



# Clinical Procedures Manual

UW—Eau Claire  
Center for Communication Disorders

*Information for CSD Graduate and Undergraduate Student Clinicians and CCD Supervisors.*

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## TABLE OF CONTENTS

### **CENTER FOR COMMUNICATION DISORDERS: *General Information***

- PERSONNEL
- CLINICAL MATERIALS INVENTORY
- CLIENT FOLDERS
- HIPAA AND CONFIDENTIALITY
- OBSERVATION POLICY
- OBSERVATION GUIDELINES
- CHILD SUPERVISION BY A RESPONSIBLE PERSON
- EMERGENCY PROCEDURES
- TERMS OF SERVICE

### **STUDENT CLINICIANS: *Responsibilities and Procedures***

#### **PROFESSIONALISM**

- ETHICAL CONDUCT
- 10 CRITICAL DISPOSITIONS IN CSD
- DRESS CODE
- ENGLISH PROFICIENCY POLICY
- MENTAL HEALTH GUIDELINES

#### **CLINICAL MATERIALS**

- EQUIPMENT, TESTS, AND SUPPLIES
- PHOTOCOPYING & LAMINATING PRIVILEGES
- PENALTIES FOR VIOLATING MATERIALS REGULATIONS

#### **CLINIC FACILITIES**

- THE CCD
- MAILBOXES
- CLINIC ROOMS
- ACCESS TO SPECIAL CLINIC SPACES
- THE KITCHEN
- ITL—INTERVENTION TECHNOLOGY LAB (HSS 131)

#### **CLINICAL PROCEDURES**

- RECEIVING CLINIC ASSIGNMENTS
- SCHEDULING TREATMENT SESSIONS (phones, rooms, parking, permission forms)

CANCELLATIONS  
MEETING WITH CLINIC SUPERVISORS  
DAILY LOGS AND RECORD KEEPING  
CLIENT FEES  
DIAGNOSTIC ASSIGNMENTS  
WORKING WITH JUNIOR OBSERVERS  
CONDUCTING HOME VISITS

**HEALTH AND SAFETY PROCEDURES**

CHILD PROTECTION FROM HAZARDOUS CHEMICALS  
INFECTIOUS DISEASE PRECAUTIONS  
FIRST AIDS  
INCIDENT REPORT

**CLOCK HOURS**

RECORD OF ON-CAMPUS CLINICAL HOURS  
CLOCK HOURS EARNED OFF-CAMPUS  
NON-THERAPY / DIAGNOSTIC ASHA CLINICAL HOURS

**CLINIC REPORTS**

CLINICAL RECORDS AND WORD PROCESSING  
E-MAILING CLIENT REPORTS  
PAPER SHREDDING  
CORRESPONDENCE AND FINAL REPORTS  
RELEASE FORMS  
REPORT FORMATTING

**FEEDBACK AND EVALUATION PROCESSES**

PENALTIES FOR VIOLATING PROFESSIONAL ETHICS AND CLINIC REGULATIONS  
CLINIC GRADING  
REMIEDIATION PLANS

**SUPERVISORS: *Responsibilities and Guidelines***

SUPERVISOR RESPONSIBILITIES  
GENERAL SUPERVISOR PROCEDURES  
GRADING GUIDELINES FOR CLINICAL PRACTICUM  
FORMATIVE EVALUATION PLAN PROCEDURES FOR ON-CAMPUS CLINICAL PRACTICE  
EVALUATION INSTRUMENT  
INDIVIDUAL CLINIC SKILLS ASSESSMENT  
FEE POLICY

**DIRECTOR OF CLINICAL PROGRAMS: *Responsibilities and Guidelines***

**APPENDICES**

SITE CODES  
CONFIDENTIALITY ASSURANCE ACKNOWLEDGMENT  
QUALITY AND ASSURANCE STATEMENT  
CCD FLOOR PLAN  
COMPUTER SOFTWARE LAB TIPS  
PHOTOCOPYING INSTRUCTIONS  
HI NI STATEMENT FOR CLINICIANS  
HI NI STATEMENT FOR FAMILIES/CLIENTS  
INCIDENT REPORT FORM



## **PERSONNEL**

### ***Director***

The Director of Clinical Programs & Services in the Department of Communication Sciences & Disorders is responsible for the overall administration of the Center for Communication Disorders (CCD); the specific responsibilities of the Director are outlined in a separate section (see Table of Contents).

### ***Clinical Instructors***

Faculty and academic staff members in the Department of Communication Sciences & Disorders serve as clinical instructors (i.e., “supervisor”) of speech-language and hearing treatment or diagnostic sessions in the CCD. Each supervisor has the professional responsibility for all clients and student clinicians assigned to her/him; the specific responsibilities of supervisors are also outlined in a separate section (please refer to the Table of Contents).

### ***Clinicians***

Direct services in the CCD are provided by student clinicians. Each semester, students registered for CSD 470/670, 769, or 770 provide direct services to clients in the CCD. Every term, graduate students are participating in therapy and diagnostic activities.

### ***Support Staff***

The CCD has many people critical to the daily support needed to keep the clinic running. Scheduling, clerical, and secretarial support is provided by the Academic Department Assistant for the Department of Communication Sciences & Disorders and by the Clinic Secretary. The Clinic Secretary is responsible for all filing of client records and new material acquisitions. In addition, student workers are hired each term to work in the Resource Room. All of the personnel working in the resource areas become highly familiar with the materials available through the CCD and many of the required procedures. They can be an invaluable asset to student clinicians in locating tests and other clinical materials.



## CLINICAL MATERIALS AND INVENTORY

### *Organization of Clinic Materials*

Client folders, diagnostic materials, and electronic equipment are kept on the South end of the Resource Room (nearest the Child Waiting Room). No student clinicians are to enter this area at any time. All materials from this area are to be checked out at the Resource Window in room 108. Therapy materials are kept in the North end of the Resource Room (nearest the Adult Waiting Room). These materials must also be checked out (see below), but all student clinicians are on the honor system and expected to function independently in this area. Inactive client files are stored in the right file cabinet on this side of the Resource Room; students are not to go into these files (see HIPPA & Confidentiality section for more information).

### *Inventories of Treatment and Diagnostic Materials*

Inventories of all treatment and diagnostic equipment and materials are available in the Therapy Preparation Room (HSS 108). All materials are inventoried by the following schema: Diagnostic or Treatment; Disorder Category (see list in the front of the inventory books); and an Acquisition Number for published materials. Both Diagnostic Materials and Therapy Materials are available in two versions: one classified alphabetically and the other classified by disorder category. All therapy materials are shelved within categories and then by acquisition number.

### *Checkout Procedures*

The Resource Window is open from 8:30 AM – 6:30 PM Monday through Thursday and from 8:30 AM – 3:30 PM on Friday. When clinic is not in session, the Resource Window is open for limited hours. Specific schedules will be posted and distributed during times when clinic is not in session. All files and materials must be returned no later than 15 minutes prior to closing on the day they were checked out. Clinical materials (but not client files) may be checked out for overnight use by completing an Overnight Request form; materials may be checked out an hour and a half before the clinic closes on Monday through Thursday and after 12:15 PM on Fridays. Those items must be returned by 9:00 AM the next work day. Any exceptions must be approved by the Director of Clinical Programs. If for any reason, your supervisor allows a session to be scheduled outside of regular clinic hours, the student clinician will need the supervisor to return materials.

A list of students enrolled in clinical practicum is posted at the Resource Window. If the person working at the Resource Window does not recognize you, s/he may ask to see your Blugold card or driver's license. You will not be permitted to check out client files or diagnostic materials without proper identification.

Be sure to alert the person in the Resource Room when you return materials. (If no one is there, please put a note with your last name written on it on top of the materials you are returning). Do not take items checked out by another student or permit another student to take items you have checked out. **Each student is accountable for all materials checked out under her/his name** until they have

been returned and checked in. All diagnostic and therapy materials are to be checked out for only 2 hours at a time.

### **Client Folder Checkout**

Request a **client file** at the Resource Window. Do not call out the client's name to the student worker but present it on a slip of paper. The student worker will retrieve the folder and an orange log card for that folder. Sign your full name and date the **orange log card**. This card is returned to the filing cabinet. The card taken from the client folder is filed by your name and retained until the file is returned. A client file should be returned as soon as you are finished with it and should **never be left unattended in your work area. Client files must never be taken from the building.** A student who leaves a file lying around or keeps a file out overnight is subject to disciplinary action by the Clinic Director (e.g., loss of clinic hours, reduction of clinic grade).

### **Diagnostic Materials and Electronic Equipment Checkouts**

To request **diagnostic materials**, such as test kits or examiner's manuals, you need to complete a manila **"OUT" file card** with the material's name, your last name and the date. These cards are at the Resource Window. These OUT cards replace the materials during the time they are checked out. In addition, sign your last name on the cards attached to the diagnostic materials. These cards are filed by your name and retained until the materials are returned. All materials should be returned as soon as you are finished with them and be kept in a safe place while in your possession. Diagnostic materials may be checked out overnight.

**Test forms** must also be requested at the Resource Window. You will be asked to sign for each copy of each form. To hold down expenses in the CCD, we are requesting that you use **only one form per client** during a semester. If you wish to have a "scratch" copy, please photocopy the original form using the photocopy card provided by the clinic. All forms filed in a client's folder should be originals.

To request **electronic equipment**, such as tape recorders or headsets, you will be asked to fill out the card attached to the equipment with your last name and date. This card is filed by your name and retained until the equipment is returned. All equipment should be returned as soon as you are finished with it and be kept in a safe place while in your possession. Arrange overnight checkout of electronic equipment with your supervisor or the Clinic Director.

### **Therapy Materials Checkout**

Direct access to therapy materials on the North end of the Resource Room (HSS 107) is permitted. If you are registered for practicum, you may enter this side of the room from the hallway and examine materials shelved or filed in this area. Only 3 students may enter at a time; no conferences are permitted in this area. When you have selected the materials you wish to take, **write your last name and date on the card** attached to the material and leave it in the checkout window. All materials are to be returned to the Resource Window.

### ***Special Provisions for Externship Students & Community SLPs***

The diagnostic materials owned by the CCD are an important resource in our community. When they are not needed in the CCD, we make them available to graduate students who are externing in our

community or to community SLPs who have a special need. Any loan of materials to individuals not using them in the CCD should be approved by the Director of Clinical Programs or the faculty member in charge of a specific lab space (i.e., Dr. Stadler for the AAC lab equipment). Inquiries should be made to assure that these materials will not be needed during their absence from campus. A return date must be agreed upon. A **\$5.00 deposit** is required for each material borrowed. Failure to meet the return date may result in loss of this privilege and forfeit of the deposit. Students registered for clinic should never loan materials to people in the community—if done, the financial responsibility for replacement is entirely on the student.

### ***Supervisor Checkout Procedures***

To aid the Resource Room workers in locating materials, supervisors need to leave a record in the Resource Room of materials in their possession. When supervisors remove any materials from the Resource Room for more than a few minutes, they need to follow some basic procedures. Complete an **OUT card for diagnostic material** and leave the card in place of the folder/material. Write your last name on any checkout cards attached to the materials. File the checkout cards under your name in the wooden box on the counter next to the Resource Window. Be sure to follow all checkout procedures with **client folders**: sign the **orange log card** and place the client **folder ID card** under your name in the wooden box. Also, complete the white card attached to all **therapy materials** and file it in the wooden box. It is wise to check this box periodically to find out what is filed under your name. Most important is to leave a note with your name when you return materials; the wooden box is stuffed and not all workers know to look there when they can't find the card under a student's name. The result is that they make a duplicate checkout card and put the materials away, yet yours remains in the box still listing you as the user.



## CLIENT FOLDERS

A file is prepared for each client who receives services at the CCD. This file contains case history, diagnostic, and treatment information about that client as well as pertinent correspondence. If a client does not have a file, see the clinical supervisor. The clinical supervisor will assign the coded client ID number.

### *General Organization of Each Folder*

Each client folder is organized in the following manner. Inside front cover: Daily Treatment Log (goldenrod); the most recent filed on top. Attached to back cover: five sections in the order outlined below; within each section, the most recent information is filed on top.

- I. Gold Section – CCD Therapy Progress Reports**
  - Therapy Progress Reports from each semester, most recent on top
- II. Cherry Section – CCD Diagnostic Reports**
  - diagnostic reports
  - hearing evaluation reports
- III. Blue Section – Diagnostic Data**
  - test score sheets related to diagnostic reports
  - other CCD Diagnostic materials
  - case history form
  - original intake form
- IV. Pink Section – Non CCD Diagnostic & Treatment Information**
  - IEP forms & correspondence from schools
  - copies of medical reports/information
  - correspondence relating to non CCD medical/treatment information
- V. Green Section – Correspondence**
  - Copies of transmittal letters
  - Release of information forms
  - Copies of all outgoing correspondence

### *Client Identification Number Code*

#### Basic ID Number Coding

00	00	00	0	00
year	site	disorder	gender	age

Year: 73-00-00-0-00 – the year client was initially seen in the CCD

Site: 00-01-00-0-00 (See *Site Code List* in the Appendix of this handbook)

**Disorder:** 00-00-10-0-00 – the basic classification of the client's communication disorder

00 Normal	11 Dysarthria	30 Stuttering	60 Cerebral Palsy	72 Dementia
01 Dialect	12 Dysphagia	40 Voice	70 Aphasia	80 Hearing Loss
10 Articulation	20 Language	50 Cleft Palate	71 TBI	90 Multiple Problems

**Gender:** 00-00-00-M-00 – M = male; F = female

**Age:** 00-00-00-0-05 – Age in years at the time of first contact with the CCD

### ***Client File Organization***

Active client folders are filed alphabetically in the "Active" file drawers. Files for new diagnostic appointments or recent diagnostics with reports pending are kept separately in the "Upcoming Diagnostics" and "Audiology Diagnostics" sections.

