



**Murray State University
Speech-Language Pathology**

Clinic Handbook

Revised May, 2018

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INTRODUCTION

The Murray State University Speech and Hearing Clinic is an integral part of the College of Education and Human Services, and Center for Communication Disorders. Clinical training is an essential component of the Speech-Language Pathology Graduate Program and is structured to provide a variety of supervised clinical experiences, which are required for both the American Speech Language Hearing Association's Certificate of Clinical Competence and state licensure.

The clinic has three major purposes:

- to provide excellence in clinical training to undergraduate and graduate students
- to provide quality clinical services to individuals within the university and the surrounding region
- to provide opportunities for faculty and students to engage in research directed toward solutions to problems and development of knowledge in communication disorders that are important to the region, state, and nation.

GENERAL CLINIC POLICIES

- **Non-Discrimination:** Clinical assignments for students are made in accordance with Murray State University guidelines. Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. In addition, Murray State University does not discriminate on the basis of sex in its educational programs and activities and is required by Title IX and 34 CFR part 106 not to discriminate in such a manner. The prohibition against sex discrimination specifically includes a prohibition of sexual harassment and sexual violence. This non-discrimination in education programs and activities extends to employment and admissions and to recruitment, financial aid, academic programs, student services, athletics, and housing. For more information, contact the Title IX Coordinator and Executive Director of Institutional Diversity, Equity and Access, 103 Wells Hall, (270) 809-3155 (voice), (270) 809-3361 (TDD).

Students with Disabilities

Students requiring special assistance due to a disability should visit the Office of Student Disability Services immediately for assistance with accommodations. For more information, students should contact the Office of Student Disability Services, 423 Wells Hall, Murray, KY 42071. 270-809-2018 (voice) 270-809-5889(TDD).

- **Graduate Student Workroom: Room 200** in Alexander Hall is the graduate student workroom. This room is for graduate students in Speech Pathology. The workroom will remain locked at all times and can be accessed by a key code and key. The key code will be provided at the student orientation. This room is designated as a HIPAA compliance area. Workspace and computers are available for use. Mailboxes are

assigned by the clinic secretary. Students should check their mailboxes daily. Informational notes will be posted on the large magnetic white board. Purses and personal items should be stored in the designated locked cabinet when unattended. Small portable laminators and a bookbinding machine are available for use in the materials room. See the clinic secretary for instructions to use the laminators and other equipment properly. A weekly maintenance schedule will be developed by first year graduate students to keep an orderly, clean environment.

- **Clinical Resources**

- **Materials Room:**

- Room 109 in Alexander Hall is the clinic materials room. Students and faculty in the center use this room. Students have access to any materials or resources located in the materials room. Students must sign all materials in and out.
 - Student clinicians may check out materials for 24 hours using the sign-out sheet on the desk.
 - Items can be reserved for an upcoming session. Place items on the cart or on the shelves in the materials room. Put your “reserve tag” on top.
 - Student clinicians may use containers and bags under the tall cart to transport materials.
 - Student clinicians are responsible for returning borrowed materials and putting them back in the proper location after each session.
 - Return all items to the appropriate shelf, container, or bag.
 - Return all card decks to the correct deck and container in the materials room
 - Sort all play sets, figures, cars, etc...before returning them to the designated area or bag.
 - Make sure play doh items are completely clean before you return them.

Tests: Tests for children can be found in room 128 and are checked out by filling out the sign-out sheet located on the test cabinet door. Adult tests are located in the closet in the 219 suite and are signed-out there. Tests may be checked out for 48 hours for review.

iPads: Can be found in room 128 and are checked out by filling out the sign-out sheet. They may be checked out for 24 hours. Removing iPads from the building required supervisor approval.

Test Protocols: Test protocols are located in the filing cabinet to your right as you enter the materials room. Notify the clinic secretary if you use one of the last test forms in the folder so she can reorder.

Equipment:

- Most equipment used for clinical purposes is found in room 130 in the metal storage cabinets. Equipment available for checkout includes: laptop computers, touch screen tablets, video recorders and tripods, educational software, and music CD's, office supplies including envelopes and letterhead.
 - Video recorders require a memory stick or a mini DVD. Memory sticks are the best method for transferring a session to your computer for editing. The mini DVD option works fine to view the session, but will not easily transfer for editing purposes.
 - Students must purchase memory sticks or mini DVD's for clinical use.
 - To maintain HIPAA compliance, it is the student clinician's responsibility to return the equipment with data removed.
 - Return all equipment to the clinic office and the proper cabinet.
 - Notify the clinic secretary if you use the last of any supplies such as

batteries or laminating sheet

- Equipment can be signed out for 24 hours. You must obtain permission from the clinic secretary to keep items longer.
- The clinic copy machine and the clinic printer are available for clinic use only. Clinic forms are available on the copy machine. See the clinic secretary for instructions to use the proper codes and procedures for the copy machine. No personal copies are allowed.

Name Tags: All graduate student clinicians will be given a nametag, which should be worn at all times when engaging in on and off campus clinical activities. If you lose or damage your nametag, inform the clinic secretary and a replacement will be provided at your cost.

Professional Liability Insurance: The Murray State University Speech and Hearing Clinic maintains a student liability policy, renewed each year, to cover practicum experiences. The clinic secretary will notify students when insurance fees are due.

Dressing for Clinical Responsibilities: The Murray State University Speech and Hearing Clinic provides services to the university and surrounding community for reimbursement. Student clinicians are expected to dress in a manner appropriate for a professional clinic. Appropriate dress should be modest and professional. Care should be taken so that clothing is not potentially embarrassing for the client or clinician. Hair should be well kept and hair color should be of natural tones. Jewelry worn in body piercings should be limited to ears only and tattoos must be covered. Strong perfumes or body lotions should not be worn. Appropriate attire may vary with the type of clinical assignment. Student clinicians should consult their clinical supervisor with any questions regarding proper attire. Clinicians should wear their clinic name badge during all diagnostic or therapy sessions. If the dress code is violated the student will be asked to change his or her clothing. If this is not possible, a stock of clothing provided by the clinic is available. Off-campus assignments may have dress codes that differ. In these instances, the dress code for the off-campus site must be followed.

CONFIDENTIALITY PROCEDURES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the US Department of Health and Human Services to establish rules to protect the privacy of health information. The MSU Speech & Hearing Clinic became HIPAA compliant January 2009. Protected health information (PHI) is individually identifiable health information created or received by the MSU Speech & Hearing Clinic. Information is “individually identifiable” if it identifies the individual or there is a reasonable basis to believe components of the information could be used to identify the individual. “Health information” means information, whether oral or recorded in any form or medium, that (i) is created or received by the MSU Speech & Hearing Clinic; and (ii) relates to the past, present, or future physical or mental health or condition of a person, the provision of health care to a person, or the past, present, or future payment for health care.

All graduate students will receive training during CDI 670 (Practicum Seminar) regarding HIPAA privacy requirements and MSUs HIPAA Privacy Manual (p.40). Specific procedures to protect private health information (PHI) include:

- All information regarding any client is confidential and should be treated with special

regard for the individual's privacy. Clients are not to be discussed outside the clinic or classroom. Clients are not to be discussed casually in hallways or other places where conversations may be overheard. All activities involving clients are strictly confidential and should be discussed only with professionals involved with the client. Limit the content of Private Health Information (PHI) conversations to the minimum necessary.

- All client records (permanent folders, working folders) are confidential and are not to be divulged to anyone other than clinical supervisors, assigned practicum clinicians, or individuals who have been authorized by a signed written release.
- Permanent folders and working folders may only be reviewed in designated areas and must not be removed from the building.
- Limit the number of photocopies made of PHI.
- Client records are kept in the clinic office and locked when the clinic secretary is not in the office. Preschool client records are kept in restricted filing cabinets at each preschool site.
- Limit the use of PHI in e-mails to the minimum necessary.
- Limit faxing of PHI to urgent information.
- Limit voicemail messages, or messages left for other individuals, to high-level information to ensure no one else could over hear PHI.
- At the beginning of each semester of clinical practicum, students will be asked to sign a form stating that they have read and understand the ASHA Code of Ethics and the HIPAA procedures, that they will uphold them and that they fully understand that breach of these could result in a lowering of their course grade, dismissal from the program, or dismissal from the University. Compliance with HIPAA and conducting oneself in a manner according to the ASHA code of Ethics are consistent with the necessary conditions for the 2014 Certification Standards in Speech-Language Pathology.

STUDENT PARTICIPATION IN CLINIC: GENERAL EXPECTATIONS

- ❖ Students will demonstrate professional responsibility.
- ❖ Students will dress and conduct themselves in a professional manner.
- ❖ Students will complete assignments responsibly and competently.
- ❖ All students will abide by the ASHA code of ethics (p. 24)
- ❖ All client information should be kept confidential.
- ❖ Students will adhere to all HIPAA, University, Department, and Clinic regulations regarding confidentiality

Undergraduate Level

- Students participate in supervised clinical observations and through individualized beginning practicum experiences in conjunction with designated courses at MSU or

their undergraduate university.

Student Observations

- Undergraduate students must each complete 25 hours of observation of clinical sessions before beginning initial clinical practicum.
- The observation hours and a specific program of studies must be completed before applying to the master's program. Students with bachelor's degrees in other fields who plan to enter the master's program must complete a sequence of prerequisite courses as well as 25 hours of clinic observation. These individuals must immediately make arrangements with the Clinic Coordinator to complete their observation hours as soon as possible.
- All student observers are required to complete a guided observation form for each session and submit it to the appropriate instructor.

Murray State University Speech & Hearing Clinic Established Procedures and Ethics for Observation

All student observers are expected to follow established procedures and ethics for observation.

1. Observations should take place only at the direction of faculty of the Center for Communication Disorders or by arrangement with the clinic coordinator.
2. For maximum benefit as well as to minimize movement in the observation room, an entire therapy session or diagnostic must be observed.
3. There should be no talking in the observation rooms unless absolutely necessary. Necessary talking should be done in a whisper. Questions regarding the session or client should be directed to the clinician or supervisor after the session is over.
4. There is to be absolutely no eating, drinking, or smoking in the observation rooms.
5. All activities involving clients are strictly confidential and should be discussed only with professionals involved with the client.

Graduate Level

Standards for clinical experiences are based on the 2017 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology. Students complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client contact. A minimum of 325 clock hours of clinical practicum must be completed at the graduate level.

Supervised practicum must include experience with client populations across the lifespan and from culturally/linguistically diverse backgrounds. Practicum must include experience with client populations with various types and severities of communication and/or related disorders, differences, and disabilities. Emphasis is placed on consistent growth in clinical skills including: evaluation, treatment, and professional skills.

1st Year Graduate Students:

Practicum experiences are supervised by Murray State University supervisors in the Murray State University Speech and Hearing Clinic, Murray-Preschool Head Start Centers. Preschool centers are located on the MSU campus and in the community.

2nd Year Graduate Students:

Practicum experiences are supervised by off-campus ASHA certified clinical supervisors. Off-site practicum assignments include the following settings: hospitals, skilled nursing facilities, rehabilitation facilities, and private practice settings. All practicum experiences are assigned by the clinic coordinator.

Two full-time 8-week clinical placements will be completed. These placements typically include one medical setting and one school setting. Requirements for school or medical settings must be met before beginning practicum. Requirements for school settings typically include a background check, current TB test and a physical examination. Requirements for medical sites typically include: BLS training (Advanced CPR training) provided on the MSU campus, a current TB test, physical examination, urine drug screen, a background check, and an orientation to the facility. All placements are assigned by the clinic coordinator.

