language.
- Speech therapy is very effective when including the child's primary language as much as possible. If a monolingual clinician feels comfortable, they may integrate some words during their session.
- A monolingual therapist should not attempt to treat a child in a language the therapist is not fluent in. If the therapist wants to learn a few words in the language to gain trust, demonstrate code switching, that is fine, but they cannot attempt to treat in that language.
- Some ways a monolingual clinician can integrate some of the words in their session that a child may use at home is by asking the child, parent, or relative to translate a few words.
- It is important to remember that one language could have many different dialects. *FOR EXAMPLE* Consonant deletion may occur in a certain dialect and that does not mean that it is a speech error that needs to be treated.
- It is very important to involve the parents in the therapy in order for it to be successful.
- Parents should encourage their child by reading to them at home, and use language-facilitating activities.

Treating a Bilingual Client as a Monolingual Clinician:

- Most certified professionals do not believe that they possess the knowledge and skill base to work with culturally and linguistically diverse clients, but they need to be confident that it is possible.
- When speaking with an individual who is not a near-fluent English speaker, one might need to collaborate with other professionals who speak the individual's first language.
- Interpreters may be trained to administer the activities and transcribe the student's responses.
- Therapy should only be conducted in the language the clinician is fluent in. The clinician is capable of implementing some words in the client's L1, but that is to gain trust or to demonstrate code switching.

WHEN WORKING WITH ALL CHILDREN (BILINGUAL AND MONOLINGUAL) WITH PHONOLOGICAL DISORDERS, SLPS NEED TO DETERMINE HOW THEIR GOALS WILL BE IMPLEMENTED.

THERE ARE 3 DIFFERENT APPROACHES IF CLINICIAN IS BILINGUAL

Vertical Approach: when one goal is taught at a time until criterion is met. May be used to focus on a goal that is specific to one language.

Horizontal Approach: If the Clinician is Bilingual in the both of the client's languages, more than one goal is focused on in each session. May be used to target one goal in Language 1 and one goal in Language 2. If the clinician is monolingual, therapy should only be conducted in the language they are fluent in.

Cyclical Approach: A number of goals are being addressed in a cyclical fashion but only one goal is incorporated at a time within a session. This approach would be used to not only rotate targets but also languages if possible.

Fun Facts:

- Children who are bilingual form a better depth of knowledge understanding word relationships than monolingual children.
- For example: the idea that the word *car* and *bus* are both considered vehicles.
- Bilinguals may encounter an easier time separating both relevant and irrelevant verbal and nonverbal information than monolinguals
- The average age of dementia onset may occur later in bilingual individuals.
- Bilingual children display better performance in divergent thinking as well as in other meta-cognitive skills such as the processing of new information.
- Bilinguals have increased gray matter density neurologically in left hemisphere areas than monolinguals.
- According to the 1990 census, one of every seven children of school age in the U.S. spoke a language other than English at home. There is an estimated 5.2 million bilingual children that are enrolled in schools in the US, which has been a 61% increase since 1994. This increasing number of bilingual children has resulted

Table 1 -Therapist-Identified Successful Practices	
Focus Area	Example(s)Given
Client	Use of culturally appropriate toys or materials.
	Goals adjusted according to client needs such as levels of desired independence or improved functional communication across settings.
	Target non-specific goals not related to language to assist building a rapport. For example, make the client feel comfortable demonstrating play skills.
	Explore client goals regarding acculturation and bilingualism.
Client's Communication Community	Become familiar with the Client's background, by inviting the parents to observe the session in order to carry over some of the goals at home in L1.
	Networking with educational professionals.
Culture	Use of culturally appropriate toys and materials.
	Individualize therapy to ensure that cultural and linguistic differences are acknowledged and honored.
	Review treatment plan with cultural informant who is the parent and ensuring Approval of the plan before implementation.
	Increasing communication, explanations, and build rapport with clients.
Clinician	For treatment planning, using observation across as many contexts as possible, interviews with mono and bilingual teachers and staff.
	For treatment planning, family and community report.
	Perform dynamic and play-based assessments, gather and analyze: language samples.

Source: Treatment of Culturally and Linguistically Diverse Clients: What Are We Doing That Works? By Susan Foringer-Burk and Georgia Hambrecht

Contact

First Steps is an Organization created for treating Bilingual Children. You may contact the Founder of the organization for any questions in regards to treating a bilingual client.

Ask to Speak with Evelyn Seda: Office Number: (914) 663-7070

Resources

"Locutour Multimedia Cognitive Rehabilitation." *Fonología En Español: Tratamiento Spanish Phonology: Intervention. LO CUTO UR™ COGNITIVE REHABILITATION MULTIMEDIA*. Kohnert, Kathryn, Marna Scarry-Larkin, and Elizabeth Price.

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"The ASHA Leader" *Bilingualism: Consequences for Language, Cognition, Development, and the Brain: "What Clinicians Should Know"* By: Viorica Marian, Yasmeen Faroqi-Shah, Margarita Kaushanskaya, Henrike K. Blumenfeld, & Li Sheng.

"The ASHA Leader" *Treatment of Culturally and Linguistically Diverse Clients: What Are We Doing That Works?*

Foringer-Burk, S., Hambrecht, G.,

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Interwencja dla Twojego klienta dwujęzycznego

Wskazówki dotyczące skutecznego leczenia za pomocą klienta dwujęzycznego

- Udana terapia dla dwujęzycznego jest promowana przez pozytywne, pewne siebie i spokojne podejście oraz przez naturalistyczne konteksty ułatwiające język.
- Celem dwujęzycznego dziecka powinno być uczenie się języka, niekoniecznie głównego nurtu. Dowody sugerują, że silna baza w pierwszym języku sprzyja nauce drugiego języka.
- Monitorowanie zmian fonologicznych w obu językach jest ważne, ponieważ możliwe jest, że interwencja w jednym języku zostanie uogólniona na inny język, biorąc pod uwagę współzależność między dwoma językami.
- Metody interwencji dla dzieci dwujęzycznych powinny odzwierciedlać naturalne sposoby posługiwania się językiem przez osoby posługujące się językiem dwujęzycznym.
- Lekarz powinien mieć pozytywne nastawienie do ojczystego języka dziecka. Lekarz nie powinien zniechęcać dziecka do korzystania z ojczystego języka.
- Terapia mowy jest bardzo skuteczna, gdy w możliwie największym stopniu włącza się język podstawowy dziecka. Jeśli jednojęzyczny klinicysta czuje się komfortowo, może włączyć pewne słowa podczas sesji.
- Terapeuta jednojęzyczny nie powinien próbować leczyć dziecka w języku, w którym terapeuta nie jest biegły. Jeśli terapeuta chce nauczyć się kilku słów w języku, aby zdobyć zaufanie, wykazać zmianę kodu, to jest w porządku, ale nie może próbować traktować w tym języku.
- Niektóre sposoby, w jakie jednojęzyczny klinicysta może zintegrować niektóre słowa z ich sesji, które dziecko może używać w domu, to poprosić dziecko, rodzica lub krewnego o przetłumaczenie kilku słów.
- Ważne jest, aby pamiętać, że jeden język może mieć wiele różnych dialektów. NA PRZYKŁAD Usuwanie sklejek może występować w pewnym dialekcie i nie oznacza to, że jest to błąd mowy, który należy leczyć.
- Bardzo ważne jest zaangażowanie rodziców w terapię, aby odnieść sukces.
- Rodzice powinni zachęcać swoje dziecko, czytając je w domu i wykorzystując ćwiczenia językowe.

Traktowanie klienta dwujęzycznego jako lekarza jednojęzycznego:

- Większość certyfikowanych specjalistów nie wierzy, że posiadają wiedzę i umiejętności potrzebne do pracy z klientami zróżnicowanymi kulturowo i językowo, ale muszą mieć pewność, że jest to możliwe.
- Podczas rozmowy z osobą, która nie jest płynnie mówcą po angielsku, konieczne może być nawiązanie współpracy z innymi specjalistami posługującymi się pierwszym językiem osoby.
- Tłumacze ustni mogą być przeszkoleni w zakresie zarządzania działaniami i przepisywania odpowiedzi uczniów.
- Terapia powinna być prowadzona wyłącznie w języku, w którym lekarz jest biegły. Klinicysta jest w stanie wprowadzić pewne słowa w L1 klienta, ale jest to zdobycie zaufania lub zademonstrowanie zmiany kodu.

PODCZAS PRACY ZE WSZYSTKIMI DZIECIAMI (DWUSTRONNYMI I MONOLINGUALNYMI) Z ZABURZENIAMI FONOLOGICZNYMI, SLPS POTRZEBUJE OKREŚLIĆ, JAK ICH CELE ZOSTANĄ WDROŻONE.

TAM SA 3 RÓŻNE PODEJŚCIA, JEŚLI CLINCIAN JEST DWUDNIOWY

1. Podejście pionowe: kiedy jeden cel jest nauczany na raz, dopóki nie zostanie spełnione kryterium. Może być używany do skupienia się na celu, który jest specyficzny dla jednego języka.
2. Podejście horyzontalne: Jeśli lekarz jest dwujęzyczny w obu językach klienta, w każdej sesji koncentruje się więcej niż jeden cel. Może być stosowany do osiągnięcia jednego celu w języku 1 i jednego celu w języku 2. Jeśli klinicysta jest jednojęzyczny, terapia powinna być prowadzona wyłącznie w języku, w którym biegle włada.
3. Podejście cykliczne: Wiele celów jest rozwiązywanych cyklicznie, ale tylko jeden cel jest włączony w czasie sesji. Takie podejście byłoby używane do nie tylko rotacji celów, ale także języków, jeśli to możliwe.

Fakty:

Dzieci dwujęzyczne tworzą lepszą głębię wiedzy, rozumiejąc relacje słowo niż jednojęzyczne dzieci.

Na przykład: pomysł, że słowo samochód i autobus są uważane za pojazdy.

Dwujęzyczne mogą napotkać łatwiejszy czas oddzielający zarówno istotne, jak i nieistotne informacje werbalne i niewerbalne, a następnie jednojęzyczne.

Średni wiek wystąpienia demencji może wystąpić później u osób dwujęzycznych.

Dzieci dwujęzyczne wykazują lepsze wyniki w rozbieżnym myśleniu, jak również w innych umiejętnościach meta-kognitywnych, takich jak przetwarzanie nowych informacji.

Osoby dwujęzyczne mają neurologicznie zwiększoną gęstość istoty szarej w obszarach lewej półkuli mózgu niż osoby jednojęzyczne.

Według spisu z 1990 r. Jedno na siedem dzieci w wieku szkolnym w USA mówiło w języku innym niż angielski. Szacuje się, że 5,2 miliona dwujęzycznych dzieci jest zapisanych do szkół w USA, co stanowi wzrost o 61% od 1994 roku. Ta rosnąca liczba dzieci dwujęzycznych doprowadziła do wyzwań związanych z oceną i interwencją dzieci dwujęzycznych, zwłaszcza z zaburzeniami fonologicznymi.

Tabela 1 - Zidentyfikowane przez terapeutów udane praktyki	
Obsz	Podane
Klient	Używanie odpowiednich kulturowo zabawek lub materiałów.
	Cele dostosowane do potrzeb klienta, takie jak poziom pożądanego niezależności lub poprawiona funkcjonalna komunikacja między ustawieniami.
	Kieruj się niespecyficznymi celami niezwiązanymi z językiem, aby omóc w budowaniu relacji. Na przykład spraw, aby klient czuł się komfortowo, demonstrując umiejętności gry.
	Poznaj cele klientów dotyczące akulturacji i dwujęzyczności.
Społeczność komunikacyjna klienta	Zapoznaj się ze środowiskiem klienta, zapraszając rodziców do obserwowania sesji, aby przenieść niektóre cele w domu w L1.
	Nawiązywanie kontaktów z profesjonalistami edukacyjnymi.
Kultura	Używanie kulturowo odpowiednich zabawek i materiałów.
	Zindywidualizuj terapię, aby upewnić się, że różnice kulturowe i językowe są uznawane i honorowane.
	Zapoznaj się z planem leczenia z informatorem kulturalnym, który jest rodzicem i zapewnij zatwierdzenie planu przed jego wdrożeniem.
	Zwiększenie komunikacji, wyjaśnień i budowania relacji z klientami.
Klinicysta	Planowanie leczenia, wykorzystanie obserwacji w możliwie jak największej liczbie kontekstów, wywiady z mono i dwujęzycznymi nauczycielami i personelem.
	Do planowania leczenia, raport rodzinny i społeczności.
	Wykonuj oceny dynamiczne i oparte na zabawie, zbieraj i analizuj próbki językowe.

