Clinic Handbook, 2016-2017

Department of Communication Sciences and Disorders

University of Northern Iowa

This document outlines the standards and expectations for students pursuing an undergraduate or graduate degree through the University of Northern Iowa’s Department of Communication Sciences and Disorders.
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Section I: General Information

I.1 Mission Statement

The central mission of the Roy Eblen Speech-Language-Hearing Clinic (RESHC) is the transmission, expansion, and application of clinical knowledge through teaching, research, and public service. In fulfilling this mission, the RESHC meets the needs of students for professional, technical, and lifelong education. It strives to make available comprehensive forms of communication, language, hearing and speech, assessment and intervention services to persons of all ages, disorders and cultural and ethnic backgrounds. Mindful of the changing needs of the society it serves, the RESHC reviews its policies at regular intervals, assesses their quality and the capacity to fulfill these objectives. The RESHC is committed to the continuing development and modification of the clinical training experiences it provides to students, and the clinical services it makes available to the Cedar Valley and surrounding communities.

In addition to providing expertly supervised clinical training to undergraduate and graduate students in the Department of Communication Sciences and Disorders, The RESHC is committed to investigative inquiry and to the application of state-of-the-art knowledge in clinical education. The Clinic is dedicated to adhering to evidence-based practice standards in the delivery of quality state-of-the-art services in audiology and speech-language pathology to the citizens of northeast Iowa, as well as representing the University of Northern Iowa as one of its flagship entities in the provision of community outreach and academic excellence. It is the policy of the RESHC to provide service to all persons, and not to discriminate with regard to race, color, religion, national origin, age, sex, sexual orientation, gender identity or expression, or disability.

I.2 Goals of Clinical Experience

1) Provide undergraduate and graduate students in the communication sciences and disorders major, supervised observation and clinical training experiences, including assessment and treatment with persons of all ages, with different types of communication, speech, language and hearing disorders

2) Provide speech, language and hearing, assessment, intervention and support services to the UNI and Cedar Valley community

3) Collaborate with other service oriented agencies (including hospitals, nursing facilities, schools, adult daycare, senior living) in the Cedar Valley area to provide direct, preventative, and consultative services for persons with speech, language, and hearing, and communication concerns

4) Provide scholarly outlet for research efforts including a focus on clinical efficacy, normal and disordered developmental patterns, motor speech, and physiological parameters related to a wide range of communicatively disordered populations.
I.3 What Makes the University of Northern Iowa’s Program Unique?

Uncharacteristic of many departments at other universities, the Department at UNI offers undergraduate students an opportunity to fully participate in clinical training. The undergraduate courses are designed so that students enroll in clinical process classes early in the sequence, which provide instruction on how to conduct therapy. Starting in their senior year, students are assigned their own clients in the Roy Eblen Speech and Hearing Clinic.

A second unique feature is a Voice Clinic, specializing in evaluating disorders of the voice and its apparatus. The clinic accepts referrals from physicians, voice instructors and other professionals. Diagnosis and treatment uses state-of-the-art video-stroboscopy.

Yet another exceptional characteristic is our clinical tracks program. Students can elect to take courses that prepare them for specialty areas such as working with children or working with neuropathologies.

A bilingual track option is yet another unique program. Students interested in combining the communication sciences and disorders major with coursework in Spanish can create an undergraduate program with a semester abroad. This degree would qualify them uniquely in applications for graduate education and later in professional settings.

I.4 Graduate Education Stresses

The graduate program at the University of Northern Iowa places a strong emphasis on…

- The development of an increased student interest and knowledge base within the area of communication and its related disorders.
- The development of problem solving skills necessary of distinguished service as a clinical professional.
- Independent critical thinking skills necessary for the effective evaluation and management of a broad range of communicatively impaired individuals.
- Clinical skills to effectively manage individuals with a broad range of communicative impairments.
- Interpersonal skills necessary to function as a contributor to an interdisciplinary rehabilitation team, and an increased awareness of professional ethics and issues.

I.5 Program Highlights

- Caring, knowledgeable, and available faculty within the Department
- Modern technology-equipped classroom located in the Department.
- Courses in the major are taught by faculty, not graduate assistants.
- Considerable experiential learning (clinical practice) opportunities
- Involves both faculty and peer mentoring.
- Modern well-equipped on-campus Speech and Hearing Clinic
- A variety of possible off-campus practicum experiences for undergraduate students
Faculty provides clinical supervision in their areas of expertise to better integrate classroom and clinic-based instruction.

Two Departmental computer laboratories:
  - Teaching/Learning Lab with multiple (13) computer stations
  - Clinical Lab with multiple (8) computers to use in clinical activities

Opportunities for undergraduate student research

Undergraduate student research fund available within the Department.

Modern well-equipped Sertoma Research Laboratory which is available for undergraduate student research

Modern facilities and state-of-the-art technology

I.6 Graduate Program of Study

The Masters of Arts degree requires two years of study plus a summer. The final semester of this sequence involves at least one internship, which may be completed anywhere in the world. A thesis option requires 43 credit hours and a non-thesis option requires 42 credit hours.

Required Core Courses in Speech-Language Pathology
CSD 6000 Research Methods in Speech-Language Pathology & Audiology (2 units.)
CSD 6100 Professional Issues (1 unit.)
CSD 6300 Treatment of Child Language Disorders (3 units.)
CSD 6400 Disorders of Voice (3 units.)
CSD 6650 Aphasia & Related Disorders (3 units.)
CSD 6600 Dysphagia (2 units.)
CSD 6450 Motor Speech Disorders (2 units.)
CSD 6700 Clinical Phonology (2 units.)
CSD 6800 Fluency Disorders (2 units.)
CSD 6500 Advanced Clinical Practice (taken for a total of 4 units.)
CSD 6560 Diagnostics in Communication Disorders
CSD 6660 Advanced Diagnostics in Communication Disorders
CSD 6580 Internship in Clinical Settings (4-16 units.)
CSD 6000 Research (1-6 units.)

Elective Courses/Seminars in Speech-Language Pathology
In addition to the required courses, students are able to select from a broad range of elective courses and seminars. In recent years, among other topics, electives/seminars have included Augmentative Communication, Traumatic Brain Injury, Cleft Palate, Right Hemisphere, Prevention of Communicative Disorders, Technology for Young Children with Communicative Disorders, Accent and Aging, Medical SLP, and Counseling.

Graduate Emphasis Certificate
Students have the opportunity to earn a Certificate of Emphasis in Childhood Communication Disorders and/or Neurogenic Communication Disorders by deliberately selecting a minimum of three elective seminars in either of these emphasis categories. The graduate academic advisor (Prof. Bruce Plakke) will supply interested students with the necessary information and forms.
Graduation Requirements
The graduate major in Speech-Language Pathology includes 30-34 credit hours of academic course work, 1-6 hours of research or thesis, and a 4-16 hour internship. In addition, students must complete a minimum of 400 clock hours of supervised clinical experience as required by the American Speech-Language-Hearing Association for the Certificate of Clinical Competence in Speech-Language Pathology. Students may select a thesis or non-thesis option upon consultation with their research and graduate advisors. For students who have completed an undergraduate degree in Communicative Disorders with coursework similar to that offered at UNI, graduate academic course work, clinical practica, and internship experience ordinarily take four semesters and one summer to complete.

Elected Emphasis
A combination of required core courses and at least three designated seminars [totaling at least 6 credit hours] will lead to the awarding of a Departmental Certificate in Emphasis, upon receipt of the M.A. degree. Academic requirements, offerings, and worksheets for emphases will be provided by the academic advisor. Acquiring one or both emphasis certificates is not a requirement for graduation, but afford students the opportunity to explore areas of professional interest in depth. The certificate(s) may be goals for Continuing Education as well as emphases for students in the graduate program.

- Emphasis 1: Childhood Communication Disorders
- Emphasis 2: Neurogenic Communication Disorders

Graduate Credit Hours (Required and Elective Hours)
Non-Thesis 34 hours plus 1-3 hours research plus an internship semester
Thesis 30 hours plus 6 hours research plus an internship semester

About ASHA
The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for more than 166,000 members and affiliates who are audiologists, speech-language pathologists, speech, language, and hearing scientists, audiology and speech-language pathology support personnel, and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiological treatment, including hearing aids. Speech-language pathologists identify, assess, and treat speech and language problems, including swallowing disorders.

Vision: Making effective communication, a human right, accessible and achievable for all.

Mission: Empowering and supporting audiologists, speech-language pathologists, and speech, language, and hearing scientists through:
- advancing science,
- setting standards,
- fostering excellence in professional practice,
- and advocating for members and those they serve.
I.8 ASHA Code of Ethics

The complete version ASHA Code of Ethics can be found at http://www.asha.org/uploadedFiles/ET2010-00309.pdf

I.9 Graduate Faculty

- Ken Bleile, Ph.D., CCC-SLP, Professor of Speech-Language Pathology
- Angela Burda, Ph.D., CCC-SLP, Professor of Speech-Language Pathology
- Todd Bohnenkamp, Ph.D., CCC-SLP, Associate Professor of Speech-Language Pathology
- Evette Edmister, Ph.D., CCC-SLP, Associate Professor of Speech-Language Pathology
- Jennifer Garrett, Ph.D., CCC-SLP, Associate Professor of Speech-Language Pathology
- Jaimie Gilbert, Ph.D., CCC-SLP, Assistant Professor of Audiology
- Theresa Kouri, Ph.D., CCC-SLP, Roy Eblen Speech and Hearing Clinic Director
- Lindsey Leacox, Ph.D., CCC-SLP, Assistant Professor of Speech-Language Pathology
- Lauren K. Nelson, Ph.D., CCC-SLP, Interim Department Head and Associate Professor of Speech-Language Pathology
- Laura Pitts, Ph.D., CCC-SLP, Assistant Professor of Speech-Language Pathology
- Suzanne Dripps, M.A., CCC-SLP, Communicative Disorders Specialist
- Katie O’Brien, M.S., American Sign Language Instructor
- Karlene Kischer-Browne, B.A., American Sign Language Instructor

I.10 Assistantship and Financial Aid

Graduate students may apply for both graduate assistantships and tuition waivers on a competitive basis. Along with these opportunities, there are many scholarships offered through the community for students studying communicative disorders.

