

## 2009-2010 Clinic Handbook

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### INTRODUCTION

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This handbook is designed to provide information regarding many of the rules, regulations and policies of the professional service programs affiliated with The University of Southern Mississippi, Department of Speech and Hearing Sciences. Please familiarize yourself with the material herein prior to your enrollment in practicum in any of the respective programs.

The purpose of the professional services programs is twofold: to provide educational experiences so that graduate **practicum** students gain knowledge and proficiency in assessment and management procedures and to provide quality service to communicatively impaired individuals in the surrounding community. Both objectives parallel one another, and neither can be accomplished in the absence of the other.

Supervised practicum and observation experiences will be provided by faculty and staff. In return, certain traits and behaviors are expected of students. The graduate **practicum** student must have a "professional personality." This means caring about, having compassion for and being empathetic to the needs of people, as well as demonstrating assertive communication skills and being interested in, and committed to, learning. Also, general overall behavior and appearance must be appropriate at all times. Honesty with yourself and others, especially those individuals you serve, is also a desirable trait. There is an immense amount of information to be learned and applied at a rapid pace; therefore, dedication to the profession is a must.

If speech and language pathology, audiology or education of the deaf is your career choice, our training programs will provide the opportunity for **you** to shape and define the professional skills needed to assist those who are communicatively impaired.

We extend to you the department's warmest welcome and wish you the best in developing to your fullest potential.

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### PROGRAM GOALS AND OBJECTIVES

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The professional service programs affiliated with the Department of Speech and Hearing Sciences are focused toward:

- A. Teaching
  1. To encourage learning based on rational inquiry, problem solving, challenge, creativity and intellectual initiative
  2. To prepare citizens (students) who will actively endorse and practice the highest ideals of personal and professional integrity and competence
- B. Research
  1. To provide students with opportunities to develop an appreciation of research and to learn the methodology of, and application of, research consistent with their chosen areas of specialization and career goals
- C. Service
  1. To provide services to nonacademic communities that are reasonable and practical extensions of instruction and research
  2. To improve relationships between the academic and nonacademic communities through the services provided

These programs serve as a teaching and research facility for students as they provide supervised services to members of the university (academic) and nonuniversity (Hattiesburg and south Mississippi area) communities. Through interaction with clientele, professional staff, faculty and local community professionals, students in practicum are encouraged to develop a philosophy of total treatment of speech, hearing and language-impaired individuals through interdisciplinary assessment, prevention and management. This philosophy is operationalized through

- A. Assessment procedures
- B. Consultation with other professionals regarding test results, history information and follow-up procedures through verbal discussion and sharing test data
- C. Referral to other professionals when diagnostic or therapeutic needs extend beyond the equipment limitations or expertise of the professional staff
- D. Treatment in the form of aural rehabilitation, speech, language, voice, swallowing and stuttering therapy, to include counseling and follow-up for communicatively impaired individuals, as needed
- E. Prevention (ASHA, 24, 1982, 425-431)
  - 1. Primary level
    - a. Encouraging the use of noise, engineering, or administrative controls or personal ear protection, where appropriate
    - b. Encouraging genetic counseling, where appropriate
    - c. Encouraging medical consultation and follow-through with medical therapy as advised by the respective consulting physician
  - 2. Secondary level- early detection of communicative disorders to include family members
  - 3. Tertiary level- amplification, aural rehab and speech-language services

\*These goals and objectives are consistent with the mission statements of The University of Southern Mississippi and the American Speech-Language-Hearing Association (ASHA, 26, 1984, 75-76). Goals and objectives are periodically reviewed and modified through staff and faculty meetings, while students participate in the process through meetings with clinical directors and individual supervisors. See Academic Enrollment in Practicum, SHS 687, 688, 689.

The graduate programs in speech-language pathology and audiology are accredited by the Council on Academic Accreditation of the American Speech-Language-Hearing Association. Students may contact the CAA at the following address:

Council on Academic Accreditation  
American Speech-Language-Hearing Association  
2200 Research Blvd.  
Rockville, MD 20850  
1-800-498-2071

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## DESCRIPTION OF PROGRAMS

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**Audiology Clinic** (Room 208 SRS) The clinic provides hearing evaluations, hearing aid evaluations and aural rehabilitative services to children and adults. Clients are seen primarily on a referral basis. The clinic also provides support for the other service programs affiliated with the Department of Speech and Hearing Sciences. The fees are charged for services as the clinic does not receive outside funding.

**The Children's Center for Communication and Development** (Office Room SRS 109) The

Children's Center provides a transdisciplinary team approach to diagnosis and treatment for communicatively and developmentally disordered children (birth-5 years). Therapy is home-based or center-based, depending on the child's needs. Services include speech-language therapy, special education, audiology, physical therapy, occupational therapy, psychology, augmentative/alternate communication, at-risk follow-up, parent education and a resource loan library. Assessments and services are coordinated with the child's local school district and the Mississippi State Department of Health First Steps program.

Funding is provided by the Mississippi Adequate Education Program of the Mississippi Department of Education, Federal IDEA-Part B and Preschool Grant, United Way, Mississippi Department of Health and private contributions. Fees are not charged in this program.

**DuBard School for Language Disorders** (Adjacent to main Speech and Hearing Building) Services include assessment of children's abilities and limitations related to language, speech and hearing disorders and learning aptitude. Children ruled eligible through the requirements of the Mississippi Department of Education whose language or speech disorders are related to aphasia, severe language/speech disorders or hearing impairments may be enrolled for intensive instruction. The 11-month program provides an integrated program of language, speech, auditory training and primary-elementary subject areas so that the child will be able to enter programs in the regular public school system.

Funding comes from the Adequate Education Program of the Mississippi Department of Education, federal funding through IDEA-Part B and Preschool Grant, United Way and private contributions. Children in the enrollment program do not pay fees. Fees are paid for evaluations and therapy.

**Speech and Language Clinic** (Room 208 SRS) Evaluations, as well as individual and group therapy, are provided for children and adults with various communication disorders including voice, language, articulation, fluency and disorders caused by neurological problems. Fees are charged for these services as the clinic does not receive outside funding.

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## GENERAL POLICIES

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### OPERATING SCHEDULES

**The Children's Center for Communication and Development.** The daily schedule is Monday through Friday, 8:30 a.m. through 3:30 p.m., August through May. The calendar schedule generally follows the public school calendar. Summer schedules vary every year.

**DuBard School for Language Disorders.** The daily schedule is 8 a.m. through 2:30 or 2:40 p.m., Monday through Friday, August through May. The schedule in June is Monday through Thursday, 8 a.m. through 2:30 or 2:40 p.m. In general, vacations and holidays follow the public school calendar. Office hours are 8 a.m. - 5 p.m. Client therapy services are scheduled between 8 a.m. and 5:30 p.m., Monday through Thursday, August through June.

**Speech and Language Clinic.** This clinic operates 12 months of the year. All appointments are on a scheduled basis. The schedule of the university and the number of graduate students enrolled in the program influence availability of appointments.

Office hours are 8 a.m. through 5 p.m. Clinic generally begins a week after the first day that university classes meet and ends one week before the last day of classes. A schedule is provided each semester indicating official holidays and other closings. One or more faculty supervisors must, on occasion, attend professional meetings. Students should not assume that the clinic is closed or

that academic classes are canceled. Supervisors will make specific arrangements regarding clinical sessions with the individual student. Students are encouraged to also attend professional meetings. Again, however, the student must make specific arrangements with the immediate supervisor.

## **MATERIALS AND EQUIPMENT**

An appropriate professional or staff member should be notified when copies of tests or other materials are running low. **Do not use the last form of any test.** Students will be required to assist in the management of the materials room and in the security of the graduate carrels.

### **Audiology Clinic**

Portable equipment and test materials should not be removed from the clinic area for any reason without clearance from a supervisor. Equipment manuals are located in Room 227. Test materials are in Room 227.

It is absolutely essential that the audiology service area be kept clean and orderly at all times. Students are encouraged to use any available materials and equipment, but these must be returned to their appropriate storage areas so that others can find them during the day. The clinic area is assigned a grade each semester based on its appearance. That grade becomes the highest grade that any student in audiology practicum can obtain that semester, regardless of individual performance.

A biological listening test must be completed on portable and clinical instrumentation prior to its use. A written account of such a check should be entered in the appropriate log. Log sheets accompany each portable audiometer. A sheet is posted on the wall of each testing suite for the clinical equipment. Calibration records are stored in Room 227.

Clinical instrumentation must be allowed to **operate all day**. Switching equipment off and on during the day shortens component life. The equipment uses very little power, and the long-term savings in repairs make it more than worthwhile to simply let it run. Equipment should be shut down only at the end of the workday or in the case of storms, during which power failures may occur. Tympanometer probe tips and hearing aid ear molds should be cleaned after each use. They should also be dried out thoroughly; wet probe tips ruin tympanometers, and wet ear molds ruin hearing aids.

Students should use appropriate stabilizing techniques (i.e., hand propped against the side of the client's face) when inserting otoblocks or completing otoscopic screenings.

All materials used by babies, especially those placed in the mouth, must be washed and sterilized after each visit (including mats and blocks). Students should also wash their hands frequently.

**The Children's Center for Communication and Development.** All tests, test forms and other materials are available only to those clinicians assigned to The Children's Center or with approval by the director. Checkout forms are in Room 109.

**DuBard School for Language Disorders.** Materials and equipment are available only to clinicians scheduled in DuBard School.

### **Speech and Language Clinic Materials Room**

WHAT? The Materials Room is filled with tests, equipment, therapy materials and more that you will find very useful in clinic.

WHERE? The Materials Room is found in Room 233.

- WHO? The Materials Room is for you!
- WHY? The Materials Room, with all of its goodies, is made available to you as a resource
- WHEN? The Materials Room will be open usually from 8 a.m. until 5 p.m., Monday through Friday. If, for some reason, you find the door locked, locate the Speech Clinic director or one of the secretaries in the main office and ask for the key.
- HOW? The Materials Room runs very smoothly when the few procedures listed below are followed.

1) All test items are listed on a list inside the test cabinet.. To find out where the test that you need is located, look for the title and find the corresponding location. Test protocols are arranged alphabetically in the top drawer of the filing cabinet. Take the protocol form needed out of the file folder. **DO NOT TAKE FILE FOLDERS OUT OF THE FILE CABINET. ALSO, DO NOT TAKE THE LAST TEST PROTOCOL OF ANY TEST INSTRUMENT.**

2) All materials, such as articulation cards, stopwatches and therapy materials are found on the appropriately labeled shelf. **DO NOT** take part of an item. If you wish to use only part of a test or material, take the entire thing.

3) After you find the desired item, please sign the material card located somewhere on the item and place the signed card in the front of the beige box on the desk.