Źródło: Treatment of Culturally and Linguistically Diverse Clients: What Are We Doing That Works? By Susan Foringer-Burk and Georgia Hambrech

Kontakt

Organizacja stworzona do leczenia dzieci dwujęzycznych. Możesz skontaktować się z Założycielem organizacji w przypadku jakichkolwiek pytań dotyczących traktowania klienta dwujęzycznego.

Poproś o rozmowę z Evelyn Seda: Numer biura: (914) 663-7070

Zasoby

"Locutour Multimedia Cognitive Rehabilitation." Fonología En Español: Tratamiento Spanish Phonology: Intervention. LO C U T O U R ™ COGNITIVE REHABILITATION M U L T I M E D I A. Kohnert, Kathryn, Marna Scarry-Larkin, and Elizabeth Price.

"The ASHA Leader." *Assessment and Intervention for Bilingual Children with Phonological Disorders.* Web. 27 Apr. 2012.

<<http://www.asha.org/Publications/leader/2007/070213/f070213a/>>.

"The ASHA Leader" *Bilingualism: Consequences for Language, Cognition, Development, and the Brain: "What Clinicians Should Know"* By: Viorica Marian, Yasmeen Farooqi-Shah, Margarita Kaushanskaya, Henrike K. Blumenfeld, & Li Sheng.

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Spanish Translation by Jhovana Figuera for Iona University Speech, Language & Hearing Clinic Handbook Spring 2018

Intervención para su cliente bilingüe

Consejos para un tratamiento exitoso con un cliente bilingüe

☞ Terapia acertada para un niño bilingüe es promovida con una actitud positiva, confiada y relajada. Diferentes contextos pueden facilitar un lenguaje más natural.

☞ Lo más importante para un niño bilingüe debe ser aprender el idioma, no necesariamente el idioma convencional. La evidencia sugiere que una base fuerte en la primera lengua promueve el aprendizaje de una segunda lengua.

☞ Las dos lenguas deben ser monitoreadas porque cambio fonológico a través de los dos idiomas se pueden presentar, es posible que la intervención provista en una lengua sea generalizada a la otra lengua dada la interdependencia entre los dos idiomas.

☞ Métodos de intervención para niños bilingües deben reflejar las formas naturales en que hablantes bilingües utilizan el idioma.

☞ El logopeda debe tener una actitud positiva hacia la lengua materna del niño. El logopeda no debe desalentar o prohibir al niño usar su lengua materna.

☞ La terapia del lenguaje es muy eficaz cuando se incluye la lengua primaria del niño tanto como sea posible. Si un logopeda monolingüe se siente cómodo, él o ella podría integrar algunas palabras durante la sesión.

☞ El logopeda monolingüe no debe intentar tratar a un niño en un lenguaje que no es fluido para él. Si el logopeda quiere aprender algunas palabras en la lengua del cliente para ganar confianza y cambiar de una lengua a otra está muy bien, pero él no debe intentar tratar al niño en ese idioma.

☞ El logopeda monolingüe puede preguntar a los padres del niño que traduzcan algunas palabras. Estas palabras pueden ser integradas durante la sesión.

☞ Es importante recordar que una lengua puede tener muchos diversos dialectos. *Por ejemplo*, supresión de consonante puede ocurrir en un cierto dialecto y eso no significa que es un error de expresión que debe ser tratado.

☞ Para que la terapia sea un éxito, es muy importante incluir a los padres.

📖 En la casa los padres podrían leer libros a sus niños para estimular el hábito por la lectura, facilitando diferentes actividades.

Tratar a un cliente bilingüe con un logopeda monolingüe:

📖 Muchos profesionales certificados, no creen que ellos posean los conocimientos y habilidades necesarias para trabajar con clientes que poseen diferente cultura y lengua, pero ellos necesitan estar confiados que trabajar con estos niños es posible.

📖 Cuando se hable con un cliente que no habla inglés, un profesional que hable la lengua de la persona, podría colaborar

📖 Intérpretes pueden ser entrenados para administrar las actividades y transcribir las respuestas de los estudiantes.

📖 la Terapia debe realizarse sólo en el lenguaje que el logopeda maneja con fluidez. Podría ser que el logopeda sea capaz de implementar algunas palabras en L1 del cliente, pero eso lo podría utilizar para ganarse la confianza o demostrar código cambio con el cliente.

CUANDO SE TRABAJA CON TODOS LOS NIÑOS CON TRASTORNOS FONOLÓGICOS (BILINGÜES Y MONOLINGÜES), LOGOPEDAS NECESITAN DETERMINAR CÓMO SE APLICARÁN SUS METAS.

EXISTEN 3 ENFOQUES DIFERENTES SI EL LOGOPEDA ES BILINGÜE

1. Enfoque vertical: cuando se enseña una meta en un tiempo hasta que se cumple el criterio. Se puede utilizar para centrarse en un objetivo que es específico a una lengua.
2. Enfoque horizontal: Si el logopeda habla en los dos idiomas del cliente, más de un objetivo está enfocado en cada sesión. Puede utilizarse para alcanzar una meta en lengua 1 y otra en la lengua 2. Si el logopeda es monolingüe, la terapia debe realizarse sólo en la lengua que es fluida para el logopeda.
3. Enfoque cíclico: varias metas se abordan de manera cíclica, pero sólo uno de los objetivos se incorpora a la vez dentro de una sesión. Este enfoque se utiliza para girar no sólo objetivos sino también idiomas si es posible.

Datos divertidos:

📖 Los niños que son bilingües interiorizan más el conocimiento entendiendo la relaciones de las palabras más que los niños que hablan una sola lengua.

📖 Por ejemplo: la idea de que la palabra *coche* y *autobús* son considerados vehículos.

📖 niños Bilingües pueden encontrar que es más fácil separar la información relevante e irrelevante, verbal y no verbal más que niños monolingües.

📖 La edad promedio de inicio de la demencia puede ocurrir más tarde en individuos bilingües.

☞ Niños bilingües muestran mejor desempeño en el pensamiento divergente, así como otras habilidades metacognitivas tales como el procesamiento de nueva información.

☞ Personas Bilingües han aumentado la densidad de materia gris neurológicamente en áreas del hemisferio izquierdo más que los monolingües.

☞ Según el censo de 1990, uno de cada siete niños en edad escolar en los Estados Unidos habla un idioma diferente al inglés en casa. Hay un estimado 5,2 millones de niños bilingües que están inscritos en las escuelas en los Estados Unidos, esta cifra ha aumentado un 61% desde 1994. Este creciente número de niños bilingües ha dado lugar a desafíos al proporcionar evaluación e intervención a niños bilingües, especialmente con trastornos fonológicos.

Tabla 1 - logopeda-identificar prácticas exitosas	
Enfoque Zona	<u>Ejemplos dados</u>
Cliente	Uso de materiales o juguetes culturalmente apropiados.
	Objetivos adaptados según las necesidades del cliente tales como los niveles de independencia deseada o la mejora de la comunicación funcional a través de los ajustes.
	Apunte metas no específicas no relacionadas con el lenguaje para ayudar a construir una relación. Por ejemplo, haga que el cliente se sienta cómodo demostrando habilidades de juego..
	Explorar objetivos del cliente con respecto a su cultura y a su bilingüismo.
Comunidad de la comunicación del cliente	Familiarizarse con los antecedentes del cliente, invitando a los padres para observar la sesión para llevar algunos de los objetivos en el país en L1.
	Trabajo en la red con profesionales de la educación.
Cultura	Uso de materiales y juguetes apropiados culturalmente.
	Individualizar el tratamiento para asegurar que las diferencias culturales y lingüísticas sean reconocidas y honradas.
	Revise el plan de tratamiento con el informante cultural que es el padre y asegúrese de obtener la aprobación del plan antes de la implementación.
	Incrementar la comunicación, explicaciones y construir una buena relación con los clientes.
Fonoaudiólogo	Para la planificación del tratamiento, es bueno utilizar la observación en diferentes contextos, tantos como sea posible, entrevistas con profesores mono y bilingües y personal.
	Para la planificación del tratamiento informe a la familia y a la comunidad.
	Realizar evaluaciones dinámicas y basadas en análisis del lenguaje

Fuente: tratamiento de clientes cultural y lingüísticamente diversos: ¿Qué hacemos que funcione? Por Susan Foringer-Burk y Georgia Hambrecht

Contacto

Primeros pasos es una organización creada para el tratamiento de niños bilingües. Para cualquier duda en lo que respecta al tratamiento de un cliente bilingüe puede comunicarse con el fundador de la organización.

Pedir hablar con Seda de Evelyn: número de oficina: (914) 663-7070

Recursos

"Rehabilitación cognitiva Multimedia de Locutour." *Fonología En Español: fonología española Tratamiento: intervención. LO C U T O U R™ Rehabilitación cognitiva M U L T I M E D I a.* Kohnert, Kathryn, Marna Scarry Larkin y el precio de Elizabeth.

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"El líder de ASHA "Bilingualism: consecuencias para el lenguaje, cognición, desarrollo y el cerebro:"Lo que los médicos deben saber" por: Viorica Marian, Yasmeen Faroqi- Shah, Margarita Kaushanskaya, Henrike K. Blumenfeld y Sheng Li.

"El líder ASHA" *tratamiento de clientes cultural y lingüísticamente diversos: ¿Qué hacemos que funcione?* Foringer-Burk, S., Hambrecht, G., Thordardottir, E. (2006, 15 de agosto). *Lenguaje la intervención de una mentalidad bilingüe.* El líder ASHA



- Clinic Guidelines
- Office Hour Meetings

**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
CLINIC POLICY GUIDELINES**

Helpful Clinic Guidelines

- If the client is late, the student clinician is required to inform the Primary SLP. Call and email the client if they have not arrived by the first 15 minutes of the session.
- The Primary SLP should be notified if a client has unexcused absences.
- If the student clinician must cancel a session it is the responsibility of the student to notify the client as soon as possible via telephone and/or email the Primary SLP and the Clinic Director at least 24 hours in advance.
- It is expected that the student clinician is present at least 15 minutes prior to the session start time to greet the client. Please begin and end sessions on time due to space and scheduling constraints.
- Students do not have permission to leave the Speech Language & Hearing Clinic with a client unless written parent/guardian and the Iona College Speech Language & Hearing Clinic provides permission with a SLP present.
- Provide the client/client families the appropriate Consent Package and the Case History Forms to complete.
- The student clinician must review and sign the Confidentiality Agreement Form. Otherwise, students will not be treating clients.
- All chartings will be randomly checked for HIPAA purposes and Confidentiality Guidelines.
- Undergraduate students are required to observe clinic sessions if their client cancels it is recommended the CSD graduate student clinicians observe a clinic session if their client cancels
- Clients are NOT to be left in the therapy room by themselves if the student needs to leave for any reason, the client must come with the clinical student.
- Student Clinicians are not permitted to assist a client with the restroom if the client is a minor inform the family. If the client is an adult inform the caregiver.

Client Minor's
SLP and Student
Clinician
Procedural
Responsibilities

- If a child client is being picked up from someone that is not filed on the Iona University Speech, Language & Hearing Form or a written note is not received for permission pick up. The primary SLP will be responsible for the immediate follow up to the family relating to designated pick up.

Office Hour Meetings

To support clinical knowledge and skill development student clinicians have the opportunity to :

- Meetings with your primary SLP
- Complete Midterm Review with you primary SLP
- Inform the primary SLP if families are requesting any reports to be mailed out/ copied. Authorized personnel (primary SLP, Clinic Director and Admin Asst) must authorize to consider release of reports.

