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I. Introduction

This handbook provides audiology and speech-language pathology students with information regarding the policies of the professional service programs affiliated with The School of Speech and Hearing Sciences at Southern Miss. Please familiarize yourself with the material herein prior to your enrollment in practicum. A separate handbook is currently under development for education of the deaf majors.

Supervised practicum and observation experiences are provided by faculty and on/off-campus staff. In return, practicum students are expected to demonstrate 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. An interest in and commitment to learning is essential. 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, professional dedication is a must.

If you've chosen a career in speech and hearing sciences, our training programs will provide the opportunity for you to shape and refine the knowledge and skills required to serve the communication needs of others.

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

II. Goals and Objectives

II-A: General

Teaching:

- To encourage learning based on rational inquiry, problem solving, challenge, creativity and intellectual initiative;
- To provide educational experiences that allow student clinicians to gain knowledge and skills in assessment and management procedures;
- To prepare citizens (students) who will actively endorse and practice the highest ideals of personal and professional integrity and competence.

Research:

- To provide student clinicians with opportunities to develop an appreciation of research and to learn the methodology and application of research consistent with their chosen areas of specialization and career goals.
- Service:
  - To provide services to nonacademic communities that are reasonable and practical extensions of instruction and research;
  - To improve relationships between academic and nonacademic communities in the surrounding area through provision of quality services.

A 'total' or interdisciplinary philosophy towards client/pupil care is operationalized through:

- Consultation with other professionals regarding assessment, test results, history and follow-up;
• Referral to other professionals when diagnostic or therapeutic needs extend beyond the equipment limitations or expertise of professional staff;
• Treatment in the form of aural rehabilitation, speech, language, voice, swallowing and fluency therapy;
• Counseling and follow-up as needed;

Prevention (ASHA, 24, 1982, 425-431)

• Primary level:
  o encouraging the use of noise, engineering or administrative controls or personal ear protection, where appropriate;
  o encouraging genetic counseling, where appropriate;
  o encouraging medical consultation and follow-through with medical therapy as advised by consulting physicians.
• Secondary level:
  o early detection of communicative disorders to include family members.
• Tertiary level:
  o amplification, aural rehab and speech-language services.

These goals and objectives are consistent with the mission statements of The School of Speech and Hearing Sciences, The University of Southern Mississippi and the American Speech-Language-Hearing Association.

Students, faculty, staff and persons served in the program’s clinic are treated in a nondiscriminatory manner – that is, without regard to race, color, religion, sex, national origin, participation restriction, age, sexual orientation or status as a parent. The institution and program comply with all applicable laws, regulations and executive orders pertaining thereto.
III. Description of Programs

Audiology Clinic, The

- Room 208 J.B. George Bldg.;
- Provides (a) hearing evaluations, (b) hearing aid evaluations, (c) programming for traditional hearing aids, bone anchored implants and cochlear implants and (d) aural rehabilitative services to children and adults;
- Supports other service programs affiliated with The School of Speech and Hearing Sciences;
- Clients are seen primarily on a referral basis;
- Fees are charged as the clinic does not receive outside funding;
- Medicaid is billed for services provided to Medicaid clients.

Children’s Center for Communication and Development, The

- Room 109 J.B. George Bldg.;
- Provides a transdisciplinary team approach to diagnosis and treatment for children with communicative and developmental disorders (birth-5 years);
- Therapy is home-based or center-based, depending on a child's needs;
- Services include speech-language therapy, special education, audiology, auditory-verbal therapy, physical therapy, occupational therapy, psychology, augmentative/alternate communication, at-risk follow-up, parent education and a resource loan library;
- Services are coordinated with local school districts and the Mississippi State Department of Health (MDH) First Steps program;
- Funding is provided by the Mississippi Adequate Education Program of the The Mississippi Department of Education (MDE), Federal IDEA-Part B and Preschool Grant, United Way, Mississippi Department of Health (MDH) and private contributions;
- Fees are not charged.

DuBard School for Language Disorders, The

- Kelly Gene Cook Bldg.;
- Provides 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 is provided by the Adequate Education Program of the MDE, federal funding through IDEA-Part B and Preschool Grant, United Way and private contributions;
- Children enrolled in the program do not pay fees;
- Fees are charged for evaluations and therapy.

Speech-Language Clinic, The

- Room 208 J.B. George Bldg.;
- Evaluations and individual/group therapy are provided for children and adults with communication disorders that include:
  - voice;
  - language;
speech sound disorders;
fluency;
neurologically related disorders.

- Fees are charged as the clinic does not receive outside funding.

IV. General Policies

IV-A. Billing
All billing processes should be cleared with the clinic secretary;

Only authorized Medicaid providers (professional staff) are authorized to bill for Medicaid services.

IV-B. Client/Pupil Records
Electronic records (Audiology and Speech-Language Clinics):

- Client information should be electronically stored and password protected on the school's secure server;
- Electronic transmission of client data outside of the clinic requires supervisor permission;
- Printed rough drafts must be shredded.

Audiology Clinic

- Working folders are kept in Room 208 for clients/pupils enrolled in SHS-affiliated programs;
- Photocopies of reports are forwarded to appropriate program directors;
- All materials are collapsed into a client's master folder when dismissed from services;
- Also see Speech-Language Clinic.

Children’s Center and DuBard School

- File availability is governed by MDE requirements and ASHA guidelines;
- Specific decisions are left to the discretion of the director or other staff members.

Speech-Language Clinic

- Client files are located in Room 208;
- Files are managed in accordance with ASHA standards;
- Client files are confidential:
  - notes made from folders should exclude all identifying information (e.g., use initials vs. names);
  - supervisors must approve materials photocopied from folders;
  - folders must remain in the J.B. George Building at all times.
- Request files from the clinical secretary at the front window;
  - only student clinicians who sign-out a file may use that file at a given time;
  - files must be returned immediately after their use (to the "in" box on the filing cabinet in Room 208);
  - folders are available during working hours (must be returned by 5 p.m.; no overnight checkouts).
- Client folders include:
  - "HIPAA" form;
  - permission to receive and release information;
  - signed "Clinic Agreement" form;
  - completed "Case History" form;
diagnostic report and progress reports (for clients enrolled in therapy);
- test results with raw data (dated and signed by evaluators);
- copies of correspondence (includes reports from other agencies);
- "Checkout" sheet;
- "Attendance and Contact" sheet.

iv.C. Client/Pupil Safety

Children should be attended by an adult in therapy rooms, classrooms, waiting areas and playgrounds.

A staff member should be present when children are present.

Student clinicians should:

- Verify that an adult is in a waiting area to assume responsibility for a child upon completion of an appointment visit;
- Remain with children in waiting areas as needed until a parent arrives;
- Discourage running in hallways;
- Hold a child's hand as needed when using stairs;
- Escort clients who use wheelchairs, canes, walkers or crutches.

iv.D. Code of ethics

- Student clinicians are expected to abide by ASHA's code of ethics;
- Southern Miss undergraduate students are introduced to the code of ethics in SHS 211 (Introduction to Communication Disorders);
- Graduate clinicians are reacquainted with the code of ethics at the new student orientation meeting held each fall semester;
- The code of ethics: https://www.asha.org/practice/ethics/?utm_source=asha&utm_medium=email&utm_campaign=seethics110915

iv.E. Conduct code

- Students should not congregate in or around the main office and professional service areas or sit in client waiting rooms during business hours;
- Please be quiet while in these areas (close doors gently);
- Profanity is not permitted;
- Supervisors and office personnel are addressed as Dr., Mr., Mrs. or Ms.____;
- Student clinicians addressing each other also employ this form in the presence of parents, clients or other professionals;
- Introduce yourself when meeting pupils, clients or parents for the first time;
- Also see "Professional Clinical Protocol."

iv.F. Conflict Resolution

Conflict resolution policy is discussed at the annual fall meeting held for new SHS graduate students.

Students should attempt to resolve issues with their instructor or clinical supervisor. Periodic clinical meetings are also an appropriate venue for addressing concerns.
In the event that a disagreement remains between a student and faculty member, the student may contact his/her adviser or the school director. In the event concerns cannot be resolved at the school level, the student is advised to contact the Associate Dean of the College of Health.