4) When returning materials, return them to their original location. Be sure to sign the card and indicate the date returned, and place it back on the piece of equipment or material. If you wish to reserve a test or piece of equipment for a specific therapy session, please request this through one of the workers or the clinic director.

5) If you wish to check out an item overnight or over the weekend, you may check it out at 4:45 p.m. and return it the following weekday at 8 a.m. This is to ensure that clinicians with early morning or late afternoon clients will have the materials they need. "Overnight" must be written on the card next to the clinician's name. **THIS MUST BE CLEARED WITH CLINIC COORDINATOR.**

6) If you find that part of an item is missing or broken, please report it to a clinic supervisor. Also, if you see that protocol, data or lesson plan forms are running low, please report this to a clinic supervisor immediately so that more copies can be ordered or made.

7) **DO NOT** use the last copy of any form. Take the test protocol or form from the front of the folder. If the pink sheet is in front, remove it from the file and place in the copy box on top of the file cabinet. Please inform a clinic supervisor

8) At 5 p.m. daily, the workers, if available, will check the card file to verify that all materials have been returned and are accounted for. If materials are checked out but not returned by 5 p.m., the student's name will be recorded, and the student will be phoned to return the material. Any student who forgets to return materials by 5 p.m. three times per semester will lose Materials Room privileges.

You are encouraged to come to the Materials Room and become acquainted with the different materials available to you. This will help you greatly when you begin to plan therapy goals for your clients.

Your suggestions and recommendations on ways to improve the Materials Room are welcome

because it exists for you. If there are other tests or materials that you think might benefit the clinic and clients, let the clinic director or a worker know.

If you are on a diagnostic team, check with your supervisor to see if the appropriate tests are available for the evaluation several days prior to the evaluation date. Tests may be checked out overnight if obtained after 4:45 p.m. and returned by 8 a.m. the following day.

NOTE: Manuals that are part of a kit may not be checked out without the kit. Students who check out items from the materials room should return them directly. Materials should not be given to another student or supervisor while they are checked out in your name. They should be returned and checked out to the person who wishes to use them.

### **You are responsible for materials checked out in your name.**

The following materials are used frequently, and it is recommended that clinicians purchase their own.

1. Articulation card decks
2. Tape recorder
3. Assorted batteries, 9 volt, C
4. Flashlight and penlight with batteries
5. Stopwatch
6. Assorted reinforcers (e.g., stickers, chips, games, pencils, prizes)
7. Markers, crayons, construction paper, scissors

### **GENERAL OBSERVATIONS**

Observation rooms are adjacent to all clinic and classroom areas. Students are encouraged to observe frequently. Clinicians should be notified of the observation so that they can be available for questions at the conclusion of the session. Since parents or relatives may also be observing, students should be discreet and professional in discussing information concerning the clients/pupils being observed. Unless noted otherwise, no one except students, faculty or staff should be in an observation room unless a supervisor is present. No food or drink is allowed, and observation room doors should be closed at all times.

**Audiology Clinic** The number of observers present during an audiological evaluation must be limited, given the space in the sound suites. The decision to allow a parent to accompany a child into the suites lies with the supervisor. Permission of the supervisor is required prior to any observation.

**The Children's Center for Communication and Development** Parents are encouraged to observe sessions on a regular basis, as parent training is an important part of the program. Supervisors must be consulted before observers are allowed. Procedures for maintaining confidentiality and general observation rules are the same as for the Speech and Language Clinic.

**DuBard School for Language Disorders** Observations may be arranged for interested persons. Arrangements may be made through the professional development coordinator.

**Speech and Language Clinic** Parents may observe at least two **supervised** sessions per semester. Prior to scheduling any parent observation, the assigned supervisor should be consulted. Questions concerning the advisability of parental observation should be referred to the supervisor. Parents may not observe unless the **supervisor can explain and discuss the session.**

### **SAFETY OF CLIENTS AND PUPILS**

**Given the possibility of injury, no child should be left unattended, either in a therapy room or in a classroom, in one of the waiting areas, or in the play areas adjacent to the SRS building.** The student should verify that an adult is in the waiting area to assume responsibility for a child upon completion of an appointment visit. If necessary, the student must wait with the child until a parent arrives. Children should be discouraged from running in the hallways. Hold a young child's hand when using the stairs. Individuals who use a wheelchair, cane, crutches or a walker should be escorted by the student to and from the respective waiting area.

If a client or a parent is injured while in the building, the student should report the incident at once to a supervisor or appropriate staff member. In the event of any emergency (accident, unusual or suspicious activity, etc., the University Police office (phone: 911 from any campus phone or 601.266.4986) should be contacted and given a description of the incident. They will dispatch an officer to the building, and **they** will call for an ambulance if one is needed. In case of serious injury, the individual should not be moved. All accidents occurring on university property should also be reported to the Department of Safety (phone 601-266-4414).

**Audiology Clinic** All potentially dangerous solutions, such as cleaning alcohol, benzalkonium chloride, etc., should be stored in cabinets well above the reach of children. Toys should be washed on a regular basis. Otoscope and tympanometer tips and stock ear molds should be run through the ultrasonic cleaner and rinsed in a bleach solution after each use.

**The Children's Center for Communication and Development** Safety precautions are observed routinely. A staff member is present whenever children are present.

**DuBard School for Language Disorders** Safety precautions are observed routinely. A staff member is present whenever children are present.

## STUDENT INSURANCE COVERAGE

Each student enrolled in practicum, either on campus or in another setting, is required to have liability insurance coverage. ASHA offers coverage to all students and faculty in the department. Coverage is issued under a blanket policy at a substantial savings relative to comparable individual policies. This fee of \$10 will be billed to the student's account in the Business Office each fall and spring semester (no cost for summer, except for students returning during summer semester).

Coverage applies **only** to practicum experiences within one of the department's affiliated programs or in university-approved, off-campus practicum sites where the student is completing degree requirements.

## EMERGENCIES

Fire drills are conducted several times during the school year. When the fire alarm sounds, go **immediately** to the prescribed exit. Students are **responsible for their client/pupil during all emergencies. Under no circumstance is anyone to use the elevator.** The elevator automatically goes to the first floor and stays there when the fire alarm is activated. In general, students and their clients and pupils in the area of the small individual therapy rooms (upstairs) should exit via the north stairway (that leads to the playground). Individuals in wheelchairs, who use walkers, etc., should go to the head of the west stairway (that leads to the DuBard School) and wait for someone to help them down.

If a tornado alarm (a loud, continuous horn) rings, each student should go immediately to one of the middle hallways on the first floor. The hallway on the west side is located outside the graduate carrels. The east hallway is located next to the stairway exit. Students and clients should remain seated in these areas until an authorized person informs them that it is safe to leave. Again, the elevator should not be used.

Students not responsible for a client at the time of a drill or alarm are asked to assist the SLPs in The Children's Center in escorting their students out of the building.

## **DEPARTMENTAL OFFICE STAFF**

The secretaries handle both departmental and professional service business. They are very busy, and it is important that you make as few demands on them as possible. Their job descriptions are well-defined and specific. Their purpose is **not** to take personal phone messages or to provide personal typing for students. Routine business should be handled at the window **only**.

All diagnostic reports must be approved and initialed by a supervisor before the secretaries will accept them for processing.

**Telephones and Messages.** For business purposes, a student may use the telephone in individual faculty and staff offices (with permission). No student is to use a telephone in the Speech and Hearing Office for any reason without permission. No student is to use any departmental telephone for personal reasons. The secretaries will not take personal calls for students or clients unless there is an emergency.

The bulletin board adjacent to the student window is our primary source of communication for messages. Notices of client or pupil cancellations and other matters of concern to students will be posted there. Check these boards several times daily.

## **COUNSELING**

All conferences involving a client or pupil are to be held within a therapy room, classroom or a supervisor's office. If a parent or spouse asks a question requiring specific information while in the waiting room, the student should escort the individual to an appropriate area away from other listeners. The information discussed with the client in a conference must be approved by the supervisor before the conference is held. If a student is unsure of an appropriate response to a question, the parent should be referred to the supervisor or the student should discuss the matter with the supervisor before answering.

**The Children's Center for Communication and Development** Schedule of parent conferences follows the guidelines of the Mississippi Department of Education.

**DuBard School for Language Disorders** Parent conferences are held a minimum of twice a year and at other times as needed.

**Speech and Language Clinic** Counseling should be completed on a regular basis throughout the semester and should include the following information to parents and spouses: (a) current goals and home program strategies; (b) results of programs, no matter how limited; review of goals, progress and the home program. An end-of-the-semester conference should be scheduled for each client and should include (a) semester progress, (b) changes in status and (c) recommendations.

## **CLIENT AND PUPIL RECORDS**

Every individual who receives services will have a master file either in the SHS main office or in the office of the respective program in which the individual receives services. Files are managed in accordance with standards of ASHA.

All pertinent materials related to a client's or pupil's management (determined by program coordinators) must be inserted into the folder. No materials that contain identifying information should be circulated separately from the folder. Observations, reports or notes made from a folder

for a course or for other professional reasons should exclude all identifying information (e.g., use initials rather than names). Materials from a folder should not be photocopied for any reason unless reviewed by a supervisor to assure that confidentiality has been maintained.

All client or pupil information, including that recorded on computers, **must** remain within the SRS building at all times. Confidential client data should not be transmitted electronically [e.g., as e-mail attachments] under any circumstances. Only the student who signs out a file may use that file at a given time. It is the student's responsibility to return the file immediately after using it.

A written record of all pertinent contacts (e.g., telephone calls, letters, counseling sessions) should be entered onto the attendance and contact sheet located on the left side of a client's or pupil's folder. Therapy sessions should also be recorded on the attendance and contact sheet.

**Audiology Clinic** A working folder for audiology is kept in the main office for all children enrolled in SHS-affiliated programs. Photocopies of reports are forwarded to appropriate program coordinators. All materials are collapsed into the child's master folder when the child is dismissed for services.

**The Children's Center for Communication and Development** Availability of files on children enrolled is governed by the requirements of the Mississippi Department of Education and ASHA guidelines. Specific decisions are at the discretion of the director or other staff members.

**DuBard School for Language Disorders** Availability of files on children enrolled is governed by the requirements of the Mississippi Department of Education and ASHA guidelines. Specific decisions are at the discretion of the director or other staff members.

**Speech and Language Clinic** The following materials will be included in each folder:

1. A HIPAA form, which gives permission to receive outside information and one to release information to other sources
2. A signed clinic agreement form
3. Completed case history forms
4. A completed diagnostic report and progress reports (if the client is enrolled in therapy)
5. Test results with all raw data, dated (month, day, year), completed and signed by the evaluator
6. Copies of all correspondence, including reports from other agencies
7. A checkout sheet
8. An attendance and contact sheet with notations of client contacts

When students check out client folders, they must sign the checkout sheet, which will replace the folder in the file.

