Clinical Procedures
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Statement of Non-Discrimination
University of Nevada, Reno – Speech Pathology & Audiology

The University of Nevada, Reno does not discriminate in its educational programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender, gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law. Retaliation is also prohibited. The University of Nevada, Reno will comply with state and federal laws such as M.G.L. c. 151B, Title IX, Title VI and Title VII of the Civil Rights Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act, and other similar laws that prohibit discrimination.

Any member of the University community has the right to raise concerns or make a complaint regarding discrimination under this policy without fear of retaliation. Any and all inquiries regarding the application of this statement and related policies may be referred to: Denise Cordova, Title IX and ADA Coordinator, (775) 784-1547, dcordova@unr.edu
Dear SPA Students:

Welcome to the University of Nevada, Reno Speech and Hearing Clinic!

For those of you new to this program, we thank you for choosing the UNR Speech Pathology and Audiology Graduate Program to earn your Master’s degree. We are proud of the dynamic program here at UNR, and feel that our students have excellent academic and clinical experiences which serve as the foundation of your professional career as a Speech-Language Pathologist. For those of you who completed your undergraduate work here at UNR, welcome back! We are thrilled to continue your training as graduate clinicians. We hope that you will take the time to make welcome the new students and serve as a source of support and information should they need your help.

Over the course of the next two years, you will complete both academic and in-house clinical requirements, take comprehensive examinations or complete a thesis with a faculty member, and participate in externships outside the department. It will be an exciting two years, and you will be amazed at how much you know and can do by the time you leave here.

My advice to you, as you begin your professional journey is this: foster the support system among your colleagues – you will need each other throughout the program; develop time-management strategies that will minimize your stress – procrastination will not serve you well in graduate studies; and seek help from classmates, faculty, and supervisors as you need it – waiting until a problem is out of control or avoiding it altogether serves no one’s purpose. Remember that it takes wisdom to realize that you need help, and courage and strength to ask someone for that help. It is never a sign of weakness.

I am available to you, and my door is almost always open. Please feel free to come by and see me as you need. I appreciate questions and feedback from students.

It is your responsibility to read through this Student Handbook and familiarize yourself with the administrative functions, clinic policies and procedures, and general information.

Again, WELCOME! We are in this together.

Sincerely,

Rachael Walden, MS, CCC-SLP
Director of Clinical Services
In addition to your academic requirements, there are clinical requirements for the satisfaction of the hours required by ASHA (Standards V-C & V-D - www.asha.org). Master’s students must complete a minimum of 375 clock hours of supervised clinical practicum. Students typically complete three to four semesters of practicum in our on-campus Speech and Hearing Clinic. Specialty clinical services are offered for a variety of communicative disorders and are supervised by faculty. Students are also required to complete off-campus clinical externship placements. Placements are available in public schools, hospitals, rehabilitation centers, nursing homes, and early intervention programs. A criminal background check and a drug screen may be required for placement at practicum sites. Placement at any practicum site is expressly the decision of the site, and is based on the recommendation from the Clinical Director.

The graduate clinical experience during graduate school is as follows:

- **Fall (first year)** – First year graduate students participate in diagnostics under the direct supervision of clinical supervisors. Teams are comprised of 2-3 students and a supervisor and conduct evaluations regularly throughout the course of the semester. As a part of the Voice class, students also participate in evaluations and therapy for Voice clients as a practical component of the class.
- **Spring (first year)** – First year graduate students participate in both diagnostic and therapeutic clinical experiences. Students are assigned to a diagnostic team, as in the previous semester. Students are also assigned to 2-3 clients (both pediatric and adult clients) for therapy.
- **Summer (between 1st & 2nd years)** – Students participate in both diagnostic and therapeutic clinical experiences. Students are assigned to a final diagnostic team, and provide intervention to 2-4 clients. In addition, students may participate in specialty clinics during the summer clinical period.
- **Fall (second year)** – Second year graduate students are assigned to 2-4 clients (both pediatric and adult clients) for therapy. Some students may participate in a part-time externship placement in the Washoe County School District if they are assigned to an acute medical site for the spring placement.
- **Spring (second year)** – During the last semester of graduate school, second year students complete externship experiences. Externships can be completed within the local community or outside the community under the supervision of a Speech-Language Pathologist with a CCC. The Director of Clinical Services makes recommendations for externship placements based on interests, experiences, and the planned career trajectory of the student. The final decision for placement is **always** made by the prospective externship supervisor.

There are additional clinical experiences available to students at UNR:

- University Center for Autism and Neurodevelopment (UCAN)
- Northern Nevada Cleft Palate Clinic
- Transgender Voice & Communication Clinic
- Building Language and Literacy in Growing Youth Lab (BLLING)
Knowledge and Skills Acquisition (KASA):

Programs may use the mechanisms of their choice to document and track student progress in the acquisition of knowledge and skills. The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) will review an accredited program’s process and forms to ensure compliance with its standard related to accurate record keeping. The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) requires an applicant to file a certification application that contains the "Verification by Program Director" page to verify that the student has met the appropriate knowledge and skills mandated by the standards. ([www.asha.org](http://www.asha.org), 2016)

The Department of Speech Pathology and Audiology uses the Knowledge and Skills Acquisition (KASA) form to confirm the students’ acquisition of all required areas of knowledge and skill required by CAA. Students’ knowledge and skills outcomes in the following areas are monitored using these forms in conjunction with academic and clinical performance measures:

1. Articulation
2. Fluency
3. Voice and resonance
4. Receptive and expressive language
5. Hearing
6. Swallowing
7. Cognitive assessments of communication
8. Social aspects of communication
9. Communication modalities

Essential Functions (CAPCSD, 2007):

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational, and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (*), however, are skills that are more inherent and should be present when a student begins the program.

COMMUNICATION
A student must possess adequate communication skills to:
• Communicate proficiently in both oral and written English language. (Language to be determined by program.)*
• Possess reading and writing skills sufficient to meet curricular and clinical demands.*
• Perceive and demonstrate appropriate non-verbal communication for culture and context.*
• Modify communication style to meet the communication needs of clients, caregivers, and other persons served. *
• Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
• Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
• Convey information accurately with relevance and cultural sensitivity.

MOTOR
A student must possess adequate motor skills to:
• Sustain necessary physical activity level in required classroom and clinical activities.*
• Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.*
• Access transportation to clinical and academic placements.*
• Participate in classroom and clinical activities for the defined workday.*
• Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
• Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
• Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

INTELLECTUAL / COGNITIVE
A student must possess adequate intellectual and cognitive skills to:
• Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.*
• Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
• Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
• Self evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
• Utilize detailed written and verbal instruction in order to make unique and dependent decisions.

BEHAVIORAL/ SOCIAL
A student must possess adequate behavioral and social attributes to:
• Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.*
• Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.*
• Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.*
• Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.*
• Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
• Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
• Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
• Dress appropriately and professionally.
Keeping Track of Clinical Hours

ASHA requires a minimum of 400 hours of clinical experience to satisfy current professional certification standards. Typically each graduate student clinician will accrue at least 375 hours of clinical experience throughout the course of their graduate program. Students may count 25 hours of undergraduate Observation as part of the total number of hours for certification, but cannot apply more than 75 hours of undergraduate clinical experience toward the total of 400 required hours. Graduate clinicians accrue approximately 200 practicum clock hours prior to their externship placements.