The Graduate Appeals Committee reviews decisions on the following issues: admission decisions, revocation of admission, comprehensive exams, thesis and dissertation prospectus, dismissal from a program and any other issues the Dean of the Graduate School deems appropriate. This committee does not review grade appeals or disciplinary actions taken by the Dean of Students.

The University protocol for grievances and appeals is available through the following link:

https://www.usm.edu/graduate-school/faculty-detailed-protocol-grievances-and-appeals

Students should also be aware that unresolved concerns at the local level may be brought to the attention of ASHA’s Council on Academic Accreditation in Audiology and Speech-Language Pathology at the following address:

Council on Academic Accreditation in Audiology and Speech-Language Pathology
American Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville, MD 20850
Telephone: 800.498.2071 or 301.296.5700

iv. G. Counseling

General

- Supervisors must pre-approve information discussed with clients/parents;
- Client/pupil conferences are conducted in the privacy of therapy rooms, classrooms or supervisor offices;
- Student clinicians should:
  - escort parents/clients away from public areas when questions are asked;
  - defer to their immediate supervisors if unsure of answers to questions;
  - obtain supervisor approval prior to contacting clients outside of professional settings.

Children’s Center

- Schedule of parent conferences follows MDE guidelines.

DuBard School

- Parent conferences are held a minimum of twice a year and at other times as needed.

Speech-Language Clinic

- Client/parental/spousal counseling is conducted throughout the semester and includes:
  - discussions of current goals and home program strategies;
  - results of programs, no matter how limited;
  - reviews of goals, progress and home programs.
- End-of-the-semester conferences include:
  - semester progress;
  - changes in status;
  - recommendations.
iv.H. Dress Code

The dress code described here does not apply to students attending University classes; these students should use the east stairway (away from clinic areas).

The dress code described here applies to students in clinic and school-based program areas during business hours.

Preface:

- As future practicing clinicians, students should project a professional image to clients, potential students and university/community visitors;
- A designated dress code prepares clinicians to meet the public and portrays a particular professional attitude and demeanor;
- "Business casual dress" is the standard for the clinical dress code.

In general, clothing is unacceptable in clinical settings if it:

- Reveals too much cleavage, your back, your chest, your underwear;
- Displays words, terms or pictures that may be offensive;
- Appears torn, dirty, frayed or excessively wrinkled;
- When in doubt about a given item of clothing, ask!
- Supervisors or faculty members determine dress code compliance.

Consequences:

- Student clinicians who fail to comply with dress codes are asked not to wear the inappropriate item and are sent home to change clothes;
- Violations are reflected in daily evaluations if students cannot return in time to complete clinical assignments;
- If dress code violations continue, students may be suspended from clinical duties with a grade that reflects these violations.

Guidelines:

- Authorized scrubs are allowed for speech-language pathology and audiology student clinicians;
- Slacks, pants and suite pants:
  - slacks 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 that worn for biking;
  - Appropriate undergarments must be worn.
- Skirts, dresses and skirted dresses:
  - casual skirts and dresses that are split at or below the knee are acceptable;
  - dresses and skirts should be of a length that allows the clinician to sit comfortably in public;
  - short, tight skirts that ride up the thigh are inappropriate;
  - mini-skirts, skirts, sun dresses, beach dresses and spaghetti-strap dresses are inappropriate;
  - appropriate undergarments must be worn.
- Shirts, tops and blouses:
  - casual shirts, dress shirts, sweaters, golf-type shirts, polo shorts, casual button 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 heals, leather-type deck shoes and dress sandals are appropriate; no open-toed shoes.

- Jewelry, makeup, perfume and cologne:
  - jewelry, makeup, perfume and cologne should be worn in good taste;
  - visible body piercing (other than ears) and body art are inappropriate;
  - some clients are allergic to chemicals and certain smells in perfume, cologne and makeup; wear these substances with restraint.

- Hats and head covering:
  - hats are inappropriate;
  - head covers that are worn for religious purposes or to honor cultural traditions are allowed.

IV-I. Emergencies

Students should:

- Familiarize themselves with the location of fire alarm pull boxes, fire extinguishers and emergency exits;
- Remain with clients/pupils during emergencies;
- NOT use the elevator during emergencies (deactivated when the fire alarm sounds);
- Follow recommended protocol in case of a campus-wide emergency.

Periodic fire drills (a loud bell):

- Individuals in small upstairs therapy rooms should exit through the north stairway (that leads to the playground);
- Individuals using walkers, wheelchairs, canes or crutches should be escorted to the head of the west stairway (facing Fraternity Row) and wait for assistance;
- Students not responsible for a client at the time of a drill are asked to assist The Children’s Center staff in escorting their pupils out of the building.

Tornado warnings/alerts (a continuous horn):

- Take the stairs to one of the middle hallways on the first floor (the westside hallway is located outside the graduate carrels);
- The eastside hallway is located next to the eastside stairway;
- Remain seated in these areas until given authorization to leave.

Accident, injury, unusual or suspicious activity:

- Do not move seriously injured persons;
- Report incidents to a supervisor or appropriate staff member;
- Contact the University Police:
  - call 911 from any campus phone or 601.266.4986 or 601-266-4414;
  - they will dispatch an officer to the building;
  - they will call for an ambulance as needed.

IV-J. Essential Functions

The term "essential functions" refers to those (a) physical, (b) behavioral and social and (c) cognitive and intellectual abilities that are necessary for satisfactory mastery of our academic and practicum curricula. These functions reflect the expectations and abilities considered necessary for students and professionals delivering services in the fields of audiology and speech-language pathology.
The essential functions listed on this page are not prerequisites for admission as a student to The School of Speech and Hearing Sciences. The School is committed to enabling students by reasonable means or accommodations to complete their course of study. Students who anticipate the need for accommodations to fulfill essential functions due to a disability are encouraged to contact The Southern Miss Office for Disability Accommodations at 601-266-5024.

Physical abilities

- participate in classroom, laboratory, clinical/educational and other professional responsibilities and activities for up to four-hour blocks of time with one short break;
- move independently to, from and within the work setting;
- provide for one's own personal hygiene;
- manipulate laboratory, evaluation and intervention equipment and materials, including completion of all academic and pupil/client-related forms and paperwork (e.g., lesson plans, data collection forms, notes, reports);
- provide a safe environment for others by responding quickly to emergency situations (e.g., fire, choking) and by applying universal precautions (i.e., standardized approach to infection control);
- visually monitor pupil/client responses and materials;
- make accurate auditory judgements about speech and acoustic signals.

Behavioral and social attributes

- maintain emotional and mental health necessary to use one's intellectual abilities, to promptly complete responsibilities and to develop appropriate relationships with faculty, supervisors, staff, peers, clients, parents or caregivers and other professionals;
- maintain composure and emotional stability in demanding situations;
- adapt to changing environments and situations;
- communicate effectively in person, by phone and in written form while considering the communication needs and cultural values of the listener or reader;
- understand and respect faculty and supervisory authority;
- maintain appropriate professional behavior including punctuality, regular attendance, maintaining client confidentiality and completing all duties and assignments pursuant to one's academic plan;
- demonstrate compassion, integrity, interest and motivation in delivering professional services;
- collaborate effectively with other professionals;
- comply with administrative, ethical, legal and regulatory policies.

Intellectual and cognitive abilities

- demonstrate the capacity to learn and to assimilate professional information, including the ability to comprehend oral and written professional literature and reports;
- solve academic and clinical/educational problems through critical analysis;
- seek relevant case information;
- synthesize and apply concepts and information from various sources and disciplines;
- speak and write using professional language;
- analyze, synthesize and interpret ideas and concepts in academic and clinical/educational settings, and express these in an accurate manner in verbal and written form;
- maintain attention and concentration necessary to complete clinical/educational activities for up to four-hour blocks of time with one short break;
- organize, schedule and prioritize activities, and provide documentation in a timely manner.

This list of essential functions is adapted with permission from The Department of Speech, Language, & Hearing Sciences, Purdue University.
KASA (Knowledge and Skills Assessment) reflects academic knowledge and clinical skills recommended by the American Speech-Language-Hearing Association.

Undergraduate students are introduced to the KASA model in SHS 211 (Introduction to Communication Disorders). Graduate students are reacquainted with it in the orientation meeting for new graduate students conducted each fall semester.

Graduate students can access their KASA forms through their CALIPSO account.

Also see student competencies (section VIII).