When students return a folder to the main office, they should return the file to the box on top of the file cabinets. Folders are available only during working hours. No one is allowed to keep a permanent file overnight. All files must be returned by 5 p.m.

## **DRESS AND CONDUCT CODES**

### **SPEECH PATHOLOGY AND AUDIOLOGY CLINIC DRESS CODE**

As future practicing clinicians, it is necessary to project a professional image for our clients, potential students and university/community visitors. A designated dress code not only prepares clinicians to meet the public, but also portrays a particular professional attitude and demeanor. Business casual dress is the standard for the dress code. Scrubs are not permitted as dress attire for audiology student clinicians in the clinic. These are

allowed for speech-language pathology student clinicians

Because all casual clothing is not suitable for the clinic, these guidelines will help you determine what is appropriate to wear. Clothing that works well for the beach, yard work, dance clubs, exercise sessions and sports contests are not appropriate for a professional appearance in clinic.

Clothing that reveals too much cleavage, your back, your chest, your stomach or your underwear is not appropriate for a place of business, even in a business casual setting. Even in a business casual work environment, clothing should not be torn, dirty, frayed or excessively wrinkled. Any clothing that displays words, terms or pictures that may be offensive to others is unacceptable. Polo shirts or casual button shirts that have the university logo are acceptable.

## **GUIDE TO BUSINESS CASUAL DRESS**

This is a general overview of appropriate business casual attire. Items that are not appropriate for the clinic are listed, as well. This list describes what is generally acceptable as business casual attire and what is generally not acceptable as business casual attire.

No dress code can cover all contingencies. Therefore, student clinicians must exert a certain amount of judgment in their choice of clothing to wear to clinic. If a clinician experiences uncertainty about acceptable professional business casual dress for clinic, he/she should ask the immediate supervisor.

### **SLACKS, PANTS AND SUIT PANTS**

Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy capris and nice looking dress synthetic pants are acceptable. Inappropriate slacks include jeans, sweatpants, exercise pants, shorts, overalls, leggings and any spandex or other form-fitting pants similar to what is worn for biking. Appropriate undergarments must be worn.

### **SKIRTS, DRESSES AND SKIRTED SUITS**

Casual skirts and dresses that are split at or below the knee are acceptable. Dress and skirt length should be at a length which allows the clinician to sit comfortably in public. Short, tight skirts that ride up the thigh are inappropriate in clinic. Mini-skirts, skorts, sun dresses, beach dresses and spaghetti-strap dresses are inappropriate for the clinic. Appropriate undergarments must be worn.

### **SHIRTS, TOPS AND BLOUSES**

Casual shirts, dress shirts, sweaters, golf-type shirts and turtlenecks are acceptable. Inappropriate attire for clinic includes tank types, midriff tops, shirts with potentially offensive words, terms, logos, pictures, cartoons or slogans, halter tops, tops with bare shoulders, sweatshirts and t-shirts unless worn under another blouse, shirt, jacket or dress. Appropriate undergarments must be worn.

### **SHOES AND FOOTWEAR**

Conservative athletic or walking shoes, loafers, clogs, boots, flats, dress heels, leather-type deck shoes and dress sandals are appropriate for clinic.

### **JEWELRY, MAKEUP, PERFUME AND COLOGNE**

Jewelry, makeup, perfume and cologne should be worn in good taste. **THERE IS TO BE**

## **NO VISIBLE BODY PIERCING OTHER THAN EARS AND NO VISIBLE BODY ART!!!**

Remember, that some clients are allergic to chemicals and certain smells in perfume, cologne and makeup. Therefore, wear these substances with restraint.

### **HATS AND HEAD COVERING**

Hats are not appropriate in the clinic. Head covers that are worn for religious purposes or to honor cultural traditions are allowed.

### **CONCLUSION**

If clothing fails to meet these standards, as determined by the immediate clinic supervisor or any faculty member, the student clinician will be asked not to wear the inappropriate item and will be sent home to change clothes. If the student cannot return in time to complete the assigned clinical duties, the daily clinic evaluation will reflect the violation. Disciplinary action will be applied if the dress code violations continue, which may include suspension from clinical duties for the semester with a grade that reflects these violations.

All students are expected to maintain appropriate dress and manner while in the clinic and school program areas during operating hours. If students attending university classes on the second floor do not desire to dress professionally, they should use the east stairway to go to and from classes. Appropriateness of attire is determined on an individual basis and at the individual's own discretion. Students should not congregate in professional service areas or sit in respective waiting rooms during operating hours. Please be quiet while in these areas (this includes closing doors quietly). Profanity is not permitted.

Supervisors and office personnel are to be addressed as Dr., Mr., Mrs. or Ms.\_\_\_\_. Students addressing each other are also to employ this form when in the presence of parents, clients or other professionals. Remember to introduce yourself upon meeting a pupil, client or parent for the first time.

Students should not leave their personal belongings (books, purses, coats) unguarded in the SRS building.

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## **SCHEDULING CLIENTS**

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**Audiology Clinic** Students should provide a completed schedule to the program coordinator at the beginning of each semester. The schedule should include class times and work times. Each schedule will be used to generate appointment times for that semester. A practicum meeting will be called at the beginning of the semester to discuss any conflicts.

Students are expected to pair up in a buddy system. Should one student be ill, a buddy will cover the other person's appointments.

**The Children's Center for Communication and Development** The minimum assignment in group therapy is five hours per week. Other arrangements are made at the discretion of the director or the staff. Students will be assigned times for therapy by the supervising clinician.

**DuBard School for Language Disorders** Children enrolled attend school from 8 a.m. to 2:30 or 2:40 p.m. daily. Children receiving outpatient therapy may be scheduled between 8:30 a.m. and 5:30 p.m., Monday through Thursday. Practicum may be arranged with the professional development coordinator for 60- to 90-minute sessions daily. Other arrangements are made at the discretion of the professional development coordinator.

**Speech and Language Clinic** All students will meet with their academic advisers and the clinic director at the beginning of each term. At that time, the student's academic program is outlined, and a tentative program of clinical practicum is planned. After considering the student's academic schedule and the tentative clinical practicum recommended, the clinic director decides on the student's clinical activities for the semester. If, during the course of a student's work, the student should be unable to meet the part-time professional obligations, the student's academic adviser and the practicum adviser will meet to balance the students schedule so that the student's academic work will not be impaired. However, except for extreme circumstances, a student should keep the same clients the entire semester. The student should feel free to discuss difficulties in fulfilling any obligations with the clinic director.

At the initial practicum meeting, each clinician enrolled in practicum will be given a therapy assignment. This assignment will contain the client's name, the name of the supervisor for the case, the schedule of length and number of sessions prescribed per week and the fee. After receiving the therapy assignment, the clinician is expected to read the client's folder, which may be signed out from the secretary in Room 208. Next, the clinician meets with the supervisor to determine the appropriate remedial plan.

Each clinician will receive the forms necessary for all therapy clients. These forms are provided by the department for use during a semester. All forms will be included in a packet. These should be reviewed immediately after you receive your packet, as there are certain forms that must be filled out prior to the initial therapy session (i.e., letter of introduction, parking permit, clinic policy letter).

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## APPOINTMENTS, CANCELLATIONS, RESCHEDULING, AND DISMISSALS

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Individuals reporting for services for the first time should be provided with a temporary parking permit. Individuals who will be receiving services over an extended period of time should be provided with a parking permit application.

**Audiology Clinic** Students should always report approximately 20 minutes prior to their assigned appointment times, regardless of a cancellation. We are often able to fit other individuals into our schedule at a moment's notice. If a client is late, the student should check with the supervisor regarding an appropriate waiting period. No client should be dismissed by a student without checking with the supervisor.

Audiology majors completing practicum in other programs affiliated with the department should follow the guidelines specified in those programs. Audiology students must request permission from the respective supervisors in these other programs for release time for field trips and professional meetings.

**The Children's Center for Communication and Development** The supervisor schedules all therapy appointments. Cancellations are made by the director or staff. Clinicians will be informed prior to cancellation appointment changes.

**DuBard School for Language Disorders** Cancellations are made by the director or staff. Clinicians will be informed prior to cancellations. In case of inclement weather, the DuBard School is open if the University is open.

**Speech and Language Clinic** On the first session of therapy, be sure to give the parent or client the clinical policy letter, parking permit application and identification form.

During the semester, if a client cancels an appointment or if the client is not coming at the scheduled time, the clinician is to post a note to this effect on the bulletin board next to the SHS office door and document this action on the contact sheet in the client's folder. When a parent calls to cancel a session, the secretaries will post this information on the same bulletin board. Students are responsible for checking the board frequently for cancellation of their therapy or of therapy they planned to observe. If the clinician is ill and cannot attend a session, it is the clinician's responsibility to notify the parents or the client and the case supervisor as far ahead of time as possible. Sessions canceled by the clinician are to be made up and times and dates for rescheduled appointments are to be posted on the bulletin board and the supervisor is to be notified. Cancellation or rescheduling notices should be left on the board until the day following the canceled or rescheduled appointment. A clinician should not cancel a case except under extreme circumstances. A session is to be considered canceled if the client is **10 minutes late** without prior notice of tardiness. A late fee may be assessed, at the discretion of the supervisor. A student may leave after notifying the supervisor.

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## ACADEMIC ENROLLMENT IN PRACTICUM

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### **SHS 450 (On-Campus Student Teaching: Observation)**

Undergraduate students observe assessment and habilitative and therapy techniques with a variety of clients. **Observation hours do not count toward respective certification.** Observation of report writing, analysis of client or pupil behaviors, and session planning are stressed. Twenty-five hours of observation are required for each academic hour of credit received.

### **SHS 311 (On-Campus Student Teaching: Clinical Assisting in Speech-Language Pathology)**

Prerequisites: SHS 450 or permission of program coordinator. Grade point average of 3.0 at the time of advisement

Undergraduate students are assigned to assist in various activities in specified affiliated service programs. This experience begins as an observation and develops into a joint venture by mid-semester. By the end of the semester, the student is working independently. Grade assignment for this experience is based on the completion of assignments by the student during the semester. Thirty clock hours of assisting (30 hours in speech and language) are required for each academic hour of credit.

Clock hours toward respective certification are acquired **only** if students work independently with clients or pupils. Assistants are paired with more experienced clinicians. Responsibilities of the assistant in the speech and language clinic include 1.) observation of clinical management within the therapy room, 2.) gathering appropriate materials, 3.) sharing in the development of semester treatment plans and daily lesson plans and 4.) providing various aspects of the treatment program. A maximum of 25 clock hours may be earned for clinical assisting regardless of the number of semesters 311 is scheduled.