Prospective students can access information about these scholarships from two sources. Students can access information about various scholarships and also apply for them online at www.uni.edu/finaid. A second source of information is the Departmental web page at www.uni.edu/comdis under “scholarship opportunities.”

I.11 University of Northern Iowa Policy

The University of Northern Iowa Policy can be found at: http://www.uni.edu/policies/
Section II: Clinic Practice Guidelines and Procedures

II.1 Standards for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology


II.2 Finalization of Clinic Hours

Finalization of student clinic hours will be documented using the Certification Application Verification form in CALIPSO (web based student tracking system) at the completion of the student's graduate training program. Applicants applying for certification from UNI must complete and submit the four-page application form located in the student's CALIPSO (pages 1–3 to be completed and signed by the applicant; page 4 to be completed and signed by the clinic director or chair of the graduate academic program.) The Verification by Program Director, page 4, must be the original page with the ASHA logo and must bear the original signature of the director of the graduate academic program.

A) ASHA Countable time

Clinicians may define countable time to be reported for ASHA certification as any time spent when a student is engaged in clinical speech-language pathology task and is supervised by a professional certified in speech-language pathology. Exceptions and inclusions of these activities include:

- Students may only report time spent in direct contact with clients. This excludes preparation time, report writing, scoring tests or language samples, and writing lesson plans.
- Prevention hours may be reported if the clinician is providing information or participating in activities that are directly related to prevention of communication disorders (e.g. education on noise exposure, alcohol-related birth defects).
- Evaluation hours may be reported for time spent assessing and diagnosing communication disorders, prior to initiation of an intervention program. Hours may also be reported for informal testing, re-evaluations, and non-standardized tests.
- Treatment or evaluation time may be counted for time spent in professional meetings, individual education (IEP) meetings only if the family or client is present. This excludes time spent meeting with clinical supervisors.
- Observation hours may only be reported as observation and count towards the 25 required hours. These hours may also be reported in the KASA competencies.
- Clinicians with clients who present with more than one communication disorders should distribute the time spent working on each disorder accordingly.
- Hours spent working with children can be defined as birth through elementary school
age. Adults may be defined at those in the middle school age (e.g. around 14 years) or older.

B) Computing Clinic Clock Hours

A clinician should record the exact number of minutes/hours that he/she is in direct contact with client during treatment or assessment activities. This can include time spent escorting a client to and from therapy/assessment room is engaging in therapeutic type of interaction. This can also include time spent conferencing with a parent/spouse/caretaker prior to, or after a treatment/assessment session. Amount of time spent in direct contact with client or clinical conference should be recording exactly in terms of minutes/hours; rounding up to the nearest hour or time increment is not appropriate.

If more than one clinician is co-treating during a session, the time spent in session must be split between the clinicians. Clock hours should never be duplicated when more than one clinician is involved. Division of therapy minutes/hours is ultimately determined by the supervisor, and should be agreed upon by clinicians. Division of minutes/hours should be dictated by the amount of direct time each clinician is engaged in treatment or assessment activities with the client during a session.

If more than one student is assigned to an assessment, each student is allowed to receive credit for the time spent providing service, ONLY if different functions are being provided. For example, if one student interviews a parent, and other tests the client, each student may claim full clock hour credit for that time. However, if more than one student is assigned to one function, such as testing a client, this time must be divided between students, depending on the amount of direct contact (e.g. one student tests for the first 40 minutes; and the other student tests for 50 minutes), this time is divided between the students (i.e., 40 minutes for first student and 50 minutes for second student).

C) Reporting Clinic Hours using CALIPSO

Effective for the Fall Semester of 2012, students will be required to use the electronic program Clinical Assessment of Learning, Inventory of Performance, and Streamlined-Office Operations (CALIPSO). Students will be required to pay the mandatory $75 ($85 as of 6/1/2014) fee for registration into the program. Students should submit their clinic clock hours via the CALIPSO program, and supervisors will approve these hours prior to the end of each semester. All clock hours must be submitted and approved, along with a clinical evaluation, before a final grade will be entered into the student CALIPSO system. Students may also use a hard copy to keep track of their hours throughout the semester using the student clock hour worksheet (see Appendix 3). If you have any questions or concerns regarding CALIPSO, please ask your clinical supervisor or The general CALIPSO website can be found at: http://www.calipsoclient.com/. Student may access the University of Northern Iowa’s CALIPSO webpage at: https://www.calipsoclient.com/uni/account/login

D) Student Clock Hour Worksheets

Student clock hour worksheets are completed for each client assignment in the Roy Eblen Speech and Hearing Clinic (RESHC) and for satellite practicum sites. These serve for
treatment session attendance and supervisor observation record keeping as they are kept in each client’s working folder. Students should place slashes through dates to indicate completed therapy sessions at the RESHC and attendance to outside practicum sites. Supervisors will circle dates of observed treatment sessions. Supervisors are asked to sign clock hour worksheets before they are turned in to the Clinic secretary at the end of each semester. A sample of a clock hour worksheet is located in the Section 3 appendix.

E) Satellite Center Clinic Hours

All clinic hours obtained at assigned satellite centers should be logged into and verified via CALIPSO. Each satellite supervisor will have a clinic supervisor account in CALIPSO. A Satellite Center Clock-Hour Worksheet will also be turned in to the clinic secretary at the end of satellite practicum experience. Students enrolled in CSD 4500 should also turn in clinic clock-hour worksheets signed by the satellite center supervisor indicating each day that was attended. To view a template of the satellite clock hour worksheet, and clinic clock hour worksheet, see section three.

II.3 Grading Criteria for Graduate Clinical Practicum

A) General Guidelines for Issuing Clinical Grades as determined by CALIPSO evaluation scores, supervisory consensus and final review by Clinic Director:

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<th>A-range grades indicate work of superior quality</th>
<th>B-range grades indicate work of average to above average quality</th>
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<tr>
<td>A</td>
<td>B+</td>
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<tr>
<td>Majority of clinical competencies exceed the quality and expectations for students at this level of training</td>
<td>Surpasses some and satisfies all of the quality and expectations for students at this level of training</td>
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<td>Extra work and initiative is shown</td>
<td>Infrequent need for direct or prescriptive instruction</td>
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<td>Minimal need for direct or prescriptive instruction</td>
<td>Integrates and utilizes information provided</td>
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<tr>
<td>A-</td>
<td>B</td>
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<tr>
<td>Majority of clinical competencies surpass the quality and expectations for students at this level of training</td>
<td>Satisfies the quality and expectations for students at this level of training</td>
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<td>Occasional need for direct and prescriptive instruction</td>
<td>Frequent direct or prescriptive information provided</td>
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<td>Extrapolates and applies information quickly</td>
<td>Integrates and utilizes information given intermittent review</td>
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<tr>
<td>B</td>
<td>B-</td>
</tr>
<tr>
<td>Satisfies the quality and expectations for students at this level of training</td>
<td>Satisfies most, but not all of the quality and expectations for students</td>
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<td>Frequent direct or prescriptive information provided</td>
<td>Requires direct or prescriptive instruction</td>
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<td>Integrates and utilizes information given intermittent review</td>
<td>Needs assistance integrating and utilizing information provided</td>
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<td>Beginning to show growth overall</td>
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C-range grades indicate work of minimal quality

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<th>Grade</th>
<th>Description</th>
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| C+    | Satisfies the minimal requirements for students at this level of training  
       | Requires a great deal of direct and prescriptive instruction  
       | Needs much assistance integrating and utilizing information provided  
       | Some growth observed in certain areas |
| C     | Generally inadequate attempts to meet the requirements for students at this level of training  
       | Needs repeated direct and prescriptive instruction  
       | Not yet showing growth |
| C-    | Has not met the requirements for students at this level of training, although interest and potential to improve is observed  
       | Dependence on supervision is observed  
       | Course must be repeated |

D and F range grades indicate work of unacceptable quality

It is agreed by all Communication Sciences and Disorders faculty and understood by the students that the routine grade for satisfactory graduate clinical practicum performance will be the grade of B.

B) Student Review Process:
A general student review process will take place during a formal mid-semester and final-semester review meeting attended by all departmental clinical supervisors and faculty. During this review process, both summative and formative aspects of a student’s clinical performance will be discussed. In the event that a student clinician is not demonstrating expected clinical skills and professional clinical behavior deemed commensurate with the student’s level of graduate training, a formal process will be designated to address the student concerns. In most cases, a Notification of Concern (NOC) (see clinic secretary for a copy of this document) will be filed in the student departmental record and online in the student CALIPSO system. The NOC document will describe the clinical areas of weakness, lack of competencies and general concerns reported by supervisory and faculty personnel. A specific plan of remediation will be defined. Management and follow-up of the NOC plan will be assigned to one or more personnel in the Department of Communication Sciences and Disorders (see below), and a student progress report will be made at the following mid-semester review meeting.

II.4 CALIPSO Online Tracking System

The Department of CSD and the RESHC utilize the online student evaluation grading and tracking portal known as CALIPSO. All students in CSD are required to have and maintain an account. A one-time expense is required for students to set-up and own an account which they will have access to indefinitely. All clinical hours and clinical evaluations for treatment and diagnostics will be maintained in the CALIPSO system.

Performance Rating Scale: CALIPSO utilizes a 4-point rating scale (1=performs unsatisfactorily; 2=needs improvement in performance; 3=meets performance expectations; 4=exceeds performance expectations.)
Clinical Competency Levels with associated performance expectations: CALIPSO utilizes 3 clinical levels. See “Keys to Clinical Competency” (section II.5) for performance expectations for each level.

Clinical Competency Score: CALIPSO utilizes a competency score of 3.0 for skills reported as competent in the formative assessment.