GRADUATE LEVEL CLINICIAN RESPONSIBILITIES

Clock Hours:

- Graduate students are enrolled in clinical practicum to gain clinical experience and apply theoretical knowledge learned in course work. The Center for Communication Disorders adheres to the standards and Implementation procedures of the American Speech and Language Hearing Association for the Certificate of Clinical Competence.

- At least 400 clock hours of supervised clinical practicum that concerns the evaluation and treatment of children and adults with disorders of speech, language, and hearing are required. A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. The remaining required hours may have been completed at the undergraduate level, at the discretion of the graduate program.
- Countable time for the purpose of clinical certification is accrued based on each clinician's actual participation when providing direct skilled services or diagnostics.
- It is recommended that at least 20 of the total clock hours be completed in each of the following eight categories in order to achieve the clinical skill outcomes listed below:

_Evaluation: Speech disorders in children	_Treatment: Speech disorders in children
_Evaluation: Speech disorders in adults	_Treatment: Speech disorders in adults
_Evaluation: Language disorders in children	_Treatment: Language disorders in children
_Evaluation: Language disorders in adults	_Treatment: Language disorders in adults
- Students are responsible for keeping accurate records of their client contact hours. Clock hours should be entered into the Murray State CALIPSO system regularly. Supervisors will verify student clock hours as they are submitted. CALIPSO is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs.

Attendance:

- Attendance is mandatory for each scheduled clinical assignment.
- Clinician absences are permitted only in the case of illness or emergency. If this occurs, the clinician's supervisor and the clinic secretary must be notified as soon as possible prior to the session. The supervisor will instruct the clinician as to whether a substitute clinician should be found or whether the session should be canceled.
- Graduate students with off campus assignments who must be absent from practicum must immediately notify the MSU Clinic Coordinator in addition to the off-site supervisor.
- During inclement weather, graduate students should make every effort to attend off campus assignments. For example if MSU is closed due to snow, a student should attend their placement site if the roads are safe to travel in that area.

Clinical Skills Outcomes:

Your program of study will include supervised clinical experiences sufficient in breadth and depth for you to achieve the following skills outcomes. Your progress toward the clinical competencies will be monitored each semester using MSU Speech-Language Pathology Performance Evaluation completed within CALIPSO

MSU Speech-Language Pathology Performance Evaluation (on CALIPSO)

Progress in each skill area is documented across communication disorders (articulation, fluency, voice, language, social aspects, hearing, swallowing, cognition, communication modalities) using the following Performance Rating Scale:

1. Unacceptable Performance 2. Emerging 3. Developing
4. Meets Performance Expectations 5. Exceeds Performance Expectations

Evaluation skills
1. Conducts screening and prevention procedures (std V-B, 1a).
2. Performs chart review and collects case history from interviewing patient and/or relevant others (std V-B, 1b).
4. Administers and scores diagnostic tests correctly (std V-B, 1c).
5. Adapts evaluation procedures to meet patient needs (std V-B, 1d).
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std III-C).
7. Interprets and formulates diagnosis from test results, history, and other behavioral observations (std V-B, 1e).
8. Makes appropriate recommendations for intervention (std V-B, 1e).
9. Completes administrative functions and documentation necessary to support evaluation (std V-B, 1f).
10. Refers clients/patients for appropriate services (std V-B, 1g)
Treatment skills
1. Develops appropriate treatment plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process. (std V-B, 2a)
2. Implements treatment plans (std V-B, 2b).
3. Selects and uses appropriate materials/instrumentation (std V-B, 2c).
4. Provides appropriate introduction/explanation of tasks. (std V-B, 2c)
5. Measures and evaluates patients' performance and progress (std V-B, 2d).
6. Uses appropriate models, prompts, or cues. Allows time for patient response. (std V-B, 2e).
7. Creatively adapts techniques for specific needs of the client. (std V-B, 2e).
8. Modifies treatment plans, strategies, materials, or instrumentation to meet individual client needs (std V-B, 2e).
9. Provides for individual differences in a group setting. (std V-B, 2e).
10. Completes administrative functions and documentation necessary to support treatment (std V-B, 2f).
11. Identifies and refers patients for services as appropriate (std V-B, 2g).
Preparedness, Interaction, and Personal Qualities
1. Possesses foundation for basic human communication and swallowing processes (std IV-C).
2. Possesses the knowledge to integrate research principles into evidence-based clinical practice (std IV-F).
3. Possesses knowledge of contemporary professional issues and advocacy (std IV-G).
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a).
5. Establishes rapport and shows sensitivity to the needs of the patient. (std V-B, 3a).
6. Uses appropriate rate, pitch, and volume when interacting with patients or others. (std V-B, 3a).
7. Provides counseling and supportive guidance regarding communication and swallowing disorders to patients, family, caregivers, and relevant others (std V-, 3c).
8. Collaborates with other professionals in case management (std V-B, 3b).
9. Displays effective oral communication with patient, family, or other professionals (std V-B, 3a).
10. Displays effective written communication for all professional correspondence (std V-A).
11. Adheres to ASHA Code of Ethics; conducts him/herself in a professional, ethical manner (std V-B, 3d).
12. Assumes a professional level of responsibility and initiative in completing all requirements. (std V-A)
13. Demonstrates openness and responsiveness to clinical supervision and suggestions. (std V-B, 3d)
14. Personal appearance is professional and appropriate for the clinical setting. (std V-B, 3d)
15. Displays organization and preparedness for all clinical sessions. (std V-B, 3d)
16. Meets minimum work-ethic standards including being on time, meeting deadlines, and respecting expectations.
17. Demonstrates awareness of independence and dependence issues- knows when to discuss issues with Clinical Supervisor and when to act on their own. (std V-B, 3d)
18. Accepts supervisor evaluation in a non-defensive manner. (std V-B, 3d)

Audiology:

It is recommended that at least 20 of the total clock hours be completed in audiology. Practicum experiences must involve hearing screening of individuals with hearing disorders or the habilitation/rehabilitation of individuals who have hearing impairment. Hearing screening competencies include: setting up the environment, providing appropriate instructions, and screening school-age and preschool age children. See the Hearing Screening Performance Record Sheet (p.31) for a complete list of competencies

SUMMER CLINICAL PARTNERSHIP GUIDELINES

During the summer clinic session, students will have the opportunity to coordinate treatment planning and implementation in the context of a collaborative relationship. Teams of students will learn clinical skills, demonstrate clinical accountability and experience personal growth. Teams will be composed of a first year graduate clinician and a second year graduate clinician. Clinical Partnership Guidelines are located on p.61 and the Clinical Partnership Planning sheet is found on p.62.

PROCESS FOR BEGINNING FALL & SPRING CLINICAL ASSIGNMENTS

1. The clinician is assigned to supervisors and clients by the clinic coordinator.
2. The clinician meets with the assigned supervisor(s) during the first week of the semester.
4. The clinician reads each client's record in Talk Trac including previous evaluations and previous progress reports.
 - Preschool client permanent folders are located in the office of each preschool site.
 - MSU client permanent folders are located in the clinic office.- (129).
 - All client records are maintained on Talk Trac.
 - Talk Trac client request forms (adding or removing a client) are found in the clinic office.
5. After consulting with the clinician's supervisor, the clinician calls and schedules therapy times for clinic clients and confirms the times with the supervisor. Preschool clients assigned by preschool supervisors.
6. The clinician prepares a rough draft of the Individual Treatment Plan (ITP – p. 33) for approval by the supervisor for clinic clients. Preschool clinicians will implement the client's current Individual Education Program (IEP).
7. If the client will be observed during the semester, the clinician provides information for undergraduate observers including the client's initials, disorder, age, day and time of therapy, long-term goals, semester goals, objectives, and the clinician's initials.

8. The clinician consults with each supervisor to confirm plans for the first session for each client.
9. Regular planning sessions are scheduled with each supervisor. These may be individual or group meetings.

GENERAL OPERATING PROCEDURES FOR CLINIC CLIENTS

- Clinicians are responsible for filling out a room request via a Google form for each client or diagnostic assigned to them in order to reserve a room for therapy or a diagnostic.
- Clinicians are to be present and on time for each therapy session.
- The clinician must ensure that clinic clients sign in at the office window.
- Clients are to be met in the clinic waiting room at the time the therapy session is to begin.
- Sessions are to last the full scheduled time and should end promptly.
- Clinicians should provide headphones (located in the clinic office) for family members of clients and return them immediately following the session.
- After each session, the clinician **fills in a billing slip** for each client.
- Client cancellations and absences are reported to the supervisor and clinic secretary promptly. An accurate record of client attendance is maintained by the clinician and reported at the end of the semester in the Progress Report (p. 34).
- Client permanent records are filed in room 129. These files may be checked out by the clinician but can **never** be taken out of the building and must be returned to the clinic office by 4:00 on the day of check out. These files **must not** be left unattended.
- When the clinician and the client are involved in therapy that takes place somewhere other than the assigned room, the clinician should notify the supervisor and the clinic secretary of the location to ensure that student observers don't sign up for sessions that cannot be observed.

GENERAL PRESCHOOL OPERATING PROCEDURES

- Preschool sessions typically take place in the preschool classroom. However, room assignments can be made for regular pullout sessions.
- Clinicians must fill out confidentiality, background check information, and verification of a recent TB skin test at the beginning of the semester as required by the preschool office.
- When providing intervention in a preschool classroom, follow the established classroom rules.
- Notify the preschool teacher if you are removing a child from the classroom for any reason.
- You may access the child's permanent folder at each preschool site. These records may not be removed from the preschool.

ENVIRONMENTAL INFECTION CONTROL PROCEDURES

A number of precautions need to be taken to protect both the clinicians and the clients from transmission of disease and infection.

- ❖ Student clinicians should thoroughly wash their hands before and after clinical sessions.
- ❖ Sanitizing kits containing items such as: disinfectant wipes, Kleenex, gloves, band-aids, and hand sanitizer are located in each therapy room. Clinicians should replace needed items following therapy sessions. Supplies for the sanitizing kits can be found in the materials room. These kits are designed for infection control – not to be used for oral examinations.
- ❖ It is the clinician's responsibility to place items that need cleaning in the designated area in the materials room.
- ❖ After each session, student clinicians should disinfect the table, light switch, and doorknobs.

EMERGENCY PROCEDURES

In case of an emergency, graduate students should immediately notify their clinical supervisor or nearest faculty or staff member of the possible emergency.

Emergency Phone Numbers:

All campus emergencies (MSU Police). 24 hours a day	911
MSU Police (non-emergency).....	809-2222
Office of Environmental Safety and Health..... (Office hours 7a.m.-4p.m.)	809-3480
Facilities Management..... (Office hours 7a.m.-4p.m.)	809-4291
Student Health Services.....	809-3809

Fire:

Smoke, fire or an explosion in a building shall warrant activation of the nearest fire pull station which is located near an outside exit.

Call MSU Police at 911. If there is no answer, or if the line is busy, call 2222. Immediately evacuate the building using the nearest exit. Do not use elevators.

If possible, provide assistance to mobility-impaired individuals. If this is not possible, or if anyone is injured, call MSU Police at 911. Provide the location to arriving emergency services (fire, police, etc.) of physically impaired individuals sheltered in the building.

Tornado Warning:

A tornado warning is issued when a tornado has been sighted in the area. Murray State University's outdoor warning sirens will be sounded. If a warning (wavering tone) is issued, proceed as follows:

Seek shelter in a designated safe haven immediately (inner first floor hallway area of Alexander Hall).

After danger has passed a solid tone indicates "all clear".

Earthquake:

Seek protection from falling debris in doorways, under desks or tables or in corners of rooms.