### **SHS 313 (On-Campus Student Teaching: Clinical Assisting in Audiology)**

Prerequisites: SHS 221 and SHS 450

Undergraduate students, with an interest in audiology, are assigned to various clinical activities in the Audiology Clinic. The initial experience begins with observation, culminating in assisting clinicians as they provide audiology services. Students complete summary reports for each

session.

### **SHS 694 (Off-Campus Practicum in Speech and Hearing Sciences)**

Not applicable to education of the deaf majors

Graduate students are assigned to medical, institutional, private practice or clinical settings for supervised experience. This is a variable credit course, but a student who is to complete a one-semester, full-time practicum should register for nine hours. Students understand that they will follow the work schedule, rules and regulations of the facility in which practicum is completed.

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY STUDENTS WILL NOT BE ASSIGNED AN OFF-CAMPUS PRACTICUM IF THEY HAVE ACCUMULATED LESS THAN A 3.0 GRADE POINT AVERAGE IN GRADUATE COURSES COMPLETED AT THE UNIVERSITY OF SOUTHERN MISSISSIPPI. Permission of the instructor is required. The practicum site must be cleared with the respective off-campus practicum coordinator.

(Section 01=Audiology; 02=Education of the Deaf; 03=Speech and Language Pathology)

### **SHS 695 (Student Teaching Off-Campus Practicum)**

Audiology and speech-language pathology students are assigned to public schools for supervised experience in management of speech, language and hearing-impaired pupils. Permission of the instructor is required, and the practicum site must be cleared with respective off-campus practicum coordinator. Students understand that they will follow the work schedule, rules and regulations of the school facility in which practicum is completed. Graduate students in audiology and speech-language pathology will not be assigned an off-campus practicum if they have accumulated less than a 3.0 grade point average in graduate courses completed at The University of Southern Mississippi.

(Section 01=Audiology; 02= Education of the Deaf; 03= Speech and Language Pathology)

### **SHS 687, 688, 689 (On-Campus Practicum in Speech and Hearing Sciences)**

687=Speech and Language Pathology; 688=Audiology; 699=Education of the Deaf

(N/A to education of the deaf majors) A graduate student must have regular (not conditional) status to be enrolled in practicum. Thirty clock hours are required for each academic hour of credit excluding summer, in which 25 clock hours are required. Graduate students are assigned to one or more professional on-campus service programs affiliated with the Department of Speech and Hearing Sciences to obtain experience in assessment and management of children and adults with a variety of speech, hearing or language problems. In audiology, this may include various off-campus sites. Permission of the instructor is required.

### **PRACTICUM MEETINGS**

Students enrolled in practicum are required to attend a weekly group meeting. These meetings provide a useful mechanism for student, staff and faculty interaction, and they provide all participants with the opportunity to discuss topics that may include (a) scheduling, (b) assessment and management techniques, (c) policies and procedures, (d) professional topics, and (e) program goal. Individual supervisors may also schedule additional small-group meetings for their supervisees; students are expected to attend these sessions.

**Audiology Clinic** Attendance at a weekly one-hour practicum meeting is mandatory.

**The Children's Center for Communication and Development** Students must have demonstrated the skills necessary for the program or have the permission of the director.

**DuBard School for Language Disorders** Academic preparation, specifically SHS 432, is required.

**Speech and Language Clinic** Prerequisites for this practicum are SHS 450 with full-time enrollment and regular status in graduate school.

Students will be in charge of therapy and must demonstrate the following skills: (a) obtaining pretest information, (b) developing client interactions, (c) writing weekly session plans, (d) post-testing and describing results of management, and (e) projecting management appropriate for client. Students must have completed the academic course related to the disorder in which practicum experience is sought. Additional factors considered in assignments are (a) the student's professional goals, (b) the type of experience that contributes most to the student's professional growth, (c) ASHA certification requirements and (d) program needs. Time required for these activities is approximately 12 hours weekly. Effective June 1999, a practicum meeting will be held as determined necessary by the clinic director. The time will be scheduled by the clinic director. ALL GRADUATE STUDENTS ENROLLED IN PRACTICUM ARE REQUIRED TO ATTEND EACH MEETING. ATTENDANCE WILL BE TAKEN. ABSENCES WILL ADVERSELY AFFECT THE PRACTICUM GRADE.

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### PRACTICUM CLOCK HOURS

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The courses listed under ACADEMIC ENROLLMENT IN PRACTICUM (except SHS 450) are the academic vehicles by which students accumulate the clock hours needed for certification by various accreditation agencies (ASHA, CED, Mississippi Department of Education). Students are expected to participate in a minimum of 30 clock hours of practicum activities with clients for each academic hour (minimum of 25 hours during the summer). For most speech and language students, 12 academic hours of supervised practicum are required. An "Incomplete" grade is assigned to students who do not meet the minimum clock hour requirements; University policy states that an "Incomplete" grade must be removed and a grade assigned the following semester. If course requirements are not met, the "I" becomes an "F."

If an audiology or speech and language pathology major's practicum grade falls below a C, practicum hours accumulated for that semester will not be counted toward the hours required for ASHA certification (in accordance with ASHA guidelines).

Only those clock hours that represent direct client-pupil interaction time can be counted for certification purposes. For students participating in the Audiology and Speech-Language Clinics, a clock hour is 50 minutes long (this allows ample time to clean up the therapy/diagnostic rooms or prepare for the next client or pupil). A clock half-hour is 30 minutes long to accommodate similar housekeeping and preparation chores.

Up to 75 clock hours (this includes 25 observation hours) of clinical practicum obtained from any undergraduate program in communication disorders can be counted toward the student clock hour requirements for the master's degree in speech-language pathology.

Student assistants assigned to jobs within the department's university-based programs are allowed to count some of their work time toward fulfilling clock-hour practicum requirements.

#### **Audiology Majors (ASHA Requirements)**

Au.D. students must complete a minimum 12-month full-time equivalent of supervised clinical

practicum.

The aggregate total of clinical experiences should equal 52 work weeks. A week of clinical practicum is defined as a minimum of 35 hours per week in direct patient and client contact, consultation, record keeping and administrative duties relevant to audiology service delivery [ 52 weeks x 35 hours per week = 1,820 hours].

### **Education of the Deaf Majors (CED Certification)**

At least four academic credits of practicum (120 clock hours) are required. Students may be required to do more if their adviser feels it is beneficial. Students should complete SHS 310 (observation) prior to starting clinical practicum.

### **Speech and Language Pathology Majors (ASHA Certification)**

*Note: New standards for clinical certification in speech-language pathology went into effect on January 1, 2005. Students who graduated from master's program after December 2004 and who applied for certification after that date must comply with the new certification standards.*

Current Standards for the Certificates of Clinical Competence (EFFECTIVE 01/01/2005)

#### **I. SUPERVISED CLINICAL PRACTICUM: 400 clock hours (c.h.)**

Maximum 75 undergraduate hours (including observation hours)

325 clock hours at the graduate level in the area in which the certificate is sought

Practicum experience must encompass the breadth of the current scope of practice with both adults and children (with no specific clock-hour requirements for given disorders or settings) resulting in a minimum of 400 clock hours of supervised practicum, of which at least 375 hours must be in direct client/patient contact and 25 in clinical observation.

Standard III-C: Students must demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences, and swallowing disorders, including the etiologies, characteristics, anatomical and physiological, acoustic, psychological, developmental, and linguistic and cultural correlates. Specific knowledge must be demonstrated in the following areas:

- \*articulation
- \*fluency
- \*voice and resonance, including respiration and phonation
- \*receptive and expressive language (phonology, morphology, syntax, semantics and pragmatics) in speaking, listening, reading, writing and manual modalities
- \*hearing, including the impact on speech and language
- \*swallowing (oral, pharyngeal, esophageal and related functions, including oral function for feeding; orofacial myofunction)
- \*cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
- \*social aspects of communication (including challenging behavior, ineffective social skills, lack of communication opportunities)
- \*communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies)

#### **IMPLEMENTATION:**

Documentation of knowledge may include transcript credit and information obtained by the applicant

through clinical experiences, independent studies and research projects.

## II. NATIONAL EXAMINATIONS IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Students should request application materials for the audiology and speech-language specialty test of the Praxis toward the end of their graduate studies. The exams are administered several times each year and serve as both (a) the comprehensive examination for master's and AuD degree requirements from Southern Miss, as well as (b) the national examination for the ASHA Certificate of Clinical Competence. The reporting code is 1479.

## III. THE CLINICAL FELLOWSHIP

The state of Mississippi requires speech and language pathologists and audiologists in private practice and in some other agencies to have licenses. Public school personnel need not have licenses unless they have additional private practice, though they must hold a valid teaching certificate from the Mississippi Department of Education. The qualifications for licensure are compatible with the CCC of ASHA. If you have specific questions about licensure requirements, address them to the coordinator of clinical practicum. Licensure requirements of other states are on file in the clinic coordinator's office.

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### RECORD OF PRACTICUM CLOCK HOURS

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A master folder of "clock hours" is kept by the respective departmental training programs (Audiology, Education of the Deaf, Speech and Language Pathology) for each student completing practicum requirements. It is the student's responsibility to maintain a duplicate copy of all signed clock hour materials prior to placement of the originals into the departmental folder. Use a black pen or type the information on the forms so they'll make clear photocopies.

Supervisor must **sign** all clock hour forms prior to filing. The supervisor's **ASHA ID** number must be included on the forms.

**Audiology Majors** A charge slip should be completed and given to the audiology secretary in the main office for **all** services provided, regardless of whether or not a fee was charged. A slip should also be completed for each child seen from one of the department's affiliated service programs. These slips contain important data for administrative purposes, which includes a tally of total services provided (i.e., practicum hours).

Students should complete an appropriate entry onto their clock hours form after seeing a client. These forms should be signed by the supervisor at the end of the semester and turned into the program coordinator for filing.

Students completing off-campus practicum must assume responsibility for returning signed practicum hour forms to the program coordinator **by the last day of the semester** in order to obtain a grade.

**Speech and Language Pathology Majors** Students should have their individual supervisor(s) initial an entry onto the "Daily Report of Clock Hours" form. This weekly record should be turned in to the supervisor via the session plan folder at the end of each week. The supervisor should sign for hours earned during the previous week and return the form to the student at the end of the semester, each student clinician must schedule a conference with the clinic director to turn in semester clock hours. All hours should be summarized on a form titled "Semester Hours Record" and turned in to the clinic director with all weekly clock hour sheets attached. All clock hours will

be entered into the computer at the end of each semester. A computer printout of verified hours will be available for students prior to graduation.

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## STUDENT PROFESSIONALISM

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As a student enrolled in practicum, you are considered a professional. A professional has certain responsibilities. Please be aware that a lack of professional responsibility related to any of the following issues will result in dismissal from the program.