Inactive client folders are filed by calendar year of first appointment coded in the ID number (e.g., 97). Within each year, files are kept alphabetically by last name. When student clinicians request such folders, it can take additional time to retrieve them from the File Room. Most client folders that are more than ten-years-old have been destroyed; summary cards are retained in the cabinet in the Adult Waiting Room. Folders selected by supervisors as important to keep are filed alphabetically in the "Never Destroy" file cabinet in the File Room, plus all older audiograms are saved in a separate folder.

### ***Index Cards for ID Retrieval***

An index card is created for every client ever seen in the CCD. These cards are filed alphabetically and contain two critical pieces of information: the client's name together with the client's identification number. These cards are the only way to locate an inactive client if only the name is known. They are the major vehicle for finding an ID number which contains the year of admission which dictates the file drawer where the folder is located.

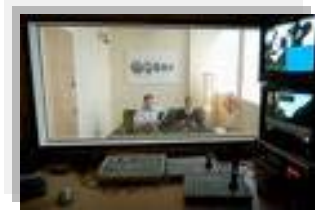




## HIPAA & CONFIDENTIALITY

Federal legislation has established the Health Insurance Portability and Accountability Act (HIPAA) which among other things is designed to promote confidentiality in matters related to our clients. Several procedures have been introduced in the CCD to keep us in compliance with HIPAA.

- Everyone who has access to a client's folder or case information related to a specific client is expected to complete a **Confidentiality Assurance Acknowledgment** form and to follow procedures already described when checking out client folders. Everyone needs to keep in mind that information should only be exchanged with someone who has a **need to know** because that person is directly involved in the client's treatment.
- All release forms must be updated each term and no client information is to be exchanged with anyone outside the CCD unless written consent has been granted. Each client should receive a copy of the card, **Your Right to Know** when services are initiated at the CCD.
- All information leaving the CCD about a client should be submitted to the Clinic Secretary, the Academic Department Assistant or the Clinic Director for transmittal. This is especially important for any records of client contact to be mailed, faxed, or e-mailed. This procedure is to assure that a current and appropriate release form is on file. Copies of cover letters or correspondence sent directly to a client should be given to the Clinic Secretary for filing. Be especially cautious about exchanging information over the telephone; written consent is needed in this case also.
- Other procedures outlined elsewhere should be followed including: word processing in a confidential area; using client initials in all documents transmitted via e-mail; and document shredding. View the CCD Quality & Assurance Agreement found in the appendix for more information related to safeguards for clients.



## **OBSERVATION POLICY**

The CCD is a learning clinic and frequently students will be observing to fulfill course requirements. Many people would like to observe treatment and diagnostic sessions in the CCD, but this is not always possible or appropriate. People who have a "right to know" always have priority for observations in the clinic. These people are: the clients' family/caregivers, the supervisor, and any student members of a diagnostic team.

Any person who does not accompany the client to the clinic, or is not related to the client, must complete a **Confidentiality Assurance Acknowledgement (CAA)** form. This form should be reviewed with the person signing by a supervisor, instructor, or the clinic director. Every effort should be made to impress on first-time observers the importance of confidentiality and the consequences of breaches of confidentiality. Once signed, these forms are then filed in the Department's records accordingly:

- **University Personnel:** The forms are kept with other personnel documents in the Department Chair's Office. All such forms must be updated every two years.
- **CSD Students:** All students in the CSD major who observe must complete the form. If instructors include observation assignments, it is their responsibility to be sure a CAA form is on file for each student. The form is kept in the student's advising folder. Graduate students update their forms at the start of their program.
- **All other individuals who have received permission to observe** may complete the form; it will be kept by year for two years in the Clinic Forms section in the Academic Department Assistant's Office.

Family members or other caregivers who attend with a client do not complete a CAA form, but also **do not have permission to observe other sessions**. If such happens, the supervisory staff and clinic director should be informed.

A person observing who is not in the CSD Department should be considered a rare and privileged event. Permission must be sought verbally from the supervisor, student clinician, and the client/family. Clients or their families should be approached only by the case supervisor in an atmosphere of openness. Supervisors should consider conferring with the clinic director if they have any concerns about the validity of a request to observe. If a client/family agrees to allow the observation, then the CAA must be completed and filed.

The above applies to people actually watching and listening to a session. For people on a tour through the clinic who are only passing through, the above rules do not apply. They are no more in a position to obtain confidential information than anyone passing through our public reception areas.

# RULES

## OBSERVATION GUIDELINES

First, and most importantly, all students observing in the clinic, even for just a single observation, must review and sign the Confidentiality Assurance and Acknowledgement form. These forms are kept in the Academic Program Associate's office and in the workroom (HSS 108). Guidelines for scheduled observations are as follows:

- All diagnostic clinics will allow for observers. For observing diagnostic work, student observers need to sign-up for specific dates and times as spots will be limited. Opportunities for signing up to observe scheduled diagnostics will be promoted and organized through undergraduate courses (i.e., CSD 370 or courses related to specific client types).
- Observers enrolled in CSD 370 are welcome to observe a variety of clients. When a student in CSD 370 wishes to observe a non-assigned client, they are free to do so **without** contacting the clinician or supervisor ahead of time. However, **NO MORE THAN 2 STUDENTS ARE ALLOWED TO BE OBSERVING A SESSION AT ONE TIME**. This will allow room on the bench for the parent/caregiver and the supervisor. There are dozens and dozens of sessions to choose from each week, so no observer should have a problem getting the required observation hours and experiences. Use discretion and courtesy to join in on deck and step aside if two observers have already secured a place. Be proactive and set to work earlier rather than later to get observations completed so that we don't have a rush of folks trying to find sessions the last couple of weeks of clinic.
- Students from other courses who are required to participate in observations will receive a list of appropriate cases from the course instructor. These observers are not required to obtain permission to observe, but must keep their observations limited to the cases provided as options by the instructor. In addition, the limit of "no more than 2 observers per session" applies. Be proactive and set to work earlier rather than later to get these observations completed early rather than trying to find sessions the last couple of weeks of clinic.
- If an assigned observer has taken on the role of being involved during the entire session, two additional observers may be on deck for that client session.
- It is up to the discretion of supervisors to further limit observation opportunities for individual sessions/clients. An observer may be directed by a supervisor to find a different session to watch.
- **Observation Etiquette 101:** All student observers must hold client confidentiality paramount. Do not discuss clients or sessions with individuals who are not connected to the department or clinic. Do not talk about clients with other observers while on deck, especially when parents/caregivers are present. Keep your backpacks, coats, etc. out of the way as much as possible. Do not eat or drink on deck. Wear "clinic clothes" (see manual page 14 for dress code details). All observers must wear an adhesive nametag (located in room 108) when observing (whether for CSD 370 or another course). State your first name and course number on the tag.



## **SUPERVISION BY A RESPONSIBLE PERSON**

### ***Pediatrics***

The clinic staff needs to know at all times how to contact a parent (or other responsible party) for all children brought to the clinic. If parents or attendants leave the CCD, we must know how to reach them.

A sign-out sheet is posted at the Child Waiting Room reception window for parents and other caregivers to leave contact information (e.g., a cell phone number) which will be provided to the staff in case of an emergency. A notification of this policy is printed on the back of the yellow appointment card. Student clinicians and supervisors should draw parents' attention to this information.

### ***Adults***

It is just as important for the clinic staff to know how to contact caregivers for young adult, adult, and geriatric clients. Contact information for regularly used transportation services, group home supervisors, and non-relative caregivers should be documented in client folders. Spouses, parents, and other relative caregivers should be encouraged to provide contact information, when warranted, if an adult client is being dropped off for therapy or assessment services. It is important that the student clinician work with the supervisor to acquire and keep close access to this type of contact information.



## EMERGENCY PROCEDURES

### *First Responder*

In the case of an obvious emergency, such as fire, call 9-911 on any campus telephone and inform the Clinic Director and/or the Department Chair. If a fire is present, trip the fire alarm. In the case of any event deemed suspicious, contact the Department's Academic Department Assistant, the Clinic Director or Department Chair immediately.

### *Responding to a Fire Alarm*

When the alarm is sounded, the objective is to evacuate the building immediately but safely. Escort any clients and their families from the building. Close all doors behind you. **Do not lock any doors.** Head to the closest exit or to the one away from the emergency. The available exit routes are displayed on a card next to every treatment room door. There are three exits from the first floor, the street entrance, the river entrance and the loading dock. Be sure to familiarize yourself with all exits, especially the loading dock exit as it is the closest to all treatment rooms. If the weather is inclement and you have concerns about your client's health, the Continuing Education Office, across the street at 210 Water Street, has offered shelter to older or non-ambulatory clients.

### *Responding to Tornado Siren*

In the event of a tornado or severe weather, the safest area is the central corridor, the one by the Grad Room and children's therapy rooms. Everyone in the building should assemble there. Close all doors so shattered glass from windows or mirrors does not enter the corridor.

### *Responding to a Power Failure*

When the power fails, an emergency generator will start and supply sufficient light in the hallways to allow evacuation of the building. Follow the directives of the Clinic Director and/or Department Chair as to whether to discontinue therapy for the day or not.

### *First Aid/CPR*

Clinical supervisors are current with American Red Cross CPR and First Aid training. This training is optional for clinicians. See the Clinic Director to receive information for obtaining this training (cost—\$45.00). In addition, a defibrillator is located in the outer hallway between the adult and children's waiting rooms in the CCD. If an emergency occurs that is not signaled by a public alarm, clinic supervisors and the Director will be charged with informing student clinicians and clients as to the action to be taken.

### *Incident Reporting*

In the event of an accident or other incident occurring within the CCD, an Incident Report must be completed and filed with the Clinic Director. See the Clinic Secretary, Academic Department Associate, or Clinic Director for a copy of this form.



## **TERMS OF SERVICE AT THE CCD**

- The Center for Communication Disorders (CCD) is a regional resource for a full range of diagnostic and therapeutic services for individuals with speech, language, and hearing disorders.
- Services are provided for all ages and all types of communication disorders.
- All treatment and diagnostic services at the CCD are provided by undergraduate and graduate student clinicians under the direct supervision of speech-language pathologists and audiologists who hold certification from the American Speech-Language-Hearing Association (ASHA) and licensing from Wisconsin's Department of Regulation and Licensing (DRL).
- The CCD is open in conjunction with the University's calendar system (11 weeks each Fall and Spring and 5 weeks in the summer).
- Due to the nature of the CCD as a training facility, we offer quality services at significantly reduced rates. Information regarding fees is available upon request.
- Clients are scheduled for services on the basis of the availability of clinicians and supervisors, as well as the demands of the curriculum and need for particular clinical experiences. New and/or continuing services cannot be guaranteed at any point.
- The CCD complies with the UW—Eau Claire Statement of Affirmative Action/Equal Opportunity and does not discriminate against persons regardless of race, color, creed, sex, age, religion, marital status, sexual orientation, national origin, family design, or disability.



## PROFESSIONALISM

### *Ethical Conduct*

Information provided by clients to the Center for Communication Disorders must be handled in a confidential manner. All personnel in the CCD are asked to complete a **Confidentiality Assurance Acknowledgment** after the general confidentiality procedures have been reviewed. We are obligated to our clients not to discuss them or their problems with persons not associated with the Center. Discussions within the physical limits of the Center should not take place within hearing range of other clients, parents, or visitors.

All decisions regarding clients' management must be discussed with the clinical supervisor. Any case discussions with professionals not at the CCD or correspondence with them must be pre-approved by your clinical supervisor. The client waiting rooms are not to be used by students as a lounge or study room. Files are not to be reviewed in the client waiting rooms as this could breach confidentiality. Files are never to leave the building. Any materials using a client's name such as USB drives or rough drafts of reports must be kept in your personal possession at all times. They are not to be left in classrooms, computer labs or clinical areas open to the public. Do not dispose of them in public waste containers. The Department provides a paper shredding service for all documents containing client names.

### *Ten Critical Dispositions in CSD*

*Clinical disposition* refers to a person's style, manner, and presentation. It is as important, if not more so, than clinical knowledge and skill. However, knowledge and skills for clinical success are apparent and easy to objectify. Having that same understanding of critical clinical dispositions is not so easy. The goal is to demonstrate a strong, positive, and effective clinical disposition, even when obstacles present themselves.

There are many ways to attempt to describe or characterize disposition. The list below shows ten components of disposition that are certainly essential for success in clinical and educational settings in the field of communication sciences and disorders, during your graduate program at UW-EC and beyond. Study this list often. Use self-evaluation periodically to help yourself understand how you're performing in terms of disposition. Accept feedback from professors and clinical instructors to improve your disposition. Disposition can be enhanced and facilitated, but it takes an awareness of strengths and weaknesses and a desire to change.

1. **Flexibility**, responding to unexpected situations, and handling change.
2. **Identifying, resolving, and preventing conflict.**
3. **Decision-making, taking the lead**, and being responsive to **taking direction** from others.
4. **Humor, enthusiasm, and interest** that is well-matched to each situation.
5. **Persistence** to tasks in order to accomplish goals and demonstrate **reliability**.
6. **Searching for information** and knowledge to learn and complete tasks.
7. **Sensitivity** and **respect** for others at all times.
8. **Reflection** and self-assessment to understand personal success and challenges.
9. **Professional** image through attire, behavior, and communication.
10. **Ethical** behavior and communication.

## **Dress Code**

Student clinicians affiliated with the UW—Eau Claire Center for Communication Disorders are expected to dress in a manner consistent with that of the professional role of the SLP. While these standards may not be aligned with current fashion trends, they are intended to project professionalism and set the expectation that is consistent with the work-world settings for SLPs. It is important that our clients and their families are comfortable with our manner of presentation.