II.5 Keys to Clinical Competency

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<td>(Beginning) 0-100 Clinical Hours</td>
<td>Inconsistently demonstrates the clinical behavior. Displays minor technical problems, which do not hinder the therapeutic process. Exhibits awareness of the need to monitor and adjust and makes changes. Modifications are generally effective.</td>
<td>The clinical skill/behavior is beginning to emerge. Efforts to modify skill may result in varying degrees of success</td>
<td>Implements the behavior/skill with difficulty. Efforts to modify are generally unsuccessful</td>
<td>The clinical behavior is not evident. Makes no apparent effort to modify. Is not aware of the need to change</td>
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<td>(Intermediate) 100-200 Clinical Hours</td>
<td>Adequately implements the clinical skill/behavior. Beginning to demonstrate some independent and creative problem solving. Displays minor technical problems, which do not hinder the therapeutic process.</td>
<td>Inconsistently demonstrates the clinical behavior. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective.</td>
<td>The clinical skill/behavior is beginning to emerge. Efforts to modify may result in varying degree of success.</td>
<td>Implements the skill with difficulty. Efforts to modify are generally unsuccessful.</td>
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<tr>
<td></td>
<td>Adequately and effectively</td>
<td>Displays minor technical</td>
<td>Inconsistently demonstrates</td>
<td>The clinical skill/behavior is</td>
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(Advanced) 200-350 Clinical Hours

| implements the clinical skill/behavior. Demonstrates independent and creative problem solving. | problems, which do not hinder the therapeutic process. | clinical behavior/skill. Exhibits awareness of the need to monitor and adjust and make changes. Modifications are generally effective. | beginning to emerge. Efforts to modify may result in varying degrees of success. |

II.6 Individual Treatment Plan (ITP) and Mid-Semester Clinical Conferences

For purposes of (a) providing better clinical training for students, (b) providing increased information to parents, and (c) generally increasing the quality of our service delivery model, two procedures should be incorporated into each student’s clinical experience during each semester:

The student clinician, along with his/her supervisor and client’s parents (caretakers or spouses), should have a scheduled ITP conference at the beginning of the semester, wherein the parent, spouse, and/or client should be encouraged to take an active role in designing the ITP goals for the semester.

The student clinician, along with his/her supervisor and client’s parents (caretakers or spouse), should schedule one or two conference(s) during a client’s therapy time in order to review treatment progress and provide a specific update regarding the client’s therapeutic status. With many of our child clients, especially those who are not typically observed by a parent, an inter-semester conference focusing on providing therapy information to parents and spouses would be an excellent experience for students (one that is needed in the “real world”), as well as an added service for our clinic patrons.

*Note:* As usual, the implementation of these procedures is up to each supervisor’s discretion.

II.7 Evidence Based Practice Report (EBP)

Every student enrolled in Clinical Practice CSD 4500 and Advanced Clinical Practice CSD 6500 will be expected to complete an Evidence Based Practice Report (EBP) based on an article that applies to a client, clinical program, or question. This can be submitted in either written and/or oral form, depending on your supervisor’s preference. EBP reports are due for EACH of your clinic assignments at UNI (including the Roy Eblen Speech and Hearing Clinic and Price Lab School). If you do not have a client at UNI, you are required to write at least one EBP report on an outside client/assignment at a satellite site.

Please turn EBP report for Roy Eblen Speech and Hearing Clinic client into UNI supervisor. Turn Price Lab School and other satellite site EBP reports into the Clinic Director, unless otherwise designated.
Example EBP Checklist

1. Article was applicable to clinic case or clinic question.
2. Summarized article in accurate and detailed fashion.
3. Demonstrated critical thinking and sufficient detail in applying article to client, clinical program, or answering clinical question.
4. Report was professionally written/orally presented.

II.8 Mentor System

Students entering the graduate program from an undergraduate program other than at UNI are usually paired with a clinician/mentor who is familiar with the general workings of the Clinic. This plan eases the new clinician’s learning of UNI Clinical protocol, procedures and requirements.

The duties of the mentor are to show the new clinician how to find their new clients, write the first lesson plans and logs, check out materials, meet with their supervisors, and any other activity involved in the actual client/clinician/parent/supervisor relationship. The mentor team with the new clinician for therapy, lesson plan writing, ITP preparation, and the like for a minimum of three (3) weeks (usually a full semester), thus initiating the new clinician into the Clinic and teaching the various procedures in the UNI clinical clinician setting.

The mentoring clinician will receive credit for the actual hours of therapy planned and implemented. The new graduate clinician will receive all or partial credit for this team assignment, depending on the level of clinical participation demonstrated. Upon completion of the mentoring period, the new clinician may continue with the client or be assigned a new client.

II.9 Statement on Required Clinic Hours

The Speech Language Pathology major is accredited by the Council on Academic Accreditation of the American Speech Hearing Association. The faculty of the Department of Communication Sciences and Disorders makes every effort to assure that student clinicians are appropriately supervised and that they receive the appropriate number of hours in each of the required areas. However, all required hours may not be obtained in CSD 4500 Clinical Practice and CSD 6500 Advanced Clinical Practice. Graduate clinicians will be responsible for completing their required hours in their internship semester. The Clinic Director should be kept apprised of the type of internship each graduate student is planning to complete. If a student wishes to do both child or adult based internships, or other specialized internships, the clinic director will attempt to make assignments at the Roy Eblen Speech and Hearing Clinic that satisfy hours not likely to be obtained during the internship experience.

II.10 Statement Concerning Procedures for Making Clinic Assignments

Any student enrolled in CSD 4500 Clinical Practice or CSD 6500 Advanced Clinical Practice will be required to accept clinical assignments, on and off campus, that are made by the Clinic Director during a given semester. These assignments may be scheduled at any time between the hours of 7:30
A.M. and 5:30 P.M. on Tuesday, Thursday, and Friday, and 7:30 A.M. through 7:00 P.M. on Monday and Wednesday. The assignment of clinical practicum experiences will be based on student training needs, American Speech-Language-Hearing Association (ASHA) requirements, and service demands of the Roy Eblen Speech and Hearing Clinic. Clinical assignments will NOT be made or modified because of student’s personal preferences, altered work schedules, academic loads, or individual travel constraints (e.g., lack of transportation, commuting schedules). During a given semester, a student can expect to be assigned up to 2 or 3 full-semester assignments (this includes satellite centers, individual clients, and groups). If more than three clinical assignments are made, the student may refuse to accept them.

Clinic assignments are determined based on the student’s need to fulfill the nine areas included in the Knowledge And Skills Acquisition (KASA) areas. Students need to be competent in all nine areas to complete the Certificate of Clinical Competence (CCC) in Speech-Language Pathology. Student’s clinical assignments will be based on the ages, cultural distribution, and the nine KASA areas that have not been fulfilled. For further information on the nine KASA areas see the section on the standards for the Certificate of Clinical Competence (CCC) in Speech-Language Pathology Part C.

In the event that a clinical assignment is not acceptable to a student (who has less than three assignments), the student may petition to an ad hoc committee (composed of other students and faculty members) to have the assignment waived or modified. If the petition is denied, and the student chooses not to accept the clinical assignment, then the student’s clinical grade will be reduced by one grade for that semester (e.g., B becomes C). This grade reduction will be implemented for each client not accepted. All clinical practicum assignments and their subsequent modifications must be authorized by the Clinic Director.

**Student Clinician Education Level:**
All Undergraduate student clinicians will have clinic assignments either in the Roy Eblen Speech and Hearing Clinic, Headstart programs or select AEA 267 school placements. Client types will be limited to children representing disorders within KASA Articulation and Receptive/Expressive Language categories.

Graduate student clinicians at the G1 level will primarily be assigned clients at the Roy Eblen Speech and Hearing Clinic, Headstart, AEA 267 schools and other early childhood settings, also within KASA areas of Articulation and Receptive/Expressive Language, in addition to Social and Cognitive aspects of communication categories.

G2-G4 graduate student clinicians will be assigned to adult and child clients in clinic as well as other adult and child-based satellite settings, representing disorders from all KASA areas. However, most voice, swallowing and adult aphasia clients will be reserved for G4 clinicians, in their last semester on campus.

**Clinician Competency Levels:**
Student clinicians demonstrating expected competency levels in their clinic performance will be assigned all types of clients and disorders as indicated above. Those students not demonstrating expected clinical competencies will be limited to clinic assignments primarily in the Roy Eblen Clinic and UG level, off-campus sites. Students will be expected to demonstrate appropriate level clinic competencies before client offerings are expanded to
more complex adult and child cases, and those including some AAC, voice, fluency, aphasia and swallowing clients.

**Other Assignment Considerations:**
In order to maintain an adequate on-campus clinic that meets student training and community service needs, the clinic director will occasionally make a clinic assignment that simply provides a student additional clinic experience, while also serving a clinic patron’s needs. This type of assignment will not exceed the required number of student clinic assignments, and is often made on a volunteer basis.

**II.11 Clinic Training Decision-Making Chart**
II.12 Success in Clinical Practicum

A) Place the Client FIRST

Student clinicians are responsible for their client’s welfare, meaning putting the client’s needs before the clinician’s. Students who jeopardize the welfare of their clients may not be allowed to complete the practicum.

B) Time Commitment

Clinical practicum in speech-language pathology is very time-consuming, especially for graduate student clinicians. Before the therapy begins, clinicians and their supervisors should determine a schedule of conferencing (or correspondence process) for the remainder of the semester that is mutually agreed upon. Once the schedule has been established, clinicians should not ask to deviate from this commitment as the semester continues. Clinicians should plan for two to eight hours a week for client contact per clinic assignment based on the client or clinic site. Clinicians also need to allow for preparation time including: material cleanup, paperwork, supervisor meetings, report writing, and standardized test scoring. Clinicians are responsible for arriving with ample time to fulfill any preparation for arranging materials or setting up equipment needed prior to a clinic session. It is recommended that students are available to greet their clients as they enter the clinic lobby before each treatment session. This organizational approach allows students to perform more comfortably and competently in the clinic setting.

C) Appearance

Dress code, personal hygiene, and official identification are important. Clinicians should consult their supervisor about appropriate dress prior to therapy. Students are not exempt from appropriate dress, meaning shorts (above the knee), jeans, T-shirts, tank tops, sweatshirts, and athletic shoes are not appropriate in professional settings. Clinicians should take note that low-rise pants, short skirts, and shirts that expose the midriff and chest are unacceptable in any clinical setting. Students should be considerate of the client’s personal modesty and cultural offenses and be aware of any movements (e.g., sitting, bending, and reaching) that may expose skin. Clients may also be allergic to strong scents, perfumes, and aftershaves. Please consider your client’s welfare in using these products. Students should also avoid exposure to tobacco smoke before meeting with a client to avoid any irritation.

D) Safety Precautions

It is always better to say "I don't know, but I'll find out" and ask first if you are unsure • If a client needs assistance to go to the bathroom during a practicum session, ask your supervisor or the client’s family for guidance.