Students must be certain that supervisors are notified in advance of any anticipated absences from professional responsibilities. Students should check with their supervisor to ascertain their preference. Preparation for all management and evaluative sessions should be completed beforehand so that it does not curtail client or pupil contact time.

The student is expected to maintain practicum and other professional responsibilities during periods of additional academic pressures (midterms and finals), as well as periods during which the student is experiencing personal problems. If pressures or personal problems become more than a student can handle, then he or she should request permission to withdraw from practicum until such time that these responsibilities can be handled again.

Confidentiality is a primary obligation to our clients and pupils. Audiology and speech-language pathology majors are expected to abide by the ASHA Code of Ethics. Individuals who receive services are not to be discussed outside of the professional service areas in which you are working, particularly not in public places or social situations, in halls or waiting rooms. Also see confidentiality policy regarding computer printouts and in the section titled "Evaluation/Assessment Reports."

Any student found guilty of inappropriately discussing a client or pupil will be placed on clinic probation. Probation will constitute a meeting with the appropriate program coordinator, supervisor, and academic adviser. A memo indicating clinic probationary status will be placed in the student's file.

IN SUMMARY: Unexcused absences, breeches of confidentiality, tardiness or unauthorized cancellation of a diagnostic or management session will result in (a) clinic probation (b) removal from practicum and (c) practicum grade being withheld. See the section on "Supervision" of students on clinical probation.

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## SUPERVISION

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**Audiology Clinic** A faculty supervisor with the Certificate of Clinical Competence must be physically present in the SRS building whenever clinical services are provided. The amount of direct supervision will vary as a function of the complexity of assessment-management procedures and the experience, competence and confidence of the student. Student evaluations of supervisors will be completed each semester using a form that may contain items similar to those shown in. Student evaluations by supervisors will be completed per the individual supervisor's criteria.

**The Children's Center for Communication and Development** Supervision of students is the responsibility of the speech-language pathologist to whom the student is assigned.

Miniconferences are often held immediately after the practicum session and on a regular basis at prescribed times at the discretion of the supervisor or at the request of the clinician. There is also a one-hour clinician's meeting each week.

**DuBard School for Language Disorders** Supervision of students is the responsibility of the speech-language pathologist to whom the student is assigned. Mini-conferences are often held immediately after the practicum session and on a regular basis at prescribed times at the discretion of the supervisor or at the request of the clinician.

**Speech and Language Clinic** During your enrollment in practicum, you will be assigned a supervisor for each client. Your supervisor will provide direct supervision based upon the complexity of the assessment-management procedures and the experience, competence and confidence of the student. ASHA requires a minimum of 25 percent direct supervision (one of every four sessions). Since the purpose of supervision is to provide guidance, a clinician should not expect supervisors to plan his or her therapy sessions. However, if a clinician has a problem in planning, managing or developing appropriate activities, the supervisor should be consulted.

A Clinical Session Supervision Form (see will be completed per the individual supervisor's criteria. This scale will be used to rate planning, clinical management and procedures. This form will be given to the clinician in order to provide immediate feedback regarding a particular session. Conferences will be provided as needed or upon the request of the clinician. Each student should keep all completed evaluation forms until the end of the semester. The supervisor will collect them on the last day of practicum.

The supervisory staff will provide each student who is having difficulty in practicum with a written evaluation at mid-semester. Following this evaluation, students having difficulty demonstrating appropriate skills will be asked to meet with their supervisor to discuss clinical status. The grading of clinical practicum will be accomplished by a faculty and staff review of the student's work at the end of each semester. A file of these evaluations will be maintained. Conferences with individual students will be held at the end of the semester, as warranted. At the end of the semester, each supervisor completes a semester grade form.

Supervisors will complete "Diagnostic Session Supervision Forms" regularly on students assigned to diagnostic teams. **Students will be invited to evaluate their supervisor(s) and the supervisor program(s) at the end of each semester.**

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## STUDENT COMPETENCIES

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### Audiology

FIRST YEAR (Learning Goals/Objectives/Outcomes)

**Pre-practicum** - The student:

1. Submits a semester schedule, current address, and phone number to the clinic coordinator
2. Reads the practicum handbook available at [www.usm.edu/shs/curre.htm](http://www.usm.edu/shs/curre.htm)
3. Familiarizes self with storage and location of materials and equipment in the Audiology Clinic; the clinic coordinator will assign a "scavenger hunt" due date at the first group meeting
4. Arranges with another audiology student to "cover" all appointments in case of an emergency arises (i.e., the "buddy" system)
5. Obtains appropriate malpractice insurance; fees are automatically assessed; coverage applies

- only to practicum sites approved by the department
6. Familiarizes self with the location of fire extinguishers and emergency exits; see practicum handbook for emergency procedures; students are taken on a walking tour of the building at the first clinic meeting
  7. Obtains a name tag (arrange with Audiology Clinic coordinator)

**During Practicum - The student:**

1. Reports to the clinic prior to appointment times  
  
(Report at least 20 minutes early to prepare for client (reviews folder with supervisors, checks over instrumentation, prepares clinical area); (report even earlier to complete electroacoustic checks of hearing aids for fitting and follow-up sessions as needed)
2. Completes daily biological listening checks if first to use an audiological suite on a given day (a daily bio-cal protocol and a log is posted to the clipboard in each sound suite; the log should be signed daily.)
3. Checks with supervisor to determine the appropriate amount of time to wait for a "no-show"
4. Assists supervisor with pretest interview and post-test counseling  
Initially assists, then begins conducting basic behavioral audiometric\* and tympanometric\* workups
5. Uses appropriate lighting arrangement in testing suites
6. Completes otoscopic screen\* prior to tympanometry and prior to and after making ear mold Impressions
7. Assists with behavioral infant testing
8. Assists with evaluations, adjustments and electroacoustic analyses of hearing aids\* (SHS 621)
9. Assists making ear mold impressions\* (SHS 621), completes hearing aid forms, FDA Screening items and assists with hearing aid orientations
10. Completes a fee slip for all clinical activities (including screenings, ear mold impressions, tymps, hearing aid fittings and "no-shows"
11. Checks with supervisor prior to releasing client
12. Obtains a signed release form for distribution of report(s)
13. Uses a word processor available in computer lab to complete rough and final drafts of reports
14. Hands in report and folder with appropriate materials to supervisor within 24 hours after a client was seen for services
15. Completely fills-out forms such as audiograms; no "white out," please; use red or black felt tip pens to enter and connect thresholds on audiograms.
16. Allows equipment to run all day; does not force knobs on equipment or in anyway abuse instrumentation
17. Returns all materials and equipment to appropriate storage areas after each use (especially Dangerous liquids that can be ingested by children)
18. Maintains security (e.g., locks doors) when using clinic resources at night and over the weekend;
19. Keeps clinical area and testing suites neat and orderly  
  
The clinic is assigned a grade each semester based on its appearance; that grade becomes The highest that any student can obtain in practicum, regardless of individual performance; this means that everyone must make a concerted effort to clean up after themselves and, sometimes, others.
20. Follows the Audiology Clinic's Universal Precautions Procedures
21. Keeps an ongoing record of clinical hours and KASA experiences
22. Meets with the audiology adviser to tally and file clinical experiences/KASA experiences forms at the end of the semester (due the last day of classes)
23. Makes a photocopy of signed hours forms for personal records
24. Informs supervisor when forms are running low; does not use the last copy of any form

25. Does not leave any child unattended (see Safety of Clients and Pupils)
26. Avoids congregating around the main office
27. Avoids loud talking and uses appropriate language in the halls
28. Appropriately attired while providing clinical services
29. Demonstrates appropriate professional behavior when interacting with faculty, staff and clientele and their families
30. Attends weekly practicum meetings as applicable
31. Avoids congregating around the main office
32. Avoids loud talking and uses appropriate language in the halls
33. Appropriately attired while providing clinical services
34. Demonstrates appropriate professional behavior when interacting with faculty, staff and clientele and their families
35. Attends weekly practicum meetings as applicable
36. Maintains confidentiality of all clinical information
  - a. Refrains from discussing ANY client information with anyone except the immediate supervisor; academic discussions of clinical cases in class and practicum meeting contexts are confidential
  - b. Does not discuss client information with any other supervisor/faculty members; supervisors are not interchangeable; do not consult with Supervisor B when working with Supervisor A
  - c. Does not make copies of any materials (lesson plans and assessment reports) in client's folder.
  - d. Does not remove client folders or contents from the SRS Building; Folders Should remain in the clinic area (e.g., the computer room, the AuD office or your Supervisor's office) if you're not working on a report. Folders can be returned when Complete to either your supervisor's office or the main office
  - e. Shreds all rough draft copies of confidential materials for a given client prior to their disposal (including computer printouts and rough drafts of audiograms)
  - f. Deletes confidential client information (e.g., reports) from unsecure electronic storage media after the data are submitted to and approved by the supervisor and are in printed final form
  - g. Does not remove with confidential client information from the clinic area
  - h. Does not contact clients outside of clinical situations without prior approval from the appropriate supervisor

## SECOND YEAR (Learning Goals/Objectives/Outcome)

1. Criteria from the first year
2. Conducts pre-test interview and post-test counseling\* with "occasional" assistance from the supervisor
3. Completes basic audiometric\* and tympanometric\* evals
4. Prepares reports
5. Assists with hearing aid evaluations; begins associations of audiometric with electroacoustic data
6. Completes hearing aid fittings\* and electroacoustic analyses of hearing aids\*
7. Makes ear mold impressions\*
8. Recites criteria for masking; completes masking procedures with assistance
9. Interprets pure tone and speech audiometric and tympanometric results
10. Fills-out forms completely and accurately
11. Uses appropriate instructions for administering tests
12. Begins observing client's overall communicative performance as a basis for referral for additional services\*

13. Increases efficiency in conducting clinical sessions
14. Initiates modifications in test procedure to meet clients' needs

### THIRD YEAR (Learning Goals/Objectives/Outcomes)

1. Criteria from first and second years
2. Completes pre-test interview and post-test counseling\* sessions
3. Completes hearing aid evaluations\*
4. Masks without assistance
5. Completes error-free reports

\*Scope of practice items for Audiology Summative Assessment form for performance ratings.

### REMEDICATION

#### AUDIOLOGY PRACTICUM REMEDIATION PLANS

Successful advancement in the University of Southern Mississippi Doctor of Audiology (AuD) program requires not only acceptable performance in all academic components of the curriculum, but also documented progress in a variety of clinical practicum experiences which include the ability to accurately and independently execute numerous audiological procedures, client counseling techniques and professional report writing abilities, depending on the length of time a student has been enrolled. These skills must be demonstrated in both on-campus clinic assignments, as well as off-campus experiences. Specific learning goals, objectives, outcomes and expectation criteria for each year of enrollment in the AuD program are clearly stated in the Handbook of Clinical Policies and Procedures.