The Department of Speech Pathology and Audiology has invested in the CALIPSO system. CALIPSO is a web-based application designed specifically for speech pathology and audiology graduate programs. Each student will establish an individual CALIPSO account and is responsible for entering accrued clinical hours each semester. Clinical supervisors will approve hours and complete clinical assessments of students each semester.

Each clinician is responsible for keeping track of his/her own clinical clock hours. When counting clock hours, ASHA allows you to count only that time which is spent directly with clients. Hours spent preparing for sessions, waiting for clients, meeting with supervisors, etc. may not be counted. Actual session length should be recorded; i.e., ASHA does not allow 45-minute sessions to be "rounded" to an hour. You must maintain documentation of the time spent in supervised treatment. Each clinician is responsible for getting their documented hours approved by their supervisor(s) before leaving at the end of each semester. Students will log their hours using the CALIPSO system. CALIPSO will maintain student records for six years after graduation, but students are encouraged to also keep personal paper or digital records.

At the end of the graduate school program, students are to complete Graduate KASA forms within CALIPSO. Completion of these forms is clear documentation that the student has completed both academic and clinical requirements for certification. The KASA forms must be signed by your Academic Advisor. The KASA Verification Form must be signed by the Chair of the Department, the Clinic Director, and your Academic Advisor prior to graduation.
CALIPSO INSTRUCTIONS
FOR STUDENTS

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to https://www.calipsoclient.com/unr
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: PIN numbers are valid for 40 days. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

Step 2: Login to CALIPSO

- To login, go to https://www.calipsoclient.com/unr and login to CALIPSO using your school e-mail and password that you created for yourself during the registration process (step one.)
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click “PDF” located within the blue stripe.
Step 5: View/Upload Clinical Placement Files

- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 6a: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a *different* supervisor, clinical setting, or semester:
- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the *same* record:
- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Click the “Copy” button located next to the date of a previous entry.
- Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

- **To view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
- Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
- Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

**Step 6b: Submit Clock Hours for Supervisor Approval**

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

**Step 7: View Clinical Performance Evaluations**

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

**Step 8: View Cumulative Evaluation**

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.
Step 9: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 10: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.
- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the “final submission” box and click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 12: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”
Step 13: View Site Information Forms

- The “Site Information Forms” link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
- To view available information, identify the desired site and click “View” located in the fifth column under submitted.
- Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.
CLINICAL RESOURCES

MATERIALS ROOM -
The Clinic Materials Room is located in Room 121. All therapy materials (e.g. Speech-language themed games, therapy cards, activities, etc.) have been organized in this room. Please be mindful of leaving materials as you find them. Organizing our vast supply of materials is a time-consuming job.

**Our materials are expensive, and must be kept in professional condition. We have limited resources available for replacing lost or damaged items. Please check with the clinic director if you have any questions, regarding these procedures.**

TOY ROOM -
The Toy Room is located in Room 114. The UNR Clinic has a wide array of children’s toys, games and books for use in therapy. Please keep this space neat and clean, and return the materials after you have used and sanitized them.

**Please wipe down and/or spray all toys and equipment after use. This sanitation procedure helps minimize the spread of germs between clients.**

ART SUPPLY & LARGE TOY STORAGE -
The art supply and large toy storage room is located in Room 117. Large toys for use in therapy are kept here and should be returned after use in sessions. Several different pieces of equipment are available for pretend play activities and gross motor stimulation. Art supplies are located on the shelves in Room 117. Please keep these materials organized and notify the front office staff or the Clinic Director if materials need to be replenished.

**Please be aware of safety issues regarding some of our larger equipment. Large balls and the trampoline must NEVER be left in an area accessible by the public. This presents a large safety risk. If you are found to have left these materials out you will not be allowed to use them in the future.**

CLINIC PHONE CALLS -
Telephones are available for clinicians to use in Room 141 (Student Room). Instructions for making both local and long-distance calls are posted next to the phone. No personal calls are permitted on these phones. If you are contacting families from your personal cell phone number, take care to privatize your number to protect against unwanted communication. Do not discuss any confidential clinic business in a location that is not secured to protect against disclosure of protected health information.

When a clinician receives a phone call at the clinic, a message will be taken and left in his/her mailbox, or an email will be sent. If the incoming call is from a client who is canceling a session, this information will be emailed to the graduate clinician.
IMPORTANT PHONE NUMBERS
University of Nevada, Reno Speech and Hearing Clinic
Office: (775) 784-4887
Fax: (775) 784-4095

CLINIC PARKING –
Clients visiting the UNR Clinic will receive a permit for patient parking. The clinic receptionist issues permits, both for one-time appointments and on a semester basis. Permits stay on the dashboard, and must be clearly visible when parking in the lot. The lot is monitored by campus security, and violators are ticketed. Repeat violators may be booted. Students are not to use Patient Parking Permits.

FALL 2017 CLINICAL SCHEDULE –
Clinic begins Tuesday, September 5, 2017 and ends after Friday, December 1, 2017
Clinic will be closed on the following days:
Monday, September 4 – Labor Day
Friday, October 27 – Nevada Day
Friday, November 10 – Veteran’s Day
Thursday, November 23 & Friday, November 24 – Thanksgiving and Family Day

SPRING 2018 CLINICAL SCHEDULE –
Clinic begins Monday, February 5, 2018 and ends after Friday, May 4, 2018
Clinic will be closed on the following days:
Monday, February 19 – President’s Day
Saturday, March 17 through Sunday, March 25 – Spring Break

SUMMER 2018 CLINICAL SCHEDULE –
Clinic begins Monday, June 11, 2018 and ends after Friday, August 3, 2018
Clinic will be closed on the following days:
Wednesday, July 4 – Independence Day
CLINICAL PROCEDURES

Diagnostic Scheduling and Enrollment Procedures

1. Intake Process
   A. The office is contacted by the client or physician. The support staff discusses requisite charges and prescription/referral and any insurance issues.
   B. Neurogenic Clients – The office completes a neurogenic intake form and forwards to Dr. Brancamp. Dr. Brancamp’s team schedules diagnostic and sends out packet of paperwork.
   C. Developmental Clients – The office completes a developmental intake form and forwards to Clinic Director. Clinic Director distributes the intake form to one of the diagnostic teams for scheduling.
   D. Voice and Swallow Clients – The office completes an intake form and schedules diagnostics. Office Staff sends out packet of paperwork.

2. Diagnostic Scheduling Process
   A. Supervisors will inform their teams about intakes for scheduling.
   B. The team will call to schedule the diagnostic and then indicate the name of the supervisor and the appointment date and time on the top of the intake form.
   C. The team confirms the client’s contact information and readies the packet of paperwork to be mailed.
   D. The team describes the location of the clinic, and tells the client/family to arrive 15 minutes prior to the appointment to fill out all necessary paperwork.
   E. The team enters the appointment on the office calendar.
   F. The team immediately advises the Supervisor and Billing Clerk of the appointment.
   G. Eve will follow-up on insurance and billing issues, and will contact the supervisor with any issues/discrepancies.
   H. The office staff will make a case file for the intake and records holding in progress.