• Be aware of potential threats to a client's safety (e.g., choking hazards for babies and toddlers; accessibility risks for disabled individuals, food allergies).
• If you are using food as part of your clinical session, verify permission from your client’s family and/or supervisor beforehand. Be cautious when using microwave (e.g., popcorn) with client.

• Never leave a child alone in any setting. Do not allow running in clinic hallways or departmental areas.

• Be aware of where all fire alarm "pulls" are located and make certain to monitor small children around these "pulls."

• Be aware of personal safety for yourself and your clients.

II.13 Policies

A) Policy for Attendance and Cancellation of Clinic Sessions (CSD 3650 Clinical Processes and CSD 4500/6500 Clinical Practice)

1. Attendance

In order to assure professional responsibility on the part of the assistants/clinicians and in order to simplify the problems of deciding between excused and unexcused absences, the following clinic attendance policy has been established.

A clinician must hold 90% of the possible clinic sessions with each of the clients assigned in order to receive credit for the clinical practice course. Likewise, assistants must be present for 90% of assigned sessions. Absences caused by the client do not count against the assistant/clinician. Clinicians may make up absences when proper arrangements can be made for room and supervision time. No more than one make-up session may be scheduled in a given week without your supervisor’s approval. The department head may assign a faculty member to review the situation, in cases of extreme illness and prolonged absence.

2. Cancellations

Student clinicians must obtain permission from their supervisors before they cancel therapy sessions. This includes absences due to a doctor’s appointment, job interview, leaving early for vacation, etc. The only exception to the above rule is in the case of illness.

If you must cancel a therapy session for any reason it is your responsibility to contact your client, client’s parent or care provider directly, your supervisor, and the Clinic Secretary (319-273-2542), as early in the morning on the day of the absence as possible, or the day before. If you miss a session for any reason, you are required to make arrangements to reschedule session.

If a clinician is ill and has a 7:30, 8:00, or 8:30 A.M. client, the clinician must call the client to cancel before the client has left home to travel to the Clinic. The clinician must also notify the clinic office (secretary or voice mail) concerning the absence. If the clinician is ill, it is the clinician’s responsibility to contact the client to cancel the
therapy session. The clinic office should also be contacted as soon as the illness is apparent and the clinic secretary will notify the supervisor, observer(s), and assistant.

It is imperative that the clinic secretary is notified of a reliable phone number for each client.

That is a telephone number at which someone may be reached during the day; a home number, work number, or a babysitter’s number, etc. If a clinician must cancel an early morning session, the clinician first should inform the client, then call the Clinic secretary (273-2542) and leave a message about the cancellation. It is also important that each client have the clinician’s number in case the client must cancel an early morning appointment.

3. Satellite Site Attendance Policy

Starting Fall of 2010, an attendance policy will be in force for all student clinicians enrolled in either CSD 4500 (Clinic Practice) or CSD 6500 (Advanced Clinic Practice), and attending a school or other outside practicum site. The following requirements and procedures will apply:

1. Students are required to attend every session of their outside practicum assignments. If a student misses a session due to medical reasons (or other extenuating circumstances), a make-up session will be required during finals week or at some other time that is arranged by the student and practicum site supervisor. If more than one session is missed due to medical reasons, a doctor’s statement is required. You are required to make up all missed sessions as arranged through supervisor.

2. If the UNI clinic is cancelled for weather related reasons, most surrounding schools will be cancelled. However, if you are assigned to a non-school site, attendance is required if safe travel permits. In any event, a student should call the practicum supervisor to confirm attendance or not.

3. If a student attends the NSSHLA conference, he/she will be excused from their outside practicum site on that day----however, make-up sessions are encouraged if possible.

4. If your supervisor cancels, you are not required to go on that particular day. If therapy is cancelled due to staffing, parent conferences, or other types of professional meetings, you are required to attend and at least observe, unless your supervisor does not think it would be instructive or appropriate. These types of professional activities can be valuable learning experiences.

5. Attendance sheets in the form of clock-hour worksheets (with individual dates) will be required for students enrolled in CSD 4500 for each outside practicum site. You are to have your practicum supervisor initial each date on the clock-hour sheet that you attend. These sheets can be carried back and forth to sites, or left at sites to be filled out each time a student attends. At the end of a semester, a supervisor’s signature will be required on the practicum site clock-hour work sheet in order for hours to be recorded. This clock-hour work sheet should be used in conjunction with the Satellite Center Clock-Hour Worksheet, and both turned in to clinic secretary at the end of semester.
B) Satellite Center Assignment Procedures

1. Clinic student should contact Satellite Center Supervisor as soon as possible to let the supervisor know you are assigned to their site for the fall or spring semester. You should plan on starting the satellite assignment on the first day RESH Clinic begins, the Wednesday or Thursday of the second week of classes during each semester.

2. You should determine the days/times you will be attending the satellite center when talking with your Satellite Center Supervisor. (See below.)

3. For all Satellite Center assignments, students must fill out the office form noting days/times of attendance, and return to clinic secretary as soon as possible.
   a. The Satellite Center Supervisor determines what clinical activities student will do and with what types of clients.
   b. The Satellite Center Supervisor will (a) determine the kinds of lesson plans and logs student will maintain, (b) provide ongoing supervision and evaluation, (c) hold student evaluation sessions, and (d) determine student clinic grade for the satellite center.
   c. Students do not have to comply with policies and procedures of the Roy Eblen Speech and Hearing Clinic that do not apply at the satellite center, however, attendance is MANDATORY! See satellite center attendance policy under policy section.
   d. At the end of the semester, the Satellite Supervisor will verify number of student hours and enter evaluation information into student’s CALIPSO.

4. If a clinic student has questions, they should first be directed to the Satellite Center Supervisor. If student has irresolvable issues with satellite center placement or supervisor, they should consult with Clinic Director.

5. Regarding ITP and Final Case summaries: If you do not have a client at the Roy Eblen Speech and Hearing Clinic, you are required to write at least one ITP and FCS for a client at the assigned satellite enters. You may choose any client of interest for the ITP and FCS. These documents are to be turned to the Clinic Director at the appropriate times during the semester. You may share these documents with your Satellite Supervisor, however, he/she is NOT required to read and/or grade these, unless they wish.

C) Policy on Transportation to Clinic Assignments

Students should be aware that a number of practicum sites are off-campus and travel to these assignments will be required. Transportation to satellite center assignments and all internship assignments is the responsibility of the student clinician. Students are expected to provide their own transportation to and from any off-campus center assignment. An attempt will be made to take into consideration the difficulties individuals might have with transportation. However, assignments will be based primarily on the practicum needs of students, the obligations the department has to the center, and equitable distribution of the satellite assignments among student clinicians. In addition, an attempt will be made to assign students with and without cars to the same satellite center so that rides may be shared.

Students will not be reimbursed for mileage. However, if any money is generated from contracts with the satellite centers, it will be deposited into the Clinic account and used for the benefit of all clinicians in the program.
D) Health Insurance Portability and Accountability Act (HIPAA)

As a health care provider, the UNI Roy Eblen Speech and Hearing Clinic (RESHC) must comply with the Federal Health Insurance Portability and Accountability Act (HIPAA) regulations. Faculty, staff, and student clinicians of UNI RESHC must comply with these regulations.

1. What is HIPAA?

HIPAA is the Health Insurance Portability and Accountability Act of 1996 that was designed to protect health insurance coverage for workers and their families when they changed or lost jobs. These are Federal regulations being developed by the Department of Health and Human Services, of which only the first two have been published; the Electronic Data Interchange (EDI) Rule and the Privacy Rule.

2. How does HIPAA affect me and the UNI Roy Eblen Speech and Hearing Clinic?

The rules state that any health care provider that maintains or transmits “individually identifiable health information” is subject to HIPAA. It is intended to protect the privacy of individually identifiable health information contained in a patient’s medical record.

Making a reasonable effort to protect our client’s confidentiality is the primary focus of HIPAA as it applies to us.

3. What do I need to do as a student in the Department of Communication Sciences & Disorders to honor client privacy?

As a student in the Communication Disorders major at UNI:

- Never discuss or reveal any identifying information about your client(s) in public areas
- Do not leave papers or materials with your client(s) name(s) in public places; you do not take materials out of clinic with client information on them
- When printing ITPs and FCSs, use only the client’s initials until printing the final draft, and all copies of all drafts should be shredded when you are finished with them; the final draft must be printed in the department
- Client files can only be used in the Resource Room unless a staff member has checked out the file for use in their office
- Any phone calls about clients should not be made in public areas; use either a supervisor’s office or the lounge area phone
- All requested materials must be sent by mail; FAXes are not secure devices
- E-mails about clients must contain initials only
- Information about a client can only be sent if there is a current release in the client’s file
- When exchanging information about a client, use only the minimum amount of information that is necessary to accomplish the purpose of the disclosure
- Use of cellular phones will be restricted to the lounge areas and undergraduate and graduate work areas (CAC 242 and 243) only. This means that you cannot use your cell phones in clinical areas, i.e. therapy rooms, computer labs, resource room, classrooms, observation room, department office area or hallways leading to any of these areas
• Never take video recordings of client out of clinic: if using personal computer/IPhone to video client, this should be erased immediately after analysis, and must never leave RESHC.

• Storage devices such as flashdrives, dvds, cameras, or others containing client personal information (e.g., clinic reports, photos), should never be taken out of the RESHC.

We realize that exchanging information about clients with faculty and fellow student clinicians is part of your educational experience at UNI, but it is necessary that you respect our clients’ privacy and treat each client with respect. Due to the configuration of our clinic area, people in our waiting areas may easily overhear personal and professional conversations. Thus, we ask that any discussions about clients or clinical activity be conducted in the Resource Room, classrooms, or a faculty member’s/ supervisor’s office. Even casual discussion about clients outside of the clinic is strongly discouraged.

If you have any questions about HIPAA, please see the Roy Eblen Speech and Hearing Clinic secretary.

NOTICE: ALL COMMUNICATION SCIENCES-DISORDERS STUDENTS and STAFF: In compliance with HIPAA regulations, EFFECTIVE IMMEDIATELY, the use of cellular phones will be restricted to the lounge areas and undergraduate and graduate work areas (CAC 242 and 243) only. This means that you cannot use your cell phones in clinical areas, i.e. therapy rooms, computer labs, resource room, classrooms, observation room, department office area nor hallways leading to any of these areas.