Do not use elevators.

Remember, a significant earthquake will affect an entire community. Rescues and/or assistance may not be immediate. During emergencies that render broad, citywide impacts, it may be necessary to assume responsibility for the safety of oneself and if possible, others in the vicinity who need aid.

Medical Emergency:

In case of a medical emergency, graduate students should immediately notify their clinical supervisor or nearest faculty or staff member of the possible emergency.

Call MSU Police at 911. If there is no answer, or if the line is busy, call 2222.

When reporting a medical emergency, provide the following information:

- Type of emergency
- Location of injured
- Condition of injured
- Any dangerous conditions

Gunshots Heard

If you are involved in a situation where gunshots are heard, the following actions are recommended:

- Exit the building immediately.
- Notify anyone you may encounter to exit the building immediately.
- Call MSU Police at 911 or 2222 and provide details of the situation.

If you are directly involved and exiting the building is not possible, the following actions are recommended:

- Go to the nearest room or office.
- Close and lock or barricade the door.
- Cover the door windows and turn off lights.
- Keep quiet and act as if no one is in the room.
- DO NOT answer the door.

- Call MSU Police at 911 or 2222, and inform of:
 - a. Your name
 - b. Your location (be specific as possible)
 - c. Number of shooters (if known)
 - d. Identification of shooter(s)
 - e. Number of person involved in situation (if known)
- Wait for emergency responders to assist you out of the building.

FORMS FOR THE MSU SPEECH AND HEARING CLINIC

Documentation for clients seen in the clinic requires completion of the forms listed below. All the appropriate information on the forms should be filled out completely before the client, family, or guardian signs them.

HIPAA Privacy Notice: This notice describes how medical information about the client can be used and disclosed and how the client can get access to this information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on medical providers. This information is known as protected health information and includes information whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the MSU Speech & Hearing Clinic. (p.35)

Notice of Privacy Practices Acknowledgement: This form is signed by the client or client's representative to indicate receipt of a copy of the MSU Speech & Hearing Clinic's Privacy Notice. (p.35)

Authorization for Services: This form must be completed during an initial evaluation or initial therapy session. It grants permission to evaluate and/or render services to the client.(p.43)

Sliding Fee Application: This form is used with each client for possible fee reduction. The reduction is based on the family's income and the number of people in the family. (p.44)

Request for Information: This form should be completed any time a client or his family would like the MSU Speech & Hearing Clinic to receive information from another agency such as a school or physician. This form may be completed during a diagnostic evaluation or any time the client has received testing or services that might be relevant to speech-language services. A separate Request for Information form must be completed for each agency from which information is being requested. Specific information being requested must be specified. (p.45)

Release of Information: It is important to communicate to the client and the family that this information is confidential and will only be released with their consent. Any time a report needs to be sent to a physician, school, or any other agency, this form must be completed and signed. A separate form must be completed for each agency that is to receive a report. Release of Information forms must be updated annually. Information to be released must be specified. (p.46)

Individual Treatment Plan (ITP): This form indicates the plan for the semester of therapy and should follow the format presented on (p. 33) The ITP should outline, in behavioral terms, the client's current status (present data), long term planning, semester goals, short term objectives, and the amount and type of therapy. ITPs are to be written by the student clinician in consultation with the clinical supervisor. The final draft of the ITP must be approved by the supervisor prior to any scheduled conference with the client, family, or guardian. The final draft of the ITP must be discussed with the client, family, or guardian.

Disposition Form: This form indicates the status of enrollment for services at the Clinic, continuation of services through a school system, and dismissal from therapy. Recommendations are also indicated on this form. All disposition forms must be signed by the supervisor and returned to the clinic secretary at the end of the semester. (p.47)

Quality of Services Forms: These forms are used to evaluate the quality of the diagnostic or therapy services rendered to the client. The "Survey of Initial Evaluation" (p.49) is completed following an evaluation. The "Survey of Speech Language Services" (p.48) is completed by clients or families at the end of each semester of therapy.

FORMS FOR PRESCHOOL SITES

The Murray Independent School District contracts with the MSU Speech and Hearing Clinic to provide clinical services to four preschool centers: Murray Preschool Head Start located in Alexander Hall on the Murray State University Campus, Ruby Simpson Child Development Center located on the Murray State campus, and the Willis Early Childhood Center in the downtown Murray area, and Murray Elementary School Preschool. Throughout the evaluation and intervention process, the district special education forms are used. The Kentucky Eligibility Guidelines – Revised (KEG-R) is used during the evaluation process. The complete KEG-R can be found on the Kentucky Department of Education Website.

DIAGNOSTIC SERVICES AND PROCEDURES

MSU Speech and Hearing Clinic

The MSU Speech and Hearing Clinic receives referrals for speech-language and audiological diagnostic evaluations from parents, physicians, school systems, rehabilitation counselors, mental health centers, and other sources. The ultimate responsibility for each diagnostic service rests with the ASHA certified clinical supervisor. At least one-half of each diagnostic evaluation in speech and language

pathology and in audiology is directly supervised by persons holding the ASHA CCC in the appropriate area. Screening services in speech-language and hearing are viewed as diagnostic procedures and are supervised in accordance with ASHA requirements. This minimum amount of supervision is adjusted upward depending on the competencies of the student.

- Speech/language and audiological diagnostics will be assigned by the audiologist, clinic coordinator, or clinic secretary throughout the semester. Each of the clinician's diagnostic evaluations will be supervised. Feedback toward clinical competencies will be provided.
- Each clinician will be paired with another clinician when assigned speech/language diagnostics. Clock hours are accrued based on each clinician's actual participation during the evaluation.
- Clinicians are responsible for reviewing client information and forming a preliminary plan prior to consulting with the supervisor.
- Clinicians should consult with the supervisor immediately following a diagnostic assignment to discuss the overall evaluation plan, techniques, equipment, and materials to be used in the evaluation.
- Clinicians are responsible for obtaining a room assignment for the diagnostic from the clinic secretary.
- Clinicians should schedule hearing screenings that are part of a diagnostic with the clinic secretary.
- Clinicians are responsible for obtaining headphones from the clinic office for family members/friends who will be observing.
- Clinicians and the supervisor should greet the client, family, and friends in the waiting room. The clinicians or supervisor will explain the evaluation procedures and give the approximate time that will be required for the evaluation.
- The clinical supervisor, is responsible for distributing, explaining, and completing the following forms:
 - Notice of Privacy Practices Acknowledgment
 - Authorization for Services
 - Release of Information
 - Request for Information
 - Variable Fee Schedule Application
- The supervisor participates in and is ultimately responsible for the discussion of the results with the client, family, or guardian.
- **A billing slip must be completed** by the clinicians and submitted to the clinic secretary immediately following the diagnostic.
- Clinicians are responsible for collecting, completing, scoring, and analyzing the information obtained during the diagnostic.
- Clinicians write a report for each diagnostic evaluation in which they participate.
- Except when prior arrangements have been made, the initial draft of the report (p.50) must be double-spaced and turned in to the supervisor with the client's permanent folder **within 48 hours of the evaluation.**

Preschool Sites

The Murray Independent School District contracts with the MSU Speech and Hearing Clinic to provide clinical services to four preschool centers: Murray Preschool Head Start located in Alexander Hall on the Murray State University Campus, Ruby Simpson Child Development Center located on the Murray State campus, and the Willis Early Childhood Center in the downtown Murray area, and Murray Elementary Preschool. In

addition to intervention sessions, students assigned to these sites will have opportunities for ongoing screenings and evaluations. Supervision standards are identical to those of the MSU Speech & Hearing Clinic.

- Periodic screenings and individual screenings are held during each semester. Students will have opportunities to participate in speech/language screenings and hearing screenings.
- Students may also participate in the Response to Intervention (RTI) process.
- Students assigned to preschool practicum sites may participate individually or in teams to evaluate children transitioning to preschool from First Steps or children in the preschool referred for speech/language evaluations. Preschool evaluations typically include: standardized assessments, interviews with teachers or parents, and observations of children's communication skills in the classroom setting.
- Speech, language, voice, or fluency evaluations may be conducted. The Kentucky Eligibility Guidelines (KEG-R) forms must be used to document each preschool evaluation.

SUPERVISION

- Clinical supervision and clinical teaching are vital components of the Speech Pathology graduate program.
- ASHA's document, Knowledge and skills needed by speech-language pathologists providing clinical supervision, is on p. 52.
- All clinical practicum experiences are supervised by individuals holding current state licensure and certification by the American Speech-Language Hearing Association.
- Faculty members from Communication Disorders supervise students during their first three semesters in the Speech Pathology Graduate Program.
- As students progress through the program they are supervised by area ASHA certified speech-language pathologists who partner with Murray State University and the Center for Communication Disorders to provide supervised practicum experiences in a variety of settings including hospitals, home health agencies, rehabilitation centers, and the public schools.
- Clinical supervisors are required to supervise a minimum of 25% of therapy sessions and 50% of diagnostic sessions completed by student clinicians.
- Supervisors provide both written and verbal feedback to students. Written feedback may be recorded on the Clinical Session Feedback Form (p. 51).
- Regular conferences are to be held between clinicians and their supervisors. Supervisors can also be contacted by E-mail, during office hours, or by appointment.
- If a supervisor feels that a clinician cannot fulfill his or her responsibility for any reason, he or she will temporarily suspend the clinician's assignment and bring the

matter before the faculty of the Graduate Program in Speech Language Pathology. Students have the right to appeal any decision involving termination of a clinical assignment.

- Final conferences are held with each clinician each semester. MSU Speech-Language Performance Evaluation on CALIPSO is used as a tool to discuss progress toward each competency.
- Students evaluate their clinical supervisors at the end of each semester by completing the CALIPSO Clinical Supervisor Evaluation.

MSU SPEECH AND HEARING CLINIC PROCESS FOR COMPLETING CLINICAL ASSIGNMENTS

1. Inform clients of the last session of clinic for the current semester.
2. Complete disposition forms (p. 53) for each client indicating their status in therapy (continue services, dismiss, etc...) and return to the clinic secretary.
3. During the last week of therapy, have the client or family member fill out the Client Family Evaluation of Services Provided (p. 53) and return it to the clinic secretary.
4. Submit progress reports on Talk Trac by the designated date to your supervisor(s).
5. Coordinate with your supervisor(s) to schedule conferences with your clients during the final week of therapy for the semester.
6. Schedule a final conference with each clinical supervisor.
7. Make sure all CALIPSO clinical hours are submitted.

PRESCHOOL SITES PROCESS FOR COMPLETING CLINICAL ASSIGNMENTS

1. Submit progress reports on Talk Trac by the designated date to your supervisor.
2. Distribute progress reports unless an ARC is scheduled.
 - a. Place one copy for the preschool permanent folder (in the preschool office); clip the progress report behind the current IEP
 - b. Send one copy home to the child's parents
 - c. Graphs should be attached to all progress reports.
3. Schedule final conferences with each clinical supervisor.
4. Make sure all CALIPSO clinical hours are submitted.

GRADING

- Supervisors will hold formal evaluation conferences with each clinician at the end of each semester using the MSU Speech-Language Performance Evaluation on CALIPSO
- All students will receive a letter grade at the end of the semester reflecting their performance in clinical activities. In cases where a student has more than one supervisor, the clinic coordinator will use CALIPSO to assess all supervisors' evaluations in an integrative manner.
- Students are required to attend and complete on and off-site clinical assignments as scheduled. Completing clinical assignments is not contingent upon completion of clock hours. A pattern of unexcused absences will result in lowering the practicum grade by one letter grade.
- Clinical excellence is the objective and the expectation at all times. Any student who receives a "needs remediation" score on CALIPSO will participate in the remediation process.
- Clinical grades, as with all other grades in the Center for Communication Disorders, are subject to review through the College of Education and Human Services grievance procedures.

