

**SPEECH-LANGUAGE PATHOLOGY
CLINIC PROCEDURES MANUAL
2020-2021**

**OHIO UNIVERSITY
THERAPY ASSOCIATES
HEARING, SPEECH AND LANGUAGE CLINIC**

INFORMATION FOR
COMMUNICATION SCIENCES AND DISORDERS
SPEECH-LANGUAGE PATHOLOGY STUDENT CLINICIANS
OHIO UNIVERSITY CLINICAL SUPERVISORS

Modified 6-2020

Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. The current accreditation cycle Sept. 1, 2019 to Aug. 31, 2027. Next Review Year: 2026

The master's (Master of Arts [M.A.]) education program in speech-language pathology at Ohio University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, MD 20850, 800.498.2071 or 301.296.5700.

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Diagnostic Procedures

Students are scheduled for diagnostics based on student availability and client's needs. Supervisors are scheduled for diagnostics based on their schedule and area of expertise.

Each student clinician will be considered a professional in training and be given the respect as such. With this comes the expectation of professional behavior in the Clinic. Items such as professional ethics, attire, and confidentiality are covered in introductory practicum and in the General Practices Manual. Specific expectations of the Clinic are as follows.

Supervisor Assignment

Each student clinician will be assigned a clinical supervisor for the diagnostic procedure. The supervisor will assist in the planning and development of the diagnostic session. The supervisor will observe at least 50% of the diagnostic session.

Clinician Preparation

It is the responsibility of the clinician or clinician team assigned to the diagnostic to review the client's file, schedule an appointment with the assigned supervisor, and submit a plan for the diagnostic to the supervisor at least 48 hours prior to the session. All paper work, completed test protocols, and reports must be submitted to the supervisor for approval according to the individual supervisor's guidelines.

Diagnostic Materials

The Ohio University Hearing, Speech and Language Clinic, maintains a wide variety of formal tests and assessment materials designed to be used as part of speech/language evaluations. These materials are located in either room W166 or in supervisors' offices. All test booklets, manuals, and necessary manipulatives are filed alphabetically in room W176. Test protocols can be found in the metal horizontal file cabinets; also arranged alphabetically. Please **DO NOT** use the last remaining test protocol for a given test. If you notice that the supply is low, let the supervisor know in writing and new forms will be ordered. **Do NOT** make copies of the test protocols. This is a copyright violation.

- It is expected that all diagnostic materials be returned to room W166
- See individual supervisors for check-out procedure for any specific materials housed in their offices.

Various toys and materials are located in W166. Electronic devices are stored in supervisor offices. Digital recorders are stored in the Clinic office and must be signed out from there. Augmentative communication devices are stored in the clinic and are available upon request. Please return the materials to the areas you originally found them.

Scheduling

The Clinic office staff schedules clients' appointments. Intake information is obtained when the client calls to schedule the appointment. Clinicians are informed of assignments in writing.

A Case History form, a parking permit and a campus map are sent to the client prior to the diagnostic. Clients are asked to return a completed Case History form prior to the diagnostic session if possible, otherwise they are asked to bring the form with them on the day of the session.

Punctuality

Speech language pathology students conducting diagnostics are expected to arrive at least 30 minutes prior to the session in order to set up the rooms and equipment. An exception to this is if the clinician has a class prior to the session ending less than 30 minutes before the session. In this case, clinicians are still expected to have reviewed the file prior to seeing clients.

Treatment Procedures

Clinic Assignments

Clinicians are required to have 25 observations hours complete prior to orientation. Clients will not be assigned until all 25 hours are completed.

Clinical assignments are based on experience and didactic coursework. The number of clients assigned varies depending on a number of factors including student schedule, student skill set, client needs, and supervisor schedule. The number of clients assigned does not correspond to the number of practicum credit hours. Assignments are conveyed in writing.

For first semester beginning clinicians, effort is made to assign clients with a language delay or articulation disorder. Clients with other disorders may be assigned as needed. In this event, the supervisor will spend maximal preparation time with the clinician to assure client and clinician success.

Clinicians are expected to do the following after receiving Grover Clinic assignments:

- Review Client's entire file.
- Meet with clinical supervisors within one business day of assignment to discuss client(s) diagnostic information and to review previous treatment (if applicable).
- Contact clients one day prior to the initial session, make appropriate introductions and confirm dates and times of appointments. Make certain that clients know directions and parking procedures.
- Verify that the *Release of Information and Consent for Services, Billing and Release of Information* forms are still valid on the day of the first appointment and update them as necessary. These forms are valid for one year. At this time, assure that the client is in possession of a parking permit.

Clinic Assignments – Medicare/Medicaid

The HSLC admits individuals with original Medicare Part B funding. In these cases, the supervisor will conduct the diagnostic and/or treatment session, write and sign the SOAP note, and manage all documentation required pursuant to Medicare Part B rules. The student assigned to the supervisor, may assist in treatment planning, and assist during treatment, but will not be the primary treatment provider.

The HSLC admits individuals with managed-care medicaid. In these cases, the supervisor will be present and have face-to-face contact with the client during a portion of each diagnostic/treatment session.

Scheduling of Clients

The office staff manages scheduling of the clients., however, clinicians are responsible for calling clients one day prior to the initial therapy session to remind clients of their appointments.

At the end of the term, it is the clinician's responsibility to provide the client with an Enrollment Form for the following term, if applicable. The *Enrollment Form* identifies the client's time availability for the following term.

Therapy Rooms

All therapy rooms are to be left clean and orderly for the next student. *If furniture has been removed, return it to the room.* Tables must be cleaned as defined in "Standard Precautions." If removed, replace all safety caps in electrical outlets. Head phones, if used by family for observation are also to be cleaned as defined in "Standard Precautions."

Punctuality

Therapy sessions are 45 minutes long. Therapy must begin promptly on the hour and end promptly at 15 minutes before the hour in order for the next clinician to have time to prepare the room for his/her session. The exiting clinician is allowed 7.5 minutes to collect materials, clean and exit the room, while the entering clinician is allowed the same amount of time to prepare the room for treatment. Parent conferences are part of the treatment session and should be incorporated within the 45 minute session. No conferences must ever occur in the observation rooms, hallways, or lobby – per HIPAA confidentiality protocol.

Observation Rooms

Observation rooms are intended for family members to observe treatment sessions.

Student clinicians may observe sessions in the video room W151D.

Supervisors observe therapy sessions via closed circuit monitors in their offices. Cameras are located on the ceiling in each treatment room.

Clinic Materials

All Clinic owned treatment materials are kept in the Materials Room in W150. Additional electronic equipment can be found in W150 or supervisor offices. Augmentative communication devices are available from supervisors. Please return the materials to the areas you originally found them.

Standard precautions: gloves, first aid kits, tongue depressors, alcohol prep pads, EZ Clean kits, are stored in W170 (Kitchen).

Students must clean and sanitize all materials per protocol and return them to their location in the materials room after each session.

Attendance Policy- Clients

- Therapy begins on the hour.
- If a client is late, the clinician is to allow 15 minutes before calling.
- If there is no answer, leave a message reminding the client of the Clinic appointment and ask that, in the future, he/she call the Clinic if there is a conflict with the scheduled time. This communication is documented on the SOAP note.
- If the client does not have a phone, the clinician prepares a Reminder Letter to be sent reminding the client of the scheduled time. A copy of the Reminder Letter is placed in Section 2 of the client's file.
- If a client has missed four sessions in one semester for any reason, a Discontinuation of Service Letter is sent to the client. A copy of the letter is placed in Section 2 of the client's file.
- If a client calls to cancel a scheduled appointment, the information is documented on the SOAP note.