Materials & Equipment

Student clinicians:

- Must familiarize themselves with available materials and equipment in order to plan effective services;
- Are encouraged to use available materials and equipment;
- Must return items in the same condition they were found to their appropriate storage areas so that others can find them.
- Item sign-out:
  - you are responsible for items checked out in your name;
  - you (not another student) should return items that are checked out in your name.
- Treat equipment with care:
  - do not force knobs, drop, spill liquids or, in any other way, abuse instrumentation.
- All dangerous liquids (that might be ingested) should be stored out of the reach of children;
- Follow Standard (Universal) Precautions for cleaning and drying equipment and accessories;
- Contact an appropriate staff member when:
  - copies of tests or other materials are running low (do not use the last form of any test);
  - equipment malfunctions;
  - equipment or materials must be used outside of clinic areas;
  - equipment or materials are missing;
  - parts of equipment (eg., headphones) or kits (eg., manuals) are missing.

Audiology Clinic

- Equipment manuals, test materials and calibration records are located in Room 227;
- Allow equipment to run during business hours;
- Shut down equipment at the end of the work day or during stormy weather.

Children’s Center

- Tests, test forms and other materials are available to student clinicians assigned to The Children’s Center or with approval of the director;
- Checkout forms are in Room 109.

DuBard School

- Materials and equipment are available to student clinicians assigned to The DuBard School.

Speech-Language Clinic
General:
- The materials room is located in Room 233 J.B. George Bldg.;
- Hours: 8 a.m. - 5 p.m.;
- All student clinicians assist in managing and securing the materials room;
- Request a key as needed from the Speech-Language Clinic director or the clinic secretary;
- Submit suggestions for new materials or procedural changes to the Clinic Director.

Item locations:
- General items (e.g., speech sound cards, stopwatches, therapy materials)- stored on labeled shelves;
- Test protocols- arranged alphabetically in the top drawer of the filing cabinet;
- Pull needed protocol forms from the FRONT of folders- do NOT remove file folders themselves.

Forms are running low when a pink sheet is in front of a folder:
- Remove the pink sheet from the file;
- Place it in the copy box on top of the file cabinet;
- Inform a clinic supervisor.

What to checkout:
- Entire kits or protocols, NOT parts (e.g., manuals);
- If a manual is part of a kit, checkout the ENTIRE kit;
- Entire instruments (e.g., audiometers & headphones).

Checkout procedure:
- Sign and date the inventory card attached to an item;
- File the card in front of the beige box on the desk.

Return procedure:
- Pull the inventory card from the beige box on the desk;
- Return date the card;
- Attach the card to the original item;
- Return the item to its assigned storage area.

Return policy:
- General- 5 p.m. on the same day of the checkout.
- Overnight:
  - Must be cleared with a materials room worker and the clinic director;
  - "Overnight" is written on the inventory card;
  - Can be checked out at 4:45 p.m.;
  - Must be returned at 8 a.m. the following workday.

Reserve:
- Diagnostic team members must contact their supervisors well in advance to reserve items for scheduled appointments.

Given their frequent use, student clinicians should purchase their own:
- Speech sound card decks;
- Tape/digital recorder;
- Assorted batteries (9 volt, C, etc.);
- Flashlight and penlight with batteries;
- Stopwatch;
- Assorted reinforcers (e.g., stickers, chips, games, pencils, prizes);
- Markers, crayons, construction paper, scissors.

Consequences:
- Students who fail to comply with the standard 5 p.m. return deadline are contacted by phone to return items and
- Lose materials room privileges after three checkout/return violations in a semester.

M. Messaging
- The message board adjacent to Room 208 is an important (albeit "low tech") source of clinical communication;
Appointment cancellations, schedule changes and other matters of interest are posted;
Cancellation/rescheduling notices should remain posted until the day following cancelled/rescheduled appointments;
Check for messages several times daily, especially if clients/pupils are late for appointments.

iv-N. New Student Orientation

Audiology and Speech-Language Pathology Clinic directors hold a mandatory two-day orientation meeting in fall semesters for new students admitted to graduate studies in Speech and Hearing Sciences. Students meet the school and university-based program directors and are introduced to the following topics (referenced in this Student Handbook):

- ASHA Code of Ethics;
- ASHA Scope of Practice for Speech-Language Pathology and/or Audiology;
- ASHA Knowledge and Acquisition of Skills Assessment (KASA) for Speech-Language Pathology and/or Audiology;
- Clinical Guidelines and Issues for Speech-Language Pathology and/or Audiology;
- Complaint/Conflict Resolution;
- Curriculum Issues in Speech-Language Pathology and/or Audiology;
- HIPAA;
- Off-Campus Assignments for Speech-Language Pathology and/or Audiology;
- Professional Ethics and Academic Honesty;
- Standard (Universal) Precautions.

Attendees sign a "New Student Orientation" form to verify attendance and content; forms are filed in students' advisement folders.

iv-O. Observations

General
- Observation rooms are adjacent to clinic/classroom areas;
- Students are encouraged to observe frequently;
- Only students, faculty, staff and parents are allowed in observation rooms;
- Supervisor permission is required;
- Observation room doors should remain closed;
- No food or drink;
- Video or audio recordings are not allowed.
- Observers should:
  - notify student clinicians of their presence to assure clinician availability for questions;
  - be discreet and professional when discussing clients/pupils (parents/family members may be present);
  - follow confidentiality guidelines;
  - sign up on the appropriate observation list located in the main office.

Audiology Clinic
- The number of observers must be restricted given limited space in test suites;
- Supervisors decide if parents accompany children into test suites.

Children’s Center
- Parents are encouraged to observe sessions on a regular basis.

DuBard School
- Arranged through the professional development coordinator.
Speech-Language Clinic

- Parents should observe at least two supervised sessions per semester;
- Parental observations require supervisor presence to explain and discuss sessions.

**IV-P. Office Staff**

- Our office staff is very busy and it is important that we make as few extra demands on them as possible;
- Their purpose is not to take personal phone messages (emergencies only) or provide personal typing services;
- Routine business should be handled at the front window;
- The clinic secretary accepts diagnostic reports (for final editing and printing) after they are approved and initialed by supervisors.
- Students should:
  - Use the telephone in the graduate student carrels for business calls;
  - Conduct themselves appropriately when completing business in the main office.

**After-hours policy** (effective June 4, 2018)

- On days in which it is known that clients/patients or clinical service providers will need office staff assistance later than 5:00 PM, the office will remain open and at least one office staff worker will remain and assist as long as needed but no later than 6:00 PM.
- Clinical service providers (faculty members or students) shall inform the office manager as early as possible, but no later than 4:00 PM of the day services are provided, when it is known that after-hours assistance from office staff will be required. Requests for after-hours assistance made after 4:00 PM may not be fulfilled; the decision will be at the discretion of the office manager and the School Chair/Director.
- The Office Manager shall be informed prior to 4:00 PM of the day services are provided when previously requested after-hours assistance will no longer be required.
- Office staff may request comp-time or overtime pay for hours worked beyond forty hours during the regular work week.

**IV-Q. Office Hours (faculty)**

Each faculty member shall set and post a minimum of two office hours (not necessarily consecutive) per regular work day (8:00 a.m. – 5:00 p.m.) for at least three of the five regular work days (M-F) per week. The expectation is that a faculty member will be in his/her office or readily available in the Speech and Hearing work area (J.B. George Building and ancillary schools) during posted office hours. Exceptions to this policy must be approved by the School Director.

**IV-R. Operating Schedules**

Audiology and Speech-Language Clinics

- Operate on a 12 month basis;
- Schedule generally follows the official University calendar;
- Services are provided on an appointment basis;
- Appointment availability is based on University and student clinician schedules;
- Services generally begin a week after the first day of a new semester and end a week prior to the last day of classes;
- Hours- 8 a.m. to 5 p.m.

Children’s Center

- Schedule generally follows the public school calendar;
- August - May: Monday through Friday, 8:30 a.m. through 3:30 p.m.;
Summer schedules vary every year.

**DuBard School**

- Schedule generally follows the public school calendar;
  - August - May: Monday through Friday, 8:00 a.m. - 2:30 or 2:40 p.m.;
  - June- Monday through Thursday, 8 a.m. - 5 p.m.;
  - August - June: Monday through Thursday, client therapy services 8 a.m. - 5:30 p.m.;
  - Office hours- 8 a.m. - 5 p.m.