E) Policy Statement on Confidentiality of Client Information

It is departmental policy that no client records leave the confines of the department except when complete confidentiality can be maintained. It has been established that students may work on Individual Treatment Plan (ITP) and Final Case Summary (FCS) reports outside the confines of the department so long as no personal client information is included in the material which is removed. Initials may be used on the reports (the same initials you intend to use on the final disk), but no addresses, phone numbers, and the like. All such personal information must be added to the ITPs and FCSs on departmental premises.

The respect for confidentiality of information extends in all cases to the videotapes of clients. Absolutely no videotapes of clients may be removed from the Clinic for any purposes, including study at home. Since it is impossible to assure confidentiality of the visual and auditory images on the tapes, it is assumed that the department’s policy on this matter will be strictly followed by all students and supervisors.

Lesson plans and logs may be written at home if absolutely no identifiable information is included. Clinician files containing client lesson plans, logs, and supervisors’ comments must be placed in the files in the undergraduate and graduate clinician rooms or on individual locked lockers whenever they are not actually in use in clinic or in preparation for clinic.

The wise clinician will write all lesson plans and logs here in the Clinic and will not remove any information from these premises. The excuse that you “left the lesson plan in your room” will
not be tolerated. In addition, to lose lesson plans and logs somewhere in transit will result in loss of clinic hours for that client.

**F) Policies and Procedures for Confidential Report Writing**

1. Confidential clinic materials may not leave the department. File materials may be checked out using the already established procedures for use within the departmental student work areas. Abuse of the check-out procedure or loss of any confidential materials will result in the loss of the privilege. Notes may be taken from the file materials for use during word processing off campus, but actual file materials are not allowed out of the Clinic work areas.

2. Reports written on university laboratory computers will not be saved on the computers’ hard disks. Saving will only be done on flash drives which will remain in the sole possession of the clinician.

3. Reports written on university laboratory computers (other than those in the 204 CAC lab) will omit all identifying client information. A coding system may be developed by the clinician to keep track of the report, but no names or addresses will appear on the report.

All final copies of clinic reports should be printed in the Resource Room in the Department of Communication Sciences and Disorders. Students are required to have their report drafts finalized by clinical supervisors, and are urged to have their drafts proofed by the clinic secretary prior to printing a final copy. This will avoid having to return the report after the end of the semester to make corrections. Templates of these reports including individual treatment plans, final case summaries, assessment reports, and case history forms are included in section three. Also located in section three are the responsibilities of each of the assessment team members and the forms that are to be completed at the time of the assessment to maintain confidentiality.

**G) Policy on Department Identification Badges**

Students must obtain a University of Northern Iowa student identification card, and a Roy Eblen Speech and Hearing nametag. These nametags should be worn in every practicum setting including the Roy Eblen Speech and Hearing Clinic.

*Note: You must be wearing a badge to maintain HIPAA compliance. Students who are not wearing a badge will be unable to engage in clinical activities.*

**H) Policies Regarding Clinic Observation**

Observation of therapy is an integral aspect of the Roy Eblen Speech and Hearing Clinic due to the educational nature of its program. However, it is essential that clients’ confidentiality and student clinicians’ rights and needs also are respected. Therefore, the Department of Communication Sciences and Disorders has established policies for observation of clients in the Roy Eblen Speech and Hearing Clinic.

1. **Course Observation**
   a. Clinic observation as part of a course assignment (e.g., CSD 3650 Clinical Processes) is arranged by the course instructor with direct approval of the assigned supervisor.
2. Student Informal Observation: majors in the Department of Communication Sciences and Disorders may observe clients on an occasional basis with the following approval:
   a. If at all possible, the clinical supervisor should provide approval. Approval should be sought several days prior to the intended observation.
   b. If the client’s faculty supervisor is not available, approval must be sought from the Clinic Director. The client’s faculty supervisor and clinician will be notified as to the date of the approved observation. The clinician does have the right to refuse the request if it is in the client’s best interest.
   c. Observers may also make arrangements with the supervisor for observations that extend beyond a week or two.
   d. A supervisor may assign a student clinician to observe therapy as part of his/her clinical education. The supervisor of the clinician/client to be observed must agree to such an assignment in advance.

I) Policies Regarding Observations by Parent, Spouse or Caretaker

Policies regarding observation by individuals who accompany clients are specified in the handout: All Families Who Attend the Roy Eblen Speech and Hearing Clinic. The policies include:

1. Families are not expected to observe routinely. They may wait until invited by the clinicians or they may request permission to observe. Such requests are usually granted unless some unusual circumstance would indicate that observation was not appropriate at that time.

2. Children are not routinely permitted in the observation area. This policy has been established because of past disruptions of therapy, distractions to observers, and congestion. If you wish to take a small child into the observation area, we require that the child:
   1. not wander from you,
   2. not speak loudly, and
   3. behave in a way that would not distract others from the therapy sessions or distract others in the observation area.

3. Children not in therapy are to remain in the waiting room and be supervised at all times. Please keep children occupied and quiet so that the faculty and staff members are not disturbed. Children are not allowed to roam the halls or visit staff offices unless specifically invited. Toys are not to be removed from the materials’ area unless a child is accompanied by his/her speech clinician. We appreciate your cooperation in assuring that our Clinic operates efficiently!

J) Policy on Admission/Discharge of Clients
Persons may be admitted to the Roy Eblen Speech and Hearing Clinic for assessment services, therapy services, or a combination of both.

In order to be admitted for assessment services, a person must contact the clinic to arrange for an appointment time. A physician’s referral is not necessary, unless required for third party payment.

A person may be admitted for therapy services under the following conditions:
1. A Roy Eblen Speech and Hearing Clinic assessment indicated the need for specific therapy services; or
2. If a recent speech and language assessment has been complete elsewhere and complete diagnostic reports are available containing specific recommendations for therapy service; or
3. Without an assessment on record, either from UNI or elsewhere, but under the direct referral from a physician or other rehabilitation specialist. In this case, the first few sessions of therapy would consist of a complete diagnostic work up.

Discharge from services is based on the following criteria:
1. A person meets his/her long-term goals;
2. A person reaches his/her maximum potential for communication functioning. This decision will be based on the fact that a client demonstrates little or no progress toward his/her communication goals during a semester therapy period;
3. A person voluntarily withdraws from clinical services;
4. If, after repeated efforts to find a satisfactory time schedule, the client was unable to comply with reasonable expectations for attendance.

K) Policy on Use of Clinic Materials

The Clinic materials are located in the closets in the graduate and undergraduate lounges for the use of all student clinicians. In order to assure their availability, the following procedures have been established. There are maximum check-out limits and precise procedures to follow so that all students have equal access to the materials. Other items for check-out can be found in the 230 office or 226 Resource Room.

Clinicians will be required to pay the mandatory clinical materials fee of $20 at the beginning of each semester in order to use clinic materials and consumables.

All Clinic/Department materials must be properly checked out on the appropriate sign-out sheets which are located on the bookshelf in the hallway. A sign-out sheet for Resource Room materials is on the window sill between the Resource Room and the office.

<table>
<thead>
<tr>
<th>Item</th>
<th>Checked Out</th>
<th>Maximum Check-Out Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research paper</td>
<td>Office coordinator</td>
<td>To be arranged</td>
</tr>
<tr>
<td>Dictionaries, PDR</td>
<td>Clinic secretary</td>
<td>May NOT leave the building</td>
</tr>
<tr>
<td>Reference books</td>
<td>Sign-out sheet</td>
<td>No limit</td>
</tr>
<tr>
<td>All other books in the clinic</td>
<td>Sign-out sheet</td>
<td>Three day limit</td>
</tr>
<tr>
<td>office or resource room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test materials</td>
<td>Sign-out sheet</td>
<td>Overnight:</td>
</tr>
</tbody>
</table>
Furthermore, all clinic therapy materials/tests are to be returned to their shelves/boxes after each of your therapy sessions. The only exceptions are the contaminated toys which must be placed in the “dirty toy” box in 203 for later sterilizing (see Policy on Infection Control). No clinic materials, activities, or tests may be kept in student lockers, in student lounges, or in the hallways after therapy sessions are completed. No one clinician has more “rights” to any therapy materials/tests than another clinician. Please be courteous, considerate, and fair.

All Clinic therapy materials/tests should be put exactly where they belong on the shelves - not just wherever you feel like putting them. If you do not know where something belongs, please see the list on the cupboard or the blue 3-ring binder. A list of tests available in the clinic is included in section three.

Failure to abide by this policy and its procedures will result in review by the clinic director and faculty with potential undesirable consequences for all clinicians. Possible repercussions might be a higher clinic fee, materials having to be checked out through a “clinic librarian” or termination of clinic materials provided by the Department.

I) Policy on Infection Control

In accordance with the Occupational Safety and Health Administration (OSHA) regulations, the University of Northern Iowa Roy Eblen Speech and Hearing Clinic will adhere to the following Infection Control Policy:

Infection Control Lab: Room 203 in the Communication Arts Center (CAC) has been designated as the Infection Control Room, in which clinical application materials (e.g., tongue depressors, applicators, gloves, trays) and cleaning supplies (e.g., dish detergent, EndBacil spray, paper towels) will be kept. This room will be open daily for easy access by clinicians and staff.

Gloves: Everyone must wear gloves any time they make contact with the inside of someone’s mouth or ears, such as during the administration of oral mechanism examinations, while removing cerumen, or in the implementation of therapeutic techniques which involve contact within or around any area of a client’s mouth or ears. Gloves must be kept on for the entirety of any process involving oral/aural contact. Gloves are located in the Infection Control Lab.

Hand Washing/Sanitizing: Clinicians are responsible for washing their hands immediately before and after each therapy/assessment session with a client, either in clinic restroom facility or by use of hand sanitizer stored in therapy room infection control kit.

Cleaning/Sanitization procedures: Infection control kits containing hard-surface sanitizing wipes, sanitizing spray, sanitizing hand wipes, and liquid hand sanitizer will be located in each
therapy/assessment room throughout the clinic. If any of these items cannot be located in a therapy room, they can be checked out from the clinic office (CAC 230).

All tables, windows, toys and clinical materials (including stuffed animals) must be cleaned after each therapy/assessment session if a client has come in contact or breathed on these items during the session. Hard surfaces, such as tables, chairs, windows, doors, or walls must be either wiped down with a sanitizing wipe (provided in infection control kit) or sprayed with EndBacil and wiped dry. It is the clinician’s responsibility to sanitize the therapy room surfaces after each therapy session in which these items have been contacted by a client’s body.