Attendance Policy- Clinicians

- If a clinician needs to cancel a session because of illness or emergency, he or she must:
 - a. Notify the supervisor immediately by email or phone.
 - b. Notify the Clinic Office Immediately at (740)593-1404.
 - c. Request a substitute by notifying peers **via Blackboard Clinical Methods class email.**
 - * **do not mention client name, only time of treatment session and supervisor name**
 - * **do not use Facebook to communicate Clinic information**
 - d. Notify supervisor when substitute has been found, or notify supervisor that no substitute could be found following email request via Blackboard email.
- If student was unable to secure a substitute following email request, supervisor may choose to find a substitute, or schedule a make-up session when student returns.
- The substituting clinician will have the most recent LP available in the chart or on the Electronic Medical Record (EMR).

Documentation/Communication Files

1. NO DOCUMENTATION RELATED TO THE CLIENT IS TO LEAVE THE CLINIC.
2. Client files must always be returned to the file room. Clinicians must NEVER store files anywhere else in the Clinic.
3. Supervisor/clinician communication files located in room W176 are provided for the purpose of storing "in progress" client information as well as correspondence between student clinicians and supervisors.

Lesson Plans

Clinicians are required write lesson plans (LP) for each therapy session using the *Template* provided. LPs are produced electronically on the EMR, then printed on secure printers. Requirements and deadlines for LPs are determined by individual supervisors.

SOAP notes

All clinicians are required to write progress notes for each therapy session. Our Clinic uses the Subjective, Objective, Assessment, Plan (SOAP) progress note format. SOAP notes are to be turned in to the supervisor for approval through the EMR system. Due dates are determined by clinical supervisors, but typically by noon of the day following treatment.

Treatment Plans/Plans of Care

Clinicians are required to prepare plans of care (POC) for all clients. The POC is a contract between the client, the clinician/supervisor, the physician, and the insurance company, if applicable. POCs containing Long Term and Short Term Goals, are produced electronically on the EMR system, printed, and then implemented according to published deadlines. As soon as the POC is approved and signed by both the supervisor and the client or client's parent/guardian, it must be placed in the client's file. A faxed copy is to be forwarded to the referring physician for signature.

Semester Reports

Progress reports are to be written for each client at the end of the term. These reports are produced electronically on the EMR then printed After the report is approved by the supervisor, a copy, with cover sheet, is faxed or mailed to all persons/agencies listed on the *Release of Information* form, including referring physician. The student is also responsible for logging all copies of documents sent on the Correspondence Summary Sheet. The original is filed immediately in the client's file.

Discharge Reports/Summaries

Discharge Reports are written for each client upon discharge if the total number of sessions attended is four or more. These reports are produced electronically on the EMR then printed for filing and include information related to the status of each goal at discharge, the reason for discharge, and disposition of client for further treatment if continued to be indicated.

A separate Discharge Summary form is also completed for each patient, requiring the signature of the physician as verification they are aware of the discharge.

Discharge Criteria (ASHA, 2004)

1. Communication or swallowing disorder is now within normal/functional limits.
2. Goals/objectives have been met.
3. Communication abilities are comparable to others' of same age, gender, ethnicity, or cultural and linguistic background.
4. Communication or swallowing skills no longer adversely affect educational, social, emotional, vocational performance or health issues.
5. AAC use is optimal across communication environments and partners.
6. Nutritional and hydration needs are optimally met by alternate means.
7. Desired level of communication skills have been attained.
8. Individual is unwilling to participate in treatment; attendance has been inconsistent or poor, and efforts to address these factors have been unsuccessful.
9. Individual, family, and/or guardian has requested discharge, or service provision from another provider.
10. Individual is transferred to another location; assistance in transition to new service provider was offered.

4. Documentation may be different for off-campus sites. The site supervisor will instruct the clinician on the documentation for each individual site. Site paperwork must never leave the site.

5. Documentation varies for Medicare patients. The supervisor will be responsible for Medicare paperwork.

6. A black pen must be used when filling in information on any of the forms and no white-out is to be used on any mistakes. Otherwise, mistakes should be marked through with a single line, initialed and dated by the clinician.

End-of-Semester Requirements

At the end of each term, clinicians are expected to meet with clinical supervisors to discuss clinician progress and to complete the following:

- File all client paperwork in client files
- Complete preliminary chart audits; report missing items to supervisor
- Clean communication folders completely
- Print a hard copy of the next semester Lesson Plans
- Return all therapy materials
- Must have all hours in Typhon to verify by the last day of the semester
 - Hours not entered by the end of the semester will not be approved
- Prepare for first sessions of next semester assigned clients

File Organization

The client chart system provides for a separation of information into six different sections. All information in each section should be filed in chronological order, with the most recent information on top.

SECTION 1-Client Billing Record: this section contains the initial encounter forms including: Patient Information, Initial Contact, Pre-Authorization, physician script, and a copy of the insurance card.

SECTION 2- Summary Case Record: this section contains legal documentation including: Release of Information, Consent to Treat, the signed Attendance Policy, the signed HIPAA acknowledgement, all requests for information, all correspondence, and any Incident Reports. Releases MUST be current (no older than one year) and signed by client/legal guardian and witness.

SECTION 3-Client Diagnostic Data Record: this section contains any and all information regarding the diagnostics or evaluation of the client. Information generated in the O.U. Clinic and other agencies is all filed here and noted on the cover sheet. This section contains all diagnostic reports and test protocols, all IEPs, all IFSPs, as well as medical records provided by physicians. Please note that ICD-9 codes are to be written on the cover sheet/diagnostic log by the supervisor of the evaluation. The client's name must be completed along with the proper date. All diagnostic materials and reports must be filed in chronological order; most current being on the top.

SECTION 4-Treatment Plan Record: this section contains all POCs filed in chronological order with the most recent on top. The cover sheet should reflect each entry. Please note that client information MUST be filled out on the POC and cover sheet. Semester/Supervisor/Clinician information MUST be filled out on the cover sheet.

SECTION 5- Audiology: This section contains all audiological information in chronological order with the most recent information on the top. All hearing screening forms are maintained in this section.

SECTION 6-SOAP Notes, Semester Reports, Discharge Reports/Summaries: this section contains all SOAP notes and semester reports in chronological order ending with the most recent information, or discharge summary. A Summary Sheet of Treatment must be on top. Items are filed with SOAP notes for a given semester followed by the semester report. There MUST be a SOAP note for each date of service billed including the initial diagnostic session. The client's initials must be on each page. All entries MUST be signed by a student clinician and a supervisor. All information is filed with the most recent set being on top. Semester/Clinician/ Supervisor/Session/Disposition information MUST be filled out completely each term on the Summary Sheet of Treatment. The bottom most item in this section is the Audit Sheet to be completed by clinician and reviewed and signed the supervisor at the end of each term.

Chart Audits

Supervisors conduct chart audits on all active clients at the end of each semester, or upon patient discharge if it occurs during the semester. Chart audit forms are located in the in the last section (section 6) of the client's chart. The student clinician completes the initial audit and the supervisor reviews for accuracy and signs/dates the audit form.