**iv-S. Security & Housekeeping**

Graduate students are provided with keys (deposit required) to the graduate carrels and the computer lab. Personal belongings should be stored in these areas and these rooms should remain locked at all times.

Students should:

- Maintain security when using SHS resources at night or over weekends- switch off lights and equipment when leaving;
- Not leave personal belongings (eg., books, purses, coats and backpacks) unguarded anywhere in the J.B. George Building;
- Follow "Emergency" procedures if unusual or suspicious activity is observed.
- Maintain the audiology booths and fitting rooms. Students are assigned specific "clean-up days" each semester. Practicum grades reflect, in part, fulfillment (or lack thereof) of clean-up duties.

**iv-T. Student Insurance**

- Professional liability insurance coverage is required for on-campus and off-campus student clinicians;
- ASHA offers coverage to student clinicians and faculty;
- Coverage is issued under a blanket policy at a substantial savings relative to comparable individual policies;
- Student clinicians are charged a $10 fee by 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 in one of the school's affiliated programs or university-approved, off-campus practicum sites where student clinicians are completing degree requirements.

**iv-U. Social Media Policy**

Social media is a term that encompasses a wide array of activities which include the use of multiple forms of technology. Social media includes, but is not limited to, Facebook, Instagram, SnapChat, YouTube, Wikis, blogs, virtual worlds, live and recorded podcasts and any other sharing of information via the use of technology. Students should become familiar with The University of Southern Mississippi’s Social Media Policy. All students enrolled in the university are subject to adhere to these guidelines found here https://www.usm.edu/university-communications/social-media-guidelines.

Per guidelines of The University of Southern Mississippi Speech-Language-Pathology and Audiology Clinics, violation of the HIPAA regulations will result in disciplinary action against the student. Students are expected to follow HIPAA regulations and avoid posting of any protected health information or patient/client identifiers. The list of patient identifiers can be found here http://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html.

Students should use caution and good judgment when posting information on all social media sites, whether personal sites or sites related to The University of Southern Mississippi and/or the School of Speech and Hearing Sciences. Students are expected to make every effort to present themselves in a mature, responsible and professional manner while utilizing social media. Defamatory remarks of any kind which target faculty, staff, on- and off-campus supervisors,
clients or any other individuals associated with the training program will not be tolerated. Students are reminded that many employers and externship sites review social media as a part of the screening process. Remember, there is no such thing as a private social media site. Always assume any information you share can be accessed by anyone, anywhere, anytime.

Furthermore, please be mindful when asking your faculty, staff, on- and off-campus supervisors, or any clinical site employee to “friend” you on any social media site while you are a student at The University of Southern Mississippi. This request puts The University of Southern Mississippi employees, off-campus supervisors and yourself in an awkward and potentially damaging situation while sharing personal information about each other.

IV-V. Student Traineeships
Student traineeships are offered by a limited number of off-campus practicum sites. Only students who are enrolled in supervised practicum at approved sites are eligible for traineeships. Arrangements for traineeships must be completed and approved by the off-campus placement adviser prior to beginning the off-campus experience. Any financial compensation must be based on the traineeship model [students in training may not serve as salaried professionals].

V. National Exams in Audiology & Speech-Language Pathology
General

- Students should request application materials for the audiology or speech-language specialty test of the Praxis toward the end of their graduate studies;
- Exams are administered several times each year and are required for the ASHA Certificate of Clinical Competence;
- The reporting code is R1479;
- Au.D. students must also pass qualifying and comprehensive exams prior to taking the National Praxis exam - see faq's;
- Speech-language graduate students must also pass a local comprehensive examination (effective Fall, 2016) prior to taking the National Praxis examination - see faq's on the SHS website.

VI. Practicum

VI-A. Courses
SHS 450 (On-Campus Student Teaching: Observation)

- Undergraduate students observe assessment and habilitative/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.

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

- Prerequisites: SHS 450 or permission of clinic director and a grade point average of 3.0 at the time of advisement;
- Undergraduate assistants are paired with more experienced graduate clinicians to assist in various activities in one of the affiliated service programs.
- Responsibilities of assistants include:
  - observing clinical management within therapy rooms;
o gathering appropriate materials;
o sharing in development of semester treatment plans and daily lesson plans;
o providing general support to various aspects of treatment programs.

This course:
o begins as an observation experience;
o develops into a joint venture by mid-semester;
o ends with students working independently.

Grades are based on completion of assignments during the semester;
Thirty clock hours of assisting in speech-language pathology are required for each academic hour of credit;
A maximum of 25 clock hours may be earned for clinical assisting regardless of the number of semesters 311 is scheduled;
Clock hours toward certification are acquired only if students work directly with clients/pupils.

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

Prerequisites: SHS 221 and SHS 450;
Undergraduate students are assigned to various activities in the Audiology Clinic;
The initial experience begins with observation and culminates in assisting graduate clinicians as they provide services;
Student assistants complete summary reports for each session.

SHS 687, 688 (On-Campus Practicum in Speech and Hearing Sciences)
(687=Speech-Language Pathology; 688=Audiology)

Graduate students obtain experience in the assessment and management of individuals demonstrating a variety of speech, hearing or language problems;
Speech-language pathology graduate students on regular (not conditional) status are eligible to enroll;
Audiology graduate students on regular or conditional status are eligible to enroll;
25 clinic hours (including contact hours and administration time) = one academic credit hour for speech-language pathology students;
Placement may include off-campus sites for audiology students;
Instructor permission is required.
Factors considered in assignments-
o experiences that contribute most to a student’s professional goals and growth;
o time available for clinical activities (approximately 12 hours weekly);
o prior academic courses related to client disorder(s);
o ASHA certification requirements;
o program needs.
Children’s Center
  ▪ students must demonstrate requisite skills or have permission of the director.
DuBard School
  ▪ SHS 432 is required.
Speech-Language Clinic
  ▪ SHS 450 is required.

SHS 694 (Off-Campus Practicum in Speech and Hearing Sciences)
(Section 01=Audiology; 02=Speech-Language Pathology)

Graduate students are assigned to medical, institutional, private practice or other clinical settings for supervised experience with speech, language and hearing-impaired individuals;
Students completing a one-semester, full-time practicum should register for nine hours;
o Students follow the work schedule, rules and regulations of the facility in which practicum is completed;
o Instructor permission is required;
o Sites must be cleared with off-campus placement coordinators.

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY STUDENTS ARE NOT ASSIGNED TO OFF-CAMPUS SITES IF THEY HAVE ACCUMULATED LESS THAN A 3.0 GRADE POINT AVERAGE IN GRADUATE COURSES COMPLETED AT THE UNIVERSITY OF SOUTHERN MISSISSIPPI.

SHS 695 (Student Teaching Off-Campus Practicum)
(Section 01=Speech-Language Pathology)

o Graduate students are assigned to public schools for supervised experience with speech, language and hearing-impaired pupils;
o Students follow the work schedule, rules and regulations of the school facility in which practicum is completed;
o Instructor permission is required;
o Sites must be cleared with off-campus placement coordinators.

AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY STUDENTS ARE NOT ASSIGNED TO OFF-CAMPUS SITES IF THEY HAVE ACCUMULATED LESS THAN A 3.0 GRADE POINT AVERAGE IN GRADUATE COURSES COMPLETED AT THE UNIVERSITY OF SOUTHERN MISSISSIPPI.

vi-B. Clock Hours
General

o Students use the courses listed in this section (except SHS 450) to fulfill clock hours requirements of various accrediting agencies (ASHA, MDE);
o Most speech-language students require 4 semesters of supervised on-campus practicum;
o An "Incomplete" grade is assigned at the discretion of the Clinic Director/coordinator and/or committee if minimum clock hour requirements do not demonstrate proficiency (learn more);
o Only clock hours that represent direct client/pupil service are counted for certification purposes;
o Up to 75 clock hours (includes 25 observation hours) of clinical practicum obtained from any undergraduate program in communication disorders can be counted toward clock hour requirements for the master's degree in speech-language pathology;
o Audiology graduate students must accrue a minimum of 380 clock hours prior to beginning their externship;
o Student assistants assigned to the school's university-based programs are allowed to count some of their work time toward fulfilling clock-hour practicum requirements.