3. Day Before Diagnostic
   A. One of the team members calls the family/client to remind them of the diagnostic appointment.

4. Day of Diagnostic
   A. The client signs in and is issued a parking pass if not already sent in the packet prior to the evaluation.
   B. The office staff will discuss charges, insurance cards, paperwork and completes the file.
C. Students wait in the hallway and not in the front office.

D. The client is seen for the diagnostic appointment after completion of the check-in process.

E. The supervisor will complete the superbill and places in the case file for the check-out process. The team completes the “Application for Therapy” if needed and submits to the Clinic Director for placement of the client on the clinic waiting list.

5. After the Diagnostic

A. The evaluation report is completed prior to intervention enrollment. The finished report is to be placed in the designated location by the copier after signed by all team members and the supervisor.

B. Billing processes the evaluation report and all other documents for reimbursement/billing.

C. The office staff sends out copies of the reports and files the report in the case file.

**These are general guidelines. Each supervisor may have a slightly different method/procedure

Clinic Start-Up Guidelines

Before the Clinical Period Begins:

1. The Clinic Director will assign clients from the active therapy list and the waiting list
2. Clinicians are to confirm Supervisory availability for the current clinical period before calling clients/families
3. Clinicians are to call the clients/families to determine if they are interested in attending therapy for the current clinical period and discuss scheduling availability
   **Always document all calls/communications on the “Communication Log” in the client’s chart
4. Once a client is scheduled, each clinician is to complete a “Therapy Confirmation Report” and email to the Billing Office, Supervisor, and Clinic Director
5. Clinicians will reserve a therapy room for their scheduled time(s)
6. Clinicians are to familiarize themselves with the client’s case (e.g. read the chart, watch the diagnostic video, meet with prior clinician, etc.)
7. Meet with the supervisor to discuss initial assessment plans, recommendations, and documentation timelines
8. Clinicians are to submit a therapy plan to the supervisor for approval, outlining the reassessment plan for the first week of therapy
9. Clinicians are to reserve any tests needed in the “Reservation” book in the Student Room
First day of Clinical Period:

1. Ensure that the client/family has a parking permit and has checked in with the front office staff
2. Provide a tour of the facility if they are new to the UNR Speech and Hearing Clinic
3. Conduct an initial client/family interview
4. Provide client/family with the updated paperwork packet and discuss the attendance policy specifically. The front office staff will provide the packet to the clinicians.
5. Establish rapport with client and begin testing
6. After the session is complete, complete the billing log for that client before leaving the clinic for the day.
7. It is recommended that clinicians write SOAP notes immediately following sessions, as time allows.

After the first day of Clinical Period:

1. Submit a draft of the “Reassessment and Treatment Plan” to the supervisor in Citrix. Timelines for drafts vary between supervisors. Email your supervisor to prompt them that the draft is in the Cloud.
2. When revisions are complete, print the “Reassessment and Treatment Plan” on yellow paper with the first page on clinic letterhead and bring to the supervisor for signature. Place the report in the “Reports” basket by the printer in the front office.
3. During the next therapy session, discuss the assessment findings and goals with the family to ensure clear communication. Make sure the family has a copy of the report.
4. Discuss weekly therapy documentation submission requirements with each supervisor (e.g. weekly therapy plans, SOAP notes, billing logs, etc.).

**Clinic Wrap-Up Guidelines**

Prior to the last sessions of therapy:

1. Meet with supervisors to discuss final assessment procedures
2. Upload a ‘rough draft’ of the “Summary of Progress Report” and fill-in all the information possible
3. Reserve any test batteries needed in the “Reservation Binder” in the Student Room

The last session(s) of therapy:

1. Complete final assessment procedures
2. Meet with client/family to discuss progress during the clinical period and to make recommendations for discharge or continued intervention. Provide a home program for carryover and maintenance of skills if appropriate.
3. Remind clients/families to complete a feedback questionnaire at the front desk before leaving.

After the last session of therapy:

1. Submit a draft of the “Summary of Progress Report” to the supervisor in Citrix. Timelines for drafts vary between supervisors. Email your supervisor to prompt them that the draft is in the Cloud.

2. Submit the Feedback Forms with your self-evaluation and schedule a time to meet with your supervisor.

3. **Prior to submitting ANY paperwork to your supervisor or to the Billing Office, you MUST** ensure that all of the dates of service match between the report, the SOAP notes, and the billing logs. Additionally, you MUST ensure that the addresses are correct in the demographics box so the report goes to the correct client/family.

4. When revisions are complete, print the “Summary of Progress” on pink paper with the first page on clinic letterhead and bring to the supervisor for signature. Place the report in the “Completed Reports” basket by the printer in the front office.

5. Return all therapy materials to their proper place in the clinic and clean-out any messes in the therapy room.
**Externship Guidelines**

Graduate Students complete one or two externship placements to fulfill requirements for certification during the spring semester of the second year of the Speech Pathology graduate program. Following are the expectations and guidelines for the externship placements.

**General Rules for Externships**

1. Externship obligations can include the following:
   A. **Single-site placement**: provides about 35-40 hours of workplace experience per week over one 14-week or three-month placement.
   B. **Two-site placement**: provides about 35-40 hours of workplace experience per week over seven weeks or one and a half months in one site and the same in the second site.

   **Student externs should be able to accomplish all obligations related to the externship requirements during regular work hours including such tasks as:**
   - Patient contact: evaluations, interventions, communications, chart reviews
   - Collaboration: extern supervisors, families, professionals, staffings
   - Paperwork: lesson plans, progress notes, reports, billing
   - Preparation: supplies, materials, equipment
   - Reading: texts, journals, manuals
   - Research: assignments, projects, presentations, in-services

2. Student externs may agree to work more than 35-40 hours, but should not be required to do so. If concerns regarding excessive overtime arise, contact the University Clinical Director.

3. Student externs will begin externship placements as stipulated by the Externship contract. Commencement and completion dates may be modified to accommodate scheduling or to earn additional clock hours if agreed to by all parties concerned. In some cases externships may be arranged in the summer or fall semester.

4. Student externs may obtain all of their hours on-site or may obtain some of their hours off-site. For example, a student may go with their supervisor to a client’s home.

5. Student externs are expected to follow the schedule of the externship site and extern supervisor as opposed to the University schedule.

6. ASHA and UNR require that supervision be provided by an individual who holds current ASHA CCC and State of Nevada licensure or CCC and Nevada Dept. of Education Teacher Certification. Direct supervision must be in real time and must never be less than 25% of the student extern’s total contact with each client/patient and must take place periodically throughout the externship. An extern supervisor who holds a current certification and licensure must be on-site and readily available to consult with the student extern at all times.
University Responsibilities:
- **Assignments:** Placement of students at the externship site is ultimately determined by the university faculty and the externship supervisor. All students are required to obtain permission from the University to make contact, visit, and interview with the potential externship site prior to finalizing their placement assignment. **Final decisions regarding placement rests solely with the externship supervisor at any given site.**
- **Pre-Placement Requirements:** It is the responsibility of the extern supervisor and the University Clinical Director to provide the prospective student extern with the essential information and timeline in securing placement at that externship site to include administrative functions prerequisite for the position (e.g., affiliation, background check, drug screening, and training).