In the event of missing items, the supervisor will note the item, locate the item, and assure chart completion. If item cannot be found, notation is made in the space related to the item.

Once the client chart audit is completed and signed, the supervisor will attach a yellow label to the exterior front of the file and indicate: D/C, sign and date. Once the label is in place, the chart is filed in the discharge chart section of the SLP client charts.

Standard Precautions

Standard Precautions during treatment of speech-language clients:

Gloves - Wearing gloves when hands are likely to be exposed to blood, body fluids, non-intact skin, mucous membranes (including eyes) and contaminated articles. Gloves are located in room W170, and in each treatment room. Please note that non-latex gloves are available.

- **Therapy tables, toys and other materials** will be washed after each session using the antibacterial soap, water and paper towels, or disinfectant wipes provided in each therapy room.
- **Head phones** in observation rooms will be disinfected with wipes following each treatment session, by treating clinician. All surfaces of the headphones will be wiped including all sides of the headpiece, all surfaces of the ear piece as well as the ear cushion.
- **Tables, chairs including the high chair or any other adaptive seating equipment**, use
 - antibacterial soap and water. Make sure that the trays for the high chairs and adaptive equipment are cleaned.
- **Water Table:** Clients should wash hands before playing at the water table. If water is
 - used then it must be drained after every session. If rice or beans or corn meal is used
 - then it must also be drained if another clinician is going to use the table.
- **Oral motor and feeding equipment:** Anyone using any of the oral motor or feeding equipment is responsible for cleaning and storing the equipment in a sanitary manner Any large items such as bowls, plates or cups need to be cleaned with warm soapy water in the sink. Any food left in these items must be scrapped off in the trash can as the sink does not have a garbage disposal. These items are placed in the white mesh bags washed and rinsed and then placed in the drying rack to air dry. Small items such as spoons, bite sticks, z-vibe tips or straw tips should be washed in the sink using warm soapy water, dried and then placed in the sanitizing unit that is on top of the microwave.
- **Food for feeding clients or snack:** Food supplies for clients are located in W162. Please do not take the last of any food without letting one of the clinic supervisors know. Take only what you will need for your client. If you know that you are not going to use an entire container of food then spoon out a set amount in one of the disposal small Dixie cups, tape the container closed

and put the client's name and date on the container and put the container in the refrigerator. This container can be used the following week and then tossed. The refrigerator is only for client food. All jars must be labeled with the date.

- **Surfaces contaminated with vomit, feces, urine:** EZCleans self-contained packets are located in W170. These packets contain all materials and directions required to manage contaminated surfaces. Once surfaces have been cleaned, treatment may or may not continue at the supervisor's/client's discretion. If carpeting has been contaminated and cleaned with EZCleans, the treatment room is vacated and door closed. Facilities is alerted for sanitation if carpeting has been contaminated.
 - **** Alcohol pad, fresh towelettes, a first aid kit, and blood spill and surface clean up kits are also located in room W170.**

Clinical Clock Hours

Observation Hours

A minimum of 25 hours of documented and verified observation is required for completion of a graduate program in speech-language pathology.

The Ohio University Hearing, Speech and Language Clinic, requires that students complete all 25 observation hours prior to Orientation on the deadline date supplied in pre-orientation materials. Client assignments are made at Orientation and chart reviews begin during Orientation. Failure to have documented observation hours will delay clinic assignments.

Observation hours must be obtained under the direction of licensed and state certified speech-language pathologists. **These hours must be guided observation hours.** Observation hours may be obtained under two different conditions:

(1) Observation hours (in part or all) may be obtained prior to admission to OU, documentation must be submitted on the letterhead of the SLP's place of employment and signed by a licensed, certified SLP. The SLP must include both ASHA Number and State License number on the signed document. Letterhead verifies the SLP employment status; no observation hours will be accepted without letterhead verification, i.e. school, hospital, nursing home, university, etc. Documents may be handwritten – on letterhead. The letter must state that the observation hours were guided(the clinician must indicate that they discussed the session with the observer.

(2) Observation hours (in part or all) may be obtained once formal admission to OU is verified. Students may establish a Master Clinician Network (masterclinician.org) account – as an Ohio University student - and complete observation hours and documentation on-line **prior to Orientation** in August. Hours obtained through Master Clinician are considered guided because the student must submit written answers to questions provided after each observation.

Information regarding submission of observation hours obtained either prior to admission to OU or through Master Clinician documentation will be provided with pre-Orientation materials.

ASHA Hours

Documentation

Documentation of clinical hours is managed on-line using <https://typhongroup.net>.

Graduate students will be sent an “invitation” to join Typhon in July and will log hours earned weekly. Data Entry must be completed within 7 days of the encounter date. It is the student’s responsibility to ensure that all hours are logged onto Typhon before the end of the semester. Hours added after that will not be “approved” by the supervisor.

Select Allied Health Programs

Select Data Entry Login

Enter 9197 for Account Number

User=OU email

PW= from “SLAP” mail

Select add a new case log: complete student information section, patient demographics, time with patient, age group, diagnostic or therapy, simulated or regular, and finally enter the minutes you were engaged in the activities based on the category.

ASHA Standards

The following standards for certification in Speech-Language Pathology were established by ASHA and required by the Ohio Board of Speech-Language Pathology and Audiology and CSD. These standards are subject to change.

Total supervised clinical observation and clinical practicum = a minimum of 400 clinical hours:

Clinical observation = 25 hours

Direct client/direct patient contact = 375 hours

Of the 375 hours, 75 may be in Alternative Clinical Education (ACE). Supervisors will discuss this option as it becomes available.

If undergraduate clinical hours were obtained while enrolled in an undergraduate program, documentation of those hours can be uploaded to the student’s Typhon page. Fifty (50) undergraduate hours can be counted towards the 375 hour total if appropriate documentation is available. Documentation should be either a clinical hours form provided by the undergraduate university and signed by the licensed and certified speech-language pathologist or a statement on letterhead indicating the number of undergraduate hours obtained.

For additional information refer to the ASHA website. www.ASHA.org/Certification/slp

Hearing Screening Hours

At Ohio University, SLP graduate clinicians must complete at least 5 hours of hearing screenings as part of the 375 total hours. Volunteer opportunities will be provided across multiple venues, but it is the student's responsibility to manage accumulation of these hearing screening hours.

TeleHealth

Diagnostic and intervention services may be delivered via telehealth over the course of your clinical practicum. Specific documentation acknowledging that you are aware of the HIPAA constraints, as well as policies and procedures for telehealth service delivery will be made available when services are assigned.

Ohio Board Standards

The Ohio Board of Speech Language Pathology and Audiology dictates that the person submits to the Board evidence of the completion of appropriate, supervised clinical experience in the professional area, speech-language pathology or audiology, for which licensure is requested, dealing with a variety of communication disorders. The appropriateness of the experience shall be determined under rules of the Board. This experience shall have been obtained in an accredited college or university, in a cooperating program of an accredited college or university, or in another program approved by the board, Ohio Revised Code 4753.06.

For additional information refer to the Ohio Board of Speech Language Pathology and Audiology website: www.slpaud.gov

The Division of Communication Sciences and Disorders at Ohio University is an ASHA accredited program. The Hearing, Speech and Language Clinic follows both ASHA guidelines and the Ohio law to ensure that our students have the required amount of hours and coursework necessary to obtain the ASHA Certificate of Clinical Competence and to be licensed in the state of Ohio.