Speech Language Pathology Practicum Remediation Policy

When a clinical supervisor identifies a graduate student who is experiencing significant difficulties in clinical practicum a clinical remediation plan will be developed. The remediation plan is a written document that includes: a description of the difficulties being experienced, specific objectives that need to be met, and mechanisms for assisting the student achieve the objectives. The nature of the clinic remediation plan is individually determined and defined by the clinical difficulties identified by the clinical supervisor(s). The plan may focus intensively on one aspect of clinical work, or may be more general focusing on a broad set of concerns. The remediation plan may focus on: meeting clinical competencies, self-evaluation skills, professional expectations, interpersonal skills, integration of academic information into clinical practice, or other pertinent concerns.

Concerns regarding performance in clinical practicum will be initiated by clinical supervisor(s) before the midterm grading period and reported to the Graduate Coordinator and the Clinic Coordinator. A meeting will be scheduled including the graduate student, clinical supervisor(s), the Graduate Coordinator and the Clinic Coordinator. The student's academic advisor may be involved in the remediation process or will be kept informed of the student's progress. The Clinical Support Committee will develop a plan to address clinical concerns. The "Practicum Remediation/Action Plan" will be used to document the committee's decisions. The Clinical Support Committee will meet at the end of the semester to discuss clinical progress and make recommendations. New clinical experiences will not be made without successful completion of the remediation plan. Students who are unsuccessful in completing the remediation plan, or who persist in failing to meet clinical competencies, may be discontinued from the program. Decisions regarding upcoming required clinical experiences will be made following successful completion of the remediation plan.

Appendices

Code of Ethics Effective March 1, 2016

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Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as "The Association") has been committed to a framework of common principles and standards of practice since ASHA's inception in 1925. This commitment was formalized in 1952 as the Association's first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals](#):

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

Terminology

ASHA Standards and Ethics

The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising

Any form of communication with the public about services, therapies, products, or publications.

conflict of interest

An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime

Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the "Disclosure Information" section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/S LPCertification/.

diminished decision-making ability

Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud

Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner

An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

individuals

Members and/or certificate holders, including applicants for certification.

informed consent

May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction

The "personal jurisdiction" and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual's geographic location.

know, known, or knowingly

Having or reflecting knowledge.

may vs. shall

May denotes an allowance for discretion; *shall* denotes no discretion.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence

Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere

No contest.

plagiarism

False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned

A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably

Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may

Shall denotes no discretion; *may* denotes an allowance for discretion.

support personnel

Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders). For more information, read the Issues in Ethics Statements on [Audiology Assistants](#) and/or [Speech-Language Pathology Assistants](#).

telepractice, teletherapy

Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service. For more information, [see the telepractice section](#) on the ASHA Practice Portal.

written

Encompasses both electronic and hard-copy writings or communications.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be

used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

Index terms: ethics

Reference this material as: American Speech-Language-Hearing Association. (2016). *Code of ethics* [Ethics]. Available from www.asha.org/policy/.

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SPEECH & HEARING CLINIC
MURRAY STATE UNIVERSITY
125 ALEXANDER HALL

OBSERVATION FORM

Client Initials: _____

Clinician: _____

Date & Time Observed: _____

Length of Observation: _____

Description of Observation/Comments/Questions:

Print Student (Observer) Name: _____

Student Signature: _____

Supervisor's Signature: _____

Hearing Screening – Performance Record Sheet

Date: _____	Skill Not Present	Needs Assistance	Minimal Assistance	Independent	Comments
Checks appropriateness of the test environment					
Sets up environment appropriately					
Provides appropriate instructions					
Screens adults and school-age children					
Screens typical preschoolers					
Screens challenging preschoolers					
Recognizes when visual cues may be a problem					
Makes changes to eliminate visual cues					
Modifies screening methods as needed					
Interprets results correctly					
Reports results correctly					
Makes appropriate referrals					
Supervisor:					

Student: Write the date at the top of the next available column and give to your supervisor prior to the screening. This sheet is NOT a record of clock hours. You still must complete a Clock Hour form.

Supervisor: The goal of this record sheet is to document the progression of the student. We do not expect the students to be functioning at any given level. Please indicate the level at which the student is performing on any of the above indicators you had the opportunity to observe. Unobserved indicators may be left blank. Thank you

Levels:

Independent:

Minimal assistance:

Needs assistance:

Skill not present:

**Murray State University Speech & Hearing Clinic
Individual Treatment Plan**

Client: _____ Date of Birth: _____ File Number: _____ Date of Plan: _____

Parent(s) or Guardian(s): _____ Supervisor: _____ Clinician: _____

<p>Summary of Present Status:</p> <p>A. Strengths:</p> <p>B. Weaknesses:</p> <p>Prognosis:</p> <p>Long Term Therapy Plan</p>	<p>Semester Goals and Short Term Objectives:</p>
<p>A. Type of therapy:</p> <p>B. Frequency:</p>	<p>Summary of Semester Progress:</p>

(put final copy on letterhead)
 SPEECH-LANGUAGE PROGRESS REPORT
 Semester, Year

Name:	File No.:
Address:	Date of Birth:
Parents: (if applicable)	Period Covered:
Phone:	(Beginning & Ending Date)
	No. Sessions Attended:
	(# out of #)

I. Status at Initiation of Therapy Period

History (when pertinent)
 Developmental History
 Previous Therapy
 Test results (pre-test results pertinent to problem)

II. Therapy

Therapeutic Objectives

Include long-term therapy plan, semester goals, and short-term objectives stated in behavioral terms.

Results of therapy

Include a brief description of the type of therapy at the beginning of this section, e.g., specific approach used, activities or materials, and report progress toward each short-term objective.

III. Summary and Conclusions

Briefly summarize progress. Include a prognosis statement as well as additional information regarding client's behavior, attitudes towards speech, parental information, etc...)

IV. Recommendations

Indicate whether continued therapy is recommended, the semester therapy will be continued (if applicable), and the number of days per week and length of session. Also, include a recommendation for the therapy focus, if therapy is to be continued.

Student's name, typed
 Graduate Student Clinician

(Supervisor's Name), CCC-SLP
 Clinical Supervisor

xc: Other agencies requesting report

HIPAA PRIVACY NOTICE FOR HEALTH CARE PROVIDERS

This notice describes how medical information about you may be Used and Disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH Act) imposes numerous requirements on Health Care Providers concerning the Use and Disclosure of your individual health information. This information is known as Protected Health Information (PHI) (and includes Genetic Information) and includes information whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of the Health Care Provider listed here: Murray State University Speech and Hearing Clinic

The Health Care Provider's duties with respect to health information about you

The Health Care Provider is required by law to maintain the privacy of your health information and to provide you with this notice of the Health Care Provider's legal duties and privacy practices with respect to your health information and to inform you about:

- The Health Care Provider's practices regarding the Use and Disclosure of your PHI;
- Your rights with respect to your PHI;
- The Health Care Provider's duties with respect to your PHI;
- Your right to file a complaint about the Use of your PHI;
- A breach of your unsecured PHI; and
- Whom you may contact for additional information about the Health Care Provider's privacy practices.

It is important to note that these rules apply to the Health Care Provider in that capacity, not to Murray State University as an employer — that's the way the HIPAA rules work. Different policies may apply to other Murray State University programs or to data unrelated to the activities of the Health Care Provider.

How the Health Care Provider may Use or Disclose your health information

The privacy rules generally allow the Use and Disclosure of your health information without your permission (known as an authorization) for purposes of health care Treatment, Payment activities, and Health Care Operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one (1) or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. *For example, the Health Care Provider may share health information about you with physicians who are treating you.*

Payment includes activities by health plans and providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. *For example, the*

- *Health Care Provider may share information about your coverage or the expenses you have incurred with a health plan in order to coordinate payment of benefits.*
- **Health care operations** include activities by a health plan and/or provider and may include such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. *For example, the Health Care Provider may Use medical information to review its treatment and services and evaluate performance of services rendered to you.*
- The amount of health information Used or Disclosed will be limited to the “Minimum Necessary” for these purposes, as defined under the HIPAA rules. Information not required for the task will not be Used or Disclosed. The Health Care Provider may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

How the Health Care Provider may share your health information with Murray State University

The Health Care Provider may Disclose your health information without your written authorization to Murray State University employees for administration purposes. Murray State University agrees not to Use or Disclose your health information other than as permitted or required by law. Employees of the Office of Vice President for Finance and Administrative Services, Office of General Counsel, Information Systems and Office of Internal Auditor, along with those who work within the Department of the Health Care Provider are the only Murray State University employees who will have access to your health information for such functions.

In addition, you should know that Murray State University cannot and will not Use health information obtained from the Health Care Provider for any employment-related actions. However, health information collected by Murray State University from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other allowable Uses or Disclosures of your health information

Generally, the Health Care Provider may Disclose your PHI without authorization to a family member, close friend, or other person you have identified as being involved in your health care or payment for your care. In the case of an emergency, information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these Disclosures (although exceptions may be made, for example if you’re not present or if you’re incapacitated). In addition, your health information may be Disclosed without authorization to your legal representative.

The Health Care Provider is also allowed to Use or Disclose your health information without your written authorization for the following activities:

Workers’ compensation	Disclosures to workers’ compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with such laws
-----------------------	--

Necessary to prevent serious threat to health or safety	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (including Disclosures to the target of the threat); includes Disclosures to assist law enforcement officials in identifying or apprehending an individual because the individual has made a statement admitting participation in a violent crime that the Health Care Provider reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
Public health activities	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; Disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and Disclosures to the Food and Drug Administration to collect or report adverse events or product defects; or to notify individuals of recalls of medication or products they may be using
Victims of abuse, neglect, or domestic violence	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law
Judicial and administrative proceedings	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Health Care Provider may be required to notify you of the request, or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
Law enforcement purposes	Disclosures to law enforcement officials required by law or pursuant to legal process for law enforcement purposes
Decedents	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
Organ, eye, or tissue donation	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death
Research purposes	Disclosures subject to approval by institutional or private privacy review boards, and subject to certain assurances and representations by researchers regarding necessity of using your health information and treatment of the information during a research project
Health oversight activities	Disclosures to comply with health care system oversight such as audits, inspections, investigations, or licensing actions and activities related to the health care provision or public benefits or services
Specialized government functions	Disclosures to facilitate specified government function related to the military and veterans, national security or intelligence activities; Disclosures to correctional facilities about inmates
HHS investigations	Disclosures of your health information to the Department of Health and Human Services (HHS) to investigate or determine the Health Care Provider's compliance with the HIPAA privacy rule

Except as described in this notice or as may be allowed by law, other Uses and Disclosures of PHI, such as marketing purposes, Use of Psychotherapy Notes, and Disclosures that constitute the sale of PHI will be made only with your written authorization. You may revoke your authorization by written notice of such revocation as allowed under the HIPAA rules. However, you can't revoke your authorization if the Health Care Provider has taken action relying on it. In other words, you can't revoke your authorization with respect to Disclosures the Health Care Provider has already made.

Your individual rights

You have the following rights with respect to your health information the Health Care Provider maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right

Right to request restrictions on certain Uses and Disclosures of your health information and the Health Care Provider's right to refuse

You have the right to request a restriction or limitation on the Health Care Provider's Use or Disclosure of your health information. For example, you have the right to ask the Health Care Provider to restrict the Use and Disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Health Care Provider to restrict Use and Disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form.