These clinic attire standards must be maintained at all times when you are functioning as a student clinician on behalf of the UW—Eau Claire Center for Communication Disorders. Slightly different expectations may apply for off-campus placements. Consult with off-campus supervisors to understand and comply with dress codes at other sites.

### **What is allowed...**

- Clinic-issued tops (e.g., polo, blouse, cardigan, fleece). Conduct the “Dress Test” below.
- Non-denim bottoms (i.e., pants, capris, skirts). Knee-length shorts are permitted during Speech Camp in the summer. Skirts must not be shorter than 1” above the knee.
- Dress shoes, dress boots, white leather athletic shoes (like Keds) that are “clinic only” shoes (i.e., look clean and new). Sandals are acceptable as long as they do not slide off your feet easily. Foam and plastic flip-flops are not acceptable. Shoes must be worn at all times during sessions. No open-toed shoes or sandals may be worn if a student clinician is handling a wheelchair.

### **What is not allowed...**

- Low-cut or strapless tops exposed underneath clinic blouse, fleece, or cardigan
- Shirts that are skin tight
- Any clothing that exposes undergarments or does not pass the “Dress Test”
- Sundresses, short-shorts, or short skirts (Bermuda-length shorts are allowed in the summer)
- Flip flops or visibly worn shoes
- Visible body piercings that pose potential distractions during therapy

### **Other Tips...**

- Wear clothing appropriate to an activity. With young children, wear things that won't be damaged when you crawl around on the floor. If you're doing an art project, wear washable clothing.
- Wear clothing appropriate to a client. If you are working with a client who has poor judgment about his limits, don't dress in alluring clothes. Remember that when you work with young children, all observers are looking down into your therapy room; low necklines and low waistlines may reveal the unintended.
- Excessive use of jewelry or perfume/colognes has never been considered to be professional. Avoid this pitfall.
- With the advent of multiple piercings, some discretion must be left to individual student clinicians to decide how much is too much and not professional. However, given our profession, no clinician should wear a tongue stud or lip ring during clinic.

Select clothing that will present you as a professional. Wear clothing that is neat and presentable not tattered and patched. Clients and their families come to our clinic for professional help, not to gain



knowledge of the latest college fashion trends. You will want to give professional advice and instructions. Does your dress reflect your role in giving professional services? To be painfully honest, showing a midriff in the front (or back) or wearing an open necked garment that is too open, works against the clinician who wants to be a professional.

## Dress Test

(take daily 😊)

1. Dress for clinic and stand in front of a mirror.
2. Reach your hands above your head. If skin is revealed at midline (front or back), select a different shirt, add a cardigan/fleece, or put an undershirt on that can be tucked in.
3. Sit criss-cross on the floor. Reach forward (as if grabbing for a toy). If skin is revealed at the midline in back, select a different shirt, add a cardigan/fleece, or put an undershirt on that can be tucked in.
4. Lean forward looking into the mirror. If cleavage or undergarments are visible, select a different shirt, button additional buttons, or add an undershirt.



### Consequences

Any clinician who does not follow the stated Attire Standards above while engaged in clinical interactions will be asked to change and will receive a professionalism reminder. A pattern of violation will result in the lowering of the clinic grade for that student clinician. The Clinic Director has extra cardigans, fleece, and long-sleeve tops that you may be asked to wear on a day when your attire violates expectations. When in doubt, ask your supervisor for prior approval.

### English Proficiency Policy

Students participating in clinical practica must have English proficiency appropriate to the client's needs. Although the TOFL can reflect the student's skill in reading and writing English, knowledge of spoken English, including some idiomatic usages, will be critical for success in practica. Even though initial clinic assignments for students who speak English as a second language can be arranged to minimize the impact (e.g., working with voice disorders, fluency disorders, or cognitive disorders as opposed to phonological and/or language disorders), all students will need to demonstrate the ability to work with a wide variety of communication disorders during their practica experiences.

Students who speak English as a second language are encouraged to continually work on improving their oral English abilities during their time in our graduate program. Formal dialect modification participation may be required by the Director of Clinic Programs in CSD if a student's lack of oral English is restricting growth as a clinician.

### Mental Health Guidelines

Mental health trauma, difficulties, illnesses, and disorders can have a disabling impact on those who struggle to cope with them. They can cause an individual irrational fear, overwhelming stress, and

changes in behavior. While undergraduate and graduate students enrolled at UW—Eau Claire encounter situations and expectations that can tax mental health conditions, off-campus practicum experiences can be particularly challenging.

The Americans with Disabilities Act (ADA; <http://www.ada.gov/cguide.htm>) prohibits discrimination on the basis of disability in employment and education settings. To be protected by the ADA, one must be “a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.” The ADA does not specifically name all of the impairments that are covered, but mental health conditions are explicitly protected. In order to receive services and accommodations for the disability, a student must provide current documentation from an appropriate licensed professional that identifies a disability and demonstrates that it substantially limits a major life activity, including learning. The documentation must show how the disability impacts the student and support specific accommodation requests.

The Department of Communication Sciences and Disorders and CCD, as part of UW—Eau Claire, are committed to providing equal educational opportunity for all students, including undergraduate and graduate students enrolled in part- and full-time off-campus practicum experiences (e.g., student teaching, internships, etc.). Students with disabilities protected by ADA can seek services and accommodations to facilitate successful practicum experiences. Furthermore, the mental health and well-being of our COEHS students who do not have a documented disability is held in high regard. The following suggestions, responsibilities, and guidelines are designed to facilitate success for all COEHS practicum students.

**STUDENT RESPONSIBILITIES**—Just as we are all responsible for our physical health, we are equally as responsible for our emotional health. Some students enrolled in off-campus practicum experiences may find themselves encountering sudden, acute, transient, or situational mental health challenges that do not constitute a disability. In those situations, the following suggestions are offered:

- Contact your immediate supervisor, University Liaison Supervisor, Field Placement Coordinator, or another faculty member from your department. These individuals can assist practicum students during moments of crisis and concern. Temporary accommodations may be offered to allow the practicum student necessary time and/or services. This may include making a contact with the Dean of Students Office, especially when a period of time off from the practicum experience is deemed necessary.
- Contact the UW—Eau Claire Counseling Services. This office offers free, confidential, short-term individual, group, and couples counseling to assist students with personal, developmental, or psychological concerns related to their educational progress and personal growth. This office also offers counseling support to students experiencing crisis involving traumatic events and emotional trauma. Referrals to outside services are provided when necessary.
- Stay connected with wellness activities throughout the practicum experience. Maintain healthy routines and relationships.

When mental health challenges are more than moderate, transient, or situational, it is up to the student to request access to needed services and accommodations. UW—Eau Claire provides academic services and accommodations for all students who provide appropriate documentation of the existence of a disability, as this is in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and UW System policy. It is important to remember that it is the student's responsibility

to initiate the provision of any accommodations. Practicum students who have a confirmed psychological disability should refer to the following process:

1. Contact the Services for Students with Disabilities Office (715-836-4542; Old Library 2136).
2. Provide current documentation that demonstrates that a disability exists resulting in a substantial limitation to a major life activity, and supports the requested services.
3. Be prepared to discuss the accommodations you feel are necessary and appropriate. Follow all appropriate policies and procedures when requesting services and/or accommodations.
4. Make necessary contacts with the University Liaison Supervisor, departmental field placement coordinators, and/or the Field Experience Coordinator for COEHS Teacher Education to discuss how approved accommodations will be provided.
5. Be aware of and follow the established Grievance Policy for Students with Disabilities when necessary.



## CLINICAL MATERIALS

### *Equipment, Tests, and Supplies*

The CCD keeps an ample supply of various supplies. Craft supplies are kept in the first cabinets in HSS 108. Additional craft supplies are kept by individual supervisors. HSS 133 houses large supplies and equipment such as the popcorn machine, swimming pool and play balls, big therapy balls, etc.

If the equipment you checked out is not functioning properly, ask the person at the Resource Window for a form on which to describe the problem or what you think is wrong with the equipment so that repairs can be requested. If parts of a test are missing, please notify the Academic Department Assistant immediately. If you need specific therapy materials, put them on the purchase list for **Clinic/Kitchen Supplies** posted next to the window in HSS 108, or you may speak with the Clinic Director or Academic Department Assistant or you can record your requests on the Clinic/Kitchen Order sheet on HSS 108 bulletin board. The CCD staff purchase additional materials at local vendors or through vendor catalogues; please inform the Academic Department Assistant or Clinic Director of your needs. In rare occasions a student clinician may be reimbursed for authorized purchases. **Clinicians must receive permission from the Clinic Director prior to making a purchase when the intent is to be reimbursed.**

**Listening in Observation Areas**—DO NOT USE ANY HEADSETS OTHER THAN THOSE PROVIDED IN THE CLINIC, AS YOU MAY SHORT OUT THE SYSTEM. Plug the headset into one of the jack ports on the wall below the observation window. Be sure to plug it firmly in all the way; sound coming from only one headphone typically occurs if the jack isn't in all the way. Try to plug and unplug slowly to avoid causing a clicking sound which may distract the client inside the room. Turn the amplifier on (the rectangular red toggle-switch that lights up). Both amber lights should be on or you won't get sound. Adjust headset loudness with the black round dial on the amplifier marked, "Headsets". When removing the plug, grasp it firmly, not by the wire.

**Video Recording**—A laminated card of instructions is kept on top of each video connection box on the Observation Decks. Be sure to read this card to get set up properly and to "trouble shoot" problems as they occur. A handheld digital video recorder is available for use in the clinic. See Ms. Hagedorn for assistance with digital video recorder and downloading.

**Audio Recording**—Digital voice recorders (DVR) are available in limited quantity for checkout. Graduate students are STRONGLY ENCOURAGED to purchase a digital voice recorder of their own for their graduate program. When shopping for a DVR, seek out a model that does not require software in order to download and playback the captured audio clips. Standard audio recorders are available for checkout at the Resource Window. Students are responsible for buying their own audiotapes. Be sure to make a trial recording before your session, no matter which type of recorder you use.

**Computers for Clinic**—Several laptop computers are available for use in clinic. See the Academic Department Associate or a student worker for directions for checking out a laptop. All borrowed

laptops must be checked out using the official process. Return laptops in a timely manner. Desktop PCs are set up in HSS 134, 136, 131, and HSS 141. These computers are preloaded with treatment software. All of these machines can be reserved and used in the therapy rooms.

**Digital Camera**—A digital camera is available for checkout at the Resource Window. Pictures taken with this camera may be processed in the Department’s Intervention Technology Lab, HSS 131. **Remember that all pictures of clients should be treated as confidential material.**

### *Photocopying & Laminating Privileges*

Students registered for clinic may photocopy therapy materials using the photocopy card available for checkout in HSS 108. Follow the posted checkout procedures. Only 10 copies are permitted at one time. The Student Clinic Copy Card is for clinic **materials used in the therapy session** with the client or materials to be sent home with the client. This excludes any lesson plans, drafts of reports, other documents prepared for supervisors or self-use, and any and all materials related to coursework. Students copying materials for clinic should yield to paid individuals who have job related copying to accomplish. If any student is found misusing the copy card, it will be put away and not accessible to any student for one week. Instructions are available in a handout in the wall pocket in HSS 108. An additional copy card is also kept in the office of the Academic Department Associate (HSS 115). This card is reserved for the use of supervisors, or when a clinician is specifically directed by a supervisor to use this card (e.g., when copying documents for an upcoming diagnostic).

The Department maintains a laminating machine in the mailroom that student clinicians may use to laminate therapy materials. Be sure to get instructions before you use this machine for the first time. When finished with the laminator, be sure to **UNPLUG IT**. Failure to do so poses a significant fire hazard. Laminating sheets are issued at the Resource Window. Clinicians may utilize up to 15 sheets per semester.

### *Penalties for Violating Materials Regulations*

- If a student removes clinical materials from the Resource Room without using the stated checkout procedures, the student will be denied direct access to resources for 2 weeks.
- Failure to return materials checked out over night will result in a \$2.00 fine for each item kept past 9:00 AM of the following business day. All overnight checkout privileges are forfeited until the fine is paid. Fines may be appealed to the Clinic Director. Special needs can be accommodated if permission of the Clinic Director is granted.
- Students are financially responsible for any lost materials or equipment. Overnight privileges are forfeited until arrangements for replacement are made.
- Failure to keep the student workroom, kitchen, and/or clinic resource room organized and cleaned will result in the materials/equipment areas to be locked for a period of two weeks. Access to locked materials can only be granted by individual supervisors, as needed.



*The CCD*

## **CLINIC FACILITIES**

The UW—Eau Claire Center for Communication Disorders is located on the north side of the Human Sciences and Services building at 239 Water Street in Eau Claire, Wisconsin. The CCD consists of twenty separate clinic rooms, in addition to observation decks and departmental offices and miscellaneous work spaces. See the Appendix for an official CSD and CCD site map/floor plan.

### *Mailboxes*

Students enrolled in clinical practicum and all graduate students are assigned mailboxes located inside HSS 114, the mailroom. Supervisors also have mailboxes in that area. **Check your mailbox daily for communications.** (Each mailbox has a combination for opening it from the hallway, but combinations are rarely used. Access your mailbox from HSS 114).

### *Clinic Rooms*

Clinic rooms are to be left orderly and free of equipment, materials, and litter upon completion of scheduled sessions. Replace all **electrical safety caps** in electrical outlets when you unplug electronic equipment; the caps are there to protect small children if they are left unattended for even a few moments. A **vacuum cleaner** is available in the Kitchen if spills of dry materials occur such as sand, glitter, styrofoam peanuts, or cookie crumbs. Be sure to clean up after yourself as all therapy rooms are used regularly and may or may not receive janitorial attention overnight.