Other State Board Standards

Students wishing to work outside of Ohio, are responsible for the requirements of that state. Determine those requirements as soon as possible into your program, and plan on obtaining the correct proportion of hours within each disorder, which may be different than those required in Ohio.

Externship Information/Guidelines

The externship portion of the traditional SLP graduate program typically takes place during Spring and Summer Semesters of the 2nd year of the Master's program. Students opting to do a thesis or who only wish to complete one externship would complete their externship either the 2nd Spring or 2nd Summer session. Externships are full-time, 14 weeks in duration for the spring semester and 13 weeks for the summer semester. The spring or summer semester externship may be extended one week at the request of either the supervisor or clinician relative to progress and meeting goals. Beginning and end dates are assigned by the Externship Coordinator (EC) or Director of Clinical Education for SLP (DCE SLP) and conveyed to students during the externship orientation process. These dates may not be altered by the student without written permission by the EC or CDE SLP.

Usually students select a school setting for the spring experience to fulfill public school student teaching requirements, and a medical/adult setting for the summer experience. Students completing the thesis/one externship option must complete an adult externship in order to achieve ASHA required depth and breadth experience. If a student does not wish to complete an educational experience then the DOCE will explain what the ramifications are for not completing an educational externship and the student must sign a form indicating that they understand these ramifications. The due date for submitting requests for externship is the 2nd week of the spring quarter of the student's first year of graduate school. This format allows approximately eight months for the legal agreements to be established with the chosen sites, and also allows for choosing new externship sites in the event that an original site is no longer viable.

The EC or DCE SLP will orient students to the externship process and provide a checklist of tasks involved in obtaining sites, along with the required paperwork and documentation. The EC or DCE manages the externship process for all students and is the instructor for the externship courses. The EC or DCE also advises and assists students in locating externship sites, although the student is responsible for active participation in contacting possible externship sites and obtaining the necessary information. Throughout the externship, students will maintain contact with each other, with OU, and with the instructor through Blackboard discussion group. Due dates and graduation issues will also be conveyed via Blackboard.

The records manager coordinates the legal aspects of obtaining contracts with sites called Affiliation Agreements (AA) and is involved with the student until the AA is signed by both OU and the affiliating site. The records manager will place the most recent copy of the signed AA on Typhon. The student is responsible for the contents of the Agreement and the specific requirements of the site.

Clinical Skill Assessment

Students are evaluated twice per semester, at mid-term and at the end of the term. Dates are posted in advance. The Assessment of Clinical Competence in Speech-Language Pathology instrument does not assign a grade, but rather scores skill areas depending upon level of supervision required. To encourage self-reflection, a student is asked to self-evaluate skills and complete the Assessment of Clinical Competence in Speech-Language Pathology prior to meeting with the supervisor. This assessment will be completed on Typhon. Hard copies of the final document at the end of the term are placed in the student's permanent clinic file. Any student may request a hard copy of the final summative document at the end of the term.

OHIO UNIVERSITY Assessment of Clinical Competence in Speech-Language Pathology

Performance Assessment Rubric

The Ohio University Assessment of Clinical Competence in Speech-Language Pathology (ACCSLP) contains 43 skill statements covering six areas (a) Preparation Skills (b) Intervention Plan of Care (POC) Development (c) Intervention Implementation (d) Assessment (e) Interpretation (f) Interpersonal and Professional Skills. The rating scale for each skill has been designed along a continuum ranging from 8 (representing the most effective performance - *Independent*) to 1 (representing the least effective performance - *Beginning*). The clinical supervisor will match the graduate student's performance to the

descriptor for each skill. The rating for one skill need not be the same as the ratings for other skills. For each skill included on the OU ACCSLP the supervisor will decide which point on the scale best reflects the performance of the graduate student during the semester being rated.

Fall Semester	1 st Year
Spring Semester	1 st Year
Summer Semester	1 st Year
Fall Semester	2 nd Year
Spring Externship	2 nd Year
Summer Externship	2 nd Year

Supervisee Behavioral Criteria

Independent 7-8	In consultative style with supervisor, supervisee takes initiative, makes changes when appropriate, and is effective.
Competent 5-6	In combination of collaborative and consultative styles, supervisor provides general guidance and validation in order for supervisee to perform effectively.
Emerging 3-4	In combination of direct/active and collaborative styles, supervisor provides frequent guidance, demonstration or modeling in order for supervisee to perform effectively.
Beginning 1-2	In direct/active style, supervisor provides specific direction in order for the supervisee to alter performance and make changes in clinical behavior.
N/A	Not applicable at this time

Rating Tips: To determine the rating for each skill the supervisor and the graduate student will consider the student’s effectiveness in work with specific client populations in terms of: client’s age; type and severity of communication disorder; physical limitations; cultural background; English proficiency/literacy level; alternative communication; the student’s academic coursework to date.

The supervisor will consider the following four factors, if applicable, in relation to the skill being rated:

Accuracy – the degree to which the graduate student performs a skill without error

Consistency – the degree to which the graduate student performs a skill at the same level of proficiency across cases

Independence – the degree to which the graduate student performs a skill in a self- directed manner

Supervisory Guidance – the degree to which the graduate student seeks consultations when needed

I. Preparation Skills:

A. Prepares Lesson Plan

Rating	Description
7-8	Independently formats weekly lesson plans according to template
5-6	Formats weekly lesson plans according to template with supervisor validation
3-4	Formats weekly lesson plans according to template following supervisor guidance

1-2	Formats weekly lesson plans according to template following specific supervisor suggestions
N/A	Not applicable at this time

B. Prepares for supervisory conferences

Rating	Description
7-8	Independently initiates and prepares agenda for supervisor conferences
5-6	Initiates and prepares agenda for supervisor conferences with supervisor validation
3-4	Initiates and prepares agenda for supervisor conferences following supervisor guidance
1-2	Initiates and/or prepares agenda for supervisor conferences following specific supervisor suggestions
N/A	Not applicable at this time

C. Initiates and takes responsibility for self-learning and acquisition of knowledge

Rating	Description
7-8	Independently initiates and suggest topics for discussion, identifies resources used in new learning, and discusses application relative to clinical practice
5-6	Initiates and suggests topics for discussion, identifies resources used in new learning, and discusses application relative to clinical practice with supervisor validation
3-4	Initiates and suggests topics for discussion, identifies resources used in new learning and discusses application relative to clinical practice following supervisor guidance
1-2	Initiates and suggests topics for discussion, identifies resources used in new learning and/or discusses application relative to clinical practice following specific supervisor suggestions
N/A	Not applicable at this time

II. Intervention Plan of Care (POC) Development:

A. Integrates rationale, theory and evidence for POC goals

Rating	Description
7-8	Independently develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications
5-6	Develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications with supervisor validation
3-4	Develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications following supervisor guidance
1-2	Develops ideas regarding all goals, gives rationale and/or cites evidence and sources for modifications following specific supervisor suggestions
N/A	Not applicable at this time