Audiology Majors (ASHA Certification):

o Au.D. students must complete a minimum 12-month full-time equivalent of supervised clinical practicum;
o The aggregate total of clinical experiences should equal 52 work weeks;
o A week of clinical practicum is defined as a minimum of 35 hours per week in direct patient/client contact, consultation, record keeping and administrative duties relevant to audiology service delivery [52 weeks x 35 hours per week = 1,820 hours].

Speech-Language Pathology Majors (ASHA Certification):

o See faq's on the school's website for links to new standards.
vi-C. Clock Hours- Record of
  o Clock hours are recorded and managed online via CALIPSO (Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations);
  o Graduate students create a CALIPSO account during orientation (a one time fee of $85.00);
    o Aud students: https://www.calipsoclient.com/audiology/usm/account/login
    o SLP students: https://www.calipsoclient.com/usm/account/login
  o Unless special permission is granted, CALIPSO clock hour entries for any given semester are due on the last of class (not the last day of the semester) in order for a student to obtain a grade;
  o Questions regarding CALIPSO should be referred to the Clinic Directors.

vi-D. Meetings
  o Students clinicians are required to attend periodic practicum meetings (Audiology Clinic meetings are scheduled bi-weekly);
    o Large group meetings are called at a clinic director's discretion;
    o Small group meetings are called at individual supervisors' discretion for their supervisees.
  o Students, staff and faculty interact at these meetings and discuss topics that may include:
    o scheduling;
    o assessment and management techniques;
    o policies and procedures;
    o professional topics;
    o program goals.
  o Consequences-
    o unexcused absences from practicum meetings will adversely affect practicum grades.

vi-E. The Clinical Fellowship Year (for Speech-Language Pathologists)
  o The state of Mississippi requires speech-language pathologists and audiologists in private practice and in some other agencies to have licenses;
  o Public school personnel need not have licenses unless they have an additional private practice, though they must hold a valid MDE teaching certificate;
  o Mississippi professional licensure requirements are compatible with those of the ASHA-CCC;
  o Address licensure questions to the clinical director;
  o Licensure requirements of other states are on file in the clinic director’s office.

VII. Professional Clinical Protocol

Preparation:
  o Prepares for and conducts clinical services as assigned (including reviewing client files, developing questions and plans of care, key points, etc.);
  o Completes all duties for total case management (e.g. completing forms, phone calls, referrals, faxes);
  o When experiencing undue stress or personal problems, requests permission to withdraw from practicum until such time that clinical responsibilities can be resumed (This should be conducted through the Audiology Clinic Director/Speech-Language Pathology Clinic Director).

Punctuality:
Does not cancel or make appointments without approval from direct clinical preceptor;
Begins and ends each client session using appropriate time management skills;
Never leaves clinic until dismissed by the direct clinical preceptor;
Requests approval for absences in writing in advance of any anticipated absences from professional responsibilities;
Submits all written assignments (test results, reports, letters) in acceptable form using correct grammar, paragraph structure, punctuation and spelling by scheduled deadlines;
Attends all meetings/conferences/consultations on time;
Checks with respective clinical preceptor(s) regarding absence policies.

Confidentiality:
Completes HIPAA training at the school’s Graduate Student Orientation;
Acts in accordance with Health Insurance Portability and Accountability Act regulations;
Is familiar with and aware of all consequences associated with breaking confidentiality.

Personal Appearance:
Maintains and promotes a positive professional image at all times;
Maintains proper personal hygiene at all times;
Checks with Audiology Clinic Director/Speech-Language Pathology Clinic Director with questions regarding appropriateness of attire.

Communication
Utilizes appropriate oral and written communication in all professional activities with clinical preceptors, clients, families and other professionals;
Contacts clinical preceptor if there are circumstances inhibiting completion of work by designated deadline.

In instances where violations of these standards are observed, the clinical preceptor who deems the conduct as inappropriate will complete a Professional Protocol Notice. Violations of Professional Protocol may result in probation, formulation of a remediation plan and/or lowering of clinical grades as well as possible termination/removal from on and off-campus clinical responsibilities.

VIII. Student Competencies
(Learning Goals/Objectives/Outcomes/Skills)
- assist with behavioral infant testing, traditional hearing evaluations and various electrophysiological assessments;
- assist with evaluations, adjustments and analyses of hearing aids;
- assist making ear mold impressions, complete hearing aid forms and FDA screening items and assist with hearing aid orientations;
- hand in reports and folders with appropriate materials to their supervisors within 24 hours after seeing clients for services;
- completely fill-out forms such as audiograms; no "white out," please; use red or black felt tip pens to enter and connect thresholds on audiograms.

- Second Year Student Clinicians:
  - conduct pre-test interview and post-test counseling with "occasional" assistance from their supervisors;
  - complete basic audiometric and tympanometric evaluations and electrophysiological assessments;
  - check with their supervisors if ventilation tubes are present or if ear canals appear atypical in any manner prior to tympanometry or making earmold impressions;
  - prepare reports;
  - assist with hearing aid evaluations and begin associating audiometric test results and hearing aid data;
  - complete hearing aid fittings and electroacoustic analyses;
  - make ear mold impressions;
  - recite criteria for masking & complete masking procedures with assistance;
  - interpret pure tone and speech audiometric, tympanometric and various electrophysiological results;
  - fill-out forms completely and accurately;
  - use appropriate instructions for administering tests;
  - begin observing clients' overall communicative performance as a basis for referral for additional services;
  - increase efficiency in conducting clinical sessions;
  - initiate modifications in test procedure to meet clients’ needs.

- Third Year Student Clinicians:
  - complete pre-test interview and post-test counseling sessions independently;
  - complete all standard audiometric procedures, hearing aid evaluations and electrophysiological assessments;
  - mask without assistance;
  - complete error-free reports.

Children’s Center

- See Speech-Language guidelines.

DuBard School

- Student clinicians learn:
  - effective implementation of the DuBard Association Method procedures and related therapy techniques at levels of instruction appropriate for children to whom they are assigned;
  - effective implementation of incidental and experiential language activities;
  - skills for appropriate behavior management.

Speech-Language

- Student clinicians learn:
  - planning:
    - actively reviewing client's chart and demonstrate a rationale for clinical procedures.
  - interviewing:
    - conveying a confident image in clinical setting;
    - providing clear (language appropriate) information to client and significant others with;
• interacting with other professionals;
• establishing comfortable atmosphere conducive to free conversation;
• switching topics smoothly;
• probing "significant others" adequately;
• verifying address and phone numbers.

○ management:
  • using appropriate stimulus control;
  • managing client behavior effectively;
  • maintaining client attention and motivation.

○ learning procedures:
  • conveying clear goals to client;
  • using reward and penalty appropriately;
  • collecting behavioral data.

○ test administration:
  • administering tests appropriately, present stimuli accurately and in accordance with test procedures;
  • establishing basals, ceilings and thresholds correctly;
  • scoring protocols accurately;
  • demonstrating good clinical observation skills;
  • demonstrating clinical flexibility.

○ report writing:
  • completing reports in appropriate format and with correct grammar;
  • stating source and reason for referral;
  • summarizing complete background information (medical, developmental, educational);
  • reporting accurate and appropriate tests results (formal and informal) and observations;
  • addressing relevant behaviors in diagnostic and clinical findings relative to recommendations;
  • stating and justifying prognosis;
  • listing appropriate distribution references (release form signed) at bottom of report (e.g., cc: Dr. John Doe).

○ exit interview:
  • interpreting tests;
  • stating limitations of results;
  • correlating findings with developmental norms;
  • specifying severity, etiology and prognosis for the problem;
  • including recommendations and referrals that are appropriate, specific and complete;
  • suggesting management approaches, procedures or other referrals based on reported and observed client behaviors.

**VIII-B. Remediation: Audiology & Speech-Language Pathology**

Remediation for academic course work is left to the discretion of instructors.

Clinically, successful advancement in practicum requires documented ability to accurately and independently execute numerous assessment and management procedures, counseling techniques and report writing in both on-campus and off-campus assignments.

The following remediation options are available to students who display unsatisfactory clinical performance after a reasonable period of time has elapsed.

• **Step 1- Immediate supervisors:**
  ○ meet with their student clinicians (typically by mid-term) for detailed discussions of area(s) of weakness and possible solutions;
• set deadlines by which performance must improve;
  o advise their student clinicians, in writing, of consequences if behavior has not improved by deadlines.