Office Hour Meetings

- Students will be expected to participate in meetings with their primary SLP.
- The goal for the meeting is to support the student clinician to demonstrate their clinical ideas, ask questions and show case their knowledge and skills to date. A shared communication between the SLP and student clinician will support the student progress for clinical development.
- Students will be expected to ask questions, share experiences, and develop clinical skills. This develops ones' clinical knowledge and further demonstrates one's knowledge through oral communication.
- The Office Hour Meetings will further provide an opportunity for the clinical students to demonstrate their ability to integrate academics into clinic, share and develop their clinical knowledge and skills, following clinical procedures, Confidentiality Guidelines, and Safety Procedures. Thus, further demonstrating one's learning skills, and developing problem solving and clinical skills.
- Office Hour Meetings include but are not limited to lectures, review of written documentation, *AND DEVELOPMENT* of lesson plans, video reviews, and therapy ideas. Office Hour meetings are a time for open discussions. Please ask questions.

Professional Conduct during Office Hour Meetings

- Students are expected to be fully present and an active participant during the meeting.



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**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
PROFESSIONAL WRITING**

- Professional Writing
- Goal Writing
- SOAP Note Writing
- EBP Resources

Professional Writing

American SpeechLanguage-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

Principle of Ethics I

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

Rules of Ethics O

Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Professional writing skills for the clinical student is a developmental process. In order to develop writing skills, the clinical student must participate in the process. Students can build their writing repertoire by using their text as a reference, review client files, and refer to their textbooks.

Expectations for Professional Writing Skills include Organized Thoughts; Grammatically Correct Sentences; No Spelling Errors; Neat and Clean; Developing professional terminology.

SLP's assigned to the client case will be responsible for reviewing written documentation and providing support for written development expectations. Students are required to meet with a SLP if a re-write is required.

Written Documentation = Professional Accountability

1

Writing sessions notes after each session...even if the session was cancelled

2

Documents what the clinician did

3

Document progress

4

Provides information to other professionals

Goal Writing

Long Term Goals-what you want your client to accomplish for “independence” (90%) in their ADL

Breakdown of the writing a functional Long Term Goal

1. What you want to improve:

(this is the speech, language and/or swallowing area to be improved)

2. Why you want to improve:

(the purpose of improving the speech, language and / or swallowing area-how this would benefit the individual)

3. Where :

(the accomplished skill would be use where)

Examples of LTG:

Demonstrate improved vocal quality for sustained vocalization during conversational speech in clinic and work environment

Increase safety and efficiency of swallowing to maintain adequate nutrition and hydration in and outside of clinic

Demonstrate appropriate visual scanning for functional reading tasks in clinic and outside of clinic

Short Term Goal—the steps to achieve the Long Term Goal

Short Term Goals: in order to track progress short term goals must be measurable .

SMART Goal formats support meaningful data and client centered goals

S: Specific

M: Measurable

A: Attainable

R: Relevant

T: Time Based

What is the observable target behavior ? What condition is provided ? What is considered successful?

Who ? + Will do ? + What ? + Circumstance ? + Criteria ?+ How Often ?

SOAP NOTE Writing

SOAP NOTE Guideline

Baseline

S: The client was engaged and participated in all activities through out the session

O: Please see Baseline Data form collected on 9/23/19 for details

A: Intake was completed with parent and SLP present. Consent package was reviewed and signed by the parent. Case history was completed. It is important to note, XXX has multiple ear infections from the ages of 12 months to 2 years. Please see completed case history for further details

Baseline data was conducted to determine preliminary speech and language skills. The following results were noted:

(Provide a narrative statement of results for each scope investigated)

Overall results yielded a mild to moderate expressive language delay characterized by decreased MLU and vocabulary.

P: To establish client plan care to improves expressive language skills

SOAP Note daily documentation after Baseline is completed

S: The client arrived ontime, homework was completed & reviewed & good participation throughout treatment

O: 1 Step prepositional directions

Baseline: 20%

9/23/19: 30 %

A: Clients performance at baseline yielded a result of 20%. Initial treatment session using maximum visual and gestural cues at 30% accuracy. Skilled intervention is required to achieve appropriate skills (EBP to include age norms). CLIENT continues to present with a moderate receptive language delayed characterized by prepositional concepts

P: Plan to continue prepositional directions with models and imitation strategies to improve receptive language skills

SOAP NOTE

The format used for your daily progress note to document client information for each session

S: Subjective: Initial observation pertaining to the client which includes but not limited to client behavior, motivation, any complaints, mental status, impression of the clients' behavior throughout the session

O: Objective: Data obtained during each session per the task presented within the session. The responses to the target objectives/task used to determine progress to date on goals.

A: Assessment: Professional judgment and interpretation of the session; include the client's response, effectiveness and / or challenges of the treatment provided. What was done clinically? Include previous progress to compare sessions to address clients' needs, training, team meetings, and conferences. Include the communication diagnosis with supporting evidence

P: Plan: Plan of treatment for next session. Recommendations for further consultations and / or changes in goal planning.

Writing Sample Supports

- Subjective:
important details to include

Initial observation pertaining to the client which includes but not limited to client behavior, motivation, any complaints, mental status

Clinical opinion on how the client was feeling and participated at the start of the session

Clinical opinion how the client managed throughout the session.

Maria DeMora 12.31.19

Example: *DJ transitioned easily into the therapy session, excited and participated in all activities presented throughout the session. Mrs. J was present during the session.*

Objective
important details to include
 description of session objective and data collected
 Data obtained for each session objective. The date is the
 response to the short-term objectives. Chart or narrative
 format should include a description of the session objective.

Narrative Example: *Responded to simple
 yes/no questions with max gestural cues
 14/20 trials; Followed 1 step related
 directions with prepositions (on, under, next
 to) with max verbal cues 7/10 trials.*

Chart Example:

GOAL	10/01/2019	10/03/19	10/08/19	10/10/19
Client will produce "please" given moderate verbal and visual cues, with 50% accuracy across 4 consecutive sessions.	20%	30%	35%	40%
Client will produce "thank you" given moderate verbal and visual cues, with 50% accuracy across 4 consecutive sessions.	20%	20%	25%	30%

Maria DeMare 12.31.19

- Assessment
important details to include

Professional judgment and interpretation of session

Information to include

Progress to date-interpretation of data
 compare and contrast data from session to session

Targets achieved

Clients response, effectiveness, and / or
 challenges of the treatment, provide

What was done clinically

Include the communication diagnosis/level
 of skills

Education with family-include heading in
 this section

SLP Education detail discussion with family
 that includes education of services
 provided

Maria DeMare 12.31.19

Example:

_____ [Performance at baseline revealed _____ [description].
 _____ [client initials] has shown _____ [progress
 statement]. _____ [client initials] requires skilled intervention to
 achieve _____ [overall target]. Example: _____ [client
 initials] presents with _____ [diagnosis] characterized by
 _____ [abnormal findings]. Without skilled intervention _____
 [client initials] is at risk for _____ [potential negative impact
 of withholding treatment].

DJ.'s performance at baseline revealed use of "please" in 20% of opportunities. He has shown steady progress across three sessions, increasing accuracy from 20% at baseline to 40% at this session. DJ requires skilled intervention to achieve age-appropriate social communication skills. [Include EBP citation re: age-based norms] DJ continues to present with moderate deficits in pragmatic communication, characterized by decreased ability to use politeness markers during reciprocal conversation. Without skilled intervention he is at risk for social isolation due to impaired pragmatic communication skills.

Plan
*important details
to include*

Plan of treatment
for next session.
Recommendation
s for further
consultations and
/ or changes in
goal planning.

Maria DeMaio 11/31/19

Example:

*To improve auditory and verbal expression skills
for improved functional communication skills.*

EBP Resources

<https://www.asha.org/Research/EBP/EBP-Practice/>

<https://www.asha.org/Research/EBP/EBSRs/>

<http://www.asha.org/EMdps/ce>

<https://www.asha.org/Practice-Portal/Clinical>

<https://www.tripdatabase.com>

<https://autism.pdc.fpg.unc.edu/ebp-practices>

<https://www.ncbi.nlm.nih.gov/pubmed>

<https://eric.ed.gov>

<https://ies.ed.gov/ncee/wwc/>

<https://www.cochranelibrary.com/>



- Grading Policy
- Clinical Focus Plan

**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
GRADING POLICY**

Grading Policy

The On-Site Clinical Rotation is a supervised clinical practicum supporting Communication Sciences and Disorder. Students participate in real time treatment and diagnostic sessions with clients in order to develop clinical knowledge and skills required for the profession.

Clinical Practicum grading is completed through CALIPSO.

Clinical skills are evaluated based on the following
Performance Rating Scale

- 1 **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
- 2 **Emerging:** Skill is emerging but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
- 3 **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior but does not do this independently. Supervisor provides ongoing monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
- 4 **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in session and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).



The initial phase during clinical practicum, student clinicians may experience feelings of being overwhelmed, anxious, nervous, and thoughts of “not knowing what to do”, “I don’t know what to do”, “Tell me what to do”. These feelings are valid and expected.

The clinical supervisor will guide and support the student clinician throughout one’s practicum rotation. Student’s will receive constructive criticism as part of their clinical practicum experience. Constructive feedback will allow students to learn and develop their clinical skills. This is an opportunity for student clinicians to self-evaluate their clinical skills and progress. Clinical growth may be limited without the constructive feedback provided.



- *Practicum Grading is based on the performance rating scale assessing multiple clinical areas.*

- **Midterm Reviews:** Students will be expected to evaluate their clinical skills independently and provide rationales for their skill level for each skill being evaluated. The evaluation completed by the Student is NOT the Midterm Grade. The evaluation is the initial process of evaluation one’s clinical skills. The primary clinical supervisor will review the evaluation and re-evaluate each clinical skill. Students will participate in a midterm review to discuss clinical skills, areas of strength, areas of needed improvement, progress, emerging skills, and skills not evident.

- **Final:** The primary clinical supervisor will complete the practicum assessment for the final clinical practicum grade. (See instructor/syllabi to determine weight of grading for specific course)

- Professional competencies for clinical development is supported by formative and summative practices along with the Anderson’s Continuum Supervision Model is integrated in order to evaluate the knowledge and skill development during one’s practicum experience.



Clinical Focus Plan

The Speech, Language & Hearing Clinic offers structured support plans for students on an individual or small group basis. There are two types of plans: (1) an *Instructional Approach* used to target improvement of Knowledge and Skills judged to be below expectations by the referring Clinical Supervisor (s); and (2) a *Mentoring Approach* used to support Student Clinicians with higher level skills who seek to develop more advanced Knowledge and Skills. This document addresses the *Instructional Approach*.



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Iona College Speech, Language & Hearing Clinic
Clinical Focus Plan

CLINICAL FOCUS PLAN POLICY AND PROCEDURE

Purpose
group basis.

To provide additional support to Clinical Practicum Student Clinicians on an individual or small

Responsible

Clinic Director

Parties

Assistant Clinic Director | On Site Coordinator

Clinical Focus Plan Designated Supervisor (CFP Supervisor)

Clinical Supervisors

**Procedure for
the Referring SLP**

The following steps summarize procedures for referral of the Clinical Focus Plan (CFP):

- (1) The Clinical Supervisor(s) identifies specific areas to be targeted for improvement and specifies a time frame (i.e., improvement within four weeks), based on the following criteria:
 - a. The Student Clinician requests additional support with self-expressed areas of difficulty, or
 - b. The Student Clinician demonstrates substantial difficulty integrating into/managing clinical expectations.
- (2) If the Student Clinician has more than one Clinical Supervisor, all supervisors confer to discuss identified needs, either in person, via e-mail or during a telephone conference prior to CFP referral.
- (3) The Clinical Supervisor(s) informs the Student Clinician of the areas needing improvement during a face-to-face meeting and maintains written documentation of the meeting content and Student Clinician.
- (4) The Clinical Supervisor(s) MUST provide a minimum of 3 “support meetings” prior to CFP recommendation. These meetings are in addition to office hours; supervisor meetings will provide a Tier 2 level of support to include targeted, supplemental interventions for student success. If more support is required, a CFP recommendation can be made after the 3 support meetings with the clinical supervisor(s).
- (5) If the Clinical Supervisor does not see needed improvement after 3 support meetings, then a CFP referral can be made. The referring SLP is required to FIRST conduct a meeting with the student clinician to inform them that a referral is being made. During this meeting, the SLP should answer any questions the student may have. After the meeting is conducted, the referral can be made (see number 6 below).

- (6) The Clinical Supervisor notifies the Clinical Focus Plan Designated Supervisor (*referred to as CFP Supervisor*) by e-mail that a referral is being made and attaches the completed *Clinical Focus Plan Referral* form to the e-mail and copy the Clinic Director and Assistant Clinic Director/On-Site Coordinator (See **Appendix A**). The referral form should be completed with clinical input from **ALL** supervisors prior to submission. The names of all direct Clinical Supervisors will be listed on the referral form.