B. Considers client, communication partners, and environment in development of POC

Rating	Description
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7-8	Independently develops POC including information from client, partners, and the communication environment
5-6	Develops POC including information from client, partners, and the communication environment with supervisor validation
3-4	Develops POC including information from client, partners, and the communication environment following supervisor guidance
1-2	Develops POC including information from client, partners, and the communication environment following specific supervisor suggestions
N/A	Not applicable at this time

C. Writes behavioral, developmental, LTG/STG goals based on need and learning style

Rating	Description
7-8	Independently writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection
5-6	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection with supervisor validation
3-4	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection following supervisor guidance
1-2	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection following specific supervisor suggestions
N/A	Not applicable at this time

D. Writes functional, developmental LPOs based on need and learning style

Rating	Description
7-8	Independently writes LPOs including performance, condition, criteria (PCC), that reflect progress to date and modifications along a hierarchy leading to attainment of the STG
5-6	Writes LPOs including PCC that reflect progress to date and modifications along a hierarchy leading to attainment of the STG with supervisor validation
3-4	Writes LPOs including PCC that reflect progress to date and modifications along a hierarchy leading to attainment of the STG following supervisor guidance
1-2	Writes LPOs including PCC that reflects progress to date and modifications along a hierarchy leading to attainment of the STG following specific supervisor suggestions
N/A	Not applicable at this time

E. Develops effective correction/prompting LPO levels

Rating	Description
7-8	Independently identifies and writes accurate prompting levels and modifies LPOs as needed
5-6	Identifies and writes accurate prompting levels and modifies LPOs as needed with supervisory validation
3-4	Identifies and writes accurate prompting levels and modifies LPOs as needed following supervisor guidance
1-2	Identifies and writes accurate prompting levels and/or modifies PLOs following specific supervisor suggestions
N/A	Not applicable at this time

III. Intervention Implementation:**A. Provides clear rationale for activities**

Rating	Description
7-8	Independently tells client reason “why” for each activity consistently during sessions
5-6	Tells client reason “why” for activities consistently during session with supervisor validation
3-4	Tells client reason “why” for activities consistently during session following supervisor guidance
1-2	Tells client reason “why” for activities following specific supervisor suggestions
N/A	Not applicable at this time

B. Facilitates “teaching” to promote client success

Rating	Description
7-8	Independently consistently implements direct teaching strategies throughout sessions
5-6	Implements direct teaching strategies consistently during session with supervisor validation
3-4	Implements direct teaching strategies consistently during session following supervisor guidance
1-2	Implements direct teaching strategies consistently during session following specific supervisor suggestions
N/A	Not applicable at this time

C. Provides consistent and informative corrective feedback

Rating	Description
7-8	Independently provides consistent, specific and accurate feedback throughout session
5-6	Provides consistent, specific and accurate feedback throughout session with supervisor validation
3-4	Provides consistent, specific and accurate feedback throughout session following supervisor guidance
1-2	Provides consistent, specific and accurate feedback throughout session following specific supervisor suggestions

N/A	Not applicable at this time
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D. Interprets performance during session and applies strategies to improve outcome

Rating	Description
7-8	Independently identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs
5-6	Identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs with supervisor validation
3-4	Identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs following supervisor guidance
1-2	Identifies client performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs following specific supervisor suggestions
N/A	Not applicable at this time

E. Maximizes use of on-task time in therapy

Rating	Description
7-8	Independently addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals
5-6	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals with supervisor validation
3-4	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals following supervisor guidance
1-2	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals following specific supervisor suggestions
N/A	Not applicable at this time

F. Discriminates correct vs. incorrect responses

Rating	Description
7-8	Independently discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals
5-6	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals with supervisor validation
3-4	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals following supervisor guidance
1-2	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals following specific supervisor suggestions
N/A	Not applicable at this time

G. Uses reinforcement at appropriate intervals to maximize learning

Rating	Description
7-8	Independently uses intrinsic and extrinsic reinforcers
5-6	Uses intrinsic and extrinsic reinforcers with supervisor validation
3-4	Uses intrinsic and extrinsic reinforcers following supervisor guidance
1-2	Uses intrinsic and extrinsic reinforcers following specific supervisor suggestions

N/A	Not applicable at this time
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H. Modifies physical environment to facilitate learning and communication

Rating	Description
7-8	Independently maintains materials/space to facilitate goal attainment
5-6	Maintains materials/space to facilitate goal attainment with supervisor validation
3-4	Maintains materials/space to facilitate goal attainment following supervisor guidance
1-2	Maintains materials/space to facilitate goal attainment following specific supervisor suggestions
N/A	Not applicable at this time

I. Manages interfering behaviors effectively and engages in conflict resolution

Rating	Description
7-8	Independently recognizes behaviors and implements plan for future sessions
5-6	Recognizes behaviors and implements plan for future sessions with supervisor validation
3-4	Recognizes behaviors and implements plan for future sessions following supervisor guidance
1-2	Recognizes behaviors and implements plan for future sessions following specific supervisor suggestions
N/A	Not applicable at this time

J. Keeps communication goals in focus

Rating	Description
7-8	Independently conducts treatment with easily identifiable goals throughout session and transition between goals is smooth
5-6	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth with supervisor validation
3-4	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth following supervisor guidance
1-2	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth following specific supervisor suggestions
N/A	Not applicable at this time

K. Selects and uses materials consistent with functional needs of client

Rating	Description
7-8	Independently selects materials and varies across sessions as they relate to creativity and motivation
5-6	Selects materials and varies across sessions as they relate to creativity and motivation with supervisor validation
3-4	Selects materials and varies across sessions as they relate to creativity and motivation following supervisor guidance
1-2	Selects materials and varies across sessions as they relate to creativity and motivation following specific supervisor suggestions
N/A	Not applicable at this time

L. Integrates and uses technology in therapy session

Rating	Description
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7-8	Independently incorporates available technology into tx session, or can explain technology that might be useful had it been available
5-6	Incorporates available technology into tx session, or can explain technology that might be useful had it been available with supervisor validation
3-4	Incorporates available technology into tx session, or can explain technology that might be useful had it been available following supervisor guidance
1-2	Incorporates available technology into dx session, and/or explains technology that might be useful had it been available following specific supervisor suggestions
N/A	Not applicable at this time

M. Manages data relative to goal

Rating	Description
7-8	Independently manages data that are accurate, complete and related to goals
5-6	Manages data that are accurate, complete and related to goals with supervisor validation
3-4	Manages data that are accurate, complete and related to goals following supervisor guidance
1-2	Manages data that are accurate, complete and related to goals following specific supervisor suggestions
N/A	Not applicable at this time

N. Manages SOAP Notes

Rating	Description
7-8	Independently writes complete, accurate SOAP notes in format requested
5-6	Writes SOAP notes that are complete, accurate, and in the requested format with supervisor validation
3-4	Writes SOAP notes that are complete, accurate, and in the requested format following supervisor guidance
1-2	Writes SOAP notes that are complete, accurate and in requested format following specific supervisor suggestions
N/A	Not applicable at this time

O. Modifies lesson plan and strategies following session to reflect client performance

Rating	Description
7-8	Independently analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate
5-6	Analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate with supervisor validation
3-4	Analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or

	suggests referrals for additional and/or alternative services as appropriate following supervisor guidance
1-2	Analyzes client performance and modifies lesson plan and strategies following the session in order to meet client needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate following specific supervisor suggestions
N/A	Not applicable at this time