The Health Care Provider is not required to agree to a requested restriction. And if the Health Care Provider does agree, a restriction may later be terminated by your written request, by agreement between you and the Health Care Provider (including an oral agreement), or unilaterally by the Health Care Provider for health information created or received after you're notified that the Health Care Provider has removed the restriction. The Health Care Provider may also Disclose health information about you if you need emergency treatment, even if the Health Care Provider has agreed to a restriction.

You also have the right to request that the Health Care Provider not Disclose PHI to a health plan for the purpose of carrying out payment or health care operations if such Disclosure is not otherwise required by law and the PHI pertains solely to a health care item or service for which you or someone on your behalf (other than a health plan) has paid the Health Care Provider in full. In such event, the Health Care Provider must agree to abide by your request.

Right to receive confidential communications of your health information

If you think that Disclosure of your health information by the usual means could endanger you in some way, the Health Care Provider will accommodate reasonable requests to receive communications of health information from the Health Care Provider by alternative means or at alternative locations. For example, you may request that the Health Care Provider only contact you at work and not at home.

If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form and you must include a statement that Disclosure of all or part of the information could endanger you.

Right to inspect and copy your health information

With certain exceptions, you have the right to inspect and obtain a copy of your health information that the Health Care Provider maintains in a Designated Record Set or direct that they be provided to a third party. This may include medical and billing records maintained for a Health Care Provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by the Health Care Provider; or a group of records the Health Care Provider Uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of Psychotherapy Notes or information compiled for civil, criminal, or administrative proceedings. In addition, the Health Care Provider may deny your right to access, although in certain circumstances you may request a review of the denial.

If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form. Within 30 days of receipt of your request, the Health Care Provider will provide you with:

- The access or copies you requested;
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

The Health Care Provider may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Health Care Provider also may charge reasonable fees for copies or postage as may be allowed by law. If the Health Care Provider doesn't maintain the health information but knows where it is maintained, you will be informed of where to direct your request. You have the right to request a copy of such records in a specified form and format, and the Health Care Provider will provide same if they are readily producible in such form and format; and, if not, they will be provided in a mutually agreeable manner.

Right to amend your health information that is inaccurate or incomplete

With certain exceptions, you have a right to request that the Health Care Provider amend your health information if you believe that the information the Health Care Provider has about you is incomplete or incorrect. The Health Care Provider may deny your request for a number of reasons. If you want to exercise this right, your request to the Health Care Provider must be in writing on the appropriate form, and you must include a statement to support the requested amendment. The Health Care Provider will notify you of its decision to grant or deny your request. Within 60 days of your request, the Health Care Provider will:

- Make the Amendment as requested;
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Health Care Provider expects to address your request.

Right to receive an accounting of Disclosures of your health information

You have the right to a list of certain Disclosures the Health Care Provider has made of your health information (including PHI maintained electronically and Electronic Health Records if maintained by the Health Care Provider). This is often referred to as an “accounting of Disclosures.” The accounting will not include: (1) Disclosures made for purposes of Treatment, Payment or Health Care Operations (unless the records are Electronic Health Records); (2) Disclosures made to you; (3) Disclosures made pursuant to your authorization; (4) Disclosures made to friends or family in your presence or because of an emergency; (5) Disclosures for national security/law enforcement purposes; (6) Disclosures as part of a limited data set; (7) Disclosures occurring prior to the compliance date; and (8) Disclosures incident to other permissible Disclosures.

You may receive information on Disclosures of your health information going back for six (6) years from the date of your request, but not earlier than the date upon which the Health Care Provider became a Covered Entity subject to the HIPAA privacy rules.

You may make one (1) request in any 12-month period at no cost to you, but the Health Care Provider may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to access/copy of electronic records

You have the right to access and request a copy of your health information which is maintained electronically in one or more designated record sets or you may request that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.

Right to obtain a paper copy of this notice from the Health Care Provider upon request

You have the right to obtain a paper copy of this Privacy Notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

To contact someone to exercise your rights as listed above, you may contact the Secretary of the Department wherein the Health Care Provider is located, same being:

Name/Phone No: Wendy Briere 270-809-2446
Address: 125 Alexander Hall, Murray, Kentucky 42071

Changes to the information in this notice

The Health Care Provider must abide by the terms of the Privacy Notice currently in effect. This notice takes effect on September 23, 2013. However, the Health Care Provider reserves the right to change the terms of its privacy policies as described in this notice at any time, and to make new provisions effective for all health information that the Health Care Provider maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. Before we make a significant change in our policies, we will change our notice and post the new notice in the Clinic and on our website at

<http://www.murraystate.edu/Academics/CollegesDepartments/CollegeOfHealthSciencesAndHumanServices/AHS/cdi/SpeechandHearingClinic.aspx>

Complaints

If you believe your privacy rights have been violated, you may complain to the Health Care Provider and to the regional office for Civil Rights of the United State Department of Health and Human Services. Information on how to file a complaint is available on the Department of Health and Human Services website at www.hhs.gov/ocr/hipaa/. You won't be retaliated against for filing a complaint. To file a complaint with the Health Care Provider, contact the Complaint Manager, Clinic Coordinator, same being:

Name/Phone No. Stephanie Schaaf / 270-809-3783

Address: 111 Alexander Hall, Murray, Kentucky 42071

You will be provided with a HIPAA complaint form to be completed, signed by you, and returned to the Complaint Manager.

For more information on the Health Care Provider's privacy policies or your rights under HIPAA, contact the HIPAA Privacy Official, Teresa Moss Groves, Murray State University, 100 Pogue Library, Murray, Kentucky 42071; 270-809-3399, tgroves@murraystate.edu.

**MURRAY STATE UNIVERSITY
SPEECH & HEARING CLINIC
NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT**

**RE: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996
(KNOWN AS HIPAA)**

I have received a copy of the Murray State University Speech & Hearing Clinic's *HIPAA Privacy Notice*.

I understand that MSU's Speech & Hearing Clinic has the right to change its *HIPAA Privacy Notice* from time to time and that I may contact the MSU Speech & Hearing Clinic at any time to obtain a copy of the current *HIPAA Privacy Notice*.

Patient Name (Print): _____

Your Name/Relationship to Patient (print): _____

Signature: _____

Date: _____

* * * * *

FOR OFFICE USE ONLY

PLEASE PRINT.

I have provided the individual listed above with a copy of the *HIPAA Privacy Notice* and have attempted to obtain the individual's signature on this form, but was not able to for the following reason:

(Please document the reasons you were unable to obtain the signature.)

Signature: _____

Date: _____

SPEECH AND HEARING CLINIC

*Murray State University
125 Alexander Hall * Murray KY 42071
(270) 809-2446*

AUTHORIZATION FOR SERVICES

By signing this authorization, I give my permission to the Murray State University (MSU) Speech and Hearing Clinic to evaluate and/or render services to:

Client's Full Legal Name: «Client, Full»

Parent/Guardian (if client is a minor) : «Resp Party»

Client or Parent/Guardian's Social Security Number: «SSAN»

Services include evaluation, treatment and other related activities. I understood that part or all of the services will be provided by students who are in training and that these students are supervised by professional MSU staff.

I also give my permission for student observation and for the use of any video or audio-recorded data for research, student training or other related purposes by MSU faculty members. I understood that client information (name, contact information, etc.) will **not** be used in any way.

SIGNATURE REQUIRED

Client's Signature or signature of parent or legal guardian if client is under 18.

Signature

Relationship to client if under 18

Beginning Date of Services

Ending Date

This permission will remain in effect for continuing services until the client is released from service or permission for services is withdrawn.

SPEECH AND HEARING CLINIC

*Murray State University
125 Alexander Hall * Murray, KY 42071
(270) 809-2446*

CLIENT INFORMATION & SLIDING FEE APPLICATION <i>Clinician and Client complete this during first visit and updates for data entry purposes</i>

Client Name: _____ Home Phone: _____

Date of Birth: _____ Work Phone: _____

Client's SS#: _____

Home Address/City/State/Zip: _____

Check service first provided:

S/L Dx _____ Audio Dx _____ Aug. Dx _____

Disorder _____

Recommend _____

(Tx, dismissed...etc.)

IF CLIENT IS A MINOR, COMPLETE THIS SECTION:

Parent/Guardian Name: _____ Parent/Guardian SS#: _____

Employer _____ School District _____

BILLING INFORMATION (check one):

(1) Client's fee adjusted per attached income guidelines (p. 2 of this document) _____

(2) Client is represented by Third-Party Agent:

a. First Steps: _____

b. School: _____

c. Vocational Rehabilitation: _____

d. KCCSHCH: _____

e. Other _____

(3) Client is an:

a. MSU Student: _____

b. MSU Student Dependent: _____

c. MSU Staff or Dependent: _____

IN ATTENDANCE (Clinician's Full Name): _____

CHECKED BY (Clinical Supervisor): _____

VARIABLE FEE SCHEDULE APPLICATION

Prepared by Client or Client's Parent/Guardian -- Information Will Be Kept Confidential

Update Sliding Fee Scale 2014

Family Members

Responsible Party (ies) _____

Dependent(s) _____

Family gross annual income (based on previous year's tax return): \$ _____

Determined Rate _____% (cross-reference chart below)

To the best of my knowledge, I certify that the above information is accurate. If my rate is 0% as determined by the scale below, I agree to pay \$1.00 per clinical session for any clinic service(s) rendered.

Signature of Responsible Party

Date

Guidelines provided by: <http://chfs.ky.gov/nr/rdonlyres/776a39fc-5018-45c1-b1c8-45343737776/0/wicincome200910.pdf>

The following chart indicates fee percentages based on family size and income. It is used to determine fees to be charged for services rendered.

Family Income

<i>\$ From</i>	80,754	73,317	68,880	58,443	51,006	43,569	36,132	2
<i>\$ To</i>	88,190	80,753	73,316	65,879	58,442	51,005	43,568	36,131

Family Size

1	100%	100%	100%	100%	100%	100%	80%
2	100%	100%	100%	100%	100%	60%	40%
3	100%	100%	100%	80%	60%	40%	20%
4	100%	100%	100%	80%	50%	20%	0%
5	100%	100%	80%	50%	20%	0%	0%
6	100%	80%	60%	40%	0%	0%	0%
7	80%	60%	40%	0%	0%	0%	0%
8	60%	40%	0%	0%	0%	0%	0%
9	40%	0%	0%	0%	0%	0%	0%
10	0%	0%	0%	0%	0%	0%	0%

SPEECH AND HEARING CLINIC

Murray State University
*125 Alexander Hall * Murray KY 42071*
Phone: (270) 809-2446 Fax: 270-809-3963

REQUEST FOR INFORMATION

Request information from _____
 (Full Name of Agency/Physician/Medical Office)

Address _____
 (Street)

_____ (City) _____ (State) (ZIP)

By signing this document, I give permission to the above-referenced organization to release to the MSU Speech and Hearing Clinic and its staff any and all information pertaining to treatment and/or services rendered to:

Client's Full Name: «Client, Full»

Date of Birth: «Birthdate»

Parent/Guardian (if client is a minor): «Resp Party»

Address: «Street/Route», «City», «State», «ZIP»

NOTE: Specific information and/or reports to be released include items checked below:

- Current IEP
 Current Speech Language Evaluation
 Audiologic Evaluation Report
 Psychoeducational Evaluation Report
 Other _____

SIGNATURE REQUIRED

Client's Signature or signature of parent or legal guardian if client is under 18.