**Procedure for
the CFP Supervisor**

The following steps summarize procedures for conducting the Clinical Focus Plan (CFP):

- (1) The CFP Supervisor meets with the student to review specific goals for the Plan based on needs determined by the direct Clinical Supervisors, to be achieved at the 80% level of mastery (see **Appendix B: Sample Goals**).
- (2) The written CFP is prepared by the CFP Supervisor according to the format provided (see **Appendix C: CFP**) and is signed by both parties.
- (3) The original written CFP is retained by the CFP Supervisor, and copies are provided to the student to be added to their student folder. Clinical Supervisors have access to this folder for reference throughout the semester.
- (4) The CFP Supervisor schedules and holds weekly meetings with the Student Clinician to provide direct instruction in targeted areas to facilitate progress towards Plan goals, and maintains written documentation of the meetings, to be filed in the Student Clinician's individual advising file (See **Appendix D: Record of Meetings and Instruction**).
- (5) The CFP Supervisor develops written Action Step assignments to be completed by the Student Clinician each week (see **Appendix E: Sample Action Steps**), which are recorded in the top section of the *Interim Action Report* form (see **Appendix F**).
- (6) After completing each assignment, the Student Clinician completes a written *Interim Action Report* (see **Appendix F**), which is discussed with the CFP Supervisor during the weekly follow-up meeting. After review of the assignment, the report is signed by both parties.
- (7) The Student Clinician places a copy of the signed *Interim Action Report* in his/her student chart.
- (8) Methods of evaluation will include the following:
 - (a) Direct Supervisor assessment of student performance in targeted goal areas, by direct observation during meetings and treatment sessions; and
 - (b) Direct Supervisor and CFP Supervisor assessment of written work (e.g., clinical documentation, written assignments, lesson plans, etc.).

Assessment of progress may include, but is not limited to, the following: student performance on Action Step assignments; student preparation for meetings with the Supervisors, as evidenced by active, collaborative

participation; student development and implementation of long- and short-term goals and lesson plans that are supported by appropriate EBP sources; and student integration of academic knowledge and EBP into treatment planning and implementation.

CFP & Clinical Supervisor

Collaboration:

The CFP Supervisor & Clinical Supervisor will identify student progress:

- (1) The Clinical Supervisor(s) inform the CFP Supervisor in writing of any concerns that arise or other areas for student development that are identified after initiation of the CFP.
- (2) The CFP Supervisor provides specific periodic written updates to the Clinical Supervisor(s) (e.g., after 4 instructional meetings with the Student Clinician) and to the Clinic Director regarding the Student Clinician's response to intervention and progress towards goals, and requests feedback from the Clinical Supervisor(s) on progress demonstrated towards goals.
- (3) The CFP Supervisor and the direct Clinical Supervisor(s) will collaborate to determine the following:
 - (a) Measurable student progress towards CFP goals and level of mastery achieved for each goal.
 - (b) Whether goals have been met.
 - (c) Whether there are goals that require more time to achieve mastery.
 - (d) Whether there are additional concerns or areas for identified as needing development; and
 - (e) Disposition of the Plan:
 - 1- Extension of the Plan is recommended to allow more time for mastery of goals or to address recently identified areas needing development, or
 - 2- Discharge of the Plan is recommended, with goals met.
- (4) The CFP Supervisor prepares a summary report (see **Appendix G**) upon discharge of the CFP (i.e., when goals are met, or at the conclusion of the semester). Copies of the summary are provided to the direct Clinical Supervisor(s) and to the Clinic. Goals are deemed met when 80% mastery is achieved.



Iona College Speech, Language & Hearing Clinic
Clinical Focus Plan

Appendix A — CLINICAL FOCUS PLAN REFERRAL

STUDENT: Click or tap here to enter text.

REFERRAL DATE: Click or tap to enter a date.

CLINICAL SUPERVISOR(S): Click or tap here to enter text.

PERSON MAKING THE REFERRAL: Click or tap here to enter text.

REASONS FOR REFERRAL

Using the categories below (reflective of the 2017 CAA of ASHA Standards), please indicate all areas in need of additional support to facilitate development of Knowledge and Skills. After completing the checklist, a narrative section should be added in the bottom sections of the referral. Lastly, goals should be created for the student to work towards during CFP meeting.

Note: Input should be obtained from all direct Clinical Supervisors prior to submitting this form.

3.1.1B Professional Practice Competencies		
	Below Expectations	Comments
Accountability		
Practice in a manner that is consistent with the professional code of ethics and the scope of practice documents for the profession of speech-language pathology.	<input type="checkbox"/>	Click or tap here to enter text.
Adhere to federal, state, and institutional regulations and policies that are related to services provided by speech-language pathologists.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the fiduciary responsibility for each individual served.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.).	<input type="checkbox"/>	Click or tap here to enter text.
Use self-reflection to understand the effects of his or her actions and makes changes accordingly.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the health care and education landscape and how to facilitate access to services.	<input type="checkbox"/>	Click or tap here to enter text.
Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.	<input type="checkbox"/>	Click or tap here to enter text.
Integrity	Below Expectations	Comments
Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers; and...	<input type="checkbox"/>	Click or tap here to enter text.
Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.	<input type="checkbox"/>	Click or tap here to enter text.
Effective Communication Skills	Below Expectations	Comments
Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members,	<input type="checkbox"/>	Click or tap here to enter text.

caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.		
Communicate—with patients, families, communities, and interprofessional team colleagues and other professionals caring for individuals in a responsive and responsible manner that supports a team approach to maximize care outcomes.	<input type="checkbox"/>	Click or tap here to enter text.
<i>Clinical Reasoning</i>	Below Expectations	Comments
Use valid scientific and clinical evidence in decision-making regarding assessment and intervention.	<input type="checkbox"/>	Click or tap here to enter text.
Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.	<input type="checkbox"/>	Click or tap here to enter text.
Use clinical judgment and self-reflection to enhance clinical reasoning.	<input type="checkbox"/>	Click or tap here to enter text.
<i>Evidence Based Practice</i>	Below Expectations	Comments
Access sources of information to support clinical decisions regarding assessment and intervention/management,	<input type="checkbox"/>	Click or tap here to enter text.
Critically evaluate information sources and applies that information to appropriate populations, and	<input type="checkbox"/>	Click or tap here to enter text.
Integrate evidence in provision of speech-language pathology services.	<input type="checkbox"/>	Click or tap here to enter text.
<i>Cultural Competence</i>	Below Expectations	Comments
Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care. These include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the impact of the cultural and linguistic variables of the individuals served on delivery of care. These include but are not limited to variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the interaction of cultural and linguistic variables between the caregivers and the individuals served in order to maximize service delivery.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.	<input type="checkbox"/>	Click or tap here to enter text.
<i>Professional Duty</i>	Below Expectations	Comments
Engage in self-assessment to improve his or her effectiveness in the delivery of services.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the roles and importance of professional organizations in advocating for rights to access to speech-language pathology services.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.	<input type="checkbox"/>	Click or tap here to enter text.
Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.	<input type="checkbox"/>	Click or tap here to enter text.
Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.	<input type="checkbox"/>	Click or tap here to enter text.
Understand and use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.	<input type="checkbox"/>	Click or tap here to enter text.
<i>Collaborative Practice</i>	Below Expectations	Comments

Understand how to apply values and principles of interprofessional team dynamics.	<input type="checkbox"/>	Click or tap here to enter text.
Understand how to perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.	<input type="checkbox"/>	Click or tap here to enter text.

Please use the space below to describe Tier 2 targeted, supplemental interventions provided during 3 support meetings:

Click or tap here to enter text.

Discuss additional concerns:

Click or tap here to enter text.

List goals to be targeted during CFP meetings:

Click or tap here to enter text.

REFERRING CLINICAL SUPERVISOR NAME & SIGNATURE	DATE
Click or tap here to enter text.	Click or tap to enter a date.

Appendix B — SAMPLE GOALS

*The written Clinical Focus Plan established with the Student Clinician must include specific goals. The Plan must specify expected date of achievement, and the criterion level for mastery (80%). Listed below are samples of goals; it is anticipated that other goals will be developed that are specific to the Knowledge and Skills identified by the referring Clinical Supervisor(s) as being Below Expectations. (See also **Appendix C** and **Appendix D: CFP Templates**)*

STUDENT CLINICIAN KNOWLEDGE AND SKILLS

- The Student Clinician will demonstrate knowledge of ASHA Code of Ethics and ASHA Standards, including Scope of Practice for SLP, Preferred Practice Patterns, and Evidence-Based Practice (EBP).
- The Student Clinician will demonstrate understanding of HIPAA Regulations.
- The Student Clinician will adhere to all Clinic Policies and Procedures.
- The Student Clinician will complete a review of areas within the Speech-Language Pathology scope of practice and determine areas that correspond to client's needs.
- The Student Clinician will maintain organized and complete Active Chart for each client, consistent with Clinic Policy and Procedure.
- The Student Clinician will determine the speech-language diagnosis that is consistent with Client clinical and medical history and the objective data gathered, in consultation with the Clinical Supervisors – Diagnoses must use ICD-10 numeric coding and descriptive terminology.
- The Student Clinician will conduct research on the identified communication disorder(s) to support treatment planning.
- The Student Clinician will research therapy methods appropriate for Client age, skills, diagnosis and goal targets, and will develop appropriate Lesson Plans based on this research.
- The Student Clinician will prepare materials for all sessions in advance; materials must be appropriate for Client age, skills and goal targets. The Student Clinician should appear comfortable using the materials during the session, and the format of sessions must be engaging to the client. The Student Clinician will demonstrate ability to transition from one activity to the next with ease, and to adapt activity when needed.
- The Student Clinician will attend a weekly meeting with the CFP Supervisor for additional support in development of knowledge and skills, starting **(date)**. This meeting is in addition to any meetings required by the direct Clinical Supervisor(s).
- The Student Clinician will conduct appropriate research related to client communication disorder(s) suggested by clinical supervisors prior to weekly CFP meetings, and (1) must come to meetings **prepared** to discuss these research findings, and (2) must provide the CFP Clinical Supervisor with appropriate written documentation of the research conducted.
- An Action Plan for the next week will be developed at each CFP meeting, with specific benchmarks defined. The Student Clinician will begin the action plan prior to the next treatment session. The Student Clinician will complete a written CFP Interim Action Report to demonstrate achievement of plan of action benchmarks.
- The Student Clinician will bring a completed CFP Interim Action Report to each weekly CFP meeting. A copy of this report must be placed in the active chart of each client, to be placed in front of the current lesson plan.
- The Student Clinician will maintain a copy of the signed CFP in the Active Chart of each client, to be placed in front of the current lesson plan.

GENERAL GOALS FOR DEVELOPMENT OF KNOWLEDGE AND SKILLS

- The Student Clinician will demonstrate improved clinical writing skills.
- The Student Clinician will implement supervisor feedback in treatment planning and clinical writing, complete re-writes of SOAP notes in a timely manner.
- The Student Clinician will increase knowledge base / understanding of communication disorder(s) to develop appropriate lesson plans (goal and materials development).
- The Student Clinician will prepare / utilize appropriate materials during the session with understanding of how materials are used to elicit target skills.
- The Student Clinician will plan therapy sessions effectively, using treatment approaches supported by EBP.