**Clinic Materials Washing/Sanitizing:** Toys and clinic materials that have come in contact with a client’s bodily fluids, such as saliva, blood, vomit, or urine should NOT be placed back on the Clinic shelves until after they have been properly washed. Toys should be washed with dish detergent in warm water (use the sink in CAC 203). If clinicians do not have time to do this after a therapy session, the toys should be placed in the basket designated as “dirty toys” located under the sink in Infection Control lab (CAC 203). These will be washed by office workers and placed back on the Clinic shelves as soon as possible. Please do not place anything back on the Clinic shelves that could not be safely handled by subsequent clients.

The trash receptor designated for “infectious waste materials” in Room 203 is used for disposal of all used materials, such as Kleenex, towels, tongue depressors, gloves, etc., which have come in contact with a client’s bodily fluids and need to be disposed of separately. Such materials should never be placed in other trash containers in the Clinic or CAC.

**Infection Control Certification:** All students enrolled in Clinic Practice (CSD 4500/CSD 6500) are required to obtain Infection Control certification or training. This certification is offered at UNI through the College of Education (i.e., OSHA certification), free of charge. Notices will be disseminated at the beginning of Fall and Spring semesters listing certification class times, dates and locations. OSHA certification can also be obtained at the IRTs lab in the SEC.

**M) Policy on Issuance of Keys**

Acquisition: All graduate students who require a key should fill out an application form available from the office coordinator. A $25 deposit is required for each key issued by the office coordinator. This deposit must be by check. The department will hold the check rather than cash it until the key is returned. The key must be returned or a new key deposit check written at the end of each academic semester or summer session. If a key is lost, the student will forfeit the $25 deposit and another key will not be issued. The Department of Communication Sciences and Disorders reserves the right to call back any key. In the event that the check is not honored by the bank, the $25 deposit will be charged to the student’s university bill.

Student Responsibilities: Each time a graduate student enters the building after hours, s/he is responsible for immediately locking the entry door to the Department rather than leaving it unlocked while working. It is the student’s responsibility to make certain that the entry door is completely closed and locked when leaving the building. You only have authorized access to the resource room, the computer lab, classrooms, and the student lounge. You must stay out of all other departmental spaces... no exceptions. Keys may not be lent to other students. Loaned keys will result in the forfeiture of deposit and loss of key privileges for the person who lent the key.
Only persons with official business are to be in the building with you (i.e., another Communication Sciences and Disorders student, subject in research).

The Department of Communication Sciences and Disorders reserves the right to discontinue this policy, recall all keys, and return key deposits if there is abuse of these access privileges or if the security of the department is compromised.

N) Policy on Department and Clinic Closing Hours

The Department and Roy Eblen Speech and Hearing Clinic closes at 7:00 P.M. Monday and Wednesday, 6:00 P.M. Tuesday and Thursday (as designated each semester by the Clinic Director), and at 5:00 P.M. Friday. It is the clinicians’ responsibility to have all materials returned and to vacate the Clinic by that time. If the clinicians’ supervisor is willing to take responsibility for unlocking and locking doors and returning materials, the clinician may remain in the Clinic past the closing time. If the supervisor is not physically present, a late departure will not be permitted. In other words, if a student clinician wished to remain in the Clinic past the 5:00, 6:00, or 7:00 P.M. closing time, the student must make arrangements for the supervisor to be present, and the supervisor must take responsibility for closing the Clinic when everything is finished.

Graduate students issued keys are to use them only when a project or class requires admittance into the department before/after hours. Under no circumstances are keys to be lent to another student or the doors left unlocked for another student’s convenience. For a student without key privileges, if a special situation arises (which requires working before/after hours) contact the office coordinator or clinic secretary.

O) Policy Regarding Clinician Absences and the Closing of Clinic due to Bad Weather

**CLINICIAN ABSENCES:** If you must cancel a therapy session for any reason it is your responsibility to contact your client, client’s parent or care provider directly, your supervisor, and Dena Snowden, Clinic Secretary (319-273-2542), as early in the morning on the day of the absence as possible, or the day before. If you miss a session for any reason, you are required to make arrangements to reschedule session.

Please note the Clinic’s Bad Weather Policy: In the event that the Cedar Falls schools are cancelled, the RESHC will be closed to all clients except for those clients that are UNI students (since most of them live on campus).

If the Cedar Falls Public Schools have **early dismissal** due to bad weather, the Roy Eblen Speech and Hearing Clinic will be open, but your client may or may not come due to the weather. It is your responsibility to call to check if your client will be attending therapy.

If the Cedar Falls Public Schools **start late** due to bad weather, the Clinic will START ON TIME! Once again, it is up to client and you, whether therapy will be held. **You must call your client** in this situation, and if you cannot safely make it to the clinic, please cancel your session.

**To reiterate:** In the case of early dismissal or schools starting late, each clinician must contact their client to determine if they are going to cancel their sessions. If the client lives on campus or
close by and the student clinician is in the clinic and/or can safely get to the clinic, they will be allowed to hold their clinic session.

*It is mandatory that clinicians contact their clients in the event of any and all weather cancellations!*

If **UNI cancels classes**, all clinic activities are automatically CANCELED. If UNI delays the start of classes (even if Cedar Falls Public School have not cancelled), the Clinic will start when UNI classes start.

**It is imperative that you review this policy with your client the first day of clinic** and exchange phone numbers so that contacts can be made on these days. This means that you should still **call your individual clients to remind them about clinic cancellations**, especially the newer ones, and especially at the beginning of each semester, so as to prevent any potential confusions or trips to the clinic. If you are working with a UNI student in clinic, please let them know that they are allowed to attend their clinic session on these days, but you will contact them first to let them know if you can make it to the clinic. You should NEVER put yourself at risk to get to the clinic on these days!

**YOU ARE ENCOURAGED TO MAKE UP MISSED THERAPY SESSIONS DUE TO WEATHER CANCELLATIONS, IF AT ALL POSSIBLE!!**

As always, this information is provided to clinic clients, but please don’t expect all of your clients to read the information sheets that are disseminated at the beginning of each semester. Be proactive, cover your bases, and **please call your clients** whenever these special circumstances arise.

**Assessment Clinic**

If the Clinic is closed, all assessments are also cancelled. However, since the clients scheduled for assessments may be new to us and not know of our closing policy, the clinic secretary will call the clients in question and inform them that the Clinic is closed. If the client wishes to reschedule, efforts will be made to reschedule if at all possible. This information will be relayed to the supervisor in charge of the appropriate clinic. Students assigned to the assessment clinic must always be present in the clinic until informed that the assessment has been cancelled.

**Audiometric Suite**

Since many of the audiometric suite clients are new and will not know of our closing policy, the clinic secretary will call the clients and cancel their appointments. Rescheduling will be done at that time. However, students assigned to the audiometric suite must be present in the Clinic until informed that all clients have been reached by phone and this cancelled.

*Note: If UNI cancels classes for reason, all clinic activities at the Roy Ebben Speech and Hearing Clinic are automatically cancelled.*

**Satellite Site Weather Policy**
If the UNI clinic is cancelled for weather related reasons, most surrounding schools will be cancelled. However, if you are assigned to a non-school site, attendance is required if safe travel permits. In any event, a student should call the practicum supervisor to confirm attendance or not.

**P) Policy Concerning Emergency Procedures**

In the case of an emergency, the following procedures will be followed:

1. For a young child, the parents or accompanying adult will be notified immediately and the Clinic staff will follow their instruction for care.
2. In the case of an adult, the spouse or accompanying person will be notified immediately and the Clinic staff will follow their instructions for care.
3. If the parents, spouse, or accompanying adult is not at the Clinic, an attempt will be made to ask the client what his/her preference is for obtaining care (doctor, a hospital, etc.) If the client is not in a position to indicate his/her preference, an ambulance will be summoned to the Clinic immediately.
4. The client’s clinician and/or supervisor will stay with the client until either the family has arrived at the Clinic to handle the emergency or until the client is transported to the hospital or other medical facility.

**Q) Policy for Emergency Evacuation Plan**

This plan is to be implemented for the safe evacuation of clinic patrons during an emergency event such as a fire, tornado alert, explosion, or similar event. This plan has been developed in conjunction with personnel from the UNI Department of Public Safety.

**Fire Emergency Plan**

Upon hearing the fire alarm, clinicians should escort their clients who are ambulatory (those not using a wheelchair or walker) to the nearest escape route, which is one of three stairways on the 2nd floor of the Communication Arts Center (CAC) leading to exterior exits.

All other persons in the Clinic should also make their way to the nearest stairway and exit the Clinic immediately.

1. Northeast stairway exiting north and accessed on the second floor of the Roy Ebben Speech and Hearing Clinic waiting room 230.
2. Center stairway exiting into the courtyard on the south side of the CAC, located directly outside of the double doors at the end of the student lounge area.
3. Alternate stairway escape includes the southwest stairway (adjacent to the Dean’s office), exiting onto the first floor of the CAC, leading to an exterior exit from the Kamerick Art Building.

Do not use the elevators to escort ambulatory clients downstairs!

Those who are non-ambulatory (use a wheelchair or walker), should go or be escorted immediately to the nearest elevator and exit. In the event that the elevators are not functional, a safe area of refuge has been designated. In this case, persons using wheelchairs should go to room 244 (in the Sertoma Lab area). This area is located directly outside of the
Department of Communication Sciences and Disorders, through the student lounge double doors. Room 244 will be used as temporary shelter until rescue personnel arrive. It has a telephone and restroom. Evacuation to room 244 (pending rescue) is the preferred method of evacuation during a fire drill or emergency situation.

In the event that the route to room 244 is obstructed or believed to be threatening to health or safety, either a back-up safe area will be designated, or elevators will be employed for evacuation. Elevators will be used for non-ambulatory persons, and only in the event that they are deemed safe for evacuation (to be determined by fire safety personnel). Elevators designated for use during an emergency situation include:

1. The east passengers’ elevator located in the Clinic waiting room.
2. The center passengers’ elevator on the 2nd floor corridor of the CAC has an exit on the group floor and access to exterior exits.
3. The passenger/freight elevator on the 2nd floor of the Kamerick Art Building, exiting on the group floor with access to exterior exits.