Extern Site Responsibilities:
- **Initial Meeting:** Extern supervisors are encouraged to submit comments and/or concerns to the externship coordinator following the initial contact and/or visit with the student.
- **Experience and Hours Fulfillment:** Extern supervisors are responsible to provide training and supervision in accordance with ASHA guidelines so that the student may apply the obtained clinical clock hours towards professional certification.
- **Grading:** All feedback and approval of hours will be tracked through CALIPSO. Extern supervisors will provide the University Clinical Director with a recommendation for the student’s clinical practicum grade via the CALIPSO system. The grading process for a **single-site placement** includes **two** formal evaluations of the student extern’s performance during the semester (midterm and final). The grading process for a **two-site placement** includes **one** formal evaluation of the student extern’s performance during the course of each placement (final only). Criteria for grading will be provided by the university to the externship supervisor at the start of the externship.

Student Extern Responsibilities:
- **Preplacement Requirements:**
  - Medical Settings: Complete background, drug testing, CPR, BLS for Healthcare Provider and any other requirements stipulated by the Externship site.
  - Educational Settings: Complete fingerprinting, background check, and any other requirements stipulated by the school district.
- **Hours Logging:**
  - **Students are solely responsible for logging all hours in the CALIPSO system for their externship placements.**
- **Conduct:** Students will abide by the ASHA Code of Ethics

*Modifications may be made to the above pending approval of the appropriate parties.*
Clinical Assessment of Graduate Students: Procedures for evaluation, remediation, and notice of dismissal

Formal written evaluation of clinical skills occurs at midterm and at the end of each semester to determine each student’s clinical performance, clinical competence, and clinical course grade. However, a written evaluation may be initiated at any time during the clinical experience. Ongoing written and verbal evaluation is also provided for individual therapy/diagnostic sessions.

Each student shall be rated in five competency areas, with consideration for their level of clinical experience. Each clinical skill within each competency area is rated on a 5-point scale based on ASHA’s 2014 Certification Standards. The five areas of clinical competency are: 1) clinical writing, 2) therapy planning, 3) therapy implementation, 4) personal/professional qualities, and 5) evaluation/diagnostic skills and reporting.

A rating of 4 or 5 is satisfactory. A rating of 3 or lower is unsatisfactory. If at any time a student receives a skill rating of 3 or lower in any clinical competency area, a meeting shall be scheduled between the student and the appropriate supervisor. At this meeting, the clinical deficiencies and needed improvement shall be discussed. The discussion shall be summarized in writing and the summary and the written improvement plan shall be provided to the student and included in the student’s file. If unsatisfactory clinical performance continues, a remediation schedule will be developed after consultation with the Clinical Director, Director of Graduate Studies, and the Department Chair. The remediation schedule will establish specific remedial objectives related to the deficient skills, and the student will strictly adhere to the remediation schedule for a specified period of time. All clinical supervisors of the student will receive a copy of the remediation schedule and will assist with the remediation schedule. If performance remains unsatisfactory at the conclusion of the specified period in the remediation schedule, the student will receive a grade of “F” for the course and will receive a notice of dismissal. The procedures of NSHE Code Title 2, Chapter 11 shall then be followed.

The formal written feedback forms, completed at midterm and end of the semester are located on the S: drive.
Clinic Dress Code

Students should be properly attired at all times. Please review the following guidelines, and remember three cardinal rules of clinical attire:

I. IF YOU HAVE A QUESTION, ASK.
II. IF YOU ARE ASKED TO CHANGE, CHANGE.
III. IF YOU THINK IT'S A "MAYBE", DON'T WEAR IT.

Our goal in this effort is to maintain a professional appearance, which is appropriate to our setting. We do not feel that appropriate only means dressy, fancy, expensive, etc. We are also aware that SLPs in other work settings may be allowed to wear types of clothing that we do not feel are appropriate for our clinic. For our purposes, the guidelines are:

| Yes | - Business casual attire:  
|     |  • slacks, skirts (below the knee), dresses, dressy capris  
|     |  • dress shirt - tucked in, or polo shirt  
|     |  • blouses, jackets, cardigans, vests  
|     |  • boots, flats, loafers, heels, sandals (not beach kind), clogs  
| No  | - Athletic wear: sweat pants & shirts, etc.; athletic shoes, beach flip-flops  
|     |  - Tank tops, spaghetti straps, casual t-shirts, cargo shorts, and other generally casual attire  
|     |  - Obviously worn or torn clothing  
|     |  - Hats (head covers required for religious reason or to honor cultural tradition are allowed)  
|     |  - Perfume; any other strong fragrance, including smoke  
|     |  - Any skin that would be better off being covered - including bellies, lower backs, cleavage etc. Please, no bare skin between skirt/pants and top  
| Maybe | - Shorts may not be appropriate. Walking-length shorts may be acceptable. Use good judgment.  
|       |  - Jeans may be appropriate if the denim is intact (no holes), of a dark wash, or could be considered ‘trouser-style’  
|       |  - Jewelry/ tattoos may be displayed with supervisor approval. A small stud in the nose is also allowed. No other piercing ornaments are allowed during direct clinic contact.  

If attire, jewelry, or tattoos are considered inappropriate by the supervisor, the clinician will be required to change clothes or cancel the session. Clinicians should keep an “emergency” change of clothes in a locker or cubby in the case that supervisor deems attire inappropriate.
General Clinical Policies and Procedures

Student Clinician Responsibilities: Each graduate student clinician must know and abide by the following clinical policies and procedures.

- **Contacting Clients and Families:** Students are to maintain open lines of communication with their clients and their families. It is preferable for students to call families from clinic phones that are in the secured environment of the clinic. If a student must contact a family from their own phone (landline or cellular), the student must take care to protect their own privacy (e.g. “privatizing” their phone number). If a student leaves a voicemail for the client/family, the student must not disclose protected health information in that message. If a student contacts the family via email, the student must use their @med.unr.edu secure email account and encrypt any outgoing message that contains protected health information.

- **Hours of Operation:** Student clinicians provide services under the supervision of clinical supervisors and may be contacted, along with other clinic personnel, during clinic office hours on Monday through Friday between 8:00 a.m. and 6:00 p.m. at the clinic.

- **Session Cancellations:** If a clinician must cancel a session due to illness/emergency, etc. the clinician is responsible for contacting the client/family. If the clinician does not have the client/family’s contact information, the clinician is to call the front office staff and ask for assistance. Depending on the availability of the staff, they may call the client/family or give the clinician the client/family’s contact information. If the clinician calls from a personal phone (home or cell), they are to take all steps to privatize their phone number prior to making the call. **Clinicians must also inform their supervisors of the absence as soon as possible.** Attempts will be made to reschedule clinical sessions due to student clinician cancellations.

- **Food and Drink:** Since clinical activities may be facilitated by the use of behavior management techniques, foods and beverages, and certain other reinforcers, the student clinician should inquire about allergies and/or dietary restrictions of the client, and application of rewards.