STUDENT-FOCUSED GOALS FOR DEVELOPMENT OF KNOWLEDGE AND SKILLS

- The Student Clinician will attend a weekly meeting with the CFP Supervisor for additional support in development of knowledge and skills, starting **(date)**. Topics of instruction may include (but are not limited to) EBP research, coding for diagnoses related to communication and swallowing disorders, goal development and implementation, therapy planning, data collection and analysis, determining progress towards goals, clinical writing, and further development of clinical skills. The Student Clinician will be on-time and prepared for all meetings.
- The Student Clinician will conduct appropriate research related to client communication disorder(s) as suggested by Clinical Supervisors and the CFP Supervisor prior to weekly CFP meetings, and must come to CFP meetings prepared to discuss these research findings. Examples of topics include (but are not limited to) treatment methods and materials, EBP, goal development and implementation, and integration of academic knowledge and EBP to support treatment planning and service delivery.
- The Student Clinician will plan a sufficient number of appropriate activities for the scheduled duration of treatment sessions.
- The Student Clinician will demonstrate improved writing skills in the areas of (1) mechanics (e.g., grammar, syntax, semantics, and spelling), (2) clinical language, and (3) content that reflects appropriate clinical reasoning.
- The Student Clinician will demonstrate improved and accurate data collection skills. The Student Clinician will analyze / interpret data accurately to determine client's level of function and progress towards goals.
- The Student Clinician will communicate effectively and in a timely manner with all Clinical Supervisors, following Clinic policies and time frames.
- The Student Clinician will review video tapes of all sessions and complete self-evaluation forms for each session.
- The Student Clinician will implement suggestions made by the Clinical Supervisor(s) in a timely manner.
- The Student Clinician will demonstrate appropriate data collection throughout each session for all clients.
- The Student Clinician will demonstrate understanding and application of ASHA Standards and ASHA Code of Ethics.
- The Student Clinician will adhere to ALL HIPAA REGULATIONS.



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SPEECH, LANGUAGE & HEARING CLINIC
CLINICAL FOCUS PLAN

POLICY AND PROCEDURE — APPENDIX C

Choose an item. Semester

Student Clinician: Click or tap here to enter text.	CFP Implementation Date: Click or tap to enter a date.
CFP Supervisor: Click or tap here to enter text.	Clinical Supervisor(s): Click or tap here to enter text.

You must place a copy of this clinical focus plan in each of your clients' charts. In addition, you will place a copy of the CFP in your student chart in conjunction with a log for meetings. Each week, you will add an assigned "action report" to your student chart.

Supervisor Focused Goals	Click or tap here to enter text.
Student Goals	Click or tap here to enter text.
Expected Date to Achieve Goals	Click or tap here to enter text. weeks from implementation; Click or tap to enter a date.
Consequence if plan is NOT achieved	If CFP goals and plan of action benchmarks are not met (including ALL supervisor suggestions), Student Clinician is at risk for failure of this course. Failure of Choose an item. may result in the Student Clinician not obtaining clinical clock hours and possible need to repeat the course and on-site placement during the Click or tap here to enter text. semester; need to repeat this course may result in a delay in graduation. Failure to meet the goals and Plan of Action for this CFP may also result in a reduction in client caseload for the current and future semesters.

Student Clinician: Click or tap here to enter text.
tap here to enter text.

Date: Click or tap to enter a date. CFP Supervisor: Click or

Date: Click or tap to enter a date.

**By signing the clinical focus plan, I acknowledge the consequence set forth as a result of not meeting expectations. I acknowledge that I have reviewed this plan and discussed any concerns with my supervisor.*

STUDENT CLINICIAN: CLICK OR TAP HERE TO ENTER TEXT.	CFP IMPLEMENTATION DATE: CLICK OR TAP TO ENTER A DATE.
CFP SUPERVISOR: CLICK OR TAP HERE TO ENTER TEXT.	CLINICAL SUPERVISOR(S): CLICK OR TAP HERE TO ENTER TEXT.

RECORD OF MEETINGS AND INSTRUCTION

DATE	GRP/1:1	INSTRUCTION PROVIDED / STUDENT RESPONSE TO INSTRUCTION	INITIALS
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap to enter a date.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.

DESIGNATED CLINICAL SUPERVISOR

DATE

Click or tap here to enter text.

Click or tap to enter a date.



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SPEECH, LANGUAGE & HEARING CLINIC

CLINICAL FOCUS PLAN - INSTRUCTIONAL APPROACH

POLICY AND PROCEDURE — APPENDIX E

SAMPLE ACTION STEPS

Written weekly assignments (Action Steps) are given by the Designated Clinical Supervisor and are recorded by the Supervisor in the top section of the Interim Action Report form. Listed below are sample Action Steps; it is anticipated that other Action Steps will be developed that are specific to the goals of the Plan.

EBP – TREATMENT APPROACH AND PLANNING

- Review permanent chart, case history form(s), and baseline data collected this term for each client. Determine the speech-language diagnosis consistent with Client clinical and medical history and the objective data gathered, in consultation with the Clinical Supervisors – Diagnoses must use ICD-10 numeric coding and descriptive terminology.
- Research signs, symptoms and etiologies of Client diagnoses.
- Research normal speech sound acquisition.
- After completing EBP research, consult with the Clinical Supervisors to select 2 treatment approaches that could be used with each client. Write a summary for each treatment approach that.
 - includes a brief rationale for use of the treatment approach.
 - describes how the approach is implemented in clinical practice.
- Reminder: EBP resources should be from peer-reviewed journal articles, textbooks by recognized experts, and ASHA referenced articles, position papers, technical papers, etc. General information web pages intended for the public are not acceptable sources for EBP.

WRITING GOALS

- Prepare a worksheet that includes current STGs for each client. Bring the worksheet to the next CFP meeting with Professor _____.
- Using information provided in person / via written handouts that were discussed at the weekly CFP meeting, revise 2 STGs:
 - Consult with the Clinical Supervisors to clarify how achievement of criterion will be measured.
 - “within” or “by” (i.e., criterion achieved once by a specified session number)
 - “across” or “over” (i.e., criterion achieved at each of multiple consecutive sessions)
 - Accuracy level averaged for all sessions versus criterion achieved at each of multiple consecutive sessions.
 - Include level and type of assistance / cuing to be provided.
 - Include functional purpose of each goal.
 - Include EBP citations
- Reminder: EBP resources should be from peer-reviewed journal articles, textbooks by recognized experts, and ASHA referenced articles, position papers, technical papers, etc. General information web pages intended for the public are not acceptable sources for EBP.

CLINICAL DOCUMENTATION

- Using information provided in person / via written handouts that were discussed at previous meetings: Revise the “O” and “A” sections of a SOAP note that requires a re-write, using the spaces provided below. Provide EBP as discussed in the written handout.
- Prepare a worksheet that includes 3 sample paragraphs from recent SOAP notes. Include the original paragraph without identifying information, followed by your proposed revisions to address mechanical errors in writing. Leave room on the worksheet to write revisions that reflect clinical language and content. Bring the worksheet to the next meeting with Professor _____; the revisions for clinical language and content will be done during the meeting.

PROFESSIONALISM & ETHICS

- Review video tapes of all sessions conducted during the next week and complete self-evaluation forms for each session.
- Read ASHA documents related to ASHA Code of Ethics and ASHA Standards, including Scope of Practice for SLP, Preferred Practice Patterns, and Evidence-Based Practice (EBP).
- Continue review of ASHA documents related to ASHA Standards, including Scope of Practice for SLP, Preferred Practice Patterns, and Evidence-Based Practice (EBP).

PROFESSIONAL COMMUNICATION & COLLABORATION

- Read all supervisor comments in the Active Chart by close of Clinic on Friday of each week (sooner if requested by SLP). Implement suggestions made by the Clinical Supervisor(s) in a timely manner.
- Communicate effectively and in a timely manner with all Clinical Supervisors, following Clinic policies and time frames.
- Schedule a weekly recurring appointment with each supervisor



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SPEECH, LANGUAGE & HEARING CLINIC
CLINICAL FOCUS PLAN – *Interim Action Report*

POLICY AND PROCEDURE — APPENDIX F

INTERIM ACTION REPORT

DATE: Click or tap to enter a date.

Student Clinician: Click or tap here to enter text.	CFP Implementation Date: Click or tap to enter a date.
CFP Supervisor: Click or tap here to enter text.	Clinical Supervisor(s): Click or tap here to enter text.

Assigned Action Steps <i>(to be complete by supervisor)</i>	Due Date: Click or tap to enter a date.
Click or tap here to enter text.	

Student Documentation of Action Step Completion <i>(evidence of work; to be complete by student clinician)</i>
Click or tap here to enter text.

Student Documentation of Research Efforts <i>(include URLs/Citations; to be completed by student clinician)</i>
Click or tap here to enter text.

Completion of Action Steps/Evidence of Student Completion
<input type="checkbox"/> Complete: All components of the above assignment were completed- evidence of student work discussed below. Click or tap here to enter text.

Incomplete: One or more components of the assignment incomplete- explanation of incomplete items discussed below.

[Click or tap here to enter text.](#)

Additional Information (if applicable):

[Click or tap here to enter text.](#)

Student Clinician	Click or tap here to enter text.
Date	Click or tap to enter a date.

Designated CFP Clinical Supervisor	Click or tap here to enter text.
Date	Click or tap to enter a date.

Choose an item. **Semester- Plan Summary**

Student Clinician: Click or tap here to enter text.	CFP Implementation Date: Click or tap to enter a date.
CFP Supervisor: Click or tap here to enter text.	Clinical Supervisor(s): Click or tap here to enter text.

Meeting Dates:	
Supervisor Focused Goals:	Click or tap here to enter text.
Assigned Action Steps:	Click or tap here to enter text.
Progress to Goals:	Click or tap here to enter text.
Impressions and Thoughts:	Click or tap here to enter text.
Recommendation:	Click or tap here to enter text.

Submitted by	Click or tap here to enter text.
Date:	Click or tap to enter a date.



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**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
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CLINICAL SUPERVISION**

- Knowledge and Skills Needed by Speech Language Pathologists Providing Clinical Supervision
- On-Site Protocol for Supervision

Skills for a Clinical Supervisor are based on

American Speech-Language-Hearing Association. (2008). *Knowledge and Skills Needed by Speech Language Pathologists Providing Clinical Supervision* [Knowledge and Skills]. Available from www.asha.org/policy/KS2008-00294

Knowledge and Skills Needed by Speech-Language Pathologists Providing Clinical Supervision (asha.org)

ASHA's position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process.

CLINICAL SUPERVISION

- In accordance with 2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology supervision for students is conducted by individuals who hold the Certificate of Clinical Competence (See Standard 1E)
- Supervision will be a minimum of 25% of direct treatment time throughout the training period. Supervision will be a minimum of 50% of direct evaluation time throughout the training period. In addition to the supervision, students will be evaluated through meetings, recordings, written reports, discussions with families, and interactions and professionalism at the onsite clinic.
- Supervision includes but not limited to observation of live treatment and/or evaluation sessions, observations of live and recorded sessions, family communication, professionalism, written documentation, verbal feedback and written feedback and informal and/or formal meetings with the student clinician.
- The supervisor and student clinicians will schedule a MIDTERM REVIEW to discuss progress to date and areas to improve and a final CLINIC EXIT meeting to discuss clinical performance and confirm client charting.

Supervision

Supervision is based on the following 13 tasks according to

American Speech-Language-Hearing Association. (1985). Clinical Supervision in Speech-Language Pathology and Audiology. [Position Statement]. Available from <https://www.asha.org/policy/PS1985-00220/>

Tasks of Supervision

A central premise of supervision is that effective clinical teaching involves, in a fundamental way, the development of self-analysis, self-evaluation, and problem-solving skills on the part of the individual being supervised. The success of clinical teaching rests largely on the achievement of this goal. Further, the demonstration of quality clinical skills in supervisors is generally accepted as a prerequisite to supervision of students, as well as of those in the Clinical Fellowship Year or employed as certified speech-language pathologists or audiologists.

Outlined in this paper are 13 tasks basic to effective clinical teaching and constituting the distinct area of practice, which comprises clinical supervision in communication disorders. The committee stresses that the level of preparation and experience of the supervisee, the particular work setting of the supervisor and supervisee, and client variables will influence the relative emphasis of each task in actual practice.

The tasks and their supporting competencies which follow are judged to have face validity as established by experts in the area of supervision, and by both select and widespread peer review. The committee recognizes the need for further validation and strongly encourages ongoing investigation. Until such time as more rigorous measures of validity are established, it will be particularly important for the tasks and competencies to be reviewed periodically through quality assurance procedures. Mechanisms such as Patient Care Audit and Child Services Review System appear to offer useful means for quality.

The tasks of supervision discussed above follow:

1. establishing and maintaining an effective working relationship with the supervisee;
2. assisting the supervisee in developing clinical goals and objectives;
3. assisting the supervisee in developing and refining assessment skills;
4. assisting the supervisee in developing and refining clinical management skills;
5. demonstrating for and participating with the supervisee in the clinical process;
6. assisting the supervisee in observing and analyzing assessment and treatment sessions;
7. assisting the supervisee in the development and maintenance of clinical and supervisory records;
8. interacting with the supervisee in planning, executing, and analyzing supervisory conferences;
9. assisting the supervisee in evaluation of clinical performance;
10. assisting the supervisee in developing skills of verbal reporting, writing, and editing;
11. sharing information regarding ethical, legal, regulatory, and reimbursement aspects of professional practice;
12. modeling and facilitating professional conduct; and
13. demonstrating research skills in the clinical or supervisory processes.