R) Tornado/Storm Emergency Plan

In the event of a severe storm, tornado, or tornado warning, Clinicians should escort themselves and clients down to one of the shelter/refuge areas located on the first floor of the Communication Arts Center (CAC). One of these areas is located in the windowless hallway on the first floor of the CAC, outside of classrooms 108, and the other is located in the “tunnel” hallway between the CAC and Kamerick Art building (that borders rooms 125 and 126 on the west end of CAC). You may use elevators to get to these shelter/refuge destinations if they are still under operation; however, elevator use should be first reserved for those persons in wheelchairs and with other types of ambulation problems.
GENERAL PROCEDURES

Student clinicians: It is important that you stay with your client until the fire drill or emergency situation is over, or until a Clinic, fire rescue, or public safety staff member advises you otherwise.

Parents, spouses, and caretakers of the Clinic clients: It is important that you exit through the nearest EXIT and not attempt to look for your child or spouse if you are in another area of the building with their Student Clinician. The Student Clinician will assume responsibility for escorting the child or spouse out of the building, using the closest exit.

S) Policy on University Email Accounts

Your University email address is the University's official means of communication with you. Please check it regularly during every academic term including summer and holiday breaks. The clinic director will not send communication to accounts other than your University of Northern Iowa email account.
SECTION III: CLINIC FORMS

For copies of all clinic forms, see the clinic secretary.

1. Undergraduate Clinic Clock Hour Tracking Form
2. Student Clock Hour Worksheet
3. Satellite Center Assignments
4. Satellite Center Clock Hour Worksheet
5. Lesson Plan Forms (Two examples)
6. SOAP Note Form
7. Clinical Skills Evaluation: Undergraduate Clinic Practice
8. Example of an Individual Treatment Plan (ITP)
9. Example of a Final Case Summary (FCS)

By the mid-point of the first semester of enrollment in CSD 6500 Advanced Clinical Practice, all students will submit documentation to the clinic secretary of the following: screening by the Iowa Department of Criminal Investigation (DCI) for criminal behavior and successful completion of mandatory reporter training, Blood Borne Pathogens (OSHA) certification, and Health Insurance Portability and Accountability Act (HIPAA) training. Students will be notified of the due date for these documents during an orientation session during the first week of class as well as by email. If a student does not submit the required documents by the due date, the grade for CSD 6500 will be reduced and your clock hours will not be approved. Students will not be allowed to enroll in a second semester of CSD 6500 until they meet this requirement. Students should keep in mind that the sites they select for their final semester internships may require an additional background check, additional trainings, liability insurance, as well as evidence of specified immunizations.

Generally, undergraduate students will complete screening by the Iowa Department of Criminal Investigation (DCI) for criminal behavior, successful completion of mandatory reporter training, and Health Insurance Portability and Accountability Act (HIPAA) training while enrolled in CSD 3650 Clinical Processes. Undergraduate students will submit documentation of these requirements to the course instructor and clinic secretary by the end of their semester of enrollment in CSD 3650. Any undergraduate who does not submit the required documents will not be assigned a client in CSD 4500 Clinical Practice and will not be able to complete the course.
Section IV: Clinical Internship Requirements

IV.1 Requirements for Clinical Internship Semester

All graduates in the speech pathology program will complete a clinical internship semester during their 5th semester (unless otherwise indicated by the clinical director). Consult with the clinical director when setting up a medical and/or school internship. This clinical internship semester is 16-18 weeks in length whereby a graduate student is required to intern in a facility for 40 hours or more depending on the clinical supervisor’s schedule in the facility.

Requirements before beginning a clinical internship:

Paperwork indicating your internship location sites must be returned to the clinic secretary before beginning the first clinical internship. An example of this form is located the in the Section 3 appendix.

Students must read and complete the contract requirements from each of their internship facilities and in most cases fulfill all or part of the following requirements:

IV.2 Preparation for Medical Internship

Students will be required by the affiliate facility to complete SOME or ALL of the following contract conditions. MOST places require hepatitis B vaccine, insurance, TB testing, criminal background checks, HIPPA certification, OSHA, and Red Cross training. It is recommended that students plan on getting these things requirements taken care of well in advance of their internship start dates.

As for specifics within each internship requirement, this will vary depending on the type of facility and state in which it is located. For example, one setting may require a student to receive a TB test no more than one month prior to the internship, while another may accept testing six months prior to starting. In any case, it is imperative that a student read the facility agreement thoroughly, months before the internship start date, in order to have enough lead time to accommodate the various internship requirements, including the following examples:

- **Criminal Background Check** – All students must be able to prove that they have been screened by the Iowa Department of Criminal Investigation (DCI) for any history of criminal behavior. In some cases, a student may have to obtain a background check from another state’s DCI. It is recommended that students request a CBC at least one month prior to any medical experience. The fee is $15. This background check will be valid for all public school experiences except for student teaching, which requires a full background check, complete with fingerprinting. Procedures are found through Teacher Education: http://www.uni.edu/teached/_students/dci_check.shtml or http://www.dps.state.ia.us/DCI/Records_Ident/obtain_records.shtml
• **Liability Insurance** – ASHA endorses a plan by Marsh Affinity Group. They offer a student plan for an annual fee of $30 with a $1,000,000 /3,000,000 coverage. Contact information includes: Marsh Affinity Group Services  
1776 West Parkway, PO Box 14426  
West Des Moines, IA 50398 515-243-1900
  
o Insurance may also be obtained through a CAN plan for $35 for $1,000,000/$3,000,000 coverage.
Both of the above plans allow students to choose the date they want their coverage to start. A student can begin coverage within the week he/she applies for the coverage if the application is made online. You may also wait and choose a later start date, but this must be within three months from when you apply.
o Other liability insurance plans are available on which information can be obtained from the clinic secretary.

• **Immunizations**
Before students will be allowed to participate in any off-campus clinical internships, students must submit evidence of immunity to:
o Rubella, or immune status  
o Have a history of chicken pox (varicella) or evidence of immunization  
o Tuberculosis skin test (must be obtained within one month of internship). This testing can be obtained at the UHS for $16  
o Two measles vaccinations after the age of one

*Please note that some practicum sites may have some specific immunization/documentation requirements that must be met before you engage in practicum.*

• **Hepatitis B Series Shots** – This series is a total of three shots. These can be obtained at the UHS for $110 each shot. The second shot is taken one month after the first shot, and the third shot is taken six months after the second. These are not covered by insurance if you are on the University Plan. Hepatitis A shots hasn’t previously been required by any medical internship but students should check with their individual facilities. If a student should need the Hepatitis A shot, it is available at UHS for $96 per shot (two separate shots are required). A combination of Hepatitis A and B is available for $138 per shot for the series.

• **Other documentation**
Facilities may also require students to provide proof of:
o Flu shot  
o Documented physical examination

• **Health Insurance** – Students must show proof of health insurance before beginning their medical internships. For more information on obtaining health insurance through the University of Northern Iowa Student Health Insurance plan visit the following website: www.uni.edu/health/insurance/

• **CPR Certification** – This certification is good for two years and can be obtained through the American Red Cross (234-6831) for $55 dollars, the American Heart Association (378-1763) for $40 dollars and the UNI Wellness and Recreation Center for $60. For more
information on obtaining these certifications please consult the UNI Wellness and Recreation Services website: http://www.uni.edu/wellrec/certifications/classes.html

• **First Aid** – This certification is good for two years and can be obtained at the UNI Wellness and Recreation Center for $40. You can obtain more information by calling the WRC or pick up a brochure to see the schedule for CPR and First Aid training. Students may register online or at the WRC room 101.

  *Note: Information for CPR and First Aid Training may be found at http://www.uni.edu/wellrec/certifications/classes.html*

• **Blood Borne Pathogens (OSHA)** – This certification takes one hour to complete, and is scheduled by the Education Department twice a semester. It can also be obtained through the WRC for $20. Specific times and dates may be found on the calendar for the College of Education’s website. There is also a video and test option for students to complete by themselves. This video can be obtained at the ITRS lab, 222 Schindler Education Center.

• **High Risk Substance Abuse** – The high risk substance abuse training is good for life. The Education Departments offers it free for students and it takes two and a half hours to complete. The department holds several sessions a semester but students must register to take the training. Specific times and dates may be found on the calendar for the College of Education’s website. There is also a video and test option for students to complete by themselves. This video can be obtained at the ITRS lab, 222 Schindler Education Center.

• **Mandatory Reporter Training** – This certification is good for five years and is free for students. The Education Department schedules the training twice a semester. Specific times and dates may be found on the calendar for the College of Education’s website. There is also an adult mandatory reporter training, but as of yet, this has not been seen as a requirement on any medical contracts. It also is not something that is offered on campus.

  *For the previously mentioned trainings, please see the College of Education website at http://www.uni.edu/teached/

• Health Insurance Portability and Accountability Act (HIPAA) training for the individual facility (usually online).

  **Note: Some of these requirements may be mandated for clinical practicum assignments outside of the clinic. More information will be provided when you are assigned to a certain facility.**

IV.3 General Information

In terms of deciding where you will be doing your hospital/clinic internship, the most important thing to remember is not to get stressed out about this decision. There are a variety of facilities (see Affiliation Agreement file in the office). ASHA specifies that students need to complete at least 50 hours in 3 different settings, so that is the major criterion that an internship must meet. In most cases a student will first complete a 10-week student teaching assignment in a school setting and
then finish the semester with an 8-week medical or adult placement of some type. However, if a College of Education student teaching internship is not done by a student; numerous other setting types are acceptable, including schools, clinics or medical settings. These can be done for 8-10 weeks each; sometimes the facility requires a minimum of 8-10 weeks or more.

Medical internships have been done in a hospital, rehabilitation center, hospital school (like the AAC - Augmentative and Alternative Communication Clinic at Iowa City), a speech and hearing center (like the Des Moines Hearing and Speech Center), or a private practice where a student may have a wide range of experiences from hospital to home health care, etc. If a student chooses to do two medical settings (instead of student teaching) it is highly recommended that they complete a total of 18 weeks. This can be distributed as desired by the medical settings, e.g., 9 and 9 weeks or 10 and 8 weeks.

It is recommended that each student discuss their internship plans with the Clinic Director soon after entering the graduate program. If a student desires to do a medical internship in the Waterloo/Cedar Falls area, they are required to contact the clinic director before arranging this internship. She will decide who will be placed, depending on available openings and number of student requests. There are no guarantees of being placed in the Cedar Valley area!