- **Mandated Reporting:** **Speech Pathologists are mandated reporters and are legally required to report suspected child or vulnerable adult abuse or neglect.** Graduate student clinicians and their supervisors alike are mandated reporters of suspected abuse and/or neglect. The following information comes from the Nevada State Department of Health and Human Services. They provide extensive information on their website: [http://dhhs.nv.gov/](http://dhhs.nv.gov/). Nevada Revised Statutes (NRS) includes the following definition of child abuse and neglect:
NRS 432B.020 “Abuse or neglect of a child” defined.
1. “Abuse or neglect of a child” means, except as otherwise provided in subsection 2:
   (a) Physical or mental injury of a non-accidental nature;
   (b) Sexual abuse or sexual exploitation; or
   (c) Negligent treatment or maltreatment as set forth in NRS 432B.140, of a child caused or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.
2. A child is not abused or neglected, nor is the health or welfare of the child harmed or threatened for the sole reason that:
   (a) The parent of the child delivers the child to a provider of emergency services pursuant to NRS 432B.630, if the parent complies with the requirements of paragraph (a) of subsection 3 of that section; or
   (b) The parent or guardian of the child, in good faith, selects and depends upon nonmedical remedial treatment for such child, if such treatment is recognized and permitted under the laws of this State in lieu of medical treatment. This paragraph does not limit the court in ensuring that a child receive a medical examination and treatment pursuant to NRS 62E.280.
3. As used in this section, “allow” means to do nothing to prevent or stop the abuse or neglect of a child in circumstances where the person knows or has reason to know that a child is abused or neglected.
(Added to NRS by 1985, 1368; A 2001, 1255; 2003, 1149)

- Division of Child & Family Services in Washoe County: (775) 785-8600
- Children’s Protective Services: (775) 337-4400
- Adult Protective Services (WCDSS): (775) 328-2785
- Elder Protective Services: (775) 688-2964

If you ever have a question or concern, speak with your supervisor and/or the Clinic Director immediately.

- **Relationships with Clients and Families:** During the process of working with a client and his/her family, it is very typical to develop a positive and warm relationship. However, it is critical that you maintain a relationship that is professional and **not personal** in nature. With the vast majority of our clients, this distinction is understood; but with a few, it is important to communicate the policy clearly and firmly. In order to maintain professionalism, you are not permitted to socialize with clients/families outside the clinic setting, or exchange personal gifts. You may not befriend a client on Facebook or any other electronic/social medium. If you have any questions, please see your supervisor or the clinic director.

- **Unique Client Needs:** We have some clients who, due to their disability, have unique personal needs. These needs may include requiring help with toileting, walking, positioning themselves in their wheelchair, etc. How much we can assist them depends very much on their individual needs, as well as our training, experience, comfort, etc. As a general rule, you are advised to review all past and current client needs with your supervisor, and together determine how
much assistance you will/will not be able to provide while you are the assigned clinician. Your decision should be clearly communicated to the client/family. Be aware that needs change during the course of a semester; if this is the case, promptly review the situation with your supervisor.

Despite the best-laid plans, emergencies do occur. These might include a wheelchair breaking, a toileting accident occurring, etc. It is very important to handle these situations as calmly, sensitively, and professionally as possible, and to be aware that the client involved may be confused or embarrassed. Ask a supervisor or another staff member for assistance if necessary. Make sure that your supervisor is informed as soon as possible.

Some clients have other types of issues of which you should be aware, for example, food allergies, side effects to medication, reactions to specific types of stimuli, and also observance/non-observance of certain holidays. It is best not to make assumptions, but to learn as much as possible about all such issues, which relate to your work with the client. Questions about these types of situations can always be directed to your supervisor and/or the clinic director.

- **Code of Ethics**: Students are held to the highest of professional standards. Each student is responsible for reading and adhering to the ASHA Code of Ethics: [http://www.asha.org/Code-of-Ethics/](http://www.asha.org/Code-of-Ethics/)

**Client/Family Responsibilities**: Each graduate student clinician must share the following policies with their clients and families in the initial sessions of intervention.

- **Prohibited Items**: Animals, smoking, alcoholic beverages, illegal drugs, and firearms are prohibited in the facility. UNR implemented a tobacco-free policy University-wide in 2015: [http://www.unr.edu/livewell/tobacco-free-university](http://www.unr.edu/livewell/tobacco-free-university)

- **Attendance and Participation**: Parents/guardians or otherwise responsible adults must escort clients who are children or who need special assistance to and from the facility and must remain on-site during the entire clinical session. Clients will be received and dismissed in the reception area only. Student clinicians will neither escort nor transport clients to and from the facility. All clients and other visitors must report to the office to sign in, receive a parking permit, obtain necessary paperwork, and pay applicable fees. Given the team approach, family involvement, and observation are critical elements of the program, case conferences with the student clinicians, clinical supervisors, families, and other related professionals will be conducted periodically.

- **Session Cancellations**: If a client is unable to attend a clinical session, they are required to contact clinic personnel to give at least 24 hours notice or as much advance notice as possible recognizing that enrollment will be automatically discontinued if a three consecutive clinic appointments are missed without proper notification. If a client
cancels a session, the student clinician is **not** required to reschedule sessions. The university will be closed on all legal holidays and designated university breaks and under certain other circumstances such as inclement weather and adverse conditions with the student clinician making every effort possible to keep the client informed of clinic closure. If a client is ill with a contagious disease, clinical sessions must be canceled until a medical professional has evaluated and diagnosed the illness, treatment has been initiated, the fever and symptoms have been gone for 24 hours or longer, and the client feels well enough to return to the clinic.

- **Observation Halls:** While in the hallways and/or observation corridors please remind families of the following rules: refrain from talking, supervise behaviors of accompanying children, hold onto personal belongings, no eating or drinking, reduce volume of sound systems and keep on headsets, turn off or silence cell phones, and do not use portable computers and/or media devices without headphones/earbuds. Clients will be routinely observed by a variety of individuals including administrators, faculty, clinical supervisors, students, educators, health care professionals, and other authorized personnel. Families of clients **may never** observe a client of the UNR Speech and Hearing Clinic that is not their family. To do so is a privacy violation, and grounds for termination of services.

- **Recording Sessions:** For teaching, research, and service purposes, data will be collected utilizing audio and video recordings of clinical activities and as such will be controlled by the department but may not be generated by clients, families, or other visitors.

- **Fees:** As minimal fees have been established to provide the clinic with evaluation and intervention instruments and tools to be used with clients, the client or responsible party is required to make financial arrangements with the Clinical Director and obligated to keep his/her account current by paying any unpaid balances recognizing that future enrollment may be contingent upon this.

- **Continuous Enrollment:** Because enrollment in the clinic is limited each semester and summer session and is based upon the needs and accessibility of students, continued placement in this clinic is pending availability of space and will not be guaranteed.
HIPAA: Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a law designed to improve the efficiency and effectiveness of the nation’s healthcare system. This clinic is a covered entity, meaning that we comply with all HIPAA regulations. The UNR Speech and Hearing Clinic is dedicated to the privacy and protection of all of our clients’ Protected Health Information (PHI). The following safeguards are in place:

**Institution-Wide** – UNSOM has a HIPAA Compliance Officer who audits programs/departments and ensures compliance to all HIPAA regulations. The Compliance Officer for the University of Nevada, Reno School of Medicine is James Epperson – jepperson@med.unr.edu. If a student has compliance questions, they should first be directed to the Clinical Director. The Clinical Director will contact the Compliance Officer for clarification if necessary.