Occasionally, there is a student who is not demonstrating the level of clinical performance required for his/her level in the program. When this does occur, steps for remediation must be implemented. The following is a summary of possible remediation options for students who may be displaying unsatisfactory clinical performance.

Step 1: If a student's clinical performance is unsatisfactory after a reasonable time period, the immediate supervisor meets with the student to discuss in detail the area(s) of weakness and possible solutions. Typically, this determination of performance would be made by mid-term of the current semester. The immediate supervisor will designate a date by which performance must be improved. The immediate supervisor advises the clinician, in writing, of the consequences if behavior has not improved by the designated date.

Step 2: If satisfactory performance has not been demonstrated by the designated date, the clinician and immediate supervisor meet with the Clinic Coordinator. The clinician is advised that he/she is on probation. The clinician, immediate supervisor and Clinic Coordinator formulate, in writing, a Student Review Plan to include specific objectives and deadlines for accomplishment. The Student Review Plan will designate what will be done, by what date and the consequences if not accomplished.

Possible intervention strategies may include one or more of the following:

1. Observation of other clinicians who are performing well
2. Literature assignments, including review of client files video-taping clinical sessions and analyzing the tapes with immediate supervisor
3. Role-playing with immediate supervisor
4. Demonstration by one or more clinical supervisors

Step 3: If satisfactory performance has not been demonstrated by the designated deadline, the consequence will vary based on the year of enrollment. If the clinician has been placed only in on-campus assignments, he/she will be removed from a clinical rotation for the following semester and will observe a variety of assessment procedures under the direction of a student mentor. If the student has begun off-campus clinical assignments, he/she will be re-assigned for the following semester to on-campus experiences only, with intensive supervision.

Step 4: If unsatisfactory performance continues to be observed following the completion of Step 3, the student will not be allowed to begin the externship year.

**NOTE:** Beginning in the first semester of clinical assignments, each immediate supervisor will complete a session evaluation form to document routine progress and clinical skill level. In addition, in the Spring semester of the second year of enrollment in the AuD program, students will complete a Clinical Skill Proficiency Evaluation.

### **SPEECH-LANGUAGE PATHOLOGY PRACTICUM REMEDIATION PLANS**

Students whose practicum performance falls below 70 percent can contact the supervisor to request remediation. Remediation may consist of, but is not limited to, any one of the following:

1. Extra reading assignments on pertinent topics and submission of written summaries of those readings to the supervisor
2. Additional practicum experiences that address the problem area(s)
3. Additional meetings with the supervisor at prearranged times to further discuss the problem area(s) and possible alternatives for improvement

**The Children's Center for Communication and Development** See Speech and Language Clinic for guidelines.

**DuBard School for Language Disorders** Clinicians will learn effective implementation of the DuBard Association Method procedures and related therapy techniques at levels of instruction appropriate for the children to whom they are assigned. Clinicians also will learn to implement effectively incidental and experiential language activities. Skills for appropriate behavior management will be developed throughout the semester.

**Speech and Language Clinic** A student who is considered competent is expected to have, or to develop, a certain set of skills, which are listed below.

- I. Diagnostic Skills
  - A. Planning
    1. Actively participates in client chart review, has a rationale for clinical procedures
  - B. Interview
    1. Confident image in clinical setting
    2. Informing client and significant others
    3. Interaction with other professionals
    4. Establishes comfortable atmosphere conducive to free conversation
    5. Able to smoothly switch topics
    6. Adequate probing of significant others
    7. Verifies address and phone numbers
  - C. Management
    1. Use of stimulus control
    2. Management of client behavior
    3. Client attention and motivation
  - D. Procedures

1. Goals clear to client
  2. Use of reward and penalty
  3. Behavioral data collection
  4. Test administration
  5. Test administered appropriately, stimuli presented accurately and in accordance with the test procedure
  6. Basals, ceilings, thresholds established correctly
  7. Scoring performed correctly
  8. Clinical observation skills
  9. Clinical flexibility
- E. Professional Report Writing
1. Report in appropriate format and with correct grammar
  2. Source and reason for referral stated
  2. Background information complete and well-summarized (medical, developmental, educational)
  4. Formal and informal tests and observations reported appropriately and accurately
  5. Informal test results and observations reported appropriately and accurately
  6. All relevant behaviors addressed during the diagnostic and clinical findings relevant to recommendations
  7. State of prognosis given and justified
  8. Inclusion of appropriate distribution references (release form signed) at bottom of report (e.g., cc: Dr. John Doe)
- F. Exit Interview
1. Test interpretation
  2. States limitations of results
  3. Correlates findings with developmental norms
  4. Specifies severity, etiology and prognosis for the problem
  5. Recommendations and referrals appropriate, specific and complete
  6. Suggests management approaches, procedures or other referrals based on reported and observed client behaviors

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## GRADING SYSTEM

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**Audiology Clinic** Criteria for the Audiology Clinic are considered in addition to the student's (a) prior experience, (b) prior course work and (c) improvements in performance over the current semester and from prior semesters of practicum.

**The Children's Center for Communication and Development** Same as Speech and Language Clinic

**DuBard School for Language Disorders** Same as Speech and Language Clinic

**Speech and Language Clinic** The grading of students enrolled in practicum will be determined by a faculty-staff review of the student's performance under the direction of the program coordinator. The practicum grade is derived after a discussion with all supervisors attending the grade conference.

**General Description** These general descriptions define letter grades. A rating scale is used to help quantify these descriptive statements. The scale and its values appear at the top of the Diagnostic and management evaluation forms.

**A** Student demonstrates ability to work independently, evaluates self and discusses strengths and weaknesses with supervisor, takes initiative in making effective changes and participates in discussions of theoretical and management-diagnostic ideas with supervisor. \* A's are assigned only to those students who demonstrate outstanding performance.

**B** Student works independently with minimal direction from the supervisor, reviews competencies and recognizes general weaknesses identified by supervisor, and asks questions and makes modifications suggested by supervisor.

**C** Student works under conditions of ongoing maximum direction requires significant supervisor intervention and needs specific direction or demonstration from supervisor to perform effectively.

**D** Student's work is primarily dependent (for at least half of the time) on the supervisor's maximum direction and maximum intervention. Supervisor helps plan goals, makes significant revisions in plans or helps conduct therapy. Specific direction from the supervisor aids performance.

**E** Student's work is totally dependent on supervisor's maximum direction and maximum intervention; supervisor plans goals, rewrites plan or conducts therapy. Specific direction from the supervisor does not alter unsatisfactory performance.

The above letter grades are assigned as the result of the numerical rating scale according to your level of enrollment.

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## THE COMMUNICATION SCREENING PROCESS

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**Speech and Language Clinic** As a service to the public, the Speech and Language Clinic administers a screening clinic for preschool children, school-age children and adults for a \$5 fee. Over the years, we have learned that individuals are sometimes not sure whether or not they or their children have a speech or hearing problem. The screening program will provide this information.

A screening provides only a pass-fail assessment of communication performance. If a problem is detected, a referral is completed for a more thorough evaluation at a later date. A standardized screening test is used to assess the speech and language behaviors of children from 3 to 6 years of age. For children under 3 years, parents respond to questions elicited from a developmental scale. A hearing screening is completed for older children and adults. The Audiology Clinic provides tympanometric screening services for younger children and infants. Current ASHA guidelines for children and adults through age 40 specify a 20 dB HL screening level at 1, 2 and 4k Hz, with inability to hear the tone in either ear, at any frequency constituting a failure (ASHA, 1989a).

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## THE COMMUNICATION EVALUATION PROCESS

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**Audiology Clinic** In addition to the general procedures described for the Audiology Clinic, an otoscopic screening should be completed both before and after making ear mold impressions and prior to completing tympanometry. Check with your supervisor if ventilation tubes are present or if the ear canals appear atypical in any manner.

Hearing aid candidates should be provided information regarding the availability of local dispensers, hearing aid insurance forms and medical clearance forms. Items on the consumer information checklist should be completed at the appropriate time and should be signed and dated by the client or the client's parent.

Pure tone air and bone conduction and speech audiometrics have been standardized, and the procedures recommended by ASHA are filed in the **Administrative Handbook**, which is kept in Room 227. Additional site-of-lesion and auditory processing tests are to be administered at the discretion of the supervisor.

Students should attempt to form an overall impression of a client's communication status. These impressions form the basis for referrals to other professional services available both within the SRS building and in the Hattiesburg community.

**The Children's Center for Communication and Development** Arrangements for evaluations through The Children's Center are made through the director and are conducted by staff members. Students may observe if previous arrangements have been made. In general, guidelines are the same as those of the Speech and Language Clinic.

**DuBard School for Language Disorders** Arrangements for evaluations are made through the Out-client Services coordinator or assessment coordinator is conducted by staff members. Students may observe if previous arrangements have been made. In general, the guidelines are the same as those of the Speech and Language Clinic.

### **Speech and Language Clinic**

Appointments are not given until a case history form has been received or a hearing evaluation has been scheduled.

The diagnostician is to review the case history prior to the appointment time and not while the client or parent is checking in with the secretary.

Prior to the scheduled evaluation, the student will meet with the supervisor to review the case, deciding on appropriate interview questions and test materials.

Allotted time for these evaluations varies from one and a half to two hours.

Financial obligations should be met by the client or the client's parent before the evaluation unless prior arrangements have been made. These arrangements should be handled by the clinic coordinator.

After the testing portion of the evaluation is completed, you will meet with your supervisor to discuss test results and observations. Following this staffing, client and parent counseling will be done, test results will be interpreted, management plans made, questions answered and referral recommendations made. During counseling, use vocabulary that is appropriate to your listeners. Scheduled evaluations are not to be changed at the discretion of the diagnostician. Any necessary changes in the appointment schedule can only be made by the supervisor.

The following forms must be completed for an evaluation:

1. A **charge slip** will be included in each case folder. This form should be **completely** filled in prior to terminating the diagnostic session.

**Important areas** on the charge slip that must be completed are

- a. charges paid, waived or billed
- b. status of client (provides input for follow-up on client)

The clinician should escort the client to the office window and give the slip to the secretary for billing purposes.

2. A clinical agreement and HIPAA form will be included in each folder; this form should be signed by the client, parent or legal guardian prior to coming to the clinic
3. Request for information forms will be included in each folder

Each parent or client should be asked to whom they wish reports sent. Complete, or as complete as possible, addresses should be obtained. A release form must be signed by the parent of the client or pupil.

All test information will be labeled with the patient's name, examiner's signature and date (month, day, year) of evaluation before being placed in the client's folder.

Your supervisor will instruct you as to the organization of materials in the folder. All test forms, language samples, etc., **must** remain in the client's or pupil's folder and should not be removed from the clinic to write the report.