**Do not move furniture** from one room to another without permission of the Clinic Director; be sure to return furniture to its original location at the end of a session. Rooms have been designed for children or adults and have been equipped with the right size furniture accordingly.

In adult therapy rooms, older clients typically find it easiest to rise from a **chair with arm rests**. Also, for safety please seat adult clients **away from the wall shelf** so they are in no danger of hitting the shelf as they rise.

All observable treatment rooms have draperies. It is strongly suggested that all therapy be conducted with these **draperies open**. The doors have no windows; thus once inside your treatment room, your basic line of visual security is through the observation mirror.

Be sure to use the room assigned to you. **Do not change your room, day, or time** without first checking and changing the Outlook calendar. Even if a client is late, do not extend your session beyond the scheduled time unless you are absolutely positive no one else will need that therapy room. Follow the room scheduling procedures using Outlook Webmail as detailed in this handbook. Do not use a room you are not scheduled to use.

Most regularly scheduled sessions last 45- to 50-minutes. Be mindful of session ending times as it is likely that another clinician will need to set up for a session to start at the top of the next hour. Aim to have your session ended and your room vacated while still affording the next clinician five minutes for setting up his/her room for session.

### ***Access to Special Clinic Spaces***

There are several specialized areas in the clinic which are usually locked when not in use. These areas are: the AAC Laboratory (HSS 136); the Voice and Speech Science/Anatomy Laboratories (HSS 148); and the Audiology Suite (HSS 144). Each area has its own key available for checkout at the Resource Window. While these spaces are typically locked, graduate and undergraduate student clinicians are encouraged to use them as needed. Use of the Voice Lab (148) is scheduled through Ms. Hagedorn. Use of the AAC Lab is scheduled through the Outlook calendar. Use of the Audiology Suite should be cleared with the Clinic Director. Be sure to schedule these rooms for any sessions you plan.

### ***The Clinic Kitchen***

HSS 118 is the fully equipped kitchen for the CCD. It is a designated therapy area that should be **scheduled on the door card** whenever a clinician wishes to use it. Snacks for clients, basic cooking supplies such as flour, sugar, food coloring, etc., and dishes and cooking utensils are stored in the kitchen. In addition, a limited number of baking projects are available in the kitchen, including cupcakes with frosting, cookies, and sugar-free jello. If you note that a basic cooking supply needs to be replenished, please inform the Clinic Director of put it on the list in HSS 108.

Student clinicians are advised to check out the resources available in the kitchen before planning a cooking activity. If you store any personal items in the **refrigerator**, be sure they are labeled so no one mistakes them for clinic supplies. If you plan to use **fruit juice** as a regular treat in a treatment session, speak with the Clinic Director about purchase arrangements. The dishwasher in the kitchen is for toy disinfecting. Please use caution and understand that the dishwasher must be moved over to the sink and hooked up to a water supply in order for it to be used. A blanket purchase order is available for clinician use to purchase grocery items needed for sessions. See the Clinic Director to obtain the purchase order. You must return with the receipt and invoice you are given at the store.

**It is each student clinician's responsibility to clean up the table, all counters and all dishes when using the kitchen. Failure to keep the kitchen clean will result in it being off-limits for a determined period of time.**

### ***Intervention Technology Lab (ITL—HSS 131)***

The CCD's Intervention Technology Lab houses three PC desktop computers, a color laser printer, and a scanner. First-priority use for this lab is for the Department's telepractice services. For that reason, these computers are typically reserved for telepractice use Mondays through Thursdays in the morning. When telepractice is not scheduled, the second-priority use for these computers is for work with CCD clients. Finally, when the computers are not in use for telepractice or clients, student clinicians have permission to work on clinic-related projects, reports, materials, and lesson plans. The computers in this room are scheduled using the sign-up sheet posted on the door. Whenever a client is in the ITL with a clinician, others must vacate the room. Non-clinic use of the ITL computers, printers, and/or scanner must be approved by the Department Chair or the Clinic Director.

## CLINICAL PROCEDURES



### *Receiving Clinical Assignments*

During interim periods, the Clinic Director pulls together the necessary information for assigning practicum experiences to all registered graduate and undergraduate clinicians. Clinicians are paired with supervisors and clients while taking into consideration needed clinical treatment experiences, needed diagnostic experiences, course schedules, supervisor schedules, client's schedules, and non-course and non-clinic related clinician schedules. The Clinic Director gathers needed information from student clinicians at the end of one semester to use in planning the clinic schedule for the upcoming semester. Be mindful of the request to provide this important information. Be careful not to make drastic changes to your schedule between semesters as this will likely topple the house of cards the clinic schedule quickly becomes during semester breaks.

During the first day of a new semester, the Clinic Director distributes clinic schedules in a large-group meeting with all graduate clinicians present. At this time, graduate clinicians are directed to start the process for preparing to meet with supervisors and get ready for initial sessions. Undergraduate clinic assignments are disseminated approximately one week after graduate assignments. Be reliable as you proceed at the beginning of each semester. The manner in which you work through the designated timelines reflects on your clinical disposition and can affect your clinic grade.

### *Scheduling Treatment Sessions*

#### **General Information**

- After receiving your clinic assignments, contact your assigned supervisor(s) immediately. Set a time to meet with your clinical supervisor. Your supervisor will assign you a specific client(s) and direct you for how to move forward with scheduling this client.
- It is your responsibility to study the material in the client's file to familiarize yourself thoroughly with that client.
- Check with your clinical supervisor to determine the time, length and number of sessions per week with the client(s).
- Check with the Outlook room scheduling calendars for treatment room availability at the time you and your supervisor wish to schedule treatment. Half of the therapy rooms have children's furniture and half adult, but often older children are more comfortable in the adult rooms.
- Contact the client via telephone to arrange or confirm a treatment schedule. Unless you know how to block your phone number, **DO NOT CALL FROM ANY PHONE OTHER THAN A CLINIC PHONE.** You may use the telephone in HSS 108 or the phone in the grad room to call your client(s). For local calls, dial 9 first; for **long distance, dial 8** first, then 1, etc.; for on-campus calls, dial 36 + four digits. Be sure to follow the procedures for telephone usage posted above the desk and in the **PHONE LOG BOOK.** See the **PHONE LOG BOOK** for a list of local exchanges for Augusta, Chippewa Falls, Cleghorn, Eau Claire, Elk Lake, Elk Mound, Fall Creek, and Rock Falls.



- If your client is not able to come in at the time you and your supervisor have established, check with your supervisor once again for an alternative time.
- Once a definite time has been established, confirm the room assignment using the Outlook calendar online (see below).
- Schedule each client as quickly as possible after receiving your assignment.
- Clinic **appointment cards** are available at the Resource Window. On the first day of therapy, provide each of your clients with an appointment card, filling in your name, your supervisor's name and the days and time of the client's appointment.
- The day of your client's first appointment, check to see if s/he has a **Guest Parking Permit**, which allows parking in the lots next to the HSS building. Permits are valid only for one half-hour before to one half-hour after the appointment time. No permits are to be issued to University students, faculty or staff. If you schedule a special appointment, a new permit will be needed for that day. Permits are available at the Resource Window. No permits are needed after 3:00 PM or during the summer. Remember the 3:00 PM appointments must park at 2:45 PM and will need a permit.
- Prior to the first session, check with your supervisor to determine the necessary forms to have ready for the first session. All clients should be given the appointment card and the "Your Right to Know" card. Find out from your supervisor if a new **VIDEO RELEASE FORM, RELEASE OF INFORMATION FORM, or REQUEST FOR INFORMATION FORM** need to be completed at this time. When deemed necessary, complete these forms with the appropriate person (client, family, or guardian). When information is being shared with or collected from outside agencies, these forms need to be completed each term.
- Be sure to check in all children's folders for a **Holiday and Celebration preference form**. If needed, this form is available from the Clinic Secretary. This form should be completed in consultation with a child's parents before you plan any activity around a religious or secular event such as Easter or Halloween. As professionals, it is our responsibility to treat the wishes of families with all due respect.
- For all clients requiring a transportation service, be sure a **Patient Brought by Transportation Service** is complete and in the front of the client's folder.
- Ask your client or the client's family if there are any **dietary restrictions** such as diabetic diet, peanut allergy, or simply the parents wish no sweet treats. There is a form that needs to be completed and put in the front of the client's folder if any exist.
- **Keep your supervisor's and client's telephone numbers in a place you can easily access especially when away from campus, so you can reach them in case of an emergency.**

### Room Scheduling Using Outlook Webmail

1. Log onto Webmail.
2. Click on the arrow next to your name (upper right-hand corner of the screen).
3. Type "HSS" into the blank text line. Click on "Open".

4. Scroll down and select the room number you wish to review/schedule. (See clinic floor plan on next page to reference room numbers.)
5. Click "OK" if you receive a message inquiring about English language and time zone (should be a default for CST).
6. Click on "Calendar" in the bottom left-hand side of the screen.
7. Select "Work Week" view to see Mon-Fri on screen.
8. Use the mini calendar in the top left-corner of Webmail to select the starting date. Observe if the days/times are available.
9. Once you find a room that is available, double-click on the time you want to reserve.
10. Mark the specifics for your reservation...
  - a. In the "Subject" line type: **Client Initials** and **(Clinician Last Name)**. [e.g., KM (AP)]
  - b. In the "Location" line type: **Disorder Type** and **(Supervisor Last Name or Initials)**. [e.g., ARTIC (ASO)]
  - c. Turn the "Reminder" off.
  - d. Set the appropriate time.
  - e. Click on the circular arrows button to set the "recurrence". Select the start and end date and select the necessary days of the week.
11. Click "OK" and then "Save/Close".

Do not delete appointments unless they are your own. If you receive a "reminder" message when you view a calendar, simply click "Dismiss". That doesn't alter the schedule. Please see me if you have any questions/concerns.

### **Cancellations**

If a client is 5 to 10 minutes late, try to call them right away. If the client is at home, it's unlikely that s/he will be able to get here in time for any therapy. Be sure to enter the client on the CANCELLATIONS list posted on the bulletin board in HSS 108.

When a client calls to cancel a session, the cancellations will be noted on the CANCELLATIONS list. There may also be a telephone message in your mailbox or an email from your supervisor about the cancellation. Be sure your supervisor knows of any cancellations.

If you cancel a session because of personal illness or emergency, you must:

- notify your supervisor
- notify the client
- note the cancellation on the "Daily Treatment Log" in the client's file, and on the CANCELLATIONS list if possible. If you are unable to do any or all of these, contact the Academic Department Assistant or Clinic Director so they can assist you in taking appropriate action.

**If you cancel a session for any reason, it is your responsibility to offer a "make-up" session to your client. Discuss with your supervisor possible times for this special session before speaking with your client.**

### *Meeting with Clinic Supervisors*

Group and/or individual meetings will be held at the discretion of the individual clinical supervisor. Consider these scheduled meetings as important as your scheduled sessions. Take these meetings seriously, come with an agenda (your questions, concerns, reflections, etc.). Keep in mind, your clinic performance is evaluated and graded not only based on how you handle sessions, but how you handle meetings, report writing, and collaborations within the clinic.

### *Daily Logs and Record Keeping*

Following every scheduled session, the student clinician is responsible for completing a goldenrod Daily Log in the client folder. You must check out the folder immediately following your session or the next day, complete the log using a format required by your supervisor, and then return the folder. Bring the client file to scheduled meetings with supervisors, when directed to do so. Daily Log sheets that **DO NOT CONTAIN IDENTIFYING CLIENT INFORMATION** may be kept in a separate clinician folder for no more than two weeks, prior to filing the logs in the master client folder. Failure to log sessions in a timely manner can result in a penalty of loss of certain clock hours and/or impact your clinic grade.

### *Client Fees*

Clients pay a fee for the services received at the Center. It is your clinical supervisor's responsibility to determine the client's fee. If a client or family member inquires about the fee, discuss this matter with your supervisor. It is perfectly fine to share the results of your conversation with the client if your supervisor suggests you do so. Establishing the fee is done by the supervisor, but sharing the information can be done by either the clinician or the supervisor. Please note the Fee Schedule in the Appendix of this handbook.

### *Diagnostic Assignments*

The Clinic Director is responsible for scheduling General Diagnostic, Fluency Diagnostic, and Diagnostic Screening Clinics. The diagnostic schedules are filed in notebooks kept in HSS 108. A letter is sent to the client confirming the diagnostic arrangements, along with a parking permit, a fee policy letter, a release of information form, and an appropriate case history form. Clients are requested to return the case history form prior to the diagnostic date so that information may be reviewed. The Academic Department Assistant schedules Audiology and Ms. Kay Hagedorn holds the schedule for Voice Diagnostics.

Graduate student clinicians (except for the first semester of the graduate program) are assigned to approximately two diagnostic teams per semester. When these assignments are distributed, you are made aware of the day of the week and block of time for the diagnostic and for the regular meetings with your diagnostic team. Hold these times sacred for these assignments. If a diagnostic appointment cancels, giving either long- or short-notice, the supervisor of the diagnostic experience may find an alternate way to keep you involved with the acquisition of knowledge and skills related to that

diagnostic module. **DO NOT MAKE OTHER PLANS/APPOINTMENTS FOR THESE DESIGNATED BLOCKS OF TIME.** Failure to adhere to this policy can affect your clinic grade.

### *Working with Student Observers*

Many student clinicians will be assigned designated observers from the CSD 370-Clinical Procedures course. These observers are each assigned a specific client-clinician pair to follow for the entire semester. When a student observer from CSD 370 is assigned to work with you, you will receive specific guidelines from the course instructor. You may also receive additional guidelines from your supervisor for the assigned case. Adhere to these guidelines and take the lead on keeping your observer informed and involved with the case. Your assigned observer is required to obtain your initials after each session. Concerns and questions related to observers from CSD 370 should be directed first to your assigned supervisor, second to the instructor of CSD 370, and (as a final option) to the Clinic Director.