• Step 2- If satisfactory performance is not demonstrated by designated dates, the clinic director:
  o meets with student clinicians and their immediate supervisors;
  o advises students of their Probation status;
  o structures a written Student Review Plan (agreed to by student clinicians and their immediate supervisors) which includes:
    ▪ remediation deadlines and consequences if not accomplished;
    ▪ remediation strategies that may include:
      ▪ observation of other clinicians who are performing well;
      ▪ literature review assignments;
  o video-tape reviews of clinical sessions with immediate supervisors (written summaries optional);
  o role-playing and discussion of problem area(s) and alternatives for improvement;
  o demonstration by one or more clinical supervisors;
  o additional practicum experiences that address problem area(s).

• Step 3: If satisfactory performance is not demonstrated by designated dates-
  o on-campus students:
    ▪ are removed from clinical rotations for the following semester;
    ▪ observe a variety of clinical procedures under student mentor direction.
  o off-campus students are:
    ▪ re-assigned to on-campus experiences for the following semester only with intensive supervision.

Consequences: Student clinicians are not considered for externships if satisfactory performance is not demonstrated after completing step 3.

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viii-C. Grading

A-students:

• Demonstrate the ability to work independently;
• Evaluate themselves and discuss strengths and weaknesses with their supervisors;
• Take initiative in making effective changes and participate in discussions of theoretical and management-diagnostic ideas with their supervisors;
• A’s are assigned only to students demonstrating outstanding clinical performance.

B-students:

• Work independently with minimal direction from their supervisors;
• Review competencies and recognize general weaknesses identified by their supervisors;
• Ask questions and make modifications suggested by their supervisors.

C-students:

• Work under conditions of ongoing maximum direction;
• Require significant supervisor intervention;
• Need specific direction or demonstration from their supervisors to perform effectively.

*D-students:

• Are primarily dependent (for at least half of the time) on their supervisors for direction and intervention;
• Require help from their supervisors with planning goals, revising lessons or conducting therapy;
• Benefit from specific supervisory direction through improved performance.

*F-students:
• Are totally dependent on their supervisors for direction and intervention;
• Are totally reliant on their supervisors for planning goals, revising lessons or conducting therapy;
• Do not alter unsatisfactory performance even with specific direction from their supervisors.

*I-students:
• Do not accumulate sufficient clock hours in practicum courses;
• Must complete practicum hour requirements by the end of the following semester ("I's" become "F's" if requirements are not fulfilled by the end of the following semester per University policy).

*If an audiology or speech-language pathology major's practicum grade falls below a C, practicum hours accumulated for that semester will not be counted towards ASHA certification (in accordance with ASHA guidelines);

*Audiology and speech-language pathology students are not assigned to off-campus practica if they have accumulated less than a 3.0 GPA in graduate courses completed at The University of Southern Mississippi.

Audiology Clinic:
• General criteria for letter grades described above are considered in addition to students':
  o prior experience;
  o prior course work;
  o improvements in performance over current and from prior semesters of practicum.

Children's Center, DuBard School, Speech-Language Clinic
A rating scale on the "Diagnostic and Management Evaluation Form" is used to help quantify grade descriptions (previous section) according to students' level of enrollment.

IX. Supervision

Policy
Supervision of graduate students in Speech-Language Pathology and Audiology is a crucial element in the education of the students at The University of Southern Mississippi. Supervision, on and off-campus, allows the student invaluable opportunities to become competent, effective, and evidence-based providers.

The University of Southern Mississippi's Speech-Language Pathology and Audiology program believes it is imperative that all supervisors, both on and off-campus, are current with the supervisory process, clinical supervision pedagogy and university policies. These competencies can be developed through a wide array of techniques including but not limited to continuing education opportunities and communication with the on-campus clinic coordinators.

A qualified supervisor for a practicum placement is an individual who encompasses all of the following characteristics:

• Currently holds licensure in the state in which he/she practices;
• Currently holds the ASHA Certification of Clinical Competence in the specialized area of either Speech-Language Pathology or Audiology.

A qualified supervisor for the Clinical Fellowship/Audiology Externship is an individual who encompasses all of the following characteristics:
- Currently holds licensure in the state in which he/she practices;
- Currently holds the ASHA Certification of Clinical Competence in the specialized area of either Speech-Language Pathology or Audiology;
- Has practiced for at least 3 years in the setting and population for which he/she will be supervising students for the Clinical Fellowship/Audiology Externship.


Any questions related to clinical supervision of students should be directed to the Speech-Language Pathology Clinic Director and the Audiology Clinical Education Director.

General

- A faculty supervisor with the Certificate of Clinical Competence must be physically present when clinical services are provided;
- 100% "line of sight" supervision is required for services provided to Medicaid clients;
- ASHA requires direct supervision of 25% of treatment hours and 50% of diagnostic hours;
- The amount of direct supervision varies as a function of the:
  - complexity of assessment-management procedures;
  - students' experience, skill-level and confidence.

Audiology Clinic

- Generally follows Speech-Language Clinic guidelines.
- Medicaid clients require 100% "line of sight" supervision.

Children's Center and DuBard School

- Staff speech-language pathologists supervise students assigned to them;
- Mini-conferences may be held:
  - immediately after practicum sessions;
  - on a regular basis at prescribed times;
  - at the discretion of supervisors;
  - at the request of student clinicians.

Children's Center

- One-hour clinician meetings are held weekly.

Speech-Language Clinic

- Staff speech-language pathologists supervise students assigned to them;
- Preparation:
  - supervisors provide guidance, but do not plan students' actual therapy sessions;
  - supervisors are available to assist student clinicians in planning, managing and developing appropriate activities.
- After sessions, supervisors are available to:
  - discuss planning, clinical management and procedures;
  - provide immediate feedback to students.
- Students experiencing difficulty in practicum (learn more):
• are provided with written evaluations at mid-semester;
• meet with their supervisors to discuss clinical status.
• Supervisors meet with students assigned to diagnostic teams to discuss strategy and performance before and after scheduled diagnostic sessions.
• Final grade assignments:
  o recommended on the basis of faculty/staff evaluations of students' work;
  o the clinic director maintains student clinician evaluations;
  o end-of-semester conferences are held with individual student clinicians as warranted;
  o student evaluations of supervisors and supervisor evaluations of students are completed at the end of each semester.

X. The Client/Clinician Scheduling Process

Audiology Clinic

Student clinicians

• Are expected to pair up in a "buddy system" so that individuals can "cover" one another when legitimate illnesses or emergencies occur;
• Should check with their supervisors when planning to "fill in" for a buddy.

Children’s Center

• 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 are assigned times for therapy by supervising clinicians.

DuBard School

• Practica are 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-Language Clinic

• Student clinicians meet with their clinical supervisors and the clinic director to create a tentative practicum schedule at the beginning of each semester;
• Clinical assignments (see criteria) are announced at the initial semester practicum meeting;
• Written assignments contain the:
  o client's name;
  o supervisor's name;
  o schedule of length and number of weekly sessions;
  o fee.
• After receiving therapy assignments, student clinicians:
  o sign-out client folders from Room 208 and familiarize themselves with the contents;
  o meet with their supervisors to develop appropriate management plans;
  o receive packets of forms for therapy clients;
  o familiarize themselves with packets to determine which forms must be filled out prior to initial therapy sessions (i.e., letter of introduction, parking permit, clinic policy letter).
• Academic and practicum advisers meet as needed to rebalance schedules so that students' academic work is not impaired;
• Student clinicians can contact the clinic director as needed with problems fulfilling practicum obligations;
Barring unusual circumstances, student clinicians keep assigned clients for an entire semester.

XI. The Cancellation & Rescheduling Process

General

- Student clinicians should not assume that clinics are closed or academic classes are cancelled if one or more faculty supervisors attend professional meetings;
- Supervisors with outside professional commitments make specific arrangements with students regarding academic and clinical assignments;
- Students should request permission from their supervisors for release time (re: legitimate illness or emergencies, field trips and professional meetings);
- Students should contact appropriate supervisors regarding procedures to follow when special clinical assignments (eg., NICU) conflict with established clinical schedules;
- Student clinicians:
  - cannot cancel/change appointments without supervisor permission;
  - must clear appointment cancellations/changes with their supervisors as far ahead as possible;
  - must notify parents or clients of appointment cancellations/changes after obtaining supervisor clearance.