 Signature

 Relationship to client if under 18

 Date

SPEECH AND HEARING CLINIC

*Murray State University
125 Alexander Hall * Murray, KY 42071
(270) 809-2446*

PERMISSION TO RELEASE INFORMATION

Information is regarding services and/or treatment rendered to:

Client Name: «Client, Full»

Client Date of Birth: «Birthdate»

Parent/Guardian Name (if client is a minor): «Resp Party»

I request and authorize that The Speech and Hearing Clinic furnish CONFIDENTIAL reports to:

(Full Name of Agency or Physician)

Address _____

(Street)

(City)

(State) (ZIP)

NOTE: Specific information and/or reports to be released include items checked below:

Audiologic Evaluation Report

Speech Language Evaluation Report

Speech Language Progress Report

Other _____

SIGNATURE REQUIRED

Client's Signature or signature of parent or legal guardian if client is under 18.

Signature

Relationship to client if under 18

Date

SPEECH AND HEARING CLINIC

*Murray State University
125 Alexander Hall * Murray, KY 42071
(270) 809-2446*

DISPOSITION FORM

Clinic Information:

Client Name: _____

File Number: _____

Birthdate: _____

Address: _____

Phone Number: _____

Clinician: _____

Supervisor: _____

Communication Issue: _____

Disposition:

____ Unable to make contact

____ Declined Services

____ Dismiss

____ Dismiss & continue services at _____ *(school/agency)*

____ Dismiss & re-evaluate in _____ months

____ Continue service at Clinic _____ *Fall* _____ *Spring* _____ *Summer*

_____ *times weekly and suggested days/times* _____

Clinician Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Survey of Speech/Language Service

Please circle your response to the following and write your comments in the space provided.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable	
5	4	3	2	1	0	
1. Personnel in the clinic office were friendly and courteous.	5	4	3	2	1	0
2. Therapy sessions for therapy were s cheduled in a timely manner.	5	4	3	2	1	0
3. The fee schedule for services provided was fully explained.	5	4	3	2	1	0
4. Therapy sessions began promptly at the time of my appointment.	5	4	3	2	1	0
5. Services were provided in a competent and considerate manner.	5	4	3	2	1	0
6. I was informed about therapy plans in terms I could understand	5	4	3	2	1	0
7. An explanation was provided for all forms I was asked to sign.	5	4	3	2	1	0
8. I was not asked to sign forms which were not completely filled in.	5	4	3	2	1	0
9. In general, I was satisfied with the speech/language services provided.	5	4	3	2	1	0

Comments: _____

Please place in the drop box located at the clinic front window.

Survey of Initial Evaluation
Please choose one of the following options:

Audiology Evaluation (hearing test)

Speech/Language Evaluation

Please circle your response to the following and write your comments in the space provided.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable	
5	4	3	2	1	0	
1. Personnel in the clinic office were friendly and courteous.	5	4	3	2	1	0
2. My appointment for an evaluation was scheduled in a timely manner.	5	4	3	2	1	0
3. The fee schedule for services provided was fully explained.	5	4	3	2	1	0
4. I was seen promptly at the time of my appointment.	5	4	3	2	1	0
5. Services were provided in a competent and considerate manner.	5	4	3	2	1	0
6. I was informed of what to expect during the evaluation.	5	4	3	2	1	0
7. I was informed about how long my appointment would take.	5	4	3	2	1	0
8. I was informed about the evaluation results in terms I could understand.	5	4	3	2	1	0
9. An explanation was provided for all forms I was asked to sign.	5	4	3	2	1	0
10. I was not asked to sign forms which were not completely filled in.	5	4	3	2	1	0
11. In general, I was satisfied with the evaluation services provided.	5	4	3	2	1	0

Comments: _____

Please place in the drop box located at the clinic front window.

(put final copy on letterhead)
DIAGNOSTIC REPORT

Name:	File Number:
Date of Birth:	Date of Evaluation:
Parents/Guardian:	Evaluator: (supervisor's name)
Address:	Type of Evaluation:
Phone:	

I. Initial Impressions

Referral Source/Informant
Reason for Referral
Physical/Social Informal Description
Client/Parent Description of Problem

II. Case History

Medical/Health/Developmental History
Family History
Education/Social/Employment History

III. Communication Status

Speech (including voice, fluency, oral-peripheral exam)
Language
Hearing

IV. Summary and Conclusions

Education/Vocational Implications
Social Implications
Therapeutic/Remedial Implications
(This section should justify all the recommendations to follow)

V. Recommendations

Should include initial therapy focus when appropriate

(Student's name, typed)
Graduate Student Clinician

(Supervisor's Name) CCC-SLP
Clinical Supervisor

xc: referring agency (a signed release form is necessary)

MSU Speech & Hearing Clinic
Clinical Session Feedback
(Based upon MSU Practicum Evaluation Instrument)

Clinician(s) _____ Date _____

Client(s) _____ Supervisor _____

Rating Scale (1) Disagree; (2) Slightly Disagree; (3) Agree; (4) Highly Agree; (5) Completely Agree; or (N/A) **ADDITIONAL COMMENTS:**

The clinical strategies used in this session appropriately addressed targeted objectives:
(1) (2) (3) (4) (5) (N/A)

The materials used during this session were varied and appropriate for the tasks targeted:
(1) (2) (3) (4) (5) (N/A)

The clinician demonstrated appropriate interactive skills with the client(s) – (e.g., showed respect, used appropriate language & correct grammar, etc.; effectively responded to feelings expressed in client’s verbal and non-verbal behaviors):
(1) (2) (3) (4) (5) (N/A)

The clinician demonstrated flexibility in managing the session:
(1) (2) (3) (4) (5) (N/A)

Feedback and reinforcement were effectively used:
(1) (2) (3) (4) (5) (N/A)

The clinician was able to effectively assess the session:
(1) (2) (3) (4) (5) (N/A)



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Knowledge and Skills Needed by Speech- Language Pathologists Providing Clinical Supervision

Ad Hoc Committee on Supervision in Speech-Language Pathology

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

Index terms: supervision

doi:10.1044/policy.KS2008-00294

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About This Document

This knowledge and skills document is an official statement of the American Speech-Language-Hearing Association (ASHA). This knowledge and skills statement was developed by the Ad Hoc Committee on Supervision. Members of the committee were Lisa O'Connor (chair), Christine Baron, Thalia Coleman, Barbara Conrad, Wren Newman, Kathy Panther, and Janet E. Brown (ex officio). Brian B. Shulman, vice president for professional practices in speech-language pathology (2006–2008), served as the monitoring officer. This document was approved by the Board of Directors on March 12, 2008.

Knowledge and Skills

This document accompanies ASHA's policy documents *Clinical Supervision in Speech-Language Pathology: Position Statement* and *Technical Report* (ASHA, 2008a, 2008b). ASHA's position statement affirms that clinical supervision (also called clinical teaching or clinical education) is a distinct area of expertise and practice, and that it is critically important that individuals who engage in supervision obtain education in the supervisory process. The role of supervisor may include administrative responsibilities in some settings, and, should this be the case, the supervisor will have two major responsibilities: clinical teaching and program management tasks. However, the knowledge and skills addressed in this document are focused on the essential elements of being a clinical educator in any service delivery setting with students, clinical fellows, and professionals.

Professionals looking for guidance in supervising support personnel should refer to the ASHA position statement and knowledge and skills documents on that topic (ASHA, 2002, 2004a, 2004b).

ASHA's technical report on clinical supervision in speech-language pathology (2008b) cites Jean Anderson's (1988) definition of supervision:

Supervision is a process that consists of a variety of patterns of behavior, the appropriateness of which depends on the needs, competencies, expectations and philosophies of the supervisor and the supervisee and the specifics of the situation (tasks, client, setting and other variables). The goals of the supervisory process are the professional growth and development of the supervisee and the supervisor, which it is assumed will result ultimately in optimal service to clients. (p. 12)

The ASHA technical report (2008b) adds the following elements to the above definition:

Professional growth and development of the supervisee and the supervisor are enhanced when supervision or clinical teaching involves self-analysis and self-evaluation. Effective clinical teaching also promotes the use of critical thinking and problem-solving skills on the part of the individual being supervised. (p. 3)

This expanded definition was used as a basis for the following knowledge and skills statements.

Developing Knowledge and Skills

All certified SLPs have received supervision during their student practica and clinical fellowship; however, this by itself does not ensure competence as a supervisor. Furthermore, achieving clinical competence does not imply that one has the special skills required to be an effective supervisor. ASHA does not have specific requirements for coursework or credentials to serve as a supervisor; however, some states or settings may require coursework and/or years of experience to serve as a supervisor. Knowledge and skills may be developed in a variety of ways: participating in courses or workshops on supervision, engaging in self-study, participating in Division 11 (Administration and Supervision), and gaining mentored experiences under the guidance of an experienced clinical educator.

The following 11 items represent core areas of knowledge and skills. The supervisee is an essential partner in the supervisory process; however, these areas are presented from the perspective of knowledge and skills that should be acquired by the supervisor.

I. Preparation for the Supervisory Experience

A. Knowledge Required

1. Be familiar with the literature on supervision and the impact of supervisor behaviors on the growth and development of the supervisee.
2. Recognize that planning and goal setting are critical components of the supervisory process both for the clinical care provided to the client by the supervisee and for the professional growth of the supervisee.
3. Understand the value of different observation formats to benefit supervisee growth and development.
4. Understand the importance of implementing a supervisory style that corresponds to the knowledge and skill level of the supervisee.
5. Understand the basic principles and dynamics of effective collaboration.
6. Be familiar with data collection methods and tools for analysis of clinical behaviors.
7. Understand types and uses of technology and their application in supervision.

B. Skills Required

1. Facilitate an understanding of the supervisory process that includes the objectives of supervision, the roles of the participants, the components of the supervisory process, and a clear description of the assigned tasks and responsibilities.
2. Assist the supervisee in formulating goals for the clinical and supervisory processes, as needed.
3. Assess the supervisee's knowledge, skills, and prior experiences in relationship to the clients served.
4. Adapt or develop observational formats that facilitate objective data collection.
5. Be able to select and apply a supervisory style based on the needs of the clients served, and the knowledge and skill of the supervisee.
6. Model effective collaboration and communication skills in interdisciplinary teams.
7. Be able to analyze the data collected to facilitate the supervisee's clinical skill development and professional growth.

8. Use technology as appropriate to enhance communication effectiveness and efficiency in the supervisory process.

II. Interpersonal Communication and the Supervisor-Supervisee Relationship

A. Knowledge Required

1. Understand the basic principles and dynamics of effective interpersonal communication.
2. Understand different learning styles and how to work most effectively with each style in the supervisory relationship.
3. Understand how differences in age, gender, culture, social roles, and self-concept can present challenges to effective interpersonal communication.
4. Understand the importance of effective listening skills.
5. Understand differences in communication styles, including cultural/linguistic, generational, and gender differences, and how this may have an impact on the working relationship with the supervisee.
6. Be familiar with research on supervision in terms of developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
7. Understand key principles of conflict resolution.

B. Skills Required

1. Demonstrate the use of effective interpersonal skills.
2. Facilitate the supervisee's use of interpersonal communication skills that will maximize communication effectiveness.
3. Recognize and accommodate differences in learning styles as part of the supervisory process.
4. Recognize and be able to address the challenges to successful communication interactions (e.g., generational and/or gender differences and cultural/linguistic factors).
5. Recognize and accommodate differences in communication styles.
6. Demonstrate behaviors that facilitate effective listening (e.g., silent listening, questioning, paraphrasing, empathizing, and supporting).
7. Maintain a professional and supportive relationship that allows for both supervisee and supervisor growth.
8. Apply research on supervision in developing supervisory relationships and in analyzing supervisor and supervisee behaviors.
9. Conduct a supervisor self-assessment to identify strengths as well as areas that need improvement (e.g., interpersonal communication).
10. Use appropriate conflict resolution strategies.