Throughout the semester, undergraduate students in CSD will be directed to observe sessions to meet specific course requirements. In addition, students from certain courses as well as students in CSD 370 will be directed to observe scheduled diagnostics. Student observers will use a sign-up system for observing diagnostics. These sign-ups are put together by supervisors of the diagnostic clinics. Students observing random therapy sessions for specific course requirements are not required to ask permission to observe therapy sessions, nor are they required to make you aware that they are observing. Concerns or questions related to students observing sessions for non-assigned clients should be directed to either your supervisor or the Clinic Director.

### *Conducting Home Visits*

Oftentimes, services within a client's home, preschool, work, or other real-world setting may be appropriate and/or necessary. While we encourage your provision of services in these off-campus settings, specific guidelines exist for these situations. If you are visiting the client in a setting such as a place of employment, daycare, or school and will be in a situation where many other adults and children will be present, you are allowed to go on your own. For example, you may go to visit an elderly client in the dining hall of his long-term care facility to engage him in supported conversation. Or, you may visit a client's classroom to do an observation of fluency in the classroom. If you plan on providing services, conducting an interview, observing a client in a real-world setting, etc. and you know that you will potentially be alone with the client, you are required to have your supervisor or fellow graduate student clinician along as a back-up in case of any questions related to liability or ethics arise in the future. **Failure to adhere to this policy could impact your clinic grade and/or jeopardize our program.**

## HEALTH & SAFETY PROCEDURES



### *Child Protection from Hazardous Chemicals*

In the CCD Kitchen, Voice Lab, and Audiology Suite, cleaning chemicals are stored for infection control. Such supplies must be kept in such a way that young children cannot gain access to them. In the case of the Kitchen, all potentially hazardous chemicals, including scouring powder and other cleaning supplies, are locked in the lower left cabinet. The key is on a hook above. Please keep the cabinet locked and the key readily accessible. Refrain from using any hazardous materials during sessions.

### *Infectious Disease Precautions*

**Hand cleaning.** Every treatment area that does not have a sink now has a hand disinfectant dispenser mounted next to the paper towel dispenser. Use this disinfectant often, especially after touching any fluids or before and after a speech mechanism examination. Even if you use some lotion at the end of a session, washing your hands with soap is even better.

**Toy disinfecting.** The CCD has a routine toy cleaning program for all toys kept in the cupboards in HSS 108, but any toy that a child has placed in his/her mouth should get special attention. Put such toys in the Dirty Toy box in HSS 108. If washable, it will be cleaned with the other toys by the end of the week, and if not, it will be discarded. Due to infection concerns, the clinic is phasing out all stuffed animals. If you believe a stuffed animal is critical to your session, encourage a child's parents to bring one from home.

**Tables, chairs, and doorknobs must be disinfected** after each session. Spray disinfectant and paper towels are provided in all clinic rooms. **Bio-Safety kits** are also provided in each room to use in the event of a spill of potentially infectious agents, essentially **any body fluid**. Do not remove materials from these kits unless faced with a real, dangerous emergency, .e.g., blood, vomit, feces, or urine. Inform the Academic Department Assistant or Director of Clinical Programs if disinfectant, paper towels, a lined wastebasket, or spill kit is missing from a treatment room.

Contact with bodily fluids presents a risk of infection with a variety of infectious agents. "Bodily fluids" include: blood, drainage from scrapes, cuts, and open lesions, urine, feces, respiratory secretions (e.g., nasal discharge), and saliva. "UNIVERSAL PRECAUTIONS" as itemized below will help protect you from ALL infectious diseases when working with clients.

### **Skin Contact**

- Wash hands with soap and warm running water at regular times during the day. Common infectious diseases (not HIV or hepatitis B) may be contracted from dirt and waste encountered in the workplace. **It is important to use soap with warm running water and a vigorous circular motion and friction for 10 seconds when washing hands.** If any contact is made with bodily fluids, hands and other affected areas should be washed immediately. Use paper towels to dry hands. Sinks, water, soap, and paper towels are located in the public restrooms, both waiting room lavatories, the kitchen, and HSS 148.

- Handle discharges from another person's body with disposable gloves and wash your hands thoroughly with soap and running water when you are finished. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured, and disposed of daily. Every therapy room has a Bio-Safety kit with gloves inside. If gloves aren't readily available, avoid touching the bodily fluid or at minimum, place some type of barrier between you and the other person's discharge. A barrier may be an article of clothing, towel or several tissues.
- Avoid punctures with objects that may contain blood of others.

### **Equipment Surfaces**

- Clean surfaces contaminated by body fluids with soap and water and follow with an Environmental Protection Agency (EPA) approved disinfectant. A spray bottle of disinfectant and paper towels are provided in each therapy room.
- Sanitary absorbent agents can be used to clean up spills. Apply the dry material to the area, leave for a few minutes to absorb the fluid and then vacuum or sweep up. The Bio-Safety kit contains all items needed. The vacuum bag or sweeping should be disposed of in a plastic bag. Non-disposable cleaning equipment (broom, dust pan, mop, pail) should be thoroughly rinsed in the spray disinfectant. Disposable cleaning equipment and gloves should be placed in a plastic bag and sealed. Disinfectant solution should be promptly disposed down a drain pipe.

### **Disposal Procedures**

- Carefully dispose of trash that contains bodily discharges and sharp objects. Use special containers with plastic liners for disposal or refuse that contains bodily discharges.
- Dispose of sharp objects in containers that cannot be broken or penetrated. DO NOT BEND, BREAK OR RECAP NEEDLES.

### **Other Considerations**

- A vaccination for protection from hepatitis B is available. You will be personally responsible to cover the costs if you opt to have this vaccination series.

**MAINTAIN CONFIDENTIALITY** of all medical information concerning students and co-workers, especially if the individual has either HIV infection or AIDS. Sharing information about someone who has either HIV infection or AIDS without permission is prohibited by law and punishable by a fine in Wisconsin.

### ***First Aids***

A first aid kit is maintained in the left hand drawer in the Mail Room. It contains basic supplies such as adhesive bandages but also frosting and sugar tablets for hypoglycemic reactions. Clinical supervisors are current with American Red Cross CPR and First Aid training. This training is optional for clinicians. See the Clinic Director to receive information for obtaining this training (cost— \$45.00). A defibrillator is located in the outer hallway between the adult and children's waiting rooms in HSS.

### ***Incident Reporting***

In the event of an accident or other incident occurring within the CCD, an Incident Report must be completed and filed with the Clinic Director. See the Clinic Secretary, Academic Department Associate, or Clinic Director for a copy of this form.

## CLOCK HOURS



### *Record of On-Campus Clinical Hours*

Notebooks for logging your clinical hours are located on the desk in HSS 108. There are separate notebooks for recording hours in each of the following categories:

- **Treatment Hours:** for recording treatment hours for child and adult clients with various types of communication disorders.
- **Diagnostic Hours, Hearing:** for recording hearing evaluation/screening hours.
- **Diagnostic Hours, Speech-Language:** for recording speech and language diagnostic hours.

To record **Treatment Hours**, you need to fill out a separate form for each client assigned to you for treatment. Diagnostic hours earned with that client can be recorded on the same form. If only diagnostic hours were earned with a client, record them on the **Diagnostic Hours Log (Speech-Language)** or the **Hearing Testing Hours** form. On these two forms, diagnostic hours earned with multiple clients may be recorded. Extra blank forms for recording hours are kept in the file rack next to the checkout window in HSS 108. If no forms are available, ask the person at the window for more. File your forms alphabetically according to your last name. Record hours to the nearest quarter hour (.25), using decimal numbers; e.g., 10 ½ = 10.5 hours; 12 hours, 15 minutes = 12.25 hours; 23, 45-minute sessions = 17.5 hours. It is important that you keep these forms accurate and up to date, as they serve as a record of your clinical practicum for ASHA certification. **On a daily basis, keep track of earned clock hours using increments of 5-minute blocks. When completing your end of semester Hours Summary Log, use 15-minute increments, rounding down as needed.**

At the end of each semester, you must transfer the hours recorded on these sheets to the **SUPERVISED CLINICAL HOURS** summary form, which is signed by your supervisor(s). Be sure to record hours appropriately. A separate line must be used for each disorder treated; so a child treated for disorders of phonological and language would need to be entered on two lines (one line for phonology hours and one for language hours). Evaluation and treatment hours for the same disorder may be entered on one line. You are strongly encouraged to break down sessions into appropriate disorder types. If 15 minutes were spent on phonology and 45 minutes on fluency, report .25 hrs for articulation/phonology and .75 hrs for fluency treatment. Special consideration should be given to Aural Rehabilitation hours. In addition to ongoing, direct therapy intervention for communication disorders, evaluation and monitoring of auditory aids, interpretation of test results, counseling clients about their hearing and referrals, all count in this category. Please talk with a CCD Audiologist if you have any questions about these hours.

**If an error is made** on the SUPERVISED CLINICAL HOURS form, using white-out is permitted, but the supervisor signing for the hours should also initial in the box where the white-out was used. The preferred alternative is to put one line through the error, write the correct information and then the supervisor initials in the box.

The SUPERVISED CLINICAL HOURS form is available in HSS 108. After your supervisors sign the form, cover the client names and make a photocopy for your records. Then, turn it in to the Academic Department Assistant so that a computer record of your ASHA and DPI clinical hours can be prepared.

This computation of ASHA clock hours will be retained in your file. The SUPERVISED CLINICAL HOURS form must be turned in immediately following the end of clinical practicum during a semester. The deadline date for turning in clinical hours is posted at the end of each semester. Students are strongly advised to **keep a photocopy of hours sheets** with supervisors' signatures; you should blackout clients' names on any documents you retain in your possession, but using client names on documents retained in the CCD is perfectly appropriate.

### ***Record of Off-Campus Clinical Hours***

No student can receive clock hours for clinical activities outside the CCD before they have supervised therapy experience within the CCD. In many cases, reporting clock hours in the log books and on the Supervised Clock Hours form by clients' names would be inappropriate and a breach of confidentiality at the non-CCD site. Thus special reporting forms have been developed. These forms are included in the Pre-Externship and Externship Handbooks. For other clinical experiences, speak to the Director of Clinical Programs to obtain the correct reporting form.

### ***Non-Therapy/Diagnostic ASHA Clinical Hours***

In addition to hours earned for direct client contact during diagnostic and treatment sessions, ASHA clinical hours will be given for the following activities provided that they affect client evaluation and/or management: family conferences; diagnostic interviews; home visits; group situations which are not necessarily goal-planned or oriented, but which foster carryover (see Clinical Certification Board Interpretations).



## CLINIC REPORTS



### *Clinical Records and Word Processing*

You are responsible for writing treatment plans, maintaining daily records of your treatment sessions, and writing client diagnostic and treatment progress reports.

Treatment plans, daily treatment log sheets, hour sheets, report formats, and various other clinical forms are located to the left of the Resource Window in HSS 108. CSD Department letterhead stationery must be used for correspondence with clients and for the first page of diagnostic and treatment progress reports. Letter quality printers must be used to print the final copy of a report. Be sure to: **number the pages; do not staple final copies of any reports; and do not leave signatures and c's alone on the final page.**

HSS 250 and HSS 131 have been established as confidential word processing areas for any student engaged in a practicum experience in the HSS building. Room 250 is opened with a combination which is changed each term. HSS 131 is kept open during the day, but key access is permitted after hours using the key in the grad room. Both Macintosh and DOS platform computers are available with a laser printer. Students must supply their own paper. These labs have been designated as clinical work areas. Thus any other use must give way to clinical priorities. If student clinicians use University computer labs or off-campus computers, draft copies of reports and USB drives containing client information should be handled in a manner that maintains client confidentiality. **Save to your personal "H" drive when working on confidential clinic information.** Do not store client information on any computer's hard-drive. If you are unsure about saving files, formatting reports, safe procedures for copying files, or other aspects of word processing, consult the Clinic Director.

### *Emailing Client Reports/Records*

At times student clinicians may have cause to email a rough draft of a report or a lesson plan to their supervisors. If documents are emailed as attachments, it is critical for confidentiality to use initials for clients' names and to disguise other obvious identifying information. Use the Find or Replace functions in a *WORD* document before submitting the final paper copy. Attach to the end of your e-mail the following message:

This message (including any attachments) contains confidential information intended for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you should delete this message. Any disclosure, copying, or distribution of this message, or the taking of any action based on it, is strictly prohibited.

### *Paper Shredding*

A box is kept next to the checkout window in the Resource Room marked, **SHREDDING**. Place any paper with a client's name on it in this box and one of the support staff will take care of shredding it. If you have large amounts of paper to be shredded (reams), speak with our Academic Department Assistant about proper procedures to box the paper for shredding.

### ***Correspondence and Final Reports***

Typing reports and certain clinic-related correspondence is your responsibility. The Department will provide letterhead for clinic business and pay for the postage, if your supervisor has instructed you to initiate a correspondence. Ask your supervisor for an envelope stamped with the clinic postal code. Outgoing mail goes in the mail basket in HSS 114.

When a report is completed (both you and your supervisor have signed it), it is submitted to the Clinic Secretary. Check with your supervisor about the individuals and/or outside agencies who are to receive copies of the report. The Department is responsible for making copies and sending them provided a signed RELEASE OF INFORMATION FORM is on file for that client. All log sheets, test forms and other materials to be filed permanently in the client's folder should be placed in the Clinic Secretary's inbox; do not file these materials yourself. Be sure all forms to be filed are clearly marked with the client's name and date(s) of observation/completion.