Audiology Clinic

- Student clinicians should:
  - report approximately 20 minutes prior to assigned appointment times, regardless of a cancellation (other individuals can often be scheduled at a moment's notice);
  - check with their supervisors regarding appropriate waiting periods when clients are late;
  - check with their supervisors prior to dismissing clients.

Children’s Center

- Supervisors schedule all therapy appointments.

DuBard School

- The director or staff cancels appointments- student clinicians are informed prior to cancellations and appointment changes;
- In case of inclement weather, The DuBard School is open if the University is open.

Speech-Language Clinic

- Check the message board next to Room 208 and check with the clinic secretary for messages when clients are late;
- Document cancelled/rescheduled sessions in client folders;
- Client cancellation policy (therapy):
  - clients are 15 minutes late (no message) without prior tardiness;
  - late fees are assessed at the discretion of supervisors;
  - student clinicians obtain supervisor permission prior to leaving.
- Client cancellation policy (evaluation):
  - clients are 20 minutes late (no message);
  - student clinicians obtain supervisor permission prior to leaving.
XII. The Communication Screening Process

General

- Screenings provide a pass-fail assessment of communication performance;
- When problems are suspected, referrals are recommended for formal evaluations at a later time.

Audiology Clinic

- Tympanometric screenings are available for younger children and infants;
- Audiometric guidelines (ASHA, 1989a) for older children and adults through age 40 specify a 20 dB (HL) screening level at 1K, 2K and 4K Hz;
- Individuals fail if they cannot detect a test tone in either ear at any of the screening frequencies.

Speech-Language Clinic

- Standardized and criterion-referenced speech-language screening tests are used with children of all ages;
- Care-giver responses to items on comprehensive-functional scales are used with clients of all ages;
- Standard audiometric screenings are completed with older children and adults.

XIII. The Communication Evaluation Process

XIII-A. Overview

- The following are required for clients/pupils seen for services:
  - charge slip- completely filled (provides input for follow-up).
  - temporary parking permit when seen for the first time;
  - parking permit application for services provided over extended periods;
  - see additional items in "Client/Pupil Records."
- Prior to appointments:
  - case histories are reviewed by student clinicians and their supervisors to determine appropriate interview questions and test materials;
  - clients/parents are expected to meet financial obligations for services unless prior arrangements have been made with clinic directors (as applicable);
  - biological listening checks are completed on audiometers;
  - materials and equipment (see "checkout procedures") and diagnostic suites are prepared to receive clients.
- At appointment times:
  - student clinicians introduce themselves, then escort clients and/or parents into a diagnostic area for interviews and assessments.
- Upon completion of assessments:
  - student clinicians and their supervisors privately discuss test results and observations;
  - follow-up counseling with clients/parents includes:
    - test interpretation;
    - management plans;
    - a question/answer period;
    - referral recommendations.
• Before clients leave:
  o student clinicians escort clients to the office window and provide a fee slip to the secretary for billing purposes (as applicable).

• After clients leave:
  o students put diagnostic suites in order and return equipment and materials;
  o students label all test information with a client's name, examiner's signature and date (month, day, year) of evaluation prior to placement in client folders;
  o supervisors provide instructions for organizing materials in folders;
  o test forms, language samples, etc., must remain in client/pupil folders and should not be removed from designated areas to prepare reports (see Client/Pupil Records Confidentiality).

Audiology Clinic
  o Clients/parents complete case histories when reporting for initial appointments;
  o Student clinicians use standardized pure tone air and bone conduction and speech audiometrics;
  o Modifications are documented on audiograms and/or reports;
  o Additional site-of-lesion and auditory processing tests are administered at supervisors' discretion;
  o Student clinicians should attempt to form an impression of clients' overall communication status as a basis for additional referral.

Children's Center and DuBard School
  o Evaluations are arranged through the program director (Children's Center) or Out-Client Services Coordinator (DuBard School) and are conducted by staff members;
  o Students may observe if previous arrangements are made.

Speech-Language Clinic
  o Appointments are scheduled only after receipt of a case history form.

XIII-B. Evaluation/Assessment Reports

General
  o Student members of diagnostic teams must acquire the computer skills needed to prepare, store and print reports;
  o Student clinicians should follow confidentiality policies (re: Client/Pupil Records).

Audiology Clinic
  o Raw data forms (e.g., audiograms, tympanograms, etc.) should be completely and accurately filled out;
  o Clean copies (no erasures or 'whiteout') of raw data forms should be included with reports;
  o Rough drafts are due to supervisors within 24 hours after completing evaluations (strictly enforced);
  o Supervisors revise rough drafts and return to student clinicians for corrections;
  o Student clinicians return corrected drafts to their supervisors for final proofing and printing;
  o Supervisors and student clinicians sign final drafts;
  o Students return completed folders to the clinic secretary for filing.
  o Consequences: (see Speech-Language Clinic)

Children’s Center and DuBard School
  o Evaluation reports are prepared by staff conducting the evaluation;
  o Report contents may be shared with student clinicians under certain circumstances if confidentiality is maintained.
Speech-Language Clinic

- **Diagnostic Summaries:**
  - are prepared by student clinicians in lieu of Diagnostic/Evaluation Reports (next section) for clients entering therapy on referral from another agency who are not evaluated by our diagnostic teams;
  - should follow, as closely as possible, the diagnostic summaries outline;
  - follow the same deadlines for rough and final drafts of Diagnostic/Evaluation Reports (listed below);
  - are placed on file prior to treatment and include:
    - summaries of previous findings from the referring agency;
    - summaries of current findings based on our assessment data;
    - our clinical impressions and recommendations for treatment.

- **Diagnostic/Evaluation Reports:**
  - are prepared by student clinicians for clients evaluated by our diagnostic teams;
  - should follow, as closely as possible, the diagnostic report outline;
  - rough drafts:
    - are due to supervisors within 48 hours after completing evaluations (strictly enforced);
    - should be neatly typed and double-spaced.
  - supervisors revise rough drafts and return to student clinicians for corrections;
  - student clinicians return corrected drafts to their supervisors for final proofing;
  - approved final drafts are returned to student clinicians to submit to the clinic secretary for formatting edits and printing;
  - the clinic secretary notifies student clinicians when final drafts are ready for signatures;
  - supervisors and student clinicians sign final drafts;
  - students return completed folders to the clinic secretary for filing.

- **Consequences:**
  - if student summaries/reports are unacceptable after 12 days, supervisors write the documents;
  - student clinicians are graded accordingly.

**XIV. The Communication Management Process**

**xiv-A. Overview**

Student clinicians should not use diagnostic tests and materials for therapeutic purposes.

**Audiology Clinic**

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

**Children’s Center and DuBard School**

- Depending on assignments, supervisors outline and prepare students for session planning and therapy-related data collection.

**Speech-Language Clinic:**

**xiv-B. Terminology**

- **Behavior:** Any visible activity displayed by learners.
- **Criterion:** A standard/test/benchmark by which terminal behaviors are evaluated; same as the "evaluation of an objective."
Operationally written goal: What clients do to demonstrate mastery of desired skills or understanding. Session plans include procedures that lead to goals.

Terminal behaviors: Behaviors you would like learners to demonstrate at the time your influence over them ends.

Terminal goal: Desired client behavior at the end of therapy.

xiv-C. Semester Treatment Plans

General:
- required for all clients in therapy;
- due within two weeks after therapy begins (the clinic director sets deadlines);
- approved plans are:
  - signed by student clinicians and their supervisors;
  - filed in a client's folder.

Consequences:
- student practicum grades may be lowered if submission deadlines are not met.

Background:
- developed by student clinicians and their supervisors in order to:
  - base treatment upon a client's needs as perceived by an experienced Speech-Language Pathologist;
  - facilitate students' skills at translating theory to therapy (classroom to clinic).
- goals listed should:
  - be realistic and related to client performance;
  - be attainable within a target time frame (generally one semester with student clinicians) relative to client abilities;
  - refer to behaviors to be demonstrated at the end of therapy program with student clinicians (generally one semester);
  - be listed in the semester progress report.

Preparation:
- semester treatment planning begins during the first week of therapy when student clinicians and their supervisors acquaint themselves with a client's problem;
- students use all available clinical data in addition to insights and information provided by their supervisors;
- students and their supervisors formulate long-term and short-term therapy goals that address client changes to be achieved at the end of a particular semester;
- these goals become the semester treatment plan.