**Office** – The front office has a locked entrance, glass windows closed to the waiting room, computer screens facing away from the lobby, medical files locked in the back room of the office, and a shred box by the copier. Only necessary staff is allowed in the office. Client records are kept in locked cabinets. If a student needs to check-out a client’s chart, an “OUT” slip must be inserted in the space. Charts must ALWAYS stay in the UNR Speech and Hearing Clinic.

**Client Records** – No protected health information shall be disclosed to anyone not indicated on the “Release of Information” form, unless mandated by HIPAA regulations. Students should read the “Release of Information” paperwork that clients and their families sign so everyone maintains compliance. Clinicians are instructed to discuss PHI in private, avoid discussion in the waiting room, avoid PHI disclosure over the phone when calling to schedule appointments, and to ensure that PHI is only shared with others who are on a ‘need-to-know’ basis. Storage and Disposal - there are 3 shredders in the clinic for any documentation containing PHI. If you have any questions or concerns about clinic privacy and security compliance, please seek out the Clinical Director immediately.

**Computer Workstations** – Graduate students have access to the Cloud through Med RDS. Each student has a unique login and password. Students must logout/disconnect when leaving workstations. When printing in the student computer lab, make sure that reports with PHI are not mistakenly placed in the recycling bins, but rather are placed in the shredders.

**Portable Electronics** - IT encrypts all portable electronic devices (e.g. cellular phones, laptop computers, tablets) that have access to the Med RDS. Students may have their University email on any handheld device, but it must have password protection and IT must have access in order to wipe it clean if lost or stolen.

**Email** – Graduate students are assigned a unique email address with the ‘med.unr.edu’ moniker. This email address is secure and all information shared between email addresses within the ‘med.unr.edu’ system is private and HIPAA compliant. No PHI can be emailed with third-party email servers (e.g. Yahoo, Gmail, AOL, etc.) without encryption.
WRITTEN CLINICAL DOCUMENTATION

Speech-Language Pathologists generate various types of reports, letters and other forms of written documentation. Our objective is to provide you with the instruction and experience to develop solid professional writing skills that will be flexible to meet the demands of various employment sites. You may consult client charts and read previous reports to familiarize yourself with templates of reports, but you must never cut and paste another clinician’s work. This is plagiarism, and is unethical in any situation. You will receive support from your clinical supervisors as you begin to generate clinical documentation. If you would like additional information or resources on professional writing skills, please communicate with the Clinical Director.

Types of written clinical documentation that you will have an opportunity to use during your program include:

- Diagnostic Evaluation Report
- Reassessment and Treatment Plan (beginning of each clinical period)
- Diagnostic Addendum and Treatment Plan
- Language Sample Analysis/Report
- SOAP Notes (after every treatment encounter)
- Weekly therapy plans
- Summary of Progress Reports (end of each clinical period)
- Progress Reports (every 10 visits for Medicare Clients)
- Discharge Summary

SOAP Notes

After each therapy session a SOAP note must be written and turned in. SOAP is an acronym for Subjective, Objective, Assessment and Plan. Each component is described below.

Why do we document our services with SOAP notes?

1. It is the way we report services to patients, families, physicians, insurance companies, claims reviewers, audit reviewers
2. It is a record of the progression of our clients’ behaviors throughout the course of the therapy process. “The Story of Therapy”...We use these notes to accurately track progress, help us modify our services as we need, and determine when it is time for discharge.
3. If you do not document your services, you are at risk for: poor service, no clear record of therapy, Code of Ethics violations
Does this mean that we have to write novels about our sessions, documenting every second of our intervention? No. What you are saying and how you say it is tantamount to the length of a note. That said, a dearth of details is not recommended. What areas should be addressed in a SOAP note?

S – Subjective: In this section, you describe your subjective impressions of the client including: level of awareness, engagement, motivation, mood. You may also list any information reported to you by the family in this section – attributing it to the source (e.g. Client’s mother reported that she has been less cooperative in school recently). **Cancelled Sessions**: It is important to document a session that was missed and the reason given.

O – Objective: This section is where your measurable, objective data from therapy belongs. Report your client’s performance only. Address all of the areas of your objective (e.g. level of accuracy, condition, support). You do not need to put information in this section about the specific activity…that belongs in your treatment plan. It is important to have a clear link between your stated goals/objectives from the treatment plan to the client’s performance for any given session for clarity to anyone who might read the note.

- Example: G1O1P1 – RW produced /s/ in the initial position of single words with 1:1 models from the clinician with 75% accuracy. G2O1P1 – RW produced a rhyming word (real and nonsense) when presented with a CVC target with 90% accuracy and no other support from the clinician. G3O1P1 – RW identified 6/10 targeted Zeno Sight Words from this week’s list with no assistance from the clinician.

A – Analysis/Assessment: It is in this section that you discuss and provide interpretation of the client’s success during that specific day of therapy and also across sessions. Discuss increases in complexity and decreases of support noted in your sessions.

- Example: /s/ initial accuracy increased by 15% from the last session. The amount of support required remained the same. Rhyming word production improved significantly from the last session (60% to 90%). Sight word ID improved from 2/10 to 6/10. He is consistent in the identification of 51/103 from the Zeno list.

P – Plan: In this section, you will outline the ‘next steps’...are there changes required in your objectives? Changes in reinforcement needed? Carryover activities sent home with the family?

- Example: Continue with current objectives. OR – If an objective has been met, indicate what is to come next.
SOAP notes are completed on the S: drive and should be generated the day of the session to maximize the clinician’s recall of the session. The following is a small sample of the current template for SOAP notes:

**Treatment Notes**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10 Code(s) &amp; Diagnosis:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Total Tx Time</th>
<th>CPT Code</th>
<th>Intervention Procedure(s) &amp; Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>S: O: A: P:</td>
</tr>
</tbody>
</table>

**Weekly Lesson Plans**

Clinicians are required to write a lesson plan for each week of therapy. This plan is due to your supervisor prior to your therapy sessions. Please discuss the specific due date of these plans with each of your supervisors, as preferences differ. The template for the weekly therapy plan is located on the S: drive.

Therapy plans are a clinician’s guide to therapy provision. The plans should be detailed enough to support the flow of the session, and used also as a record of data collection.

1. What is a **goal**?
   a. A change in behavior
   b. A target to achieve
   c. A desired result
   d. A terminal achievement
   e. Long-term aims
   f. General, broad
   g. Not always measureable

2. What is an **objective**?
   a. Precise targets set for the short-term
   b. Measureable and attainable in a short period of time
c. Tangible

d. Specific, narrow

e. Example: Client will identify all 103 Zeno Sight Words presented weekly in groups of ten, when presented with the words on cue cards in a field of 3 with no assistance.

