



University of Nevada, Reno

**School of Medicine**

Speech Pathology & Audiology

# **University of Nevada, Reno Department of Speech Pathology and Audiology**

## **2023-2024 Graduate Student Handbook 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](mailto:dcordova@unr.edu)**

# Welcome Letter

August 2023

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 student 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

## Clinical Requirements

In addition to your academic requirements, there are clinical requirements for the satisfaction of the hours required by [ASHA](#) (Standards V-C & V-D). Master's students must complete a minimum of 325 clock hours of supervised clinical practicum while enrolled in graduate studies (400 total). 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. Clinical simulation experiences may also be offered/encouraged to gain hours of experience. 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 2-5 students and a supervisor and conduct evaluations regularly throughout the course of the semester. Students may also participate in some intervention sessions with a second-year student.
- Spring (first year) – First year graduate students participate in both diagnostic and therapeutic clinical experiences. Students are assigned to a new team, just like in the previous semester. Students are also assigned to 2-3 clients (both pediatric and adult clients) for therapy.
- Summer (between 1<sup>st</sup> & 2<sup>nd</sup> 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 an externship placement in the Washoe County School District if they are assigned to an acute medical site for the spring placement. If students are assigned to a WCSD site in the fall, they will not have regular clinical responsibilities in the UNR Speech and Hearing Clinic.
- Spring (second year) – During the last semester of graduate school, second year student's 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 specialty clinical experiences available to students at UNR:

- University Center for Autism and Neurodevelopment (UCAN)
- Northern Nevada Cleft Palate and Craniofacial 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 the standards 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. ([ASHA](#), 2020)

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

In addition to the content areas above, students must have completed prerequisite course content in the areas of biological science, physical science, behavioral science, and statistics. Acceptable [coursework guidelines can be found online here](#).

## 2020 ASHA Certification Standards Revisions:

### August 2022—Effective January 1, 2023

- **Standard V** was updated to allow up to 125 hours of supervised clinical practicum to be completed via telepractice.

### March 2022—Updates to Implementation Language

- **Standard IV-A** was reworded to provide better guidance to applicants in meeting the required prerequisite courses.
- **Standard IV-G** now includes cultural competency and diversity, equity, and inclusion.
- **Standard V-B** clarifies acceptable clinical experience for future clinical instructors, supervisors, and mentors.

## 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 325 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 and can apply an additional 50 hours of undergraduate direct 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 uses 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 for each clinical experience. 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, the Clinical Director will 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 Verification Form will be signed by the

Chair of the Department, and the Clinic Director 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 the CALIPSO online link.
- 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 have lapsed since receiving the registration e-mail.

### **Step 2: Login to CALIPSO**

- To login, go to the [CALIPSO online portal here](#) 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.
- 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 5: View/Upload Clinical Placement Files**

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.



- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the "Browse" button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing "public" for supervisor and clinical administrator access or "private" for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete files** by clicking the "delete" button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a "delete" link will appear to the right of the folder name.

## 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 be posted 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 and Large Storage Spaces

The art supply and large toy storage room is located in Room 117 and 121. 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 121. 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. Leaving them out presents a liability/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). 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 secure to protect against disclosure of protected health information.

When a clinician receives a phone call at the clinic, a message will be taken, and sent to the student via email or the EMR system. If the incoming call is from a client who is canceling a session, this graduate clinician and supervisor will be notified by email or the EMR system.

## Important Phone Numbers

University of Nevada, Reno Speech and Hearing Clinic, operated by Renown Office: **(775) 982-3300**

Fax: **(775) 982-8042**

## Clinic Email

Clinicians will be assigned @med.unr.edu email addresses for communications. This email is **FULLY SECURE** and can be used to convey information to any other @med.unr.edu without fear of disclosing protected health information. **However, if you send emails outside the @med.unr.edu system that contain any form of protected health information, you must encrypt the message.** This is a simple process in which you put the following in the subject line: [encrypt]. This simple security procedure will ensure that the outgoing message is encrypted, protecting the privacy of our clients, in accordance with HIPAA regulations.

Students are encouraged to have their @med.unr.edu emails sent to their smart phones. To comply with HIPAA security measures, you must have at least a five-digit password on the phone. Fingerprints and facial recognition are not compliant for security. Students are encouraged to check their emails regularly throughout the day, as important messages will be conveyed through that channel, and timely responses will be expected by faculty and staff.

## Clinic Parking

Clients visiting the UNR Clinic will receive a permit for patient parking. The clinic administrative staff issue 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.

## Clinical Procedures

### Electronic Medical Records – Epic

The UNR Speech and Hearing Clinic uses electronic systems to manage documentation and to schedule clients. Students will be provided credentials following training and have unique logins for the system.