Sections of the form:
- identifying Information:
  - client’s name and age;
  - type of disorder and tests administered;
  - date of therapy session;
  - student clinician’s name.
- present status:
  - a summary of a client's current speech-level functioning according to: standardized test data;
  - language or conversational speech samples or;
  - informal assessment data.
- semester goals:
  - same as general aims, terminal goals, terminal behaviors or long-range goals;
  - directs clients toward speech, hearing or language rehabilitation;
• lists pertinent, general areas of therapeutic emphasis that are consistent with: diagnostic evaluation results;
• clinical observation;
• experimental therapy;
• past responses to therapy.
  ▪ evaluation procedures
  • a brief description of procedures/diagnostic tools used to evaluate semester goals.

xiv-D. Weekly Therapy Plans
  o General:
    o pre-approved by supervisors before student clinicians meet with clients/pupils;
    o due each Friday before noon for the following week's sessions;
    o inserted in a client's working folder* and placed by students in their supervisor's box;
    o *working folders contain:
      ▪ session plans;
      ▪ weekly summaries;
      ▪ session evaluations;
      ▪ supervisor feedback/critique sheets; and
      ▪ updated clock hour sheets.
  o Consequences:
    o failure to meet submission deadlines:
      o student clinicians may not receive credit for therapy sessions;
      o practicum grades may be lowered.
  o Sections of the form:
    o session goals (answer the following questions):
      ▪ what do I want this client to learn?
      ▪ how will I know whether or not learning has occurred?
      ▪ are the weekly objectives a likely step toward a long-range goal and timed appropriately in sequence? Is this step necessary?
      ▪ what instructional procedures do I use to reach the goal?
      ▪ am I using reinforcement effectively?
    o general characteristics:
      ▪ clearly written in a more specific and concrete manner than broader semester goals;
      ▪ achievable in a relatively short period of time (i.e., roughly one session to a month per individual clients);
      ▪ result from anticipated attitudes, knowledge and skills needed to reach a given semester goal and steps toward a larger goal;
      ▪ task analysis helps to establish these short-term goals;
      ▪ deal directly and specifically with relating academic material to clinical procedures;
      ▪ should be the order of the day for a given session;
      ▪ should be clear to student clinicians, their supervisors, and, to the extent possible, their clients.
    o procedures and materials:
      ▪ activities used to accomplish session goals;
      ▪ same as procedures leading to goals or specification of teaching goals;
      ▪ activities are simple, appropriate, interesting and varied for the client and relevant to meeting session goals;
      ▪ procedures are written descriptively in a chronological, logical or psychological order;
      ▪ materials include specific equipment, books, games, records and other learning aids used to implement procedures;
The choice of procedures is relatively unimportant as long as they contribute to a client's improvement; clients should verbalize the goal of activities.

- reinforcement:
  - reinforcers and reward systems are determined by individuals' general personality and age.
- evaluation procedures:
  - data collection methods (e.g., daily progress records, language samples, checklists) used to evaluate mastery or non-mastery of daily objectives.

### XIV-E. Semester Progress Reports

- General:
  - student clinicians compare baseline data to that collected throughout the semester;
  - comparisons constitute the basis for future management or dismissal from therapy (see criteria);
  - comparisons can be based on:
    - test results;
    - performance percentages;
    - informal observations recorded in notes and therapy plans.
  - submitted by student clinicians to their supervisors 1 to 2 weeks before the last day of semester classes.
- Consequences:
  - practicum grades may be lowered if submission deadlines are not met.

### XIV-F. Therapy Dismissal Criteria

- Dismissal decisions are based on discussions between student clinicians, their supervisors and clients/parents relative to the following:
  - families/clients choose other services or choose to terminate services;
  - other services are deemed more appropriate;
  - clients do not attend three therapy sessions without prior notification;
  - evaluation results reflect maximum achievement.

### XV. Infectious Diseases

#### XV-A. Overview

**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. 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.

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:

**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**

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-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.

**xv-B. Standard (Universal) Precautions**

Student clinicians are oriented to these guidelines at the fall orientation meeting for new graduate students;

- **Earphone cushions:**
  - place new earphone covers over earphone cushions prior to testing- discard after each use;
disinfect earphone cushions after use by a client with "dirty" or infected ears;
- at a minimum, disinfect cushions once a semester with 1:10 Clorox solution (remove cushions from earphones prior to cleaning).
- Tables, surfaces and washable toys:
  - disinfect with 1:10 Clorox solution (available in spray bottles):
    - prior to a client's arrival if table/surface/ item looks dirty;
    - 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/table/toy.
- Wash hands often (do not touch face):
  - with hibiclen;
  - especially before tympanometry and otoscopy with the patient watching during clinic visit;
  - after the client leaves.
- Gloves:
  - use when touching a "known contaminated" object (eg., earmold/hearing aid);
  - possible handling risks include items belonging to someone with TB or hepatitis or a child with a draining ear;
  - use for otoscopy and tympanometry if there is a known disease, blood or a draining ear;
  - discard gloves (or any bloody items) in covered container.
- Non-washable cloth toys:
  - place plastic bags over toys;
  - replace plastic bags after each use.
- Tips (otoacoustic, otoscope, impedance):
  - do not reuse a tip on the same client if one ear is infected;
  - place used tips in the ultrasonic cleaner - run unit for five to 10 minutes;
  - place tips in a separate container with 1:10 Clorox solution - let soak for 10 minutes;
  - transfer tips from container to a drying tray.
- Probes (hearing aid test box probes):
  - spray 1:10 Clorox solution on a paper towel and wipe (do not immerse probes in liquid);
  - place disinfected probes on the drying tray.
- Cleaning solution notes:
  - use isopropyl alcohol to clean surfaces that are just dirty and not known to be contaminated;
  - isopropyl alcohol does not "kill" blood pathogens and infected material;
  - we have opted for a Clorox solution (1 part Clorox to 10 parts water) as a disinfectant since it simplifies ordering.

XVI. Off-campus Practicum for Speech-Language Students

The off-campus practicum can be one of the most valuable clinical experiences for graduate students. 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.

DISCLAIMER: The number of clinical contact hours and amount and type of other activities required for each practicum can vary among students enrolled in the same practicum course. Instruction/assignments are individualized according to student needs and goals. Every effort will be made to insure that students earn the number and type of hours needed to graduate at the end of the semester. However, the University cannot be responsible or guarantee that a student will be able to meet all graduate requirements during their assigned practicum experience.

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 and occurs prior to the Clinical Fellowship Year.

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

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

**Are there specific grade point requirements?**

Students must have at least a 3.0 cumulative grade point average. This grade point average must be obtained before going off-campus. There are no exceptions. 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 finalized the semester before you go off-campus. Before that semester, you should meet with your academic adviser to be sure you have all of the academic and clinical prerequisites. Next, meet with the off-campus coordinator 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. Although your academic adviser and off-campus coordinator must approve a site, it is the student’s responsibility to locate their site.

**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. You can visit the facilities you are seriously considering before making a final decision. Visits should be arranged through the off-campus coordinator.

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

Facilities are varied and 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?**

Facilities must meet standards outlined by the American Speech-Language-Hearing Association and must be approved by The School 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 prefer facilities near their home, while others prefer 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 a school (required for state certification) and another in a non-school setting.

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

Yes. Be sure to register for the appropriate academic hours. Fill out the "Request for Off-Campus Placement" form and return it to the off-campus coordinator. Take a copy of the "Off-Campus Clinician's Evaluation" form for each person supervising you in the practicum site. Off-campus supervisors complete the form at the end of the semester and mail it to The School of Speech and Hearing Sciences. Additionally, take clinic forms for recording your clock hours. Your supervisors must sign these forms and include their ASHA ID. Forms must be returned to the school prior to the last day of a semester.

Should I contact the facility myself?

No. First discuss your options with the off-campus coordinator. He/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?

Perhaps. If an interview is required, the facility will notify the off-campus coordinator. The off-campus coordinator works with participating facilities and the University administration when contracts are required.

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. 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 verify that all paperwork (e.g., clock hour forms, student evaluation forms) is complete 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 are usually 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 School 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.

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. 100% "line of sight" supervision is required for services provided to Medicaid clients.

XVII. References


Mettler Cavitation Ultrasonic Cleaner Co. (April 10, 2000). Phone call- MFC.