The diagnostic suite should be put in order before and after the evaluation.

Diagnostic tests and materials are not to be used for therapeutic purposes. Biological listening checks should be completed on a portable audiometer prior to using it for screening.

If a client has not signed in for the appointment by the scheduled time, the student should

1. Check with the secretary for messages
2. Wait 20 minutes past the appointment time
3. Clear with supervisor to leave

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## EVALUATION/ASSESSMENT REPORTS

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See GENERAL POLICIES, CLIENT AND PUPIL RECORDS regarding confidentiality of client reports. Remember that client information recorded on computer is also confidential information. As such, these should not leave the clinic area. Printed rough drafts of reports should be shredded before they are discarded.

**Audiology Clinic** All raw data forms (e.g., audiograms, tympanograms, etc.) should be completely and accurately filled out. Only **clean copies** of raw data forms should be turned in with your reports.

**The Children's Center for Communication and Development** Reports of evaluations are prepared by those conducting the evaluation. Contents of reports may be shared with clinicians under certain circumstances, provided confidentiality is maintained.

**DuBard School for Language Disorders** Reports of evaluations are prepared by those conducting the evaluation. Contents of reports may be shared with clinicians under certain circumstances,

provided confidentiality is maintained.

**Speech and Language Clinic** All students assigned to a diagnostic team must acquire the skill needed for using the computer to print the report.

Evaluation reports should follow, as closely as is feasible, the diagnostic report outline contained in this booklet. Rough drafts of speech and language evaluation reports should be received by the supervisor within 48 hours after the date of the evaluation. This rule will be strictly enforced. The rough drafts should be neatly typewritten and **double-spaced**.

The supervisor will read the rough draft and return it to the student to give to the secretaries for typing and printing. If major changes are necessary, the rough draft will be returned to the student for correction and returned to the supervisor. The secretary will notify the student when the report is ready for signatures. **The supervisor will sign the final copy and return folder to the student to give to the secretary.**

If the report is unacceptable after 12 days, the supervisor is responsible for writing the report on that day and will grade the student accordingly.

The supervisor has the responsibility of proofreading the final copy of the evaluation report to correct typographical errors and other mistakes. A copy of the evaluation report will be put into the client's folder.

All clients entering therapy who have been referred by another agency and are not evaluated by our diagnostic teams should have a diagnostic summary on file prior to treatment. This diagnostic summary must include a summary of previous findings from the referring agency, a summary of current findings based on our assessment data, our clinical impressions and recommendations for treatment.

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## THE COMMUNICATION MANAGEMENT PROCESS

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**Audiology Clinic** Students completing aural rehabilitation requirements should consult with their respective supervisor regarding style, format and content of lesson plans. Audiology majors completing practicum requirements in one of the affiliated service programs should follow the guidelines established by that program's staff.

**The Children's Center for Communication and Development** Depending on the clinical assignment, the supervisor will outline and prepare the student for the planning of sessions and the collection of therapy-related data.

**DuBard School for Language Disorders** Same as The Children's Center.

### SEMESTER TREATMENT PLANS

Semester treatment plans are required on all clients enrolled in therapy. These plans are due within two weeks following the commencement of therapy. The clinic director will advise all students regarding specific deadlines.

**PREPARATION** The semester treatment plan begins during your first week of therapy with a client, when you and your clinical supervisor acquaint yourselves with the client's problem. You will utilize all clinical data that are available, in addition to insights and additional information your supervisor may have. Then, in conjunction with your supervisor, you will formulate long-range therapy goals

for the changes you anticipate making by the end of that particular semester. These goals become the semester treatment plan.

Once the semester treatment plan has been signed by the supervisor and the clinician, it should be filed in the client's permanent folder. The client's **permanent folder** is in the Speech and Language Clinic office.

A treatment plan is developed by the student clinician and the supervisor for two general purposes: (1) to base treatment upon the client's needs as perceived by an experienced Speech and Language pathologist and (2) to further student-staff interaction during the student clinician's training in the application of theory to therapy (classroom to clinic).

Treatment plan goals should be realistic, attainable, and related to client performance. Duration of time for attaining the goals should be considered in relation to the client's ability. Goals refer to the behavior the clinician would like to demonstrate at the end of the therapy program. The duration of the therapy program for a client with a student clinician is generally one semester. These goals should be listed in the semester progress report.

\* A STUDENT'S GRADE WILL BE ADVERSELY AFFECTED BY SUBMISSION OF THE SEMESTER TREATMENT PLAN PAST THE DUE DATE.

## TERMINOLOGY

**Behavior** - refers to any visible activity displayed by a learner.

**Criterion** - a standard or a test by which terminal behavior is evaluated; it is the same as "evaluation of an objective"

**Operationally written goal** - describes what the client will do to demonstrate that he has mastered the desired skill or understanding; session plans that use operationally-written therapy goals include information related to goals and procedures leading to goals

**Terminal behavior** - refers to the behavior you would like the learner to demonstrate at the time your influence over them ends

**Terminal goal** - describes the desired behavior of the client at the end of therapy

I. IDENTIFYING INFORMATION This part of a semester treatment plan includes the client's name and age, type of disorder and tests given, date of therapy session and the student clinician's name.

II. PRESENT STATUS This section should include a summary of the client's present level of functioning in speech and language according to standardized test data, language or conversational speech samples or informal assessment data.

III. SEMESTER GOALS are the same as general aims, terminal goals, terminal behaviors or long-range goals. This section of a session plan has the function of directing the client toward speech, hearing or language rehabilitation. Pertinent, general areas needing emphasis during therapy should be listed. The areas should be consistent with the needs of the client revealed through such activities as a diagnostic evaluation, clinical observation, experimental therapy and past responses to therapy. Van Riper, in discussing the treatment of articulation disorders, writes that among the clinician's responsibilities there is one of paramount importance: **"She must know where the case is, where he has been and where he has to go in therapy."**

IV. EVALUATION PROCEDURES This section of the treatment plan should state briefly the procedures or diagnostic tools the clinician plans to use in order to evaluate mastery of the semester goals.

## WEEKLY THERAPY PLANS

SCHEDULE Therapy plans should be pre-approved for each session by the supervisor before the student clinician meets with the client. If the therapy plan is not approved prior to the therapy session, the student clinician may not receive credit for the therapy session.

Therapy plans for all sessions in a given week are due each Friday before noon for the following week's sessions. The plans should be placed in a client's **working folder** and placed in the appropriate supervisor's box.

**Working folders** normally contain session plans, weekly summaries and evaluations of each session. They should also contain any feedback/critique sheets from the supervisor and an updated clock hour sheet.

\* A STUDENT'S GRADE WILL BE ADVERSELY AFFECTED BY THEIR SUBMITTING THERAPY PLANS LATE TO THEIR SUPERVISOR.

I. SESSION GOALS The following questions should always be considered when planning therapy:

1. What do I want this client to learn?
2. How will I know whether or not learning has occurred?
3. Are the daily subgoals a likely step toward a long-range goal and timed appropriately in sequence? Is this step necessary?
4. What instructional procedures am I using to reach the goal?
5. Am I using reinforcement effectively?

Session goals should be written in a more specific and concrete manner than the broader semester goals. These statements should take the form of clearly stated goals that are to be realized within a relatively short period of time (i.e., roughly one session to a month depending upon the individual client). These goals should result from anticipated attitudes, knowledge and skills needed to reach a given semester goal and their steps toward a larger goal. Task analysis helps to establish these short-term goals.

These goals should deal directly and specifically with relating academic material to clinical procedures. They should be the order of the day for a given session. The goals should be clear to the student clinician, supervisor, and, as much as possible and feasible, to the client.

II. PROCEDURES AND MATERIALS These are the same as procedures leading to goals or specification of teaching goals. Procedures, methods and materials must be relevant to the goals. This area is for the description of activities the student clinician will specifically carry out to accomplish the goals of the session. The activities should be appropriate, interesting and varied for the client. The procedure should be written in a descriptive manner with organization of chronological, logical or psychological order. The choice of procedures in and of themselves is relatively unimportant, as long as they contribute to the client's improvement. The student should relate the activities to the goals of the session. The tasks used should generally be simple and should remain a means to an end and describe the purpose of the session. The client should verbalize the goal of the activity.

Materials include specific equipment, books, games, records and other learning aids that are used to accomplish the procedure.

III. REINFORCEMENT Reinforcers and reward systems are determined by the individual's general personality and age. Information regarding such systems can be found in a number of sources, including Brookshire (1967), Costello (1977), McReynolds (1970), and Sloane and MacAulay (1968).

IV. EVALUATION PROCEDURES The weekly lesson plan should include a statement explaining the procedures the clinician plans to use in order to obtain data to evaluate mastery or non-mastery of daily objectives. These procedures may include daily progress records, language sampling and checklists.

### **SEMESTER PROGRESS REPORTS**

Student clinicians must prepare a semester progress report that summarizes activities for the semester, progress or lack of it, and suggestions for future management. Decisions to dismiss a client from therapy should be based on criteria and explained.

\*AGAIN, LATE SUBMISSION OF THE SEMESTER PROGRESS REPORT MAY RESULT IN A LOWERING OF THE OVERALL FINAL CLINIC GRADE.

### **Therapy Dismissal Criteria**

#### **Dismissal occurs when**

1. The family/client chooses other services or chooses to terminate services
2. Other services are deemed more appropriate
3. The client does not attend three therapy sessions without prior notification
3. Evaluation results reflect maximum achievement for the particular client

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## **INFECTIOUS DISEASES**

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### **HEPATITIS**

Students are advised that many practicum sites require immunization for Hepatitis B. The Hepatitis vaccination series is available through the Southern Miss Health Clinic.

### **AIDS/HIV**

*Prepared by ASHA's Committee on Quality Assurance (January 1989)*

The following information about what is known (as of November 1988) about AIDS/HIV, provided by the ASHA Committee on Quality Assurance, is given. As our knowledge about the provision of services to AIDS/HIV clients expands, we will update our clinical practicum training to meet those changing needs.

Regardless of work setting, speech-language pathologists and audiologists are likely to have contact with infants or children or adult patients and clients with AIDS/HIV. Prior to discussing necessary precautions, it is important to dispel prevalent concerns about the risks of infections that practitioners can incur when treating HIV-infected patients.

Few health care workers, even workers in constant contact with HIV-infected patients, have been infected by the virus (Centers for Disease Control 1987a; Gerberding et al., 1987; Sooy, Gerberding and Kaplan, 1987). Of concern to speech-language pathologists and audiologists is the risk of infection through exposure to saliva and cerumen (Flower and Sooy, 1987), mucous and tears, and other bodily secretions. Evidence relative to transmission through saliva is minuscule.