If UNI already has a contract established with a desired internship setting, and if this contract is currently active, a student is free to go to that setting upon acceptance by the setting. If a student desires to intern in a setting for which UNI does not have a current contract, it is the student’s responsibility to maintain all necessary contact information, such as names, email addresses and phone numbers of persons responsible for the establishment of a contract agreement. This information should be given to the Clinic Secretary as soon as possible, so that an Affiliation Agreement can be established between UNI and the facility of interest.

Keep in mind that you should start investigating different internship options 6-12 months in advance depending on the type of facility and city in which you want to intern. Oftentimes larger metropolitan area hospitals and medical facilities get booked for internships far in advance, and some settings require more in-depth application procedures including interviews and written materials. Occasionally an internship setting will take months before getting back to a student on a decision about acceptance.

**IV.4 Preparation for Student Teaching**

Speech-Language Pathology Interns should prepare for their student teaching internships through the Department of Teaching in the College of Education during the semesters prior to their internship. A list of activities to be completed with the Department of Teaching Coordinator for in state, out-of-state, or international programs is included below. The list of activities to be completed should be returned to the UNI Student Teaching Coordinator in the Out-of-State and International Office at the time of the student teaching exit interview. A list of activities required for completion during the internship experience will be distributed by College of Education, Department of Teaching.

**Two semesters before the internship: These activities should be completed for both in-state and out-of-state internships**
1. Attend Student Teaching Round Up with the Department of Teaching. Select one session to attend during the first two days of the semester, 3:30 P.M. in Schindler Education Center (SEC). If you cannot make one of these meetings, you must check with the office 509 SEC to pick up the material package and directions as to where a video tape of the Round Up information can be viewed. (Follow regular student teaching schedules as outlined in Round Up materials.)

2. Return the Internship application packet to the UNI Student Teaching Office, 509 SEC by the due date for each semester.

3. Complete a placement request online as indicated in the Student Teaching Packet received at Round Up indicating your state, city, or preference for your internship. Indicate whether your school placement will be the 1st or 2nd 10 weeks of the semester.

4. Return two photos and two letters of recommendation to the UNI/Out-of-State/International Coordinator (out-of-state candidates only).

5. Participate in screening interviews for the Out-of-state/International Program.

6. Attend information meeting in SEC at 4:00 P.M. on Orientation Day in November and/or April

Semester before internship - These activities should be completed for Out-of-State and International student teaching. These must be signed off on by a faculty/staff member in the Department of Education, Office of Student Field Experience.

1. Participate in placement interviews with the Coordinator assigned by the Office of Student Internship in the College of Education.

2. Receive a copy of the UNI Student Intern Handbook, - Defining the Relationship.

3. Present names, addresses, telephone numbers, fax numbers, e-mail addresses, etc., of contact persons in the state or country where you are interested in conducting your internship.

4. Sign a release for final evaluation, which will be returned to you.

5. Sign the alternative placement policy form.

6. Sign the waiver of liability and ‘hold harmless’ agreement.

7. Sign the medical authorization card - show proof of medical health insurance effective through the end of the internship.

8. Sign a waiver form and complete fingerprinting; pay the fee.

9. Receive final placement form with information about the internship placement and supervision.

10. Contact the cooperating clinician and supervisor.

11. Notify your UNI Coordinator if you accept the placement.

12. Complete an exit interview with UNI Coordinator, Department of Teaching prior to leaving for internship.

13. Supply UNI Coordinator and Dept. of Communication Sciences and Disorders Coordinator with the name of an emergency contact person while you are on the internship.

14. Conduct a personal search/investigation of your internship site and display search information in an informal file (informational portfolio). Include a log of the major activities and estimated number of hours (usually this takes about 10-15 hours including interviews, phone calls, internet searches, phone book searches, and library searches etc.).

15. Write a three-page reflection on the results of your information search. Include information about your student teaching state, community, and school, demographic information about the student body as well as information you found that will relate to your internship (e.g., licensing information, caseload descriptions).
16. Share informational portfolio about your out-of-state internship site with UNI Coordinator at the pre-departure meeting.
17. You will need to complete a full background check, complete with fingerprinting, for the Iowa Board of Educational Examiners (BOEE) for Iowa Licensure. This will occur prior to student teaching; you will receive assistance with this form from the Teacher Education Program. The results will be forwarded and become the property of the BOEE and available for Iowa Licensure ONLY.

**Fingerprint fees for Iowa Licensure have increased to $52; ALL teaching licenses are now $85.**

Department of Criminal Investigation (DCI)
http://www.dps.state.ia.us/DCI/Records_Ident/obtain_records.shtml

**Semester before internship - These activities should be completed for Out-of-State and International student teaching.** These must be signed off on by a faculty/staff member in the Dept. of Communication Sciences and Disorders (i.e., Clinic Director or Advisor). This checklist must be presented to the College of Education Student Teaching Coordinator at the exit interview.

1. Show proof of professional liability insurance effective through the time of the internship.
2. Check online to confirm your enrollment at UNI for the internship semester.
3. Advise the Department of any medical restrictions, if applicable.
4. Complete graduation application form, if applicable. This is the green form completed with the Graduate Academic Advisor.
5. Give the date of completion of the Human Relations course.
7. Obtain credential file information from the Placement Office, if of interest to you.
8. Return application and check for Iowa school license. During October or March, a letter of application will be sent out. When you get the letter, be sure and return application with the fee and then check with the Registrar's Office to make sure your license is on file.
9. If you will be flying to your internship destination, provide copies of flight itinerary.
10. Discuss arrangements for housing and transportation to the internship site. If driving your vehicle to the internship site, please supply the vehicle's make, model, and license plate number.
11. Make copies of visa/passport photo page, if applicable; return to the Office of the Student Teaching Coordinator.

**Criminal Background Checks and FBI Background check**

The College of Education is now encouraging all students in their last/internship semesters of graduate school, or last semester on campus, who are interested in pursuing jobs in schools, to get their complete criminal background check done and pay for their education endorsement licensure (all in one package $150.00). The reason for this is that the UNI College of Ed offers students the opportunity to get an in-depth criminal background check done here on campus once per semester. Otherwise a person has to go to Des Moines to get the background check done, because the Iowa Department of Criminal Investigation (DCI) is going to an electronic system and needs fingerprinting done at their central office, or at scheduled sites (such as UNI). You will find out more about this information in your placement meetings.

If you do not know if you are going to work in the schools, you can wait until you are sure about 8
this, and get by with the cursory (less expensive) online background check, which must be obtained at the undergraduate level or entry into graduate school at UNI.

All students must be able to prove that they have been screened by the Iowa DCI for any history of criminal behavior. It is recommended that students request a background check at least one month prior to any medical internship experience. The fee is $15. This background check will be valid for all medical experiences. Procedures are found through Teacher Education:

http://www.uni.edu/teached/_students/dci_check.shtml or
http://www.dps.state.ia.us/DCI/Records_Ident/obtain_records.shtml

NOTE: The extensive criminal background check is necessary before employment in the schools, but is not required for the school internship.

Once you have received your background check results, carry it with you to all field experiences between now and graduation from UNI.

**Student Teaching Certification Requirements**

- Blood Borne Pathogens (OSHA) – see description above
- High Risk Substance Abuse – see description above
- Mandatory Reporter – see description above

*For the previously mentioned trainings, please see the College of Education website at http://www.uni.edu/teached/

**IV.5 Paperwork to be Completed by Internship Students**

**Student Evaluation of Clinical Internship Site**

After completing a clinical internship, students must complete an evaluation of their clinical internship site. This information provides the clinic director of knowledge of the student’s overall experience and knowledge gain while on their internship. Please see the appendix for section 3 for the student evaluation of clinical internship form.

**Logging Hours while on Clinical Internship**

Students may keep track of their hours while on their clinical internships by using a satellite center clock hour sheet, or by electronically submitting their clock hours using CALIPSO.

Students must return their clock hour worksheets to the clinic secretary after they have been signed by their clinical supervisor. Students using CALISPO must create a new clock hour worksheet for each clinical internship and have their hours approved by their clinical supervisor. For more general information on CALIPSO see section 2, or visit their website at: http://www.calipsoclient.com/

**IV.6 Paperwork to be Completed by Clinical Internship Supervisor**

Clinical internship supervisors are to complete the necessary hours-approval and clinical evaluation forms in CALIPSO, or a Departmental Medical Internship Evaluation Form (if a student intern
IV.7 Student Internship Outcomes

Students are expected to perform at or above acceptable levels of clinic competency, with minimal input or direction from supervising SLP, on each of the following clinic competencies, with populations exhibiting one or more of the following disorders: Articulation, Fluency, Voice and Resonance, Receptive/Expressive Language, Hearing, Swallowing, Social, Cognitive and Communication Modalities.

**Evaluation**
1. Conduct screening and prevention procedures (including prevention activities)
2. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals
3. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures
4. Adapt evaluation procedures to meet client/patient needs
5. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention
6. Complete administrative and reporting functions necessary to support evaluation
7. Refer clients/patients for appropriate services

**Intervention**
1. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs Collaborate with clients/patients and relevant others in the planning process
2. Implement intervention plans (involve clients/patients and relevant others in the intervention process)
3. Select or develop and use appropriate materials and instrumentation for prevention and intervention
4. Measure and evaluate clients'/patients' performance and progress
5. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients
6. Complete administrative and reporting functions necessary to support intervention
7. Identify and refer clients/patients for services as appropriate

**Interaction and Personal Qualities**
1. Communicate effectively, recognizing the needs, values, preferred mode communication, and cultural/linguistic background of the clients/patient, family, caregivers and relevant others
2. Collaborate with other professionals in case management
3. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others
4. Adhere to the ASHA Code of Ethics and behave professionally
IV.8 Clinical Internship Forms

For copies of all of the following forms, please see the clinic secretary.

- Memorandum for Students in Medical Internships
- Form to be Completed by Graduate Students on Internships
- Memorandum to Graduate Internship Students
- ASHA Internship Supervisors Credential Verification
- Medical Internship Site Questionnaire
- Satellite Center Clock Hour Worksheet
- Three-Week Internship Performance Checklist
- Information About Filling Out Praxis Application Form