On-Site Protocol for Supervision

Each supervising SLP are required to review their clinical requirements for the students they are supervising.

ASHA: Issues in Ethics: Supervision of Student Clinician

ASHA-certified individuals who supervise students cannot delegate the responsibility for clinical decision making and management to the student. The legal and ethical responsibility for persons served remains with the certified individual. However, the student can, as part of the educational process, make client management recommendations and decisions pending review and approval by the supervisor. Further, the supervisor must inform the client or client's family of the qualifications and credentials of the student supervisee involved in the provision of clinical services.

Iona University Speech, Language and Hearing Clinic SLP's are required to review and approve all documentation including but not limited to: consent packages (please see the Administrative Assistant for guidelines) , SOAP notes, progress reports, evaluations, outside site reports.

Iona University Speech, Language and Hearing Clinic SLP's are required to uphold ASHA Standards for clinical knowledge and skills and ASHA Code of Ethics that relate to the client under their licensure and the student the SLP is supervising

All supervised clinical activities provided by the student must fall within the scope of practice for the specific profession to count toward the student's certification. The supervisor or preceptor must achieve and maintain competency in supervisory practice as well as in the disability areas for which supervision is provided. The amount of supervision provided by the ASHA-certified supervisor must be commensurate with the student's knowledge, experience, and competence to ensure that the welfare of the client is protected. The supervisor must also ensure that the student supervisee maintains confidentiality of client information and documents all client records and billing information, if applicable, in an accurate and timely manner.

Iona University Speech, Language and Hearing Clinic SLP's must report to the Administrative Assistant if a client is assigned that does not fall under the SLP's practice.

Differences may exist in the type and amount of supervision of student supervisees that is required for teacher certification in audiology and speech-language pathology, state licensure in the professions of audiology and speech-language pathology, and ASHA certification in audiology and speech-language pathology. In states where credential requirements or state licensure requirements differ from ASHA certification standards, supervised clinical experiences (including student practica for teacher licensing) will count toward or may be applied toward ASHA certification requirements only if those clinical experience hours have been supervised by ASHA- certified personnel.

Iona University Speech, Language and Hearing Clinic SLP's are held professional liable to support the following requirements:

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology

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.

Implementation: Beginning January 1, 2020, clinical educators and clinicians who are involved in the preparation of student clinicians, and who provide guided observation and supervision of clinical practicum hours, must (a) hold the CCC-A or CCC-SLP and have completed a minimum of 9 months of full-time, post-certification (or its part-time equivalent) clinical experience, and (b) [must complete 2 hours of professional development/continuing education](#) in clinical instruction/supervision. The professional development/continuing education must be completed after being awarded ASHA certification and prior to the supervision of a student. Direct supervision must be in real time. A clinical educator must be available and on site to consult with a student who is providing clinical services to the clinical educator's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills.

In the case of CS, asynchronous supervision must include debriefing activities that are commensurate with a minimum of 25% of the clock hours earned for each simulated individual receiving services.

Iona University Speech, Language and Hearing Clinic SLP's are bound to report any changes in supervision requirements or needs within 4 sessions for a student and / or client. These 4 sessions may include clinic preparation meetings, session observation, and/or submission of student work.

Iona University Speech, Language and Hearing Clinic SLP's support supervision requirement including minimum requirements of 25% for treatment and 50% for diagnostics with the amount and type of supervision adjusted to meet the needs of the student. Beginning students receive more supervision; second year students are supervised less and expected to be more independent.

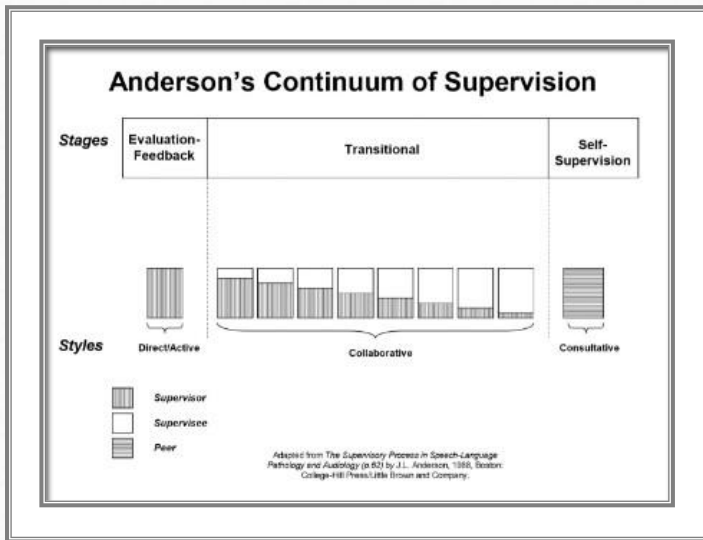
Iona University Speech, Language and Hearing Clinic SLP's will adjust needs of supervision based on student's clinical experience, academic course work and client needs.

Anderson Model of Supervision

Anderson Model of Supervision

<http://www.asha.org/Practice/ethics/Supervision-of-Student-Clinicians/>

<https://slhs.php.ufl.edu/files/2011/08/Technical-Report-on-supervision.pdf>





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Review full Student Handbook Media Specialist
Guidelines

**COMMUNICATION SCIENCES AND
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SPEECH, LANGUAGE & HEARING
CLINIC
GUIDELINES FOR TECHNOLOGY**

Iona University Information Technology Computer Use Policy

The following actions are prohibited under the Computer Use Policy of Iona College.

- Any attempt to modify or damage computer equipment
- Any attempt to modify or damage computer or network software
- Improper use of the computer equipment
- Using an ID belonging to another user
- Unauthorized reading, use of, or deletion of private files or email belonging to another user
- Sharing user IDs and passwords with other users or any other person
- Any attempt to circumvent system protection and security features
- Engaging in unauthorized duplication, alteration or destruction of data, programs or software
- Transmitting or disclosing data, programs or software belonging to others or duplicating copyrighted materials
- Use of computer resources for private purposes, including, but not limited to, the use of computer resources for profit making or illegal purposes
- Maintaining credit card data in any electronic format or on computers
- Transmitting credit card data by email.
- For the full Iona College Computer Use Policy visit <http://www.iona.edu/Student-Life/Student-Resources/Information-Technology/Information-Policies/Computer-Use-Policy.aspx>

Clinic Computers / Privacy Screens

The clinic has a total of 29 computers that the students may use. The computers are to be used only for clinical purposes. Computers may not be reserved at any time. The computers are on a first come first serve basis. Students may never use a computer that another student is logged into. The student must either use the “shut down” function or “restart” to log into their own account before using the computer. Students may never change, install or uninstall any programs on the clinic computers. The clinic computers are equipped with privacy screens. The privacy screens allow the user of the machine to see but others next to the student will not be able to see the screen. These screen protectors may not be removed for any reason unless authorized by the Media Specialist or a Supervisor. If any of the previously stated instructions are not followed, it will be a breach of the Health Insurance Portability and Accountability Act. A breach of HIPAA will be reported to the on-site Supervisor and will result in a follow up meeting with the Clinic Director.

Printing

There are two printers that the students can use in the clinic. There is a color printer and a black and white printer that may be used for clinical purposes only. To print color, the student must send their printing job to the Lanier printer located in the Copy/Print room (Room 103). A total of five computers that are able to print to that specific printer. Those computers are marked with a white label that reads “Print Abled”. The black and white printer can be accessed by any of the 18 computers that are available to the students. To print to this printer, the student must send their printing job to the IP 191 printer located in the Conference room (Room 105). Pertinent Health

Information Records are protected and cannot be printed. If a document is printed, it will be a breach of the Health Insurance Portability and Accountability Act. A breach of HIPAA will be reported to the on-site Supervisor and will result in a follow up meeting with the Clinic Director.

iPads: Clinic / Personal

Students are allowed to use clinic iPads for clinical purposes only within the clinic. To use an iPad for a session, the student must sign out the iPad. The Administrative Assistant will share a spreadsheet sign out/in spreadsheet for iPad use.

Personal iPads are not allowed to be used in Iona University Speech, Language and Hearing Clinic with clients.

Client information including but not limited to clinical documentation, identifying information, photos, videos or audio recordings are not allowed to be stored or saved onto clinic or personal devices as well as apps installed on said devices. It is expected students will sign a release understanding clinical information will not be stored on any portable devices.

If client information of any kind was stored onto the device or apps of the device, the client/client's guardian will be notified of the incident by a representative of Iona University

Personal Laptops

The use of personal laptops for clinical purposes is strictly prohibited in the clinic during direct client care

Visi-Pitch

The Visi Pitch is open for all students to use at any time the clinic is open. Students may also use the system during their clinical sessions. Students must document and advise a supervisor that they will be using the system during their session. The student must be familiar with the system before using it. The Visi-Pitch is set up in the Faculty Therapy room (Room 110). The computer that the Visi-Pitch is installed on must be turned off after use. No clinical data is allowed to be stored or saved onto this Visi-Pitch computer.

Inventory

Students are allowed to use the resources that we have in the clinic. These resources include books, toys, puzzles, cards, board games, treatment materials (ex. LARK Kit) and workbooks. These items can be checked out with the support of front office staff. Materials cannot leave the clinic and must be returned the same day as check out.

Medicat

Medicat is an electronic documentation program that is used in the Iona University Speech, Language and Hearing Clinic. All computers have access to Medicat and each user will have their own unique credentials to log into the system. Below are notes for the users on how to use the system. If any of the stated instructions below are not followed, it will be a breach of the Health Insurance Portability and Accountability Act. A breach of HIPAA will be reported to the directSupervisor and will result in a follow up meeting with the Clinic Director.

Medicat User Guide Notes (Student Users) Logging In:

1. Double Click on the Medicat Icon located on the computer's desktop
2. Enter your username and password that is specific to Medicat
3. Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
4. Re-enter your Medicat specific Credentials.

Changing Your Password:

1. When you connect to the remote desktop for the first time you will need to change your password. Click start in the program.
2. Click the words "Windows Security" located in the top right corner of the box
3. Select "Change Password"
4. Change your password to meet the requirements of the system.

Creating a Note for a Client:

1. Double Click on the Medicat Icon located on the computer's desktop
2. Enter your username and password that is specific to Medicat
3. Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
4. Re-enter your Medicat specific Credentials
5. Select the "Patient" button on the top of the screen.
6. Search for your client using last name or client number using the search bar in the top left had corner of the screen.
7. Select "Progress Note" in the New section of the screen on the left hand side.
8. Once selected, a new screen will appear to the right of the option you just selected. Select the "+" symbol next to note you want to write under the "Progress" section
9. When the note template is selected a new screen will appear. Fill in the information as needed to complete the form.
10. When all information has been added to the note, sign the note using the "sign" button above the note you just created. **IMPORTANT: DO NOT SELECT THE SIGN BUTTON ON THE BOTTOM OF THE SCREEN.** If the bottom button is selected, it will lock the note and you will not be able to make changes using your Supervisor's feedback.
11. After signing the note, select the "summary" section of the note and add your Name and what the note is. (ex. Jane Smith – SOAP note)
12. Once the note is signed using the TOP button. Select the SLP that supervises your session using the "Route" dropdown menu. **IMPORTANT: OTHER USERS ARE IN THIS DROPDOWN MENU. PLEASE BE SURE TO SELECT THE CORRECT USER. ROUTING THE NOTE TO ANYONE OTHER THAN YOUR SLP WILL BE A BREACH OF HIPAA.**
13. Once the correct SLP has been selected, click "save" on the bottom of the screen and then "close".
14. Complete steps 8-14 when revising any notes using Supervisor's feedback. Step 11 will not need to be completed every time you are revising a note.