IV. Assessment

A. Prepares for diagnostic conference

Rating	Description
7-8	Independently completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan
5-6	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan with supervisor validation
3-4	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, generates specific diagnostic plan with supervisor guidance
1-2	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan following specific supervisor suggestions
N/A	Not applicable at this time

B. Plans for and conducts screening/prevention

Rating	Description
7-8	Independently identifies need and conducts screening and prevention activities across all communication modalities including hearing screening
5-6	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening with supervisor validation
3-4	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening following supervisor guidance
1-2	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening following specific supervisor suggestions
N/A	Not applicable at this time

C. Prepares for and completes case history

Rating	Description
7-8	Independently identifies and produces questions/questionnaire, reviews, and probes for additional information
5-6	Identifies and produces questions/questionnaire, reviews, and probes for additional information with supervisor validation

3-4	Identifies and produces questions/questionnaire, reviews, and probes for additional information following supervisor guidance
1-2	Identifies and produces questions/questionnaire, and probes for additional information following specific supervisor suggestions
N/A	Not applicable at this time

D. Selects appropriate tools based on client need

Rating	Description
7-8	Independently selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session
5-6	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session with supervisor validation
3-4	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session following supervisor guidance
1-2	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session following specific supervisor suggestions
N/A	Not applicable at this time

E. Integrates and uses technology based on assessment tool

Rating	Description
7-8	Independently incorporates available technology into dx session, or can explain technology that might be useful had it been available
5-6	Incorporates available technology into dx session, or can explain technology that might be useful had it been available with supervisor validation
3-4	Incorporates available technology into dx session, or can explain technology that might be useful had it been available following supervisor guidance
1-2	Incorporates available technology into dx session, and/or explains technology that might be useful had it been available following specific supervisor suggestions
N/A	Not applicable at this time

F. Administers assessment protocols

Rating	Description
7-8	Independently administers protocol per manual and/or professional guidelines
5-6	Administers protocol per manual and/or professional guidelines with supervisor validation
3-4	Administers protocol per manual and/or professional guidelines following supervisor guidance
1-2	Administers protocol per manual and/or professional guidelines following specific supervisor suggestions
N/A	Not applicable at this time

G. Adapts procedures to meet needs of client

Rating	Description
7-8	Independently begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status

5-6	Begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status with supervisor validation
3-4	Begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status following supervisor guidance
1-2	Begins dx session with prioritized plan, and modifies plan based on client performance in order to determine communication status following specific supervisor suggestions
N/A	Not applicable at this time

V. Interpretation

A. Scores and interprets data accurately

Rating	Description
7-8	Independently accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments
5-6	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments with supervisor validation
3-4	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments following supervisor guidance
1-2	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments following specific supervisor suggestions
N/A	Not applicable at this time

B. States diagnosis, severity, and recommendations

Rating	Description
7-8	Independently assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes
5-6	Assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes with supervisor validation
3-4	Assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes following supervisor guidance
1-2	Assimilates all assessment results and client stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes following specific supervisor suggestions
N/A	Not applicable at this time

C. Explains professional jargon in user-friendly terms

Rating	Description
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7-8	Independently eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy
5-6	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy with supervisor validation
3-4	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy following supervisor guidance
1-2	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support client health literacy following specific supervisor suggestions
N/A	Not applicable at this time

D. Writes report sufficient for entry into professional practice

Rating	Description
7-8	Independently produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples
5-6	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples with supervisor validation
3-4	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples following supervisor guidance
1-2	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples following specific supervisor suggestions
N/A	Not applicable at this time

E. Suggests appropriate referrals as needed

Rating	Description
6-7	Independently assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart
4-5	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart with supervisor validation
3-4	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart following supervisor guidance
1-2	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referral in chart following specific supervisor suggestions
N/A	Not applicable at this time

VI. Interpersonal and Professional Skills

A. Interacts with clients and family in a culturally appropriate and equitable manner

Rating	Description
7-8	Independently understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences
5-6	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences with supervisor validation
3-4	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences following supervisor guidance
1-2	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; and discovers and respects individual differences, preferences, values, economic and cultural influences following specific supervisor suggestions
N/A	Not applicable at this time

B. Interacts and/or collaborates with professionals/peers

Rating	Description
7-8	Independently respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care
5-6	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care with supervisor validation
3-4	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care following supervisor guidance
1-2	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into client care following specific supervisor suggestions
N/A	Not applicable at this time

C. Conducts client diagnostic conference and/or counseling

Rating	Description
7-8	Independently explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended
5-6	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, with supervisor validation
3-4	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, following supervisor guidance
1-2	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, following specific supervisor suggestions
N/A	Not applicable at this time

D. Conducts client therapy conference and/or counseling

Rating	Description
7-8	Independently requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities
5-6	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities with supervisor validation
3-4	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities following supervisor guidance
1-2	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates client/caregiver in home carryover activities following specific supervisor suggestions
N/A	Not applicable at this time

E. Completes diagnostic administrative responsibility

Rating	Description
7-8	Independently conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards
5-6	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards with supervisor validation
3-4	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following supervisor guidance
1-2	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows

	hygiene procedures, and maintains confidentiality and HIPAA standards following specific supervisor suggestions
N/A	Not applicable at this time

F. Completes therapy administrative responsibility

Rating	Description
7-8	Independently follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards
5-6	Follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards with supervisor validation
3-4	Follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following supervisor guidance
1-2	Follows assigned supervisor protocol, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following specific supervisor suggestions
N/A	Not applicable at this time

G. Interacts and collaborates with supervisor

Rating	Description
7-8	Independently acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes
5-6	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes with supervisor validation
3-4	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes following supervisor guidance
1-2	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes following specific supervisor suggestions
N/A	Not applicable at this time

H. Adheres to ASHA Code of Ethics

Rating	Description
7-8	Independently and without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships
5-6	Without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships with supervisor validation
3-4	Without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships following supervisor guidance
1-2	Without violation: Maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships following specific supervisor suggestions
N/A	Not applicable at this time

Student At-Risk for Inadequate Clinical Performance Policy and Guiding Principles

SUPPORT PLAN FOR STUDENTS AT RISK FOR INADEQUATE CLINICAL PERFORMANCE CSD 6920 POLICY and GUIDING PRINCIPLES

PURPOSE

1. Identify students with marginal clinical skills in several areas.
2. Ensure that students matriculating through the clinical program demonstrate skills at a level commensurate with entry into the professional experience year.
3. Identify students who are unable to demonstrate skills necessary for matriculation through the clinical program.

GOAL

Guide student toward clinical independence and autonomy.

AT-RISK STUDENT CHARACTERISTICS

1. Substantial difficulty with:
 - a. acquiring and demonstrating measurable progression of skills, across multiple clinical areas,
 - b. no later than mid-term of the second semester,
 - c. as assessed by:
 - * **Total** score of 3 or lower on the SLP ACCS (average across all clinical settings)

and either

2. Substantial difficulty with acquiring and demonstrating at least 8 of the 10 Professional Behaviors, using the behavioral criteria related specifically to the student's stage in the program. (Appendix C)

or

3. Substantial difficulty with acquiring and demonstrating any of the Essential Functions necessary for practice in the field of Communication Sciences and Disorders.