### Diagnostic Scheduling and Enrollment Procedures

**Referrals – The client or physician contacts the office via referral channels (e.g. Epic or eFax). The administrative staff processes the referral information and confirms the benefit eligibility. If the client is using insurance for reimbursement of services, an order from a medical professional is required (e.g. MD, PA, APRN). Once benefits are confirmed, and authorization is established (if needed), the evaluation is scheduled.**

- **Developmental, Elective, & Adult Neurogenic Clients** – The office processes the referral into the EMR system and forwards it to Clinic Director. The Clinic Director assigns the case to a team and the administrative staff schedules the appointment and informs the team and supervisor of the date and time of the appointment. The required paperwork is sent out by the administrative staff prior to the evaluation.
- **Voice and Swallow Clients** – The administrative staff processes the referrals and schedules diagnostics. The required paperwork is sent out by the administrative staff prior to the evaluation.
- **Diagnostic Appointment** – In order to establish medical necessity for services, clients attend an initial evaluation.
- It would be ideal for a member of the team to call the day before the appointment to remind the client of the time and answer any final questions.
- The client signs in and is issued a parking pass if not already sent in the packet prior to the evaluation.
- The office staff will discuss charges, insurance cards, paperwork and complete the file.
- Students wait in the hallway and not in the front office.
- The client is seen for the diagnostic appointment after completion of the check-in process.

**After the Diagnostic** – Following the initial appointment, additional steps must be completed to finish the evaluation process.

- **Documentation** – The evaluation report must be signed and submitted in the EMR no later than ten days after the date of the visit. Clients and families can access the completed document via the MyChart system or through a Renown records request.
- **Recommendations** – If the team is recommending intervention at UNR Speech and Hearing Clinic, the Clinical Director must be notified as soon as possible so that the client's name is added to the waitlist. Recommendations for services in the community should be included in the body of the report.

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

### Therapy Start-Up Guidelines

Prior to any treatment period, the Clinic Director will assign teams and clients from the active therapy list

and the waiting list to each student.

- The Renown PARs will submit progress notes from previous treatment periods to establish a current authorization.
- Once a current authorization is established, the client will be scheduled in the Epic system by the PARs.
- As soon as therapy times are confirmed, the staff will coordinate room schedules and distribute those to students and supervisors.
- Clinicians are to familiarize themselves with the client's case (e.g. review the chart in Epic, collaborate with prior clinician, etc.) and then request a meeting with the supervisor to discuss initial assessment plans, recommendations, and documentation timelines.
- Following chart review and supervisor collaboration, clinicians are to submit a therapy plan to the supervisor for approval, outlining the reassessment plan for the first week of therapy. The initial therapy plan should contain goals focused on reassessment and building rapport with the client. All additional therapy plans are to focus on goals for the client to achieve.
- Clinicians are to reserve any tests needed in the "Reservation" board in the Student Room for their reassessment procedures during the initial week of intervention.

First day of Clinical Period and Beyond:

- Ensure that the client/family has a parking permit and has checked in with the front office staff.  
\*\*Do not bring clients back if they have not yet checked-in with the PARs.
- Provide a tour of the facility if they are new to the UNR Speech and Hearing Clinic. Introduce the client to the supervisor if they have not yet met.
- Conduct an initial client/family interview, establish rapport with client, and begin testing procedures.
- Clinicians should write SOAP notes and create billing orders immediately following sessions. All SOAP notes and orders must be finalized, signed, and submitted to Epic no later than Friday of the same week by 5:00 PM. Supervisors will establish timeline expectations for initial submissions and revisions.
- Discuss the assessment findings and goals with the family to ensure clear communication and that their priorities have been addressed.

## Clinic Wrap-Up Guidelines

Prior to the last sessions of therapy:

- Meet with supervisors to discuss final assessment procedures and then reserve any test batteries needed in the reservation board in the Student Room.

The last session(s) of therapy:

- Complete final assessment procedures to determine therapy outcomes.
- 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.
- Return all therapy materials to their proper place in the clinic and clean-out any messes in the therapy spaces.

After the Treatment Period:

- All students will participate in a clinic-wide cleaning/organizing effort
- Students and supervisors meet to finalize CALIPSO feedback and to sign off on clinical hours of experience.

## Externship Guidelines

Graduate Students complete two externship placements to fulfill requirements for certification during the spring semester of the second year of the Speech Pathology graduate program. Ideally, one placement in an educational setting, and the other in a medical setting. 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. Direct clinical experience hours will not necessarily equal the number of hours present at any given setting.
  - 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. Direct clinical experience hours will not necessarily equal the number of hours present at any given setting.

**\*\*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. An extern supervisor who holds a current certification and licensure must be physically on-site or fully available during teletherapy sessions, and readily available to consult with the student extern at all times. All Supervisors must attest to the completion of CEUs in the area of clinical supervision.