Adding a Client Contact Form to Client Chart:

1. Double Click on the Medicat Icon located on the computer's desktop

2. Enter your username and password that is specific to Medicat
3. Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
4. Re-enter your Medicat specific Credentials
5. Select the "Patient" button on the top of the screen.
6. Search for your client using last name or client number using the search bar in the top left had corner of the screen.
7. Select "Form" in the New section of the screen on the left hand side
8. Double click on the client contact form in the box on the upper left hand corner of your screen.
9. Fill out the form
10. Once the form is completed, select "Lock" on the bottom toolbar to add it to the chart

Viewing All Notes in the Chart:

1. Double Click on the Medicat Icon located on the computer's desktop
2. Enter your username and password that is specific to Medicat
3. Once logged into the remote desktop click on Medicat EHR to launch the electronic documentation program.
4. Re-enter your Medicat specific Credentials
5. Select the "Patient" button on the top of the screen.
6. Search for your client using last name or client number using the search bar in the top left had corner of the screen.
7. Select "All Notes" in the Chart section of the screen on the left hand side
8. All notes in the client's chart will appear
9. Clicking once will end the note on the bottom of the screen for your review.



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**COMMUNICATION SCIENCES AND
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CLINIC FORMS**

- One Drive Session Chart Forms
- SLP supervisor feedback form

<https://padlet.com/mdemaria10/29g2i14a2yj07evm>



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Speech, Language & Hearing Clinic

Month:

Attendance Log

Date	Services	Initials	Session Min
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

Total # of Therapy Sessions: _____ Total # of Hours: _____



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Speech, Language & Hearing Clinic

Baseline Collection Data Form

Client		Student Clinician	
DOB		Date	
CA		S/L Skill Addressing	

Target	10 Trials of Training										Results
Speech-Language Target	1	2	3	4	5	6	7	8	9	10	Results

Note Responses

(+) Correct Response (-) Incorrect response (x) No Response (m) Modeled (I) Independent Response



Speech, Language & Hearing Clinic Supervisors Evaluation Feedback Form Formative Assessment

Date of session: Click or tap here to enter text.

Student Clinician: Click or tap here to enter text. **Client Initials:** Click or tap here to enter text.
SLP: Click or tap here to enter text. **Supervision Conducted:** In Session Window Video

SLP provided the following supervision support:

- modeling:** demonstrating tasks and explaining internal (cognitive) processes (e.g., decision making)
- coaching:** observing students as they perform tasks and providing feedback, hints, models, and reminders
- scaffolding :** tailoring support to students' current level of knowledge and gradually removing support as they become more competent
- articulation :** encouraging students to verbally express their knowledge, reasoning, or problem solving
- reflection :** encouraging students to reflect on their own skills and problem-solving abilities as compared with their cognitive model of expertise
- exploration** setting general goals for students and encouraging them to formulate and pursue personal goals of interest

Supervision Written Feedback Evaluation	SLP Notes																																															
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**COMMUNICATION SCIENCES AND
DISORDERS DEPARTMENT
SPEECH, LANGUAGE & HEARING
CLINIC
CLINIC FORMS**

- Mediat Chart Outline
- Clinic Form Templates: Word Document (To be used if Mediat Shuts Down-Blue INK)
- Client Contact Form
- Lesson Plan
- SOAP Note
- Short SOAP Note (For Advanced Writers with advanced data interpretation skills)
- Progress Report Outline



Speech, Language & Hearing Clinic

File Organization: Medicat Client Chart

All reports and pertinent materials should be signed and locked in Medicat. The following documents to be completed in each chart are as follows:

Document	Present/Signed/Locked
Client Contact Log	
Iona College Case History Form- Full	
Iona College Consent Package- Full	
Interim Consent Package (if applicable)	
Formal Reports (outside of Iona)	
Release of Records Authorization (if applicable)	
Progress Report	
Progress Statement (if applicable)	
Lesson Plans, SOAP notes (dates are accurate)	
Baseline Data Attachment(s)	
Diagnostic Evaluations (onsite) –if applicable	
Diagnostic Protocols (onsite) -if applicable	
Formal Report: Audiological Screening –if applicable	
Formal Report: OME—if applicable	

Click or tap here to enter text.

Student Clinician, Click or tap to enter a date.

Click or tap here to enter text.

Speech-Language Pathologist, Click or tap to enter a date.

The above signature certifies all documentation was present and completed at the time of the student's clinic exit. Submit this form to your SLP



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Speech, Language & Hearing Clinic

Client Contact Form

Client Name	Click or tap here to enter text.
DOB	Click or tap here to enter text.
Gender	Click or tap here to enter text.
Guardian/Contact Person	
Address	
City, State, Zip Code	
Phone Number	
Cell Phone	
Email Address	

Date

Correspondence/Information Disclosed/Comments	Initials

Speech, Language & Hearing Clinic Date: [Click here to enter text.](#) Student Clinician: [Click here to enter text.](#) Daily Progress

Note

Client: [Click here to enter text.](#) DOB: [Click here to enter text.](#)

CA: [Click here to enter text.](#) Frequency: [Click here to enter text.](#)

S/L DX: [Click here to enter text.](#) ICD-10 Code: [Click here to enter text.](#)

Session Date: [Click here to enter text.](#) Session Number [Click here to enter text.](#)

Long Term Goals: [Click here to enter text.](#)
Short Term Goal: [Click here to enter text.](#)
ACTIVITY: [Click here to enter text.](#)
Supporting Evidence: [Click here to enter text.](#)

Long Term Goals: [Click here to enter text.](#)
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Speech, Language & Hearing Clinic

Date: Click or tap to enter a date.

Daily Progress Note

Time: Click or tap here to enter text.

S/L DX: Click here to enter text. ICD-10 Code: Click here to enter text.

SOAP Note

Click or tap here to enter text.

Student Clinician: Click here to enter text. **Date:** Click here to enter text. **Time:** Click here to enter text.

SLP Initial Review: Click or tap here to enter text. **Date:** Click or tap to enter a date.

SLP Comments: Click or tap here to enter text.

Meet with Supervisor: *Re-write* *Therapy Planning*

SLP & SC Meeting Date: Click or tap to enter a date.

SLP Final SOAP Note Approval Date: Click or tap to enter a date.



Speech, Language & Hearing Clinic

Date: Click or tap to enter a date.

Daily Progress Note

Time: Click or tap here to enter text.

S/L DX: Click or tap here to enter text.

ICD-10 Code: Click or tap here to enter text.

Client Identifiers: Click here to enter text.

Subjective: Click here to enter text.

Long Term Goals: Click here to enter text.

Short Term Goal 1: Click here to enter text.

ACTIVITY: Click here to enter text.

Date	% of Achievement	Level of Cues	Comments

Statement at end of week for continuation of goal

Short Term Goal 2: Click here to enter text.

ACTIVITY: Click here to enter text.

Date	% of Achievement	Level of Cues	Comments

Statement at end of week for continuation of goal

Short Term Goal 3: Click here to enter text.

ACTIVITY: Click here to enter text.

Date	% of Achievement	Level of Cues	Comments

Statement at end of week for continuation of goal

Plan: Click here to enter text.

Student Clinician: Click here to enter text. Date: Click here to enter text. Time: Click here to enter text.

SLP Initial Review: Click or tap here to enter text. Date: Click or tap to enter a date.

Meet with Supervisor: Re-write Therapy Planning

SLP & SC Meeting Date: Click or tap to enter a date.

SLP Final SOAP Note Approval Date:



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Speech, Language & Hearing Clinic
Progress Report
(Sample Outline for Progress Report)

Name: DOB:
Parents: CA:
Address: Date of Report:
Phone: S/L Dx:

Therapy Period:
Sessions Attended:
Frequency/Duration:
Student Clinician:
Clinical Supervisor: TYPE NAME OF THE PRIMARY SUPERVISOR

Background Information:

- Include the following information:
- Client's name, chronological age, speech-language diagnosis, currently receives s/l therapy at Iona College S & LH Clinic; frequency/duration of session.
- Past medical hx, any significant issues,
- Family hx: Who does the client live with? Family hx of s/l disorder or delays; primary language spoken at home
- Educational History (if appropriate)
- Correspondence with other professionals outside of the Iona College S & LH Clinic

Status at Start of Therapy:

- Statement indicating clients' current speech-language skills at the start of therapy.

Therapy Objectives & Progress to Date:

Speech –Language Diagnosis (i.e. artic, fluency)

- LTG's: List LTG and underneath goal list STG that corresponds with the long-term goal
- Under EACH STG INDICATE if the objective was met or not:
- Criterion met (date) / Criterion not met
- If the objective was not met-providing a brief statement as to what the client is able to do

Additional Information:

- Discuss therapy targets, reinforcement, strategies, materials, AND EBP. Discuss the overall therapy experience; successes and challenges.

Status at the End Therapy:

Statement indicating client’s current speech-language skills at the end of therapy (this statement should justify the recommendations)

Prognosis Statement

- Statement to include indicators of advocating for services, possible challenges and support needed

Recommendations:

- Plan for future services

Student Clinician, Date

Speech Language Pathologist, Date

ASHA #

State License|||

Speech, Language & Hearing Clinic
Progress Report
(Sample Outline for Progress Report)

Name: DOB:
 Parents: CA:
 Address: Date of Report:
 Phone: S/L Dx:

Therapy Period:
 Sessions Attended:
 Frequency/Duration:
 Student Clinician:
 Clinical Supervisor: TYPE NAME OF THE PRIMARY SUPERVISOR

Background Information:

- Include the following information:
- Client's name, chronological age, speech-language diagnosis, currently receives s/l therapy at Iona College S & LH Clinic; frequency/duration of session.
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- Educational History (if appropriate)
- Correspondence with other professionals outside of the Iona College S & LH Clinic

Status at Start of Therapy:

- Statement indicating clients' current speech-language skills at the start of therapy.

Therapy Objectives & Progress to Date:

Speech –Language Diagnosis (i.e. artic, fluency)

List Goals in a chart format

Short Term Goals	Initial Status/Baseline	Change in Status
Include all measurable goals (i.e. The client will ___ 80% of the time)	Include initial start of data (i.e. 73%)	Provide measurable performance of current status. (i.e. 96% accuracy. Criterion Met)

Additional Information:

- Discuss therapy targets, reinforcement, strategies, materials, AND EBP. Discuss the overall therapy experience; successes and challenges.

Status at the End Therapy:

Statement indicating client’s current speech-language skills at the end of therapy (this statement should justify the recommendations)

Prognosis Statement

- Statement to include indicators of advocating for services, possible challenges and support needed

Recommendations:

- Plan for future services

Student Clinician, Date

Speech Language Pathologist, Date

ASHA #

State License



STUDENT CLINICIAN	Click or tap here to enter text.
Student ID #	Click or tap here to enter text.
SEMESTER	Click or tap here to enter text.

	Screens		Treatment		Diagnostics	
	C:	A:	C:	A:	C:	A:
Speech Sound Production	C:	A:	C:	A:	C:	A:
Fluency and Fluency Disorders	C:	A:	C:	A:	C:	A:
Voice and Resonance	C:	A:	C:	A:	C:	A:
Receptive and Expressive Language	C:	A:	C:	A:	C:	A:
Hearing	C:	A:	C:	A:	C:	A:
Swallowing/feeding	C:	A:	C:	A:	C:	A:
Cognitive aspects of Communication	C:	A:	C:	A:	C:	A:
Social Aspects of Communication	C:	A:	C:	A:	C:	A:
Augmentative & ACM	C:	A:	C:	A:	C:	A:
Other: Direct contact with client and family in counseling	C:	A:	C:	A:	C:	A:

C= EI Early Intervention (0-3) (PS) Preschool (3-5); (SA) School Age (5-17); A=Adult (18 and older)

Treatment Total Time	
Diagnostic Total Time	

ASHA Member Name	Click or tap here to enter text.
ASHA Member Signature	Click or tap here to enter text.
ASHA Member Number	Click or tap here to enter text.
State Licensure Number	Click or tap here to enter text.
Date	Click or tap to enter a date.