III. Development of the Supervisee's Critical Thinking and Problem-Solving Skills

A. Knowledge Required

1. Understand methods of collecting data to analyze the clinical and supervisory processes.
2. Understand how data can be used to facilitate change in client, clinician, and/or supervisory behaviors.
3. Understand how communication style influences the supervisee's development of critical thinking and problem-solving skills.

4. Understand the use of self-evaluation to promote supervisee growth.

B. Skills Required

1. Assist the supervisee in using a variety of data collection procedures.
2. Assist the supervisee in objectively analyzing and interpreting the data obtained and in understanding how to use it for modification of intervention plans.
3. Assist the supervisee in identifying salient patterns in either clinician or client behavior that facilitate or hinder learning.
4. Use language that fosters independent thinking and assists the supervisee in recognizing and defining problems, and in developing solutions.
5. Assist the supervisee in determining whether the objectives for the client and/or the supervisory experience have been met.

IV. Development of the Supervisee's Clinical Competence in Assessment

A. Knowledge Required

1. Understand and demonstrate best practices, including the application of current research in speech-language pathology, for assessing clients with specific communication and swallowing disorders.
2. Understand principles and techniques for establishing an effective client–clinician relationship.
3. Understand assessment tools and techniques specific to the clients served.
4. Understand the principles of counseling when providing assessment results.
5. Understand and demonstrate alternative assessment procedures for linguistically diverse clients, including the use of interpreters and culture brokers.

B. Skills Required

1. Facilitate the supervisee's use of best practices in assessment, including the application of current research to the assessment process.
2. Facilitate the supervisee's use of verbal and nonverbal behaviors to establish an effective client–clinician relationship.
3. Assist the supervisee in selecting and using assessment tools and techniques specific to the clients served.
4. Assist the supervisee in providing rationales for the selected procedures.
5. Demonstrate how to integrate assessment findings and observations to diagnose and develop appropriate recommendations for intervention and/or management.
6. Provide instruction, modeling, and/or feedback in counseling clients and/or caregivers about assessment results and recommendations in a respectful and sensitive manner.
7. Facilitate the supervisee's ability to use alternative assessment procedures for linguistically diverse clients.

V. Development of the Supervisee's Clinical Competence in Intervention

A. Knowledge Required

1. Understand best practices, including the application of current research in speech-language pathology, for developing a treatment plan for and providing intervention to clients with specific communication and swallowing disorders.

2. Be familiar with intervention materials, procedures, and techniques that are evidence based.
3. Be familiar with methods of data collection to analyze client behaviors and performance.
4. Understand the role of counseling in the therapeutic process.
5. Know when and how to identify and use resources for intervention with linguistically diverse clients.

B. Skills Required

1. Assist the supervisee in developing and prioritizing appropriate treatment goals.
2. Facilitate the supervisee's consideration of evidence in selecting materials, procedures, and techniques, and in providing a rationale for their use.
3. Assist the supervisee in selecting and using a variety of clinical materials and techniques appropriate to the clients served, and in providing a rationale for their use.
4. Demonstrate the use of a variety of data collection procedures appropriate to the specific clinical situation.
5. Assist the supervisee in analyzing the data collected in order to reformulate goals, treatment plans, procedures, and techniques.
6. Facilitate supervisee's effective use of counseling to promote and facilitate change in client and/or caregiver behavior.
7. Facilitate the supervisee's use of alternative intervention materials or techniques for linguistically diverse clients.

VI. Supervisory Conferences or Meetings of Clinical Teaching Teams

A. Knowledge Required

1. Understand the importance of scheduling regular supervisory conferences and/or team meetings.
2. Understand the use of supervisory conferences to address salient issues relevant to the professional growth of both the supervisor and the supervisee.
3. Understand the need to involve the supervisee in jointly establishing the conference agenda (e.g., purpose, content, timing, and rationale).
4. Understand how to facilitate a joint discussion of clinical or supervisory issues.
5. Understand the characteristics of constructive feedback and the strategies for providing such feedback.
6. Understand the importance of data collection and analysis for evaluating the effectiveness of conferences and/or team meetings.
7. Demonstrate collaborative behaviors when functioning as part of a service delivery team.

B. Skills Required

1. Regularly schedule supervisory conferences and/or team meetings.
2. Facilitate planning of supervisory conference agendas in collaboration with the supervisee.
3. Select items for the conference based on saliency, accessibility of patterns for treatment, and the use of data that are appropriate for measuring the accomplishment of clinical and supervisory objectives.

4. Use active listening as well as verbal and nonverbal response behaviors that facilitate the supervisee's active participation in the conference.
5. Ability to use the type of questions that stimulate thinking and promote problem solving by the supervisee.
6. Provide feedback that is descriptive and objective rather than evaluative.
7. Use data collection to analyze the extent to which the content and dynamics of the conference are facilitating goal achievement, desired outcomes, and planned changes.
8. Assist the supervisee in collaborating and functioning effectively as a member of a service delivery team.

VII. Evaluating the Growth of the Supervisee Both as a Clinician and as a Professional

A. Knowledge Required

1. Recognize the significance of the supervisory role in clinical accountability to the clients served and to the growth of the supervisee.
2. Understand the evaluation process as a collaborative activity and facilitate the involvement of the supervisee in this process.
3. Understand the purposes and use of evaluation tools to measure the clinical and professional growth of the supervisee.
4. Understand the differences between subjective and objective aspects of evaluation.
5. Understand strategies that foster self-evaluation.

B. Skills Required

1. Use data collection methods that will assist in analyzing the relationship between client/supervisee behaviors and specific clinical outcomes.
2. Identify and/or develop and appropriately use evaluation tools that measure the clinical and professional growth of the supervisee.
3. Analyze data collected prior to formulating conclusions and evaluating the supervisee's clinical skills.
4. Provide verbal and written feedback that is descriptive and objective in a timely manner.
5. Assist the supervisee in describing and measuring his or her own progress and achievement.

VIII. Diversity (Ability, Race, Ethnicity, Gender, Age, Culture, Language, Class, Experience, and Education)

A. Knowledge Required

1. Understand how differences (e.g., race, culture, gender, age) may influence learning and behavioral styles and how to adjust supervisory style to meet the supervisee's needs.
2. Understand the role culture plays in the way individuals interact with those in positions of authority.
3. Consider cross-cultural differences in determining appropriate feedback mechanisms and modes.
4. Understand impact of assimilation and/or acculturation processes on a person's behavioral response style.
5. Understand impact of culture and language differences on clinician interactions with clients and/or family members.

B. Skills Required

1. Create a learning and work environment that uses the strengths and expertise of all participants.
2. Demonstrate empathy and concern for others as evidenced by behaviors such as active listening, asking questions, and facilitating open and honest communication.
3. Apply culturally appropriate methods for providing feedback to supervisees.
4. Know when to consult someone who can serve as a cultural mediator or advisor concerning effective strategies for culturally appropriate interactions with individuals (clients and supervisees) from specific backgrounds.
5. Demonstrate the effective use of interpreters, translators, and/or culture brokers as appropriate for clients from diverse backgrounds.

IX. The Development and Maintenance of Clinical and Supervisory Documentation

A. Knowledge Required

1. Understand the value of accurate and timely documentation.
2. Understand effective record-keeping systems and practices for clinically related interactions.
3. Understand current regulatory requirements for clinical documentation in different settings (e.g., health care, schools).
4. Be familiar with documentation formats used in different settings.

B. Skills Required

1. Facilitate the supervisee's ability to complete clinical documentation accurately and effectively, and in compliance with accrediting and regulatory agencies and third party funding sources.
2. Assist the supervisee in sharing information collaboratively while adhering to requirements for confidentiality (e.g., HIPAA, FERPA).
3. Assist the supervisee in maintaining documentation regarding supervisory interactions (e.g., Clinical Fellowship requirements).

X. Ethical, Regulatory, and Legal Requirements

A. Knowledge Required

1. Understand current standards for student supervision (Council on Academic Accreditation in Audiology and Speech-Language Pathology, 2004)
2. Understand current standards for mentoring clinical fellows (Council for Clinical Certification in Audiology and Speech-Language Pathology, 2005).
3. Understand current ASHA Code of Ethics rules, particularly regarding supervision, competence, delegation, representation of credentials, and interprofessional and intraprofessional relationships.
4. Understand current state licensure board requirements for supervision.
5. Understand state, national, and setting-specific requirements for confidentiality and privacy, billing, and documentation policies.

B. Skills Required

1. Adhere to all ASHA, state, and facility standards, regulations, and requirements for supervision.

2. Assist the supervisee in adhering to standards, regulations, and setting-specific requirements for documentation, billing, and protection of privacy and confidentiality.
3. Demonstrate ethical behaviors in both interprofessional and intraprofessional relationships.
4. Assist the supervisee in conforming with standards and regulations for professional conduct.
5. Assist the supervisee in developing strategies to remain current with standards and regulations throughout their professional careers.

XI. Principles of Mentoring

A. Knowledge Required

1. Understand the similarities and differences between supervision and mentoring.
2. Understand how the skill level of the supervisee influences the mentoring process (e.g., mentoring is more appropriate with individuals who are approaching the self-supervision stage).
3. Understand how to facilitate the professional and personal growth of supervisees.
4. Understand the key aspects of mentoring, including educating, modeling, consulting, coaching, encouraging, supporting, and counseling.

B. Skills Required

1. Model professional and personal behaviors necessary for maintenance and life-long development of professional competency.
2. Foster a mutually trusting relationship with the supervisee.
3. Communicate in a manner that provides support and encouragement.
4. Provide professional growth opportunities to the supervisee.

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3.1.1B Professional Practice Competencies

The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

Accountability

- Practice in a manner that is consistent with the professional code of ethics and the scope of practice documents for the profession of speech---language pathology.
Adhere to federal, state, and institutional regulations and policies that are related to services provided by speech---language pathologists.
- Understand the fiduciary responsibility for each individual served.
- Understand the various models of delivery of speech---language pathology services (e.g., hospital, private practice, education, etc.).
- Use self---reflection to understand the effects of his or her actions and makes changes accordingly.
- Understand the health care and education landscape and how to facilitate access to services.
- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.

Integrity

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers; and
- Understand and use best professional practices related to maintenance of confidentiality for all individuals in accordance with HIPAA and FERPA requirements.

Effective Communication Skills

- Use all forms of expressive communication—including written, spoken, and non---verbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.
- Communicate—with patients, families, communities, and interprofessional team colleagues and other professionals caring for individuals in a responsive and responsible manner that supports a team approach to maximize care outcomes.

Clinical Reasoning

- Use valid scientific and clinical evidence in decision---making regarding assessment and intervention.
- Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.
- Use clinical judgment and self---reflection to enhance clinical reasoning.

Evidence---Based Practice

- Access sources of information to support clinical decisions regarding assessment and intervention/management,
- Critically evaluate information sources and applies that information to appropriate populations, and
 - Integrate evidence in provision of speech---language pathology services.

Concern for Individuals Served

- Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care; and
- Encourage active involvement of the individual served in his or her own care.

Cultural Competence

- Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care. These include, but are not limited to, variables such as age, ethnicity,

linguistic background, national origin, race, religion, gender, and sexual orientation. Understand the impact of the cultural and linguistic variables of the individuals served on delivery of care. These include but are not limited to variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation.