### ***Release Forms***

Three different release forms are used in the CCD. All must be signed by the client, the client's parent, or a legal guardian.

The **VIDEO TAPE RELEASE** must be signed and on file in the client's folder before you do any videotaping. This should be accomplished before a diagnostic session which is to be videotaped or at the first visit for a new therapy client. Clients in therapy should have a Video Tape Release form on file, but it will be valid for only one year or one term, so check and update as necessary. Be sure one is on file before you initiate any videotaping. The Video Tape Release forms are in the rack to the left of the Resource Window. **A new form should be completed every term.**

The **RELEASE OF INFORMATION** form must be in the client's folder before any information leaves the CCD with one exception: a client or client's family will automatically receive a copy of any reports. On occasion, clients or their families wish a report to be sent elsewhere. Check with your supervisor when such requests are made and under your supervisor's direction, initiate a Release of Information form. The names of any institutions or individuals to receive a copy of a report must be entered on separate Release of Information forms. The carbonless copy of the signed form is to be given to the client. The Release should be renewed each semester. These forms are available upon request in the Resource Room. **A new form should be completed every term.**

The **REQUEST FOR INFORMATION** form is needed to obtain information from any other institution or agency. Confer with your supervisor about the use of this form when outside information needs to be collected. The form is available upon request in the Resource Room. You will need **a form for each institution we are to contact.** A copy of the signed form should be given to the client.

### ***Report Formatting***

The format of diagnostic and treatment progress reports should follow supervisory expectations and might vary from supervisor to supervisor. However, the formatting for the "Identification" section of all reports should include:

Name:  
Communication Disorder:  
Date of Birth:  
Age:

Parent's/Caregiver's Name:  
Address:  
Telephone:  
Email (if applicable):  
Treatment Period/Date of Evaluation:  
Practicum Site:  
ID Number:

### Typing Tips for Preparing Final Reports

- All clinic reports should have **one (1) inch page margins** on all four sides; 11 or 12 point type must be used.
- The first page of the final report is to be on **letterhead**. Letterhead paper is provided in HSS 108, but do not use letterhead when submitting rough drafts to supervisors.
- Be sure to **number the pages** of your report; whether the first page is numbered or not is optional.
- **Do not leave signatures** and the address(es) where copies are to be sent **“dangling”** on a last page by themselves. Such information is critical and must never be separated from the report. Thus at least part of your Recommendations should be on the same page or move that whole section to the last page.
- **List the name and address of all people** (under c:) who are to receive a copy of the report at the end, including the client or the client's parents.
- Use **c;**, not **cc:**. We used to send “carbon copies” to people, but now we just send “copies.” Remember that a full colon ( : ) takes two spaces after it.
- **Do not staple the final report**, just paperclip the sheets. Every report has at least one photocopy made of it, so stapling is a big inconvenience for the support staff.
- Be sure to **title your report** appropriately. Ask your supervisor if you have any questions about the correct title.
- Learning good word processing skills early can be a big time saver. There are many tricks to setting up tabs, margins, indents, and line spacing that can make the process of typing and revising reports much more efficient. You can learn more by contacting the Learning and Technology Services on campus or talk with the Clinic Director.

Special **phonetic fonts** are on the computers in HSS 250. A good phonetics font available through the web is Pepper Font (<http://www.waisman.wisc.edu/phonology/pepper/pepper.htm> )

## FEEDBACK AND EVALUATION PROCEDURES



### *Penalties for Violating Professional Ethics & Clinic Regulations*

For specific penalties related to specific clinical procedures, refer to the mention of those procedures in this handbook. Other penalties include:

- If a student violates client confidentiality, the clinic hours (including observation hours) accrued for the client or clients in question will not be counted.
- If a client file is used for a case study or class project, the case study or project will not be counted toward the course requirements and the student must submit another case study.
- If a student does not contact the supervisor within one week after distribution of clinical practicum assignments, the clinic grade for that client will be lowered by one full letter grade.
- An unexcused cancellation of a clinical session will result in the clinic grade for that client being lowered by one letter grade. What constitutes an unexcused absence will be determined by each individual supervisor. Ask your supervisor if you are unsure of what constitutes an unexcused absence.

### *Clinic Grading*

Clinic grading works as follows:

- ***Undergraduate practicum (CSD 470)*** works on a letter grade basis. The undergraduate student clinician receives a specific letter grade from each assigned supervisor. The grades assigned by the supervisors are put into a formula and a single grade is calculated. This formula is “weighted” so that a grade associated with more clock hours has an increased value compared to a grade associated with fewer clock hours. The student also receives a letter grade for the seminar portion of CSD 470 from the instructor for that course. The seminar grade is weighted for 25% of the overall grade and is incorporated into the grade assigned by the supervisor(s). A single, overall letter grade is then assigned to the undergraduate student clinician.
- ***Graduate practicum (CSD 769 or 770)*** uses a letter grade basis. The graduate student clinician receives a specific letter grade from each assigned supervisor (for both treatment and diagnostic experiences). The grades assigned by the supervisors are then put into a formula and a single grade is calculated. This formula is “weighted” so that a grade associated with more clock hours has an increased value compared to a grade associated with fewer clock hours. All calculated grades are reviewed at a clinic grading meeting with all supervisors present at the end of the semester. Following discussion, a single, overall letter grade is then assigned to the graduate student clinician by the Clinic Director.
- ***Off-campus graduate pre-externship experiences*** have the option to be graded using letter grade or Pass/Fail basis. At the start of the pre-externship experience, the graduate student and pre-externship supervisor must meet and determine which grading basis will be utilized.

Documentation of the grading basis selected must be provided to the Clinic Director at the start of the experience. At the end of the experience, the pre-externship supervisor presents the final grading information to the Clinic Director. This pre-externship grade is then factored into the end-of-semester clinic grading meeting as explained above.

- **Off-campus graduate externships** are graded on a letter grade basis. Off-campus supervisors are provided with various tools for use in determining a final letter grade. The graduate student is strongly encouraged to seek feedback at mid-term related to grading and feedback. The off-campus supervisor completes a grading slip that is submitted to the Clinic Director at the end of the experience.

**Graduate and undergraduate students must earn a “B” or better in all practicum experiences.** If a “B-” or below is earned, the supervisor(s) and Clinic Director will decide which, if any, of the clock hours will be counted, but the **CREDITS CANNOT BE COUNTED**. In the case of graduate studies, the graduate student must re-enroll in the credits of practicum, and earn a “B” or better, in order for the credits to count for graduation and receipt of the master’s degree.

### **Remediation Plans**

Any graduate student who earns a “B” or less in a practicum experience will be given an official Remediation Plan. Remediation Plans are required by ASHA and serve to provide structure and strategies for allowing a graduate student the opportunity to acquire and practice essential clinical skills that are, at that point, lacking. The details of the Remediation Plan are determined by the clinical supervisors and presented to the graduate student at the start of the semester. The Remediation Plan is also shared with all supervisors working with the graduate student. The graduate student cannot be placed in off-campus practicum experiences when working under a Remediation Plan.



## SUPERVISORS: RESPONSIBILITIES AND PROCEDURES

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Members of the Communication Disorders faculty and academic staff are the Clinical Supervisors in the CCD and in some other sites, such as the Human Development Center. For these responsibilities, the supervisor receives credit toward a full-time teaching load of 12 or 15 credits according to the following formula. For supervision of therapy, two student-client pairs is equivalent to one credit; in most instances, a "student-client combination" assumes 1.5 to 2 hours of contact per week. For evaluations, one comprehensive diagnostic activity every other week is equivalent to one credit. Diagnostic activities that use essentially the same examination protocol each week are equivalent to one credit.

### SUPERVISOR RESPONSIBILITIES

- Supervision and grading of students assigned to them for either evaluation or therapy assignments.
- Assign student clinicians to specific clients.
- Clinical management of clients assigned to them for either evaluation or therapy.
- Determination of fees with the client. See "Fee Policy" in following section.
- Determination of the "Client's Identification Number." See "Client Identification Number Code" in first section. Make sure student clinicians include this number on all reports.
- See that student clinicians record diagnostic or therapy sessions in the appropriate notebooks, "Diagnostic Hours", "Therapy Hours", or "Hearing Hours".
- Remain in regular contact with your supervisees.
- Obtain "Release of Information" form if distribution of any Therapy Progress Reports or Evaluation Reports to individuals other than the client or the client's family is expected.
- Review and approval of all Therapy Progress Reports or Evaluation Reports, including review of standard format expectations.
- Review and approval of any correspondence generated by student clinicians prior to their distribution or entry into a client's folder.
- Submit all reports in a timely manner.
- Submit scheduling requests for new or continuing clients.
- Maintain ASHA Certification in Speech-Language Pathology or Audiology.
- Maintain Wisconsin License in Speech-Language Pathology or Audiology.
- Submit evidence of continued Certification and Licensure to the Clinic Director.

### Special Diagnostic Responsibilities

- See that a student clinician verifies the diagnostic by calling the client the day before the diagnostic.
- Send summary letters, if any, to families of clients regarding results of evaluations, recommendations, etc.

## GENERAL SUPERVISOR PROCEDURES

Great flexibility exists in how an individual supervisor fulfills his/her responsibilities. Thus the following list contains only those things likely to be universal concerns of supervisors.

- Alert the Director of Clinical Programs as early as possible if there are scheduling problems with a client or student clinician.
- Discuss the fee with each client or client's family at the first appointment.
- CCD expectations are 33% observation of therapy and 80% observation of diagnostics.
- When appropriate, initial Daily Treatment Log notes on those days you observed.
- Conduct a mid-term and final student evaluation of all team activities supervised.
- Submit diagnostic reports to the Clinical Director.
- Submit all requests to schedule new clients as they occur to the Clinical Director.
- Submit Therapy Progress Reports to the Clinic Secretary at the close of the semester.
- Sign student clock hour sheets by the due date.
- Submit final grade forms to the Clinical Director at the close of the semester.
- Submit individual Clinic Skills Assessment forms for each student supervised.
- Attend the Grading Meeting at the close of the term with the other CCD supervisors.
- Submit client fees to the Clinic Secretary.
- Submit continuing client request forms to the Clinic Director at the close of the semester.
- Submit your schedule and expectations for clinical assignments for the following semester at the close of each term.
- Submit all requests for new or replacement clinical materials to the Clinical Director.
- Please bring any and all suggestions to improve the CCD to the Clinical Director.

## GRADING GUIDELINES FOR CLINICAL PRACTICUM

As a faculty, we monitor, facilitate, and evaluate the following goals/behaviors on the part of students in clinical practicum (CSD 470/670, 769, and 770):

- |                      |                           |                              |
|----------------------|---------------------------|------------------------------|
| * Professionalism    | * Problem Solving Ability | * Record and Report Writing  |
| * Interaction Skills | * Growth                  | * Clinical skills/techniques |

The following are definitions/expectations for practicum grades for CSD 470/670, 769 and 770:

- A** = Student clinician's performance in meeting the above goals/behaviors is outstanding.
- B** = Student clinician's performance in meeting the above goals/behaviors is good.
- C** = Student clinician's performance in meeting the above goals/behaviors is insufficient or inadequate.
- F** = Student clinician's performance in meeting the above goals/behaviors is totally unacceptable.

## **SUMMATIVE EVALUATION PLAN PROCEDURES FOR ON-CAMPUS CLINICAL PRACTICE**

All on-campus practicum experiences are evaluated using a letter grade system. At the end of the semester of services, each clinical instructor assigns a letter grade to each assigned clinician, along with a statement of the number of clock hours accrued. The Clinic Director calculates a clinic grade for each clinician, using a weighted formula. The grades are then shared, discussed, and confirmed at an end-of-semester clinic grading meeting.

A sample/optional Grading Guide can be obtained from the Clinic Director at the supervisor's request. This form is not necessarily calibrated for grading, but can be a useful tool for determining whether or not your instincts for the letter grade assignment are in the proper range.

## **FORMATIVE EVALUATION PLAN PROCEDURES FOR ON-CAMPUS CLINICAL PRACTICE**

Even more important than the assignment of letter grades for clinic, the clinical instructors must provide ongoing and end-of-semester formative evaluation information to assigned clinicians. To satisfy certification standards, an adaptation has been made of the Knowledge and Skills Acquisition (KASA) Form which will be used to track a graduate student's progress. The individual reporting form appears on the following two pages. Copies are available in the Departmental Office and a "type over" version is on the S-drive.

1. Clinic supervisors will use a standard protocol to evaluate student performance in clinical practicum. This protocol will be computerized and used for long-term record keeping.
2. Clinical supervisors submit completed forms to the clinic director prior to the grading meeting at the end of each semester. Discussions at the grading meeting will focus on summarizing data from individual supervisor protocols and result in assigning a composite performance rating, a semester grade for practicum, and suggested clinical learning goal(s) for each student.
4. A remedial plan will be developed at the grading meeting for students who show problematic clinical performance. The Clinic Director will meet individually with these students to review the plan for improvement.
5. After the grading meeting each semester, the Academic Department Assistant will enter synthesized data to update each student's long-term record. The comprehensive KASA summary for each graduate student is available on the S-drive and each student is receives a copy via e-mail at the end of their program for inclusion in their portfolios.



# INDIVIDUAL CLINIC SKILLS ASSESSMENT

## Department of Communication Disorders University of Wisconsin – Eau Claire

Student: \_\_\_\_\_

Term:  Fall  Spring

Year \_\_\_\_\_

Supervisor: \_\_\_\_\_

Summer

**Instructions:** Please complete one form for each student supervised and submit it to the Clinic Director. Be sure to evaluate Diagnostic and/or Treatment performance if you signed for clock hours in that area (Interpersonal Qualities are evaluated on the reverse). For each **AREA** you are evaluating, fill in the number from the list below at the top of the chart. Use the Rating Scale provided and respond to all items relevant to your interaction with this clinician; use whole integers. Especially if you have concerns, please contribute concrete suggestions to the Remediation Plan.