Speech, Language & Hearing Clinic
Progress Statement

Client		Diagnosis	
--------	--	-----------	--

DOB		Freq/Dur	
CA		# Of sessions attended	
DOR		Clinical Supervisor	
Student Clinician		Date Approved	

Initial Assessment and Functional Level (at start of service):

Pertinent Background Information

Narrative Summary to date including but not limited to history and justification of services to date

Present Level of Performance

	<i>WNL</i>	<i>Mild</i>	<i>Mod</i>	<i>Severe</i>	<i>N/A</i>
Articulation					
Fluency (rate, typical/nontypical disfluencies)					
Voice (pitch, intensity, quality) and resonance					
Language (Auditory, Verbal, Reading, Writing)					
Hearing (informal, formal)					
Swallowing					
Cognitive (orientation, memory, problem-solving)					
Social Aspects of Communication (social language)					
Augmentative & Alternative Communication Modalities					
Oral Motor (Structure, Function)					

Additional Observation on level of performance

Narrative Summary indicating pertinent information contributing to performance/progress to date

Progress Achieved to Date:

Current skills to date

Recommendations:

Statement indicating recommendations along with justification

Student:	<i>Date:</i>
Supervisor:	<i>Date:</i>



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SPEECH, LANGUAGE & HEARING CLINIC

DIAGNOSTIC REPORT (CHILD)

*(Sample Outline for Diagnostic Report/CHILD)**

Diagnostic Report should include but is not limited to the following:

Client Name:	Date of Birth:
Parent(s)/Guardian(s)/Informant(s):	Chronological Age:
Address:	Date of Report:
Phone Number:	Student Clinician:
Clinical Supervisor: (Primary Supervisor)	Clinical Supervisor: (Secondary Supervisor)

Background Information:

NAME OF CLIENT is a CHRONOLOGICAL AGE was seen for a speech and language evaluation (due to concerns of/To determine progress to date). This client was referred for the evaluation by NAME on DATE for REASON.

Pertinent history was obtained via interview by NAME and acted as a reliable informant and the case history form of DATE. Prenatal birth history was reported as _____. NAME OF CLIENT was the product of ____ week gestation period via (vaginal / C-section delivery) at BIRTH WEIGHT.

Medical history was reported as _____ (Include any information such as NICU stay; ear infections, food allergies, asthma)

Family history

The client currently lives with (Report family members, siblings, grandparents, and babysitter). The primary language spoken at home is _____ and NAME OF CLIENT is exposed to (secondary language; if applicable, discuss their ability to read, write, speak and listen in secondary language)

Developmental milestones were reported as _____ (include gross, fine, and speech milestones)

NAME OF CLIENT currently attends (EDUCATIONAL INFORMATION). NAME OF INFORMANT reported (discuss any issues with school/receiving any support/ information from school).

Past services include (indicate course of evaluations through Early Intervention, CPSE, private, school and history of treatment and frequency).

Parent / Client Concern:

Mr./Mrs. Reported concerns with (i.e. speech/language development, articulation, sounds, following directions...any example that the parent reports). Discuss any issues of behavior when making wants and needs known (i.e. biting, hitting, use of gestures, yes/no responses)

Clinical Observation:

NAME OF CLIENT easily established a rapport with the unknown examiner and participated in all activities presented. Spontaneous use of language was characterized by____. He/Her was able to make her want and needs known via_____Intelligibility was judged to be_____. The client was able to attend to_____. Processing skills were judged to be_____for understanding of language and following directions within context.

Formal Testing

List Each Assessment Used/Conducted

Name of formal assessment (abbreviations)

i.e. Goldman Fristoe Test of Articulation-3 (GFTA-3)

Informal Testing

(if not using or in addition to a formal measure). List EACH informal measure used/conducted

Hearing/Auditory Function

Informal hearing acuity was judged to be within normal limits at the conversational speech level indicating hearing to be within normal limits via one and three feet distances. (The client turned when his/her name was called; client looked towards the window when an environmental noise was outside; client responded to bells/whistles).

Hearing was judged to be within normal limits in a quiet environment based on informal observation

Articulation

The FORMAL ASSESSMENT was used to evaluate articulation skills at the one word level. Sounds were assessed in the initial, medial, and final positions of words. Results of the evaluation indicated the following:

Raw Score	Standard Score	PercentilePer Percentile Rank	Age Equivalent

Mean standard score= 100

Standard Deviation = +/-15

The following table summarizes articulation errors

Include errors in all positions

Indicate and reference when sounds are expected to be present at current age

The following table indicates phonological processes

Include developmental and/or nondevelopmental phonological processes
--

Indicate age when processes are expected to age out

Intelligibility during connected speech was judged to be _____ characterized by _____. Mr./Mrs. _____ report that they are able to understand NAME OF CLIENT % of the time with context known or unknown. INFORMANT further indicated that an unknown listener is able to understand CLIENT % of the time with context known or unknown.

This examiner was able to understand connected speech % of the time with context known/unknown. According to EBP/SOURCE (ex: Bowen or Gard, Gillman, Gorman) a child of AGE intelligibility should be understood % of the time by their caregivers.

Voice:

Clinical observation indicated pitch, quality, intensity, & resonance were judged to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Fluency:

Clinical observation revealed rate of speech and disfluent patterns to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Oral Motor Exam

An oral peripheral examination (informal or formal) was completed and revealed that the oral mechanism is intact for communication and feeding purposes. The results of the evaluation indicated that facial symmetry was judge to be _____; tone was also noted to be _____; labial structure and function was judged to be _____ characterized by _____; lingual structure and function was judged to be _____ characterized by _____. Intra oral examination revealed hard/soft palate structure and function to be _____; frenulum to be _____; dentition was judged to be _____; and secretions were _____. Observation of breathing revealed _____/appropriate for the coordination of respiration and phonation.

LANGUAGE

The NAME OF FORMAL ASSESSMENT was administered to evaluate _____.
The assessment is composed of _____. The _____ is used to evaluate _____.
The results of the evaluation are as follows (examples of some tables and assessments)

Preschool Language Scale – 5

Subscale	Standard Score	%ile Rank	Age Equivalent
Auditory Comprehension			
Expressive Communication			
Total Language			

Mean= 100

Standard Deviation= +/-15

Clinical Evaluation of Language Fundamentals-4th Edition

CELF-5Subtest	Raw Score	Standard Score	%ile
Formulated Sentences			
Word Structure			
Concepts & FOLLOWING Directions			

CELF-5 Core Language: Mean=100; Standard Deviation = +/-15

CELF-5 Subtest: Mean=100; Standard Deviation = +/-

3

Peabody Picture Vocabulary Test-4th Edition

Raw Score	Standard Score	Percentile

Mean = 100

Standard Deviation = +/- 15

Results of Language Sample=MLU (Use and discuss EBP)

For younger children also discuss Play Skills (Use and discuss EBP)

Discuss overall results/performance of the assessment? Were the skills judged to be within normal limits?

What was the client able to do?

What speech and language areas were compromised? Provide examples of errors

Results of auditory comprehension indicates LEVEL of Delay / Impairment characterized

by Results of expression language indicates LEVEL of Delay / Impairment characterized by

Results of vocabulary skills indicates LEVEL of Delay
Results of play skills indicates LEVEL of Delay

PRAGMATIC LANGUAGE

Pragmatic skills indicate how one integrates language use within social contexts. NAME OF CLIENT was able to (use appropriate eye contact, initiate, participate & turn-take within a verbal exchange; judge non-verbal cues accordingly; code switch with different communication partners)

Results:

NAME OF CLIENT is a CHRONOLOGICAL AGE was seen for a formal speech and language assessment due to concerns of _____. The results of the evaluation indicated summarize findings of formal, informal, and observation results.

According to the results of the evaluation the client presents with _____ characterized by _____.

Recommendations

Provide specific recommendations for therapy services

It is recommended that NAME OF CLIENT receive speech and language services two times per week to improve (Recommend any strategies and/or other professionals)

The results of the evaluation were discussed with _____. The _____ agree with the results of the evaluation and recommendations for treatment.

Student Clinician, Date

Clinical Super

SPEECH, LANGUAGE & HEARING CLINIC

DIAGNOSTIC REPORT (ADULT)

*(Sample Outline for Diagnostic Report/ADULT)**

Diagnostic Report should include but is not limited to the following:

Client Name:	Date of Birth:
Parent(s)/Guardian(s)/Informant(s):	Chronological Age:
Address:	Date of Report:
Phone Number:	Student Clinician:
Clinical Supervisor: (Primary Supervisor)	Clinical Supervisor: (Secondary Supervisor)

Background Information:

NAME OF CLIENT is CHRONOLOGICAL AGE was seen for a speech and language evaluation (due to concerns of _____) (to determine progress to date). This client was referred for the evaluation by NAME on DATE for REASON. The client identifiers included (client’s name, date of birth, address). The client was accompanied by (NAME OF SUPPORT) who was present during the evaluation.

Pertinent history was obtained via interview by NAME and acted as a reliable informant and the case history form of DATE. The client described his/hers speech and language functioning as

_____.

Pertinent medical history is remarkable for _____ on DATE. The case history report on / the client reported _____ (course of impairment, hospital stays, home care, past therapy)

Pertinent Social/Employment History was reported that the client lives with (or lives alone/ home health aide). The client is a retired _____.

The client reports previous speech therapy at _____.

Current medications at the time of the evaluation include _____.

Caregiver / Client Concern:

NAME OF CLIENT describes speech and language functioning as _____. The clients goal for treatment include _____.

Clinical Observation:

NAME OF CLIENT was able to make his/hers wants and needs known via_____. The client was oriented to (person, place, and time). Auditory attention skills were judged to LEVEL of impairment (or judged to be within normal limits). Problem solving/reasoning skills were judged to be LEVEL of impairment (or judged to be within normal limits). Patient's awareness for safety and deficit are judged to be LEVEL of impairment (or judged to be within normal limits).

Intelligibility was judged to be_____.

Formal Testing

List Each Assessment Used/Conducted

Name of formal assessment (abbreviations)

i.e. Boston Diagnostic Aphasia Examination-Third Edition (BDAE-3)

Informal Testing

(if not using or in addition to a formal measure). List EACH informal measure used/conducted

Hearing/Auditory Function

Informal hearing acuity was judged to be within normal limits at the conversational speech level indicating hearing to be within normal limits via one and three feet distances. (The client turned when his/her name was called; client looked towards the window when an environmental noise was outside; client responded to bells/whistles).

Hearing was judged to be within normal limits in a quiet environment based on informal observation

Articulation

The clients speech intelligibility is LEVEL reduces at the WORD/PHRASE/SENTENCE/CONVERSATIONAL Level due to _____ characterized by (decreased articulatory precision/decreased coordination of respiration and phonation/increased rate of speech/, decreased rate of speech/reduced vocal intensity). Due to _____ highly variable speech errors/delayed initiation of speech sounds/syllable repetitions.

Voice:

Clinical observation indicated pitch, quality, intensity, & resonance were judged to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Fluency:

Clinical observation revealed rate of speech and disfluent patterns to be _____.

(Separate Evaluation for a formal voice assessment if applicable)

Oral Motor Exam

An oral peripheral examination (informal or formal) was completed and revealed that the oral mechanism is intact for communication and feeding purposes. The results of the evaluation indicated that facial symmetry was judge to be _____; tone was also noted to be _____; labial structure and function was judged to be _____ characterized by _____; lingual structure and function was judged to be _____ characterized by _____. Intra oral examination revealed hard/soft palate structure and function to be _____; frenulum to be _____; dentition was judged to be _____; and secretions were _____. Observation of breathing revealed _____/appropriate for the coordination of respiration and phonation.

LANGUAGE

The NAME OF FORMAL ASSESSMENT was administered to evaluate _____. The assessment is composed of _____. The _____ is used to evaluate _____. The results of the evaluation are as follows (examples of some tables and assessments)

Boston Diagnostic Aphasia Examination-Third Edition

BDAE-3 Subtest	Raw Score	Standard Score	%ile

Mean=100; Standard Deviation = +/-15

Discuss ability to read and write Reading Comprehension Written Expression

PRAGMATIC LANGUAGE

Pragmatic skills indicate how one integrates language use within social contexts. NAME OF CLIENT pragmatic skills were judged to be LEVEL of impairment characterized by (turn-taking, poor response elaboration, agitation)

Results:

NAME OF CLIENT is a CHRONOLOGICAL AGE was seen for a formal speech and language assessment due to concerns of _____. The results of the evaluation indicated summarize findings of formal, informal, and observation results. According to the results of the evaluation the client presents with _____ characterized by _____.

Recommendations

Provide specific recommendations for therapy services
It is recommended that NAME OF CLIENT receive speech and language services two times

per week to improve (Recommend any strategies and/or other professionals)

The results of the evaluation were discussed with_____. The _____
agree with the results of the evaluation and recommendation