IMPLEMENTATION

1. Staffing

- a. one clinical supervisor and the Director of Clinical Education are assigned throughout the process;
- b. one must be the supervisor originating the at-risk request.

2. Student-supervisor conferences

- a. supervisors demonstrate progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers:
 - * evaluation-feedback stage and direct active style;
 - * transitional stage and collaborative style;
 - * self-supervision stage and consultative style;
- b. conferences are held at regularly defined intervals;
- c. agenda for each conference is initially written by supervisor, then written together, then written independently by student;
- d. agenda will include teaching resources, demonstration of techniques and assessment of the completion of specific responsibilities.

3. Documentation

- a. content and outcome data are included;
- b. diagnostic and treatment reports are retained in student clinic file;
- c. student and supervisors sign all documentation;
- d. student receives a copy of all paperwork and documentation.

4. Graduation

- a. successful completion of protocol, continue clinical rotations;
- b. unsuccessful completion of protocol discontinues clinical practicum.

Support Plan for Students at Risk for Inadequate Clinical Performance
CSD 6920

PROCEDURE

STATEMENT OF PURPOSE

To provide an intensive, structured, instructional format for student clinicians who are experiencing difficulty demonstrating satisfactory clinical skills.

IDENTIFICATION- MID-TERM OF SECOND SEMESTER IN CLINICAL PRACTICUM

Identify a student as “at risk” for inadequate clinical performance during a supervisory meeting no later than mid-term of the second semester in clinical practicum, with supporting documentation that must include at least scores of the respective student evaluation instrument and either deficits in an Essential Function and/or Professional Behaviors.

SLP supervisor presents most recent scores achieved on the Clinic ACCSLP with specific documented behavioral evidence of deficits.

Supervisor presents written documented evidence of failure to acquire or demonstrate an Essential Function.

Supervisor presents written documented evidence of failure to acquire or demonstrate specified Professional Behaviors.

NOTIFICATION

The supervisor notifies the student, in an email with cc to the Director of Clinical Education, the instructor of record for CSD6920, the CSD assistant director and the CSD graduate coordinator, that the student has been identified as “at risk” for inadequate clinical performance which may impact participation in the campus clinic, off-site part-time, and/or full-time off-site rotations, and which **may ultimately delay graduation**. Notification is made within 24 hours of mid-term evaluation.

Upon notification, should the student disagree with the assessment and recommendations, he/she will be advised to consult the CSD Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740/593/2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.

The email correspondence should minimally contain:

1. A statement to the effect of “At Risk” performance.
2. The evaluation instruments/scores used to make this determination.
3. The intention to implement the “At Risk” protocol, naming the primary supervisor and the Director of Clinical Education who are to be involved in the protocol.

IMPLEMENTATION - RESPONSIBILITIES AND ACTIONS

Primary Clinical Supervisor

1. **Student Evaluation:** Supervisor assembles evaluation documentation from the respective SLP clinical evaluation protocol, Essential Functions, and/or Professional Behaviors including written commentary.

- a. Student and supervisor sign the respective evaluation documents.
- b. Supervisor notifies the Coordinator of Clinical Services of the student's at-risk status.
- c. Supervisor notifies the student's academic advisor of student's at-risk status.

2. **Observation Plan:** Supervisor assists student in developing an observation plan (Appendices A 1 and/or A2).

3. **Weekly Meetings:** The primary clinical supervisor conducts weekly scheduled meetings with the student.

- a. Weekly meeting agendas for the remainder of the term will follow a continuum initially to be written by the supervisor, then written together, then written independently by the student to include techniques, resources, and responsibilities.
- b. Weekly meetings will define progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers.

Student Clinician

1. **Self-Evaluation:** Student will complete supervisor assigned self-evaluation pertinent to the identified deficit skill areas using at least one of the following:

- a. SLP ACCS (Appendix B)
- b. Self-analysis of Professional Behaviors (Appendix C)
- c. Self-analysis of Essential Functions (Appendix D)

2. **Observation Plan** Student works with the supervisor to develop an Observation Plan which includes specific clinical skills, expected scores, and behaviors identified on the respective student evaluation protocol, the student self-evaluation instruments. Essential Functions document, or Professional Behaviors skills list.

- a. The student with the assistance of the clinical supervisor will develop specific SMART goals in order to move clinician from supervisor directed to supervisor guided in specified areas.
- b. Audio and videotaping may be used to verify that these objectives have been met.

3. **Weekly Meetings:** Student meets with supervisor at scheduled meeting times to review progress toward meeting specific objectives stated in the Observation Plan.

Second Clinical Supervisor

1. Reviews and signs the Observation Plan, in addition to the primary supervisor signature.
2. Participates in two weekly meetings per month with primary clinical supervisor and student

3. Observes/evaluates student in at least two clinical sessions per month.

Director of Clinical Education

1. Places copies of signed evaluation documents in the student's clinic file.
2. Provides assistance as requested.
3. Notifies CSD Associate Director that an "at risk" protocol has been implemented.
4. Reviews and co-signs Observation Plan.

ASSESSMENT OF PROGRESS - END OF SECOND SEMESTER IN CLINICAL PRACTICUM

- Pass*:** Continue regular campus and off-site clinic rotations:
SLP final total score on the Clinic ACCSLP is above 4.0
*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.
- Conditional*:** Campus rotation only for the third semester, then continue regular rotation:
SLP final total score on the Clinic ACCSLP is between 3.1 and 3.9
*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.
- Fail:** In Progress "PR" grade for ungraded clinical practicum, will delay graduation:
- SLP final total score on the Clinic ACCSLP is 3.0 or lower.
 - No participation in clinical practicum during the third semester.
 - Enroll in **Directed Clinical Study** for the third semester.

DIRECTED CLINICAL STUDY

A committee, comprised of one supervisor who is not the primary supervisor, one academic faculty member appointed by the CSD Associate Director, and the DCE who chairs the committee will coordinate the Directed Clinical Study.

The committee meets during the first week of the third semester to review deficit areas identified on the previous term's Observation Plan and student evaluation scores.

The committee meets with the student to discuss goals of the directed study, roles and responsibilities, evaluation procedures, timelines, and possible outcomes. A written summary is provided to all committee members and a copy is placed in the student's clinic file.

At the end of the third semester, the committee reviews for completion of goals and assigns one of the following:

- Pass:** Continue with clinical rotations the following semester, substitute PR grade with CR

grade. Graduation will have been delayed.

Fail: CSD Associate Director notifies student, via letter, of dismissal from the program. Upon notification, should the student disagree with the dismissal, he/she will be advised to consult the CSD Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740/593/2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.

SUPPORT PLAN FOR STUDENTS AT RISK FOR INADEQUATE CLINICAL PERFORMANCE (CSD 6910) Externship Placements

POLICY and GUIDING PRINCIPLES

PURPOSE

1. Identify students who are out on externships who are exhibiting marginal clinical skills in several areas.
2. Ensure that students matriculating through the clinical program demonstrate skills at a level commensurate with entry into the professional experience year.
3. Identify students who are unable to demonstrate skills necessary for matriculation through the clinical program.

GOAL

Guide student toward clinical independence and autonomy.