- Understand the interaction of cultural and linguistic variables between the caregivers and the individuals served in order to maximize service delivery.
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, and physical and sensory abilities) and how these characteristics relate to clinical services.

Professional Duty

- Engage in self--assessment to improve his or her effectiveness in the delivery of services.
- Understand the roles and importance of professional organizations in advocating for rights to access to speech--language pathology services.
- Understand the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.
- Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
- Understand and use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.

Collaborative Practice

- Understand how to apply values and principles of interprofessional team dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable.



Speech & Hearing Clinic

Clinic Procedures for Graduate Clinicians

Updated May 2018

1. Permanent folders
2. Client numbers - What do they mean and how do I find a folder?
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11. Parking Information for your clients
12. Using the phone & fax
13. If you leave phone messages with your clients
14. Calipso
15. Billing Slips
16. Barcode check-out system for materials and tests

1. Client Permanent Files/Folders

The clinic admin will start a permanent folder for any new clinic client (clients seen at preschools do not have permanent folders at the clinic unless they are seen at the clinic during the summer or after hours).

This is the process:

1. Initial evaluation or therapy appointment is made by Dr. Hart, clinician, supervisor OR admin.
2. Room request for evaluation or therapy is made by clinician (by online form at beginning of fall or spring semester or directly to admin at any time during year). Form link will be emailed to you at start of semester. At this time let the admin know if it is a new client or not (will be a question on the form). This lets the secretary know if she is to start a permanent file or not. [note: admin typically schedules appointments and assigns rooms in summer session automatically]
3. Admin assigns therapy room. It will be on sign-in sheet. (If you want to know your room number ahead of time, ask admin).
4. Admin adds client to Talktrac.
5. Admin starts permanent file and places it in supervisor's mailbox in clinic office.
6. The client release forms and other documents are in the permanent file. Clinician or supervisor will have client/parent/guardian fill out the paperwork.
7. Please remember to have client fill out the initial evaluation form if applicable, before they leave. It will go in the box on the window counter - it is supposed to be anonymous so tell client they can place it there themselves.
8. After appointment, **please give the folder to admin** *without punching holes in any of the documents*. DO NOT FILE. HIPAA forms go back in the drawer for future use if clients do not take home, not in the folder. Also make sure to fill out evaluation tracking form so that Stephanie Schaaf knows whether to schedule the client for therapy in the future.
9. Please do not keep the permanent folder in your mailbox. If you need any documents from the permanent folder, ask your supervisor or 2nd year student how to scan and upload to the client's talktrac account.
10. When admin receives the folder, she will assign a client number, create a client card for the card file on the volunteer desk, and add the client to the QuickBooks billing program. She will also file documents in correct sections (with colored paper separators) and then put file in permanent file room (129).
11. Client numbers are not assigned until a client has actually come to the clinic and is technically a client.
12. Please ask admin if you have any questions about the process. Please be aware that not all supervisors may be aware of the process.
13. You may only keep the permanent folder for 24 hours in your box in the graduate workroom.

What to do if there is no permanent folder for my appointment/client?

1. Please check with admin/supervisor a few days before your scheduled eval/1st appointment to verify a folder has been made. If not, ask the admin to create one.
2. If it is last minute, there will be a few folders with blank paperwork available on the credenza in the clinic.

2. Client Numbers - What do they mean and how do I find a folder?

A client having their first appointment in 2018 would look like

this: 18-XX-125

The 18 is the year of their latest appointment. The middle XX means they have not been here before. If there is another number there, ex. 09, that means their first appointment was in 2009, 00 would mean 2000. The 125 means they are the 125th new client of the year they first came.

13-09-001

2013 is last year they came. 09 means 2009 and is first year they came. 001 means they were the first client of 2009.

We change client numbers if their first number is more than a year or two old and continue to change it if they are long-standing clients. The reason we change the number is two-fold. By law, we have to save medical records for 25 years if the client is a child when they first come to us, so we are able to keep track of how old a record is by that first number. In addition, we only keep about 10 years of records in the file room, so if we don't keep numbers up to date, we may box by mistake.

If you have a client with an old file number that you feel needs to be updated, please let admin know and she'll take care of it on file folder, in QuickBooks, and in the card file.

Finding a file number

If you are looking for a file for a client that already has a permanent file number, look their name up in the card file on the credenza in the clinic office. Their number is immediately following their name.

Finding a file (in room 129)

Folders are filed by the first number,
then the last number,
then the middle number

16-XX-003

16-00-003

16-14-003

16-09-010

16-09-202

3. Ink

Ink for large printers is in the permanent file room, 129. Ink for the small printers is under the clinic window. If you are not sure what ink is low, please ask admin and she'll take care of it ASAP. Do not replace ink if it's just "low."

4. Envelopes & Letterhead (in room 130)

There is an office supply room immediately on the left after the double doors that are nearest the clinic office. You need the froggy key to get in. There are clinic envelopes and letterhead in the room. Both are expensive, so use judiciously. Do not take other office supplies without asking - they are for faculty/staff use. Do not take bunches of letterhead or envelopes - just what you need - they get ruined. There is also some letterhead in the drawer under the clinic color printer.

We do inventory supplies weekly, but if you notice we are getting low on anything, please let admin know. It takes weeks to have envelopes and letterhead printed.

5. How do I mail a report to a parent?

We do not stamp envelopes. There is a code on the bottom left of the envelopes that tells the mailroom where to bill for the cost of mailing. If you need a large envelope mailed, ask admin.

There is a typewriter in the permanent file room (129) for your use in addressing envelopes.

After you have addressed and sealed the envelope, just put it in the "outgoing mail" basket on the shelf in the clinic office. Mail is picked up and delivered once per day - usually about 11 a.m. If something needs to go out more urgently, let the admin know.

6. Other supplies/test forms, etc...

Test forms are in the materials room. If we are getting low, please let admin know. If you notice craft supplies, velcro, batteries, etc... are getting low, please let admin know.

If you would like something purchased that the clinic does not own, ask the admin, supervisor, or Stephanie Schaaf. Depending on what it is, it may be purchased by admin that week or a more expensive item, will have to ask Dr. Hart for approval.

Admin will only shop once per week, on Fridays, so if you don't request what you need for the next week before Friday, it will not be purchased.

We currently have a heat laminator and a cold laminator in the graduate workroom. Please follow directions and run the cleaning sheet (thin cardboard or plain paper) through the heat laminator after use. For the cold laminator, if we are using it, if the laminating cartridge needs to be replaced in the Talktrac/grad workroom and you are unsure how to replace, please ask admin! Do not separate the plastic, do nothing to the cartridge - it goes in just as it comes in the box (remove wrapping).

There are some supplies under the clinic window other than small ink cartridges. Pens, pencils, paper, card stock, extra velcro, batteries, cleaning supplies, flashlights, binder and paperclips, etc... These are for clinic use only.

7. Working folders

You may be asking, what is a working folder? Before Talktrac, all clients had a working folder that contained their evals, progress reports, IEP's, lesson plans, etc... With Talktrac, a working folder is not necessary. If you would still like to create one to store client information, they can be kept in the working folder cabinet in 128. Most clinicians do not do this anymore.

8. FORMS - evaluation tracking, disposition, surveys (initial tracking & end of treatment)

These forms are mentioned in your clinic handbook and they are very important.

The initial tracking & end of treatment surveys let us know how all of us are doing and whether the clients are satisfied with the services and treatment they are receiving. Please remember to have your clients fill these out at their initial evaluation and at the end of their treatment/semester.

The disposition and/or evaluation tracking forms are EXTREMELY important. They let Stephanie Schaaf know whether a client needs to come back for services or not. Please fill these out after an evaluation or at the end of each semester, as applicable. Put them in the box on the clinic window counter.

9. Copier

There are a number of documents available in the copier that you may need.

6. Other supplies/test forms, etc...

If you need help, ask! Clinic work only. Copier code for grad students is: 02020

10. Door Codes and Head Start Safety Rules

The door codes are both _____ at the moment and are subject to change.

Please do not share these codes with anyone. Not student observers for other classes, professors from other departments, or Head Start parents/grandparents/visitors. Please do not give the code to your child clients or their parents, or have your clients enter the number on the panel.

Please do not open the doors for student observers for other classes, professors from other departments, or Head Start parents/grandparents/visitors. Instruct student observers for Education classes to wait as they are instructed by the left set of double doors. Instruct Head Start parents/grandparents/visitors to call the numbers listed on the double doors. They are welcome to use our phone at the volunteer table (just dial the last 4 numbers). If in doubt, ask for help from admin or faculty. Always err on the side of caution if you're not sure how to handle a situation. If you are not 100% sure someone belongs on the other side of those doors, do not let them through. Be polite and say, "I'm sorry, you'll have to call the number on the door - for your child's protection."

11. Parking Information for your Clients

All of your clients need to get a free parking pass to park on MSU property. If you are making appointments with them, it is important that you let them know this so that they can plan ahead and not get a parking ticket. They can go online to www.murraystate.edu/visitorparking to request a temporary guest permit and then pick it up at campus police at the corner of 16th & Chestnut. If they will be coming for a whole semester, campus police will mark their permit so. If they are only coming for one day, it will be marked so. If your client needs directions, we can email or mail directions to them along with the parking permit link. Ask admin for assistance.

12. Using the Phone

Place a call by lifting the Handset, pressing the Line button for your extension, the Speaker button, or the New Call button.

To dial an MSU number (270-809-XXXX) just dial the last four numbers.

NOTE: For emergency dialing, press 8,911 or 911.

To dial a local, off-campus number, you must dial 8 + area code + the phone number.

To dial a long distance, off-campus number, you must dial 1 + 8 + area code + number.

To dial a toll-free number, dial 8-1-8XX-XXX-XXXX

Using the Fax

Same basic dialing as for phone.

13. If you leave phone messages with your clients to call the clinic

Please make sure the admin and/or student worker/volunteer know why your client is calling us and what to tell them or what information you need from the client!

14. Calipso

If you have any questions about Calipso or need to have undergraduate hours added, or have anything corrected/deleted, please ask Wendy.

Semesters can be confusing. Here is how they work:

2017 Green Summer I 2017-2019

The **2017** means the year of the current semester that you are entering hours for.

The **color** here is your cohort name, either green (summer) or white (fall). If you do not know it, ask.

The **summer/fall/spring** here is the current semester you are entering hours for.

The **I or II** here is which semester of your 6 semesters you're entering hours for (you'll have summer I, Fall I, Spring I, Summer II, Fall II, Spring II). Note that some of you start in the summer and some of you start in the fall.

The **2015-2017** stands for the year you started and the year you will graduate. The way we name these semesters may change; if so we will let you know.

15. Billing Slips

Please fill out a billing slip for EVERY **clinic** client after EVERY session, even home sessions, even evaluations. (Do not make billing slips for preschool clients in Willis, Ruby Simpson, or Alexander). Please put DATE, client name, your name, your supervisor's initials, how long the session was what the session was for (fluency, etc...). The billing part at the bottom (payment info/cost) is not necessary as I will have that information and it does not typically change.

16. Checking out materials and tests

We have an honor system for checking out materials from the materials room, tests that are in room 128, and adult tests/materials upstairs in suite 219 (materials are in the closet in the suite, and forms are in the left filing cabinet in the office 222). The babies are in the other suite with the other faculty (Young/Coulter/A. Brown).

Please make sure that you sign out the items that you are borrowing on the checkout sheets in each area, especially tests, so that if they are need by another student or faculty member we know whom to contact.

If you have any other questions or feel more information should be in this guide, do not hesitate to ask or email Wendy! We will update this manual as the need arises. This will also be shared with you
In google drive.