**AREA(s) Evaluating:**

- |                             |                                     |   |
|-----------------------------|-------------------------------------|---|
| 1. Articulation / Phonology | 5. Acquired language                | 9. Acquired cognitive disorder                      |
| 2. Fluency                  | 6. Hearing                          | 10. Social aspects of communication                 |
| 3. Voice and resonance      | 7. Swallowing                       | 11. Communication modalities<br>(oral, manual, AAC) |
| 4. Developmental language   | 8. Developmental cognitive disorder |   |

**Rating Scale:**

- 5 = exemplary: serves as a professional and educational model; independently and consistently displays accurate behavior, seeking guidance on occasion if needed
- 4 = proficient: performs the competency independently, seeking guidance as needed
- 3 = satisfactory: displays independent accurate behavior most of the time, seeking guidance when needed
- 2 = emerging: performs the competency with the support of instructor
- 1 = unacceptable: requires supervisory guidance to accomplish behavior and does not seek guidance from supervisor
- n/a = not applicable

### DIAGNOSTIC SKILLS EVALUATION

**Area Evaluated:**

1. Conduct screening and prevention procedures.
2. Collect case history information.
3. Select and administer appropriate evaluation procedures.
4. Adapt evaluation procedures to meet client/patient needs.
5. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations.
6. Complete administrative/reporting functions.
7. Refer clients/patients for appropriate services.


### INTERVENTION SKILLS EVALUATION

**Area Evaluated:**

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


### INTERACTION AND PERSONAL QUALITIES

1. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural / linguistic background of the client/patient, family, caregivers, and relevant others.
2. Collaborate with other professionals in case management.
3. Use flexibility to respond to unexpected situations.
4. Use body language that is positive, alert, and open during clinical interactions with clients/patients, family caregivers, and relevant others.
5. Convey sufficient and appropriate humor, enthusiasm, and interest with clients/patients, family caregivers, and relevant others that is well-matched to a situation.
6. Present a professional image and disposition through attire, behavior, and communication.
7. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
8. Adhere to the ASHA Code of Ethics and behave professionally.


Supervisor suggestions for future learning:

Remediation Plan Suggestions:

### Grade Slip

Clinical Experience	Hours Earned	Grade	Grade Points
Totals			

Point Scale for Calculating Grade Points		
<i>(multiply # of hours by point assignment)</i>		
<b>A = 4</b>	<b>A- = 3.67</b>	<b>A/B = 3.5</b>
<b>B = 3</b>	<b>B- = 2.67</b>	<b>B+ = 3.33</b>
<b>C = 2</b>	<b>C- = 1.67</b>	<b>B/C = 2.5</b>
<b>D = 1</b>	<b>D- = .67</b>	<b>C/D = 1.5</b>
		<b>D+ = 1.33</b>
		<b>F = 0</b>

## FEE POLICY

The fee schedule for CCD appears below. There is no charge for University students, faculty, staff, or their families, although a minimal equipment fee may be solicited. Even though the fees are relatively low, some people who need our services cannot afford the full fee. In cases like these, supervisors have the flexibility to work out special arrangements. Having a frank discussion at the start of treatment is recommended. Towards the end of each clinical term, the clinic secretary distributes billing requests to all supervisors. Supervisors are to confirm/indicate billing amounts and information after having confirmed with clients and caregivers. The clinic secretary then completes and mails the requested billing statements. As an exception, summer services are paid in advance with a registration form system.

In some cases, medical insurance may pay for services, but clients need to check with their insurer. They may need a physician's order prior to services being rendered. The CCD does not complete or file insurance paperwork, but our office will provide any information needed so that clients may file their own insurance claims.

### SPEECH-LANGUAGE PATHOLOGY SERVICES

Speech / Language Evaluation .....	\$ 125.00
Diagnostic Screening Clinic .....	25.00
Augmentative Evaluation .....	125.00
Basic Voice / Resonance Diagnostic Evaluation .....	50.00
(includes acoustic analyses)	
Comprehensive Voice/Resonance Diagnostic Evaluation .....	75.00
Brief Videostroboscopy Exam .....	30.00
Minimum Charge: Voice Equipment Fee .....	5.00
Speech / Language / Hearing Therapy (per semester) .....	200.00
Speech / Language / Hearing Therapy (per summer session) .....	110.00
Speech / Language / Hearing Therapy once per week .....	10.00
(maximum = \$200 per semester / maximum = \$110 per summer)	

### AUDIOLOGY SERVICES

Comprehensive Hearing Evaluation .....	\$ 75.00
Hearing Screening .....	25.00
Hearing Aid Evaluation with current audiogram .....	50.00
Combined Hearing/ Hearing Aid Evaluation .....	100.00
Tympanometry (alone) .....	15.00
Child Screening: tympanometry;	
dPOAE screening; screening audiometry .....	25.00
Minimum Charge: Audiology Equipment Fee .....	10.00

## **EXTERNSHIP AND PRE-EXTERNSHIPS: SUPERVISOR RESPONSIBILITIES AND PROCEDURES**

Two separate handbooks have been developed for the Pre-Externship Experience and the Externship Semester. The materials contained in these handbooks are too lengthy to present here. All on-site supervisors, liaison supervisors, and participating graduate clinicians receive a copy of the appropriate handbook prior to the semester the student participates in either of these activities.

## **DIRECTOR OF CLINICAL PROGRAMS: RESPONSIBILITIES AND PROCEDURES**

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The Director of Clinical Programs is responsible for the overall administration of the clinic practicum in Communication Disorders. For this responsibility, this person receives three credits toward a full-time teaching load of 12 credits.

### **Responsibilities**

- Assign all student clinicians to therapy supervisors and diagnostic experiences in the CCD and HDC.
- Assign Clinical Supervisors their clients and any diagnostic activities.
- Schedule clients for evaluations.
- Generate and respond to correspondence relative to the Center for Communication Disorders and its operation; e.g., pre-evaluation correspondence with clients and referring agencies, post-evaluation reports to referring agencies, correspondence with ASHA, etc.
- Meet with students each semester to discuss clinical policies and procedures; e.g., professional conduct, equipment, tests and material checkouts, scheduling therapy, clinic hours notebook, meeting with Clinical Supervisors, etc.
- Meet with student clinicians at the close of the term to collect information for planning the next term of therapy.
- Submit all final grades for CSD 470/670, 769, 770, 780, 781.
- Maintain records of ASHA clinical practicum hours for students.
- Monitor all graduate students' clock hours to assure that critical clinical experiences are being completed in a timely manner.
- Complete semester billing.
- Maintain an order of clinical materials and equipment.
- General maintenance of clinical records and preparation of periodic clinical population reports.
- Develop and update clinical manuals used in the CCD and Department.
- Make all arrangements for pre-externships: establishing/renewing program memoranda and system agreements; placing graduate students with pre-externship site clinicians; acting as the liaison between the Department and the site; submitting final grades; evaluating supervisor's and student's experiences during the pre-externship.
- Administer the externship program: establishing/renewing program memoranda and system agreements; placing graduate students with non-school pre-externship site clinicians; consulting and arranging for school externships; assigning faculty to be liaisons between the Department and specific sites; conducting the midterm and final "capstone" days; submitting final grades; evaluating supervisor's and student's experiences during the externship.
- Consult with the Departmental Chairperson, CCD supervisors, pre-externship and externship supervisors, and student clinicians upon request. To assist these individuals in planning, resolving problems, or making decisions regarding clinical activities.

## APPENDICES

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## Clinic Site Codes

01	Center for Communication Disorders, UWEC
02	Sacred Heart Hospital
03	Luther Hospital
06	Voice Clinic, UWEC
07	General Diagnostic Clinic, UWEC
08	Fluency Diagnostic Clinic, UWEC
09	Human Development Center
10	Reach, Inc. (formerly, Developmental Training Center, DTC)
11	Northern Center
14	Putnam Heights Achievement Center
15	Dunn Adult Activities Center
16	Parent-Child Program - DTC
19	Eau Claire Public Schools
20	Chippewa County Development Center (CCDC)
23	St. Joseph's Hospital
25	Augmentative Alternative Clinic (AAC), UWEC
26	The Clairemont
27	Rice Lake Medical Center
29	Schools - UWEC faculty supervisor
30	Schools - non-UWEC supervisor
31	Hearing Screening (not schools)
32	Speech-Language Screening Clinic, UWEC
33	Midelfort Clinic
50	Practice Teaching – Externship 1
51	Practice Teaching – Externship 2
52	University Clinic, Not UWEC
53	Rehab Externship 1
54	Rehab Externship 2
55	Hospital, Acute Care
56	Hospital, Out Patient
57	Adult Rehab Hospital
58	Outpatient Child Habilitation
59	Inpatient Child Habilitation
60	Nursing Home
61	Birth-to-Three Program
62	MIG Asperger's Program
63	Telepractice

**DEPARTMENT OF COMMUNICATION DISORDERS**

University of Wisconsin-Eau Claire

Eau Claire, WI 54702-4004

## CONFIDENTIALITY ASSURANCE ACKNOWLEDGEMENT

Name of Applicant	Title Associated with Authorized Duties
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I acknowledge that as a Student Clinician, Student Worker in the Center for Communication Disorders (CCD), CCD Clinical Supervisor, employee of UWEC in the CCD, I may be provided access to client specific information which is confidential under Wisconsin Statutes. I understand that this information must remain confidential.

I acknowledge that all client specific information I acquire during the course of my duties is to be used solely for purposes of fulfilling assigned tasks.

I acknowledge that I have reviewed confidentiality precautions pertinent to the CCD as they pertain to client specific information presented on the reverse of this form.

I agree not to disclose client specific information for any reason except with written authorization from the CCD client or client's guardian. I agree to follow all CCD policies regarding verbal, electronic, or paper disclosure.

My authorized activities are being carried out as a: (please check those appropriate.)

- |  |   |
|--|---|
| <input type="checkbox"/> Student Clinician       | <input type="checkbox"/> University Employee in the CCD |
| <input type="checkbox"/> Student Employee of CCD | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> CCD Clinical Supervisor |   |

By signing below, I also acknowledge that I have received a copy of this document, have received answers to any questions I had, and may have personal liability for any breach of confidentiality I commit regarding a client in the CCD.

SIGNATURE	Date Signed
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## Maintaining Confidentiality of Client Records and Information

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1. Discuss a client only with those individuals who have an obvious "need to know." You should be privy only to information you need to know in the course of providing services for a client, and you should provide information only to people within the CCD who need this information as part of providing services.
2. No client information should leave the CCD by mail, fax, or telephone unless a current, signed release is on file authorizing this transmission. Any written document should be given to the CDIS Program Assistant, CCD Clinic Secretary, or the CCD Clinic Director for transmission.
3. The file cabinets where client folders are kept may be accessed only by CCD employees or supervisors.
4. Any client folder removed from a file cabinet must be logged out appropriately to an authorized individual. This folder must be kept in the individual's possession at all times until returned to the Resource Room.
5. Make no video recordings of any client for any purpose unless a current signed video release is on file.
6. There are substantial penalties established by the State of Wisconsin for breach of confidentiality. The least penalty is a civil fine for negligently disclosing confidential information (not less than \$200.00 and up to \$1,000.00). Fines increase substantially if you knowingly disclose or have proven criminal intent in your disclosure. You may be held responsible as an individual for any litigation arising from a breach of confidentiality you commit.
7. Any written records containing a client's name must remain in an individual's sole control as long as there is a need to know. Any electronic records containing a client's name generated by an individual must be deleted by that individual from a disk or computer drive when there is no longer a need to know.
8. Any electronic records containing a client's name must remain in an individual's sole control as long as there is a need to know. Any electronic records containing a client's name generated by an individual must be deleted by that individual from a disk or computer drive when there is no longer a need to know.
9. If electronic transmission of reports via e-mail between a supervisor and student clinician or supervisor and client is to occur, written permission from the client should be obtained, which includes a statement whether initials or the client's name is to be used.

## Quality and Assurance Agreement

The UW—Eau Claire Center for Communication Disorders (CCD) staff holds client and caregiver health and safety in high regard. Specifically...

- The CCD clinical staff will cancel and/or reschedule therapy sessions, when needed, due to clinician and/or supervisor illness. Please keep in mind; we may not be able to offer make-up appointments for some cancelled sessions.
- Most CCD clinical supervisors are current in American Red Cross First Aid and CPR training.
- An AED (defibrillator) is located in the lobby area of the building (near the doorway to the CCD Children's Waiting Room). Should it be needed by a client or caregiver, it is available for use.
- Clinical staff will use Universal Precautions for hand washing and handling bodily fluids.

**We Ask that All Clients, Caregivers, and Others Entering the Clinic...**

- Show care with hand washing and use the antibacterial hand lotions provided around the clinic.
- Stay home when illness strikes.
- Inform clinicians and/or supervisors of important medical conditions and needs.
- Inform clinicians and/or supervisors of anything in the CCD or building that might jeopardize health or safety.
- Refer to our *CCD Terms of Service* for more information.