3. What is a procedure?
   a. The “how” of objectives
   b. The process you will use to accomplish the objectives on the way to achieving the goals
   c. The type(s) of support you will provide
   d. Type and schedule of reinforcement
   e. Specific materials, programs that will be used
   f. Evidence-Based Practice

4. What is an activity?
   a. Games, therapy materials, flashcards, toy sets
   b. Electronics (e.g. iPad, computer games)

An example of the body of the therapy plan:

<table>
<thead>
<tr>
<th>GOALS AND OBJECTIVES</th>
<th>PROCEDURES AND ACTIVITIES</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: (General statements of what is to be accomplished over the course of the treatment plan)</td>
<td>G1O1P1:</td>
<td>• Activities/Supplies:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Data:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>+/-</td>
</tr>
<tr>
<td>Objective 1: (Measurable behaviors that lead to mastery of the goals)</td>
<td>G1O2P1:</td>
<td></td>
</tr>
<tr>
<td>Goal 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 1:</td>
<td>G2O1P1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EBP:</td>
<td></td>
</tr>
</tbody>
</table>
**This section of your plan may not change week-to-week**

G2O2P1:

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**Reassessment and Treatment Plan**

At the beginning of each treatment period, clinicians will reassess clients who are continuing on in therapy from a previous semester. This reassessment of skills may include multiple types of assessment procedures and will be the launching point for intervention for the current clinical period.

A template has been designed to keep the clinic’s documentation uniform in look and compliant with current requirements. Please do not modify the demographics box at the top of the template. However, changes to the content and style of the report template are at the discretion of individual clinical supervisors.

The following is a template for the Reassessment and Treatment Plan report:

CONFIDENTIAL
University of Nevada, Reno Speech and Hearing Clinic
Reassessment and Treatment Plan – Spring 2016

| **Date of Reassessment:** Click here to enter text. |  |
| **Name:** Click here to enter text. | **Parent/Caregiver:** Click here to enter text. |
| **Address:** Click here to enter text. | **Telephone:** Click here to enter text. |
| **DOB:** Click here to enter text. | **Alt. Telephone:** Click here to enter text. |
| **Age:** Click here to enter text. |  |
| **SLP:** Click here to enter text. | **Referred By:** Click here to enter text. |
| **Graduate Clinician:** Click here to enter text. |  |
| **ICD-10 Code(s):** Click here to enter text. | **CPT Code:** Click here to enter text. |

I. **Background Information:**

II. **Reassessment:**
A. **Test 1 (Standard)**
B. **Test 2 (Other)**

III. **Observations**

IV. **Summary of Findings**

V. **Treatment Plan:**
   o **Goal**
Diagnostic Reports

An initial diagnostic report is the documentation identifying and outlining a communication disorder. It is used to report the presence, severity, and likely prognosis. An analysis of areas of strength and weakness is made, referrals to appropriate disciplines identified, and where SLPs justify their services and make educated judgments about the likely path of intervention.

A template has been designed to keep the clinic’s documentation uniform in look and compliant with current requirements. Please do not modify the demographics box at the top of the template. However, changes to the content and style of the report template are at the discretion of individual clinical supervisors.

The following is the current template for pediatric initial diagnostic reports:
Background Information:

Evaluation & Assessment:
A. Voice and Fluency

B. Oral Mechanism Exam

C. Hearing Screening
   A pure tone hearing screening at 1K, 2K, 4K, and 500 Hz was completed. A tympanometry test was also administered.

**Hearing screenings**
Hearing screenings are conducted at 25dB at 500, 1000, 2000 and 4000 Hz. If the client fails any of the targeted frequencies, repeat the tone one additional time. If they still fail at that frequency they have failed the screening. There is no need to go on. If the screening is failed, the client must be referred for a complete Audiological evaluation.
Tympanometry

<table>
<thead>
<tr>
<th>Exam</th>
<th>Results</th>
<th>Normal</th>
<th>Pass/Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear Canal Volume (ECV)</td>
<td></td>
<td>1.0 or less</td>
<td></td>
</tr>
<tr>
<td>Pressure</td>
<td></td>
<td>-150 to +150</td>
<td></td>
</tr>
<tr>
<td>Immittance</td>
<td></td>
<td>.3 to .9</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td></td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

D. Language – Expressive/Receptive

E. Speech – Articulation/Phonology

F. Play Skills

G. Literacy

Observations:

Summary of Findings and Statement of Medical Necessity:
Medical Necessity justification: Speech Therapy services are deemed medically necessary at this time. This initial evaluation documented a clinically significant speech/language/hearing/communication/swallowing disorder resulting in an inability to perform at the previous functional level (or achieve age appropriate speech-language milestones). It can be expected that measurable progress will be documented in a reasonable amount of time. Services will be provided in a safe environment by a graduate student under the direction of a licensed Speech-Language Pathologist. It is not anticipated that the impairments identified will self-correct without skilled intervention. Services provided in this clinic are not of an educational/academic nature.

Recommendations:

Date Report Completed: Click here to enter text.

Name: Click here to enter text.
Speech-Language Pathologist/Supervisor

Name: Click here to enter text.
Graduate Student Clinician

Name: Click here to enter text.
Graduate Student Clinician
The following is the template for adult initial diagnostic reports:

CONFIDENTIAL
University of Nevada, Reno Speech and Hearing Clinic
Initial Evaluation – Spring 2016

<table>
<thead>
<tr>
<th>Date of Evaluation: Click here to enter text.</th>
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<tbody>
<tr>
<td>Name: Click here to enter text.</td>
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<tr>
<td>Spouse/Caregiver: Click here to enter text.</td>
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<tr>
<td>Address: Click here to enter text.</td>
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<td>Telephone: Click here to enter text.</td>
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<td>DOB: Click here to enter text.</td>
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<td>Alternate Telephone: Click here to enter text.</td>
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<td>Referred By: Click here to enter text.</td>
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<tr>
<td>ICD-10 Code(s): Click here to enter text.</td>
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<td>CPT Code: Click here to enter text.</td>
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<td>G Code(s): Click here to enter text.</td>
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<tr>
<td>C Modifier(s): Click here to enter text.</td>
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</table>

Background Information:
A. History
B. Med List

Current Complaint

Evaluation & Assessment:

Observations:

Summary of Findings & Medical Necessity Statement:

Recommendations: (include recommended intensity and frequency of therapy, and anticipated duration of intervention)

Date Report Completed: Click here to enter text.

Name: Click here to enter text.
Speech-Language Pathologist/Supervisor

Name: Click here to enter text.
Graduate Student Clinician

Name: Click here to enter text.
Graduate Student Clinician

Cc: Click here to enter text.
Name: Click here to enter text.
Address:
**Diagnostic Addendum and Treatment Plan**

Following an initial diagnostic evaluation, clients are often assigned to clinicians for therapy immediately. In this case, a Diagnostic Addendum and Treatment Plan is the documentation required. The clinician will use information from the initial diagnostic to aid in treatment planning. Additional dynamic assessment may be completed to determine the specific areas of intervention and baseline performance scores. This report should briefly summarize the initial diagnostic information, any additional assessment, and generate a treatment plan with goals and objectives.

A template has been designed to keep the clinic’s documentation uniform in look and compliant with current requirements. Please do not modify the demographics box at the top of the template. However, changes to the content and style of the report template are at the discretion of individual clinical supervisors.