However, oral lesions (e.g., bleeding gums, herpes, surgical wounds) could produce blood into saliva. Under these circumstances, it is prudent to use the same precautions recommended for contact with blood. If it is anticipated that exposure will be limited to handling soiled items (e.g., tongue blades, feeding utensils, facial/gauze tissues, laryngeal mirrors, endoscopes, emesis basins), gloves should suffice. When direct exposure to blood is anticipated (e.g., contact with tracheotomized person, ventilator-dependent person), gowns, mask, and goggles plus gloves are recommended. See action on precautions for more detail.

Transmission of the AIDS/HIV virus from cerumen has not yet been conclusively determined. It is conceivable that cerumen can contain blood. Therefore, until concerns about cerumen are resolved, routine CDC precautions should be taken, such as wearing gloves when in contact with cerumen.

Speech-Language pathologists and audiologists may be involved in three HIV treatment phases. In Phase 1 (pre-disease), speech-language pathologists and audiologists occasionally participate in the initial evaluation that leads to the diagnosis of HIV. At this point, speech-language pathologists and audiologists may begin to secure baseline measures of communication skills. Most referrals to speech-language pathologists and audiologists occur when the HIV-infected patient is critically ill and having trouble communicating (Phase 2: Early to Mid-Stage Disease; -Phase 3: End-Stage Disease). Specifically, speech-language pathologists and audiologists may be involved in assessment of communication skills, provision of, and training in use of augmentative communication and assistive listening devices of hearing aids, speech amplification, dysphagia intervention and cognitive retraining.

In addition to practice issues concerning the evaluation and treatment of persons with AIDS, speech-language pathologists and audiologists must be cognizant of several legal issues that affect their practice. Some legal constraints require **confidentiality** regarding the diagnosis of patients and clients. Others **prevent discrimination** by speech-language pathologists and audiologists who may wish to refuse to treat HIV-infected patients/clients.

As with any medical condition, strict confidentiality must be maintained when reviewing AIDS/HIV test results and medical records. Prior to sharing the medical record, written consent must be obtained from the HIV-infected patient or legal guardian. Speech-language pathologists and audiologists must comply with the ASHA Code of Ethics requiring confidentiality of a patient's or client's diagnosis. Similarly, administrators and supervisors of speech and language pathologists and audiologists must provide the clinicians charged with providing services for the HIV-infected patient or client clear notice of the medical conditions and all requisite precautions. Hence, on a need-to-know basis, all staff caring for the HIV-infected patient/client must be aware of the patient's or client's condition, prior to the first contact, so that all necessary precautions can be undertaken. However, with this necessary sharing of information comes the responsibility to maintain absolute confidentiality regarding the medical diagnosis among other facility personnel who are not charged with the care of the HIV-infected patient/client.

#### Audiology Clinic Universal Precautions Procedures

1. **Earphone cushions**
  - a. place new **earphone covers** over earphone cushions prior to testing- discard after each use
  - b. disinfect earphone cushions after use by a client with "dirty" or infected ears
  - c. at a minimum, disinfect cushions once a semester with 1:10 Clorox solution (remove cushions from earphones prior to cleaning)
2. **Tables, surfaces and washable toys**
  - a. disinfect with 1:10 Clorox solution (available in spray bottles)
  - b. **prior** to a client's arrival if table/surface/ item looks dirty
  - c. **after** an infected client (e.g., with TB or a coughing child) has left the clinic and the individual directly used a surface/table/ toy or the individual's hearing instrument was in direct contact with a surface/ tabl / toy.

3. **Wash hands** often (do not touch face)
  - a. with **hibiclens**
  - b. especially **before** tympanometry and otoscopy with the patient watching during clinic visit
  - c. **after** the client leaves
4. **Gloves**
  - a. use when touching a "known contaminated" earmold/hearing aid. Possible handling risks include a hearing aid belonging to someone with TB or hepatitis or a child with a draining ear
  - b. use for otoscopy and tympanometry if there is a known disease, blood, or a draining ear
  - c. **discard** gloves (or any bloody items) in covered container.
5. **Non-washable cloth toys**
  - a. place **plastic bags** over toys
  - b. replace plastic bags after each use
6. **Tips** (otoacoustic, otoscope, impedance)
  - a. do not reuse a tip on the same client if one ear is infected;
  - b. place used tips in the ultrasonic cleaner - run unit for five to 10 minutes
  - c. place tips in separate container with 1:10 Clorox solution- let soak for 10 minutes
  - d. transfer tips from container to the drying tray.
7. **Probes** (hearing aid test box probes)
  - a. spray 1:10 Clorox solution on a paper towel and wipe (do not immerse probes in liquid)
  - b. place disinfected probes on the drying tray.
8. **Cleaning solution notes**
  - a. isopropyl alcohol can be used to clean surfaces that are just dirty and not known to be contaminated
  - b. isopropyl alcohol does not "kill" blood pathogens and infected material
  - c. we have opted for a Clorox solution (1 part Clorox to 10 parts water) as a disinfectant since it simplifies ordering.

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## OFF-CAMPUS PRACTICUM FOR SPEECH-LANGUAGE STUDENTS

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One of the most valuable clinical experiences students engage in is the practicum experience obtained in off-campus sites. The opportunity to participate in the varied experiences offered by the off-campus practicum is critical to the training program. This section is designed to answer some of the questions students have concerning the semester of off-campus practicum.

### **What is off-campus practicum”?**

Advanced graduate students are assigned to off-campus practicum settings, which may be clinical, medical, educational, private practice or rehabilitative facilities. These assignments are usually made for the last semester of your graduate studies. This experience is separate from your Clinical Fellowship Year.

### **When is the off-campus practicum semester?**

Off-campus placements are usually the semester after finishing your course work, which includes four semesters of SHS 687, on-campus practicum. Students will not be assigned off-campus sites until the faculty is confident that they possess the skills, knowledge and professionalism necessary to participate effectively in clinical activities of the chosen practicum site.

### **Are there specific grade point requirements?**

Students must have at least a 3.0 cumulative grade point average. Exceptions will not be made. This grade point average must be obtained before going off campus. The GPA must be posted to the student's transcript prior to beginning the off-campus practicum experience.

**When should I begin making arrangements for my off-campus?**

Arrangements are made the semester before you go off campus. At the beginning of that semester, you should meet with your academic adviser to be sure you have all of the academic and clinical prerequisites for doing your off-campus. Next, meet with the off-campus coordinator by midterm and discuss your placement. The coordinator will work with you to find practicum sites that will meet your individual needs and give you the type of experience that will help you achieve your professional goals.

**What if I am not sure where I want to do my off-campus?**

The off-campus coordinator has a list of practicum sites that describes the types of facilities and their specialty areas. It is appropriate for you to go for a visit to the facilities you are seriously considering before making a final decision. This should be arranged through the off-campus coordinator.

**What types of facilities or institutions offer off-campus experience?**

A number of facilities that offer a variety of experiences are available. These include public schools, hospitals, rehabilitation centers for both adults and children, specialized schools for the emotionally handicapped and physically handicapped, community clinics, ICF/MR residential facilities for adults and children, and private practice.

**What qualifies as an approved off-campus site?**

A facility must meet the standards outlined by the American Speech-Language-Hearing Association and be approved by the Department of Speech and Hearing Sciences.

**Will I do my off-campus in the Hattiesburg area, or can I go to other areas?**

There are several off-campus sites in the Hattiesburg area. Some students elect to go to facilities near their home, and others go to specialized facilities out of state.

**If I decide to do my off-campus away from this area, how can I obtain information about these sites?**

All faculty members will share information about facilities. Specific choices and plans should be discussed with the off-campus coordinator. He or she will help you obtain a list of possible sites in the location you select.

**How can living accommodations be arranged?**

Living arrangements are usually the responsibility of the student. However, some facilities, such as hospitals, may have dormitories for students.

**Will I be required to do off-campus in more than one facility?**

Usually, ASHA requires that you have a minimum of 50 clock hours in three different facilities. The Southern Miss Clinic serves as one. Students usually elect to do practicum in two separate facilities. Most students are assigned one practicum placement in schools (this is required for state certification) and another placement in one of the non-school facilities.

### **Once I have made a decision, is there any required paperwork?**

Yes, be sure you have registered for the appropriate academic hours. Fill out the "Request for Off-Campus Placement" form and return it to the off-campus coordinator. When you go to the practicum site, take a copy of the "Off-Campus Clinician's Evaluation" form for each supervisor you may have. This will be completed by the off-campus supervisors at the end of the semester and mailed to the Department of Speech and Hearing. In addition, take clinic forms for recording your clock hours. Be sure these are signed by the person supervising your work.

### **Should I contact the facility myself?**

No. First discuss your options with the off-campus coordinator. He or she will make the initial contact with the facility. If it is not a site that has been used before, the possibility of becoming a practicum site will be discussed.

### **Will I be required to go for an interview?**

This depends on the facility. If an interview is required, the facility will notify the off-campus coordinator. When a contract is required, this involves the participation of the facility and the University administration and will be coordinated by the off-campus coordinator.

### **When do I start, and how long do I continue my off-campus?**

Students are usually asked to report to their off-campus site the first day of regularly scheduled classes and continue until the last day of classes. It should be noted that in order to meet clock hour requirements for both ASHA and the state Department of Education, students need to be off campus for the entire semester. Since the summer session is usually much shorter, students will need to make plans to be off campus either before or after the scheduled summer session. The final week is used to be sure all your paperwork, such as signed clock hours, is completed and on file with the clinic director.

### **How many hours a week are required?**

While in the off-campus facility, the student is expected to observe all policies of the facility for their speech-language professionals. This includes work hours. Therefore, there may be some differences between facilities in the time of day when you report for work and when you are finished for the day. All students are expected to be familiar with the Code of Ethics and abide by it.

### **Is there a total number of clock hours required?**

There is not a total number of clock hours required. However, most students will exceed 150 clock hours. Off-campus assignments usually are not made for less than 50 clock hours.

### **If I need specific hours, how are they obtained?**

The off-campus supervisor and the off-campus practicum facility will work with you in determining how you can get specific clock hours. It may be necessary for you to choose an off-campus site that has specific hours available. However, it is difficult for a facility to promise or guarantee a certain number or type of hours.

### **What actual hours are counted?**

Student clinicians may earn clinical hours only for the portion of the time they are actively participating in providing services to a client. The clinical supervisor in the off-campus site will sign for their cases. Your signed clock hours will be turned in to the clinic director in the Department of Speech and Hearing Sciences and will be maintained in your file. It is recommended that you return to campus personally during the week of finals to be sure all your clock hours have been signed and recorded and that you have met graduation requirements.

Please remember that an ASHA certified professional must be on the premises at all times while you are with clients. Twenty-five percent of your treatment hours and fifty percent of your diagnostic hours must be directly supervised.

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