### 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 agreement, background check, drug screening, CPR/BLS training, etc.).

### 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**

Successful completion of the Speech Pathology graduate program is contingent upon both academic and clinical progress. Progress in one area and not the other is unacceptable in the process of training future Speech-Language Pathologists. Graduate status in The University of Nevada, Reno Department of Speech Pathology and Audiology will be terminated, irrespective of academic GPA benchmarks set forth by the University of Nevada, Reno Graduate School if the student does not demonstrate clinical competence.

Clinical competence is defined for this purpose as demonstration of clinical skill with expected levels of proficiency and independence relative to prior training and experience. The skills are rated by clinical supervisors who are licensed and certified Speech-Language Pathologists.

A graduate student must:

- Achieve a grade no lower than a B- in the practical training courses – SPA 700, 701, 702, 703
  - If a student achieves a C+ or below in the in-house practical courses and clinic
    - The student does not get credit for any of the clinical hours accumulated during the semester of clinical work.
    - The student will be allowed to repeat a practical training course, **only once**, with remedial supports in place throughout the course of the following semester treatment period. Graduation will necessarily be delayed. If the student achieves a C+ or below when re-taking a practicum course, the student will be dismissed from the graduate program in Speech Pathology for failure to progress.
- If the student achieves a C+ or below in any two practicum courses, the student will be dismissed for failure to progress.
- If a student achieves a C+ or below in the community-based externship placement – SPA 704
  - The student does not get credit for any of the clinical hours accumulated during the length of the clinical externship placement.
  - The student will be allowed to repeat the externship course, **only once**, following a period of remediation with the faculty in-house. Graduation will necessarily be delayed.
  - Following successful completion of remediation activities, the student will be re- assigned to an externship placement.
  - If the student achieves a C+ or below in the placement post-remediation, the student will be dismissed immediately from the graduate program in Speech Pathology for failure to progress.

## **Clinic Dress Code - Clinical**

**\*\*Applies to students inside the UNR Speech and Hearing Clinic, or participating in teletherapy,**

### **directly involved in the clinical process – providing service, participating in sessions, observing sessions**

Students should wear appropriate, professional attire at all times in the UNR Speech and Hearing Clinic. If you have a question, please ask the Clinical Director or your Supervisor. If you are asked to change, do so without debate or delay.

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 wear types of clothing that we do not feel are appropriate for our clinic. For clinical purposes, the guidelines are:

#### **Yes**

- Slacks, skirts (at or below the knee), dresses, dressy capris, walking-length shorts, scrub pants
- Dress shirt, polo shirt - tucked in
- Blouses, sleeveless shirts, jackets, cardigans, vests
- Boots, flats, loafers, heels, sandals, clogs

#### **Maybe**

- Jeans may be appropriate if the denim is intact (no holes), of a dark wash, 'trouser-style'
- Jewelry/tattoos may be displayed with faculty approval. Tattoos with inappropriate language or imagery will be covered.
- Hats (head covers required for religious reason or to honor cultural tradition are allowed)
- Sheer fabrics (must have appropriate layers underneath)

#### **No**

- Athletic wear: sweatpants & shirts, yoga pants, athletic shoes, beach flip-flops
- Snow boots, rain boots
- Tank tops, spaghetti straps, casual t-shirts, cargo shorts, short shorts, and other generally casual attire
- Obviously worn or torn clothing
- 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
- Objectionable language or imagery on clothing

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.

### **Clinic Dress Code – Non-Clinical/Academic**

**\*\*Applies to students inside the UNR Speech and Hearing Clinic, not directly involved in the clinical process – attending class, academic advisement, meetings with faculty**

Students should wear appropriate attire at all times in the UNR Speech and Hearing Clinic. It is a professional environment, and it is imperative to maintain an elevated standard of dress when you are present, even when not involved in the clinical process. Our goal in this effort is to maintain a professional appearance, which is appropriate to our setting. Appropriate does not necessarily mean dressy, fancy, expensive, etc. but should always be in good taste. The guidelines are:

## Yes

- Slacks, skirts (at or below the knee), dresses, dressy capris, shorts, scrub pants, jeans
- Dress shirt, polo shirt - tucked in
- Blouses, jackets, cardigans, vests
- Boots, flats, loafers, heels, sandals (not beach kind), clogs

## Maybe

- Athletic wear: sweatpants & shirts, yoga pants, athletic shoes, beach flip-flops
- Tank tops, casual t-shirts, cargo shorts, and other generally casual attire
- Hats (head covers required for religious reason or to honor cultural tradition are allowed)
- Perfume or any other strong fragrance, including smoke.
- Jewelry/ tattoos may be displayed. Tattoos with inappropriate language or imagery will be covered.
- Sheer fabrics (must have appropriate layers underneath)

## No

- Any skin that would be better off being covered - including bellies, lower backs, cleavage etc. Please, no bare skin between skirt/pants and top
- Obviously worn or torn clothing
- Short shorts
- Spaghetti straps
- Objectionable language or imagery on clothing

If attire, jewelry, or tattoos are considered inappropriate by the faculty, the student will be required to change clothes or leave the clinic.