The following is the current template for the Diagnostic Addendum and Treatment Plan:

**CONFIDENTIAL**

University of Nevada, Reno Speech and Hearing Clinic
Addendum & Plan of Treatment– Spring 2016

<table>
<thead>
<tr>
<th>Date of Report: Click here to enter text.</th>
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<td>Name: Click here to enter text.</td>
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<td>Spouse/Caregiver: Click here to enter text.</td>
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<td>Graduate Clinician: Click here to enter text.</td>
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<td>ICD-10 Code(s): Click here to enter text.</td>
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<td>Treatment Frequency: Click here to enter text.</td>
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<td>CPT Code: Click here to enter text.</td>
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<td>G-Code: Click here to enter text.</td>
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<tr>
<td>C-Modifier: Click here to enter text.</td>
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</tbody>
</table>

I. Summary of Initial Diagnostic Information:

II. Treatment Plan:
   - Goal
   - Rationales/Research Citations
   - Baseline
   - Objective(s):

III. Frequency and Anticipated Duration of Therapy:

Date Report Completed: Click here to enter text.

 ____________________________________  ____________________________________
Name: Click here to enter text.  Name: Click here to enter text.
Speech-Language Pathologist/Supervisor  Graduate Student Clinician

Referring Physician
Summary of Progress Report

At the end of each semester, a Summary of Progress Report is generated to summarize the gains seen over the course of the treatment period. This report is used to document progress and justify continued treatment.

A template has been designed to keep the clinic’s documentation uniform in look and compliant with current requirements. Please do not modify the demographics box at the top of the template. However, changes to the content and style of the report template are at the discretion of individual clinical supervisors.

The following is the current template for the Summary of Progress Report:

CONFIDENTIAL
University of Nevada, Reno Speech and Hearing Clinic
Summary of Progress – Spring 2016

| Date of Report: Click here to enter text. | Parent/Spouse: Click here to enter text. |
| Name: Click here to enter text. | Telephone: Click here to enter text. |
| Address: Click here to enter text. | Alternate Telephone: Click here to enter text. |
| DOB: Click here to enter text. | Referral By: Click here to enter text. |
| Age: Click here to enter text. | Clinician: Click here to enter text. |
| SLP: Click here to enter text. | CPT Code: Click here to enter text. |
| ICD-9/10 Code(s): Click here to enter text. | |

Current Status:
Summary of Progress:
A. Goal 1, Objective 1:
   - Baseline Measures:
   - Approaches/Strategies Used:
   - Progress/Final Data:
   - Met/Not Met, Continue:
B. Goal 2, Objective 1:
   - Baseline Measures:
   - Approaches/Strategies Used:
   - Progress/Final Data:
   - Met/Not Met, Continue:

Reassessment Information:
A. Tests Administered:
B. Objective Data:
C. Analysis/Clinical Judgment:
   Recommendations:

Date Report Completed: Click here to enter text.
Discharge from Intervention Report

Clients who are discharged from intervention at the UNR Speech and Hearing Clinic require a report summarizing their progress, reason for discharge, and any additional recommendations (e.g. community resources, additional services in the future, etc.). This report should be detailed, but concise.

A template has been designed to keep the clinic’s documentation uniform in look and compliant with current requirements. Please do not modify the demographics box at the top of the template. However, changes to the content and style of the report template are at the discretion of individual clinical supervisors.

The following is the current template for the Discharge from Intervention:

CONFIDENTIAL
University of Nevada, Reno Speech and Hearing Clinic
Discharge from Intervention – Spring 2016

<table>
<thead>
<tr>
<th>Date of Report: Click here to enter text.</th>
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<td>Name: Click here to enter text.</td>
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<td>C Modifier: Click here to enter text.</td>
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<tr>
<td>Dates of Service:</td>
</tr>
</tbody>
</table>

I. Background Information: (brief)
II. Summary of Intervention/Progress & Reason for Discharge:
III. Reassessment Information: (if any completed)
IV. Recommendations: (if any)

Date Report Completed: Click here to enter text.
BILLING GUIDELINES

All clients/families are asked to sign in upon arrival. This helps confirm their attendance and our billing. Please remind them to do so, before you start every session. The front door to the clinic is locked and clients are no longer permitted to walk into the clinic without their clinician.

Families pay fees at the time of each session. If necessary, bills are sent to families monthly, based on the balance due. Other than accurate billing on logs, students have no responsibility with payment or balances. All bills paid directly at the clinic go to the clinic Administrative Assistants. No student is to accept money. If a client/family wants to pay, and the Administrative Assistants and the Clinic Director are not available, please ask them to wait until their next visit.

Any family having difficulty making payments is encouraged to speak with the Clinical Director.

Billing Logs: Following each scheduled session you must fill in the billing log for your client. Cancelled sessions and “no shows” should not be noted on billing logs, but always noted on SOAP notes. Please be mindful of accuracy in your billing logs (e.g. dates, codes, etc.). Billing will be submitted after 6 visits. Once billing has been submitted NO CHANGES can be made to the logs.

Billing log templates are on the S: drive and will be checked weekly by supervisors and the Billing Office for accuracy. If you need any assistance completing your billing logs, please see your supervisor or the Clinic Director.
STUDENT SUPPORTS

Students are encouraged to access any and all services offered on the campus to support their performance in academics and clinical practice. Supports available and encouraged include:

- **Student Services Division** – Students can access a number of supports to support on-campus success - [https://www.unr.edu/student-services](https://www.unr.edu/student-services)
- **The Disability Resource Center** - Any student with a disability needing academic adjustments or accommodations is encouraged to contact the Disability Resource Center (Pennington Achievement Center Suite 230) as soon as possible to arrange for appropriate accommodations - [https://www.unr.edu/drc](https://www.unr.edu/drc)
- **Academic Success Services** - Math Center (784-4433 or [www.unr.edu/mathcenter/](http://www.unr.edu/mathcenter/)), Tutoring Center (784-6801 or [www.unr.edu/tutoring-center](http://www.unr.edu/tutoring-center)), and University Writing Center (784-6030 or [http://www.unr.edu/writing-center](http://www.unr.edu/writing-center)).
- **Title IX Office** - The University of Nevada, Reno is committed to providing a safe learning and work environment for all. If you believe you have experienced discrimination, sexual harassment, sexual assault, domestic/dating violence, or stalking, whether on or off campus, or need information related to immigration concerns, please contact the University's Equal Opportunity & Title IX office at 775-784-1547. Resources and interim measures are available to assist you. For more information, please visit [https://www.unr.edu/equal-opportunity-title-ix](https://www.unr.edu/equal-opportunity-title-ix).
- **Downing Clinic** – Students who may need counseling services to support mental and emotional wellness can contact the Downing Clinic at 775-682-5515, in the William Raggio Building, Room 3007 - [https://www.unr.edu/education/centers/downing-clinic](https://www.unr.edu/education/centers/downing-clinic).

Final Note

Thank you for your attention to this material. I hope that it will serve both as an introduction to our clinic and as a resource to you as you proceed through your program. Please consider this manual a **WORKING COPY.** It is likely that additions and changes will be made during the year. When this occurs, the new and/or amended information will be circulated, and will take effect immediately. Be sure to consult with your advisor, supervisor or with me if you have questions or would like additional information.

Thank you!

Rachael