UW—Eau Claire  
Center for Communication Disorders



239 Water Street

Eau Claire, WI 54701

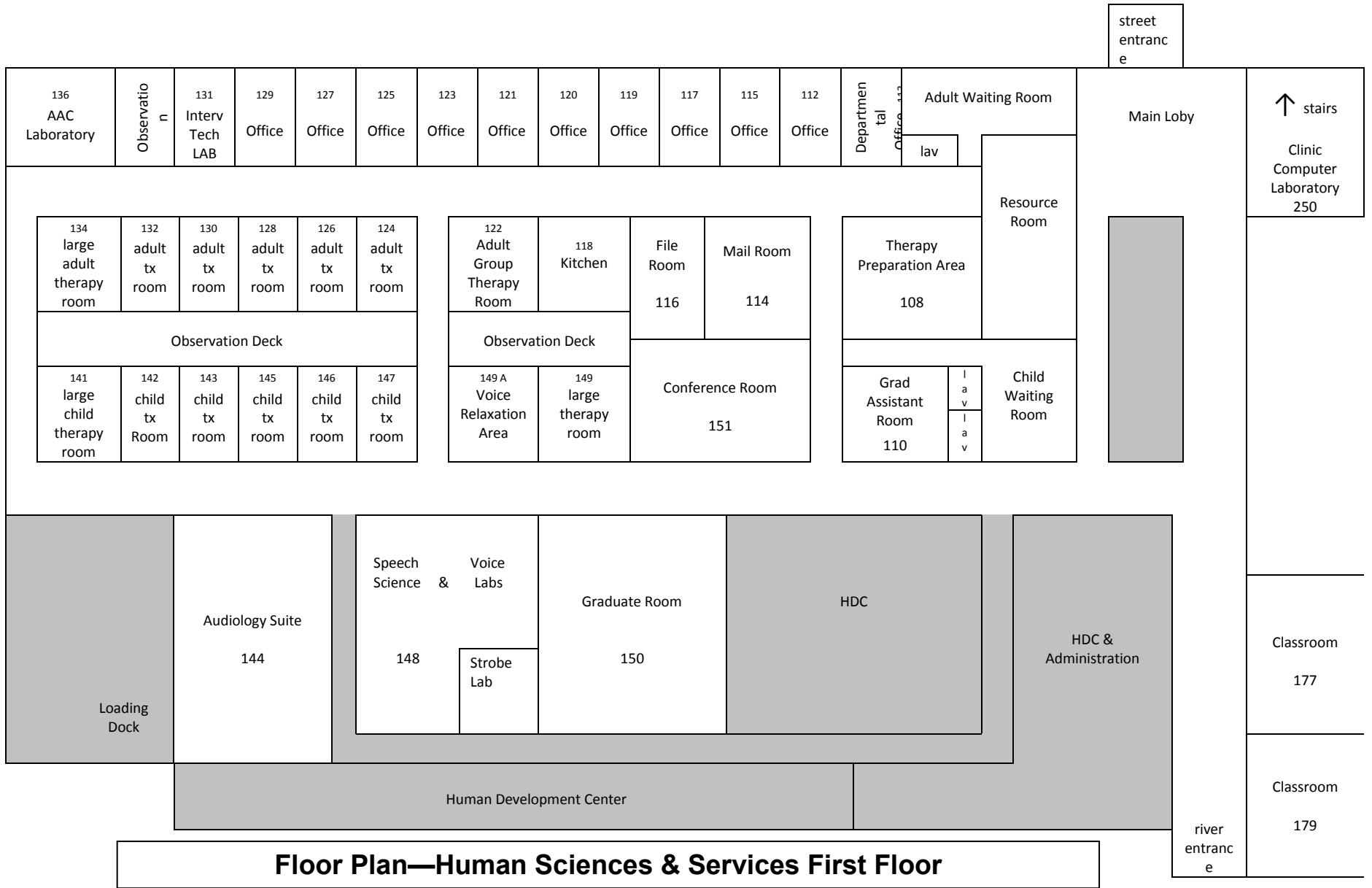
Phone: 715.836.4186

Fax: 715.836.4846

Email: [sterliaj@uwec.edu](mailto:sterliaj@uwec.edu)

Web: [www.uwec.edu/center.htm](http://www.uwec.edu/center.htm)

# WATER STREET



street  
entrance

river  
entrance

↑ stairs

Clinic  
Computer  
Laboratory  
250

Classroom  
177

Classroom  
179

Main Lobby

Resource  
Room

Adult Waiting Room

lav

Departmental  
Office

Therapy  
Preparation Area  
108

Mail Room  
114

File  
Room  
116

118  
Kitchen

122  
Adult  
Group  
Therapy  
Room

124  
adult  
tx  
room

126  
adult  
tx  
room

128  
adult  
tx  
room

130  
adult  
tx  
room

132  
adult  
tx  
room

134  
large  
adult  
therapy  
room

Conference Room  
151

149  
large  
therapy  
room

149 A  
Voice  
Relaxation  
Area

Child  
Waiting  
Room

l  
a  
v  
l  
a  
v

Grad  
Assistant  
Room  
110

Speech  
Science  
&  
Voice  
Labs

Strobe  
Lab

Graduate Room

150

HDC

HDC &  
Administration

Audiology Suite  
144

148

Loading  
Dock

Human Development Center

# Computer Software Lab Memo

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When trying to use software in the Intervention Technology Lab (HSS 131), here are some helpful tips.

- To log on, you must use your University username and password.
- Place the CD in the drive. From the **Start** menu click and drag to **Departmental Software** and then to **Comm Dis** and then to the software title or the publisher name (for example, the *Phonology II* game is accessed from the Locutour submenu and *Deciders Take on Concepts* is located under the Thinking Publications submenu, the various *Living Books* are under a couple of different publisher names). **Regardless, most of the clinic software is accessed by first dragging to the “Comm Dis” menu.**
- If a software title can not be located under the Comm Dis menu, try playing the program **directly from the CD** (i.e., finding the CD drive—E: —and double-clicking on the .exe file).
- Use the sign-up sheet on the lab door to reserve a computer space for session time with a client. You may also roll a computer on a cart into a therapy room, if desired. Either way, you must have the computer signed out ahead of time.
- If a clinician is using the lab with a client, you must leave at that time.
- Inform Ms. Sterling-Orth if the printer needs attention or replacement ink cartridges are needed.

If you have any questions or concerns about the software or hardware in HSS 131, please don't hesitate to ask Ms. Sterling-Orth for assistance. We appreciate your attempts to use software as a treatment tool and are eager to assist you in this endeavor.

# Clinic Photocopying Instructions

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A photocopy card that works in the Department's photocopy machine is available to students registered for clinic in the Departmental Office. This card was made available at a time no photocopying was available to students on this side of the river. The expressed purpose of this card is to help students prepare for therapy sessions; other supports include baking/treat projects for the kitchen, providing laminating sheets and equipment, and providing paper for final reports.

The following rules must be observed:

1. Copy **only materials that are to be used in therapy sessions**. This would include pictures, pages from workbooks, test forms if you wish a "scratch" copy. This does not include drafts of reports, lesson plans, copies of anything for a client's folder, or any materials related to any course. If you are unsure whether you should copy something, ask the Clinic Director.
2. Do not use any other photocopy card. If the student card is missing, speak with the Academic Department Assistant but do not take other cards kept in the Departmental Office.
3. Do not use this card if a supervisor asks you to copy anything. The supervisor needs to retrieve the correct card from the Departmental Office or you may speak with the Academic Department Assistant about the correct procedure.
4. The card is kept on top of the lower file cabinet in the Departmental Office. Complete the PHOTOCOPY LOG with your name, the supervisor's name, client initials, specifically what you copies, the date, and the number of copies. You are restricted to **10 copies at a time**.
5. You should **yield to paid individuals** who have job related copying to accomplish.
6. If any student is found misusing the copy card, it will be put away and will not be accessible to any student for one week. Keep in mind that the student photocopy card is a privileged granted by the faculty.



**H1N1 Statement for Clinicians**  
UW—Eau Claire  
**Center for Communication Disorders**  
**Department of Communications Sciences & Disorders**

UWEC administrators and CCD staff are proactive for flu season which may involve an H1N1 flu pandemic in addition to other influenza. Campus facilities are in compliance with the guidelines and recommendations of the Center for Disease Control (CDC) and the Wisconsin and Eau Claire Departments of Health. Here's the plan...

1. We must all be diligent about monitoring ourselves for signs and symptoms of H1N1. This includes:

**(1) Fever, (2) Persistent cough, (3) Sore throat, (4) Body Aches and Chills**

If you experience any of those symptoms, you must stay home until the symptoms are gone for 24 hours. If this happens, you should call and email your supervisor(s) and co-clinicians immediately so that clients can be contacted. You should contact your instructor(s) if you cannot make it to class due to symptoms. If the symptoms multiply or persist, you should **get tested**. The Department of Health nurse wants us to stress upon everyone that even though it's contradictory to "grad school expectations", you should not be hiding symptoms or coming in even when you're showing H1N1 symptoms. We will not be upset or distrusting. Just stay tuned in to your body signals and use sound judgment.

2. Very importantly—Everyone must use **UNIVERSAL PRECAUTIONS AT ALL TIMES**. Lots of hand washing, use antibacterial lotions, avoid sharing food and drinks, avoid setting snacks out on the counter to share, etc. Be extremely vigilant about this process now and in the future. It's a terrific skill for all of us to be practicing on a daily basis, especially given our profession.
3. We must keep pre-externship sites informed of any illness that arises. In case of occurrences of H1N1, we will work closely with off-campus practicum sites to determine necessary steps to take for those experiences.
4. You should know that the standard incubation period for H1N1 is 1 to 5 days. Take a moment to read more about H1N1 on the CDC website:  
<http://www.cdc.gov/H1N1flu/qa.htm>.

5. If you end up getting H1N1, we'll handle how to facilitate your classes and clinic throughout the semester. You must be away for a minimum of 7 days AND 24 hours after becoming symptom free. This could mean up to 14 days at times. We'll cross that bridge if we come to it, but do know we'll work with you to make your recovery as painless as possible.

At this time, there are no campus notices or alerts. Health care professionals encourage you to **stay INFORMED, stay HEALTHY, and be PREPARED.**

#### **STAY INFORMED**

- Be prepared for cancellation notices from your clients. Check your email and mailbox regularly.
- Listen for news regarding campus and regional plans and responses to any flu outbreaks.
- View the CDC H1N1 website information for more detail on symptoms and how to respond (<http://www.cdc.gov/H1N1flu/qa.htm>).

#### **STAY HEALTHY**

- Use frequent hand washing and antibacterial lotions.
- Stay away from others who are ill.
- Get adequate sleep, exercise, and nutrition.
- We strongly recommend your get the flu shot this year!
- Cover your nose and mouth with a fresh tissue or your sleeve (if no tissue) when you cough or sneeze. Throw the tissue in the trash after you use it.
- Avoid touching your eyes, nose, or mouth. Germs spread this way!
- Purchase hand sanitizer for your personal use. Let Ms. Sterling-Orth know if hand sanitizer is needed in any clinic locations.

#### **STAY PREPARED**

- Self-isolate when/if you become ill.
- Have over-the-counter cold/cough and flu symptom relief medicines at home.
- Stay ahead on clinic and coursework whenever possible. Don't put things off this fall! Be proactive whenever possible.

**Let's all work together to make flu season as uneventful as possible!**

**Any questions/concerns... Contact Ms. Sterling-Orth ([sterliaj@uwec.edu](mailto:sterliaj@uwec.edu)), Dr. Stadler ([stadlema@uwec.edu](mailto:stadlema@uwec.edu)); or Dr. Retherford ([retherk@uwec.edu](mailto:retherk@uwec.edu)).**



## H1N1 Statement for Families/Clients

UW—Eau Claire  
Center for Communication Disorders (CCD)

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To Clients & Caregivers—

We are excited about our return to clinic and appreciate your participation in our program. One of the things you may be thinking about at this point is how UWEC and the CCD are prepared to respond to issues regarding the H1N1 virus which surfaced last spring.

UWEC administrators and CCD staff are actively planning, preparing, and being proactive for the flu season which may involve an H1N1 flu pandemic in addition to other influenza. Campus facilities are in compliance with the guidelines and recommendations of the Center for Disease Control (CDC) and the Wisconsin and Eau Claire Departments of Health.

At this time, there are no campus notices or alerts. Health care professionals encourage you to **stay INFORMED, stay HEALTHY, and be PREPARED**. Please understand if we are forced to cancel and/or reschedule appointments due to clinician and/or supervisor illness. We will do our best to make sure everyone receives needed services, but may not be able to make-up all cancelled sessions.

Also understand that **we need clients to stay home when they are ill** and/or if they have been around another person who has influenza or associated symptoms. We will not penalize or judge clients and caregivers for the need to cancel sessions due to illness. Just keep us informed so we can plan accordingly.

If you have any questions, please ask your clinician, supervisor, or the Director of the Clinic (Angie Sterling-Orth; [sterliaj@uwec.edu](mailto:sterliaj@uwec.edu)). We hope this will be as uneventful as possible, but we will be prepared for whatever direction this takes us.

**Thank you in advance for your cooperation!**





**UW—EAU CLAIRE  
CENTER FOR COMMUNICATION DISORDERS (CCD)  
ACCIDENT/INCIDENT REPORT FORM**

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Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Name of person injured or involved in the incident \_\_\_\_\_

Who was involved in the injury/incident?

CLIENT                  UNIVERSITY STUDENT                  CLIENT CAREGIVER                  SYSTEM EMPLOYEE                  OTHER

Type of Injury/Incident \_\_\_\_\_

Details \_\_\_\_\_

Name of person completing this report \_\_\_\_\_

Relationship to the person injured \_\_\_\_\_

Injury required physician/hospital visit?                  YES                  NO

If applicable...

Name of physician/hospital \_\_\_\_\_

Address \_\_\_\_\_

Physician/hospital phone number \_\_\_\_\_

Signature of Injured Party OR Guardian \_\_\_\_\_

Date \_\_\_\_\_

***Return this form to Director of Clinical Programs/Services within 24 hours of incident.  
Copies to be filed in the CCD and in UW—EC Risk Management Office.***