## General Clinical Policies and Procedures

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

- COVID-19 Policies: Clinicians are responsible for accessing and following all current policies and procedures for safe campus participation. Because updates are ongoing, it is imperative that students seek out [current University guidance online here](#).
- 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 cell), 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 (e.g. [encrypt] in the subject line).

- Hours of Operation: Student clinicians may 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. Clinicians are allowed to have drinks in sessions but are discouraged from eating during sessions.
- 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/>. 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](#),  
 Ê 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 about the process of reporting suspected abuse or neglect, 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 that are more than \$5 in value. You may not befriend a client on social media platforms. 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 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](#).

**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 (except for service animals), smoking, alcoholic beverages, illegal drugs, and firearms are prohibited in the facility. UNR implemented a [tobacco-free policy University-wide in 2015](#).
- 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/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 hour's 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. Clients must maintain above an 80% attendance rate through the treatment period, and if they fall below that threshold are subject to dismissal from the clinic. 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, clean up any messes from 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 are routinely observed by a variety of individuals including administrators, faculty, clinical supervisors, students, educators, health care professionals, and other authorized personnel. Anyone sitting in the observation halls 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: 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 University Health Billing Office 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 Clinic Director. The Clinic 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 in Room 105.

Client Records – No protected health information shall be disclosed externally 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. All records should be maintained within the RDS platform or within Epic for the maximum security of PHI. No PHI should be saved/maintained on desktops, external drives, etc. outside RDS or Epic.

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 two unique email addresses with the ‘renown.org’ and ‘med.unr.edu’ monikers. These email addresses are secure and all information shared between email addresses within the ‘med.unr.edu’ system is private and HIPAA compliant. No ePHI can be emailed to 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 create during your program include:

- Diagnostic Evaluation Report
- Treatment Plan
- Language Sample Analysis/Report
- SOAP Notes
- Weekly therapy plans
- Progress Reports
- 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 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. Do not reference yourself in the note. Write only about your client's performance. It is assumed that you are the one providing the intervention.

- 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?

- Examples: Continue with current objectives. Increase difficulty of X behavior. Decrease X cues/prompts. Include X type and schedule of reinforcement. OR – If an goal has been met, indicate what is to come next.

SOAP notes and orders are completed in the EMR system and should be generated the day of the session to maximize the clinician’s recall of the session.

## 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 **long term 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 measurable
2. What is an **short term goal**?
  - a. Precise targets set for the short-term
  - b. Measurable 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:

## Therapy Procedures

LTG1/STG1:

Activity

- Describe the activity, the purpose, the materials needed

Teaching Procedures (A)

- Stimuli (stimulus prompts, targets)
- Task Modes
- Response Level:

Data (O)

Performance Analysis (A)

- Decrease/Maintain/Increase accuracy from the last session? Why?
- Decrease/Maintain/Increase or kept/changed support from the last session? Why?
- Decrease/Maintain/Increase response level of difficulty from the last session? Why?
- Mastery achieved?

Next Steps (P)

## 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.

## Summary of Progress Report

At the end of the authorized visits or time period Progress Report is generated to summarize the gains seen over the course of the treatment. This report is used to document progress, justify continued treatment, and gain additional authorization.

## 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.

## 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 directly from the Renown Billing Office to address any balances due. Other than accurate billing on orders, students have no responsibility with payment or balances. All bills paid directly at the clinic go to the Renown PARs. No student is to accept money. If a client/family wants to pay, and the Renown staff 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 call the Renown Billing Office directly.

## 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.
- [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.
- Academic Success Services - [Math Center](#) (784-4433), [Tutoring Center](#) (784-6801), and [University Writing Center](#) (784-6030).
- 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 the Title IX page online here](#).
- [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.

## 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

## ASHA Code of Ethics

### Preamble

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

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

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are subject to the jurisdiction of the ASHA Board of Ethics for ethics complaint adjudication.

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

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

## **Principle of Ethics I**

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

### **Rules of Ethics**

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The

responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee— directly or by implication—the results of any treatment or procedure.
- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services



provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.

- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

## **Principle of Ethics II**

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

### **Rules of Ethics**

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

## **Principle of Ethics III**

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

### **Rules of Ethics**

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

## Principle of Ethics IV

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

### Rules of Ethics

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.
- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA

Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

American Speech-Language-Hearing Association. (2023). Code of ethics [Ethics]. [Available from ASHA.](#)