AT-RISK STUDENT CHARACTERISTICS

1. Substantial difficulty with:
 - a. acquiring and demonstrating measurable progression of skills, across multiple clinical areas no later than mid-term of the Spring or Summer semester of the externship
 - c. as assessed by:
 - * Total score of 3 or lower on the SLP Clinic ACCSLP (Appendix B)

and either

2. Substantial difficulty with acquiring and demonstrating at least 8 of the 10 Professional Behaviors, using the behavioral criteria related specifically to the student's stage in the program. (Appendix C)

or

3. Substantial difficulty with acquiring and demonstrating any of the Essential Functions necessary for practice in the field of Communication Sciences and Disorders. (Appendix D)

IMPLEMENTATION

1. Staffing

- a. Externship preceptor
- b. Director of Clinical Education

2. Student-Preceptor conferences

- a. Preceptor demonstrate progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers:
 - * evaluation-feedback stage and direct active style;
 - * transitional stage and collaborative style;
 - * self-supervision stage and consultative style;
- b. conferences are held at regularly defined intervals;
- c. agenda for each conference is initially written by preceptor, then written together, then written independently by student;
- d. agenda will include teaching resources, demonstration of techniques and assessment of the completion of specific responsibilities.

3. Documentation

- a. content and outcome data are included;
- b. diagnostic and treatment reports are retained in student clinic file;
- c. student, preceptor and Director of Clinical Education sign all documentation;
- d. student and Director of Clinical Education receives a copy of all paperwork and documentation.

4. Graduation

- a. successful completion of protocol, continue to second externship or graduation
- b. unsuccessful completion of protocol; graduation may be delayed, and externship repeated, or student may be dismissed from the program

Support Plan for Students at Risk for Inadequate Clinical Performance

CSD 6910

PROCEDURE

STATEMENT OF PURPOSE

To provide an intensive, structured, instructional format for student clinicians who are experiencing difficulty demonstrating satisfactory clinical skills.

IDENTIFICATION- MID-TERM OF THE SPRING OR SUMMER EXTERNSHIP

Identify a student as “at risk” for inadequate clinical performance during a supervisory meeting no later than mid-term of the spring or summer semester of the externship , with supporting documentation

that must include at least scores of the respective student evaluation instrument and either deficits in an Essential Function and/or Professional Behaviors.

SLP Preceptor presents most recent scores achieved on the Clinic KASA, to include specific documented behavioral evidence of deficits.

Preceptor presents written documented evidence of failure to acquire or demonstrate an Essential Function.

Preceptor presents written documented evidence of failure to acquire or demonstrate specified Professional Behaviors.

NOTIFICATION

The preceptor, in an email, notifies the student and the Director of Clinical Education, that the student has been identified as “at risk” for inadequate clinical performance which may impact continuation of spring externship, participation in summer externship graduation, which will subsequently impact graduation. . Notification is made within 24 hours of mid-term evaluation. The Director of Clinical Education will meet individually with the student and the preceptor to review documentation and determine the next course of action.

The email correspondence should minimally contain:

1. A statement to the effect of “At Risk” performance.
2. The evaluation instruments/scores used to make this determination.
3. The intention to meet with the Director of Education to discuss next course of action for the student.

Course of action could include:

1. A specific remediation plan to be implemented during the remaining weeks of the externship to include weekly meetings with student and preceptor that would include the Director of Clinical Education
2. Removal from the externship for the remainder of the semester (withdrawal failing) Removal from the externship would result in removal from the program.

Upon notification, should the student disagree with the assessment and recommendations, he/she will be advised to consult the CSD Graduate Handbook for the conflict resolution procedure, and/or contact the University Ombudsman, Baker University Center 501, 740/593/2627 for advice and counsel. Until the conflict has been resolved, the student will not participate in clinical practicum.

IMPLEMENTATION - RESPONSIBILITIES AND ACTIONS

If the Externship Preceptor agrees to implement an At-Risk Plan:

Preceptor:

1. Preceptor assembles evaluation documentation: clinical evaluation protocol, Essential Functions, and/or Professional Behaviors including written commentary.
 - a. Preceptor, student and Director of Clinical Education review and sign the respective evaluation documents.

2. Observation Plan: Preceptor and Director of Clinical Education assists student in developing a Plan (Appendix A1 or A2).

3. Weekly Meetings: The preceptor conducts weekly scheduled meetings with the student. The Director of Clinical Education will receive a copy of the agenda and will participate in the meetings at least once a month and/or upon request of the student or preceptor.

- a. Weekly meeting agendas for the remainder of the term will follow a continuum initially to be written by the preceptor, then written together, then written independently by the student to include techniques, resources, and responsibilities.
- b. Weekly meetings will define progression through the stages and styles of the continuum of supervision with measurable, definable dates and markers.

Student Clinician

1. Self-Evaluation: Student will complete supervisor assigned self-evaluation pertinent to the identified deficit skill areas using at least one of the following:

- a. SLP ACCSLP,
- b. Self-analysis of Professional Behaviors
- c. Self- analysis of Essential Functions

2. Observation Plan: Student works with the supervisor to develop an Observation Plan which includes specific clinical skills, expected scores, and behaviors identified on the respective student evaluation protocol, the student self-evaluation instruments, the Essential Functions document, or Professional Behaviors skills list.

a. Audio and videotaping may be used to verify that these objectives have been met.

3. Weekly Meetings: Student meets with supervisor at scheduled meeting times to review progress toward meeting specific objectives stated in the Observation Plan.

Director of Clinical Education:

1. Places copies of signed evaluation documents in the student's clinic file.
2. Provides assistance as requested.
3. Notifies CSD Associate Director that an "at risk" protocol has been implemented.
4. Reviews and signs the Observation Plan, in addition to the primary supervisor signature.
5. Participates in two weekly meetings per month with primary clinical supervisor and student
6. Observes/evaluates student in at least two clinical sessions per month.
7. Reviews and co-signs Observation Plan.

If the Preceptor does not agree to implement an At-Risk Plan:

Preceptor:

1. Collects all documentation including statement that an At- Risk plan will not be implemented for the student.
2. Sends documentation to Director of Clinical Education

Director of Clinical Education:

1. Reviews documentation from preceptor and places documentation in student file
2. Notifies Assistant Director of CSD Program and CSD Graduate Coordinator that student will be removed from externship placement and determine if student will be allowed to withdrawal for the semester and reenroll the next semester which will delay graduation or be dismissed from the CSD program.
3. Meets with student and discusses decision of Director of Clinical Education, the Assistant Director of CSD program and the CSD graduate coordinator.

ASSESSMENT OF PROGRESS - END OF SECOND SEMESTER IN CLINICAL PRACTICUM

Pass*: Continue regular campus and off-site clinic rotations:

SLP final total score on the Clinic ACCSLP is at or above 6.0

*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

Conditional*: Campus rotation only for the third semester, then continue regular rotation:

SLP final total score on the Clinic KASA is between 3.1 and 3.9

*Failure to continue demonstrating progress toward clinical competency at each subsequent assessment using previous metrics, will result in dismissal from the program.

Fail *- In Progress "PR" grade for ungraded clinical practicum, will delay graduation:

SLP final total score on the Clinic ACCSLP is lower than 6.0.

No participation in clinical practicum during the third semester.

Enroll in Directed Clinical Study for the third semester.

DIRECTED CLINICAL STUDY

A committee, comprised of one supervisor who is not the primary supervisor, one academic faculty member appointed by the CSD Associate Director, and the CCS who chairs the committee will coordinate the Directed Clinical Study.

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